LEADERSHIP SUPPORT AS AN INFLUENCE ON FRONTLINE HEALTHCARE EMPLOYEE RETENTION IN THE WASHINGTON METROPOLITAN AREA (DMV)

by

Tamika S. Fair

Dissertation

Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Business Administration

Liberty University, School of Business

June 20, 2023

Abstract

The healthcare industry continues to lose its frontline healthcare employees monthly at unprecedented rates. In the healthcare sector, high staff turnover leads to poor patient care and loss of hospital revenues. The general problem addressed by this case study was how healthcare leadership's lack of support for frontline hospital workers contributes to higher turnover rates, hurting the organizations' productivity and patient care outcomes. The purpose of this qualitative case study was to add to the body of knowledge about healthcare leadership's strategies to reduce frontline hospital workers' high turnover rate affecting the healthcare industry in the DMV area. The study achieved this purpose by exploring how healthcare leaders engage and interact with frontline workers. The research also explored how well healthcare leaders are prepared and trained to address the challenge of high staff turnover. The researcher conducted a qualitative case study using semistructured interviews with 11 primary healthcare administrators in the DMV region to carry out the study. Based on the identified themes, the implications and strategies include investing in resources and leadership development to reduce employee turnover and fatigue. In addition, the results of this study indicate that additional resources and enhanced leadership strategies are required to reduce the turnover of frontline employees in the healthcare industry. To improve working conditions, healthcare organizations in the DMV region should also increase employee empowerment and cultivate organizational citizenship.

Keywords: healthcare leadership, leadership support, frontline healthcare worker

Dedication

First and foremost, I am dedicating this work to God, who knew me before I knew myself and carved the path for my life to get here. God has been my primary confirmer, encourager, and support for this accomplishment.

To the most important person in my life here on earth, my dissertation is dedicated to my husband, Brian Fair, who has made his sacrifices so that I would accomplish this goal. I love you very much for your love, care, and support during my educational journey.

I also dedicate my dissertation to my beloved mother, Yvonne Rusley, for she has always had my back, supported me through this, and told me how much she loved me. My mother only told me what I could do, never uttering a negative word about any possible limitations. I won the lottery of mothers.

To my bother, Autry Moore, thank you for telling me you love me, no matter the circumstance.

A special shout out to my pets, Prince, Janet, and Jazz would stay up all night with me, and each had their own way of supporting me.

"For I know the thoughts that I think toward you, says the Lord, thoughts of peace and not of evil, to give you a future and a hope."

-Jeremiah 29:11

Acknowledgments

I want to take this opportunity to acknowledge my Lord and Savior, Jesus Christ, for whom I would not have been able to accomplish this goal. You have shown me grace, mercy, and favor, reminded me of my purpose, and encouraged me through the Holy Spirit to never give up. I owe it all to You, Lord.

A special thanks to Dr. Borek and Dr. Joseph, my dissertation chairs, for taking my calls, believing in me, and for your patience, guidance, and encouragement through this journey. Dr. Quatro and Dr. Riederich, my committee members, thank you for your constructive feedback and for providing the other set of eyes. You were instrumental in ensuring that I produced excellent quality work. To the faculty involved in this process, you covered all the loose ends. To my participants, you know who you are; thank you for allowing me to pick your brain, for without you, there would be no study.

Dr. Esquilin, who has been one of my closest friends and also shared this dissertation journey with me, I am thankful to have crossed paths with you. To my girls, thank you for keeping me encouraged and understanding when I had to make the tough decision not to hang out. Dr. CM, thank you for getting me through all the changes and allowing me to vent to you. To all my ministry and work friends, thank you for believing in me. Lastly, to my husband, Brian Fair, you have been my biggest supporter. Thank you for ensuring I was fed for the last five years and forever in my corner, listening to me read my entire dissertation, offering encouragement, and always covering for me. I won the husband lottery! To the many people who played an integral role in my dissertation journey, I am grateful and blessed by you ALL!

Table of Contents

List of Tables

List of Figures

Section 1: Foundation of the Study

The healthcare industry continues to lose its frontline healthcare employees monthly at rates almost equal to the number of workers hired in that same 30-day time frame (Bureau of Labor Statistics, 2020). A healthcare organization's lasting success depends on patient safety outcomes and financial stability. Staff retention is essential to maintain these factors. Every business invests its financial resources, time, and the risk of operational disruption when training new employees. Interruption in continuity-of-care relationships and the high expense associated with recruiting new staff are two main challenges of high turnover rates among healthcare staff (Willard-Grace et al., 2019). Employers expect some turnover in all positions, and organizations determine the average retention rate for each position, allowing them to proactively prepare for employee attrition. However, when the turnover rates are higher than expected, it can be detrimental to the company, especially within healthcare organizations.

There is an assumption that employees who voluntarily leave their positions do so pertaining to an individual decision; therefore, many organizations make mistakes in analyzing employee turnover as an individual phenomenon (Sun & Wang, 2016). It is not only an organization's leadership's duty to find ways to manage retention, but when the turnover rates soar for a particular group of employees, management has a responsibility is to determine how to address the issues finding resolutions to the problems.

Background of the Problem

In the healthcare sector, high staff turnover often leads to poor patient care and loss of hospital revenues. Temkin-Greener et al. (2020) recorded that high turnover among frontline workers affects patient safety. Despite this knowledge, the healthcare sector continues to experience high staff turnover rates, especially among frontline workers. The recent outbreak of

coronavirus (COVID-19) only worsened an already poor situation by creating heightened anxiety, fear, and psychological stress, among other factors, that increase employee turnover intentions.

Many factors influence high staff turnover. Job satisfaction and work-life balance are among the most studied issues. Swanberg et al. (2016) found that proper work schedules partially solve frontline workers' turnover intentions. In a study by Nichols et al. (2016), a case for supervisor support through affective commitment had a limited effect on reducing high staff turnover. However, one of the areas not studied was leadership's contribution to the high turnover rate among frontline workers in healthcare, which presents the gap for this research.

Problem Statement

The general problem addressed by this case study was how healthcare leadership's lack of support for frontline hospital workers contributes to a higher turnover rate, adversely influencing the organizations' productivity and patient care outcomes. Rosenbaum (2018) explains that staff turnover among healthcare workers was recorded at a rate of 20.65% in 2017, rising from 15.6% in 2010. The healthcare industry is second only to the hospitality industry regarding employee turnover rates. Data also indicates that 28% of registered nurses in a new organization do not complete their first year with a company. In comparison, 32% of certified nursing assistants change jobs within their first year (Temkin-Greener et al., 2020). One factor that has sustained such high turnover rates is an ongoing shortage of healthcare professionals, with an expectation of the numbers increasing in the future. The trend is significant because high staff turnover affects patients' safety while also impacting healthcare facilities' stability.

Zaheer et al. (2019) observed that staff perceptions of teamwork influence turnover intentions, and a direct association exists between leadership and turnover rates among frontline

workers. Nichols et al. (2016) argued that supervisor support through effective commitment could stem high staff turnover among frontline workers. Such studies present strong evidence that leadership influences staff turnover among healthcare frontline workers, creating a need for further exploration of the problem. Thus, the specific problem addressed by this study was how healthcare leadership's potential lack of support for frontline hospital workers contributes to a higher turnover rate, thereby hurting the organizations' productivity and patient care in the Washington, D.C., Maryland, and Virginia areas (DMV).

Purpose Statement

The purpose of this qualitative case study was to add to the body of knowledge about healthcare leadership's strategies to reduce frontline hospital workers' high turnover rates affecting the healthcare industry in the DMV area. The study achieved this purpose by exploring how healthcare leaders engage and interact with frontline workers. The research also explored how well healthcare leaders were prepared and trained to address the challenge of high staff turnover. The goal was to explore how the supervisors' supported the frontline healthcare workers' needs to effectively influence turnover intentions and those workers' perceptions of leaderships' actions. By understanding the experiences of leadership, the individuals responsible for the execution and allocation of organizational resources, this study sought to provide recommendations that could reduce frontline staff turnover rates, reduce costs associated with high staff turnover, and improve the efficiency of the healthcare industry, especially in the management of costs and in delivery of healthcare services.

Research Questions

According to Flyvbjerg (2011), a case study is an in-depth examination of a specific individual, group, or organization. The case study method entails analyzing and describing a

phenomenon under investigation, typically in an effort to comprehend the complexity of a particular situation or issue. The central question in this research study was: how do healthcare leaders experience leadership support when there is a high turnover rate among healthcare workers? The researcher explored this phenomenon with sub-questions that bound the phenomenon (see Creswell, 2007). Bevan (2014) added that researchers could use imaginative variation to explore the limits of a phenomenon under investigation. The study addressed the following research questions:

RQ1. How did healthcare leaders experience leadership when there is a high turnover rate among healthcare workers?

RQ1a. What institutional barriers did healthcare leaders experience in addressing the high turnover rate?

RQ1b. What was the experience of leadership obtaining feedback from the frontline healthcare workers regarding their leadership support needs?

RQ1c. What personal experiences or training prepared leadership for leading in a high turnover rate environment?

Sub-question RQ1a allowed the researcher to explore commonalities among participants on how institutional barriers influenced both the individual leader and the phenomenon. Sub-question RQ1b allowed the researcher to compare how the consistency in obtaining feedback, timing, and leaders' feedback methods influenced leadership's ability to provide the necessary support to impact turnover rates. Sub-question RQ1c allowed the researcher to understand participants' experiences with the preparedness of healthcare leaders to support frontline healthcare staff needs. It was important for the researcher to understand common experiences in

practices or to develop a deeper understanding of the features of the case under investigation (see Creswell, 2016).

Nature of the Study

The study used a qualitative case study research method that included semistructured interviews of leaders and frontline workers in the healthcare industry to collect data. According to Williamson (2018), scholars apply qualitative methods to make sense of data, and its implementation depends on the approach used, which aligns with a particular conceptual framework and method. The process involved the sorting and categorization of data based on the themes explored. In this study, applying a qualitative methodology allowed the researcher to analyze information derived from semistructured interviews. The approach was convenient for this study since the data analysis process involved exploring various research subjects' responses. However, applying a quantitative approach in such a method would have been challenging, since most of the information embedded in the participant's responses was inductive, rather than statistical. Therefore, a case study design was the best approach to establish prominent trends within the leaders' experiences and frontline healthcare workers' perceptions in the DMV area.

Discussion of Research Paradigms

A study must consider certain factors identified as research paradigms for the researchers to achieve the targeted objectives. A research paradigm is a basic theoretical framework and belief system characterized by assumptions about methods, epistemology, methodology, and ontology (Kivunja & Kuyini, 2017). Research paradigms are beliefs that researchers use to understand and articulate beliefs regarding the reality, what one can know about it, and how to

gather this knowledge. The three main paradigms are interpretivism, positivism, and critical theory.

Positivists believe that reality and human experience are independent of each other; that is, people's senses do not play a role because immutable laws are in control of an individual's experiences (Rehman & Alharthi, 2016). Once the researchers identify a cause-effect phenomenon, positivists believe that the phenomenon can be reproduced anywhere, occurring with a certain predictability. The interpretivist, on the other hand, believes that the social world has numerous realities (Rehman & Alharthi, 2016), meaning that truth is not discovered, but created. The critical theorist posits that even though there is a reality, a history of gender, ethnic, political, cultural, and religious factors establishes reality, all of which interact to shape a system (Rehman & Alharthi, 2016). Furthermore, critical theory indicates that human interference is inevitable in any research. This study embodied interpretivism because various versions of the interactions between leaders and frontline healthcare workers were paramount in determining whether an employee would leave or stay in their position of employment.

Discussion of Design

The research design of this qualitative investigation was a case study. The goal of the study was to understand and learn from the collective knowledge and experiences of healthcare leaders in the DMV area, gaining insight into their perceptions regarding why healthcare employees in frontline positions voluntarily left their jobs at high rates. According to Flyvbjerg (2011), the case study approach is appropriate to provide a rich, detailed description of a phenomenon under investigation, namely leadership, and to use this description to gain a deeper understanding of the complex interactions and processes at play, which in this case, was a high turnover rate among frontline healthcare workers.

The fundamental goal of case study researchers is to arrive at a description of the particular phenomenon's nature within a specific setting or environment (Creswell, 2013). The researcher can use interviews, documents, and even art as data sources (Creswell, 2013). A qualitative case study analysis was conducted using a modified van Kaam approach using NVivo software to aid in data analysis. This approach focused on semistructured interviews to reduce the possibility of researcher bias and ensure the participants' original voices were maintained. To date, there had not been a case study of leadership to gain their experiences, perceptions, and insights into solutions to the high turnover rate of frontline healthcare workers in the DMV area.

Discussion of Method

The data analysis mainly employed a modified van Kaam analysis framework to evaluate the study responses. According to Statistic Solutions (n.d), this approach applies several steps in assessing the information collected. The complex nature of the assessment makes the modified van Kaam approach unique. The researchers apply seven steps for each participant, sometimes combining one or two steps to analyze the outcome. First, the process of horizonalization, or listing key data thoughts, was employed, where the data was treated equally (Statistic Solutions, n.d.). The approach was applied at the beginning of the preliminary coding of the information collected.

In the second step, the researcher reduced the information collected to deduce its importance to the study (Statistic Solutions, n.d.). Responses were evaluated based on their importance to the participants' real-life experiences and the latent meaning of the quotations provided during the interview. Third, the invariant constituents' thematization was conducted, whereby the researcher grouped the responses based on their latent meanings (Statistic Solutions, n.d.). After the generation of themes, the researcher evaluated the themes against the dataset to

ensure the themes represented the respondents' stories and helped detail their experiences. The dataset must match the themes. The researchers then created individualized textural descriptions for every respondent (see Statistic Solutions, n.d.). The researcher next developed an individual structural description using imaginative variation. This process examined the emotional, social, and cultural connection between the participants and their responses. Imaginative variation was a critical part of the analysis process, whereby the researcher could evaluate participants' responses to hypothetical questions.

Finally, scholars develop a composite textural description of the participants (Statistic Solutions, n.d.). The researcher can then interpret the data and create a table highlighting the participants' themes. After this stage, the researcher developed a composite structural description of the respondents' emotional, social, and connections intertwinement in the study. Lastly, the researcher conducted synthesis, developing a detailed structural-textural description of the collected data to gain a comprehensive understanding of the phenomenon under study (Statistic Solutions, n.d.). In this way, this research applied the modified Van Kaam analysis approach in assessing the data collected.

Discussion of Triangulation

Triangulation is another aspect of research that researchers should consider when conducting research studies. This concept refers to integrating diverse data sources or methods in qualitative research to develop a comprehensive understanding of the topic in question (Carter et al., 2014). Researchers also use triangulation to test validity by converging information from various sources. There are four types of triangulation: method, theory, investigator, and data source.

Method triangulation entails using more than one method to research the phenomenon within the case study under investigation. Theory triangulation integrates various theoretical schemes to study the topic. Investigator triangulation entails using more than one observer, investigator, interviewer, or data analyst to conduct the study, while data source triangulation entails using various data sources in the research (UNAIDS, n.d). In this study, the researcher mainly employed theory triangulation and examined the phenomenon utilizing two theoretical foundations that collectively formulate a comprehensive conceptual framework.

Summary of the Nature of the Study

The study used a qualitative case study research method that included semistructured interviews of leaders and frontline workers in the healthcare industry to collect data. Regarding research paradigm, the study mainly used interpretivism because various versions of the interactions between leaders and frontline health workers were paramount in determining whether an employee would leave or stay in their employment position. The research design of the qualitative investigation was a case study. The goal of the case study was to understand and learn from the collective knowledge and experiences of healthcare leaders in the DMV area, gaining insight into their perceptions regarding why healthcare employees in frontline positions voluntarily left their jobs at high rates. Data analysis proceeded using a modified van Kaam analysis framework to evaluate the study responses. Theory triangulation was employed as a method of verifying and integrating participant responses.

Conceptual Framework

Two essential theories anchor this study: social exchange theory and leader-member exchange (LMX) theory. As the name suggests, the social exchange theory involves exploring the relationship between two or more parties. It is essential to note that this theory's basis

combines several conceptual models spanning various social areas rather than a single aspect. Cropanzano et al. (2016) state that social exchange theory constitutes three main concepts: initial treatment by an actor, reciprocation by the recipient of the previous action, and forming a relationship. In situations involving the study, the researcher assessed the relationships between leadership and frontline healthcare workers. An evaluation of such a situation begins with assessing the support relationship and treatment of staff by leadership, positively or negatively. In such a situation, the employee could respond positively or negatively based on their perception. Cropanzano et al. (2016) explain that the social exchange theory predicts that positive treatment by leadership will likely elicit a positive reaction from employees. The reaction of the recipient to the initiating action is the reciprocating response. However, other factors influence the relationship between the initiator and the recipient. For instance, if the recipient's reaction determines economic gain, they could respond positively to an initial adverse treatment to protect their interests (Zhang et al., 2018). Applying this theory in exploring this phenomenon required taking an initial position that the organization's leadership's positive treatment is likely to generate a positive attitude among the employees within the organization.

The LMX theory is another prominent model of exploring relationships between people in a social setting. LMX is a dyadic theory that explores the relationship between leaders and their subordinates. According to Erdogan and Bauer (2015), the relationship between leaders and their employees within an organization determines leadership quality. The theory states that leaders influence employees' behavior. A high-quality relationship is characterized by trust, information sharing, training opportunities, health communication, and emotional support (Chaurasia & Shukla, 2013; Erdogan & Bauer, 2015).

This study employed the LMX theory to explore the quality of the relationship between leaders and staff and the outcomes related to the high turnover rate among frontline healthcare employees. Erdogan and Bauer (2015) report that the leader's role is to provide support, opportunities, guidance, and other related benefits to their followers. In exchange, the employees show motivation through loyalty and a high level of independent behavior. Therefore, the relationship quality between the two parties likely influences an organization's performance outcomes. Erdogan and Bauer (2015) further argue that followers in a high-quality relationship perceive their leaders as transformational, ethical, authentic, and supportive. Since social exchange theory and LMX theory both have a significant assessment of social relationships, using both theories allowed for an in-depth exploration of how leadership support impacts the healthcare industry's problem with high turnover among frontline healthcare employees.

Summary of the Research Framework.

The conceptual framework used in this qualitative study combined the social exchange theory and leader-member exchange (LMX) theory to explore the relationships between leaders and their staff and the support variable influencing turnover intentions. A qualitative case study was appropriate for this study because the theories chosen helped understand a human phenomenon within a specific industry. Since a quantitative research study uses statistics, rather than theories, to answer questions, this method did not fit the research study's goal.

Definition of Terms

Continuity of care: The process by which the patient and their physician-led care team cooperate in ongoing healthcare management toward the shared goal of high-quality, cost-effective medical care (Kim, 2017).

Frontline worker: Refers to the healthcare staff that provides direct support to hospital patients, including nurses, nursing assistants, patient care technicians, other hospital technicians, and administrative staff (Bureau of Labor Statistics, 2020). Frontline workers also describe healthcare workers that provide routine and essential services in medical practices. They are the first point of contact for patients, families, and caregivers when answering phones, scheduling appointments, coordinating patient follow-up, arranging transportation for patients, and they may facilitate initial patient care and procedures (Patel et al., 2014).

Patient care outcomes: The nursing care results that patients receive in a hospital, including maintenance of patient functional status, patient safety, and patient satisfaction (Liu, Avant, Aungsuroch, Zhang, & Jiang, 2014).

Thematization: Refers to a conceptual clarification and theoretical analysis of the themes investigated and the formulation of research questions (Brinkmann & Kvale, 2015).

Turnover: Refers to the number or percentage of workers who leave an organization and are replaced by new employees (Bureau of Labor Statistics, 2020).

Assumptions, Limitations, Delimitations

This section provides a description of the researcher's assumptions. The limitations and delimitations of the study are also described.

Assumptions

The study made several assumptions concerning the various aspects involved in collecting and analyzing data. The primary assumption was that leader support directly influences employee turnover intentions, which could be isolated and defined to create a group of people who uniquely experience the case studied. According to Hanse et al. (2015), "Leadership support and the quality of the dyadic relationship between the leader and the

employee are essential regarding the work environment and turnover intentions in health care (p. 1).” Additionally, the researcher assumed that the sample selected had characteristics representative of the general population, due to the use a purposive sampling method. According to Knechel (2019), researchers may initially use purposive sampling in qualitative research as aselective method to identify participants considered experienced with the subject matter. Although qualitative results are not usually generalizable, the findings should provide initial insight into the entire population that may be used in subsequent quantitative analysis.

The researcher also assumed that there was homogeneity among the study participants. The phenomenon of the high turnover rate in healthcare creates a common experience among those experiencing it. Therefore, the participants’ data produced consistent themes that allowed the researcher to make credible conclusions. Other assumptions made for this study were that enough individuals were willing to participate in the interviews within the research study geographical area and that participants responded quickly and truthfully to the interview questions. In providing a safe environment for participants to express their genuine opinions, the researcher used specific parameters to ensure that confidentiality were preserved for each participant (see Leedy & Ormrod, 2019). Respondents in this study included healthcare leaders in the DMV area.

Limitations

This qualitative case study experienced limitations related to the participant sample size for the DMV area healthcare leader group. One general limitation of a case study is that there may not be enough eligible participants to reach data saturation. In this type of study, data saturation typically occurs with eight participants (Creswell, 2007). Although the case study research design allowed the researcher to understand the phenomenon from the individual

leaders' experiences, there was still a risk of not having enough leaders within the case study parameters to participate in the study. To mitigate this limitation, the researcher left the recruitment open throughout the research study using a dashboard-like program that auto-updated when there were new responses. Using this dashboard allowed the researcher to emphasize the attributes and relationships of a set of artifacts of interest to the research (see Baysal et al., 2013).

Another foreseeable limitation was the potential participants' ability to determine the study's applicability to their unique experiences and the study contextual ability to gain their interest for participation. To combat this limitation, part of the recruitment strategy included listing specific job titles identified as ideal for candidates for the study. Accessibility to search for participants and the time it took to conduct the interviews were potential limitations for this study as well. The researcher used a combination of recruitment strategies to mitigate this limitation, including network-based recruitment, social media, and snowball sampling.

A third limitation was the researcher's ability to obtain reliable, in-depth, and thorough information about the participants' experiences. Mitigation of this limitation included setting up checks and balances to ensure participants answered to the best of their ability. According to Rice et al. (2017), using sites offering participant rating systems and carefully constructing interview questions to enable reliability assessments helps researchers find the most highly rated participants for their studies. The last identified limitation was obtaining a 100% return rate for the interviews in this study. To address this limitation, the researcher asked follow-up or prompting questions when the participants were slightly off-topic or did not fully answer each question.

Delimitations

Delimitations were used in this study to establish boundaries in the research. The demographic area was the first delimitation of the study. The goal was to study participants working in healthcare in the DMV area. The next delimitation required purposely selecting leaders in the healthcare industry. Distinguishing characteristics differentiated healthcare leaders in the study from healthcare workers. This included managers who provide direct support and interactions with frontline healthcare staff and those who control budgets and resources. The leaders were responsible for managing frontline healthcare workers who worked directly with patients. The expected return rate for the interviews and managing interview quality were the final delimitations of this study. The key distinguishing factor for the interview return rate was conducting one-on-one semistructured interviews. Quality factors included the use of open-ended interview questions to manage the meaning of common terms used in the participants' responses without assumptions. Maintaining these boundaries helped reduce biases from unequally forming the researcher's interpretation of the participants' responses.

The research problem addressed the leadership support factors that influenced individuals to leave their jobs voluntarily. Since the number of people interviewed was less than the entire study group represented, the research method identified relational results. The researcher chose the case study research design to aid in getting optimal results for the selected participants. It allowed the researcher to explore experiences of frontline healthcare leaders and understand a human phenomenon within the parameters of the case study. The approach was essential since it extensively evaluated the phenomonen to establish the relationship between leadership support and turnover rates among frontline healthcare workers. The process also allowed the researcher

to provide recommendations on changes to address the healthcare industry's problems through the interview questions.

Significance of the Study

This study aimed to understand the experiences of healthcare industry leaders' support of their employees. The study explored one of the most critical areas of human resources management, namely employee turnover rates. The healthcare industry has one of the largest employee deficits across all sectors due to a limited number of trained staff and an abundance of patients. Therefore, an organization must ensure that its leadership establishes and maintains healthy relationships with its frontline employees to improve productivity and prevent high employee turnover. Leaders' support significantly influenced the turnover intentions of their frontline employees.

This study's significant purpose sought to understand how frontline employees' lack of leadership support contributed to high turnover rates in the healthcare industry. It was critical to understand the relationship's nature to engage both parties in reducing the number and frequency of frontline employees leaving their workplace voluntarily. This information is critical to healthcare organizations' aim to reduce employee turnover, which adversely affects patient care and organizational productivity. High employee turnover rates are undesirable to any healthcare organization, as this phenomenon affects health outcomes and increases operational cost due to additional recruitment and training expenses. Therefore, the results of this study provide an insightful analysis of improving the problem of employee turnover in the healthcare industry.

Additionally, the researcher hoped to understand how leaders' support positively impacts frontline healthcare employees' work environment. The results obtained from this study illuminate hidden aspects of the relationship between leadership and high turnover rates among

frontline healthcare workers. This study could significantly impact organizational growth and knowledge by closing the gap in industry awareness and understanding of frontline employee turnover intentions and retention. Healthcare leaders can use the findings as a guide to delineate plans to provide better support to their frontline healthcare staff, which may assist in decreasing the turnover rate and increasing desired patient outcomes and organizational performance.

Reduction of Gaps in the Literature

The study results helped the researcher understand how leadership support impacts the relationship with their frontline healthcare employees, thereby influencing the turnover rate in the DMV area. The existing literature primarily focused on the impact of leadership on employee motivation. However, in this study, the research extensively explored the influence of leadership support on workers' likelihood to voluntarily leave their job and its influence on the healthcare industry's patient care outcomes and productivity. The healthcare sector is a unique industry concerning human resource management due to the shortage of healthcare employees reported in the last five years. This matter's assessment will provide the literature necessary for leaders to make logical, practical and evidence-based decisions concerning managing their relationships with their frontline healthcare employees. This area had not been explored exhaustively, meaning that this study's findings provide essential insights into organizations' leadership practices in the healthcare industry.

Implications for Biblical Integration

Leadership support in a professional setting is can be explored by various biblical perspectives. First, a Christian leader should view employees as brothers and sisters in Christ, meaning they should treat employees with love and respect. Jesus encourages people to treat their fellow human beings as they would like to be treated (Luke 6:32, ESV). Furthermore, the

research explored leadership issues concerning how leaders treat their employees and how such treatment impacts the healthcare industry's turnover rate. Jesus equates leadership to shepherding, encouraging leaders to view followers as flocks. Therefore, high employee turnover issues would be less likely to occur if managers in the healthcare industry followed his teachings. However, one cannot argue conclusively that ineffective leadership causes high employee turnover without assessing the data collected. The Bible also encourages employers to correct employees whenever they are wrong. In this case, managers should act as mentors to their subordinates, offering supportive relationships that value all work and positions. Instead of exerting authority over their employees, leaders should educate and guide them to improve their skills and abilities. Employees are also required to respect their leaders. The Bible encourages subordinates to respect their managers as they would Jesus Christ. Therefore, since the research study focused primarily on the relationship between the two parties, it is critical to assess the Bible's conditions. Leaders and servants have existed since the beginning of time, and Biblical scripture extensively addresses the concepts of their relationships.

Benefit to Business Practice and Relationship to Cognate

The findings of this study benefit various stakeholders within the healthcare field, including leaders. The results identify how leaders influence frontline health workers' turnover tendencies, thereby allowing the research to aid in strategizing the way forward. For example, the findings indicate that leaders are influential. Thus, the subsequent analysis identified the practices that can be implemented to minimize turnover. The research also allows healthcare organizations and the larger healthcare industry to improve their performance since numerous studies indicate how leadership impacts business practice. For instance, the research by Alhadid (2016) found that the link between leadership practices and an organization's performance

directly impacted improvements. Therefore, it was relevant to engage in such research to make improvements in entities in the healthcare field.

Summary of the Significance of the Study.

This study was significant because it offers leaders ways of approaching task performance while meeting their aspirations, expectations, and needs (see Dudovskiy, 2013). In addition, it provides various stakeholders with hands-on information regarding how to reduce frontline healthcare workers' turnover. The study was also relevant because it considered some modern challenges, such as the emergence of the pandemic and generational gaps, and offers guidance on overcoming the respective barriers. Furthermore, the research incorporated recent studies and added to the available literature regarding leadership support and employee retention.

Furthermore, the study identified opportunities for further research on the impact of leadership on employee behaviors and performances. Finally, the analysis enables leaders, employees, and healthcare organizations to understand, in various ways, the relationships influencing employee performance and retention. Such knowledge allows for intentions to make relevant changes and upgrade management approaches to support reducing frontline workforce turnover.

A Review of the Professional and Academic Literature

This literature review's primary purpose was to identify the leadership support challenges related to high turnover rates of frontline healthcare workers. Based on the viewpoint of Willard-Grace et al. (2019), the turnover rate among healthcare clinicians and staff is a persistent problem. A high turnover rate in the healthcare sector harms patient safety (Temkin-Greener et al., 2020). Such assertions align with the positive association between increased burnout among healthcare workers, reduced engagement level, and a high turnover rate (Mutsuddi, 2016;

Willard-Grace et al., 2019). Accordingly, the practical implications of a high turnover rate among frontline healthcare workers include adverse outcomes for patient care quality and organizational revenues.

Assessments show that healthcare leadership is vital in supporting, training, and developing staff motivation and job-leaving intentions. Similarly, Zaheer et al. (2019) observed that staff perceptions of teamwork affect turnover intentions and that a direct association exists between leadership and turnover rates among frontline workers. Concerning healthcare leaders' role in altering healthcare workers' turnover rates, it is also essential to investigate employees' experience or the lack of leader support in the healthcare industry. For example, Nichols et al. (2016) concluded that a supervisor's support through affective commitment could positively affect retention among frontline workers.

Apart from the topics mentioned above, the underlying literature review also addresses the institutional barriers that prevent frontline healthcare employees' leadership support. These barriers may include but will not be limited to lack of knowledge, limited resources, low awareness, and work overload. Regardless of why effective leadership is considered a contributing factor for employee retention, there is little evidence regarding leadership support for employee retention in the healthcare industry. Tian et al. (2020) concluded that effective leadership styles, such as transformational leadership behavior, positively impact employee retention based on their efficient problem-solving skills and amplified focus on goal achievement. For this reason, this literature review investigates effective leadership styles, such as transitional leadership, for leaders' role in supporting frontline healthcare workers. The literature review further addresses the role of stress and the leaders' experiences with politics in the healthcare industry. Before summarizing the literature review's overall findings, significant

attention will be diverted to frequently used retention strategies in the healthcare industry, with an important focus on training and development. Data also indicates that 28% of registered nurses in a new organization leave their position within one year (Temkin-Greener et al., 2020).

In comparison, 32% of certified assistant nurses change jobs within the first year of their professional career (Temkin-Greener et al., 2020). Furthermore, according to Rosenbaum (2018), staff turnover among healthcare workers was recorded at 20.65% in 2017, rising from 15.6% in 2010. Consequently, it is critical to focus on the shortcomings in leadership support and institutional barriers for ineffective leadership in reducing employee turnover rates among frontline healthcare workers.

Retention Challenges

Before identifying and evaluating the retention challenges with frontline healthcare employees, it was vital to consider their significance in the healthcare industry. In 2015, healthcare nurses' estimated turnover rate was 12.4% compared to other healthcare workers in the U.S. healthcare industry (Yoon, 2020). Over the years, registered nurses' national average one-year turnover rate has elevated to 17.1% (Ackerson & Stiles, 2018). Notably, more than 17% of registered nurses leave their first jobs within the first year of their professional careers. Additionally, the average two-year turnover rate increases to 33.5% among registered nurses (Ackerson & Stiles, 2018). As such, the turnover rate and job leaving intentions among frontline healthcare workers increase with higher work experience. Such findings reflect a positive association between increased years of work experience and job-leaving intentions. One of the primary reasons for the underlying findings is the high prevalence of nurse burnout due to work overload in the U.S. healthcare industry (Hoff et al., 2019). Hoff et al. (2019) further identified a

positive relationship between lower levels of job burnout, reduced stress, and longer tenure at a particular job in the healthcare industry.

On the other hand, the high turnover rate among frontline healthcare workers has globally resulted in a nursing shortage. The World Health Organization (WHO) statistics reveal a nursing shortage of at least 9 million nurses in the global healthcare industry (Drennan & Ross, 2019). Furthermore, the estimates show a need for another 30 million jobs in the next ten years within the global healthcare industry (Drennan & Ross, 2019). For this reason, the identification of retention challenges carries immense importance concerning the development of efficient solutions.

The modern healthcare industry's retention challenges are limited to organizational factors and are also in line with individual characteristics. For instance, Al-Sabei et al. (2020) concluded that nurses with a higher education level are likelier to show a lower organizational commitment level, especially nurses with a master's education level. The advanced level of education increases nurses' job opportunities, which allows them to shift smoothly to more prominent roles in other organizations. Similarly, the report shows that male nurses are more likely to show higher job-leaving intentions than female nurses, yielding a higher turnover rate (Al-Sabei et al., 2020).

Many factors cause high staff turnover. Job satisfaction and work-life balance are among the most studied issues. Likewise, a high job satisfaction level among nurses is also considered a positive player in enhancing job retention rates (Horner, 2017; Parveen, Maimani, & Kassim, 2017). This finding is irrespective of nurses' and other frontline healthcare workers' job satisfaction regarding various individual and organizational factors. It is critical to alter turnover among frontline healthcare workers (Liu et al., 2018). Tian et al. (2020) mentioned that

organizational citizenship behavior presents a significant retention challenge. This factor directly affects the efficacy of transformational leadership used for problem-solving skills or providing a vision for their employees. In addition, the absence of a reward or efficient compensation system poses a retention challenge (Tian et al., 2020). Moreover, Al-Sabei et al. (2020) highlighted the importance of nurse empowerment for boosting job satisfaction to reduce turnover intentions. Thus, numerous individual and organizational factors are directly or indirectly responsible for increasing retention challenges for front healthcare employees.

The job satisfaction challenge is multifaceted; thus, entities need to consider it a multidimensional method, primarily when focusing on healthcare workers in rural areas. According to Cosgrave (2020), workplace organization, role and career, and community and place domains influence job satisfaction. Employees may have challenges fitting into their new working environment, the community's targeted population, or their assigned role, resulting in dissatisfaction. When healthcare workers work in a given facility, they interact with the patients serviced by the facility. Still, healthcare workers are also exposed to the community in which the healthcare facility is embedded. Challenges in adjusting to these environments can lead to dissatisfaction, which may cause the employee to resign.

The work environment’s overall quality comprises various factors that eventually play a critical role in determining frontline healthcare employees’ job-leaving intentions. The findings of Swanberg et al. (2016) indicate that the work schedule is an essential contributor to the work environment that affects employee retention. Swanberg et al. (2016) explain their findings using social exchange theory. Social exchange theory suggests the generation of negative emotions among healthcare workers when there is an imbalance in an employment relationship or a psychological contract violation owing to a rigid work schedule (Swanberg et al., 2016). On the

other hand, experiencing perceived inefficient teamwork or a negative teamwork perception are retention challenge (Zaheer et al., 2019). Zaheer et al. (2019) claimed an association between the negative perceptions of the lack of leadership support of the frontline healthcare workers and higher staff intention to leave their jobs. Accordingly, the researchers concluded that "safety-conscious supportive supervisors can help alleviate the negative impact of poor mindful organizing on frontline staff turnover intention" (Zaheer et al., 2019, p. 1). Young age is another retention challenge for frontline healthcare employees. For example, young nurses are more likely to develop turnover intentions, which can eventually transform into employee turnover (Yoon, 2020). Furthermore, the retention challenges mentioned above amplify in magnitude during the first few years of nurses' work experience, especially within the first two years (Yoon, 2020). The retention challenges with frontline healthcare employees limit the management and leaders from improving turnover rates through different strategies.

The pandemic and post-pandemic period between 2020-2022 has compelled organizational entities and stakeholders to reevaluate the role of frontline healthcare workers. For example, a report released by George Washington University (2020) indicated that this group of employees raised various concerns during the pandemic. Some of their concerns included frustrations with unsafe working conditions, and bullying and retaliation for voicing concerns regarding the prioritization of hospital profits over the safety of workers. Additional concerns could influence these healthcare workers to resign during such events. As an outcome, organizational leaders must examine such factors to gain a clear image of how leadership and employee turnover connect.

Reasons for Voluntary Turnover

There is an evident distinction between turnover and voluntary turnover. Based on the information provided by the U.S. Bureau of Labor Statistics, the total turnover rate comprises layoffs, discharges, and quits (Bureau of Labor Statistics, 2020). Layoffs and discharges are part of involuntary separations forced by the employer on the employee (Bureau of Labor Statistics, 2020). In comparison, voluntary turnover only includes those who quit their jobs. Therefore, only voluntary or intentional resignations are categorized under voluntary turnover. The reasons for employee resignation become further important when voluntary turnover is considered. In the case of forced resignation, layoff, or discharge, employee or retention challenges are not responsible for employee turnover. According to Nichols et al. (2016), voluntary turnover has negative consequences, such as increased worker replacement costs for the organization. As such, voluntary turnover is thought to be the primary reason for the positive relationship between turnover rate and reduced organizational revenues. Indeed, turnover is expensive, generating costs directly related to the exit and replacement of workers who quit, as well as indirect costs resulting from screening, hiring, and orienting new workers; reduced organizational effectiveness; lower profitability; disrupted work relationships; poor workplace communications; and greater levels of turnover among remaining workers (Nichols et al. 2016).

Such findings from existing literature reflect the adverse outcomes for healthcare workers' motivation and satisfaction due to increased voluntary turnover cases. One factor that has sustained high turnover rates is the shortage of healthcare professionals, which is expected to increase in the post-pandemic period. Compared to healthcare professionals and clinicians, frontline healthcare workers can earn a yearly salary below the benchmark of $40,000 (Nichols et al., 2016; Swanberg et al., 2016). It is easy to assess that frontline healthcare workers' low

compensation is one reason for their continuous shortage. Research indicates there is a positive association between the quality of compensation structure and employee motivation.

Strategic Management Decisions has conducted a considerably large study to investigate some of the most common factors responsible for voluntary turnover in the healthcare industry. The research was conducted over three years by including 500,000 employees from more than 1,200 hospitals and healthcare centers (Spell, 2017). The healthcare study results revealed that one of the most frequent healthcare workers' choices of voluntary turnover related to management issues (Spell, 2017). Similarly, senior leadership was cited as one of the leading causes of voluntary turnover in most organizations (Spell, 2017). In both inefficient management and ineffective senior leadership cases, more than 50% of healthcare employees reported a decline in patient satisfaction (Spell, 2017). In addition, Nichols et al. (2016) confirmed that voluntary turnover intentions were considerably lower in employees satisfied with supervisor support.

Still focusing on management and leadership, other studies revealed that supervisors' leadership style can influence employee turnover intentions. For instance, the study by Tian et al. (2020) found a positive and significant correlation between organizational citizenship behavior and transformational leadership. The study further identified that organizational citizenship behavior had a positive and meaningful relationship with turnover intentions (Tian et al., 2020). However, this study showed contradictory results from those indicated in previous studies, which revealed that transformational leadership had a negative association with turnover intentions, as highlighted by Long et al. (2012). Specifically, Long et al. (2012) found no correlation between a leader's specific leadership style and employee turnover intentions. Even though such findings are beneficial, it is essential to note that Long et al. (2012) investigated college institutions in

Malaysia, not healthcare facilities in the United States; thus, certain cultural factors could be unique to that environment.

Nonetheless, such studies appear to indicate that leadership affects employees' behaviors in some manner. If leadership and management have no direct impact, there may be an indirect relationship, as Long et al. (2012) highlighted. Therefore, a goal should be to identify how an organization's leadership affects employees and influences their reactions in specific ways. Theoretically, such reactions can manifest as an employee's willingness to quit or resign, resulting in voluntary turnover. Therefore, it is necessary to examine how leadership affects voluntary turnover or the specific factors that can influence employees to attrite or remain in their workplace, especially in the healthcare setting.

Additionally, other factors responsible for voluntary turnover include but are not limited to job fit, engagement, customer focus, quality, safety, teamwork, career development, tools and resources available to employees, mission and vision of the organization, organizational values, work-life balance, and communication (Spell, 2017). Surprisingly, ineffective communication was not a prominent cause of voluntary turnover in many healthcare organizations. Still recognized as one of the leading causes of voluntary turnover are inefficient teamwork and lack of career development (Spell, 2017). Likewise, Zaheer et al. (2019) observed that staff perceptions of teamwork influence turnover intentions and that a direct association exists between effective leadership and turnover rates among frontline workers. For this reason, there is a need to devote specific attention to the relationship between leadership support and turnover rate concerning frontline healthcare employees.

Leadership Support and Turnover Rates

Leadership support is more inclined towards employees' experiences and perceptions regarding their support compared to the actual support provided to address employees' weaknesses and enhance their strengths. Nichols et al. (2016) defined supervisor support as "the degree to which employees are aware of support and encouragement provided by their supervisors about work performance and other employee issues" (p. 269). Research indicates that the employees' positive experiences regarding leadership support are determined by leaders' actual ability to help their employees address performance issues and solve problems. Based on the research conducted by Nichols et al. (2016), employees' perceptions regarding supervisor support is dependent on emotional support, caring actions, and services. Therefore, frontline healthcare employees consider emotional and social bonding with their supervisors as a professional support system source.

Transformational leadership has been linked to positive employee retention. Tian et al. (2020) gauged that leadership support includes devising a vision for employees to follow while enabling them to achieve their organizational, professional and personal goals. Therefore, Tian et al. (2020) adopted a more practical approach to leadership support, including possible evaluation factors. For example, Tian et al. (2020) also mentioned that leaders' willingness to spend time training and developing employees is considered part of employees' leadership support. Moreover, Kossivi et al. (2016) revealed that providing work-schedule flexibility allows organizations to increase employee retention. The supervisor or the leader is directly responsible for controlling the employees' work schedules, work burdens, and task assignments.

Leadership support was highlighted as important among some of the most critical employee retention factors. Apart from Spell's (2017) findings based on a broad survey of

500,000 healthcare workers, other researchers also verified the importance of leadership support for controlling employee retention. For example, Zaheer et al. (2019) also generated similar findings, concluding that supportive supervisors can eliminate the negative impact of poor mindful organizational practices on employees' turnover intentions. To understand mindful organizational practices, Zaheer et al. (2019) explained that "proactive or voluntary extra-role employee behaviors that can help prevent or mitigate incidents capable of jeopardizing the safe functioning of an organization" (p. 2). Thus, organizational leadership can influence employees' intention to attrite.

Moreover, Kossivi et al. (2016) highlighted numerous factors critical for managing employee retention, including management, a conducive work environment, social support and development opportunities, autonomy, compensation, crafted workload, and work-life balance. Social support and development opportunities, autonomy, workload, and work-life balance are directly associated with the quality of leadership support available to employees. One of the primary reasons for categorizing workload under leadership support is due to the fact that managers and leaders are responsible for assigning approrpaite and manageable workloads to employees (Kossivi et al., 2016). Workload depends on the leaders' ability to allocate specific tasks to employees, appropriately aligning their expertise and skills (Kossivi et al., 2016). Matching tasks with employees' capabilities is a primary responsibility of leaders. Therefore, managers should possess an ability to maximize employee efficiency, teamwork, and organizational productivity.

Other studies have examined leadership support through a unique perspective identified as responsible leadership. A study by Yasin et al. (2020) found that responsible leadership hindered employee turnover. Although the focus of the study was on the employees in Punjab,

Pakistan, the findings can be applied to the healthcare field. The results indicated a positive connection between ethical climate and responsible leadership. The authors also noted a negative association between employee turnover intention and a moral environment. The researchers argued that the ethical climate had a mediating role between turnover intention and responsible leadership. Although the ethical climate concept plays a significant role in employee attrition, one cannot overlook the relationship between responsible leadership and employee turnover. Such a study confirms that when organizations implement responsible leadership as an aspect of support, they are likely to deter employees from engaging in voluntary turnover.

Whether the study in question focused on the healthcare field or other industries, it is evident that leadership support can increase or reduce employee turnover intentions. Nonetheless, it is vital to pay attention to frontline healthcare workers and employees in the healthcare field, as they are essential workers in the healthcare industry. Examining whether leadership supports influences this group's intent to engage in voluntary turnover is significant. Furthermore, Yasin et al. (2020) reveal other influential factors, such as the ethical climate, influences employee attrition. Therefore, it is relevant to identify whether a similar component is crucial within the healthcare field regarding frontline healthcare workers.

Employee Experience with Leadership Support

Keeping in mind the prominence of leadership support for minimizing turnover intentions among employees, it is also vital to reflect on employees' leadership support. Unfortunately, leadership support and capabilities, quality of leadership, and leadership style can become convoluted in a professional work environment. In comparison, healthcare employees expect leadership support to be a source of organizational justice in exchange for showing a high level of organizational citizenship behavior (Metwally et al., 2018). Metwally et al. (2018) described

organizational justice as an employee's perception of an orgnaization's behaviorial fairness, which in turninfluences an employee's behavioral responses to underlying expectations.

Additionally, Bergman et al. (2017) claimed that empowerment is crucial to healthcare workers' efficiency. Employee empowerment is consistent with providing autonomy to healthcare workers (Bergman et al., 2017). Existing literature findings indicate that leadership support available to employees includes social support, development opportunities, and autonomy (Kossivi et al., 2016). Accordingly, frontline healthcare workers expect leadership to provide them with freedom, empowerment, social support, and development opportunities as terms of their employment. Leader support is also responsible for altering nurses' work-life balance from the employees' perspectives. The work-life balance of frontline healthcare workers is largely dependent on work schedules and flexibility dictated by their supervisors. Swanberg et al. (2016) confirmed that work schedules are an essential contributor to the work environment that affects employee retention. Likewise, Kossivi et al. (2016) revealed that providing work-schedule flexibility allows organizations to increase employee retention. Such findings indicate that frontline healthcare workers have high expectation of their leaders, especially regarding social support.

It is essential to research the quality of leadership support experienced by frontline healthcare workers. Research could focus on the approaches used by healthcare leaders, their attitudes, and the extent to which they are willing to offer these frontline workers the support they need. Existing literature reveals that "nurses across various healthcare settings lack the support needed to provide safe, compassionate and competent ethical care, with resultant moral distress" (Devik et al., 2020, p. 1670). This evidence suggests a lack of leadership support in the healthcare industry, especially in providing a safe work environment for nurses and other

frontline healthcare workers. Lack of leadership support also negatively impacts the delivery of compassionate care in the healthcare environment. Van Bogaert et al. (2017) confirmed that authentic leadership is vital in reducing nursing burnout. One of the primary indicators of nursing burnout is reduced level of compassion, irrespective of the reason for lowering compassionate care (Ortega-Campos et al., 2020; Zhang et al., 2018). As such, an indirect relationship between nursing burnout and reduced level of care is observed whereby leader support plays a mediating role (Van Bogaert et al., 2017). Leader support also has implications for "workload, control, community, fairness, reward, and value congruence" in the healthcare industry (Van Bogaert et al., 2017, p. 2). These factors are relevant for affecting frontline healthcare workers' perceived quality of leadership support. Therefore, healthcare managers should provide the necessary support to minimize the chances of employee burnout and poor performance, which influences quality of care. These factors are known for their effect on job-leaving intentions (Devik et al., 2020), indicating that the negative consequences and implications of a lack of leadership support are not limited to enhanced employee turnover rates, but also include reduced employee performance.

As part of leadership support, entities must effectively offer employees the resources they need to carry out their work and responsibilities. Such support contributes to employees' experiences, which is relevant to evaluating employee turnover. Nielsen et al. (2017) focused on employee performance concerning workplace resources. The study explored four resource levels: organizational, leader, group, and individual. Through a systematic literature review, the study revealed no significant difference in organizational performance and employee well-being between the different workplace resource levels. As an outcome, an entity aiming to improve performance or employee well-being can focus on any of these levels.

Although the study by Nielsen et al. (2017) is generalized, it helps researchers understand the state of the healthcare field. The four levels explored can also be identified in the healthcare industry, as frontline workers can present themselves as organizations, individuals, groups, or leaders. Nonetheless, there is a gap in research and practice since little current research has evaluated these levels of performance among frontline healthcare workers. Even though some researchers have shown relationships between employee well-being and turnover, these various studies have no specifically evaluated the level of performance in question. Therefore, it is crucial to conduct a study focusing on frontline healthcare employee turnover, ensuring that frontline healthcare workers are at the research's core.

Leaders' Experience with Frontline Healthcare Employees

Like employee experiences with leadership support, it is crucial to analyze the leaders' experiences of their support for influencing employees' viewpoints and turnover intentions. Devik et al. (2020) reveal that leaders require support in understanding their responsibilities towards employees to effectively govern employees' actions. For example, nurse managers are responsible for organizing meetings, but are also required to show a high awareness and understanding of ethical leadership (Devik et al., 2020). On the contrary, frontline healthcare employees perceive nurse managers and leaders as experts, counselors, and mentors to provide additional organizational support. It is often difficult for frontline healthcare employees to understand the difficulties and challenges of each managerial or leadership role. This lack of clear identification among leadership responsibilities is a significant reason why nurse managers and leaders rely on effective teamwork and coworker cooperation to enhance frontline healthcare workers' individual and collective productivity. Bergman et al. (2017) confirmed that coworker cooperation is a source of favorable employeeship from a leader's experience in the healthcare

industry. For this study, the definition of employeeship is the “employee’s ability to handle duties, social interactions, and relationships between two or more employees” (Bergman et al., 2017, p. 92). The excerpt above from extant literature highlights the leader’s expectations of employees’ responsibilities and duties in the healthcare industry. Researchers utilize the concept of employeeship to understand good employees’ necessary qualities and attributes (Bergman et al., 2017). Similarly, Bergman et al. (2017) also promote the concept of organizational citizenship behavior, which explains that “individual-oriented behavior involves taking responsibility beyond one’s duty” (p. 92). Consequently, healthcare leaders have high expectations for frontline healthcare employees concerning their ability to fulfill their responsibilities.

The concepts of coworker cooperation, employeeship, and organizational citizenship behavior signify the differences between leadership’s and employees' perspectives regarding leadership support. According to Tian et al. (2020), the organization's ethical climate positively influences employees’ behavior within an organization, termed organizational citizenship behavior. Indeed, “ethical climates such as friendship utilizing the social identity approach projected better behaviors and attitudes of employees concerning many outcomes, including turnover intention” (Tian et al., 2020, p. 2). Many researchers mention the underlying importance of the employees’ organizational citizenship behavior and social identity for reducing turnover intentions. A ubiquitous conclusion in the literature is that organizational citizenship behavior performs a mediating role in enhancing the positive impact of transformational leadership style and improving employee turnover rates. Additionally, Bergman et al. (2017) presented similar findings regarding the relationship between organizational citizenship behavior and turnover intentions among employees, which improved employee retention.

Other researchers, including Metwally et al. (2018), highlighted the significance of organizational citizenship behavior in reducing nurses' turnover intentions. Still, there is an immense need to achieve organizational justice to ensure a positive relationship between organizational citizenship behavior and reduced turnover intentions (Metwally et al., 2018). Healthcare leaders often limit their vision to the positive relationship between organizational citizenship behavior and reduced turnover intentions without considering organizational justice, which may have a role in mediating employee turnover in its own right.

When examining leadership, it is essential to focus on leaders within frontline team and at the leadership level. Some specific events, such as the recent pandemic, may allow organizations to understand this relationship and role more comprehensively than approaching the situation from a theoretical perspective. A study by Hølge-Hazelton et al. (2021) aimed to identify the leaders' experiences of frontline healthcare professionals during the COVID-19 pandemic. The research explored the topic within three levels of experience: managerial, educational, and years of experience. In management, some department heads revealed making complex decisions and working in a manner consistent with organizational and personal values and beliefs. These managers were less likely to note that the pandemic negatively impacted associations with other leaders compared to managers at the ward level. Ward managers reported being anxious about the health of themselves and their families. In the educational category, employees with a formal education in management reported experiencing engagement in meaningful tasks during pandemic. They gained expertise and managerial competencies to manage the pandemic effectively. Concerning years of experience, leaders who had more than six years of managerial experience indicated that they had management competencies to handle the pandemic effectively.

It is relevant to note that the focus of the present study is not to delve into one aspect of leadership. Instead, the purpose of this study is to evaluate different level or kind of leadership to understand how experience relates to employee performance and turnover intentions. This relationship becomes most evident when evaluating specific events, such as the COVID-19 pandemic, not part of the typical healthcare routine. Therefore, researchers should place attention on leadership, especially leaders responsible for directing their attention to frontline health workers.

Professional and Generational Gap

Management's experience of leadership support is considerably different from the employees' experience. Employees may not receive support consistent with their expectations. Likewise, the leaders may expect frontline health workers to offer something they are either incapable of or are unwilling to contribute. A primary difference between the healthcare and other industries is that frontline healthcare employees need advice, social support, and help from their supervisors. In contrast, leaders expect frontline healthcare workers to be responsible agents of citizenship behavior. Metwally et al. (2018) revealed that healthcare employees perceive leadership support as a source of organizational justice in exchange for showing high organizational citizenship behavior. Organizational justice "has become a key element for organizations as it directly affects the attitude and behaviors of nurses and enhances the perception of institutional fairness among them" (Metwally et al., 2018, p. 576). Concerning this, Sokhanvar et al. (2016) presented evidence of a relationship between organizational justice and job-leaving intentions among nurses. They argued that "given high costs of recruiting and training new staff, managers should pay special attention to promoting justice and employees' satisfaction and enhancing stability in their organizations by reinforcing positive attitudes in the

employees" (Sokhanvar et al., 2016, p. 358). Therefore, the employees' perception of leadership support directly affects their job-leaving intentions, causing further organizational stability consequences.

Frontline healthcare workers expect leadership support to provide autonomy, empowerment, social support, and development opportunities (Bergman et al., 2017; Kossivi et al., 2016). In comparison, healthcare leaders have high expectations from frontline healthcare employees regarding their ability to fulfill their responsibilities, such as organizational citizenship behavior (Tian et al., 2020). Past researchers' evidence highlights differences of opinion, perception, and interests when the healthcare industry considers leadership support.

The difference in experiences between healthcare leaders and frontline healthcare workers regarding leadership support largely pertains to professional factors. Healthcare leaders are accustomed to showing a high level of responsibility and citizenship behavior. Consequently, healthcare leaders expect a similar level of commitment and citizenship behavior from frontline healthcare employees (Chang & Besel, 2020). Meanwhile, healthcare leaders guide and support frontline healthcare employees to fulfill their obligations. The lack of organizational justice or employees' experience of limited organizational justice may reduce their confidence in healthcare leaders and mentors. Kalaitzi et al. (2019) confirmed the limited availability of mentors for female nurses. Therefore, female nurses may lack confidence and access to equal healthcare industry opportunities. Such discrimination among healthcare workers based on their gender is one source of low levels of organizational justice. Chegini et al. (2019) disclosed that hospital managers have the resources to enhance nurses' organizational commitment by improving their experiences of organizational justice. Thus, hospital managers influence nurses' job satisfaction, which is further relevant for their job-leaving intentions (Chegini et al., 2019).

Van Bogaert et al. (2017) claimed that leaders mediate the indirect relationship between nursing burnout and reduced quality of patient care. Mudallal et al. (2017) argued that "the importance of the leadership role in creating a positive work environment by enhancing the meaningfulness of work, enabling employees to participate in decisions related to their work, expressing confidence in employees' abilities to perform at a high level, facilitating goal attainment, and providing autonomy" (p. 9). Similarly, leaders empower and motivate workers to reduce feelings of burnout and emotional distress, yielding reduced turnover rates and high-quality of patient care (Liang et al., 2016; Mudallal et al., 2017). The literature shows that professional gap between healthcare leaders and workers is primarily responsible for discrepancies in leadership support experiences.

It is also relevant to consider the generational gap between leaders and their employees, as large generational gaps can affect outcomes. Different generations often have diverse attitudes towards work, practices, values, and other factors that affect performance and results. For instance, Generation X, defined as individuals born between 1965 and 1980, employees and leaders have different perspectives and perceptions of work than the Millennials, individuals born between 1981 and 1996, or Generation Z, individuals born between 1997 and 2010. Since the focus of this study is on turnover, some studies reveal that Millennials are more likely to to consistently pursue alternative jobs than other generations. Millenials also forms the largest portion of the current workforce in the job market. Thus, organizations may experience challenges if they overlook the behaviors and perceptions of this generation (Adkins, 2020). It is also relevant to note that managers in the Generation X category generally manage Millennials. Thus, this generational gap may afford differences that affect a worker's intent to stay in their employment and overall job performance.

This environment of generational gaps creates room for conflict, as different generations often have differences in perceptions. Such tensions may cause dissatisfaction due to an employee's inability to fit in the workplace, as Cosgrave (2020) indicated. Generational gaps may influence an employee to resign or quit their position in the hope of finding another place of employment that may be more conducive to their needs. A goal should be to identify how to mitigate this generational gap contributing to professional differences. Although the scenario is generalized, it should also be considered within the healthcare industry. Numerous millennials in the nursing profession and Generation X hold leadership positions; thus, leadership should consider generational factors to prevent detrimental effects.

Barriers to Leadership Support

Various challenges result in negative experiences with leadership support and the absence of leadership support, irrespective of industry. On the other hand, the challenges and barriers to leadership support differ regarding a particular industry's dynamics and corporate norms. For instance, healthcare leaders' inability to empower and support team learning is considered one of the largest challenges in the healthcare industry (Edmondson, 2004). Such assertions are based on the positive role of team learning in identifying and removing healthcare hazards that directly threaten patient safety (Edmondson, 2004). The barrier mentioned above to leadership support also falls under the domain of individual obstacles. Individual barriers pertain to cultural norms, personality traits, and social values of everyday individuals within a region or industry. For example, the United States is an individualistic society with a focus on personal needs and satisfaction. Based on Hofstede's cultural dimensions, the United States has a high individualism score of 94 ("Country Comparison," 2020). Apart from cultural traits, various individual barriers limit the leadership support of frontline healthcare workers. For example, Chullen et al. (2010)

concluded that a deteriorated perception of the leader-member exchange theory yielded low employee performance in the healthcare sector. This study further revealed that depersonalization among nurses and other frontline healthcare workers is a significant factor in their performance behavior. Thus, the individual barriers to leadership support are equally as important as institutional barriers.

Institutional Barriers. Apart from individual barriers to leadership support, there are also institutional barriers. Corporate norms and organizational culture in the modern healthcare industry are primarily responsible for these barriers. Organizational support is one of the most frequently mentioned and essential factors influencing healthcare workers' leadership support perceptions. Nazir et al. (2018) discovered that innovative corporate cultures could influence employees' experiences with organizational support and creative behavior. Accordingly, the healthcare industry's lack of innovative organizational culture is a potential institutional barrier to creating a positive perception of organizational support among frontline healthcare workers. Islam et al. (2018) confirmed a direct relationship between organizational support and turnover intentions. The deterioration of psychological contracts among healthcare workers hurts the relationship between perceived organizational support and citizenship behavior (Islam et al., 2018). Tian et al. (2020) determined that the organization's ethical climate positively influences employees' behavior within an organization, known as organizational citizenship behavior. The ethical environment of an organization is a reflection of organizational culture. This statement highlights leaders' role in altering the relationship between perceived organizational support and citizenship behavior. Rangachari and Woods (2020) narrated that employees are likely to feel psychologically safe when they trust they will be supported by management. That is, employees feel empowered to communicate safety concerns to managers, promoting patient safety and

improving everyday practice for all patients. There is a proven relationship between leadership, perceived leadership support, organizational culture, perceived organizational support, citizenship behavior, employee retention, and patient safety. Institutional barriers are dependent on individual barriers to leadership support in the healthcare industry.

Personal Barriers. An individual's personality significantly influences how they lead or behave in the workplace and other environments. A study by Ozbag (2016) indicated that the five-factor personality traits influenced an individual's leadership skills and ethical inclinations. The factors include agreeableness, conscientiousness, openness to experiences, extraversion, and neuroticism. Since these traits have different strengths and weaknesses in an individual-dependent manner, they can impact an individual's leadership ability and, therefore, influence an employee's intent to resign or quit their job. For instance, agreeable people highly value favorable interactions with others. Although this factor can be a strength, because leaders will create a positive relationship with the employees, it can also be a weakness. Specifically, leaders may invest too much energy in trying please their employees, which may lead to bias when making decisions. Thus, these factors could further jeopardize outcomes.

Personal barriers can hinder the objectivity needed when catering to homogeneous and complex groups. If one's personality promotes the development of an ego, a leader may not value their employees' thoughts. This factor hinders leaders and employees from finding common ground when approaching problems. Therefore, personalities differences can significantly impede the influence of a leader over an employee. Personality differences can influence the ways leaders and workers solve problems, which may exacerbate poor working situations.

Barriers to Potential Solutions. It is comparatively easier to address barriers to organizational complexities than complications involved at the individual level. Despite amplified awareness of human rights and equality globally, gender inequality is still a persistent problem in all societies and industries and serves as barrier to potential solutions to leadership support. The primary reason for signifying gender inequality as a prominent barrier is its central role in limiting female leaders' emergence in the healthcare industry. Kalaitzi et al. (2019) identified stereotyping against women, lack of equal career opportunities, and gender bias as potential limiting factors in women's leadership in the healthcare sector. Lack of female leader in healthcare automatically creates an unjust working environment. As a result, female frontline healthcare workers lack necessary leadership support. In addition, culture, gender pay gap, isolation, lack of flexible working environment, lack of mentoring, lack of social support, and lack of executive sponsors are other leadership challenges female employees face in the healthcare sector (Kalaitzi et al., 2019). Lack of a flexible working environment and social support can create negative experiences with leadership support among frontline healthcare workers (Swanberg et al., 2016; Kossivi et al., 2016). Lack of a flexible working environment and social support are considered main barriers to leadership support, creating negative perceptions among frontline healthcare workers regarding leadership support.

Other factors that create negative experiences with frontline healthcare workers regarding leadership support also act as barriers to potential solutions. Underlying factors are not limited to a single organization or a smaller number of individuals, but are common to most healthcare organizations and leaders. For example, Chullen et al. (2010) identified a reduced perception of organizational support as a factor influencing reduced employee performance. The evidence provided by Chullen et al. (2010) is based on the viewpoints of more than 1,900 participants

working in a large American healthcare organization with more than 5,000 employees. Similar to the findings of Chullen et al. (2010), Gupta et al. (2016) claimed that the lack of perceived organizational support can negatively impact frontline healthcare workers' affective commitment and citizenship behavior. Kalaitzi et al. (2019) stressed lack of mentorship is a potential barrier to supporting healthcare leaders. These findings were based on 30 in-depth interviews concomitant with detailed academic research. A leader's inability to effectively mentor employees hurts the perceived level of organizational support among female healthcare employees (Kalaitzi et al., 2019). The study conducted by Kalaitzi et al. (2019) provides breakthrough research in identifying the independent and intermediate factors that have restricted positive experiences with leadership support in the healthcare industry.

Proposed Resolutions for Addressing Barriers. The barriers to potential solutions are similar to the factors responsible for the reduced quality of frontline healthcare workers' experiences regarding leadership support in the healthcare industry. Resources are abundant in the U.S. healthcare industry, but such resources need to be efficiently exploited while evaluating the main barriers to leadership support. Edmondson (2004) believes that creating an environment of psychological safety is critical. "Leaders must work to create an environment of psychological safety that fosters open reporting, active questioning, and frequent sharing of insights and concerns" (Edmondson, 2004, p. ii). This way, healthcare leaders can provide psychological safety to support the interests of frontline healthcare workers. Psychological safety has become a critical concern during the ongoing COVID-19 pandemic. However, it has negative consequences for the retention of healthcare workers when not properly addressed (Rangachari & Woods, 2020). Rangachari and Woods (2020) also showed that healthcare leaders have a

limited psychological safety requirement viewpoint, which creates emotional distress and reduced employee retention among frontline healthcare workers.

Furthermore, there is a need to attenuate frontline healthcare workers' experiences of poor leadership support and low organizational support levels. For this reason, the healthcare sector needs to focus on employee empowerment to effectively improve employee satisfaction (Choi et al., 2016). Furthermore, the creation of perceived organizational support is also relevant for psychological empowerment and job satisfaction among healthcare organizations' administrative staff. Consequently, psychological safety, empowerment, experienced organizational support, and job satisfaction are positively associated.

Identifying potential solutions to addressing barriers pertaining to lack of leadership support has minimal effect on improving job-leaving intentions among frontline healthcare workers. It is crucial to find solutions for the effective implementation of potential solutions. Choi et al. (2016) confirmed the positive impact of effective leadership in enhancing employee empowerment in the healthcare sector. Edmondson (2004) had a similar observation regarding the role of leaders in enhancing employee empowerment. Using literature and academic research on effective healthcare leadership can induce various positive changes and improvements. Edmondson (2004) revealed the prominent role of healthcare leaders in creating a compelling vision for employee motivation while communicating organizational change urgency, indicating that effective leadership is a driver for altering the perception of leaders' support among frontline healthcare workers. Also, Salas et al. (2012) highlighted the need for training and development to induce effective leadership in the healthcare sector. This evidence shows the greater need to train healthcare leaders to support healthcare workers instead of training them to alter their leadership support perceptions.

On the contrary, Almaaitah et al. (2017) highlighted the importance of training healthcare workers to enhance employee retention and organizational effectiveness. Still, Almaaitah et al. (2017) believed that effective training requires additional support from leadership to maximize positive outcomes of training. Accordingly, influential leaders' presence has comparatively higher importance than training and developing healthcare workers to alter their leadership support experience.

Leader Membership Exchange Theory

The leader-member exchange (LMX) theory is a model that outlines how leaders relate to their subordinates, how they maintain their leadership position within an established entity, and how these aspects can hinder or facilitate organizational development. The underlying assumption is that leadership comprises many dyadic relationships between the leader and the members. Specifically, the theory posits that a leader has a unique relationship with each follower instead of one leadership approach for all employees (Hunt, 2014). The leaders and those being led can form high-quality relationships based on trust, obligation, and respect, or low-quality relationships are limited to employment contracts (Erdogran & Bauer, 2015). When one examines content on leadership and management, many approaches have been coined as the best method to lead people. However, there is not always one style that covers how leaders should lead. However, LMX demystifies this perception and suggests that a leader should understand the people they are leading and their uniqueness; thus, LMX facilitates the use of the correct approach suitable for each individual.

Typically, subordinates receive valuable tangible and intangible resources and favor from the leader in high-quality LMX relationships. Managers interact with their members beyond the formal setting to offer support in the work environment and provide subordinates with greater

responsibilities and autonomy. The theory allows the two parties to form meaningful relationships and bonds that help the organization and individuals in question. For instance, when a leader is aware of the approach to use when dealing with a given employee, the person leading will have learned about their follower personally and professionally. Such information is more valuable than the superficial professional knowledge people attempt to learn in numerous instances. The intended goal is to motivate employees to internalize personal goals and those of the leader and the organization.

Conversely, characterizing low-quality LMX relationships includes a lack of favor and limited valuable resources accessible to the subordinates. Furthermore, exchanges between the leader and members are restricted to the formal employment contract. As a result, the leader does not properly motivate or develop the employees (Martin et al., 2019). In response, subordinates can fail to internalize their personal goals as they solely focus on achieving the leader's stated goals. Under this theory, effective leadership centers on developing high-quality relationships between leaders and their subordinates to enhance performance and well-being. Promoting such relationships also gives subordinates a sense of identity within the group, promoting inclusivity, gratitude, and loyalty.

Over time, researchers have evaluated the correlation between leadership behaviors and outcomes to determine LMX quality. For example, Megheirkouni (2017) revealed that how leaders behaved toward their subordinates was indicative of employees being trustworthy, loyal, and supportive, positively or negatively impacting the relationship quality. However, it is essential to note that these studies do not typically include new relationships or a longitudinal design. As such, the general assumption is that high-quality exchanges promote positive perceptions of a leader in terms of authenticity, ethics, and the integration of transformational

leadership. Newly-forming relationships do not provide sufficient data to determine the significance of a leader in such settings, and there is a need for further research in this area (Erdogan & Bauer, 2015).

When measuring the quality of exchange, research on LMX theory integrates two primary measures, including the LMX-7 model proposed by Scandura and Graen (1984) and the LMX-Multidimensional model proposed by Liden and Maslyn (1998). The latter comprises twelve items outlined in four dimensions based on professional respect, loyalty, contribution, and affect (Erdogan & Bauer, 2015). Alternatively, LMX quality can be measured from the subordinate's perspective to understand the correlations from a practical setting, although the results might be subjective. Keskes et al. (2018) note a lack of agreement in the literature regarding integrating subordinates' perspectives in measuring LMX quality. First, the degree to which employees and leaders respect or like each other varies by individual. Second, within the dyad, the different dynamics between leaders and their subordinates lead to varying success levels. As a result, meeting each other's standards can be challenging. Additionally, the leader may be less inclined to report low-quality relationships to reinforce a positive social desirability image (Erdogan & Bauer, 2015).

LMX in the Healthcare Setting. LMX theory varies significantly from other leadership theories. First, LMX diversifies its focus to include the leader, employees, the environment, and the situation. Second, it emphasizes the value of developing interpersonal relationships between the two parties with high levels of commitment, respect, and mutual trust. Third, LMX theory challenges leaders to learn more about their nurses and physicians at the frontline within the healthcare unit. According to Jungbauer et al. (2018), LMX has played an integral role in guiding healthcare leadership practices, which can be applied worldwide. These benefits and strengths

are particularly evident in high-quality LMX relationships, creating conducive healthcare environments to facilitate healing and effective multidisciplinary collaboration.

High-quality LMX relationships between leaders and their teams significantly benefit the leader regarding performance, independence, and motivation. The leader becomes more aware of each team's uniqueness because they pay critical attention to details. Erdogan and Bauer (2015) found that such relationships promote positive group performance since employees understand their roles and contribute to achieving their personal and organizational goals. High-quality LMX also helps increase employees' self-efficacy, whereby employees feel compelled to take initiatives. As a result, the leader creates a suitable setting that promotes responsibility and accountability across the team. In the same study, Erdogan and Bauer (2015) notec that it is easier for leaders in such relationships to create and oversee effective work units where subordinates can extend their capabilities, build networks, and take measurable risks to achieve specific company goals.

LMX relationships also significantly impact individuals in middle management and employees without supervisory roles in the healthcare setting. It is a theory that affects every human aspect of an organization due to the emphasis placed on individual human interaction instead of approaching situations from a homogenous standpoint. Studies reveal increased job satisfaction, and subordinates feeling more appreciated or motivated to develop their careers. Subordinates with high-quality LMX relationships with their leaders also benefit from increased access to organizational resources, increasing their creativity and giving them more workplace responsibilities (Martin et al., 2018). They can also receive work-based benefits relating to more career development opportunities and engaging tasks that could improve their long-term skills. In addition, employees can be assigned more roles, reinforcing mutual respect and

accountability. Keskes et al. (2018) ascertained that high-quality relationships between leaders and followers improve the work experience, which translates into effective outcomes and performance in employees and for patients.

It is, however, essential to note that this leadership approach presents some drawbacks and concerns. A significant problem is the cumbersome nature of developing high-quality LMX relationships. It can be challenging to understand the individuality of each person in the context of the uniqueness of groups, especially when for leaders in a large organization. While one may integrate LMX theory in small- and medium-sized facilities, it may be challenging to implement in larger organizations, such as in a hospital setting.

An additional challenge is that a large organization or department at the country level may overlook the impact of external situational and contextual factors on relationships beyond the leader-member dyad. These factors include the organizational culture, number of team members, employees' roles, duration of the assignments, and location (Megheirkouni, 2017). The LMX mainly emphasizes the subordinates' satisfaction with their leader rather than the quality of their relationship. Therefore, it is difficult to determine if such relationships promote more professional development across organizations. Erdogan & Bauer (2015) note that a comprehensive dyad-based model should factor in each party's exchange and the ability to invest in the provided resources. In this context, the literature indicates the parties' abilities to offer high-quality organizational skills and competencies. The overall process is also time-consuming, as it requires the development of multiple relationships over time. Furthermore, the quality of such relationshisp can depend on the size of the team. Larger teams may need more time to build connections that address individualized attention.

Over time, researchers have attempted to address some of the concerns associated with this theory to develop a prescriptive approach to implementing LMX by healthcare leaders. Jungbauer et al. (2018) recommend integrating transparent decision-making processes to increase trust and engage various followers' personalities. It is also essential to consider the leader's perspective when understanding and outlining LMX relationships to provide a more objective and comprehensive view of quality of leadership interaction. This aspect targets the subjective approach focusing on the follower, ultimately presenting the impression that LMX quality determines the leader's satisfaction at the expense of obligation, trust, and respect. Relationships and trust are independent of employees' satisfaction with their leader.

Social Exchange Theory

The social exchange theory (SET) hypothesizes that human exchanges and interactions drive results. Similarly, costs and rewards facilitate social exchange. In this context, comparing the costs and rewards one would incur during interactions influences human behavior and decisions. For example, suppose an individual perceives the costs of an interaction to be higher than the anticipated results within a particular relationship. In that case, there is a high probability of the individual abandoning or terminating the relationship. In an organizational setting, the social exchange theory argues that effective workplace relationships contribute to organizational benefits. As a result, these relationships form a crucial foundation, and front-line managers must develop quality and effective workplace networks (Hogg et al., 2005).

SET is closely related to the rational choice theory and structuralism since the core concepts are cost and rewards. Liaquat and Mehmood (2017) explain that this theory conceptualizes exchange as a social behavior that enhances economic and social outcomes. To this extent, the underlying presumption of SET is that relationship decisions center on fair

returns for incurred costs. Costs in this context are defined as the aspects of an individual's rational life that might bear undesirable consequences. At the same time, rewards are the desirable returns from a specific relationship. Under this theory, several assumptions are related to understand how human beings form relationships and their general nature. First, there is an assumption that human beings are rational; second, humans seek rewards and avoid punishments to the best of their capabilities. A third assumption is that humans use different monetary and non-monetary standards to evaluate costs and rewards. Additionally, relationships are interdependent, and that rational life is a process.

The SET's foundation is perceived equivalence in balance and compromise, which are crucial in increasing organizational stability. When eemployees perceive that their efforts are rewarded accordingly, their perception of autonomy is optimized, resulting in increased trust between the leader and employees. This theory presents significant benefits to the employee in its application, including easy access to resources and information, goodwill, emotional support, and mutual trust to address workplace problems accordingly. An effective workforce increases morale and job performance, resulting in increased productivity. Research by Nazir et al. (2018) also shows that the benefits are far more significant when employees work in cost-constrained environments. The relationships in such settings center around sharing resources and information to address workplace problems. The perception of autonomy is also greatly influenced by the supervisor-employee relationship's quality and general satisfaction with their leader. These factors impact an employee's choice of employment and the organization's overall turnover rate.

Like LMX, the social exchange theory reinforces providing employees with sufficient information and resources. When supported by their leader, employees are more likely to be committed to the establishment. On the contrary, employees working in a hierarchical workplace

characterized by insufficient resources and information flow tend to have lower satisfaction with their leaders. Furthermore, Anggraeni (2018) noted that these employees also have lower perceptions of autonomy within the workplace setting, which translates to lower job satisfaction and higher turnover. Therefore, supervisors are responsible for forming supportive and functional relationships with employees to ensure that their needs are well-understood and met within the organizational setting.

The goal of any entity should be to help the targeted population realize that the benefits they will get from an activity exceed the costs incurred. Whether the costs are quantitative or qualitative, supervisors' focuses should be on increasing the benefits of employment. In another aspect, more attention may be paid to reducing costs for the targeted benefits. For the chosen approach, the gains should be seemingly more than the costs incurred, either economically or socially. Organizations can achieve this goal by understanding the their employees and identifying what the members perceive as costs and gains. Like in other circumstances, one cannot take a homogenous approach when applying this theory. An activity or factor seen as a cost by one population may be seen as a benefit to another population. Thus, it is relevant to know these variances of groups for one to apply this theory effectively.

Social Exchange Theory in Healthcare. SET is operationalized within the healthcare setting by evaluating the impact of leadership support and satisfaction levels on practitioners' contentment and organizational goals. Liaquat and Mehmood (2017) indicate that SET should be quantified based on how personnel perceives the quality of mutuality in terms of psychological and physical resources. Employees who work in a comfortable setting where their interests are prioritized have a greater commitment level to their leadership. These employees are also likely to portray innovative behavior and seek more opportunities to display their creativity. A study by

Nazir et al. (2018) further suggested that progressive supervisor and organizational support are critical to increasing employee innovative behavior and morale and ultimately reducing their turnover rate. Providing support to the worker and creating a network that encourages positive interactions between leaders and employees should be the goal for organizations managing their turnover rate. It is vital to promote multidisciplinary interactions within the healthcare setting as a platform for creating newer opportunities for employees to explore and perfect their skills (Cropanzano et al., 2017). Perceived organizational support has been attributed to effective commitment and increased performance, particularly when integrated into a multidisciplinary team.

Based on the social exchange theory, high-quality relationships between leaders and subordinates contribute to positive outcomes for employees in the healthcare setting. In contrast, low perceived organizational support presents adverse effects, such as low morale (Nazir et al., 2018). These aspects hurt the organization as they hinder the achievement of the leader's or organizational goals. Within the context of the nursing profession, low-quality relationships and low perceived organizational support can increase pressure on employees to perform their responsibilities accordingly, which ultimately adversely affects the quality of care provided. Therefore, the leader or supervisor's role is to boost organizational commitment, innovative behavior, job performance, and overall morale. Research by Nazir et al. (2018) revealed that when employees have a positive relationship with their supervisor, their organizational perception is improved. Employees are more inclined towards being innovative. In this context, innovation is risky and requires establishing positive dynamics centered on providing extra support to employees, understanding their needs, and creating a conducive work environment.

As such, the leader should possess virtuous qualities such as justice, loyalty, honesty, and respect to encourage employees and improve their overall performance.

Focusing on these relationships pushes leaders to understand their followers in a multifaceted manner. They gain knowledge on what their followers deem as costs or gains, thus, applying this information to their advantage. The study carried out by Ren and Ma (2021) determined that reputation, disease privacy, and service had a significant economic benefit for physicians. Thus, one may consider such factors when dealing with physician frontline workers. Parr et al. (2020) also identified that SET emphasizes the quality of the relationship between leaders and employees to enhance employee and overall organizational performance. By paying attention to workers, leaders place themselves at an advantage in knowing what to consider when giving healthcare workers opportunities to experience more gains than costs.

Themes

The themes identified focus on leadership support perception among leaders and frontline healthcare employees during this literature review. Frontline healthcare employees demand a high organizational justice level to reflect organizational citizenship behavior (Metwally et al., 2018). Bergman et al. (2017) claimed that empowerment and autonomy are crucial factors in determining healthcare workers' individual efficiency, suggesting that frontline healthcare employees experience and perceive leadership support to enhance their empowerment and autonomy in performing their tasks. Kossivi et al. (2016) concluded that autonomy and social support fall under the leadership support domain available to employees within the healthcare sector. Leadership is also responsible for altering nurses' work-life balance from the employees' perspective (Kossivi et al., 2016). Kossivi et al. (2016) revealed that providing work-schedule flexibility to employees allows organizations to increase employee retention. In addition, work-

schedule flexibility improves the work-life balance of healthcare employees. Accordingly, frontline healthcare workers expect leadership support to provide them autonomy, empowerment, social support, development opportunities, work-schedule flexibility, and improved work-life balance. Still, this literature review identified the healthcare industry's lack of leadership support as an important theme that complicates providing a safe work environment for nurses and other frontline healthcare workers. The negative consequences and implications of a lack of leadership support are not limited to enhanced employee turnover rates but also include reduced employee performance. Therefore, healthcare leaders should provide psychological safety to support frontline healthcare workers' interests. This notion is further relevant for reducing emotional distress and employee turnover among frontline healthcare workers.

On the other hand, leaders' direct experience regarding their support to frontline healthcare workers is distinct from the healthcare workers' perceptions. Therefore, it was challenging to identify the level of leadership support provided to frontline healthcare workers in a realistic environment. Most of the literature focused on leadership support perceptions among leaders and frontline healthcare workers, especially nurses. Therefore, Chang and Besel's (2020) findings are especially relevant in assessing leaders' perceptions of frontline healthcare workers' roles. The following excerpt is from a qualitative research study comprising ethnographic interviews.

> Leadership supports an organizational culture of sharing, experimenting, and learning knowledge, develops training tools to increase individual employee's competencies to address situational challenges, makes employees empowered by allowing autonomy but taking full responsibility for their actions, thoughts, and even errors, and build 'person-

> oriented, role-specific, power-based, and task-based organizational value. (Chang & Besel, 2020, p. 6)

The statement, as mentioned earlier, was a recommendation rather than a statement of findings from the interview results. Such suggestions highlight the a potential lack of interest among healthcare leaders to train employees, empower them, increase their autonomy or take responsibility for their actions or errors. Various research suggests that leaders should empower and motivate frontline healthcare workers to reduce the feelings of burnout and emotional labor to yield reduced turnover rates and high-quality care (Liang et al., 2016; Mudallal et al., 2017). Healthcare leaders often limit their vision to the positive relationship between organizational citizenship behavior and reduced turnover intentions without considering organizational justice. The evidence from the literature review reflects the negative impact of leaders' perceptions regarding their support of frontline healthcare workers.

Moreover, the variables and relationships reflect the impact of perceived leadership support on the healthcare industry's job-leaving intentions, and high turnover rates are identified. For instance, one of this literature review's most important themes was leadership support barriers. The difference in the perception of leaders and employees regarding leadership support is only relevant for identifying leadership support barriers. There is a need to devise recommendations and suggestions while considering the identified obstacles to leadership support. Healthcare leaders' inability to empower and support team learning is considered one of the biggest challenges in the healthcare industry (Edmondson, 2004). Lack of empowerment, leadership support, and team learning often depersonalize nurses and other frontline healthcare workers. Additionally, a negative perception of organizational support among frontline healthcare workers was identified as another barrier to a higher leadership support level (Islam et

al., 2018; Nazir et al., 2018). Healthcare leaders find it challenging to alter the psychological contract of healthcare employees positively.

Gender inequality is another important theme identified in this literature review. Heathcare leaders have also been unable to implement gender equality in healthcare settings (Kalaitzi et al., 2019). For this reason, Kalaitzi et al. (2019) identified stereotyping against women, lack of equal career opportunities, gender bias, and gender gap as potential hurdles in women's leadership in the healthcare sector. Women's failure to become healthcare leaders creates an unjust working environment whereby female frontline healthcare workers cannot find leadership support. The literature review findings also implicated other factors responsible for creating negative perceptions among frontline healthcare workers regarding leadership support, which also act as barriers to potential solutions. For this reason, barriers to leadership support was identified as a central theme.

Still, regarding leadership, it will be essential to examine the influence of diverse forms of leadership on employees' attitudes towards their jobs or intentions to engage in voluntary turnover. By reviewing this factor, organizations will not approach leadership from a general perspective. Still, they should consider specific characteristics and how each increases or reduces frontline healthcare workers' intentions to resign from their jobs. It is also relevant to examine the barriers that may hinder leaders from improving their relationships with frontline healthcare workers, thus, creating a positive impact on employee turnover. Finally, it is essential to consider the generation and professional gap between leaders and the frontline healthcare workers they lead because these factors can jeopardize targeted benefits and outcomes.

Summary of the Literature Review.

The literature review findings highlight details regarding leadership support experiences among frontline healthcare workers and leaders. There is a distinction between frontline healthcare workers' perceptions and leaders' expectations regarding the availability of leadership support to reduce job-leaving intentions. The turnover rate and job leaving intentions among front healthcare workers are positively associated with lack of leadership support.. Such findings indirectly link leadership support, job satisfaction, and employee retention. Job satisfaction of nurses and other frontline healthcare workers is dependent on various individual and organizational factors. Moreover, job satisfaction is critical in altering job leaving intentions among frontline healthcare workers. The reviews also revealed that healthcare managers have indirect control over frontline employees' job satisfaction, which is further relevant for influencing job leaving intentions. The perceived organizational support is also applicable to psychological empowerment and job satisfaction among healthcare organizations' administrative staff. Psychological safety, psychological empowerment, perceived organizational support, and job satisfaction are also positively associated. Moreover, the lack of a flexible working environment and social support creates a negative perception of leadership support among frontline healthcare workers. There is a proven relationship between leadership, perceived leadership support, organizational culture, perceived organizational support, citizenship behavior, employee retention, and patient safety.

Examining the various challenges that leaders can face when dealing with turnover rates was essential. Institutional and personal barriers are among these issues and hindrances that may prevent an entity from applying the relevant solutions. One of this literature review's primary purposes was to detect potential solutions to address barriers observed in providing leadership

support to frontline healthcare workers. Creating psychological safety is one of the leading solutions leadership support can use to mitigate underlying barriers. The literature review findings revealed that healthcare leaders have a limited viewpoint of psychological safety requirements, which creates emotional distress and reduced employee retention among frontline healthcare workers.

The comparison of outcomes associated with training frontline healthcare workers and healthcare leaders generated additional findings. For example, there is a greater need for training healthcare leaders to support healthcare workers instead of training healthcare workers to alter their perception of leadership support. This aspect also calls for the consideration of diverse forms of leadership, such as transformational. The research revealed that such a style might have a positive, negative, or no impact depending on the context.

Effective leadership is required to enhance leadership training's positive outcomes further to extend support to frontline healthcare employees while maximizing training outcomes. Influential leaders within a healthcare organization have relatively higher importance than training and developing healthcare workers to alter their leadership support perception. There is also a need to fix frontline healthcare workers' perceptions of poor leadership support and low organizational support levels. Employee empowerment and enhancing frontline healthcare employees' autonomy were the two most important resolutions for improving leadership support perception among frontline healthcare workers.

The professional and generational gap between leaders and the workers they lead must be considered because they can influence job satisfaction levels, impacting turnover rates. It would also be relevant to consider various theoretical frameworks that can guide leaders toward enhancing their relationships with frontline healthcare workers. As indicated, two of these

theories are LMX and SET. They are relevant because they emphasize the relationship between leaders and the people they are leading. Specifically, SET shows that leaders must consider the benefits a healthcare worker will experience concerning costs to identify the approach to minimize turnover rates.

Summary of Section 1 and Transition

High turnover rates among frontline employees create significant challenges for the healthcare industry. When an organization's employee retention is low, it negatively impacts patient care outcomes and productivity. The purpose of this research study was to explore and understand the lived experience of healthcare leaders dealing with high turnover rates, and how their support in the relationship affects the retention of frontline healthcare workers. The expectation of this study's findings is to provide tools and resources for healthcare leaders to gain awareness of how a supporting role impacts the frontline employee's turnover intentions. The literature review in this section provides insight into the importance of identifying and addressing leadership style to frontline employee turnover rates, focusing on frequently used retention strategies in the healthcare industry with a significant focus on training and development.

Overall, this section explores several aspects of the researcher's intentions for developing the study with a qualitative case study design to assess the data collected from the healthcare leaders' lived experiences. Finally, section 2 of the study gives a detailed view of the rationale for examining the lack of leadership support affecting frontline healthcare workers' turnover rates in the DMV area.

Section 2: The Project

The purpose of this qualitative case study was to add to the body of knowledge about healthcare leadership's strategies to reduce frontline healthcare workers' high turnover rate affecting the healthcare industry in the DMV area. The study achieved its purpose by exploring how healthcare leaders engage and interact with frontline workers though semistructured interviews with 11 participants. The research also explored how well healthcare leaders are prepared and trained to address the challenge of high staff turnover. Finally, the goal was to explore how the supervisor's lived experience providing support to the frontline healthcare workers impacted their turnover intentions and their larger impact on the healthcare industry. By understanding the lived experiences of leadership, and the group responsible for the execution and allocation of resources, the researcher sought to provide recommendations that should reduce the staff turnover rate in the DMV area. Reducing staff turnover, in turn, cuts costs associated with high staff turnover and improves the efficiency of the healthcare industry, especially in managing costs and delivering healthcare services.

Section 2 describes the research methodology utilized for this study and then provides details about the role of the researcher in the project. An overview of the participants, including the population and sample, is then provided. Section 2 further details the methods of data collection and thematic data analysis. Section 2 concludes with an overview of the methods used to ensure the reliability and validity of the research data and a summary of the section.

Purpose Statement

The purpose of this qualitative case study was to add to the body of knowledge about healthcare leadership's strategies to reduce frontline hospital workers' high turnover rates affecting the healthcare industry in the DMV area.

Role of the Researcher

The role of the researcher was to conduct semistructured interviews for data collection to gather information from leaders in the healthcare industry. The researcher chose participants who had personal experiences, attitudes, perceptions, and beliefs related to how healthcare leadership's lack of support for frontline hospital workers contributes to the turnover rate. The researcher also evaluated subjects to ensure they met the project inclusion criteria and did not meet the exclusion criteria to verify the accuracy of the results. A semistructured interview is an effective way for the researcher of this project to gather information, including: (a) collecting open-ended qualitative data, (b) investigating participants' thoughts, feelings, and beliefs about the topic, and (c) delving into personal and sometimes sensitive issues (Creswell, 2007).

Research Methodology

A flexible design was used in this study; specifically, a case study approach was applied. The case study approach is uniquely suited to help scholars learn from others' experiences within a specific setting (Neubauer et al., 2019). This qualitative research study employed a case study research design to study the experiences of individuals within a given environment and the various factors attributing to the phenomenon (Flyvbjerg, 2011). The case study included semistructured interviews of leaders of frontline workers in the healthcare industry as the primary means of data collection. According to Williamson (2018), scholars apply qualitative methods to make sense of data and its implementation, depending on the approach used, aligning with a particular conceptual framework and method.

Quantitative research, however, can be limited to finding specific statistical relationships (Rahman, 2020), which can lead researchers to overlook problems and broader relationships. Therefore, researchers should use caution in conducting quantitative research because it creates a

model for collecting and analyzing data before the phenomenon has been fully understood from varying points of view. Furthermore, a researcher's opinions and biases influence how quantitative data is collected (Rahman, 2020). Therefore, applying a quantitative approach for this study would have been challenging since most of the information embedded in the participant's responses must be coded (Rahman, 2020). A qualitative approach was deemed more appropriate for this project than the quantitative approach. Thus, the researcher chose a qualitative method with semistructured interviews as the best approach to establishing prominent trends within the leaders' experiences and perceptions of frontline healthcare workers.

By using semistructured interviews, the researcher examined the project topic in-depth. The questions in the semistructured interviews were also not restricted; hence, the researcher derived more details from the participants through the use of prompting questions. Semi-structured interviews also allowed the researcher to revise the framework and direction as new information emerged, which was consistent with the flexible design. A semistructured interview can be a very effective way to collect information. However, there are some drawbacks. One of the common problems with interviews is that not all participants are effective communicators (Adeoye-Olatunde & Olenik, 2021). The conversation may be difficult for some people, or they may hesitate to share sensitive and personal information. It is possible to encounter difficulties when interviewing participants regardless of whether they are experienced or novice interviewers. Follow-up questions and inaccuracies are other most common problems. Getting to the root of a phenomenon can be extremely difficult when the interviewer must thoroughly observe the interviewee's verbal and non-verbal clues.

Despite these concerns, interviews remain an effective way to collect open-ended data from participants. The researcher interviewed leaders in the healthcare industry in this study. The

goal was to gain a comprehensive understanding of leadership to understand their experiences, perceptions, and insights into solutions to the high turnover rate in the DMV area. To balance the relative focus of the interview, the researcher prioritized listening over speaking, used explicit language, and avoided jargon. Ideally, researchers conduct active interviews that are the rich product of both parties. To achieve this goal, the interviewer partnered with the interviewee as an equal partner in constructing meaning around the interview phenomenon (see Holstein & Gubrium, 1995).

Discussion of Flexible Design

During an interview process, qualitative researchers may adjust the method of gathering data based on new information. Creswell (2013) suggested that the flexible interview process lends itself to the case study design, where the researcher explores participants' experiences in a specific setting. For example, the researcher has the opportunity to ask for clarification or more detail in response to an answer to an interview question. By selecting a qualitative research method, the researcher achieved more flexibility through semi structured interviews compared to a quantitative method using questionnaire surveys. In the quantitative approach, the researcher must finalize all the questions before administering the survey (Rahman, 2020). In contrast, semistructured interviews may be adapted during the interview sessions with the participants to allow for a deeper evaluaton of the participants' responses (Rahman, 2020). In semistructured interviews, the researcher can include or exclude certain questions during the interview to obtain in-depth information.

According to Creswell (2013), if a person does not have the opportunity to participate in more than one interview, it is recommended to use a semistructured interview. The researcher-generated semistructured interview guide provided the researcher of this study with a clear set of

instructions (Creswell, 2013), thereby allowing the researcher to create reliable and comparable qualitative data. Notes usually accompany semistructured interviews, and the informal nature of the interviews helped the researcher understand leadership comprehensively. In this case, the researcher applied semistructured interviews and notes to understand the participants' experiences, perceptions, and insights into solutions to the high turnover rate of frontline healthcare workers in the DMV area. The combination of open-ended questions and interviewer training to address relevant topics that may deviate from the interview guide provided an opportunity to identify new ways of viewing and understanding the current topic.

Discussion of Qualitative Method

The design of the qualitative research was a case study, as the goal of the study was to understand and learn from the collective knowledge and experiences of healthcare leaders to gain into their perceptions of why healthcare employees in frontline positions voluntarily left their jobs at high rates in the DMV area, and provide resolutions toinfluence this phenomenon positively.

A case study researcher's fundamental goal is describing the phenomenon's nature and to gain a deeper understanding of the complex interactions and processes at play (Creswell, 2013; Flyvbjerg, 2011). A qualitative analysis was conducted using a modified van Kaam approach with NVivo software. This approach focused on semistructured interviews, semistructuredwhich aided in reducing researcher bias and ensured that the participants' original statements were maintained. At the time of the study, there had not been a case study of leadership to understand their experiences, perceptions, and insights into solutions to the high turnover rate of frontline healthcare staff in the DMV area. The researcher tested the validity of the interview questions by

conducting test interviews in a focus group with both the leadership and frontline workers and then sought feedback on how the groups interpreted and understood the questions.

Discussion of Method for Triangulation

Triangulation is another aspect of research considered when conducting such a study. There are five types of triangulation: (a) data triangulation, (b) investigator triangulation, (c) theory triangulation, (d) methodological triangulation, and (e) environmental triangulation (Creswell, 2013). For example, participants of this qualitative study were members of healthcare leadership who led frontline healthcare workers. For triangulation, the researcher used a focus group to help improve the validity or trustworthiness of the research instrument.

Triangulation entails using more than one method to research the phenomenon in question. Theory triangulation concerns integrating various theoretical schemes to study the topic. Investigatior triangulation entails using more than one observer, investigator, interviewer, or data analyst to carry out the study. In contrast, the data source triangulation entails using various data sources in the research, including the target population (UNAIDS, n.d). This researcher utilized theory triangulation by examining the data using social exchange theory and leader-member exchange.

Summary of Research Methodology

The quality of results obtained in a study hinges on the research methodology used to collect, process, and disseminate data (Knight et al., 2022). Qualitative analysis is a study philosophy aiming at understanding and processing the opinions of the sample population. The case study approach selected in for the study was effective since the researcher sought to reveal the experiences of the healthcare leaders in the DMV area. Moreover, theory triangulation was utilized to mitigate errors and confirm the validity of the findings. In this way, the investigator

synced the research methodology with overall objectives of the research. The semistructured interviews were performed with the leaders of frontline workers in the healthcare industry. The semistructured interviews took an in-depth analysis of the research topic; therefore, this research method was accurate for this study.

Participants

After defining the purpose of the study and the research questions, the next step was to determine which potential participants would have the knowledge and experience to contribute valuable data about their experiences through their participation in semistructured interviews (Creswell, 2013). The study participants included leaders of frontline workers in the healthcare industry because they had intimate knowledge of the topic under study. The primary participant group included healthcare leaders who had insights about healthcare leadership strategies that reduce frontline healthcare workers' high turnover rate in the DMV area. The researcher interviewed healthcare leaders until data saturation occurred, thereby ensuring and testing that the themes and categories were sufficient. The researcher developed a screening process for the participants before interviewing them to ensure they met the study's inclusion criteria. The screening criteria was used to ensure that the participants were healthcare leaders who specifically led frontline healthcare workers, including nurses, techs, assistants, and administrative staff. The researcher's goal was to find solutions to reduce the turnover rate of frontline healthcare workers in the industry and find relief to the healthcare worker shortage. Healthcare leaders know operations and mechanisms needed to provide support for frontline workers. At the same time, frontline healthcare leaders were, at one time, frontline healthcare workers themselves, and have knowledge of the patients and the details of the work and support necessary to run hospitals and medical facilities.

Population and Sampling

A research population is a group of people, events, things, or phenomena relevant to a study (Asenahabi, 2019). In this case, the research population was healthcare leaders responsible for managing and supporting frontline healthcare workers. The research population is of the utmost importance to the researcher and is the subject at the heart of the research study. Research populations can be relatively large, such as Americans. For example, a researcher can determine who is American, including adults, citizens, and legal residents over 18. On the other hand, a sample is the set of people from whom the researcher collects data. For some sampling strategies, researchers can claim with reasonable certainty that the findings of a study reflect a larger population than the actual sample (Creswell, 2013). Other sampling strategies are designed to allow researchers to contribute theoretically rather than generalize to large populations (Creswell, 2013). This is often the case with qualitative research.

While it is possible to do so, the researcher does not need to collect information from everyone in the community to get accurate results. In qualitative research, the researcher only selects a sample of the population, known as a subgroup (Hennick & Kaiser, 2022). The purpose of the study and the characteristics of the population being surveyed, such as size and diversity, determine the number of people to choose from the relevant population.

Discussion of Population.

The participant selection was performed using inclusion and exclusion criteria for members of healthcare leadership. The inclusion criteria for study were that the participants must be 18 years or order and have experience in the supervision of frontline healthcare workers and decision-making in the healthcare industry, specifically in the DMV area. The exclusion criteria included the participant not currently working in the healthcare industry, not working in the

DMV area, and not having supervision experience. The populations for the study included healthcare leaders, including directors, general managers, and frontline managers, in the DMV area, who held resources and decision-making authority over frontline workers.

The selected participants were identified prior to the interviewer scheduling the semistructured interviews. When interviewing an employee of an organization, top management often helps refer the participants to include in the research process.. This process dramatically simplifies the process of collecting authentic research data. The sample was taken from a list of screened participants and referrals provided by frontline workers and leadership. The enlisted participants were approached by the researcher through email to participate in the study. The researcher also explained the purpose of the study to them in the initial contact and sent them a consent form. Only the interested leaders who return the signed consent form were selected for further research purposes. Afterward, the researcher contacted the participants to schedule an interview with them. Instead of a cold call, the researcher highlighted the importance of individual recommendations and submitted a short cover letter demonstrating showing approval of the project. This process increased the legitimacy required to explain and justify the study, while also saving time. In addition, these advanced messages prepared the research sample for the next call to schedule the interview.

Discussion of Sampling

The questions and objectives of the study influence sampling strategies. The qualitative method seeks a deep and complete understanding of the research topic. The sampling strategy to identify frontline healthcare leaders was the purposive sampling procedure. Creswell (2013) suggested that a purposive sampling strategy is a non-probability form of sampling.

Purposive sampling, which was utilized in this study, is one of the most common sampling strategies in qualitative research (Ames et al., 2019). In this sampling method, the researcher collects participants based on predefined criteria for specific interview questions and sample sizes. These criteria must be determined before data collection and depend on available resources and time. As with the purpose of the study, the purposive sample size is usually determined based on theoretical saturation (Ames et al., 2019). The sample size for this study was at least ten participants.

The researcher focused on the population according to her best judgment. This process developed before the start of the research and occurred when the researcher asked the participants to recommend participation in the semistructured interviews to other frontline healthcare leaders, a process known as snowball sampling. First, however, the researcher chose the purposive sampling method as the primary sampling method. Then, the snowball sampling process was initiated by leaders and frontline workers who served as catalysts. After that, the researcher used that list of individuals and contacted members of the target population for potential involvement in the research study.

Summary of Population and Sampling

The sample size is essential to determining the study's validity. This study's sample size was 11 participants. Before a researcher decides who to interview, the researcher must have an ethical stance at the beginning of the research project. This ethical position should include respect for persons, benificence, and justice for participants throughout the research process (DeJonckheere & Vaughn, 2019). Semi-structured interviews often require participants to disclose personal and sensitive information directly to the interviewer. Therefore, it is vital to consider the power imbalance between the researcher and the participants (Thunberg & Arnell,

2022). For instance, the researcher could have been a part of a participant's medical team or a participant's supervisor in a healthcare setting. Therefore, the researcher needed to ensure that the interviewees' involvement and responses did not affect the care received or the relationship between interviewees and healthcare providers or organizations. Other issues to consider include reducing the risk of harm, protecting interviewees' information, and appropriately informing interviewees of the purpose and format of the semistructured interviews (Pietilä et al., 2020). These measures were implemented to reduce the risk of data misuse and unexpected occurrences during the research.

Data Collection & Organization

A method of collecting qualitative data in academic research involves interviewing members of the population under study. In this case, the population consisted of healthcare leaders in the DMV area, and the primary data collection method was through individual semi structured interviews. This method involved asking questions related to the research question to gather the participants' insights into the topic (Creswell, 2013). This section dicusses the data collection plan, research instruments, and data organization plan followed by the researcher.

Data Collection Plan

There are many ways to collect data in qualitative research. Some methods include analysis of texts or images, focus groups, interviews, and observations (Corvo et al., 2022). However, the most common methods used are interviews and focus group discussions. For this study, interviews were deemed the more suitable qualitative technique to gather in-depth information from the participants. Therefore, the researcher of this study selected semistructured interviews with open-ended questions.

Careful planning, especially in the technical aspects of the interview, is essential. Such planning can differentiate a good interview from a less favorable interview. First, the researcher must plan and decide how to contact potential participants. Then, the researcher must ask for consent, specify a time and place convenient for both the participant and the researcher. Next, the researcher needs to organize and test the recording devices. Creswell (2013) found that interviews are best conducted in locations with little noise and interruption for optimal recording results. The researcher asked the participants' permission to interview them virtually using Microsoft Teams software with the audio-recording function enabled. The researcher performed virtual interviews in her home office, to ensure a quiet and private setting to conduct the research project.

Initial contact was made with participants by email through social media platforms. The researcher followed up on initial contacts by providing each potential participant with more details regarding the research study, including an informed consent form describing the participants' rights with respect to the research study. It was imperative that potential participants knew what to expect regarding the study's duration, aims, objectives, and why they were selected for an interview. In addition, participants were informed that they could decline to answer questions or withdraw from the study for any reason at any time. The researcher recorded the interviews to concentrate on the discussion and build rapport with the participants, without being distracted by taking notes. The audio recordings were transcribed and those transcriptions were used to analyze participant-derived data.

The researcher used the transcription service provided by the Microsoft Teams software to transcribe the recorded interviews. It is possible to perform analysis from audio recordings or recordings of notes. However, copying can be time-consuming and costly. Therefore, the

researcher used the qualitative research software, NVivo, for data management and analysis during the data collection and analysis phases described below. Although these tools help manage qualitative data, it is essential to consider the learning curve associated with research budgets, software costs, and the new system.

Instruments

The researcher used one qualitative instrument in this study: a semistructured interview utilizing a researcher-derived interview guide (Appendix D). An interview guide is helpful to researchers in keeping interview on track and ensuring that the questions asked address the research questions (Roberts, 2020). The interview guide contained a list of primary questions, but allowed for prompting questions in which the researcher expanded on specific answers, due to the semi structured nature of the interviews. Although Microsoft Teams provides automated recording and transcription services, a small digital recorder was used as a backup method to record the conversation. The backup recordings were not needed and were discarded. Conducting personal one-on-one interviews is generally reliable because the participants tend to give honest answers (Solarino & Aguinis, 2021). The researcher explained and emphasized the confidentiality obligations to the respondents at the beginning of the first invitation and interview. The names of each participant were coded, and participants were referred to as Participant 1 and Participant 2, and so on, to maintain confidentiality.

Data Organization Plan

Semi-structured interviews consist of a short list of top questions, supplemented by follow-up questions and questions based on the interviewee's responses (Adeoye-Olatunde & Olenik, 2021). All questions were free-form, neutral, and transparent. The researcher avoided normative language, used questions in familiar language, and avoided jargon (DeJonckheere &

Vaughn, 2019). Most interviews begin with simple contextual questions before moving on to more complex or detailed questions. A well-developed guide for conducting the interview helped the researcher evolve the questions to fit the discussion. The researcher also ran a small pilot with two people to test the interview questions before finalizing them for the participants. The pilot test provided insight into the structure of the interview questions and conversational tones without wasting time, so the researcher could make adjustments before interviewing the study participant groups. The results of the pilot interviews were not included in the data set and were not analyzed.

The virtual interviews were scheduled at a time convenient to both the researcher and the participant. The interviewer conducted the interviews from her personal home office, which included a private space in which the researcher was alone with the door closed. The intrviews began with an introduction and preliminary question that helped with building common ground, unity, and trust. These preliminaries were followed by a brief description of the research study. Next, informed consent was reviewed and the researcher explained the reason for the conversation with the interviewee, the format of the interview, and the plan for the interview. The interviewer shared a bit about herself, and why she was interested in the topic, as a mechanism of framing the research study for the participants. Next, the interviewer ensured that the audio device was functioning correctly and alerted the participants that the conversation was being recorded.

The researcher observed the interviewee's social and non-verbal clues during the virtual interview. These signals can come in the form of sounds, body language, gestures, and tones, which can enhance the verbal responses of the participants. The researcher was friendly and non-judgmental, and maintained warm and friendly mannerisms throughout the interview. The

researcher attempted to alleviate any participant discomfort by encouraging and allowing them to communicate their feelings in the interview.

As the interviews continued, the interviewer followed the interview guide and added unplanned follow-up questions when further explanation was required throughout the interview. The interviewer's goal was to encourage interviewees to share as much relevant information and details of their experiences as possible in their own words. Some participants needed to be prompted by follow-up questions to gather sufficient detail to answer the research questions. For this reason, follow-up questions are as important as the leading questions in a semistructured interview (DeJonckheere & Vaughn, 2019). Follow-up questions gave the researcher an opportunity to extract the additional details necessary to understand the details of the phenomenon..

Procedural ethics refer to this process of obtaining approval to conduct research. However, according to Guillemin and Gillam (2004), procedural ethics prompts researchers to consider ethical issues. However, procedural ethnics cannot address the specific ethical dilemmas that arise in qualitative research. The researcher addressed participant confidentiality at three points in the research process: data collection, data cleaning, and dissemination. The researcher addressed confidentiality during data collection by giving the participants a consent form outlining the researcher's plan to ensure confidentiality by removing or changing all identifiable characteristics (Caillaud & Flick, 2017). In data cleaning, the researcher removed all information that identified the respondents, such as their names, addresses or places of employment, to create a clean data set. Personal identifiable information was securely stored in separate, password-protected, encrypted files until the research was complete. When the information is no longer needed, or after a period of three years, the researcher will destory the

data using data destruction software. During dissemination, the researcher found ways to modify the details in the data to limit respondents' identification via deductive disclosure without altering or destroying the original meaning of the data. These mechanisms were used to ensure participant confidentiality.

Summary of Data Collection & Organization

Interviews are a unique research relationship where participants and interviewers discuss important topics (DeJonckheere & Vaughn, 2019). A researcher must listen carefully and build relationships with participants quickly by respecting the information shared by interviewees. As the interview progresses, a researcher should continue to show respect, encourage interviewees to share their views, and recognize the often delicate nature of the conversation. It is crucial to be honest and open from the interviewee's perspective to build a effective relationship. Research participants may have preconceptions about a study, including distrust. Therefore, it is essential to explain why a researcher is conducting the survey and the meaning of study participation. Interviewers should use regular conversational tones so the interviewee can discuss their experiences in a non-threatening environment. Knowledge of the contextual or cultural factors that may influence the participants' views is an imperative foundation of the interview process.

Data Analysis

The data analysis method used was a modified van Kaam analysis framework to evaluate the study responses. According to Statistic Solutions (n.d), this approach applies several steps in assessing the information collected. The complex nature of the assessment makes this process unique. The researchers use seven steps for each participant, sometimes combining one or two steps to analyze the outcome. First, the process of horizonalization, or listing of key data thoughts, should be employed where the data is treated equally (Statistic Solutions, n.d.).

Horizontalization is applied at the beginning of the preliminary coding of the collected information.

Second, the researcher reduced and eliminated information not pertaining to the research questions (Statistic Solutions, n.d.). Third, responses were evaluated based on their importance to the participants' real-life experiences and the latent meaning of the quotations provided during the interview. Fourthly, the invariant thematization was conducted, whereby the researcher grouped the responses based on their latent meanings (Statistic Solutions, n.d.). After generating the themes, the researcher evaluated the themes against the dataset to ensure they represented the participants' experiences and help detail their perceptions. It is imperative that the themes match and represent the dataset. The researcher then created individualized textural descriptions for every participant (Statistic Solutions, n.d.). The next step involves the researcher developing an individual structural description using imaginative variation. Imaginative variation includes an examination of the emotional, social, and cultural connection between the participants and their responses. Imaginative variation is a critical part of the data analysis process whereby the researcher can evaluate participants' responses to hypothetical questions.

Finally, the researcher interpreted the data and created a table highlighting the themes for all the participants. After this stage, the researcher developed a composite structural description of the respondents' emotional, social, and connections intertwinement in the study. At this point in the analysis process, the researcher should have enough data to conduct synthesis, the process of developing a detailed structural-textural description of the collected data to understand the nature of the phenomenon or case under study (Statistic Solutions, n.d.). The researcher used these steps in a modified van Kaam analysis of the participants' data.

Emergent Ideas

New design refers to adapting to new ideas, concepts, or discoveries that arise during qualitative research. Unlike the more structured approach, the new design welcomes unexpected input. The use of a new design often improves data integrity. Quantitative researchers develop a study design before collecting data and rarely deviate from that design once the study is complete. However, using a new design allows for the development of emergent ideas.

In contrast, educational design often evolves during a qualitative research project. Qualitative researchers create such designs to allow for flexibility. Qualitative research uses new designs that evolve as researchers make continuous decisions about their data needs based on information gathered. This unique design supports researchers' desire for the research to reflect the facts and perspectives of those under investigation. Using new design, not all methodological decisions get finalized in advance. However, qualitative researchers tend to choose designs to support flexibility. Thus, the qualitative researcher plans for different situations, but final decisions are not often made until the social context is better understood. The researcher coded themes as emergent ideas in this qualitative research study. First, the researcher read the collected data to become familiar with it. Next, the data was coded into categories, sub-categories, and themes. Then, the researcher added notes or memos to answer the research questions emerging from those themes.

Coding Themes

The qualitative data coding process is an integral part of the qualitative research and analysis process. By generating data from qualitative methods, such as semistructured interviews, qualitative coding allows for the interpretation, organization, and structuring of observations and interpretations into meaningful themes. The researcher can weigh the findings

and make them critical and rigorous through the coding process. Objective analysis is one method for analyzing qualitative data. This method is often used for text groups, such as interview transcripts. In objective analysis, the researcher examines the data to identify common themes representing concepts and patterns of recurring meaning. There are several ways to conduct an objective analysis. However, the most common method is a six-step process of defining, coding, creating a theme, reviewing a theme, identifying and naming a theme, and writing.

Qualitative coding helps organize and structure the data. Therefore, the researcher can systematically review the data to improve the accuracy of the analysis. Initial coding proceeded through the use of the NVivo software for this research effort. Qualitative coding helps identify potential biases in data analysis methods. For example, qualitative coding allows the researcher to assess whether the analysis represents a participant base and helps the researcher avoid representing one person or group of people. In addition, qualitative coding helped the researcher to review their analysis systematically.

Interpretations

Data interpretation refers to the process of using different analytical techniques. Interpreting data that examines information and draws relevant conclusions helps researchers classify, process, and summarize data to answer important questions. While the contextual data from qualitative research tends to be very subjective, the data analysis process is not. In other words, the nature and purpose of the interpretation do not tend to vary from participant to participant.

There are different types of interpretations, depending on the nature of the data. However, the most widespread types are quantitative analysis and qualitative analysis. The interpretation of

qualitative research is the analysis of material quality. Interpretation in qualitative analysis helps to understand the trustworthiness of the research findings. In contrast, in quantitative analysis, the analysis summary should provide context and reflect the importance of the survey questions that lead to the conclusions drawn. For both types of research, it is necessary to ascertain how the data anlaysis addresses the gap in research or in practice. To explain why the data analysis was completed, including the angle of approach and the importance of finding an answer, it is necessary to define and discuss previous research and emphasize similarities and limitations. Qualitative techniques are typically used to shed light on a participant's subjective behavior, experience, or more profound understanding of the phenomenon within the context of the case study.

After the interviews, the researcher should evaluate both the process and the content of the interviews. It can be challenging to take notes or start a review during the an actual interview. However, interviewers often keep a reflexivity journal because they may not recall every moment in sufficient detail. Using a research journal allows the researcher to continuously record what they learned from the data collection and analysis process. There are several ways to keep a journal. The researcher can think of specific ideas or create a list of ongoing ideas. The notes also help improve the quality of subsequent interviews.

Data Representation

In presenting the results of interview analysis, the researcher often writes themes and stories that describe the wide range of experiences that appear in the data. This includes providing a detailed description of the participants' perspectives, incorporating their different perspectives. Verbatim quotations from interview study participants serve as the information in qualitative research studies. Such verbatim quotations should be included in the analysis to

directly present the findings. Data analysis strategies should be developed during the planning phase and implemented after data collection is complete, allowing for. the analysis to be consistent with the data collection. Investigators take methodological notes, modify the data collection process and write reflexivity notes throughout the data collection process.

The data analysis strategy used in qualitative case studies depends on the research questions and the methodological design of the study. Analyzing and interpreting most interviews involves reviewing the data in the form of transcribed text and applying descriptive analysis to the data. Review of the descriptive analysis allows for sorting of data and thematization based on emergent patterns. Themes are generally present in multiple interviews and are based on the research questions and theoretical framework.

Analysis for Triangulation

The researcher used theory triangulation to complement the in-depth analysis of the semistructured interviews. This form of data collection can illuminate further understanding of the phenomenon of interest, providing more robust analysis to offer a thought-provoking framework for planning the research design, adapting the interview guide, developing analysis strategies, and supporting the interpretation of data (Caillaud & Flick, 2017). To this end, the researcher analyzed the data within the context of two theories, mamely social exchange theory and leader-member exchange theory. The goal was to evaluate the data from different theoretical perspectives to aid in providing a robust analysis of the participants' experiences regarding frontline healthcare staff turnover in the DMV region. The researcher also used investigator triangulation in this study. Investigator triangulation requires the use of multiple researchers in the analysis process. In this study, the researcher contracted with a data analysis expert to co-evaluate the dataAnalysis from both the researcher and the independent investigator were

compared to to gain a broader and deeper understanding of the data. This process allowed the researcher view the data analysis with confidence..

In this way, the researcher sought to compare the interpretation of the data based on her own analysis and that of an independent data analysis expert.. Both investigators analyzed the data from the theoretical perspectives of multiple theories. These triangulation processes allowed for a robust analysis of the data from semistructured interviews.

Summary of Data Analysis

Data analysis is critical for qualitative research because much time is required to analyze the gathered data. Therefore, the researcher used emergent coding and thematic analysis methods to analyze the data. The researcher also used a modified van Kaam analysis framework. These methodological choices allowed the researcher to weigh the findings and evaluate them critically and rigorously. The researcher examined the data to identify common themes arising from different concepts and patterns of recurring meaning. Initial coding themes were identified using NVivo software for this research effort. The data analysis strategy used in the study depended on the research questions, the theoretical frameworks chosen and the methodological design of the case study. The themes derived from the data analysis were present in multiple interviews. The researcher used theory and investigator triangulation to complement the in-depth interviews of the study participants.

Reliability and Validity

Qualitative research reliability refers to the response's stability to multiple dataset codings (Creswell & Poth, 2016). Although digital recording and writing devices can be used to supplement detailed field notes, the validity of qualitative studies have different requirements than quantitative studies. Creswell and Poth (2016) interpret the reliability of a qualitative

investigation to be similar to an internal audit. The legitimacy of external inspections and the credibility of natural justice are both dependent on trust in the research findings. Qualitative research is distinguished by its originality, portability, and dependability, as well as its immobility. To implement these requirements, researchers build credibility in the study's findings by methodically documenting the researcher's methodological choices. This allows the researcher to transfer the study's findings to a larger, more general population.

Reliability.

Reliability refers to the ability of a study effort to be reproduced by other researchers once it has been completed (Giorgi, 1988). The researcher's goal is to reduce biases to enhance repeatability of a research study . To reduce bias, tools such as bracketing, digital recording, transcription service and software coding programs were used. Quantitative researchers can employ mathematical tools to evaluate surveys and subsequent results to meet repeatability. When the data reach statistical significance, the quantitative researcher has ensured reliability (Giorgi, 1988). However, this approach is not valid for qualitative research, Reliability in qualitative research require different approaches to ensure the trustworthiness of the study. This research effort promoted reliability in three ways: (a) a modified van Kaam to identify invariant constituents was used, (b) research efforts continued until data saturation was achieved, and (c) audio recording of interviews was used to exactly preserve the participants' data.

According to Giorgi (1988), the best way to determine the essence of a phenomenon or case is to explore and reduce the invariant meaning and constituents of the participants' experiences. The more the researcher uncovers invariant constituents to understand a case's true nature, the greater the reliability of the study's finding. Continuing the research effort until data saturation is reached ensures an accurate description of the case and adds credibility to the

study's findings (Giorgi, 1988). Even within the context of quantitative research, the results of the study are generally more reliable with increased numbers of participants. Similarly, data saturation ensures the number of participants used contribute to understanding the essence of a case.

Validity.

Ultimately, for validity, the researcher want to determine if their results are accurate. To ensure the validity, the researcher used interview questions designed for specific competencies, along with theory and investigator triangulation. The researcher needed a one-to-one correspondence between underlying competencies and the interview questions to ensure maximum validity. Maxwell (2012) defined validity as the correctness or credibility of the conclusion of a research effort. Other researchers like Creswell (2003) associated validity with the trustworthiness of the results. In attempting to define a process to ensure validity of a qualitative research study's findings, Maxwell (2012) developed a nine-step test for validity. Three of the steps apply directly to this research effort, including triangulation, bracketing, and data saturation.

Several methods can be used to triangulate data.. In this study, theory triangulation and investigator triangulation were used. The standard case study approach entails analyzing and describing the phenomenon under investigation, typically in an effort to comprehend the complexity of a particular situation or issue. Then, it combines the results into a new theoretical description. Similarly, theory triangulation can be used to describe the phenomenon from different theoretical perspectives. Then, the results can be compared between theories to the construct meaning based on the participants' collective experiences. Data saturation helps improve validity and trustworthiness by ensuring the completeness of data. Using the data

saturation standard is commonly used to indicate that further data collection and analysis are unnecessary because additiona investigations will not change the study's outcome (Saunders et al., 2017).

Bracketing.

Bracketing is a method used in qualitative research to reduce the potentially harmful effects of prejudices that can contaminate the research process. One bracketing method is to keep a journal during the data acquisition and analysis process. Bracket interviews that confirm and reflect researcher participation in the data are conducted before data collection and during the data analysis phase. This is the process by which a researcher recognizes, or brackets, personal assumptions to minimize their influence on the study's outcomes (Maxwell, 2012). Bracketing is a scientific process by which researchers suppress their assumptions, biases, assumptions, theories, or past experiences (Creswell, 2003). Descriptive phenomenon estimates that evaluate and explains the phenomenon's essence show that researchers set aside their prior understanding and interpret the study's findings without judgment. Instead, the researcher seeks to draw on past knowledge and experience of the phenomenon within the case study to generate fresh insights.

Bracketing is vital to the qualitative research process because it helps the researcher identify self-bias before and while conducting research. Once a researcher is aware of their own biases and expected outcomes, collecting third-party feedback on those biases becomes easier. If the information is adequately coded or derived, it is possible to draw relevant conclusions. Additionally, the validity of the research claims increases when assumptions and preconceptions are set aside. Through bracketing, the researcher continually assesses their own beliefs, and assumptions that can lead to biases in the research process. However, the researcher must also note that a complete reduction in bias is not possible and can only be mitigated.

Summary of Reliability and Validity.

Reliability and validity are essential to consider in the interviews to maintain the resulting authenticity in qualitative research. For maximum accuracy, the interview questions were designed to match the study's research questions with a one-to-one correspondence based on the study's conceptual framework. Qualitative studies can be evaluated based on validity and reliability. There are many criteria used to establish reliability, including whether the study results are accurate and fair and can results in applicability to other settings, whether the research findings answer the research questions, whether the researcher is unbiased, and whether the research findings are credibility. Part of the difficulties in interviewing participants is that there is a potential to misinterpret or misunderstand the meaning between researcher and interviewee. Such errors affect how the case's essence is portrayed and, therefore, influences dependability. To reduce the potential for misunderstanding, the researcher used audio recordings of the interviews to ensure accurate transcriptions. The researche supplemented the interviews with notes regarding facial expressions, gestures, and attitudes not captured by the recording. These notes were used to enhance the information gained in the interviews. To reduce self-bias, the researcher used a data analysis expert to interpret the collected data from the participants' recordings.

Summary of Section 2 and Transition

Semi-structured interviews are often an effective way to collect available information in qualitative studies.. However, there are some drawbacks associated with semistructured interviews. One of the common problems with interviews is that of participant quality. Some individuals may find it challenging to engage in conversation or may be hesitatant to share sensitive or personal topics. The difficulty of interviewing some participants can affect both

experienced and novice interviewers. Some common problems include inaccuracies in participant recollections and lack of follow-up questions. Using a well-prepared interview guide with free-form questions, as is used in this study, is one way to mitigate these limitations. Other problems with semistructured interviews include reduced resources needed for participant recruitment and interviewing..

Despite these restrictions, semistructured interviews can be an effective way to collect open-ended data from participants. In this study, the researcher interviewed frontline healthcare leaders in the DMV area. The goal was to gain a comprehensive understanding how leadership mitigated frontline healthcare staff turnover by examining their experiences, perceptions, and insights to solutions to the high frontline healthcare staff turnover rate in the DMV area. Plain language and jargon-free terminology was used enhance the quality of the semistructured interview to promote data accuracy. In addition, active interviews in which the researcher enages in a dialogue are an excellent way for the researcher to become involved in the interview process.

Section 3: Application to Professional Practice and Implications for Change

High employee turnover rates affect many industries but are especially prevalent in healthcare (Bolt et al., 2022; Rangachari & L. Woods, 2020). This situation has only been exacerbated by the worldwide COVID-19 pandemic that flooded hospitals with patients, necessitating that frontline healthcare workers work long hours and live in isolation while being continuously confronted with the possibility of transmitting a deadly illness (Do & Frank, 2021; Hall, 2020). These hazardous workplace conditions resulted in significant declines in the physical and mental health of frontline workers, including fatigue, exhaustion, depression, anxiety, decreased psychosocial functioning, and burnout (Hall, 2020; Norman et al., 2021), which, in turn, led to a high turnover of the frontline medical staff at the height of the pandemic (Poon et al., 2022).

High employee turnover is costly to the healthcare industry, especially considering the time and money healthcare organizations invest in training employees. For example, nationally, conservative models estimate that approximately $6.4 billion annually is related to physician turnover due to burnout and reduced clinical hours (Han et al., 2019). Furthermore, other negative effects of employee turnover, including disruptions in communication structures and the loss of productivity due to the time required to successfully recruit, train and retain other qualified employees, can impact other employees' abilities to perform their associated functions (Alblihed & Alzghaibi, 2022). Thus, frontline healthcare worker turnover represents a significant problem faced by the healthcare industry. Importantly, it is poorly understood how leadership who directly supervise frontline healthcare workers influences employees' intentions to remain in or leave their employment positions. Therefore, the purpose of this qualitative case study was

to add to the body of knowledge about healthcare leadership's strategies to reduce frontline hospital workers' high turnover rate affecting the healthcare industry in the DMV area.

Overview of the Study

The researcher undertook a qualitative case study to understand the role of healthcare leadership in reducing the turnover of frontline healthcare workers in the DMV area. The researcher selected the District of Columbia metropolitan area as the setting for this study for numerous reasons. First, the District of Columbia was among the cities hardest hit by the COVID-19 pandemic and is well-known for having large-scale neighborhood-dependent racial and socioeconomic disparities (Park, 2021). Second, it is estimated that the 6.4 million people in the population of the DMV area (Statistia, 2022) are only serviced by 28 general hospitals (U.S. Census Bureau, 2022). Moreover, the District of Columbia metropolitan region's intensive care unit capacity was reached during the pandemic's height in 2020 (Trout & Chen, 2021). These data, taken together, suggest that the frontline healthcare workers in the DMV area had increased duties and pressure in the time preceding this research study and were subject to conditions supporting high employee turnover.

Presentation of the Findings

The purpose of this qualitative case study was to understand and evaluate healthcare leadership's strategies to reduce frontline hospital workers' high turnover rate affecting the healthcare industry in the DMV area. There are various ways to describe a qualitative case study. For example, Stake (2010) uses intrinsic, instrumental, and collective terms to describe case studies, and Yin (2014) identifies case studies as explanatory, exploratory, or descriptive. Essentially, defined by Miles et al. (2014) as a phenomenon occurring in a bounded context, the central tenet of a case study is a research approach used to generate an in-depth, multifaceted

understanding of a complex issue in its real-life context (Crowe et al., 2011). Although there are two widely used approaches to guide case study methodology, one proposed by Robert Stake (2010) and the second by Robert Yin (2014), both seek to ensure that the topic of interest is well explored and reveals the essence of the phenomenon under investigation (Baxter & Jack, 2015). Köhler et al. (2022) claim that qualitative approaches have a strong foundation in various epistemological and ontological practices and were developed to investigate a wide range of phenomena while addressing research issues in various situations.

Themes Discovered

The researcher purposefully selected 11 frontline healthcare supervisors working in the DMV area. Purposeful selection of participants occurred via the researcher's professional network, as well as through social media. Once selected, participants were required to sign an informed consent form indicating their voluntary intention to participate in the study. Semistructured, interviews with open-ended questions were conducted with each participant using Microsoft Teams. Each interview lasted between 60 and 90 minutes, during which the researcher actively engaged in bracketing and took memos to ensure researcher reflexivity. During the interviews, the researcher asked all questions in the interview guide and supplemented them with probing questions to elicit further information from the participants.

The audio derived from the semistructured interviews was transcribed using the transcription capabilities of Microsoft Teams. The researcher reviewed the transcriptions line-by-line alongside each audio recording to ensure the veracity of the data. In addition, all participants consented to having video from the interviews recorded in addition to audio, allowing the researcher to review the video recordings to observe non-verbal cues. Such cues were documented in the researcher's memos. After transcription of the data, transcripts were uploaded

to the NVivo qualitative data analysis software. Thematic analysis proceeded according to the six steps recommended by Braun and Clarke (2019). Findings were synthesized and presented in the following sections. The themes discovered during the analysis of the interview transcripts are as follows:

Theme 1: Strategies Believed to be Effective in Reducing Turnover

Theme 2: The Role of Organizational Culture Regarding Training in Front-Line Employee Retention

Theme 3: Leadership Barriers to Preventing Employee Turnover

Theme 4: Organizational Culture Concerning Supporting the Leadership Needs of Employees

Theme 5: Leadership Experience Obtaining Feedback From the Frontline Healthcare Workers Regarding Their Leadership Support Needs.

Theme 6: Experience With Organizations Providing Training to Lead Frontline Employees.

After the identification of themes, the thematic coding of transcripts was re-examined to search for subthemes within the data. Subthemes became the subcodes in the hierarchical coding system. The code table summarizing the themes for the entire study is shown in Table 1.

Table 1

Codebook

Research Question	Theme	Subtheme	Participants
RQ1: Leadership experiences with high turnover rates	(1) Strategies Believed To Be Effective In Reducing Turnover	Care and Compassion	P1, P5, P6, P7, P9, P10, P11
		Ensure Team-Oriented Environment	P1, P2, P4, P5, P6, P8, P9, P11
		Mentoring Employees	P3, P6, P9,
		Promote Self-Care and Wellness	P2, P3, P4, P5, P8, P11
	(2) The Role of Organizational Culture Regarding Training In Front-Line Employee Retention	Critical or Important For Retention	P1, P2, P3, P4, P5, P7, P8, P9, P10, P11
		Administrative Support	P2, P3, P4, P5, P6, P7, P8, P9
		Healthcare Challenges	P1, P2, P5, P8, P9, P11
		No Formalized Training	P1, P2, P6, P7, P11
		Onboarding and Training	P2, P3, P4, P5, P6, P8, P11
Q1a: Experience with institutional barriers	(3) Leadership Barriers To Preventing Employee Turnover	Lack of Consistency	P3, P5
		Lack of Power over Policies	P1, P2, P9, P11
		Patient Load	P2, P4, P6
		Leadership Issues	P1, P2, P3, P4, P5, P7, P8, P9, P10, P11
	(4) Organizational Culture Concerning Supporting The Leadership Needs of Employees	Lack of Resources	P1, P3, P6, P8, P10, P11
		Encourages Evaluations	P2, P5
		Low Salaries	P1, P9, P10
RQ1b: Feedback from frontline healthcare workers regarding leadership support needs	(5) Feedback received from frontline healthcare workers	Employees Fearful or Uncomfortable w/Supervisors	P3, P9
		Employees feel Supported	P4, P8
		No Issues w/Obtaining Feedback	P3, P7
		Supported Employees to the Best of Their Ability	P1, P2, P3, P5, P6, P7, P10, P11
RQ1c: Prior leadership training and experiences	(6) Organization Provided Training	No Formalized Training	P1, P2, P4, P5, P7, P8, P10; P11
		Organizational Mentor	P4
		Self -Training	P1, P2, P5, P11
		Sent to Leadership Courses	P3, P6, P9

Interpretation of the Themes

Six themes emerged during the interview process. They include strategies believed to be effective in reducing turnover, (a) the role of organizational culture regarding training in front-line employee retention, (b) leadership barriers to preventing employee turnover, (c) organizational culture concerning supporting the leadership needs of employees, (d) leadership experience obtaining feedback from the frontline healthcare workers regarding their leadership support needs, and (e) experience with organization providing training to lead frontline employees. Each of these themes has subthemes further elaborating the finding. These themes will now be discussed in turn.

Theme 1: Strategies Employed by the Participants to Promote Employee Retention.

A critical role of leadership is ensuring that employees have a positive work environment conducive to personal and professional growth (Alameeri et al., 2021). This can be especially challenging for leaders of healthcare organizations, where employees experience inherent risks in their workplace, particularly when such risks are exponentially amplified during times of national crisis, as was the case for the COVID-19 pandemic (Godderis et al., 2020; Zhang et al., 2020). As such, it is imperative that leaders of frontline healthcare workers not only understand the risks experienced by their employees but also have plans to ensure staff retention and avoid attrition. Therefore, the participants were asked to elucidate strategies they or their organizations employed to ensure the retention of their frontline healthcare employees. Four subthemes emerged from the analysis of this data: (a) care and compassion, (b) ensure a team-oriented environment, (c) mentor employees, and (e) promote self-care and wellness.

Table 2

Strategies Employed by the Participants to Promote Employee Retention

Theme 1: Strategies Employed To Promote Employee Retention

Theme	Participants	Excerpt
Care and Compassion	P1, P5, P7, P9, P10, P11	"I just try to be caring and compassionate to what their needs are. I try to be fair and so, once people work under me, they realize I'm fair, and they want to stay working" (P1).
Create Team-Oriented Environment	P2, P4, P6, P8, P11	"People generally enjoy working with me because, when I'm charged, I don't just give patients, I take patients, and I help you with yours too. Before I started, [employees] felt the work was too much. If you help alleviate that, they want to stay" (P2).
Mentor Employees	P3, P6, P9	"There might be a tendency [for leaders] to sit in the office and only mingle with other leadership or the leadership teams. But, I try to mentor new employees. I'm getting out and about" (P6).
Promote Self-Care and Wellness	P2, P3, P4, P5, P8	"I encourage my employees to engage in self-care. Taking time for themselves, taking breaks, taking personal days, even now to do things for [themselves], like taking baths and eating nutritious foods." (P8).

Care and Compassion. Six (P1, P5, P7, P9, P10, and P11) of the 11 participants (54.5%) explained that expressing care and compassion for their frontline healthcare employees was their primary strategy to promote employee retention. P1 recounted that her fairness and compassion facilitated the decision of workers to remain employed and under their supervision (Table 1). P9 expressed similar thoughts, saying:

> Our people are at the center of our business. We have got to take care of our people. I believe that in this day and age, where we face this healthcare crisis, including the mental health crisis, employees now have choices. It is simple supply and demand. If employers

> are not treating their employees with respect, if they are not creating cultural environments there that are healthy, and if people do not want to be a part of those environments, then they have choices and can go to other places to work.

P9's statement highlights the potential upside of the healthcare shortage enhanced by the COVID-19 pandemic. Hospitals and clinics were so short-staffed that if employees were not satisfied with their current employment, there was copious employment availability at other hospitals for frontline employees. Thus, supervisors' respect for employees is vital for frontline employee retention. P11 added that they treat employees with care and compassion by genuinely becoming familiar with them and their situations. P11 said:

> Even in the clinical environment talking about the transition of people leaving a clinical environment, it is all about having a relationship with the people you worked with. People need to have a sense of family, a sense of being appreciated, and need to feel respect for their contribution. People leave their positions when they lose that support system.

Thus, many of the participants emphasized the need for a solid support system from their employers.

Create A Team-Oriented Environment. Five participants (P2, P4, P6, P8, P11) highlighted the notion of a team-oriented environment and its critical importance in employee retention. For example, P2 indicated that working with the employees in the clinical environment was critical to fostering a team relationship (Table 1). This team relationship, in turn, lessened the clinical burden on employees and provided an environment where employees could ask for help. P6 also emphasized the necessity of having a team environment. P6 recounted,

> One thing I started doing is having weekly staff meetings. I found that to be very beneficial, but, of course, that would mean, being at a busy Health Center, the 30 minutes it took for a meeting was two patients for everyone. I do not know if higher leadership approved, but I thought that keeping everyone informed was critical and made people feel like part of a team.

Thus, many participants believed creating a team-oriented environment was critical to preventing frontline healthcare employee turnover. Importantly, these findings are consistent with studies on leadership indicating that a team environment enhances a sense of belonging that can effectively mitigate employee turnover (Huang et al., 2021).

Mentor Employees. Three participants (P3, P6, P9) identified mentoring employees as a strategy to prevent employee attrition. While this could arguably be considered under the umbrella of creating a team-oriented environment, mentoring involves a supervisor becoming intentionally and intensely involved in promoting the growth and development of an employee (Lyons & Bandura, 2020). As such, the researcher made an intentional decision to separate this subtheme from the *creating a team-oriented environment* subtheme. P6 highlighted the necessity of mentoring employees as a mechanism to invest in their personal and professional development, a strategy they believed to be integral to supporting employee retention (Table 2). P9 concurred with P6, adding:

> Employees are smart, and they are looking at the behaviors of their leaders. We have to do the right thing for them, and when we do not, this is where we lose their trust. If we lose their trust, they may stay as employees with us, but performance starts to fail. Therefore, it is essential to mentor employees through good and hard times.

P9 emphasizes that mentoring is not always about creating a personal connection with employees but that employees are always looking to their leaders to evaluate their behaviors and actions. Thus, how supervisors behave in clinical settings and treat all employees can also be viewed as mentoring. This suggests that the everyday actions of leaders of frontline healthcare employees similarly influence employee attrition or retention.

Promote Self-Care and Wellness. Many participants (P2, P3, P4, P5, P8) recognized that the COVID-19 pandemic had a detrimental effect on many frontline healthcare workers' physical, mental, and emotional health. Therefore, these participants highly recommended that their employees practice self-care to ensure their wellness. For example, P3 said,

> So the organization offers a wellness program where the staff is allowed three hours per week to engage in some type of physical exercise or wellness program. It is during work hours, so they are getting that time. We train on vicarious trauma and promote personal self-care. We also allow sick time for mental health days.

Thus, P3 noted that supervisors at the organizational level supported the health and wellness of employees, and consequently, P3 passed on those health and wellness desires to the employees working under them. In a subsequent comment, P3 articulated that they believed self-care and wellness to be integral to preventing employee attrition.

P2, P4, and P8 all commented on the old adage that one must take care of oneself before genuinely being able to care for others. P2 said,

> Visually, I make sure that they have self-care. I make sure that they know that in healthcare, sometimes you are dealing with people's lives, but they have to take care of themselves first. They do have ten minutes to eat. They do have those few minutes to do what they need to ensure they can take care of others.

Thus, these frontline healthcare supervisors recognized that their employees genuinely put the needs of others above their own, which can take a toll on their mental and physical health. As such, one strategy that the supervisors interviewed in this study employed to prevent employee attrition was to promote and encourage self-care and personal wellness of their employees.

Theme 2: The Role of Organizational Culture Regarding Training In Front-Line Employee Retention. Various studies in the academic literature have evaluated the role of employee training on employee intention to remain with an organization. These studies have yielded mixed results. Some studies have shown that increased employee training is positively correlated with employee commitment to an organization (Ju & Li, 2019). However, other studies have shown that there is no relationship between employee training and the intention to leave the organization (Lin & Huang, 2021). With the continual evolution of medicine and state and federal requirements regarding continuing medical education, these findings may or may not be generalizable to employees in the healthcare industry. Therefore, the researcher examined the supervisors' perceptions of organizational culture regarding frontline employee training. The findings of this inquiry are summarized in Table 3. The findings of this theme were grouped into five subthemes, each of which represented a different type of training.

Table 3

Supervisors' Perceptions of Organizational Culture for Training of Frontline Employees

Theme 2: Organizational Culture Regarding Frontline Employee Training

Theme	Participants	Excerpt
Critical or Important For Retention	P1, P2, P3, P4, P5, P7, P8, P9, P10, P11	"We have a strong push to help people further themselves. We just got a huge grant and an increase in our APM rate, and the senior leadership team met to discuss how we will budget this. And the first thing that we did was increase the educational lot. We gave $5000 to $10,000 a year to people with a two-year commitment to come back and work and gave some of our lowest-paid employees a raise. So I think that makes a big difference" (P5).
Healthcare Challenges	P1, P2, P5, P8, P9, P11	"[It is important] to help people develop that personal resilience by encouraging them to do self-care by providing them tools, encouraging supervisors to help people unpack some of those challenges because, especially in healthcare, if you're sick and suffering, you try to hold that in and try to keep to yourself and try to push through" (P5).
Administrative Support	P2, P3, P4, P5, P6, P7, P8, P9	"We invested a lot of resources into enhancing our organization's administrative systems. Even though there were shortages, we hired extra administrative staff to lighten the burden of the frontline workers" (P9).
No Formalized Training	P1, P2, P6, P7, P11	"I don't think there was a lot of training involved for frontline employees, which I realized was part of the problem. In some ways, that implied that [training] wasn't valued. I think in other organizations, it is there's a cost to patient care and closing down for a whole day" (P6).
Onboarding Training	P2, P3, P4, P5, P6, P8, P11	"Yes, for every new hire, or even if you're changing positions within the company, you're going to go through indoctrination into the organization and for each department. Our organization has one [onboarding] as a whole where everybody goes together, and you learn the basics. That's where they cover a lot of self-care and all then once you come to the department, we do our PQSs, and our qualifications together" (P11).

Critical or Important For Retention. Nine of the 11 participants overwhelmingly believed that the increased organizational support surrounding employee training is essential, or at least critical, for the retention of frontline healthcare employees. P8 argued:

> It is actually hard to promote training because of the high turnover right now. I can't always say, OK, yes, you can leave early today to attend class. But, if we can support it, I support it. Employee growth is important to promote. The staff that wants to better themselves are not just bettering themselves, they are bettering the organization and showing loyalty to the organization for investing in them. That impacts turnover in my opinion.

P8 highlighted the important idea that investing in training employees promotes employee loyalty to the organization, which manifests as decreased turnover. Similar to ideas presented in earlier themes, the participants believed that showing loyalty and respect to employees translates into increased employee retention.

In general, roughly half of the participants identified different training modalities promoted by their organizations, while the other participants noted that their organizations did not have formal training mechanisms in place for frontline healthcare workers. In some cases organizations required the frontline healthcare workers to have completed one or more certification programs prior to working for the organization. P1, who supervised frontline dentists and dental assistants, revealed that anyone working for the organization must have achievement certification-level knowledge in multiple areas prior to beginning work (Table 6). P2 similarly elucidated that they encourage certification programs for their employees. P2 said, "I do know so for certification you can be a nurse, but you can get a certification in any specialty, like emergency nurse medical/surgical. And I know they do encourage that lifestyle for

employees." It should be noted that the experience of these two participants is markedly different. P1's employees must have their certifications prior to working for the organization, whereas P2's organization encourages its employees to pursue certifications.

Participants also shared that their organizations actively encourage employees to pursue continuing medical education. This may be due, in part, to the stringent continuing medical education requirements mandated by state laws for physicians and nurses. Regardless, the participants highlighted the importance of promoting continuing education for all employees as a mechanism for both professional and personal growth. P8's organization actively allocates funding for employees to pursue continuing education. Similarly, P7 described,

> Our organization has a person who dictates the amount of training that an employee receives. We have organization-wide training opportunities that are not necessarily related to a specific job. There is an Internet Learning Center for employees to access online that doesn't directly deal with their employment. Instead, it is a mechanism for them to better themselves, which directly impacts their attitude toward their jobs.

Thus, P7 highlighted an important point regarding employee education. They believed that allowing employees the opportunity to better themselves in manners not related to their specific jobs encourages personal growth. Such personal growth, in turn, leads to professional growth and impacts employees' intentions to remain with an organization.

Healthcare Challenges. Six participants (P1, P2, P5, P8, P9, P11) highlighted that they ensured employees knew that they understood the challenges of providing healthcare. Each participant did this task differently, but with the same common goal: to ensure their employers understood their challenges and their hard work was appreciated. For example, P5 said:

> One of the things that attracted me to the organization I currently work for is the ability to understand the challenges of providing care in this environment. One part of promoting retention was helping clinicians create personal resilience. We ensure they understand that we know it is a stressful job. There is no doubt about it. We know it is frustrating. Sometimes you are overwhelmed with patients. Sometimes they all show up late. Sometimes they are straightforward, and sometimes they are not. I do my best to help people understand that I know what they are going through and help provide them with the tools to unpack some of those challenges. Especially in healthcare, employees will try to hold it all in if they are sick and suffering. I understand that as well.

Employees do not want to feel like their hard work is going unnoticed. P5, and other participants, articulate a necessity to ensure that their employees know that their supervisors understand the difficulty of working in healthcare, especially during challenging times. Many participants believed that this simple token of understanding their employees is paramount in ensuring that employees remain in their current places of employment.

Administrative Support. Interestingly, when discussing factors the participants believed were effective in reducing employee turnover, many participants identified strategies other than the ones they identified in the discussion of Theme 1. For example, only P5 and P8 discussed mitigating employee turnover and increasing frontline healthcare worker efficiency by reducing administrative burden. However, when asked what strategies were effective, adding administrative support was discussed by six participants (P2, P4, P5, P7, P8, P9). Indeed, many participants highlighted the strategies initially identified by other participants in the discussion of strategies to mitigate the turnover of frontline healthcare employees.

Many frontline healthcare employees were forced to work long hours and multiple extra weekly shifts to meet the patient demands of the COVID-19 pandemic (Billings et al., 2021). As such, many frontline healthcare workers could not have time to themselves and also have time to spend with their families. Perhaps not surprisingly, organizational leadership utilized one strategy to promote frontline employee retention: increasing flexibility allowance regarding employees' schedules. In addition, P3 expressed that they tried to find mechanisms to allow extra time for employees when they needed time for things outside of work (Table 3), which sometimes necessitated mobilizing other organizational resources to compensate for changes. In this way, P3 elucidated that they tapped into organizational flexibility to provide frontline workers with their desired flexibility. Similarly, P6 said,

> The organization tries to be as flexible as possible with [employees]. If someone wants to work late so they can avoid traffic or wants to work early because of a family obligation, we try to accommodate because we know the extra effort each individual gives to the organization.

Thus, the participants highlighted that organizational support concerning worker flexibility is an essential organizational strategy to promote employee retention.

No Formalized Training. It was surprising to hear that half of the participants (P1, P2, P6, P7, P11) reported that their organizations had no formalized training for their frontline healthcare employees. In essence, healthcare organizations assumed that their employees had the necessary knowledge and skills at the onset of their employment. P6 believed that the lack of formalized training was a contributing factor to employee turnover (Table 6), as employees without training can become easily overwhelmed when they are not familiar with the specific procedures of an organization. P2 also noted that their organization assumes knowledge and

skills, saying “For the civilians, it is assumed they come in with experience. So, the hospital doesn’t give much training.” Thus, some organizations in healthcare assume a certain level of knowledge and a specific skill set of workers, which they believe do not require additional training.

P7 believes that healthcare organizations do not invest in the training of frontline workers due to budgetary reasons. P7 argued;

> There was actually thought given into the budget in terms of how much funds one particular employee will be allotted in order to have the education that directly impacts the quality of work that they produce. So, unfortunately, I think it boils down to an organization’s priorities and budget. But to answer your question, is there a formalized checking-the-box system within the program that you need to be able to demonstrate these skill sets? No. The expectation is higher based on your license and credentials. This definitely contributes to turnover because the employees perceive the organization won’t invest in them. And, really, it is true.

Like P2 and P6, P7 indicated that their particular organization does not invest in formalized training for their frontline healthcare employees. However, P7 also elucidated their perceptions of why such an investment is not made, namely due to budget. Moreover, like P6, P7 also believed that the lack of formalized training is detrimental to employee retention.

Onboarding and Training. Unlike the participants whose organizations do not provide any formalized training, many of the participants revealed that their organizations had extensive onboarding training for all frontline healthcare employees. Furthermore, the participants believed that this onboarding process reduced employee stress, which positively influenced employee retention. P11 described:

> The other company that I work with gave a phenomenal training program. There's an entire week of training. I think different organizations evolve into understanding that this is what we need in order to have a cohesive unit. The staff knows that everyone is calibrated and on the same page, which is critical. It takes the stress out of having to learn processes on your feet in your first months of employment.

P11, therefore, took the position that effective onboarding training can reduce employee turnover in a manner concomitant with a decrease in employee stress. In essence, the participants articulating this subtheme argued that when an organization invests in training their employees in the standard operating procedures, employee stress is lower, and employees feel valued by the organization, and have decreased intentions to leave.

Three of the participants (P2, P5, P8) reported that their organizations encouraged new frontline healthcare employees to spend time shadowing more senior employees. Shadowing, like onboarding, allows employees to become familiar with the procedures, policies, and pace of a healthcare setting prior to placing them into roles of responsibility. This type of training is considered on-the-job training and allows employees the opportunity to learn while working. The following theme further evaluates the role of an organization's culture surrounding training in the retention of frontline healthcare employees.

Theme 3: Leadership Barriers To Preventing Employee Turnover. In their discussion of barriers that influence employee retention, the participants also elucidated environmental barriers, particularly in light of the COVID-19 pandemic. Seven subthemes were highlighted by the participants, including (a) lack of consistency, (b) lack of power over policies, (c) lack of support from organizational leadership, (d) organization interferes with leadership support, (e) leadership issues, (f) leader-dependent barriers, and (f) patient load. Importantly, these

subthemes likely reflect heavily on the significant presence of the COVID-19 pandemic, and the results from this theme may not fully be generalizable to other times without the presence of a global pandemic. The seven subthemes highlighted by the participants are summarized in Table 4. To understand the institutional barriers contributing to high employee turnover, participants were asked to evaluate leadership barriers to employee retention (Table 4).

Table 4

Participants' Perceptions of Leadership Barriers Influencing Employee Retention

Theme 3: Leadership Barriers Affecting Employee Retention

Theme	Participants	Excerpt
Lack of Consistency	P3, P5	"With the demographics living in the DMV, salary competition, competition, and being balanced or competitive with other agencies, salaries sometimes that issue. There were performance complaints like not seeing consistency around performance evaluations, how people are evaluated off of productivity, initiative going above and beyond, and how they are rated" (P3).
Lack of Power over Policies	P1, P2, P9, P11	"Employees feeling like they don't have the power to change anything [is a barrier]. We do these yearly surveys, which used to be anonymous and where the commanding officer and the Department of Defense would listen. And sometimes it just feels like those things fall on deaf ears, and so that causes people to wanna get out, just not feeling 100% supported" (P1).
Lack of Support From Organizational Leadership	P1, P3, P7, P8, P9	"Lack of leadership and understanding of organizations and how they function in the employee's role. So it is that whole way of thinking. What the organization says you do, you do. We no longer work in that era, and it is shifted slightly. It is now we're in between, and it is more what the employees say is what you do, and the balance of that is effective leadership that brings this nice blend in the middle. A barrier is that old-school thinking and not understanding leadership and the value of employees in an organization" (P7).
Leadership Issues	P3, P5, P7, P9, P11	"It is the policies. I'll just put it at that. It is the policies that are in place. There are tiers above the organization that dictates policies, and it is not consistent across the spectrum or the organization's enterprise. There is mixed messaging in terms of who, for example, can telework and who cannot telework. How long can you telework? What days can you telework? There isn't consistency, which leads to confusion and turnover" (P7).
Organization Interferes With Leadership Support	P1, P3, P10	"Sometimes I do think, for our contract workers, the contract does interfere with job satisfaction. If we were to let the mission drop just a little bit, then maybe they would give more funds, more people, train more surgeons, increase the pay or bonus or something so we can meet that mission. But instead, we do more with less, and morale can suffer" (P1).
Leader-Dependent Barriers	P1, P3, P4, P6, P7, P8, P9, P10, P11	"I would say it depends on the leader of your specific clinic. I love our director, but our director is still kind of 'Oh, we're going to meet the mission no matter what. I don't care what you have to do to meet the mission. That's what we're doing because I'm not going to have them come back on me and say dental didn't meet the mission. So the culture is meeting the mission, and if your leader above you is about meeting the mission, that doesn't mean they don't care" (P3).
Patient Load	P2, P6	"Definitely the patient load because that's something that I don't have control over. Only leadership controls the patient load. Sometimes we get too many patients for the available staffing, and when you're trying to push back, stuff goes downhill, you take it, and that's it. And you know you can't say no, because you don't have that option. And so now you're looking at everybody, including yourself. Can we make this work?" (P2).

Lack of Consistency From Leadership. Two participants (P3 and P5) identified a lack of consistency from leadership as a significant factor that prevents employee retention. P3 described this situation as perhaps pertaining specifically to the DMV area, which was highlighted as having large socioeconomic and racial disparities (Table 4). P3 argued that the large patient disparities led to disparities in care in a leadership-dependent manner. Moreover, P3 highlighted that, at times, healthcare leadership has a tendency to lack consistency with respect to treating all employees equally, which can negatively impact employee retention. P5 similarly argued that special treatment of employees can impact employee retention. P5 said, "Of all the employees at this organization, [my department] is the only one that generates revenue. Sometimes that impacts turnover in other departments if there's special treatment given to one department but not another." Thus, lack of consistency is one leadership barrier identified by participants that negatively impacts employee retention.

Lack of Power Over Politics. Four of the participants expressed their frustration regarding their lack of power over the politics within their healthcare organizations. These participants expressed ideas they wanted to implement to prevent employee turnover that were hindered by their supervisors in upper-level positions. P1 articulated frustration with their inability to change departmental policies (Table 4). P9 similarly expressesed that politics is sometimes a barrier to retention. P9 said, "Sometimes it is policies, right? If you're in a federal or a state system, you've got a lot of red tape. We can lose people. We do lose good people to petty politics." Therefore, another barrier identified by participants as detrimental to employee retention is the politics present in the healthcare system and in healthcare organizations.

Lack of Support From Organizational Leadership. Five participants (P1, P3, P7, P8, P9) described a lack of support from organizational leadership as a barrier to ensuring employee

retention. P7 argued that many healthcare organizations are living in previous business eras where a decision by the organization is set in stone, rather than allowing for organizational evolution (Table 4). P1 expressed similar thoughts saying,

> The biggest thing I have to compare it to recently is COVID and feeling like we didn't have the resources to keep people safe, rather than feeling scared. Leadership wasn't listening. They wanted us to just keep seeing patients with no precautions. Staff was scared and leadership didn't understand why."

In this way, P1 implicated a lack of upper-level leadership that affected frontline healthcare employees, thereby increasing the turnover intentions of scared employees. Similarly, P3 articulated,

> All people and leadership are not the same. Leadership accountability is important. When you are hearing complaints or you are seeing a trend amongst the frontline workers with people exiting the field, I think you have to look at the reason why people are leaving. I believe it comes down to upper leadership.

Thus, for these participants, lack of support from upper-level management and leadership represents a significant contribution to the employee turnover problem.

Leadership Issues. Ongoing issues with organizational leadership were also identified by the participants as a workplace barrier that negatively impacted employee retention. Five participants (P3, P5, P7, P9, P11) identified this subtheme in their discussion of workplace barriers to employee retention. This theme is extensively analyzed and expanded upon in other themes, including Themes Six and Eight. As such, discussion of this theme will be deferred to analysis of Theme Eight.

Organization Intereferes with Leadership Support. The notion that healthcare organizations interfere with leadership's support of frontline healthcare employees was described by two participants (P1 andP3). P1 indicated that when the organization interferes with the leadership's support of employees, the overall goals of the department and the organization fail to be met, which creates frustration and discontent among frontline employees, thereby increasing the possibility of employee turnover (Table 4). P3 also highlighted that sometimes an organization's human resources department can create interference. P3 described:

> I think [the organization] has set standards, but they are not applicable to everyone. So, the standards exist, but then you see them change depending on the situation. For example, the role of the HR department can be confusing sometimes because they are supposed to support the staff, but they also have to protect the organization. So those boundaries sometimes blur, and you don't know who HR represents. That creates a disconnect with employees sometimes to the point where they want to leave.

Thus, these participants believed that the organization can sometimes interfere with the efforts of frontline employee supervisors to effectively manage and support frontline healthcare employees. The participants argued that this situation can lead to employee turnover.

Leader-Dependent Barriers. Four of the participants (P1, P3, P4 and P7) articulated that some of the organizational barriers concerning the support of the leadership needs of frontline healthcare workers are leader-dependent, meaning that the barriers are different for individual leaders. P3 articulated that organizational barriers can depend on the clinic leader (Table 4). P3 described their relationship with their clinic director as supportive, but noted that the same situation may not be true for supervisors in other organizations. P7 also argued that sometimes supervisors can overcome leader-dependent barriers, saying

> Sometime the organization's leadership is aloof and not aware of actual reality. Sometimes you, as a supervisor, can fix it. Youc can make them aware of the issue and fix it. Or, you can just fix it, move on and tell leadership about the issue after it is been fixed.

P4 argued that sometimes leader–dependent barriers can pose significant problems. P4 said,

> Well, there are meetings how frontline employees are adjusting. If there's any concerns, we try to come up with solutions. The problem is when some organization leaders are in some meetings and others are in other meetings. There's no continuity of support and lack of support leads to turnover.

Thus, the participants believe that leader-dependent barriers at the organizational level can supercede or interfere with supervisors' abilities to support frontline healthcare workers.

Patient Load. Two of the participants (P2, P6) believed that increased patient load represented a leadership barrier to employee retention. While patient load could arguably be considered an environmental factor, especially amid the COVID-19 pandemic, P2 and P6 argued that organizational leadership is responsible for determining patient load (Table 4). As such, patient load represented a leadership barrier to employee retention, in addition to an environmental one. P6 argued, "Workload and salary are always barriers to turnover. I see my practitioners going from family medicine to other fields because leadership doesn't know when to set limits or stop." In this way, the patient load determined by upper-level leadership can negatively impact employee retention, especially if patient loads are so high that frontline healthcare workers are unable to consistently take breaks or practice self-care.

Theme 4: Organizational Culture Concerning Supporting The Leadership Needs of Employees. This theme continues the discussion of organizational culture, which is critical in

ensuring the job satisfaction of employees. Some of the subthemes identified by the participants in this theme were positive, while others represented organizational barriers to employee retention. The three subthemes identified by participants were: (a) supervisoe respect for employees, (b) encourages evaluations, (c) lack of resources, and (d) low salaries. These subthemes are summarized in Table 5.

Table 5

Participants' Perceptions of Organizational Culture Concerning Supporting Leadership Needs of Employees

Theme 4: Organizational Culture Concerning Supporting Leadership Needs of Employees

Theme	Participants	Excerpt
Supervisor Respect for Employees	P2, P5, P6, P7, P8, P11	"I've been my best when I've had supervisors that inspire me, and I think that's how most people function. The other thing is that people want to be respected, and they want to be talked to as if they have a voice. Nobody wants to be yelled at or disrespected" (P5).
Encourages Evaluations	P2, P5	"In many places that I worked with before coming here, I had evaluations that may have been maybe 5-10 questions. If you fill out the evaluations that we have based on your job description, every last statement on your job description is part of your annual evaluation. Your supervisor has to comment on how well you're doing everything that's laid out. It is pretty intense. We're also encouraged to get feedback from supervisors. Whenever she did mine this year, she got feedback from my peers, the Vice President of Health Affairs, and she got feedback from my direct reports as well. The evaluations help with supporting leadership" (P5).
Lack of Resources	P1, P3, P6, P8, P10, P11	"I have a good friend who's a dentist in the Air Force, and when COVID came out, and it was rampant, people were at home, and they were like, OK, well, we're just going to have certain people coming in: a comprehensive dentist or another person. They said you need to be in a negative pressure room. Our [building] was not outfitted like that. So immediately at her clinic, they were outfitted. They didn't even have doors on the rooms or the dental operatories either. the Air Force had a whole team come in instantly, put doors on their rooms, make them under negative pressure. That never happened for us, and no one felt truly safe" (P1).
Low Salaries	P1, P9, P10	"[Staff] have to get an undergraduate degree. Then they have to get a graduate degree. They can either have a Master's or a Ph.D. and then have to do a residency, and if they go full-time for residency, it can be done in two years. Or it could take longer. So that's a lot to get out and be paid only $50,000 a year. It is just not enough money. So what's happening is, I think, as a field, we are going to have to do something to attract people to work in this field, or we're going to continue to have a shortage" (P9).

Supervisors Respect for Employees. The first subtheme highlighted by the participants is

that supervisors respecting their frontline employees is essential for promoting employee retention. This subtheme is similar to others elucidated by the participants concerning their own strategies for encouraging employee retention. P5 recounted that their best work performances occurred when they worked for supervisors who respected them as individuals and frontline healthcare providers (Table 5). P6 also highlighted that mutual respect is important for the retention of frontline healthcare workers, saying

> I do have a good relationship with my Chief Medical Officer. I think I got fortunate because we worked together in the same little small office space initially, and she's a kind, warm, welcoming person. I always felt like she supported me. She brings that warm, welcoming personality to the entire organization and respects all of my employees. She values my work and I really do think it is those personal relationships [that] matter.

Thus, respect from the organization is highlighted as a critical factor influencing the turnover of frontline healthcare employees.

Four participants (P2, P5, P7, P8) highlighted that an organizational culture of listening to employees is vital for employee retention. P7 succinctly described that employee retention depends on “an atmosphere and culture where employees are heard or felt heard and supported." This highlights an important feature of supervisors and organizations that is critical for retaining frontline healthcare workers. Indeed, the academic literature contains a plethora of evidence suggesting that organizations that prioritize employees' thoughts, ideas, and values have decreased employee turnover rates (Malik et al., 2020). Furthermore, this trend has also been observed in the healthcare field with respect to physicians (Søvold et al., 2021), nurses (Efendi et al., 2019), and administrative staff (Vaccaro et al., 2020). P5 also described listening to employees as important at both the supervisory and the administrative levels. P5 said:

> It is important for all supervisors, and the whole organization, to treat, talk and listen to people. Approach employees with respect and show appreciation. People want to know that they matter. So all levels of an organization need to say positive things to their direct reports. Great job. I really appreciate you doing that. The suit and tie bosses recognize you. You are valued by the organization.

Encourages Evaluations. This subtheme was identified by two participants (P2 and P5) and is generally considered to be a positive theme surrounding organizational culture and the organizational support of the leadership needs of frontline healthcare employees. P5 discussed that their organization encourages employee evaluation of their leaders, so that leaders can adjust their strategies to better suit the needs of frontline healthcare employees (Table 4). P2 similarly described organization support through the encouragement of evaluations. However, P2 noted that it is not clear whether feedback from those evaluations are implemented by all leaders of frontline employee supervisors.

Lack of Resources. Lack of resources was another consequence of the COVID-19 pandemic that served as a significant barrier to employee retention. Six participants (P1, P3, P6, P8, P10, P11) identified this subtheme in their evaluation of the phenomenon. P1 talked about their clinic not having the proper resources to ensure the safety of their employees until at least one year into the pandemic (Table 5). While P1 highlighted the lack of material resources required for treating patients, P6 articulated a lack of personnel, constituting a different lack of resources. P6 said, "What made the job more difficult for frontline employees is having a lack of support stemming from a lack of employees. We were all on constantly." P6 highlighted the pressure that most frontline employees faced during the pandemic, namely that the lack of healthcare employees put a strain on existing employees, putting them in a position where they

had to work long hours. P8, like P1, highlighted a lack of equipment needed to treat patients. P8 said:

> Unfortunately, COVID has reduced the availability of getting equipment. I'm coming into manage a position where equipment is expiring. Some of that equipment now, and I'm not saying that that equipment can't still be used, but now it is time to update it. It is time. We're going to have more issues and more downtime due to preventive maintenance if I can't get the equipment replaced. That leads to downtime that leads to staff having to be relocated to other areas, which further complicates things.

Thus, the participants noted that lack of resources was a significant deleterious working condition that enhanced rates of employee turnover.

Low Salaries. Three participants (P1, P9, P10) identified low salaries as a significant barrier to employe retention. P9 expressed the opinion that frontline healthcare workers do not obtain appropriate compensation considering their levels of experience and education (Table 8). P9 argued that low salaries make it difficult to retain frontline healthcare workers, as they may be able to find better employment opportunities with the appropriate salary compensation for their skills and significant educational experience. P1 reiterated this point, saying,

> Money. The bottom dollar. For the amount of education they have, if we low-ball them with salary and if they can make more money somewhere else and be supported, they will leave. Unfortunately, that's just something I can't compete with. I do not have the power to change their salaries.

Thus, one barrier to employee retention is employee level of compensation.

Theme 5: Feedback received from frontline healthcare workers.

Four subthemes were identified in the analysis (a) employees were fearful or uncomfortable with supervisors, (b) employees felt supported, (c) no issues with obtaining feedback, and (d) supervisors supported the employees to the best of their ability. These subthemes are summarized in Table 6.

Table 6

Participants' Experiences With Obtaining Feedback From Frontline Healthcare Employees

Theme 5: Feedback received from frontline healthcare workers

Theme	Participants	Excerpt
Employees Fearful or Uncomfortable with Supervisors	P3, P9	"I sometimes hear from employees that aren't my own. They come with complaints against their particular managers or program policies and different things they think, but they are just fearful of retaliation. They have some experience with a policy that some say does not exist. You can be a whistleblower without retaliation. But people still fear that it is real. So many have feared retaliation and not wanting to create a hostile work environment because not everyone can handle critical feedback or suggestions" (P3).
Employees Feel Supported	P4, P8	"When asking for feedback, I always do it in a group or a huddle. We have morning huddles. I get everybody together, and I ask, OK, what are we doing right? What are we doing that could be improved? Not wrong, but where can we improve? And usually, it takes one or two of them to be done, but we do it weekly, so after a while, new staff especially start to catch on, and each individual brings a different aspect. As you add new people to the team, they have a different outlook. They are saying that they are new. They see differences. Oh well, this is how we did it here. This is how we did it over here. OK, let's find that medium. But I've always found that if you go straight to the employees, they feel supported" (P4).
No Issues With Obtaining Feedback	P3, P7	"I haven't experienced issues with getting feedback. I get team members I don't supervise that give me feedback about leadership and seek direction on how to deal with that. So many of it has just been providers finding the confidence to be assertive and to make complaints without criticism" (P7).
Supported Employees To Best of Their Ability	P1, P2, P3, P5, P6, P7, P10, P11	"I support them. I think I'm very honest with them. When I ask for their feedback, I'm very honest when I say I will fight for that. I will take that up. It is beyond my control. But I will take it up the chain and see if I can get something to change, make a difference, or get an answer, and I've always done that. So I think they know that I don't have the power to change some things. It is frustrating, but I ask for those things to be shared with me, and I always let them know" (P1).

Employees Fearful or Uncomfortable with Supervisors. While no participants believed that their own employees were fearful or uncomfortable with them as supervisors, two

participants (P3 and P9) described situations in which they encountered employees who were fearful or uncomfortable with their direct supervisors. Indeed, P3 identified at least one employee who was fearful of retaliation by their supervisor (Table 6). When P3 discussed retaliation, they described a situation where supervisors intentionally give some employees harder case loads or more difficult cases that require extra time and decrease the perceived efficiency of the employe. When employees are not given similar caseloads, it can appear to an outside observer, namely higher level supervisors, that an employee has decreased performance compared to other employees, which can have affects on salaries and bonuses. P9 believed that these types of supervisor-employee relationship stem from lack of supervisor training. P9 said, "Sometimes employees aren't comfortable talking to their supervisor. I think it has more to do with their supervisor than the employee. So again, it is a supervisor training issue." These data taken together suggest that some supervisors lack the training or experience necessary to effectively supervise frontline employees in a manner that allows them to comfortably express concerns.

Employees Feel Supported. In contrast to participants noting that some employees can be fearful or uncomfortable with supervisors, two participants (P4 and P8) noted that most employees felt genuinely supported by their supervisors. P4 highlighted that their team-oriented supervisory approach allowed employees to feel comfortable expressing their thoughts and concerns (Table 6). Thus, P4 integrated ideas from earlier themes that many participants highlighted as critical for employee retention, namely creating a team-oriented environment where all employees could feel appreciated, valued, and comfortable. P8 emphasized the necessity of employee training in employees' feeling supported by their supervisors. P8 said, "I informally talk with employees after trainings and meetings. I think that they feel supported. I

think they have a very good plan of how they are going to put all plans into action. Most employees feel supported, especially after the training." Thus, these participants believe that their employees feel generally supported by all of the strategies they employ to promote employee retention.

No Issues with Obtaining Feedback. Two of the participants (P3 and P7) reported that they did not observe any issues with obtaining feedback from their employees, which indicates that the employees are comfortable with their supervisors. As such, this subtheme is an extension of the previous subtheme that indicated that employees generally feel supported by their supervisors. For example, P3 said:

> I myself haven't experienced issue with getting feedback, but I have team members that aren't supervised by me that give me feedback about leadership and seek direction on how to deal with their supervisors. A lot of it has been finding the confidence to be assertive and to make complaints without criticism. Most of my employees feel comfortable doing that. I am also a member of a leadership team, and many employees come to express concerns, using me as a mediator to bring those topics up for them when they do not feel comfortable bringing them up with their respective managers, which I do.

Thus, P3 indicated that one of their main roles is to serve on a leadership team, which facilitates employees coming to them for advice. Thus, P3, and similarly P8, expressed that their employees feel comfortable communicating with them, and these supervisors perceive their employees feel supported by them.

Supported Employees to Best of Their Ability. An overwhelming majority of the participants, regardless of the opinions of their employees, believed that they supported their employees to the best of their ability, especially during the COVID-19 pandemic. P1 articulated

that they are very open and direct with their employees, both with respect to praise, criticism and things that were outside of their control (Table 6). P3 similarly discussed their approach for bringing employees concerns to upper-level management. P3 said, “In leadership team meetings, I bring up employee concerns as common trends or things that I'm hearing collectively from groups of employees. That way, it doesn’t sound like complaints, but just trends or things that I'm observing.” Thus, P3 described that one mechanism they utilized to support their frontline healthcare employees was to bring their concerns to upper management. P7 supported the notion that their employees are comfortable coming to them with concerns. P7 said, “I do encourage a culture where I want my employees to tell me up front about their needs. The unfortunate part of that is I am not in the position where I can meet their needs. I do encourage them to to tell me what their needs are and I do try to meet them.” Thus, many of the participants expressed that they supported the employees to the best of their abilities given the resources available to them.

Theme 6: Experience With Organization Providing Training To Lead Frontline Employees. This theme explores the participants’ experiences with their own training for leading frontline healthcare workers. There were four subthemes identified by the participants in this analysis: (a) No formal training, (b) organizational mentor, (c) self-training and (d) sent to training classes. A summary of these subthemes is presented in Table 7.

Table 7

Participants' Experiences with their Organizations Providing Leadership Training

Theme 6: Experience With Organization Providing Training To Lead Frontline Employees		
Theme	**Participants**	**Excerpt**
No Formal Training	P1, P2, P4, P5, P7, P8, P10, P11	"Oh, truthfully, there wasn't much training for high turnover when I came to my organization. It was just if somebody leaves, you hire someone else. There was no staffing plan in place. There was nothing set in stone. I had no training" (P11).
Organizational Mentor	P4	"The main training was the mentor programs. Since I was a mentee at one point, I worked closely with my supervisor. I'd talk daily and meet at least weekly" (P4).
Self-Training	P1, P2, P5, P11	"They might send me to a little webinar or something like that. But generally speaking, if you want to learn more about some of the theories behind management as a healthcare worker, you must go back to school and pay for it yourself. If you can get an organization to do that, that's great. It is something I had to do on my own. But ultimately, I had to go back and do this training, do this sort of MBA program that [redacted university] had in health services management, but that was an investment that I made in myself" (P5).
Sent To Training Classes	P3, P6, P9	"So I think a lot of my leadership training came from [redacted County in the DMV area]. They invested in it, so everything from coaching training to accounting executive training. The other thing that the county sent me to was a certified public manager training" (P9).

No Formal Training. It is widely accepted in the academic literature that leadership training is essential for managers, as highly trained managers are better able to promote employee job satisfaction, performance and retention (Wassem et al., 2019). Therefore, it was

striking to discover that the majority of the participants received no formalized training from their organizations with respect to leading frontline healthcare employees. P11 described that their organization had no place in place to replace staff (Table 7). P2 succinctly stated, “I didn't get much training on leadership.” P5 similarly shared that their organization does not place a high value on leadership education saying, “There’s not really a lot of investment into education, or even going to conferences. It is hard to get that type of support.” P11 also shared that “I have not received any professional training from either company.” Thus, these supervisors of frontline healthcare actually received no formalized training from their organizations, which may have limited their experience addressing the concerns of frontline healthcare employees.

Self-Training. Congruent with the situation in which the participants received no formalized leadership training from their organizations, four of the participants reported that they invested in leadership training on their own (P1, P2, P5, P11). P5 described her return to school to pursue leadership training (Table 7). P2, like P5, invested in leadership training on their own. P2 said, “I recently took a class about leadership, but that was on my own accord.” Other participants, including P11, described their own desire to pursue leadership training as a form of self-education that would benefit their careers. P11 said, “What I've done for myself is self-training, which I encourage employees to do as well. Even if the organization won’t provide training, you know that you can educate yourself and stay abreast of what's going on in the field.” Thus, this subtheme is an extension of the previous one. These four participants not only highlighted the organization's lack of training but also discussed how their ambition led them to pursue leadership coursework and training outside of work.

Sent To Training Classes. Surprisingly, only three participants (P3, P6 and P9) recounted that their organizations sent them to formal leadership training. P9 discussed that their

leadership training was through their specific county (Table 7). P3 articulated that they received leadership training through their organization. P3 said, “I will say the organization is really good about training. We have annual courses on leadership, performance plan performance, and providing feedback for staff.” P3 appears to be an exception to the rule, as the majority of the other participants reported their organization not investing in leadership training for the frontline supervisors. This leads to the conclusion that some of the participants may not have been as versed in leadership as they believe themselves to be, which could, in turn, impact employee retention efforts

Representation and Visualization of the Data

The previous section evaluated each research question in terms of themes and subthemes elucidated by the participants. The researcher created a table containing verbatim quotations for each theme that cataloged the associated subthemes elucidated by the participants. As suggested by the theme tables, many of the themes started to repeat throughout the examination of leadership factors affecting the retention of frontline healthcare employees. In order to visualize these coding patterns, a word cloud map was created in which the larger the size of the word indicates that word was present in greater frequency than smaller words. These results are shown in Figure 1.

Figure 1

Word Cloud Representing Frequency of Coded Words Found in this Study

The word cloud presented in Figure 1 emphasizes that education, leadership, support, team, and training were among the words most frequently coded in this study, highlighting the importance of each of these concepts in preventing employee turnover. Thus, this analysis reiterates what was found in the individual interviews, namely that employing training and education, leadership and support and a team-oriented workplace is critical in facilitating employee retention. A word cloud representing all the frequency of all words over the size of six

characters similarly highlights the importance of leadership in mediating employee retention (Figure 2).

Figure 2

Word Cloud Representing Frequency of Words Present in the Interview Transcripts

Relationship of the Findings

The following section further discusses the relationships identified in *the Data Representation and Visualization* section. The connections between the findings and the research topics first guided the investigation. The connection between the findings and the conceptual framework was then investigated. In creating this study, predicted themes that would emerge from the data were developed after considering the research questions and conceptual framework. These predicted themes were identified before being compared to the study's findings. The study then examined the connection between the results and the literature volume. The final analysis showed the link between the findings and the problem statement.

The data from semistructured interviews with supervisors of frontline healthcare employees in the DMV area directly answered each of the research questions, as shown in the presentation of the results. Importantly, the participants highlight critical areas that must be addressed in order to address the growing problem of frontline healthcare employee attrition. The majority of these areas are similarly presented as critical in other industries. For example, creating a team-oriented environment has improve employee retention in the hospitality industry (Bao et al., 2021), non-profit organizations (Slatten et al., 2021), and the financial industry (Remijus et al., 2019), among others. Thus, it is perhaps not surprising that the creation of a team-oriented environment is similarly critical for frontline healthcare employees in the DMV area. Importantly, this result is likely relatable to all frontline healthcare employees, especially when considering the ubiquitous role of team-oriented managers in a variety of economic sectors. Not only do the findings relate to the research questions, but the themes also have

implications related to the conceptual framework, the anticipated themes, the literature, and the problem. These relations will now be discussed in turn.

The Research Questions

Themes are organized according to the research question they fully or partially answer. Briefly, two themes comprise RQ1: (a) strategies believed to be effective in reducing turnover, and (b) the role of organizational culture regarding training in front-line employee retention. It is important to note that in the analysis of RQ1, several themes were similar but slightly different. For example, the researcher distinguishes between strategies employed by the participants to promote employee retention (Table 1, Theme 1) and organizational strategies employed to promote employee retention (Table 1, Theme 3). This distinction is made due to the multifaceted nature of employee retention, as organizational factors influencing employee attrition may supersede supervisory factors influencing turnover or vice versa. Importantly, many of the same subthemes were identified through this analysis, indicating a congruence between organizational support and supervisor support of frontline healthcare workers. Moreover, the repetition of themes between similarly worded questions lends credibility to the notion that the study reached data saturation as themes and subthemes began to repeat in the data analysis process. Similarly, supervisory, environmental and institutional barriers to employee retention were elucidated in the analysis related to RQ1a. Specifically, the researcher identified two themes in the analysis of RQ1a: (a) leadership barriers affecting employee retention, and (b) Organizational Culture Concerning Supporting The Leadership Needs of Employees. These correspond to supervisory, environmental, and institutional barriers, respectively. In contrast, the analysis of RQ1b and RQ1c each elucidated one theme and five or four subthemes, respectively. Having described the themes discovered in this study, the researcher will now undertake an interpretation of each

theme, similarly organized according to each research question. Thus, the final two themes of RQ1 indicate that investment in employee training positively affects the retention of frontline healthcare employees. Therefore, one strategy that healthcare organizations can utilize to enhance the retention of frontline healthcare employees is to provide employees with ample professional development opportunities.

RQ1a. What institutional barriers did healthcare leaders experience in addressing high turnover?

RQ1 explored the experiences of healthcare leaders with respect to retaining their frontline healthcare employees. Strategies for employee retention were identified, including providing professional development opportunities, increasing flexibility in work schedules, creating a team-oriented environment, and showing genuine care and respect for employees. RQ1a tackles this problem from a different perspective, evaluating the barriers experienced by healthcare leaders in addressing the high turnover rate of frontline employees. Two themes were identified in this analysis: (a) leadership barriers to preventing employee turnover, and (b) Organizational Culture Concerning Supporting The Leadership Needs of Employees (Table 8) These two themes generally correspond to institutional barriers, environmental barriers, and organizational barriers to employee retention. The final theme addressing RQ1a, which analyzed institutional barriers to promoting employee retention, is organizational culture concerning supporting the leadership needs of employees.

RQ1b: What was the experience of leadership obtaining feedback from the frontline healthcare workers regarding their leadership support needs?

RQ1 examined the leadership experiences of frontline healthcare employee supervisors in the current high turnover climate, whereas RQ1a identified specific institutional barriers that

prevent employee retention. Next, in RQ1b, the participants were asked to evaluate their experiences obtaining feedback from their frontline employees regarding their leadership support needs. In essence, this research question evaluates whether frontline healthcare employees feel comfortable expressing their needs to their direct supervisors, as well as the accessibility of the supervisors. Indeed, it is generally accepted that the approachability of supervisors is directly linked to job satisfaction and employee retention (McGinley et al., 2020). Therefore, this research question investigated whether supervisors of frontline healthcare employees had positive or negative experiences receiving feedback from their employees. Four subthemes were identified in analysis of research question: (a) employees were fearful or uncomfortable with supervisors, (b) employees felt supported, (c) no issues with obtaining feedback, and (d) supervisors supported the employees to the best of their ability.

RQ1c. What personal experiences or training prepared leadership for leading in a high turnover rate environment?

In addressing the purpose of this study, RQ1 examined the perceptions and experiences of supervisors regarding the turnover of frontline healthcare employees. This analysis yielded a variety of strategies the participants employed and believed to be effective in mitigating turnover. One of the themes revealed by the analysis of RQ1 is the need for employee training and continued investment in the professional development of frontline healthcare employees. This is especially true in the various medical fields due to the constant evolution of medicine and its associated technology. While RQ1 examined the need for employee training, RQ1c explores the training given to the participants with regard to leadership and leading frontline employees.

Table 8

Summary of Themes and Subthemes in this Study

Summary of Themes and Subthemes Discovered		
RQ1: How do healthcare leaders experience leadership when there is a high turnover rate among healthcare workers?		
Theme	**Sub-theme**	**Participants**
(1) Strategies Believed To Be Effective In Reducing Turnover	Care and Compassion	P1, P5, P6, P7, P9, P10, P11
	Ensure a Team-Oriented Environment	P1, P2, P4, P5, P6, P8, P9, P11
	Mentoring Employees	P3, P6, P9,
	Promote Self-Care and Wellness	P2, P3, P4, P5, P8, P11
(2) The Role of Organizational Culture Regarding Training In Front-Line Employee Retention	Administrative Support	P2, P4, P5, P7, P9
	Onboarding Education	P2, P3, P4, P5, P6, P8, P11
	Healthcare Challenges	P1, P2, P5, P8, P9, P11
	No Formalized Training	P1, P2, P6, P7, P11
	Continuing Education	P1, P2, P3, P4, P5, P6, P7, P8, P9, P10
RQ1a. What institutional barriers did healthcare leaders experience in addressing high turnover?		
(3) Leadership Barriers To Preventing Employee Turnover	Lack of Consistency	P3, P5
	Lack of Power over Policies	P1, P2, P9, P11
	Patient Load	P2, P4, P6
(4) Organizational Culture Concerning Supporting The Leadership Needs of Employees	Lack of Resources	P1, P3, P6, P8, P10, P11
	Encourages Evaluations	P2, P5
	Low Salaries	P1, P9, P10
RQ1b. What was the experience of leadership obtaining feedback from the frontline healthcare workers regarding their leadership support needs?		
(5) Feedback received from frontline healthcare workers	Employees Fearful or Uncomfortable with Supervisors	P3, P9
	Employees Feel Supported	P4, P8
	No Issues With Obtaining Feedback	P3, P7
	Supported Employees To Best of Their Ability	P1, P2, P3, P5, P6, P7, P10, P11
RQ1c. What personal experiences or training prepared leadership for leading in a high turnover rate environment?		
(6) Organization Provided Training	No Formalized Training	P1, P2, P4, P5, P7, P8, P10, P11
	Organizational Mentor	P4
	Self-Training	P1, P2, P5, P11
	Sent To Leadership Courses	P3, P6, P9

Relationship to the Conceptual Framework.

A conceptual framework explains predicted links between concepts, theories, actors, and variables and their underlying principles (Creswell & Poth, 2016). Analysis of the study's results through the theoretical lenses of social exchange theory and leader-member exchange revealed that the participants highlighted central tenets of each theory in discussing employee retention strategies. An analysis of the themes in conjunction with the two theoretical frameworks is presented in Table 9.

Table 9

Participants' Retention Strategies when Viewed with a Theoretical Lens

Strategies Employed To Promote Employee Retention			
Theme	**Subtheme**	**Participants**	**Excerpt**
Social Exchange Theory	Initial Treatment	P1, P11	"I try to motivate them. I try to get them to work hard. So when I'm allowed, I let them end early" (P1).
	Forming a Relationship	P1, P2, P5, P6, P10, P11	"I had to accommodate, and even though we were not working, and even though we were not making any income, I was able to keep people on board [using PPP loans]" (P10).
	Reciprocation By Recipient	P1, P2, P11	"In those meetings, helping people to feel comfortable and even outside of the meeting, just how you greeted people on a day-to-day basis helps. Everyone responds differently, but everyone responds positively when you say good morning. How are you?" (P11).
Leader-Member Exchange	Emotional Support	P1, P4, P5, P6, P7, P8, P9, P10, P11	"Our people are at the center of our business. We've got to take care of our people, and I believe that folks now have choices when facing this healthcare crisis, including the mental health crisis. If we're not creating cultural environments that are healthy and that people want to be a part of, people can go to other places" (P9).
	Health Communication	P2, P3, P4, P8	"On the front line, we must ensure that [our employees] are taken care of. So first and foremost, to make sure, what can I do so you can do your job? What do you need from me to help you sustain your job and do what you need to take care of yourself so that you can do your job" (P8)?
	Information Sharing	P3, P5, P6, P11	"I started having weekly staff meetings and found them beneficial. Of course, that would mean at a busy health center, blocking 30 minutes is two patients for everyone. But I thought keeping everyone informed was also helpful" (P6).
	Training Opportunities	P3, P4, P5, P9	"I encourage my employees to engage in self-care. That is a huge push that we, as a team, go through lots of training on periodically" (P4).
	Trust	P3, P9, P10	"Employees are smart. They are looking at the behaviors of their leaders. And so we have to do right by them, and when we don't, this is where we lose their trust. If we lose their trust, they may stay as employees with us, but this is where we see their performance that falls" (P9).

Relationship to Anticipated Themes

Themes are developed from our past theoretical comprehension of the situation under examination (Ryan & Bernard, 2003). The predicted values are compared to those discovered throughout the research process through the connection of anticipated themes. According to Hughes et al. (2019), predicted themes are specifics that recur that are discovered through a thorough review of the material and a similarity between the research being conducted. The researcher uncovered predicted and unanticipated themes using the data gathered in Sections One and Two of this research report, including the interview questions, conceptual framework, literature review, and research questions. Anticipated themes emerged from the literature review's analysis of leaders' and frontline healthcare workers' perceptions of leadership support. First, frontline healthcare workers require a high organizational justice level to represent organizational citizenship conduct (Metwally et al., 2018). Second, Bergman et al. (2017) state that frontline healthcare employees should perceive and experience leadership support to increase their job empowerment and autonomy. Bergman et al. (2017) asserted that empowerment and autonomy determine healthcare workers' efficiency. According to Kossivi et al. (2016), the leadership support domain provided to healthcare industry employees includes autonomy and social support. From the viewpoint of the workforce, leader support is also accountable for changing nurses' work-life balance (Kossivi et al., 2016). According to Kossivi et al. (2016), firms can improve employee retention by allowing employees some flexibility with their work schedules. Flexibility in work schedules also helps healthcare workers maintain a healthy work-life balance. In summary, these anticipated themes specifically included Organizational Leadership, Employee Engagement, Working Conditions, Job Satisfaction, Employee Retention, and Leadership Effectiveness. Similarly, this study found themes related to

the anticipated themes, such as Strategies Employed By Participants To Promote Employee Retention, Strategies Believed To Be Effective In Reducing Turnover, Organizational Leadership Support Strategies To Enhance Employee Retention, and Working Conditions That Prevented Leaders From Retaining Employees. These themes relate directly to the anticipated themes, and based on participant responses, there were no unexpected themes.

Relationship to the Literature

The study findings are compared to previous literature in the Relationship to the Literature section to identify parallels and differences. This section examined the connection between the study findings and the components noted in the literature review while using the available literature to triangulate the data. Increased support levels from various facets were also identified as critical to employee retention. The participants highlighted that employees needed to feel supported by coworkers, direct supervisors, and their organizations. Unfortunately, many participants believed that the organizational culture surrounding employee support was lacking. In addition, the participants highlighted that employee professional development and training were either non-existent or unprioritized by their organizations. The academic literature suggests that investing in employee personal and professional development can profoundly impact employee retention (Kalyanamitra et al., 2020; Kamalaveni et al., 2019; Sawaneh & Kamara, 2019). Thus, organizations that do not invest in employee professional development will likely continue to experience high employee attrition rates.

Some findings of this study are likely more applicable to frontline healthcare employees than employees in other fields. For example, many of the participants believed that it was essential for organizations to promote the self-care and wellness of employees. While this has been highlighted as critical in the academic literature for employees in general (DeMarchis et al.,

2022), it is particularly important in the medical field, especially in light of the COVID-19 pandemic. In addition, healthcare workers are renowned for their desire to put the needs of others above their own (Ardebili et al., 2021). The frontline healthcare workers being supervised were no exception; many participants believed their employees needed the time and space to engage in self-care. However, during the COVID-19 pandemic, frontline healthcare workers were challenged with working extra shifts, long hours, and being constantly on call. The participants believed this led to frontline healthcare worker burnout, contributing to employee attrition.

Relationship to the Problem

The general problem addressed by this study was how healthcare leadership's lack of support for frontline hospital workers contributes to a higher turnover rate hurting the organizations' productivity and patient care outcomes. According to Rosenbaum et al. (2019), personnel turnover among healthcare professionals increased from 15.6% in 2010 to 20.65% in 2017. The hotel business has the greatest turnover rates, followed by the healthcare sector. Furthermore, according to data, 28% of registered nurses who join a new company only stay for part of the year. Comparatively, within the first year, 32% of certified assistant nurses change occupations (Temkin-Greener et al., 2020). The need for healthcare workers, anticipated to worsen in the coming years, has contributed to the high turnover rates. High employee turnover negatively influences patient safety and the instability of healthcare institutions, making the problem noteworthy.

According to Zaheer et al. (2019), leadership directly correlates with frontline employee turnover rates, and staff views of teamwork impact intentions to leave. In addition, according to Nichols et al. (2016), significant staff turnover among frontline employees might be reduced with supervisor assistance through affective commitment. Such studies provide compelling

evidence that staff turnover among hospital frontline employees is influenced by leadership, necessitating additional investigation of the issue. Therefore, the issue addressed was how healthcare leadership's probable lack of support for frontline hospital employees relates to a greater turnover rate, harming the organizations' productivity and patient care in the Washington, D.C., Maryland, and Virginia areas (DMV). The research addressed the problem by conducting participant interviews that showed aspects of hospital organizational culture and activities related to organizational behavior, including employee retention, contentment, and motivation, and their influence on productivity and patient care outcomes. The data analysis's conclusions and outcomes resulted in diverse yet corroborating participant results connected to the problem of the study

Summary of the Findings.

The purpose of this qualitative case study was to add to the body of knowledge about healthcare leadership’s strategies to reduce frontline hospital workers’ high turnover rate affecting the healthcare industry in the DMV area. The researcher undertook a qualitative case study to understand the role of healthcare leadership in reducing the turnover of frontline healthcare workers in the DMV area. The research provides a comprehensive analysis of the experiences of frontline healthcare workers and how there is a dearth of support from leadership, resulting in a higher turnover rate hurting the organizations’ productivity and patient care outcomes. The findings of this study produced significant insight into this problem. Summaries of the research questions and their themes will now be discussed in turn.

Summary: RQ1. The leadership experiences of healthcare leaders in a high-turnover culture were captured in five themes.

Strategies Employed By Participants to Promote Employee Retention. The participants highlighted six strategies they individually employed to promote frontline healthcare employee retention, including showing care and compassion to employees, creating a team-oriented environment where employees felt welcomed and valued, and demonstrating to employees that they understood the challenges of working in the healthcare field. While these strategies were mechanisms the participants could implement themselves, other strategies employed involved organizational changes, such as enhancing employee efficiency by reducing administrative burdens and promoting self-care and wellness programs. When asked what strategies were effective in reducing turnover, the participants reiterated their own and each others' thoughts regarding effective strategies for reducing turnover. Thus, the participants highlighted that showing care and compassion, creating a team-oriented environment, reducing administrative burden, mentoring employees, and promoting employee self-care and wellness as critical strategies for retaining frontline healthcare employees.

Some of the same strategies utilized by the participants were also identified as essential strategies employed by organizational leadership to retain frontline healthcare employees. These strategies included creating a team-oriented environment, ensuring that frontline workers had flexibility, genuinely listening to employees' thoughts and concerns, and showing respect for employees. Together, these factors highlight a cohesive organizational culture that values and respects its employees, facilitating employee retention.

The Role of Organizational Culture Regarding Training In Front-Line Employee Retention. There were mixed responses to this line of inquiry. Six participants reported that their

organizations had no formalized training for frontline healthcare employees; these participants overwhelmingly believed that this lack of training contributed to new employees feeling overwhelmed in the initial stages of employment, contributing to employee turnover. The remainder of the participants elucidated that their organization invested in some sort of training, including certification programs, continuing medical education, onboarding training, and shadowing. The participants with organizations promoting training opportunities believed that these training opportunities positively impacted employee retention.

The participants almost unanimously agreed that organizations that invest in the training of frontline healthcare employees increase the retention of these employees. Thus, the participants' perceptions have a dual nature: organizations that encourage employee training retain their frontline employees, whereas organizations that discourage professional training experience high employee turnover.

Summary: RQ1a. The participants' barriers to leadership were explained according to three themes, which roughly equated with institutional barriers, environmental barriers, and organizational barriers to employee retention.

Leadership Barriers Affecting Employee Retention. The participants highlighted four leadership barriers that negatively impact employee retention. These barriers were a lack of consistency among leadership, a lack of control over politics in the healthcare system, high patient loads pre-determined by organizational leadership , and leadership issues. The participants argued that these factors contribute to an employee’s decision to leave their position or remain.

The participants identified four workplace conditions that served to hinder employee retention. These subthemes were largely environmental, heightened by the ongoing COVID-19

pandemic. These four workplace barriers included patient load, lack of resources, leadership issues, and low salaries. It was noted that significant increases in patient load and lack of resources in treating patients were mainly identified as barriers during the COVID-19 pandemic, while leadership issues and low salaries were more general issues addressed by the participants.

Organizational Culture Concerning Supporting Leadership Needs of Employees. The participants further identified institutional barriers to preventing employee retention by analyzing organizations' role in supporting employees' leadership needs. The participants noted that this respect had both positive and negative aspects of organizational culture. Negative aspects included organizational leadership interfering with the supervisors directly working with frontline employees and leader-dependent barriers. On the other hand, many participants believed that their organizations were supportive of the leadership needs of frontline healthcare employees, with some organizations even encouraging employees to evaluate their direct supervisors.

Summary: RQ1b. The participants generally expressed that their frontline healthcare employees did not have issues with bringing concerns to their supervisors' attention. While some participants expressed that other employees felt uncomfortable with their direct supervisors, most of them articulated that their employees felt supported by them, as evidenced by their comfort in expressing thoughts and concerns with their supervisors. Moreover, almost all participants reported supporting their employees to the best of their abilities. Importantly, during this discussion, the participants highlighted the use of strategies they believed to be important and

effective in reducing employee turnover, including being caring and compassionate and creating a team environment.

Summary: RQ1c. Surprisingly, most of the participants reported that their organizations did not invest in leadership training for them. These participants were supervising frontline employees with no formalized leadership training. Thus, there was likely a sharp learning curve for the participants in effectively leading frontline healthcare employees. Therefore, there is a possibility that a lack of training for frontline leaders plays a critical role in retaining frontline healthcare employees

Application to Professional Practice

The purpose of this qualitative case study was to add to the body of knowledge about healthcare leadership's strategies to reduce frontline hospital workers' high turnover rate affecting the healthcare industry in the DMV area. The findings of this research can be applied to the professional practice of healthcare leadership strategies. Additionally, the researcher will discuss implications for improving general business practice in the healthcare sector.

Improving General Business Practice

The findings of this qualitative case study could have significant implications for improving general business practices in the healthcare industry. One implication is that leaders in the healthcare industry must prioritize staff retention and create methods to lower turnover rates. High employee turnover rates can result in more significant expenses connected with recruiting and training, decreased productivity, and diminished morale (Bolt et al., 2022; Han et al., 2019). Participants explained that critical techniques for keeping frontline healthcare personnel include demonstrating care and compassion, fostering a team-oriented atmosphere, decreasing administrative stress, mentoring employees, and supporting employee self-care and well-being.

Therefore, leaders in the healthcare industry should adopt measures to retain their personnel, such as providing competitive remuneration and benefits, professional development opportunities, and healthy work culture.

Another implication is the significance of comprehending the experiences of hospital frontline staff and validating these experiences by improving business practices accordingly. The findings of this study indicate that organizations that engage in the training of frontline healthcare workers boost their retention. Thus, the participants' attitudes are dual: firms that promote employee training keep their frontline staff, but those that reject professional training incur substantial employee turnover. Specifically, participants identified four issues in the workplace that impeded employee retention. These subthemes were environmental, with the continuing COVID-19 epidemic amplifying their significance. These four obstacles in the workplace were patient volume, lack of resources, leadership challenges, and poor pay. During the COVID-19 pandemic, considerable increases in patient load and a lack of resources for treating patients were cited as the primary obstacles. At the same time, leadership challenges and poor pay were more general concerns raised by participants.

Most participants claimed their employers did not provide leadership training. These participants supervised front-line workers who needed formal leadership training. Consequently, the participants likely encountered a steep learning curve when supervising frontline healthcare personnel effectively. Therefore, a lack of training for frontline leaders may significantly impact the retention of frontline healthcare workers. Investing in leadership training could improve general business practices, increase employee empowerment (Bergman et al., (2017), foster organizational citizenship (Metwally et al., 2018), and reduce burnout among frontline workers and leaders (Ortega-Campos et al., 2020; Zhang et al., 2018).

Based on the results of this study, healthcare business processes can also be improved by tackling the high patient volume, lack of resources, leadership issues, and low compensation. Improving patient flow efficiency and lowering wait times can help the healthcare industry address its high patient load. According to Ortega-Campos et al. (2020) and recommended by participants, this may be accomplished by creating more effective scheduling systems, boosting workforce levels, and enhancing staff training and resources. According to Tian et al. (2020), leadership support entails creating a vision for people to follow and empowering them to attain organizational and personal objectives. Therefore, Tian et al. (2020) established a more pragmatic approach to leadership support, incorporating potential assessment elements. In addition, a study released by Kossivi et al. (2016) found that firms may boost employee retention by offering flexible work schedules. Megheirkouni (2017) found that a leader's treatment of their subordinates indicated how dependable, devoted, and helpful their workers were, which had a favorable or negative influence on the quality of the connection.

Potential Application Strategies

In accordance with the recommendations and improvements to general practice, the findings of this study offer potential application strategies that organizations can use to leverage the findings of this study. According to Chegini et al. (2019), hospital administrators can increase nurses' organizational commitment by enhancing their perceptions of organizational fairness. This is how hospital administrators manage nurses' work happiness, which is essential for managing intentions to leave their jobs (Chegini et al., 2019). Almaaitah et al. (2017) also emphasized boosting healthcare professionals' training to improve organizational effectiveness and employee retention. Therefore, it is more crucial for influential leaders to be present than it

is to teach and develop healthcare professionals to change how they feel about leadership support.

Participants explained that offering financial incentives to employees might assist the firm in retaining experienced workers and recruiting new talent. This may involve enhancing communication methods, delivering greater employee feedback, and providing more targeted training to enhance their abilities. In addition to creating a happy work environment and fostering a culture of cooperation, improved remuneration and recognition of employees' accomplishments assist in establishing a positive work environment. Finally, inadequate compensation may be remedied by boosting salaries and enhancing benefits. This can aid in attracting and retaining talented staff and boosting morale, hence improving patient care. In addition, giving bonuses and incentives for outstanding performance might assist in recognizing staff for their efforts. By tackling these challenges, the healthcare sector may enhance its general business operations and patient care.

Healthcare institutions may need more training for frontline nurses and other healthcare professionals. Specifically, these programs should provide frontline leaders with mentorship, coaching opportunities, and specific training in leadership skills such as communication, conflict resolution, and team building. Creating a clear career path for frontline leaders is crucial for attracting and retaining talent. This may involve giving incentives like pay increases or prospects for advancement to people who complete leadership development programs (Alblihed & Alzghaibi, 2022). Additionally, healthcare organizations should consider investing in technology to equip frontline leaders with the tools and resources to manage their employees efficiently. This might involve offering access to online courses and training materials and developing an online platform for communication and cooperation between leaders and their workforce. By

investing in technology, healthcare organizations can guarantee that healthcare leaders have the necessary skills and expertise to manage their frontline staff successfully. Finally, healthcare systems should consistently promote staff recognition and appreciation for hard work and commitment. This might involve awarding prizes and incentives to individuals who surpass expectations. Additionally, a healthcare system that provides feedback and recognition to management who exhibit successful leadership support empowers those leaders to have confidence in influencing and fostering a retention culture inside the business for the frontline healthcare worker.

Summary of Application to Professional Practice

The research findings can be applied to the professional practice of healthcare leadership strategies. Additionally, the researcher discussed implications and strategies for improving general business practice in the healthcare sector. These implications and strategies include investing in resources and leadership training to reduce burnout and employee turnover. Furthermore, healthcare businesses in the DMV need to increase employee empowerment and foster organizational citizenship to improve working conditions. Finally, the following section will outline future research recommendations and personal reflections on the study.

Recommendations for Further Study

The results of this study show that more resources and better leadership tactics are required to reduce frontline worker turnover in the healthcare industry. Though this study examined the DMV area, the findings can be applied to other areas as similar healthcare employment issues occur across the U.S. (Poon et al., 2022). Therefore, further studies should investigate how healthcare institutions can allocate funding to improve access to resources and

leadership training programs. Additionally, future studies should be conducted to evaluate types of leadership training programs and their effectiveness for healthcare institutions.

The findings show that employee engagement is another crucial aspect influencing retention rates. Future research could examine how employee retention is affected by engagement activities such as training and development opportunities, recognition programs, and work-life balance policies. The COVID-19 pandemic has substantially influenced the healthcare business, and future research might study how the pandemic has affected staff retention rates in the Washington Metropolitan Area (DMV) healthcare industry. This may entail investigating how healthcare firms have responded to the epidemic and how these actions have affected staff retention rates.

Reflections

I interviewed eleven frontline healthcare supervisors working in the DMV area. Purposeful selection of participants occurred via my professional network, as well as through social media. My bias toward the organization did not affect the findings of this investigation. Before beginning the study project, I had no personal interactions with any respondents, which precluded any personal prejudice. The following sections will review my personal and professional growth and reflect on the Biblical implications of the results of this study.

Personal & Professional Growth

This research has helped me advance personally and professionally. According to Rahbi et al. (2017), outmoded leadership techniques limit the company and the individual; as a result, using the right leadership style at the right moment promotes beneficial outcomes through employee motivation. This study has helped me further understand healthcare as a complicated and continuously developing industry requiring unique skills to retain and support its employees.

The study has given me a greater appreciation for the problems and potential within this area. I now understand the significance of employee retention in healthcare, the influence of leadership support, and the characteristics of the healthcare industry in the DMV area.

The project has allowed me to collaborate closely with colleagues and healthcare experts to collect data and develop insights and has given me a platform for professional development, enabling me to participate in conversations and debates on significant themes in the healthcare business. Specifically, the study's findings highlight tactics that may be used to increase staff retention in the healthcare business. The project has also allowed me to engage with industry experts and academics, opening the door for future cooperation and research. Research may be complex, requiring tenacity, persistence, and attention to detail. Therefore, the research has allowed me to develop these traits further and receive a sense of success from seeing the project through to its conclusion.

Biblical Perspective

From a Christian viewpoint, God's business plan centers around stewardship, service, and integrity. The Bible teaches that God has entrusted people with the task of stewarding the resources He has provided to generate riches and to be responsible stewards of his resources. God's goal for a business is to be conducted in a manner that glorifies Him and reflects His nature. This implies that His people must conduct business honestly, ethically, and fairly.

Businesses should represent the grace and love of God and be handled with honesty, fairness, and regard for all parties. God’s followers are supposed to be sympathetic and kind to people who are ill or suffering, offering them solace and assistance, such as frontline healthcare workers treating those in need of care. Additionally, leadership is more about serving others than command-and-control management. The biblical worldview instructs Christians to be servants

rather than pursue prominent positions (Matthew 20:26 ESV). For example, Paul urged leaders to seek out obstacles (James 1:12 MSG) and create confidence in their followers. (Hebrews 13:17 NIV). Based on the participants' lived experiences in this study, proper leadership is essential to carry out God's work.

Christians are tasked with dedicating themselves to their work and helping others to enhance the organization and the conduct of their employees since leaders are role models. The New King James Bible (1982), Matthew 28:18-19, provides a passage that declares the sacrificial offering of our Lord and Savior so that others may be under the authority of a new calling in Christ. The leader must develop His people for the Kingdom of God. Christ showed his might by curing the ill and bringing downtrodden people into a realm of joy. Similarly, business leaders are given power, enabling others to attain work satisfaction and accomplish the purpose. When leaders exercise their authority, their followers—biblically referred to as disciples—can devote themselves to their vocation because it is personally and professionally fulfilling, as opposed to those workers who only complete the task for the benefits.

Numerous instances in the Old Testament demonstrate God's concern for the health and welfare of his people. In Exodus, God provides the Israelites with hygiene and sanitation regulations to avoid spreading sickness. These regulations were created to preserve the community's health, indicating God's concern for his people's physical condition. Similarly, based on the participants' lived experiences, frontline healthcare workers require the proper resources and regulations to provide their best care without burnout. The book of James tells us that "faith by itself if it is not accompanied by action, is dead." (James 2:17). This means that our faith should lead us to take action to care for others. Healthcare workers, particularly those on the front line, are some of the most vulnerable workers in our society. In the New Testament, Jesus

demonstrates a deep concern for the sick and vulnerable. Throughout his ministry, he healed the sick and cared for those marginalized by society. He also taught his followers to do the same, saying, “whatever you did for one of the least of these brothers and sisters of mine, you did for me.” (Matthew 25:40) Improving working conditions and assisting frontline healthcare workers is a practical application of these biblical principles. By doing so, we demonstrate our concern for the health and well-being of our neighbors. We are also displaying appreciation for those who are caring for the ill by recognizing their labor.

Summary of Reflections

Improving working conditions and supporting frontline healthcare workers have profound scriptural consequences. It is a method of practicing our religion, exhibiting our compassion for our neighbors, and demonstrating our respect for employees. By doing so, we respect Jesus' instructions to care for "the least of these" and participate in God's care for the ill and defenseless.

Summary of Section 3

The researcher undertook a qualitative case study to understand the role of healthcare leadership in reducing the turnover of frontline healthcare workers in the DMV area. The research provides a comprehensive analysis of the experiences of frontline hospital workers and how there is a dearth of support from hospital leadership, resulting in a higher turnover rate hurting the organizations’ productivity and patient care outcomes. For example, participants explained that critical techniques for keeping frontline healthcare personnel include demonstrating care and compassion, fostering a team-oriented atmosphere, decreasing administrative stress, mentoring employees, and supporting employee self-care and well-being. Within section 3, the researcher detailed the findings and offered an analysis of the data. The

findings of this study produced significant insight into the problem the healthcare industry's high turnover rate of frontline healthcare workers. The researcher also explained implications for practice and future studies, personal reflections, and biblical implications based on the findings.

Summary and Study Conclusions

The purpose of this qualitative case study was to add to the body of knowledge about healthcare leadership's strategies to reduce frontline hospital workers' high turnover rate affecting the healthcare industry in the DMV area. The researcher undertook a qualitative case study to understand the role of healthcare leadership in reducing the turnover of frontline healthcare workers in the DMV area. This study was conducted in the metropolitan region of the District of Columbia for a variety of reasons. First, the District of Columbia was one of the localities most struck by the COVID-19 epidemic and is well-known for having neighborhood-specific racial and socioeconomic gaps on a significant scale. (Park, 2021). Second, just 28 general hospitals are serving a projected 6.4 million residents of the DMV region (Statista, 2022). (U.S. Census Bureau, 2022). Third, during the pandemic's peak in 2020, the ICU capacity of the metropolitan region of Washington, D.C., was reached. (Trout & Chen, 2021). These findings show that, before this study, frontline healthcare employees in the District of Columbia metropolitan region had increasing responsibilities and pressure and were subject to situations that promoted significant employee turnover. High employee attrition rates affect numerous industries but are particularly prevalent in the healthcare sector. (Bolt et al., 2022; Rangachari & L. Woods, 2020). This situation has been exacerbated by the global COVID-19 pandemic that inundated hospitals with patients, requiring frontline healthcare workers to work long hours and live in seclusion while constantly facing the risk of transmitting a fatal disease. (Do & Frank, 2021; Hall, 2020).

The researcher purposefully selected eleven primary healthcare leaders in the DMV region. Participants were purposefully selected through the researcher's professional network and social media. After being selected, participants were required to complete an informed consent form indicating their willingness to participate voluntarily. Using Microsoft Teams, semistructured, open-ended interviews were conducted with each participant. During each interview, which lasted between sixty and ninety minutes, the researcher actively engaged in bracketing and took notes to assure researcher reflexivity. During the interviews, the researcher asked all of the questions in the interview guide and additional questions designed to elicit additional information from the participants.

The researcher discovered ten themes from the interviews. They include strategies employed by the participants to promote employee retention, strategies believed to be effective in reducing turnover, (a) organizational leadership support strategies to enhance employee retention, (b) organizational culture regarding front-line employee training, (c) the role of organizational culture regarding training in employee retention, (d) leadership barriers to preventing employee turnover, (e) working conditions that prevented leaders from retaining employees, (f) organizational culture concerning supporting the leadership needs of employees, (g) experience of leadership obtaining feedback from the frontline healthcare workers regarding their leadership support needs, and (h) experience with an organization providing training to lead frontline employees. Based on the themes found, these implications and strategies include investing in resources and leadership development to reduce fatigue and employee turnover. In order to improve working conditions, healthcare businesses in the DMV must also increase employee empowerment and cultivate organizational citizenship. Additionally, the findings of this study indicate that more resources and improved leadership strategies are necessary to

reduce frontline employee attrition in the healthcare industry. Although this study focused on the DMV region, the findings apply to other regions as similar healthcare employment issues exist throughout the United States. (Poon et al., 2022). Therefore, additional research should examine how healthcare institutions can allocate funds to enhance resource access and leadership development programs. Additionally, future research should evaluate the categories of leadership development programs and their efficacy for healthcare organizations.

References

Ackerson, K., & Stiles, K. A. (2018). Value of nurse residency programs in retaining new graduate nurses and their potential effect on the nursing shortage. *The Journal of Continuing Education in Nursing*, *49*(6), 282–288. https://doi.org/10.3928/00220124-20180517-09

Adeoye-Olatunde, O. A., & Olenik, N. L. (2021). Research and scholarly methods: Semi-structured interviews. *Journal of the American College of Clinical Pharmacy*, *4*(10), 1358–1367. https://doi.org/10.1002/jac5.1441

Adkins, A. (n.d). Millennials: The job-hopping generation. Gallup. Retrieved from: https://www.gallup.com/workplace/231587/millennials-job-hopping-generation.aspx

Alameeri, K., Alshurideh, M., Al Kurdi, B., & Salloum, S. A. (2021). The effect of work environment happiness on employee leadership. In *Proceedings of the International Conference on Advanced Intelligent Systems and Informatics 2020* (pp. 668–680). Springer International Publishing. https://doi.org/10.1007/978-3-030-58669-0_60

Alhadid, A. Y. (2016). The relationship between leadership practices and organizational performance. *International Journal of Business Administration, 7,* 3, 57–61. Accessed from: https://ideas.repec.org/a/jfr/ijba11/v7y2016i3p57-61.html.

Alblihed, M., & Alzghaibi, H. A. (2022). The impact of job stress, role ambiguity and work–life imbalance on turnover intention during COVID-19: A case study of frontline health workers in Saudi Arabia. *International Journal of Environmental Research and Public Health*, *19*(20), 13132. https://doi.org/10.3390/ijerph192013132

Al Sabei, S. D., Labrague, L. J., Miner Ross, A., Karkada, S., Albashayreh, A., Al Masroori, F., & Al Hashmi, N. (2020). Nursing work environment, turnover intention, job burnout, and

quality of care: The moderating role of job satisfaction. *Journal of Nursing Scholarship*, *52*(1), 95–104. Accessed from: https://sigmapubs.onlinelibrary.wiley.com/doi/pdf/10.1111/jnu.12528

Almaaitah, M. F., Harada, Y., Sakdan, M. F., & Almaaitah, A. M. (2017). Integrating Herzberg and social exchange theories to underpinned human resource practices, leadership style and employee retention in health sector. *World Journal of Business and Management*, *3*(1), 16. http://dx.doi.org/10.5296/wjbm.v3i1.10880

Ames, H., Glenton, C., & Lewin, S. (2019). Purposive sampling in a qualitative evidence synthesis: A worked example from a synthesis on parental perceptions of vaccination communication. *BMC Medical Research Methodology*, *19*(1), 1–9. https://doi.org/10.1186/s12874-019-0665-4

Anggraeni, A. I. (2018). The effect of psychological contract, perceived organizational support, and value congruence on organizational citizenship behavior: social exchange theory perspectives. *Calitatea*, *19*(162), 67–72. Accessed from: https://www.proquest.com/docview/1993977654

Ardebili, M. E., Naserbakht, M., Bernstein, C., Alazmani-Noodeh, F., Hakimi, H., & Ranjbar, H. (2021). Healthcare providers experience of working during the COVID-19 pandemic: A qualitative study. *American Journal of Infection Control*, *49*(5), 547–554. https://doi.org/10.1016/j.ajic.2020.10.001

Astalin, P. K. (2013, January). Qualitative research designs: A conceptual framework. *International Journal of Social Science & Interdisciplinary Research, 2*(1), 118–124. Accessed from: https://www.semanticscholar.org/paper/Qualitative-Research-Designs%3A-A-Conceptual-Astalin/baa7c8f5577b0b1798b5e9f559f5cbae32bf1a36

Asenahabi, B. M. (2019). Basics of research design: A guide to selecting appropriate research design. *International Journal of Contemporary Applied Researches*, *6*(5), 76–89. Accessed from: http://ijcar.net/assets/pdf/Vol6-No5-May2019/07.-Basics-of-Research-Design-A-Guide-to-selecting-appropriate-research-design.pdf

Bao, Y., Han, P., Liao, S., Liao, J., & Deng, C. J. (2021). To speak up or stay silent? How employee–supervisor value differences affect speaking up behavior in the hospitality industry. *International Journal of Hospitality Management*, *96*, 102946. https://doi.org/10.1016/j.ijhm.2021.102946

Baysal, O., Holmes, R., & Godfrey, M. W. (2013). Developer dashboards: The need for qualitative analytics. *IEEE Software*, *30*(4), 46–52. https://doi.org/10.1109/ms.2013.66

Baxter, P., & Jack, S. (2015). Qualitative case study methodology: Study design and implementation for novice researchers. *The Qualitative Report*, *13*(4). https://doi.org/10.46743/2160-3715/2008.1573

Bean, M. (2016, September 12). 3 factors driving high turnover at your hospital — and what to do about them. *Becker's Hospital Review.* Accessed from: https://www.beckershospitalreview.com/hr/3-factors-driving-high-turnover-at-your-hospital-and-what-to-do-about-them.html

Bergman, C., Löve, J., Hultberg, A., & Skagert, K. (2017). Employees' conceptions of coworkership in a Swedish health care organization. *Nordic Journal of Working Life Studies*, *7*(4). https://doi.org/10.18291/njwls.v7i4.102359

Billings, J., Ching, B. C. F., Gkofa, V., Greene, T., & Bloomfield, M. (2021). Experiences of frontline healthcare workers and their views about support during COVID-19 and previous pandemics: a systematic review and qualitative meta-synthesis. *BMC Health*

Services Research, *21*, 1–17. https://doi.org/10.1186/s12913-021-06917-z

Bolt, E. E. T., Winterton, J., & Cafferkey, K. (2022). A century of labour turnover research: A systematic literature review. *International Journal of Management Reviews*, *24*(4), 555–576. https://doi.org/10.1111/ijmr.12294

Braun, V., & Clarke, V. (2019). Reflecting on reflexive thematic analysis. *Qualitative Research in Sport, Exercise and Health*, *11*(4), 589–597. https://doi.org/10.1080/2159676X.2019.1628806

Brinkmann, S., & Kvale, S. (2015). Thematizing and designing an interview study. In *InterViews: learning the craft of qualitative research interviewing* (pp. 83–108). Sage Publications.

Bureau of Labor Statistics. (2020). Job openings and labor Turnover - July 2020. Washington, DC: U.S. Department of Labor. Accessed from: https://www.bls.gov/news.release/pdf/jolts.pdf

Caillaud S., Flick U. (2017) Focus groups in triangulation contexts. In *A New Era in focus group research: Challenges, Innovation, and Practice* (pp. 155–177). Chapter, Palgrave Macmillan, London. Accessed from: https://link.springer.com/chapter/10.1057/978-1-137-58614-8_8

Carter, N., Bryant-Lukosius, D., DiCenso, A., Blythe, J., & Neville, A. J. (2014). The use of triangulation in qualitative research. *Oncology Nursing Forum, 41*(5), 545-547. https://doi.org/10.1188/14.onf.545-547

Carter, S. M., Jordens, C. F. C., McGrath, C., & Little, M. (2008). You have to make something of all that rubbish, do you? An empirical investigation of the social process of qualitative

research. *Qualitative Health Research, 18*(9), 1264–1276. https://doi.org/10.1177/1049732308321753

Chang, C. Y., & Besel, K. (2020). Cultivating next generation of healthcare leaders in Havana: Barriers and recommendation for succession planning. *International Journal of Healthcare Management*, 1–9. https://doi.org/10.1080/20479700.2020.1731174

Chaurasia, S., & Shukla, A. (2013). The influence of leader-member exchange relations on employee engagement and work role performance. *International Journal of Organization Theory and Behavior*, *16*(4), 465. https://doi.org/10.1108/ijotb-16-04-2013-b002

Chegini, Z., Janati, A., Asghari-Jafarabadi, M., & Khosravizadeh, O. (2019). Organizational commitment, job satisfaction, organizational justice and self-efficacy among nurses. *Nursing Practice Today, 6*(2), 86-93. https://doi.org/10.18502/npt.v6i2.913

Chen, H. S., Jarrell, J. T., Carpenter, K. A., Cohen, D. S., & Huang, X. (2019). Blockchain in healthcare: a patient-centered model. *Biomedical Journal of Scientific & Technical Research*, *20*(3), 15017. Accessed from: https://pubmed.ncbi.nlm.nih.gov/31565696/

Choi, S. L., Goh, C. F., Adam, M. B. H., & Tan, O. K. (2016). Transformational leadership, empowerment, and job satisfaction: the mediating role of employee empowerment. *Human Resources for Health*, *14*(1), 73. https://doi.org/10.1186/s12960-016-0171-2

Chullen, C. L., Dunford, B. B., Angermeier, I., Boss, R. W., & Boss, A. D. (2010). Minimizing deviant behavior in healthcare organizations: The effects of supportive leadership and job design. *Journal of Healthcare Management*, *55*(6), 381-397. https://doi.org/10.1097/00115514-201011000-00004

Corvo, E., Cairns, J., & Robinson, S. (2022). Research methods and evidence-based practice. *Principles and Practice of Health Promotion and Public Health,* 89–112. https://doi.org/10.4324/9780367823696-6

Cosgrave C. (2020). The whole-of-person retention improvement framework: A guide for addressing health workforce challenges in the rural context. *International Journal of Environmental Research and Public Health, 17*(8), 2698. https://doi.org/10.3390/ijerph17082698

Country Comparison. (2020). Hofstede Insights. https://www.hofstede-insights.com/country-comparison/the-usa/

Creswell, J. W. (2013). *Research design: Qualitative, quantitative, and mixed methods approaches (2nd ed).* Sage Publications.

Creswell, J. W., & Poth, C. N. (2016). *Qualitative inquiry and research design: Choosing among five approaches.* Sage publications.

Cropanzano, R., Anthony, E. L., Daniels, S. R., & Hall, A. V. (2017). Social exchange theory: A critical review with theoretical remedies. *Academy of Management Annals*, *11*(1), 479–516. https://doi.org/10.5465/annals.2015.0099

Crowe, S., Cresswell, K., Robertson, A., Huby, G., Avery, A., & Sheikh, A. (2011). The case study approach. *BMC Medical Research Methodology*, *11*(1). https://doi.org/10.1186/1471-2288-11-100

DeJonckheere, M., & Vaughn, L. M. (2019). Semistructured interviewing in primary care research: a balance of relationship and rigour. *Family Medicine and Community Health*, *7*(2). https://doi.org/10.1136%2Ffmch-2018-000057

DeMarchis, J., Friedman, L., & Eyrich Garg, K. (2022). An ethical responsibility to instill,

cultivate, and reinforce self-care skills. *Journal of Social Work Education*, *58*(2), 308–316. https://doi.org/10.1080/10437797.2021.1895932

Devik, S. A., Munkeby, H., Finnanger, M., & Moe, A. (2020). Nurse managers' perspectives on working with everyday ethics in long-term care. *Nursing Ethics*, *27*(8), 1669–1680. https://doi.org/10.1177/0969733020935958

Do, D. P., & Frank, R. (2021). U.S. frontline workers and COVID-19 inequities. *Preventive Medicine*, *153*, 106833. https://doi.org/10.1016/j.ypmed.2021.106833

Drennan, V. M., & Ross, F. (2019). Global nurse shortages—the facts, the impact and action for change. *British Medical Bulletin*, *130*(1), 25–37. https://doi.org/10.1093/bmb/ldz014

Edmondson, A. C. (2004). Learning from failure in health care: frequent opportunities, pervasive barriers. *BMJ Quality & Safety*, *13*(suppl 2), ii3–ii9. https://doi.org/10.1136/qshc.2003.009597

Efendi, F., Kurniati, A., Bushy, A., & Gunawan, J. (2019). Concept analysis of nurse retention. *Nursing & Health Sciences*, *21*(4), 422–427. https://doi.org/10.1111/nhs.12629

Erdogan, B., & Bauer, T. N. (2015). Leader-member exchange theory. *Oxford Handbooks Online*. https://doi.org/10.1093/oxfordhb/9780199326174.013.0023

Flyvbjerg, B. (2011). Case study. *In N. K. Denzin & Y. S. Lincoln, The Sage handbook of qualitative research,* 4, 301-316. Sage.

George Washington University. (2021). GW COVID-19 national health worker survey. Retrieved from https://publichealth.gwu.edu/pdf/COVID-19-HCW-Report-051821.pdf

Giorgi, A. (1988). Validity and reliability from a phenomenological perspective. *Recent Trends in Theoretical Psychology, 1*(1), 167–176. https://doi.org/10.1007/978-1-4612-3902-4_17

Godderis, L., Boone, A., & Bakusic, J. (2020). COVID-19: a new work-related disease

threatening healthcare workers. *Occupational Medicine*, *70*(5), 315–316. https://doi.org/10.1093/occmed/kqaa056

Guillemin, M., & Gillam, L. (2004). Ethics, reflexivity, and ethically important moments. *Research Qualitative Inquiry, 10*(2), 261-280. https://doi.org/10.1177/1077800403262360

Gupta, V., Agarwal, U. A., & Khatri, N. (2016). The relationships between perceived organizational support, affective commitment, psychological contract breach, organizational citizenship behavior and work engagement. *Journal of Advanced Nursing*, *72*(11), 2806–2817. https://doi.org/10.1111/jan.13043

Hall, H. (2020). The effect of the COVID-19 pandemic on healthcare workers' mental health. *Jaapa*, *33*(7), 45–48. https://doi.org/10.1097/01.jaa.0000669772.78848.8c

Han, S., Shanafelt, T. D., Sinsky, C. A., Awad, K. M., Dyrbye, L. N., Fiscus, L. C., Trockel, M., & Goh, J. (2019). Estimating the attributable cost of physician burnout in the United States. *Annals of Internal Medicine*, *170*(11), 784-790. https://doi.org/10.7326/M18-1422

Hays, D. G., & Wood, C. (2011). Infusing qualitative traditions in counseling research designs. *Journal of Counseling & Development*, *89*(3), 288–295. https://doi.org/10.1002/j.1556-6678.2011.tb00091.x

Hennink, M., & Kaiser, B. N. (2022). Sample sizes for saturation in qualitative research: A systematic review of empirical tests. *Social Science & Medicine, 292*, 114523. https://doi.org/10.1016/j.socscimed.2021.114523

Hoff, T., Carabetta, S., & Collinson, G. E. (2019). Satisfaction, burnout, and turnover among nurse practitioners and physician assistants: a review of the empirical literature. *Medical Care Research and Review*, *76*(1), 3-31. https://doi.org/10.1177/1077558717730157

Hogg, M.A., Martin, R., Epitropaki, O., Mankad, A., Svensson, A., & Weeden, K. (2005). Effective leadership in salient groups: Revisiting leader-member exchange theory from the perspective of the social identity theory of leadership. *SAGE Journals, 31*(7), 991–1004. https://doi.org/10.1177/0146167204273098

Hølge-Hazelton, B., Kjerholt, M., Rosted, E., Thestrup Hansen, S., Zacho Borre, L., & McCormack, B. (2021). Health professional frontline leaders' experiences during the COVID-19 pandemic: A cross-sectional study. *Journal of Healthcare Leadership*, *13*, 7–18. https://doi.org/10.2147/JHL.S287243

Holstein, J. A., & Gubrium, J. F. (1995). *The active interview*. SAGE Publications, Inc. https://dx.doi.org/10.4135/9781412986120

Horner, D. K. (2017). Mentoring: Positively influencing job satisfaction and retention of new hire nurse practitioners. *Plastic Surgical Nursing*, *37*(1), 7–22. https://doi.org/10.1097/psn.0000000000000169

Huang, I. C., Du, P. L., Wu, L. F., Achyldurdyyeva, J., Wu, L. C., & Lin, C. S. (2021). Leader–member exchange, employee turnover intention and presenteeism: the mediating role of perceived organizational support. *Leadership & Organization Development Journal*, *42*(2), 249-264. https://doi.org/10.1108/LODJ-03-2020-0094

Hughes, L., Dwivedi, Y. K., Misra, S. K., Rana, N. P., Raghaven, V., & Akella, V. (2019). Blockchain research, practice, and policy: Applications, benefits, limitations, emerging research themes and research agenda. *International Journal of Information Management, 49*, 114–129. https://doi.org/10.1016/j.ijinfomgt.2019.02.005

Hunt T. J. (2014). Leader-member exchange relationships in health information management. *Perspectives in Health Information Management, 11*(Spring), 1. Accessed from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3995491/

Islam, T., Ali, G., & Ahmed, I. (2018). Protecting healthcare through organizational support to reduce turnover intention. *International Journal of Human Rights in Healthcare*. https://doi.org/10.1108/ijhrh-03-2017-0012

Ju, B., & Li, J. (2019). Exploring the impact of training, job tenure, and education-job and skills-job matches on employee turnover intention. *European Journal of Training and Development*, *43*(3/4), 214-231. https://doi.org/10.1108/EJTD-05-2018-0045

Jungbauer, K. L., Loewenbrück, K., Reichmann, H., Wendsche, J., & Wegge, J. (2018). How does leadership influence incident reporting intention in healthcare? A dual process model of leader–member exchange. *German Journal of Human Resource Management*, *32*(1), 27-51. https://doi.org/abs/10.1177/2397002217745315

Kalaitzi, S., Cheung, K. L., Hiligsmann, M., Babich, S., & Czabanowska, K. (2019). Exploring women healthcare leaders' perceptions on barriers to leadership in Greek context. *Frontiers in Public Health*, *7*, 68. https://doi.org/10.3389/fpubh.2019.00068

Kalyanamitra, P., Saengchai, S., & Jermsittiparsert, K. (2020). Impact of training facilities, Benefits and compensation, and performance appraisal on the employees' retention: A mediating effect of employees' job satisfaction. *Systematic Reviews in Pharmacy*, *11*(3).

Kamalaveni, M., Ramesh, S., & Vetrivel, T. (2019). A review of literature on employee retention. *International Journal of Innovative Research in Management Studies (IJIRMS)*, *4*(4), 1-10. Accessed from: https://www.researchgate.net/publication/335677274_A_REVIEW_OF_LITERATURE_

ON_EMPLOYEE_RETENTION

Kim, S. Y. (2017). Continuity of care. *Korean Journal of Family Medicine*, *38*(5), 241. https://doi.org/10.4082/kjfm.2017.38.5.241

Kivunja, C., & Kuyini, A. B. (2017). Understanding and applying research paradigms in educational contexts. *International Journal of Higher Education, 6*(5), 26–41. https://doi.org/10.5430/ijhe.v6n5p26

Keskes, I., Sallan, J. M., Simo, P., & Fernandez, V. (2018). Transformational leadership and organizational commitment. *Journal of Management Development*, *37*(3), 271–284. https://doi.org/10.1108/jmd-04-2017-0132

Knechel, N. (2019). What's in a sample? Why selecting the right research Participants matters. *Journal of Emergency Nursing*, *45*(3), 332–334. https://doi.org/10.1016/j.jen.2019.01.020

Knight, G., Chidlow, A., & Minbaeva, D. (2022). Methodological fit for empirical research in international business: A contingency framework. *Journal of International Business Studies*, 1–14. https://doi.org/10.1057/s41267-021-00476-5

Köhler, T., Smith, A., & Bhakoo, V. (2022). Templates in qualitative research methods: Origins, limitations, and new directions. *Organizational Research Methods*, *25*(2), 183–210. https://doi.org/10.1177/10944281211060710

Kossivi, B., Xu, M., & Kalgora, B. (2016). Study on determining factors of employee retention. *Open Journal of Social Sciences*, *4*(05), 261–268. https://doi.org/10.4236/jss.2016.45029

Leedy, P., & Ormrod, J. (2019). *Practical research: planning and design* (12th ed.). Pearson. https://doi.org/10.37074/jalt.2018.1.2.15

Liang, H. Y., Tang, F. I., Wang, T. F., Lin, K. C., & Yu, S. (2016). Nurse characteristics, leadership, safety climate, emotional labor and intention to stay for nurses: a structural equation modeling approach. *Journal of advanced nursing*, *72*(12), 3068–3080. https://onlinelibrary.wiley.com/doi/pdf/10.1111/jan.13072

Liaquat, M., & Mehmood, K. (2017). Organization citizenship behavior: Notion of social exchange theory. *Journal of Business and Social Review in Emerging Economies*, *3*(2), 209–216. https://doi.org/10.26710/jbsee.v3i2.137

Lin, C. Y., & Huang, C. K. (2021). Employee turnover intentions and job performance from a planned change: the effects of an organizational learning culture and job satisfaction. *International Journal of Manpower*, *42*(3), 409–423. https://doi.org/10.1108/IJM-08-2018-0281

Liu, W., Zhao, S., Shi, L., Zhang, Z., Liu, X., Li, L., & Fan, L. (2018). Workplace violence, job satisfaction, burnout, perceived organisational support and their effects on turnover intention among Chinese nurses in tertiary hospitals: a cross-sectional study. *BMJ Open*, *8*(6). https://doi.org/10.1136/bmjopen-2017-019525

Liu, Y., Avant, K. C., Aungsuroch, Y., Zhang, X.-Y., & Jiang, P. (2014). Patient outcomes in the field of nursing: A concept analysis. *International Journal of Nursing Sciences*, *1*(1), 69–74. https://doi.org/10.1016/j.ijnss.2014.02.006

Long, C. S., Ismail, W. K. W., Jusoh, A., & Thean, L. Y. (2012). Leadership styles and employees' turnover intention: Exploratory study of academic staff in a Malaysian college. *World Applied Sciences Journal, 19*(4), 575–581. https://doi.org/10.7763/ijfcc.2012.v1.60

Lyons, P., & Bandura, R. (2020). Employee learning stimulated by manager-as-coach. *Journal of*

Workplace Learning, *32*(8), 627–640. https://doi.org/10.1108/JWL-09-2020-0153

Malik, E., Baig, S. A., & Manzoor, U. (2020). Effect of HR practices on employee retention: The role of perceived supervisor support. *Journal of Public Value and Administrative Insight*, *3*(1), 1–7. https://doi.org/10.31580/jpvai.v3i1.1201

Marshall, B., Cardon, P., Poddar, A., & Fontenot, R. (2013). Does sample size matter in qualitative research?: A review of qualitative interviews in is research. *The Journal of Computer Information Systems*, 54(1), 11–22. https://doi.org/10.1080/08874417.2013.11645667

Martin, R., Thomas, G., Legood, A., & Dello Russo, S. (2018). Leader-member exchange (LMX) differentiation and work outcomes: Conceptual clarification and critical review. *Journal of Organizational Behavior*, *39*(2), 151–168. https://doi.org/10.1002/job.2202

Maxwell, J. A. (2012). *Qualitative research design: An interactive approach*. Sage publications.

McGinley, S., Line, N. D., Wei, W., & Peyton, T. (2020). Studying the effects of future-oriented factors and turnover when threatened. *International Journal of Contemporary Hospitality Management*, *32*(8), 2737–2755. https://doi.org/10.1108/IJCHM-12-2019-1002

Megheirkouni, M. (2017). Revisiting leader-member exchange theory: Insights into stadia management. *International Journal of Event and Festival Management*. https://doi.org/10.1108/ijefm-03-2017-0022

Metwally, F. G., Ata, A. A., & Ahmed, A. K. (2018). Organizational justice, organizational citizenship behavior and turnover intention among nurses: The mediating effect of transformational leadership. *American Journal of Nursing*, *6*(6), 576–585. https://doi.org/10.12691/ajnr-6-6-28

Miles, M. B., Huberman, A. M., & Saldaña Johnny. (2014). *Qualitative Data Analysis: A methods sourcebook*. Amazon. Accessed from https://www.amazon.com/Qualitative-Data-Analysis-Methods-Sourcebook/dp/150635307X

Mudallal, R. H., Othman, W. A. M., & Al Hassan, N. F. (2017). Nurses' burnout: the influence of leader empowering behaviors, work conditions, and demographic traits. *INQUIRY: The Journal of Health Care Organization, Provision, and Financing*, *54*. https://doi.org/10.1177/0046958017724944

Mutsuddi, I. (2016). Employee retention and engagement practices in the healthcare sector: A study on medica super-specialty hospital, Kolkata. *Delhi Business Review*, *17*(1), 65–78. https://doi.org/10.51768/dbr.v17i1.171201616

Nazir, S., Qun, W., Hui, L., & Shafi, A. (2018). Influence of social exchange relationships on affective commitment and innovative behavior: Role of perceived organizational support. *Sustainability*, *10*(12), 4418. https://doi.org/10.3390/su10124418

Neubauer, B. E., Witkop, C. T., & Varpio, L. (2019). How phenomenology can help us learn from the experiences of others. *Perspectives on Medical Education*, *8*, 90–97. https://doi.org/10.1007/s40037-019-0509-2

Nichols, H. M., Swanberg, J. E., & Bright, C. L. (2016). How does supervisor support influence turnover intent among frontline hospital workers? The mediating role of affective commitment. *The Health Care Manager*, *35*(3), 266–279. https://doi.org/10.1097/HCM.0000000000000119

Nielsen, K., Nielsen, M. B., Ogbonnaya, C., Känsälä, M., Saari, E., & Isaksson, K. (2017). Workplace resources to improve both employee well-being and performance: A

systematic review and meta-analysis. *Work and Stress, 31*(2), 101–120. https://doi.org/10.1080/02678373.2017.1304463

Norman, S. B., Feingold, J. H., Kaye-Kauderer, H., Kaplan, C. A., Hurtado, A., Kachadourian, L., Fedler, A., Murrough, J. W., Charney, D., Southwick, S. M., Ripp, J., Peccoralo, L., & Pietrzak, R. H. (2021). Moral distress in frontline healthcare workers in the initial epicenter of the COVID-19 pandemic in the United States: Relationship to PTSD symptoms, burnout, and psychosocial functioning. *Depression and Anxiety*, *38*(10), 1007–1017. https://doi.org/10.1002/da.23205

Ortega-Campos, E., Vargas-Román, K., Velando-Soriano, A., Suleiman-Martos, N., Cañadas-de la Fuente, G. A., Albendín-García, L., & Gómez-Urquiza, J. L. (2020). Compassion fatigue, compassion satisfaction, and burnout in oncology nurses: A systematic review and meta-analysis. *Sustainability*, *12*(1), 72. https://doi.org/10.3390/su12010072

Özbağ, G. K. (2016). The role of personality in leadership: Five factor personality traits and ethical leadership. *Procedia - Social and Behavioral Sciences, 235*, 235–242.

Patel, K., Nadel, J., & West, M. (2014, March). *Redesigning the care team: The critical role of frontline workers and models for success*. Accessed from https://www.brookings.edu/wp-content/uploads/2016/06/FINAL-Hitachi-Toolkit-32014-1.pdf.

Parr, J. M., Teo, S., & Koziol-McLain, J. (2021). A quest for quality care: Exploration of a model of leadership relationships, work engagement, and patient outcomes. *Journal of Advanced Nursing, 77*(1), 207–220. https://doi.org/10.1111/jan.14583

Parveen, M., Maimani, K., & Kassim, N. M. (2017). Quality of work life: the determinants of job satisfaction and job retention among RNS and OHPS. *International Journal for Quality Research*, *11*(1). https://doi.org/10.4172/1522-4821.1000327

Pietilä, A. M., Nurmi, S. M., Halkoaho, A., & Kyngäs, H. (2020). Qualitative research: Ethical considerations. *The Application of Content Analysis in Nursing Science Research*, 49–69. https://doi.org/10.1007/978-3-030-30199-6_6

Polkinghorne, D. E. (1986). Conceptual validity in a non-theoretical human' science. *Journal of Phenomenological Psychology, 17*(1), 129–150. https://doi.org/10.1163/156916286x00178

Rahman, M. S. (2017). The advantages and disadvantages of using qualitative and quantitative approaches and methods in language "Testing and Assessment" research: A literature review. *Journal of Education and Learning*, *6*(1). https://doi.org/10.5539/jel.v6n1p102

Rangachari, P., & L Woods, J. (2020). Preserving organizational resilience, patient safety, and staff retention during COVID-19 requires a holistic consideration of the psychological safety of healthcare workers. *International Journal of Environmental Research and Public Health*, *17*(12), 4267. https://doi.org/10.3390/ijerph17124267

Ren, D., & Ma, B. (2021). Effectiveness of interactive tools in online health care communities: Social exchange theory perspective. *Journal of Medical Internet Research*, *23*(3), e21892. https://doi.org/10.2196/21892

Rehman, A. A. & Alharthi, K. (2016). An introduction to research paradigms. *International Journal of Educational Investigations, 3*(8), 51–59. https://doi.org/10.14738/assrj.31.1708

Roberts, R. E. (2020). Qualitative interview questions: Guidance for novice researchers. *Qualitative Report*, *25*(9). https://doi.org/10.46743/2160-3715/2020.4640

Rosenbaum, M. (2018). Will 2018 be the year healthcare addresses its turnover problem? Becker's Hospital Review. https://www.beckershospitalreview.com/finance/will-2018-

be-the-year-healthcare-addresses-its-turnover-problem.html#:~:text=A%20study%20by%20Compdata%20Surveys,turnover%20second%20only%20to%20hospitality's

Salas, E., Tannenbaum, S. I., Kraiger, K., & Smith-Jentsch, K. A. (2012). The science of training and development in organizations: What matters in practice. *Psychological Science in the Public Interest*, *13*(2), 74–101. https://doi.org/10.1177/1529100612436661

Salner, M. (1986). *Validity in human science research.* Saybrook Review, 6. 107-130. Sage.

Saunders, B., Sim, J., Kingstone, T., Baker, S., Waterfield, J., Bartlam, B., Burroughs, H., & Jinks, C. (2017). Saturation in qualitative research: Exploring its conceptualization and Operationalization. *Quality & Quantity, 52*(4), 1893–1907. https://doi.org/10.1007/s11135-017-0574-8

Shatz, I. (2016). Fast, free, and targeted. *Social Science Computer Review*, *35*(4), 537–549. https://doi.org/10.1177/0894439316650163

Sokhanvar, M., Hasanpoor, E., Hajihashemi, S., & Kakemam, E. (2016). The relationship between organizational justice and turnover intention: A survey on hospital nurses. *Journal of Patient Safety & Quality Improvement*, *4*(2), 358–362. https://doi.org/10.22038/PSJ.2016.6690

Solarino, A. M., & Aguinis, H. (2021). Challenges and best-practice recommendations for designing and conducting interviews with elite informants. *Journal of Management Studies*, *58*(3), 649–672. https://doi.org/10.1111/joms.12620

Spell, H. (2017). Uncovering the connections between the employee experience, turnover, and patient satisfaction. SMDHR. Accessed from https://smdhr.com/wp-content/uploads/2017/09/criterion_study_2017-updated.pdf

Statistic Solutions. (N.d.). *Modified van Kaam analysis*. Accessed from https://www.statisticssolutions.com/modified-van-kaam-analysis/

Sun, R., & Wang, W. (2016). Transformational leadership, employee turnover intention, and actual voluntary turnover in public organizations. *Public Management Review*, *19*(8), 1124–1141. https://doi.org/10.1080/14719037.2016.1257063

Swanberg, J. E., Nichols, H. M., & Perry-Jenkins, M. (2016). Working on the frontlines in U.S. hospitals: Scheduling challenges and turnover intent among housekeepers and dietary service workers. *Journal of Hospital Administration*, *5*(4), 76–86. https://doi.org/10.5430/jha.v5n4p76

Thunberg, S., & Arnell, L. (2022). Pioneering the use of technologies in qualitative research–A research review of the use of digital interviews. *International Journal of Social Research Methodology*, *25*(6), 757–768. https://doi.org/10.1080/13645579.2021.1935565

Tian, H., Shuja Iqbal, S. A., Qalati, S. A., Anwar, F., & Khan, M. A. S. (2020). The impact of transformational leadership on employee retention: Mediation and moderation through organizational citizenship behavior and communication. *Frontiers in Psychology*, *11*(314), 1-11. https://doi.org/10.3389/fpsyg.2020.00314

UNAIDS. (n.d). Introduction to triangulation. https://www.unaids.org/sites/default/files/sub_landing/files/10_4-Intro-to-triangulation-MEF.pdf

Van Bogaert, P., Peremans, L., Van Heusden, D., Verspuy, M., Kureckova, V., Van de Cruys, Z., & Franck, E. (2017). Predictors of burnout, work engagement and nurse reported job outcomes and quality of care: a mixed method study. *BMC Nursing*, *16*(1), 5. https://doi.org/10.1186/s12912-016-0200-4

Williamson, K., Given, L., & Scifleet, P. (2018). Qualitative data analysis. In *Research methods: Information, systems, and contexts (*2nd Ed.). https://doi.org/10.1016/b978-0-08-102220-7.00019-4

Willard-Grace, R., Knox, M., Huang, B., Hammer, H., Kivlahan, C., & Grumbach, K. (2019). Burnout and health care workforce turnover. *The Annals of Family Medicine*, *17*(1), 36-41. https://doi.org/10.1370/afm.2338

Yasin, R., Namoco, S. O., Jauhar, J., Abdul, R. N. F., & Zia, N. U. (2020). Responsible leadership an obstacle for turnover intention. *Social Responsibility Journal*. https://doi.org/10.1108/srj-03-2020-0092

Yoon, S. J. (2020). The factors affecting on turnover intention of nurses. *Medico Legal Update*, *20*(1), 1827–1832. https://doi.org/10.37506/mlu.v20i1.643

Zaheer, S., Ginsburg, L., Wong, H. J., Thomson, K., Bain, L., & Wulffhart, Z. (2019). Turnover intention of hospital staff in Ontario, Canada: Exploring the role of frontline supervisors, teamwork, and mindful organizing. *Human Resources for Health*, *17*(1), 1–9. https://doi.org/10.1186/s12960-019-0404-2

Zhang, X., Zhang, Y., Sun, Y., Lytras, M., Ordonez de Pablos, P., & He, W. (2018). Exploring the effect of transformational leadership on individual creativity in e-learning: a perspective of social exchange theory. *Studies in Higher Education*, *43*(11), 1964–1978. https://doi.org/10.1080/03075079.2017.1296824

Zhang, Y. Y., Zhang, C., Han, X. R., Li, W., & Wang, Y. L. (2018). Determinants of compassion satisfaction, compassion fatigue and burnout in nursing: A correlative meta-analysis. *Medicine*, *97*(26), 1–7. https://doi.org/10.1097/md.0000000000011086

Zulfikar, A., & Putra, T. R. I. The effect of perceived organizational support and psychological empowerment on employee engagement and its impact on the satisfaction of administrative employees in General Hospital Rsudza. *International Journal of Scientific and Management Research, 3*(3), 71–83.

Appendix A: Recruitment Email Documents

A-1: Interview Group Recruitment Email

Dear [Recipient]:

As a graduate student in the School of Business at Liberty University, I am conducting research as part of the requirements for a Doctor of Business Administration degree. The purpose of my research is to explore how healthcare leaders experience leadership support when there is a high turnover rate among frontline healthcare workers, and I am writing to invite eligible participants to join my study.

Participants must be 18 years of age or older and have experience working as a healthcare leader (director, general manager, or frontline manager, etc.) with resource and decision-making authority and have experience in the Washington, D.C., Maryland, and Virginia (DMV) healthcare industry. Participants, if willing, will be asked to participate in a recorded, one-on-one, one-hour interview and review their interview transcript to confirm its accuracy. Participants may also be asked to participate in a recorded, remote, group interview with frontline healthcare workers. Names and other identifying information will be requested as part of this study, but the information will remain confidential.

To participate, please contact me at for more information or to schedule an interview.

A consent document is attached. The consent document contains additional information about my research. If you choose to participate, you will need to sign the consent document and return it to me at the time of the interview.

Participants will be entered in a raffle to receive one (1) of three (3) Visa gift cards worth $50.

Sincerely,

Tamika Fair
Doctoral Candidate

A-2 Focus Group Recruitment Email

Dear [Recipient]:

As a graduate student in the School of Business at Liberty University, I am conducting research as part of the requirements for a Doctor of Business Administration degree. The purpose of my research is to explore how healthcare leaders experience leadership support when there is a high turnover rate among frontline healthcare workers, and I am writing to invite eligible participants to join my study.

Participants must be 18 years of age or older and have experience working as a frontline healthcare worker in the Washington, D.C., Maryland, Virginia (DMV) area healthcare industry. Participants, if willing, will be asked to participate in a remote, recorded, group interview with healthcare leaders, which should take approximately one hour to complete. Names and other identifying information will be requested as part of this study, but the information will remain confidential.

To participate, please contact me at for more information or to schedule an interview.

A consent document is attached. The consent document contains additional information about my research. If you choose to participate, you will need to sign the consent document and return it to me at the time of the interview.

Participants will be entered in a raffle to receive one (1) of three (3) Visa gift cards worth $50.

Sincerely,

Tamika Fair
Doctoral Candidate

Appendix B: Recruitment Flier for Social Media

B-1: Healthcare Leader Group Social Media Recruitment

Healthcare Leaders Recruitment: Social Media

ATTENTION FACEBOOK FRIENDS: I am conducting research as part of the requirements for a Doctor of Business Administration degree at Liberty University. The purpose of my research is to explore how healthcare leaders experience leadership support when there is a high turnover rate among frontline healthcare workers, and I am writing to invite eligible participants to join my study.

Participants must be 18 years of age or older and have experience working as a healthcare leader (director, general manager, or frontline manager, etc.) with resource and decision-making authority and have experience in the Washington, D.C., Maryland, and Virginia (DMV) healthcare industry. Participants, if willing, will be asked to participate in a recorded, one-on-one, one-hour interview and review their interview transcript to confirm its accuracy. Participants may also be asked to participate in a recorded, remote, group interview with frontline healthcare workers. Names and other identifying information will be requested as part of this study, but the information will remain confidential.

If you would like to participate and meet the study criteria, please direct message me for more information.

A consent document will be emailed to you prior to the interview. The consent document contains additional information about my research. If you choose to participate, you will need to sign the consent document and return it to me at the time of the interview.

Participants will be entered in a raffle to receive on of one (1) of three (3) Visa gift cards worth $50.

Instagram
Are you a healthcare leader? Direct message me for information about a research study on leadership support of frontline healthcare worker retention.

Appendix C: Screening Questions

Pilot Group Screening Questions

1. Do you have experience as a healthcare leader (directors, general managers, frontline managers, etc.) with resources and decision-making authority over frontline healthcare workers?

2. What was your title as a healthcare leader?

3. Are you 18 years old or older?

Participant Screening Questions

1. Do you have experience as a healthcare leader (directors, general managers, frontline managers, etc.) with resources and decision-making authority over frontline healthcare workers?

2. What was your title as a healthcare leader?

3. Was your healthcare leadership experience in Washington, D.C, Maryland, or Virginia?

4. Are you 18 years old or older?

Focus Group Screening Questions

1. Do you have experience as a healthcare leader director, general manager, frontline manager, etc.) or frontline healthcare worker (nurses, techs, assistants, admin, etc.)?

2. What was your title as a healthcare leader or frontline healthcare worker?

4. Was your healthcare experience in Washington, D.C, Maryland, or Virginia?

4. Are you 18 years old or older?

Appendix D: Participant Consent Form

D-1: Interview Group Consent Form

Focus Group Consent

Title of the Project: Leadership Facing Challenges Towards High Turnover Rates Among Frontline Hospital Employees and Its Effects on the Healthcare Industry

Principal Investigator: Tamika Fair, Doctoral Candidate, Liberty University School of Business

Invitation to be Part of a Research Study

You are invited to participate in a research study. To participate, you must be 18 years of age and have experience as a healthcare leader and/or frontline healthcare worker in the Washington, D.C., Maryland, and Virginia (DMV) healthcare industry. Taking part in this research project is voluntary.

Please take time to read this entire form and ask questions before deciding whether to take part in this research.

What is the study about and why is it being done?

The purpose of the study is to add to the body of knowledge about healthcare leadership's strategies to reduce frontline hospital workers' high turnover rate affecting the healthcare industry in the DMV area. The study will achieve the purpose by exploring how healthcare leaders engage and interact with frontline workers. The research will also explore how well healthcare leaders are prepared and trained to address the challenge of high staff turnover.

What will happen if you take part in this study?

If you agree to be in this study, I will ask you to do the following things:

- You will participate in a recorded, group interview via an online meeting platform, which should take approximately 1-hour.

How could you or others benefit from this study?

The direct benefits participants should expect to receive from taking part in this study are leadership support strategies for increasing retention of frontline healthcare employees.

Benefits to society include adding to the body of knowledge recommendations for leadership support strategies that should reduce the rate of staff turnover, cut costs associated with high staff turnover, and improve the efficiency of the healthcare industry, especially in the management of costs and in delivery of healthcare services.

What risks might you experience from being in this study?

This study is considered minimal risk, which means the risks are equal to those experienced in everyday life.

How will personal information be protected?

The records of this study will be kept private. Published reports will not include any information that will make it possible to identify a subject. Research records will be stored securely, and only the researcher will have access to the records. Data collected from you may be shared for use in

D-2: Focus Group Consent

Focus Group Consent

Title of the Project: Leadership Facing Challenges Towards High Turnover Rates Among Frontline Hospital Employees and Its Effects on the Healthcare Industry

Principal Investigator: Tamika Fair, Doctoral Candidate, Liberty University School of Business

Invitation to be Part of a Research Study

You are invited to participate in a research study. To participate, you must be 18 years of age and have experience as a healthcare leader and/or frontline healthcare worker in the Washington, D.C., Maryland, and Virginia (DMV) healthcare industry. Taking part in this research project is voluntary.

Please take time to read this entire form and ask questions before deciding whether to take part in this research.

What is the study about and why is it being done?

The purpose of the study is to add to the body of knowledge about healthcare leadership's strategies to reduce frontline hospital workers' high turnover rate affecting the healthcare industry in the DMV area. The study will achieve the purpose by exploring how healthcare leaders engage and interact with frontline workers. The research will also explore how well healthcare leaders are prepared and trained to address the challenge of high staff turnover.

What will happen if you take part in this study?

If you agree to be in this study, I will ask you to do the following things:

- You will participate in a recorded, group interview via an online meeting platform, which should take approximately 1-hour.

How could you or others benefit from this study?

The direct benefits participants should expect to receive from taking part in this study are leadership support strategies for increasing retention of frontline healthcare employees.

Benefits to society include adding to the body of knowledge recommendations for leadership support strategies that should reduce the rate of staff turnover, cut costs associated with high staff turnover, and improve the efficiency of the healthcare industry, especially in the management of costs and in delivery of healthcare services.

What risks might you experience from being in this study?

This study is considered minimal risk, which means the risks are equal to those experienced in everyday life.

How will personal information be protected?

The records of this study will be kept private. Published reports will not include any information that will make it possible to identify a subject. Research records will be stored securely, and only the researcher will have access to the records. Data collected from you may be shared for use in

Appendix E: Participant Interview Protocol

E-1: Focus Group Interview Protocol Form

Time of Interview:

Date:

Online Meeting Link:

Interviewer:

Group Participants:

ID Number	ID Number	ID Number	ID Number	ID Number

Introductory Focus Group Interview Protocol

Welcome and thank you for your participation today. My name is Tamika Fair. I am a doctorate student at Liberty University conducting a study in partial fulfillment of the requirements for the degree of Doctorate of Business Administration, specializing in Leadership. I am conducting a study titled Leadership Facing Challenges Towards High Turnover Rates Among Frontline Hospital Employees And Its Effects On The Healthcare Industry. This study aims to explore how the healthcare supervisors' lived experience supporting the frontline healthcare workers' needs exhibit turnover intentions and those workers' perceptions. The meeting recording will allow me to accurately document the information you convey to me during the group. I am the only person allowed access to the digital voice recorder, which will

eventually be destroyed after being transcribed without any of your personally-identifying information attached to those recordings or transcriptions.

[May I start recording the meeting? Please type yes in the chat.]

[I will check my email inbox to ensure the participants print and physically signed or electronically signed and retured the consent forms before or at the time of the interview.]

Do you have any questions regarding the consent form to participate in interviews in this study?

Before the interview, read the following script:

You have read and replied to the informed consent form. The informed consent explains the purpose of this study. You are encouraged to ask any question or seek any explanations as you think necessary. The interview should last about one hour and include a set of open-ended questions regarding your experiences working in the healthcare industry and how leadership support affected the retention rate of frontline healthcare employees. All of your responses are confidential and are only used for the purpose of my study to develop a better understanding of healthcare employee turnover.

You may refuse to answer any questions. Any time during the interview, you are free to withdraw before, during, or after I collect data from you. Any data that you revealed. You will be alluded to in the final study with a unique participant code (e.g., “First Name, title, #”). Do you have any questions regarding the study before we begin?

Participants will be required to type their first names only and participant numbers to enter the group.

I will give participants information about the process, times, breaks, etc.

Basic guidelines will be provided for the focus group, review with the participants, and posted in the chat for everyone to see.

Pertinent guidelines for individual interviews:

1. If you feel uncomfortable during the meeting, you have the right to leave or to pass on any question. There is no consequence for leaving. Being here is voluntary.
2. The meeting is not a counseling session or support group.
3. Keep personal stories “in the room”; do not share the identity of the attendees or what anybody else said outside of the meeting.
4. Everyone’s ideas will be respected. Do not comment on or make judgments about what someone else says, and do not offer advice.
5. One person talks at a time.
6. It’s okay to take a break if needed and to help yourself to food or drink during the meeting.
7. Everyone has the right to talk. The facilitator may ask someone who is talking a lot to step back and give others a chance to talk and may ask a person who isn’t talking if he or she has anything to share.
8. Everybody has the right to pass on a question.
9. There are no right or wrong answers.
10. Does anybody have any questions?

[Begin Open-Ended Interview Questions]

Agenda of key questions for the focus group interviews

Include an opening question can help break the ice and should be easy to answer. “Why are you participating in this focus group?”

[Concluding Interview Remarks]

Thank you for your participation in this focus group. I appreciate your contributions to this study.

E-2: Interview Group Interview Protocol Form

Time of Interview:

Interviewer:

Participant ID:

Date:

Location of the interview:

Introductory Interview Protocol

Welcome and thank you for your participation today. My name is Tamika Fair. I am a doctorate student at Liberty University conducting a study in partial fulfillment of the requirements for the degree of Doctorate of Business Administration, specializing in Leadership. I am conducting a study entitled Leadership Facing Challenges Towards High Turnover Rates Among Frontline Hospital Employees And Its Effects On The Healthcare Industry. This study aims to explore how the healthcare supervisors' lived experience supporting the frontline healthcare workers' needs exhibit turnover intentions and those workers' perceptions. The digital voice recorder will allow me to accurately document the information you convey to me during the interview. I am the only person allowed access to the digital voice recorder, which will be eventually destroyed after they are transcribed without any of your personally-identifying information attached to those recordings or transcriptions.

[May I turn on the digital voice recorder?]

[I will check my email inbox to ensure the participants print and physically signed or electronically signed and returned the consent forms before or at the time of the interview.]

Do you have any questions regarding the consent form to participate in interviews in this study?

Before each interview, read the following script:

You have read and replied to the informed consent form. The informed consent explains the purpose of this study. You are encouraged to ask any question or seek any explanations as you think necessary. The interview should last about one hour and include a set of open-ended questions regarding your experiences working in a leadership role in the healthcare industry and how your leadership support affected the retention rate of frontline healthcare employees. All of your responses are confidential and are only used for the purpose of my study to develop a better understanding of hospital employee turnover.

You may refuse to answer any questions. Any time during the interview, you are free to withdraw before, during, or after I collect data from you. Any data that you revealed. You will be alluded to in the final study with a unique participant code (e.g., “Leader, title, #”). Do you have any questions regarding the study before we begin?

[Begin Open-Ended Interview Questions]

[Concluding Interview Remarks]

Thank you for your participation in this interview. I will call on you to participate in the process of member checking after I have a chance to form some initial interpretations from the data I am collecting. Would you still be willing to make yourself available for the member checking process? If so, I will plan to send you via email a summary of my initial interpretations for your evaluation, added input, or clarifications you feel might add to this study. This should take about 25 minutes

[Member Checking Correspondence]

Greetings, I appreciate your contributions to this study and am contacting you again to participate in the member checking process. Attached to this email, you will find my initial interpretations of the data. I would like you to review this summary and comment on these initial findings. Please feel free to refute, clarify, add, or explain any of these initial findings to enhance the trustworthiness of this study. Suppose you would like to review and email your added thoughts, meet in person to discuss your added input, or talk over the telephone. In that case, I am glad to do so at your convenience. I would like to add your input from this member checking process within the week to be able to continue with the final data analysis steps for the study.

I look forward to your added thoughts and the opportunity to learn more from your experiences.

[I continued to interview new participants until a point of data saturation is established.]

Appendix F: Interview Questions

F-1: Participant Interview Questions

Participant Interview Questions

The interview questions designed for this study signified a guide for extracting participants' responses. The purpose was to gather data from healthcare leaders in Washington, D.C., Maryland, and Virginia (DMV) areas

The guiding interview questions are:

Leadership Experience Section

1. What leadership support strategies did you apply to reduce frontline healthcare employee turnover in your organization?

2. Of the strategies that you applied, which support strategies do you believe have been the most effective in reducing frontline healthcare workers' staff turnover?

3. What was the organization's culture around supporting training programs for new frontline employees?

4. What was the organization's culture around supporting continuing education for frontline employees?

5. What are your experiences with supporting career growth opportunities for retention of frontline healthcare staff?

Barriers Experienced

1. What leadership support barriers did you experience that contributed to the high turnover rate of frontline healthcare employees?

2. What working conditions did you experience that contributed to or prevented your ability to provide leadership support that reduces frontline healthcare staff turnover?

Frontline Healthcare Feedback Experience

1. What was your experience obtaining feedback from the frontline healthcare workers regarding their leadership support needs?

2. What leadership support strategies do you believe enhanced job satisfaction among frontline healthcare workers?

3. What was the organizational culture around how leadership addressed the support needs of the frontline healthcare workers?

Training Experience

1. What was your experience with training from the organization that prepared you for leading frontline healthcare employees in a high turnover rate environment?

2. Based on your experience as a leader, how does leadership support affect the high turnover rate among frontline healthcare workers?

3. What more can you add that we have not already discussed to help me understand your experience providing leadership support to frontline healthcare employees?

F-2: Focus Group Interview Questions

Focus Group Questions

The interview questions designed for this study signified a guide for extracting participants' responses. The purpose was to gather data from healthcare leaders and frontline healthcare employees in Washington, D.C., Maryland, and Virginia (DMV) areas.

The guided group interview questions are:

Leadership Experience Section

1. What leadership support strategies were applied to reduce frontline healthcare employee turnover in your organization?

2. Of the strategies that were applied, which support strategies do you believe was the most effective in reducing the frontline healthcare workers' staff turnover?

3. What was the organization's culture around supporting training programs for new frontline employees?

4. What was the organization's culture around supporting continuing education for frontline employees?

5. What are your experiences with leadership supporting career growth opportunities for retention of frontline healthcare staff?

Barriers Experienced

1. What leadership support barriers did you experience that contributed to the high turnover rate of frontline healthcare employees?

2. What working conditions did you experience that contributed to or prevented your ability to provide leadership support that reduces frontline healthcare staff turnover?

Frontline Healthcare Feedback Experience

1. What was your experience with feedback from the frontline healthcare workers regarding their leadership support needs?

2. What leadership support strategies do you believe enhanced job satisfaction among frontline healthcare workers?

3. What was the organizational culture around how leadership addressed the support needs of the frontline healthcare workers?

Training Experience

1. What was your experience with training from the organization that prepared leaders for leading frontline healthcare employees in a high turnover environment?

2. Based on your experience in healthcare, how does leadership support affect the high turnover rate among frontline healthcare workers?

3. What more can you add that we have not already discussed to help me understand your experience providing leadership support to frontline healthcare employees?

Appendix G: IRB Approval Letter

June 17, 2022

Tamika Fair
Ronald Joseph

Re: IRB Exemption - IRB-FY21-22-1000 Leadership Facing Challenges Towards High Turnover Rates Among Frontline Hospital Employees And Its Effects On The Healthcare Industry

Dear Tamika Fair, Ronald Joseph,

The Liberty University Institutional Review Board (IRB) has reviewed your application in accordance with the Office for Human Research Protections (OHRP) and Food and Drug Administration (FDA) regulations and finds your study to be exempt from further IRB review. This means you may begin your research with the data safeguarding methods mentioned in your approved application, and no further IRB oversight is required.

Your study falls under the following exemption category, which identifies specific situations in which human participants research is exempt from the policy set forth in 45 CFR 46:104(d):

Category 2.(iii). Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording) if at least one of the following criteria is met:
The information obtained is recorded by the investigator in such a manner that the identity of the human subjects can readily be ascertained, directly or through identifiers linked to the subjects, and an IRB conducts a limited IRB review to make the determination required by §46.111(a)(7).

Your stamped consent form(s) and final versions of your study documents can be found under the Attachments tab within the Submission Details section of your study on Cayuse IRB. Your stamped consent form(s) should be copied and used to gain the consent of your research participants. If you plan to provide your consent information electronically, the contents of the attached consent document(s) should be made available without alteration.

Please note that this exemption only applies to your current research application, and any modifications to your protocol must be reported to the Liberty University IRB for verification of continued exemption status. You may report these changes by completing a modification submission through your Cayuse IRB account.

If you have any questions about this exemption or need assistance in determining whether possible modifications to your protocol would change your exemption status, please email us at irb@liberty.edu.

Sincerely,
G. Michele Baker, MA, CIP
Administrative Chair of Institutional Research
Research Ethics Office