EMPLOYEE RETENTION IS IMPORTANT TO GLOBAL ORGANIZATIONS

by

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Abstract

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SECTION 1. PROJECT DESCRIPTION

Overview of the Project

Just as in health care organizations, skilled health care workers are facing challenges in providing quality patient care, retention and maintaining employees' morale, and reducing operational costs (Albeladi et al., 2024). The high turnover negatively affects an organization due to its impact on business performance, thereby reducing its reputation. The right employee in the right job is difficult, and great leaders create higher engagement, which is connected to employee retention; these are the reasons why companies must make employee retention a priority. Health care staff turnover remains a challenge for hospitals and clinics, especially in high-stress environments (Albeladi et al., 2024). These can increase the performance and job satisfaction of an organisation, which can lead to reducing turnover and along with leadership effectiveness, intention to innovation, objective and subjective to performance ratings and quality improvements (Pattali et al., 2024).

A key to the efficiency of health care services is to keep skilled professionals, especially in complex and high-pressure environments, with limited staffing and long hours already required by the job, and emotional pressures associated with it. (Albeladi et al., 2024). 69% of employees strongly agree their leaders make them feel enthusiastic about the future and their engagement (Gallup, 2024). 73% are less likely to clock out feeling burnt out at work when leaders communicate and engage with them (Gallup, 2024). This envisioned capstone study will focus on the thoughts and perspectives of global health care leaders on strategies they can use in a hospital setting to retain those employees that will reduce turnover costs and keep staff in the long term in support of the needs of the staff.

Problem Statement and Purpose

Problem Statements

Employee turnover is a common challenge in the health care sector, as it leads to staff shortages, higher operational costs and negatively affects the organizational performance and patient satisfaction (Malićanin et al., 2025). Poor leadership can play a large role in burnout because it can lead to a lack of employee needs, insufficient resources and supports, and a negative workplace culture emerging that can lead to an increased risk of burnout and turnover leadership need to empower, and inspire those who work for them (Eastmond & Fernandes, 2024). Employee burnout can lead to a decline in productivity, absenteeism, and turnover, impacting overall organizational performance in various industries (Leclercq & Hansez, 2024).

In global health care settings, staff turnover continues to be a significant challenge, as organizations lack effective strategies for retaining staff which leads to high turnover, staff shortages, and promotion of long-term retention (Albeladi et al., 2024). Employee turnover is compounded by poor leadership practices that will not pay attention to key aspects like workload management, employee development and support plans, and employee recognition. (Albeladi et al., 2024) Without effective retention measures, health care workers can become demoralised, discontent, and leave the profession, which can impact the quality of care provided to patients and the financial sustainability of health care organisations (Albeladi et al., 2024). Stress, disengagement and turnover intentions among workers are high and this deficiency poses a danger to the long-term competitiveness, stability and efficiency of the organization (Leclercq & Hansez, 2024). Health care professionals will be the focus for the proposed project and the elements affecting employee retention in health care organizations will be considered.

Alignment With the Program

This capstone study is a continuation of the Capella University Doctorate in Business Administration (DBA) program focusing on organizational leadership and development. The DBA capstone project emphasizes health care related impact on managers who use effective strategies related to actual business issues that need applied research and evidence based decision making. Health care organizations are having problems that are directly related to workforce shortages, operational inefficiencies and turnover costs, which in turn directly affect organizational sustainability and job performance. The DBA curriculum focuses on employee retention and business issues that impact the organization's strategy, effective leadership and economic impact. The investigation of health care retention via research and this project complements the DBA program's qualitative focus for exploring the organizational practices. The task is to tackle problems of complexity within organisations by means of applied research.

Alignment With Specialization

The focus of this qualitative study on health care employee retention reflects the specialization in the DBA in which the researcher is engaged: the specialization’s learning outcomes are specific to the discipline. Employee retention in health care is a topic that revolves around multiple factors such as leadership practices, employee engagement, culture and workforce planning. The project provides an opportunity to explore organisational implications, investigate theory and practice for the purposes of both academic literature and professional practice. So, health care retention becomes part of leadership strategies through principles being applied to a critical business problem in the health care sector. The purpose of this study is to enable operational excellence and workforce stability with the goal of improving health care delivery with the help of data-driven decision making and strategy planning. This study's

findings could benefit future health care leaders in providing staff strategies to improve well-being, patient care and the sustainability of health care organizations.

Purpose Statement

The purpose of this envisioned qualitative inquiry project is to explore the perspectives of leaders in global health care on effective strategies for retaining employees, decrease turnover costs and staffing shortages, and increase customer satisfaction. This study will investigate perspective(s) and leadership practices that plays a role in their decision to stay in their organization. The purpose of this study will be to gain information about examples of positive leadership practices that could have the potential to improve job retention and reduce turnover among health care workers.

Gap in Practice

The gap in practice is that effective strategies are lacking and the effective implementation of these strategies to reduce the turnover rate of employees and its costs are lacking in the global health care setting. Employee turnover is inspired by prolonged stress, excessive workload, and limited support that health care workers suffer from in workplaces, causing their physical, emotional and mental exhaustion (Wu et al., 2022). Dissatisfactions with the work environment, decreased quality of care, increased nurse turnover, and adverse effects on health care providers and patients are the results of poor leadership strategies (Gallup, 2024). The desired state is a health care environment in both the hospital and clinic settings that emphasizes active and effective leadership and management practices to retain employees, promote satisfaction, empower, engage and prevent burnout (Wynendaele et al., 2025). Strategies put in place by investing in leadership training, employee well-being, communication and career development have contributed to the improved state.

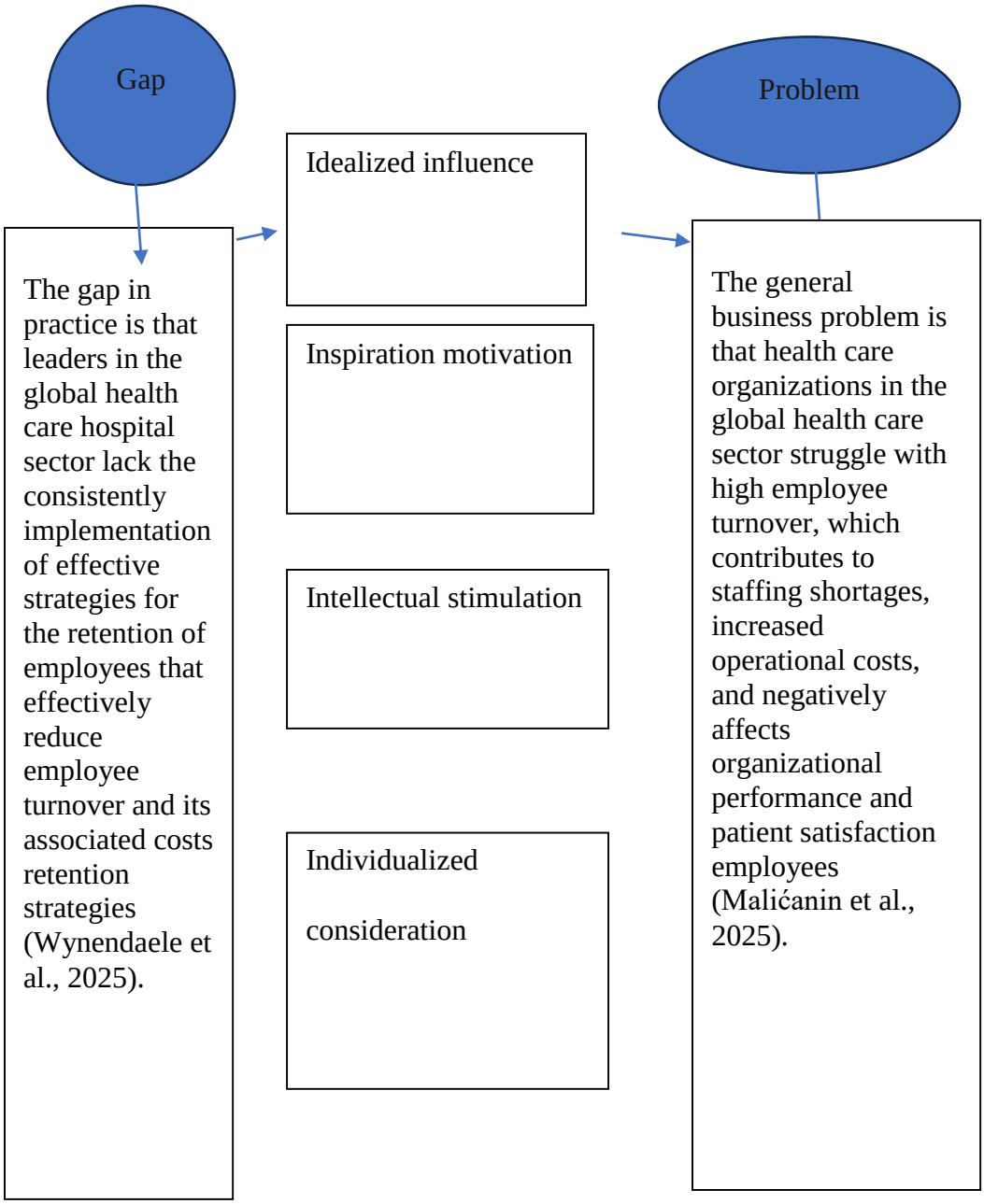
The organization will reap significant benefits from these positive changes if practitioners are able to use the results of this study to make targeted leadership interventions to improve health care employee retention. Through training, proactive planning, and accountability measures leadership has been less of a challenge, leading to enhanced retention, increased morale, and higher organizational performance (Eastmond & Fernandes, 2024). By learning about the strategies that health care workers find effective in leadership, it can help to design effective workforce management (Gallup, 2024). This project seeks to close this chasm by using qualitative research to determine the major issues that affect retention of health care professionals and make evidence-based recommendations to examine how organizational changes may be beneficial.

Theoretical Framework

This study was designed in the structure of transformational leadership theory that was introduced by Burns (1978) & Bass (1985). Transformational leadership emphasizes the leaders' need to be inspirational and to motivate and stimulate followers and to show individualized consideration to followers' needs, to make the leader more effective in managing contemporary businesses Bass, 1985. Transformational leadership theory is one of the visionary approaches of higher level needs of the followers which inspires the team members to perform extraordinary things for the organization and develop their own talents (Ali et al., 2024). Transformational leadership has been discussed in the context of transactional leadership, which is based on the exchange of performance-based rewards; this applies especially to health care, where well-being-based, evidence-based practices aim to combat burnout resulting in emotional and professional fulfillment and engagement in the workplace (Ali et al., 2024). There are 4 constructs for the transformational leadership theory: Idealized infl1uence, Inspirational motivation, Intellectual

stimulation, Individualized consideration Bass & Avolio, 1994. Idealized influence is leader ability to serve as a role model for followers to develop transformational leadership approaches Bass & Avolio, 1994.

Figure 1
Transformational leadership to improving employee outcomes



Inspirational motivation leaders clearly communicate an attractive vision that motivates people Bass & Avolio, 1994. Bass & Avolio (1994) suggest that intellectual stimulation leaders inspire their followers to think creatively, problem solve, and challenge prevailing notions. Individualized consideration leaders give their followers consideration and help by mentoring and supporting them without disrupting service or giving them process Bass & Avolio, 1994. These constructs directly relate to employee satisfaction and retention, especially in high-stress health care settings, where burnout is a widespread problem. This study will investigate the perceptions of health care workers of leadership behaviors with regard to their intentions to stay in the profession, based on TLT. This will determine if the inclusion or exclusion of features of transformational leadership impact decisions to stay. These constructs are useful in quantifying transformational leadership behaviors within an organization to help all employees maintain engagement and commitment in a culture that promotes engagement to prevent burnout (Eastmond & Fernandes, 2024). Correlated transformational leadership with employee outcomes like motivation, commitment, and employee performance (Aristana et al., 2025). Transformational leadership theory has been explained and has become the most applied theories that can be used to look at organizational effectiveness and the well-being of its people.

The research into problem area and development of good questions for TLT is directly related to the project problem about leadership behaviours affecting employee retention, employee engagement, innovation and patient care. Project questions are related to the role of leaders in inspiring and supporting others, and impacting organisational outcomes. The framework provides a direction to the literature review, this being the studies that review transformational leadership and employee burnout, performance, innovation or organisational change.

The interview questions in this qualitative study will be developed to elicit responses from the participants regarding the leadership behaviours associated with the four constructs of TLT. For example:

Idealized influence:

Q1. What are the effects of transformational leadership behaviors on retention of employees in the health care organization?

Q2. What role does a transformation leader play in retaining health care staff in relation to professional development?

Q3. How can health care organizations help build the transformational capacity of the managers and administrators to enhance retention?

Inspiration motivation:

Q4. How does transformational leadership impact effective communication and trust among health care leaders and staff?

Q5. What is the relationship between transformational leadership and positive workplace culture to facilitate long-term employee commitments?

Intellectual stimulation:

Q6. How can empowerment (shared governance or participative decision making) impact reducing staff burnout and turnover?

Q7. How motivates employees to be in sync with the value of the organization's mission through transformational leadership.

Individualized consideration:

Q8. How do retention impact outcomes (turnover rates, engagement scores, patient satisfaction) say they are affected by transformational leadership?

Q9. Specifically, what attributes are the strongest predictor of the staff satisfaction and turnover rates in relation to transformational leadership?

Q10. What is staff's perspective on the difference between transformational, transactional or laissez-faire management styles regarding retention?

Transformational leaders feel that they have the ability to transform the organisation by empowering its employees (Aristana et al., 2025). A major challenge in health care is employee retention, which is sometimes due to dissatisfaction, burnout, or a lack of support for them within the organization (Ali et al., 2024). This is where TLT fits in, as it focuses on the leadership's role to nurture these elements of trust, belonging, and growth directly connected to retention (Andoko et al., 2024).

Expanding by Bass 1985, identifying the four constructs and developing measurements tools, research, such as a study by (Andoko et al., 2024), showed transformational leadership is linked to employee retention through higher engagement, satisfaction, and commitment to motivating employees.

Leaders' behaviors have an impact on employee retention (Andoko et al., 2024), and transformational leadership offers a framework for understanding behaviors. The concept of evolution was added in literature by Burns 1978, where he pointed out that there was a difference between transformational and transactional leadership which defines the interaction between the leaders and employees. Bass proposed two categories of leadership—transformational and transactional—are needed to make improvements in the behavior to help leaders attain loftier goals. Transformational leaders, paying attention and encouraging employees lead to beneficial results that included increased engagement at work and improved well-being and enhanced productively (Pattali et al., 2024). Transformational leaders that inspire employees or followers

to value capabilities, and motives to raise their performance while building a sense of self-motivation in their employees Bass, 1985.

This project will apply TLT in employee retention to contribute the knowledge, to show how leadership behaviors impact on employee retention. Along with providing insight for leaders to adopt transformational leadership skills to reduce burnout that reduces turnover. Knowing the influence of leadership on staff turnover helps focus interventions on employee retention, thereby driving positive organizational culture (Albeladi et al., 2024), positive patient care and greater workforce stability. Deliver important insights to leadership development initiatives to prevent burnout and suggest effective ideas to organizations to create supportive workplaces that safeguard against burnout (Ungur et al., 2024).

Project Context

The health care industry is facing challenges with keeping employees. The study will investigate the effect of leadership styles on health care workers' retention. Staffing in the health care industry, one of the most important critical public infrastructures, is a concern; but Garrison 2022 has indicated that the need for effective retention strategies has been intensified in recent years. The study sheds light on the relationship between leadership practices and employee turnover, while providing valuable insights that impact the leadership styles on turnover intention, focusing on the effect of organizational support (Pattali et al., 2024). Many health care organizations throughout the nation are facing high employee turnover rates as well as turnover rates of allied health care professionals and support personnel (Aristana et al., 2025). Kingdom of Bahrain, a community in the Western Asia has identified this need; "As indicated by the WHO, there is a necessity for this proposed project, as the Kingdom of Bahrain's health care organizations must find ways to keep employees, since the organizations cannot be stable

without a stable leadership style amongst the doctors, nurses, and the administrators, which will lead to revenue generation in the organization".

According to a study, one doctor's replacement costing was $7,600 per year per doctor, resulting in absenteeism, presenteeism and dead productivity due to burnout (Boucher et al., 2025). These problems indicate a pressing need to understand and resolve predispositions to these problems, because of the impact on workforce stability, safety and quality care of the patients. (Aristana et al., 2025). Voluntary turnover has been growing over the last few years, emanating from 18% a year and getting close to 27% a year (Archer, 2022). This is a qualitative study which aims to give insight to a phenomenon—the health care workers' experience of leadership strategies, and how this impacts when they make decisions to stay or leave.

Lack of communication, recognition, and not seeing the leadership have been stated as influencing factors to leave the job (Gonzales & Schumm, 2022). These national findings are from a 2022 study conducted by Press Ganey, which revealed that a lack of support or poor leadership from health care professionals is a top reason why workers are considering leaving their jobs. From a cost-benefit point of view, keeping health care staff through better leadership engagement strategies offers thousands in savings in recruitment, onboarding, and training. Beyond the financial implications, high turnover creates continuity of care challenges, decreases patient satisfaction, and puts additional strain on the other workers, which can further add to burnout (Press Ganey, 2022). This project adds to the literature by providing real-world information on leadership behaviors and strategies that are valued, needed and expected by health care workers. This information can be used to help create leadership development programs, enhance retention planning efforts and ultimately help to ensure workforce sustainability in the health care industry.

Nature of the Project

The health care industry is one of the most important and labor-intensive industries in the world, responsible for providing services that directly influence the life quality, public health and safety (Press Ganey, 2022). By 2030, the World Health Organization WHO is expected to have a global shortage of nine million health care workers, with the highest need in the nursing profession (Pattali et al., 2024). In the health care industry, all departments are important to the organization, this includes all employees, doctors, nurses, and administration play a vital role in providing safe and quality care to their patients (Pattali et al., 2024). With burnout and workforce shortages by a combination of increasing demands, worsening working conditions, and staff shortage increases the risk for higher turnover rates (Alhassani & Alhassani, 2024). It is essential to the health of the population, public safety, economic stability, and boost joy in the workplace (Archer, 2022). This is especially true in rural and hard to reach communities, where recruitment and retention of workers has been increasingly challenging with feelings of emotional exhaustion, depersonalisation, and diminishing personal accomplishment (Dijxhoorn et al., 2023). These can lead to a lack of continuity of care, longer wait times, poorer health outcomes, and higher rates of mortality (Poon et al., 2022). To ensure retention rates (Cohen et al., 2023) and to reduce challenges that increase burnout as well as reports of anxiety and depression, a work life balance is essential. Burnout has been linked to higher rates of medical errors, depression, patient deaths and job turnover (Janes et al., 2021). Burnout can also contribute to lower job satisfaction, leading to increased absenteeism, and increased turnover rates which are exact heavy economic costs on the health care system (Dijxhoorn et al., 2023). This project is set in the context of workforce issues of lack of effective leadership, loss of high turnover and long-term retention of staff due to their professional needs.

Scope

The purpose of this envisioned qualitative inquiry is to explore the perspectives of leaders in global health care sector that struggle with effective leadership strategies for retaining employees, decreasing turnover costs, staff shortages, and increase the promotion of long-term retention by addressing the professional needs of staff. The study will seek to explore the narrative and thematic aspects of the impact of the absence of effective leadership strategies on retention decisions. This particular scope is suitable for a qualitative inquiry to identify the spectrum of effective leadership strategies and the leadership transformational theory on the workplace experiences of those impacted by the retention problem. Frontline clinical careers most likely to be affected by leadership strategies and turnover reduction will be considered, particularly health care workers and technicians, who are the largest population in the health care workforce, and are most in need globally. Data collection will focus on obtaining in-depth information about effective leadership strategies and non-numerical data about the leadership experiences, perceptions, motivations and challenges of health care workers related to retention, job satisfaction, burnout, culture and support systems.

Significance of the Project

To gain valuable insight on lack of implementing leadership strategies to improve job success rate and reduce retention, this proposed project would be significant and important to business leaders in the global health care industry. This is a problem in the health care industry because when employees leave, it not only impacts their well-being but is also linked to suboptimal patient care and medical errors (Rehder et al., 2021). The frontline practitioners such as doctors, nurses and allied health workers are the ones who are involved in health care delivery and are continually quitting because of unsustainable working conditions and are constantly

complaining that there is no leadership strategy to support them (Bornman & Louw, 2023). This impacts not only the workforce stability and capacity but also the quality of care, patient safety, financial sustainability, reducing empathy and lower patient satisfaction scores (Alhassani & Alhassani, 2024). Opportunities improvements include: future development of more effective retention strategies and effective leadership, which fit their workforce issues (Gonzales & Schumm, 2022).

Focus should be placed on providing an environment that fosters balance, resilience, and provides health care professionals with the best opportunity to deliver appropriate and quality health care services to their patients (Alhassani & Alhassani, 2024). Burnout is linked to mental health issues, not only in work force statistics; a project helps to put the dignity and rights of health care workers in the foreground. (Gonzales & Schumm, 2022). The lack of effective leadership strategies for health care professional not only affects the employees it also affects the patients they care for, more medical errors and even death that can jeopardize their licenses, with poor training in delaying the onset of leadership support (Thapa et al., 22026). Existing in the field of workforce data and trends, this project is aware of the lack of leadership strategies, not just in workforce statistics, but in terms of real-world support that professionals experience when joining the field to care for others (Rehder et al., 2021).

High economic costs of the lack of leadership strategies among professional health care workforce can include higher rates of depression, anxiety, health issues, and reduced sleep quality, with repercussions for quality of life as a result (Dijxhoorn et al., 2023). Burned out health care providers are deficient in making good decisions, communicating effectively, and practicing compassionate care (Sinsky et al., 2021). Occupational stress and burnout are becoming more common among global health care workers, contributing to increasing

absenteeism, increasing turnover rates, and lower job satisfaction scores (Alhassani & Alhassani, 2024). This project is important to retention in health care professional; it will be used to gain some actionable steps to make the culture and safety better for the patients.

Historical Background and Current Trends

Challenges with employee retention have plagued health care organizations around the world ever since the beginning of the 20th century, when the nursing shortage in wartime situations has highlighted the fragility of health care systems to employee turnover (McCallum et al., 2023). Resembling this over the decades, as health care delivery changed to become more specialized, patient-focused, technologically advanced, and so did the need for competent health care workers, which grew significantly (McCallum et al., 2023). Although the issue of retention has historically been a problem of individual departments or roles, recent global events, notably COVID-19 have highlighted that workforce burnout, dissatisfaction, fatigue, and turnover are systemic and widespread across the entire health care industry (Melnyk et al., 2023).

Health care is one of the most demanding and important industries in the world, and one of the biggest challenges they are facing is maintaining a stable and engaged workforce (Sinsky et al., 2021). Poor support in leadership strategies and stress have resulted in a high turnover of health care professionals which puts care delivery at risk, in terms of safety, quality and sustainability (Archer, 2022). Health care administrators and leaders, in addition to policymakers and educators and anyone with an interest in creating a more resilient health care system, will need to understand these issues (Rehder et al., 2021). Eventually, researchers and practitioners started to realize that it was a problem with the organization in and of itself, especially in high-pressure environments such as hospitals and emergency departments (Gonzales & Schumm, 2022).

Historical Background

The social work burnout was described in this document presented by Dr. Richard Cabot in 1908 and was called “breathless”. The challenge they faced in 1905 physicians would see over 1,000 patients every day, they focused on the disease and not the complicated circumstances of their life (Rappaport, 2025). In the 1930s – 1950s, medicine was often deployed by the government, and in the post war period (1950s-1970s), it was deployed for the development of hospital systems to provide public health care at a much lower cost (McCallum et al., 2023). In the 1970s most attention was directed on effective leadership behaviors to be more effective and improve working conditions in health care and social workers (Ozilice & Kilic, 2025). In 1980 effective leadership approached different leadership behaviors to change the work environment and conditions they had the lack of knowledge to make a difference in discipline, while having balance, and stable work environment (Ozilice & Kilic, 2025).

The profession was also characterized by other features that influenced early signs of discontent among health care workers, such as working long hours, fixed hierarchies, and wage differentials based on gender (McCallum et al., 2023). Meanwhile, clinicians faced stress due to fast-paced technological advancement, administrative burden, and patient complexity (Pattali et al., 2024). Herbert Freudenberger's observation paved the way for more organized academic attempts to understand the phenomenon and many of his experiences manifested as signs of frustration, lack of empathy, and worthlessness (Jattan, 2021). Research was commissioned to look into how burnout impacts the health care system, and what was discovered was that doctors' productivity would diminish, their turnover would rise and there would be associated downstream costs (Jattan, 2021). This led to reporting errors being increased, this set the vague

symptom logical physical and the burden of the excessive workload in their departments (Alenezi et al., 2024).

The 1980s and 1990s Ekvall and Arvonen third dimension on the effective leadership strategies, which they called “change-oriented leadership” (Ozilice & Kilic, 2025).At this stage, lack of leadership support was identified as poor management/copying mechanisms, mostly tackled through individual literacies/psychological well-being of health care workers (Naggar et al., 2025). Research was initiated to report the escalating emotional and physical strain experienced by clinicians, especially within busy clinical settings such as emergency departments and intensive care units (Bianchi & Schonfeld, 2023). The formal recognition of poor organizational design developing effective leadership support as a threat to both patient outcomes and employees came next. Yet, workforce policies have historically tended to be more reactive to issues rather than preventative; more focused on a quick patch of the problem than making systemic changes to work environment cultures and employee supports (McCallum et al., 2023).

Similarly, in the early 1980s, Christina Maslach developed the Maslach Burnout Inventory (MBI), marking the start of empirical studies of burnout, which were soon followed by lack of strategies fail (Alenezi et al., 2024). MBI was established as the gold standard of burnout assessment considering its three components: emotional exhaustion, feelings of drained and fatigued by one's work (Bianchi & Schonfeld, 2023). Due to paucity of energy and support from administration, physicians are re-thinking of their role as a family physician (Jattan, 2021). Depersonalization formation of a cynical or objective attitude to the patient or colleagues, and decrease in personal accomplishment, feeling of ineffectiveness and failure (Bianchi & Schonfeld, 2023). Running down the central problem focused on physical fatigue led to

emotional exhaustion due to a lack of resources from management, which come from demands and chronic stressors in the workplace (Alenezi et al., 2024).

The health care workforce in the centuries 1990s-2000s experienced an increasing concern of job dissatisfaction and workforce shortage in the health care industry (McCallum et al., 2023).). In the 2000s, many studies established a correlation between burnout and adverse patient outcomes, medical errors and employee turnover (Alenezi et al., 2024). Searching for nursing scarcity became particularly apparent, as a growing ageing population drove up the demand for care (McCallum et al., 2023). Experienced nurses retiring and a lack of investment in nurse education and training programs (McCallum et al., 2023).

Then in the early 2000s, The health care industry became more complex and digitized, and there were more added pressure from electronic medical records EMRs adding different skills sets (McCallum et al., 2023). There was a lack of proactive leadership approaches in many organisations to keep staff on board, and workforce planning was also rarely considered to include employee feedback and evidence-based interventions (Rehder et al., 2021). The EMR implementation that nurses had resulted in several challenges including low engagement, low job satisfaction, low well-being and low turnover (Jedwab et al., 2021). Further reinforcing the importance of employee retention as not only an HR issue but also a clinical priority, a critical turning point in this study was fatigue and communication issues-to patient safety issues (McCallum et al., 2023). There continued to be a gap in practice, although evidence of links between staff well-being and quality of health care continued to grow. Burnout is a measurable syndrome that emerged as a result of the exposure of physical or psychological stressors for physicians, nurses, and technologist (Jedwab et al., 2021).

In the 2010s, the conversation around health care burnout shifted from individual coping strategies to several milestones helped bring attention to the issues, electronic health records (EHRs) this was to improve patient care (Wowak et al., 2024). With over $31 billion dollars invested with health care IT incentives program under the ACA (Affordable Care Act) most hospitals had shifted their focus on how to improve performance (Ding & Peng, 2022). This affected the quality of care as learning a new EMR system led to medical errors with patients (Wowak et al., 2024). This increased workload reduced nurses' work engagement that had a negative impact on patient safety (Jedwab et al., 2021). Acute hospitals were under regulatory pressure to complete EMR and to provide patients with quality care while simultaneously learning to use a new EMR and learning to use a new compliance program (Ding & Peng, 2022). Burnout results in a reduction of motivation and work engagement, which led to both physicians and nurses having negative outcomes including turnover (Jedwab et al., 2021).

Things were different in the 2010's, burnout was established as a serious issue related to patient safety, quality of care, and organizational stability (Jedwab et al., 2021). This was a time when the health care industry was under increasing constraints from the budget reductions, escalating health care needs and changing policy, including managed care in the United States (Rehder et al., 2021). Against clinician burnout, with administrative overload, and misaligned incentives as contributors to burnout, the evidence for systemic contributors to the gap in implementation (McCallum et al., 2023). The following financial priorities, deference of staff well-being in culture and lack of engagement from leadership continued to be as a problem (Melnyk et al., 2023).

This crisis was then put to the fore by the COVID-19 pandemic in 2020-2022. Whilst health care workers are regarded as heroes, they are also subjected to unprecedented stresses and

trauma and moral injuries (Alhassani & Alhassani, 2024). First, there was an unknown time regarding Covid-19, what is it? And then how do you treat it I learned first hand (my husband almost died because of Covid-19). These frightening numbers indicate that there was a longstanding problem that's been exacerbated by a global emergency. Retention is systemic, longstanding, and entrenched in organizational culture, resources and leadership practices (Janes et al., 2021). According to the researchers, as many as 40% of nurses worldwide expressed feeling demeaned and wanted to leave their careers. Today, many health care organizations have poorly integrated, reactive, and limited retention initiatives and programs, and the right support for the front line is not provided. An understanding of the evolution of the problem is helpful to inform why sustainable retention leadership strategies, based on qualitative insights and workforce theory, are urgently needed to support the future of health care delivery.

These businesses were not only closed, but the health care industry was impacted not just where hospitals were involved but everywhere in the world due to Covid-19 (Gonzales & Schumm, 2022). The strain it put on the health care industry, and supplies became scarce workload increased and shortage of physicians and nurses (Sinsky et al., 2021). In the face of the Covid-19 pandemic, general surgeons were recognized as being at risk for physician burnout as a public health problem (Janes et al., 2021). Occupational stress, mental health and burnout has been a concern for over a year due to the impact of the pandemic (Sinsky et al., 2021). The physicians, nurses and the frontline health care workers who face Covid-19 daily experience shortage of staff, working longer hours than usual, causing them to become exhausted and mental health issues set in (Melnyk et al., 2023). Physicians are thinking about leaving their job, and replacing one physician can cost approximately $500,000 to $1,000,000 due to recruitment and/or relocation expenses and the lost revenue (Janes et al., 2021).

Health care workers continue to struggle with shortages, depression and extreme pressures, feeling like they are lacking resources, in the post Covid-19 era (Galanis et al., 2024). It was a short-term solution to recruit new physicians, nurses and health care staff post Covid-19 with the help of financial incentives. This led to the nursing percentage of burn-out increasing to 60% due to working conditions and organisational deficiency, which in turn had a negative impact on the quality of life (Galanis et al., 2024). Over the past two years health care industry has needed the support of leadership to understand the extreme working demands and empathy rounding taking care of each other (Gonzales & Schumm, 2022).

The health care sector is at a pivotal moment in its workforce crisis as it's encountering an aging workforce, rising burnout rates, and a shortage of skilled professionals. These trends underscore the need for sustainable and practitioner-informed leadership strategies to enhance retention and workforce well-being (Press Ganey, 2022). This evolution is critical to determining the change needed in the health care climate to solve current industry problems in practical, organizational and cultural ways. Although the pandemic has left some burnout rates slightly lower than pre-2020, the vast majority of health care workers are experiencing burnout (Archer, 2022) which is nearly 40% of workers.

Front-line and support staff, but especially nurses and early-career clinicians are particularly at risk; emotional exhaustion, feeling ineffectiveness, and disengagement continue to plague nurses (Galanis et al., 2024). 20% of doctors, 40% of nurses and HWs want to quit their careers in the next 5 years (Sinsky et al., 2021). This is due to poor leadership, lack of recognition, heavier workload, insufficient staffing, lack of work balance and scheduling flexibility (Alenezi et al., 2024). The intent to leave trend is most evident with younger professionals who don't tolerate an unhealthy culture or outdated leadership styles (Archer,

2022). To solve the retention problems, health care systems prioritize building empathetic leaders through development programs and also train leaders to be more attuned to the signs of burnout and knowing how to respond (Rehder et al., 2021).

Leadership and organisational change for flexible working, with mental health support (counselling, peer to peer debriefing programme, etc., Rehder et al., 2021). Providing the necessary investment in these changes has been shown to reduce turnover rates and improve patient satisfaction and avoid expensive staffing gaps (Press Ganey, 2022). By 2030, there are expected to be an estimated 4.5 million nursing shortage worldwide (Galanis et al., 2024), as such, resilience can be a useful instrument to prevent nurses from leaving the profession. Retention is a strategic issue that health care leadership has deemed a priority in these days of limited resources and recruitment pressures (Alhassani & Alhassani, 2024).

Over the course of a century, the challenges of employee retention in the health care sector have shifted dramatically as a result of economic, policy, and public health crises (McCallum et al., 2023). Equity and inclusion have female physicians face higher levels of burnout due to gender inequity; the turnover rate is 8% in 2022 jumped up from 3% in 2020 (Press Ganey, 2022). This has impacted on personal life challenges like anxiety, sadness, unhappiness, drug misuse, broken relationships (Alhassani & Alhassani, 2024). Putting in place hiring and promotion systems in order to improve the pay gap, to ensure fair employment practices, (Press Ganey, 2022). Physicians experience burnout most of all, due to residency and signing up to be hospitalist at more than one hospital at a time (Jattan, 2021). Health care workforce shortages has been documented since World Wars, where trained and qualified health care workers were drafted to military service, consequently putting hospitals in a critical staffing situation (McCallum et al., 2023).

This project does so, in identifying the problem as well as a forward path towards sustainable improvement. There is still a high post pandemic level of burnout – 40% of health care workers are experiencing moderate to severe burnout (Archer, 2022). The morale is low and employees at all levels are thinking about leaving their jobs across all disciplines - transformation from reactionary to proactive cultural change is difficult for many leaders (Pattali et. al., 2024). This project aims to fill this gap by examining evidence-based solutions and offering actionable and innovative leadership and organizational strategies to move beyond superficial solutions.

Current Trends

Several trends are converging to shape retention in health care. These include more focus on employee well-being and culture within the organization (Sinsky et al., 2021). The reasons behind the lack of frontline clinical and non-clinical staff include lack of effective leadership strategies, poor career growth among others (Rehder et al., 2021). The commitment of health care leadership to implement evidence-based practice that includes strategies like resilience training, shared governance, mentorship programs, and workload management to enhance job satisfaction and retain health care workers (Sinsky et al., 2021). During the pandemic, turnover increased significantly and many outlets are continuing to experience the same trend, especially in ambulatory-outpatient settings, where medical assistants and front-desk/administration staff, along with supporting roles, are experiencing high turnover rates (Gonzales & Schumm, 2022). The pandemic made it very clear that a holistic approach to retention was necessary that includes attending to emotional wellbeing and work-life integration (Sinsky et al., 2021). Moreover, the leadership strategies have created new expectations for career growth, work-life balance, and values alignment with staff, thereby helping to prevent burnouts, job turnover, and staff shortages, whilst helping to reduce indirect costs such as recruiting training, loss of productivity and reduced morale (Sinsky et al., 2021).Factors that contribute to burnout and attrition include lack of sufficient staffing, emotion stress, moral distress, and poor workflow (Galanis et al., 2024). The future research indicates that one-fifth of physicians and two-fifths of nurses intend to move from their current practice over the next 2 years because of burnout and overwork and the lack of leadership (Sinsky et al., 2021). Opportunities for improvement through leadership can involve employees with building trust and raising staff morale, listening and asking for feedback, promoting accountability, and evidence-based planning for workforce sustainability (Archer, 2022).

Burnout is currently elevated between 2019 and Covid-19 peak, although it has slightly decreased since Covid-19 peak; the rate of burnout continues to be high but there is an improvement from the worst times of the pandemic (Melnyk et al., 2023). Differences by workplace environment (hospital vs ambulatory) and by management support (poor staffing, unsafe work environment, lack of confidence in management) also are strongly associated with higher burnout and turnover intent (Pattali et al., 2024). Out of all the health care workers, recent study shows that medical assistants, housekeeping, therapists, and social workers are the most stress than any other workers (Gonzales & Schumm, 2022). Despite the recognition of burnout, there is a lack of investments in improving staffing levels in many organizations (Alenezi et al., 2024). Poor number of staff is consistently high Burnout, however, this is one of the least addressed areas (Melnyk et al., 2023).

Trust, engagement, and the culture within a workplace matter, and employee disengagement is likely to happen when they feel undervalued, excluded from decision-making, or unable to trust the leadership (Pattali et al., 2024). Building transparent, inclusive leadership, opportunities for feedback and participation, and recognition are emerging as critical, and are strongly connected to the drop in employee trust in leadership and disengagement (Galanis et al., 2024). The lack of trustworthy leadership and inclusive decision-making can lead to a sense of disconnection among employees and a perception of undervaluing (Alhassani & Alhassani, 2024). Supporting staff are important contributors to the function of the system and are at significant risk of turnover, but most of the focus is on physicians and nurses, with less attention on supporting staff, who are lower paid.

Over the last few years, scores for non-clinical staff have declined by more than 4% and the attention is mostly on physicians and nurses (Press Ganey, 2022). Organizations must be proactive, not reactive, in preventing burnout, tackling structural issues, fostering trust, and providing voice and autonomy to prevent turnover from becoming an issue (Janes et al., 2021). Although wage increases have been, and are still, a critical way to help retention, it can be costly, and inflation and cost of living pressures may drive down their effectiveness (Rehder et al., 2021). Burnout and retention rates are influenced by well-being and mental health, particularly after a traumatic incident or critical event (Melnyk et al., 2023).

The millennials, Gen Z are more likely to leave their job due to better offers at a similar position elsewhere, survey response show a decrease from 3.96 to 3.48 staying at their position for three years (Press Ganey, 2022). Organizational leadership styles, governance mechanisms and trust are increasingly found to have an impact, while many retention programs concentrate on rewards or incentives, which are essentially economic (Alhassani & Alhassani, 2024).

Synthesis of Scholarly Literature

The staff turnover in health care, which is especially severe among first-line healthcare workers, is a growing and complex issue that has been exacerbated in recent years, in particular by the Covid-19 pandemic (Hamouche, 2023). Burnout, anxiety, moral distress and depression have increased significantly and led to a greater intent to leave, early retirement and widespread workforce shortage (Robins-Browne et al., 2022). Global policy briefs also show that this has contributed to exacerbating the current gaps in staffing pipelines, and retention is now an organizational and public health emergency. (Long et al., 2023). These reviews always advocate for a multi-levels approach to interventions with organisational changes and individual supports

to isolate little fixes such as motivation, well-being, engagement, burnout and job satisfaction (Archer, 2022).

Overall, this accumulation of evidence demonstrates that the retention issue is not one that can be resolved simply because the systemic factors like staffing models, administrative burden, leadership practices and organizational culture are significant drivers of retention outcomes (Badria et al., 2024). Working through literature on both structural and human-patterns to enhance workforce stability and convergence further reinforces the rationale for considering retention as viewed through leadership and systems of the organization. All of these results are consistent in highlighting the need to design a comprehensive framework that links leadership strategies, organizational climate and employee well-being to the problems, and is able to drive the direction of the current project.

Overview of Current Knowledge

The literature shows a great need to develop strategies that help reduce burnout and foster a healthy environment for health care workers to help keep them on staff and to help them perform better (Wu et al., 2022). With burnout causing stress, depression, increasing anxiety, moral distress, and post-traumatic disorders, employees are in need well-being support more now than ever (Robins-Browne et al., 2022). The facts identified are the top contributors to turnover rates particularly among nurses and allied health care professionals (Long et al., 2023). This also includes physicians and locum staff, studies show that 50% who started at a clinic and only 50% are still there at the end of the first year (De Vries et al., 2023). Poor retention has been found to have an adverse effect on the quality of patient care, sustainability of the organisation and team morale in recent studies (Badria et al., 2024). One issue that has emerged in the last 5 years, caused by increasing turnover rates among health care workers, shortage of staff and burnout

mainly brought about by the Covid-19 pandemic is the issue of health care workforce retention (De Vries et al., 2023).

Key Themes and Developments

There is evidence in the literature about the relationship between retention and specifically leadership support, workload intensity, employee well-being and turnover behaviors (Wu et al., 2022), and the ability to provide quality care for patients is linked to retention, including for leadership and administrator roles, making the business case for investing in retention efforts (Pressley & Garside, 2023). Key factors cited as high motivators for retention throughout the health care sector include work-life balance, flexible work schedules, and workload management (Peytremann-Bridevaux et al., 2024). Even with an emphasis on well-being and mental health, a burnout of well-being and mental health was also a factor in staff shortage, absenteeism and increased workload during Covid-19 pandemic (Robins-Browne et al., 2022). For specific groups such as new nurses and female health care workers work-like conflict, overload, change fatigue and perceived stress are the key elements in no work-like balance (Alkan et al., 2024). Wynendaele et al. (2025) state that in addition to compensations or career advancement, the ability of workers to balance workplace requirements with life or their psychological, emotional, and physical exhaustion is significant in predicting their retention. Studying the recurring patterns and trends in issues of health care workforce retention, with a focus on the importance of burnout, the effectiveness of leadership and organizational culture on employee retention (Perez, 2021). In response to the Covid-19 pandemic, many hospitals provided wage premiums in the form of hazard pay to frontline workers, such as: nurses, physicians and respiratory therapists, to the tune of approximately 9.5% more per hour (Lamb et al., 2022). With numerous hospitals and clinical offices providing high-quality health care

services, with employees with employee reimbursement program for licenses and certification renewal, as well as loan debts (Freeman, 2022), there is a high demand for health care workers. Financial incentives as a retention strategy have had ups and downs in the last 30 years, and have been found to have mixed effectiveness in different contexts, health care professions and with system-level supports (Jobalayeva et al., 2024). Financial incentives used to be the primary focus of 20-30 years ago, but pay is not the only driver for retention as working conditions, autonomy and leadership were more significant factors (Jobalayeva et al., 2024).

At the level of health care, studying how to retain health care staff achieved mixed results; some studies showed that their retention strategies were effective in terms of measures, while others assessed the strategies on a study-by-study basis (Wynendaele et al., 2025). The success/failure' in the resolution of the problem, to demonstrate improvements in job satisfaction and/or reduction of burnout symptoms, may have only temporary and/or limited effects, and may only affect certain departments (Pattali et al., 2024). Covid-19 retention bonuses and financial incentives did not yield clear outcomes and were only found to be effective in the short-term (Gaffney et al., 2023). Burnout is related to retention and quality of care, culture is the solution to burn-out, best practices for reliable measure of burn-out (Alkan et al., 2024). Pre Covid was more on individual coping, mindfulness, and resilience, which focused on the root causes highlighted by the organization, lack of administration burden, leadership failure, and toxic workplace cultures (Michaeli et al., 2024).

Scholarly Debates and Perspectives

Having strong leadership support was found to be a key factor in retaining health care professionals; studies have shown that strong leadership, models of relational leadership, and the practices of supportive leaders have an impact on employees' intentions to stay in the job (Al

Yahyaei et al., 2022). Leadership support and leadership style have played a significant role in all organizations where it is connected to the turnover intention along with the moderating effect of perceived organizational support (Perez, 2021). Leadership support and satisfaction of health care professionals in leading hospitals, examine how leadership support in multiple dimensions with resources, environment, decision support with health care professionals (physicians, nurses, and administrative staff) is related to job satisfaction in leading hospitals (Badria et al., 2024). Leadership training is effective in improving the health care organizational goals, an increase in employee retention, organizational commitment and job satisfaction (Perez, 2021). Leadership styles related to lower turnover intention include transformational leadership, and authentic leadership, and burnout is widely known but under-addressed in practice (Long et al., 2023). To combat the issue of health care employee turnover, evidence-based practices are needed, which help to increase retention in the health care workforce, and promote a sustainable workforce. (Wynendaele et al., 2025). Nearly 30% of the total population is over 50 years old, and as the demand for elderly or healthcare for mental health increases, so does the need for geriatric and mental health nurses (Freeman, 2022). The beginning of office tuition to support employee retention and upskilling, along with the expanded program of rural health incentives based on hiring trained professionals for recruiting and relocation, as well as sign-on bonuses, occurred in hospitals and health care systems (O'Regan, 2024). Funding grew significantly and included more types of providers, but was limited to incentivizing residency training in underserved, rural areas (Baum, 2024). Giving up a job for a better opportunity is a common reason for most physicians to leave, and this can have a negative impact on workforce stability (Klepacz et al., 2025).

The researchers have employed variety methods to analyse retention of health care workers, with most commonly employed methods being financial incentive retention (Gaffney et al., 2023). Health care systems have been increasingly interested in non-monetary factors such as culture of work, job satisfaction and professional development in the 2000s and 2010s (Perez, 2021). A literature review revealed that in addition to monetary incentives, hospitals also implemented retention measures such as mentorships programs, flexible scheduling and shared governance models, which literature indicated to have more sustainable impact on retention than monetary incentives alone (Peytremann-Bridevaux et al., 2024). Incentive payments, in the form of short term, "carrot and stick" retention and recruitment strategies, were once widely used but have come back into vogue with Covid-19 (Gaffney et al., 2023). During pandemic times, when market risks increased, working hours and emotional stress, financial incentives became imperative (Hamouche, 2023). Most of these incentives were short-term and reactive and, as soon as incentives are removed, staff turnover tends to increase or even get even worse (Michaeli et al., 2024). The interesting thing we found during Covid was that while monetary compensation was not enough to resolve the deep dissatisfaction, there was a strong need among health care workers for mental health services, safer working environments, and a sense of recognition, in addition to monetary compensation (Alkan et al., 2024).

Healthcare workforce retention in the literature is viewed from various angles and themes, with some focusing on the patterns as financial incentives, leadership support, organisational culture and workload management (Perez, 2021). The market-based approaches to payment can be successful in drawing and keeping health professionals in regions where they are in demand, despite the fact that other approaches have raised concerns about fostering inequalities and imbalances in staffing, particularly in low-resource settings like public or rural

hospitals (Lamb et al., 2022). In fact, during Covid-19, critics pointed out that excessive reliance on financial incentives led to a focus on systemic burnout drivers which include chronic understaffing and/or workplace cultures (Gaffney et al., 2023). This reignited the discussion on what is more important for LT retention: Compensation or Culture (Alkan et al., 2024). This is because the intrinsic motivators: organizational culture and psychological safety, are longer lasting and more easily affect the commitment and retention of the staff. This indicates the need to have a balanced retention policy, which will include some level of competitive pay and some measure of systemic change especially in hospitals and clinics where staff members continue to experience burnout (Michaeli et al., 2024).

Research Gaps

What is needed is a structured, evidence-informed, retention leadership strategies that is intentionally developed and applied, measured, trained, and evaluated in health care practice settings (Briganti et al., 2023). Working environment – discussion on how to keep skilled staff who want to quit, and on how to look at strategies regarding retention of care workers (De Vries et al., 2023). Supportive leadership resilience focuses on training and mental health mechanisms to have positive impacts for health care settings (Badria et al., 2024). With focusing on training programs to measure improvements to inspire and motive the team reduce stress and enhance team performance (Long et al., 2023). Being aware of the need to encourage good practice that will keep patients and staff safe and healthy (Ejupi et al., 2025). Leadership style that fosters a positive culture that supports substantial relationship between job satisfaction and work environment, improves working conditions (Pressley & Garside, 2023)

Despite the increasing literature on health care workforce retention, there are still some unresolved issues related to inconsistent measurement approaches, varied operational definitions,

and limited to addressing the problem in practice (Alkan et al., 2024). Overall, burnout can look different in various occupations and across different work environments or phases in a career, and retention strategies should reflect this (Endlamaw et al., 2024). Burnout has become more and more suspected as a key mechanism for turnover intention and turnover (Badria et al., 2024). To boost employee satisfaction, morale and the desire to stay on the job for future duration of service (Briganti et al., 2023). Health care worker retention is an increasing problem that affects the continuity of care, patient safety and organization costs (Long et al., 2023). Information on which retention strategies are more likely to scale up in other hospitals of different size, payment system, and culture is limited, and with the lack of long-term controlled studies to measure actual retention outcomes (Peytremann-Bridevax et al., 2024).

There have been a variety of interventions tried to improve health care workforce retention, however, not all of them have been consistently effective, and none have proven effective in measurable change in turnover outcomes (Endalamaw et al., 2024). The low pay, high stress environment, lack of supportive workplace policies, and lack of training will persist the shortage crisis, especially when considering the goals of leadership development to improve retention, training, and professional development for positive workforce resilience and productive outcomes (Wu et al., 2022). The work environment is the relationship between the work environment and focusing on the impact on the stability of the workforce (Al Yahyaei et al., 2022). Financial compensation alone isn't enough—retention also requires a caring culture, workplace culture, support related to well-being, and career development, among other elements (Alkan et al., 2024).

In 1990s-2000s, they laid the foundation for financial incentives for health care workers, from nurses, physicians, medical technicians due to decline in the number of professionals working in

rural areas (Jobalayeva et al., 2024). In 2010, a nurse may be able to get $10,000 in tuition reimbursement and a $5,000 retention bonus to agree to work for three years at a high-need hospital (O'Regan, 2024). Some compensation systems employ bonus payments and/or financial risk sharing to encourage cost management and prevention (Baum, 2024). In health care, signing bonuses are becoming more commonplace in the past 20-30 years, particularly for roles that are in high need and for public health emergencies such as the Covid-19 pandemic (Alkan et al., 2024).

From the evidence, it was determined that there is a disconnect in practice with the inconsistent implementation of evidence-based retention in health care organizations' leadership strategies (Pressley & Garside, 2023). Leadership style is analyzed as a dimension of how various leadership styles impact retention, job satisfaction, and turnover intention (TTI) (Välimäki et al., 2024). Leadership accountability refers to which individuals within the business should be held more accountable for any retention outcome; in the case of the health care industry, is it more fitting that frontline managers or executive leadership should take the brunt of the blamed for retention issues, particularly in large hierarchical health care industries (Badria et al., 2024)? Leadership style in particular those that give support, empowerment, fairness consistently associated with good retention; and low intention to leave, higher job satisfaction (the inverse, toxic leadership, associated with deterioration in retention (Al Yahyaei et al., 2022). The most important leadership characteristics for ethical leadership have been proven to be associated with decreased burnout and employee turnover (Wynendaele et al., 2025). Leadership is a strong predictor of job satisfaction, retention, and lower turnover intentions, when leadership is perceived as supportive, this tends to reduce discontent, and increase embeddedness (Long et al., 2023).

Badria et al. (2024) solved the issue of retaining health care staff in previous research by developing and testing an evidence-based intervention aimed at reducing burnout and boosting organizational support and engagement. Maslach Burnout inventory (MBI) burnout measure is most widely used, but criticized for focusing only on individual symptoms, and ongoing exposure to work related stressors (Alenezi et al., 2024). Building on decades of research both within and beyond health care, prioritizing individual experience and less focus on organizational using via MBI to track burnout trends (Sinsky et al., 2021). The Maslach burnout inventory is most widely used and validated tool for measuring burnout among professionals, especially in human services and health care (Alenezi et al., 2024). Identifying the presence of emotional overwhelm and burnout related to work; evaluating dispassionate reactions and attitudes regarding expressing perceived competence and effectiveness in one's work (Bianchi & Schonfeld, 2023). Many modern researchers, however, now suggest that it should be used along with tools and qualitative methods to gain a larger context of health care worker burnouts especially because of Covid-19.

Connection to Current Project

The prevalence, causes and consequences of burnout and turnover among health care workers (HCWs) have been evaluated by validated surveys, qualitative interviews and mixed method approaches, showing that burnout and turnover impact all types of HCWs, regardless of their professional path. (Välimäki et al., 2024). Survey and cross-sectional studies widely used to measure burnout prevalence using validated tools MBI (Alenezi et al., 2024). Qualitative data collected through interviews and focus groups to provide nuanced and rich data on lived experience and culture within organizations. Alkan et al. (2024) found that mixed methods are being used more and more to connect quantitative burnout measures with qualitative information

about the 'how' and 'why' of staff turnover. The scales that are used in studies to measure turnover intention refer to an individual's likelihood of leaving the organization and/or profession (Baum, 2024). Burnout prevalence is still high, alarmingly high at times, for all health care professionals, with reported prevalence in some health care specialties being above 50% (Sinsky et al., 2021). The burnout in Systemic Drivers is not a result of individuals' weakness, administration burden, insufficient personnel and poor leadership (Alkan et al., 2024). Covid impacts of the pandemic also surfaced stressors such as trauma from death exposure; fragilities of solely monetary or symbolic based retention strategies (Hamouche, 2023).

Literature shows strong agreement that interventions to address burnout are needed at a multi-level (organizational policy, leadership, and workforce support). Consensus that burnout is a multi-modal phenomenon; requires interventions in policies, leadership, staff, and there is a need for more support (Bianchi & Schonfeld, 2023). Researchers show that not only nurses are leaving, that physicians are also looking to leave 400,000 doctors and 2.5 million nurses by 2030 (Michaeli et al., 2024). In many states, there is already a 30% shortage of nurses and by 2035, there will be an additional shortfall of 59,100 nurses, based on the payment assistance this student debt provides as a workforce benefit (Freeman, 2022). Sign on bonuses, extended vacations and moving to a new house can make some hospitals impossible to beat and cause them to lose physicians and nurses (O'Regan, 2024).

The literature is split on what burnout is, how it is measured, and how to combat it with some scholars attributing burnout to a lack of organizational culture, leadership style and others to a lack of financial incentives as being most important in workforce retention (Wynendaele et al., 2025). This is where the disagreement lies, most best practices that underscore reliable measurement of burnout focus on systemic change (Perez, 2021). Other leadership paradigms

believe organization culture is the key to lower the burnout rate (Alkan et al., 2024) and improve retention rate. This has re-ignited the debate about the importance of the financial incentives to retention or culture to retention (Baum, 2024). Emergency physicians believe they have the highest rate of burnout, depression, and even suicidal thoughts (Li et al., 2024). Because the cost of turnover is high, millennials and Gen X'ers are expecting more than some workers that have remained loyal for years, expecting to start off with a higher salary. The burnout tools that include Copenhagen Burnout Inventory CBI and single-item measures from the Maslach Burnout Inventory MBI are both designed to measure burnout, they conceptualize differs and their agreement is clear (Li et al., 2024). Some say stress related exhaustion, cynicism and inefficacy make up a unified syndrome, that makes the findings relevant and could mean burnout (Bianchi & Schonfeld, 2023).

Assessment of Prior Research

Recent studies have shown that the tools to measure burnout are changing, the need for systemic changes, and the shift towards focusing on wellness approaches to prevent burnout among health care professionals (Wu et al., 2022). The deconstruction of alternative and complementary tools to the Maslach Burnout Inventory (MBI), which are currently being utilized in health care burnout studies today (Li et al., 2024). Some of these tools will help overcome some of the weaknesses of the MBI, particularly in identifying systemic challenges, such as professional fulfilment (Bianchi & Schonfeld, 2023). For moderate success studies, job satisfaction has been found to decrease symptoms of burnout, which is associated with leadership supports for overall wellness and resilience (Alenezi et al., 2024). Researchers throughout and following Covid-19 have highlighted that the pandemic revealed pre-existing structural issues, inflexible systems, inadequate staffing and inadequate mental health services—issues that are

now systemic rather than episodic (Gaffney et al., 2023). Life-balance mindfulness and flexible working schedules, nurturing the workplace culture and hobbies can help to recharge and prevent burnout (Alenezi et al., 2024).

It is clear that research consistently associates burnout with higher turnover rates, with a clear necessity for intervention at a systemic and leadership level, and not one at level of the individual (Wu et al., 2022). Burnout as a predictor of turnover: there is a consistent pattern that burnout is related to turnover intentions and turnover among young nurses and early-career physicians (Sinsky et al., 2021). Despite a significant amount of literature on the topic, burnout is still considered to be one of the most important factors that can affect employees' decision to stay or leave an organization, and solutions are still quite varied and reactive (Ungur et al., 2024). In the literature, the focus on burnout is on the individual's level of resilience, while systems are not held accountable for workload and toxic work culture and environment (Alkan et al., 2024). Increasing the joy in work and decreasing the burnout, by improving the leadership commitment to make the necessary changes to improve systems that may be broken or no longer functioning (Archer, 2022). If income proves to be elastic, then the literature suggests raising the wage rate for health care workers could, in turn, increase the labor supply and ultimately help to eliminate shortages (Michaeli et al., 2024).

Synthesis of the Practitioner Literature

Practitioner literature offers a comprehensive and practitioner-focused perspective on the characteristics of health care retention, highlighting key trends across health care organizations in how they approach turnover, burnout, and workforce sustainability (Badria et al., 2024). Themes that emerged from practitioner sources involve common practices health care systems and leaders have in addressing the retention problem, cultural, identification operational, and

leadership based practices consistent with previous research (Klepacz et al., 20025). While these reports highlight the varying success of the interventions, they also provide insights into areas of agreement and disagreement concerning the adoption of specific interventions, such as onboarding, scheduling optimisation, leadership development or incentive programs, to drive more sustainable outcomes, based on frequently collected organisational data and retention statistics (Dankers-de Mari et al., 2023). A systematic review of practitioner-employed interventions also reviews what has been tried in hospital and clinic settings, how evidence has been assessed and insights from the ‘real world', such as lessons learned (Briganti et al., 2023). All of these research findings highlight that interventions can be effective but will require a commitment from leadership, adequate resources, cultural considerations, and policy congruence at the system level (Hamouche, 2023). This suggests convergence and divergence on the level of interventions, making it important to think of multiple, multi-component interventions instead of one-size-fits-all interventions when addressing issues of retention. As a whole, literature indicates the importance of a thorough evidence-based leadership framework that explicitly includes cultural and support systems for the workforce as well as the methods for evaluating success that align with the purpose and design of the existing project.

Overview of Applied Perspectives

While burnout and turnover issues are now recognised, there is a gap between the research recommendations and the actual practice of effective leadership to retain staff in a health care organisation (Endalamaw et al., 2024). Multi-faceted and systemic, it has been linked to a number of factors including aging workforce, retirement, post-pandemic stress, and workplace contexts in the area (Abdulrahman et al., 2024). Organizations need to do more than just recruit—they need to retain when employment levels begin to recover, when shortages and even

so much as a staffing setting continue on workforce reports (Wang, 2022). Newly, research highlights the economics of the cost to replace a nurse or physicians, replacement cost is often up in ten thousand which makes retention a financial as well as patient-safety priority (Yun et al., 2025). The themes of healthy work environment and staff consistently focus on the positively changing practice environment, staffing ratios, communication and collaboration, and these are seen as the basis for staying in the profession (Abdulrahman et al., 2024).

According to the current literature there is a deficiency in health care workforce retention, specifically leadership development interventions and turnover, and the need to implement structured onboarding, supportive leaders, and data-driven strategies to overcome these ongoing challenges (Välimäki et al., 2024). The foundation for retention sources provides standards and checklists to make them measurable and actionable within a health system through shift design, team huddles, and share governance (Martin et al., 2021). Structured transition-to-practice programs, such as onboarding with early career support, residency models and preceptor support are often recommended, as are toolkits or onboarding frameworks and metrics to track early turnover (Cohen et al., 2023). Purposeful approaches to retention analytics, such as HR reports (SHRM) for retention surveys to motivate data-driven retention strategies, meaningful target interventions as well as compensation adjustments, career pathways, and flexible schedules (Li et al., 2024). Managers' workload training, recognition programs with well-being and psychological safety are emphasized as leadership guidance to lessen the rate of burnout and enhance building engagement through resilience training and peer support (Wang, 2022).

Throughout the last 20-30 years, the definition of burnout and leadership approaches have undergone considerable changes, starting from Freudenberger's early observations in the 1970s and Maslach's formal conceptualization of the dimensions of emotional exhaustion and

reduced personal accomplishment in the 1980s (Li et al., 2024). The extensive Burnett's 1960 led to the development of characteristics that Maslach established in 1982, the traits of emotional exhaustion, stress and low personal accomplishment (Ungur et al., 2024). Although United State have come a long way from 1960, it is still true that between the year 2020 and 2030 employment in RN has increased by 9% which is faster than all other occupations (Wang, 2022). In 1974 was made the first observation by Freudenberger, who proposed the definition that is, physical and behavioral signs, that suggested preventive measures aimed at helping those impacted by it (Ungur et al., 2024). Covid-19 pandemic had a massive impact on burnout and retention for HOWACs during the times when the rest of the nation was shutting down, health care was as full, or even fuller, as it ever was. Additional pressure caused by stress, frustration, isolation and the high risk for infection (De Vries et al., 2023) are challenges globally facing the shortage of supplies, PPE and health care workers (De Vries et al., 2023).

Practical Strategies and Patterns

There is a consensus among scholars that – to tackle the problem of health care retention – operating practices must be coupled with cultural and leadership practices that help health care workers stay resilient and engaged (Hamouche, 2023). Environment (matters) that relate to practices staffing, teamwork, leadership as a major driver for retention, leadership administrators operationalize into standards and interventions scholars test mechanism link to turnover (Endalamaw et al., 2024). For practitioners who are part of residency programs, a key leverage point for early turnover is the first 12-24 months as these are the years of highest risk for RN and physicians' turnover (De Vries et al., 2023). Solutions, onboarding, scheduling and recognition, system partnerships with deeper structural issues, national workforce policy, professional education and payment models are the scope of transformational leadership (Dankers-de Mari et

al., 2023). Focus on building practical and repeatable actions over abstract traits, articulating a compelling purpose, putting in place a roadmap, aligning operating models, and building networks for cross functional teams to make change (De Vries et al., 2023). The leadership change resilience, humility and valued-based communication are practical competencies to keep the momentum going and to prevent fatigue and burnout in high-stressed environments, while cultural work is central to this (Abdulrahman et al., 2024).

However, to fix workforce retention, vision, communication, and systemic interventions for lasting organizational change are imperative (Perez, 2021). No one can negate the vision and inspiration at the core of effective transformational leadership, which are then translated into communication routines, and then leaders' behaviors that shape the leadership scales (Yan et al., 2025). Practitioners frequently make cause-and-effect claims around leadership programs and business outcomes, which are limited by the methodology and evidence of uniform impact of the transformational styles (Martin et al., 2021). Traits and systemic interventions with leadership behaviors for team design incentives, and shared governance practices as solely attribute and more leadership structural reforms (Wang, 2022). Transformation low charismatic leadership without structural support can give short-term fix with long term-problems, short-term resilience based on KPIs (Endalamaw et al., 2024).

Studies in both fields reveal key patterns and trends in health care workforce retention, such as generational differences, structural factors, and the economic impact on turnover and well-being (Alkan et al., 2024). Patterns and trends with practitioners say that Gen Z clinicians and early-career clinicians are seeking different things, including flexibility, development speed and purpose alignment, which ultimately lead to higher turnover among Gen Z (Oraibi et al., 2025). Resilience - individual system redesign leadership guidance to promote training to

prioritize structural changes, staffing/scheduling, and workload framing well-being programming to fix insufficient organizational retention (Wieland et al., 2021). Generational differences, particularly in employees' retention with the noted high of 60% of employees in the Gen Z who signify a sense of job security, are observed to cause the differences in employee retention (Oraibi et al., 2025). Partnering with practitioners to create additional coalitions with heath systems, education systems, and regulation leadership to respond to issues at the unit level such as turnover and burnout (Martin et al., 2021). Productivity metrics serve to increasingly improve retention, which, in parallel, is treated by economic framing with replacement costs, vacancy impacts on revenue and safety, in most toolkits for improvement (Li et al., 2024).

Success and Limitations

Literature evidence was found to show that select interventions, such as manager training, schedule changes, and leadership development programs can help address employee retention and early turnover amongst health care professionals (Pressley & Garside, 2023). Level of success in improving reporting to reduce early turnover after implementation of improving manager training, and schedule reform that are measurable and result in better unit satisfaction in turnover metrics to contribute to improving outcomes (Wang, 2022). National benchmarking indicates that there has been a gradual improvement since the pandemic peaked in RN turnover, yet there remain many facilities where RN turnover is an issue, and across many specialties there are opportunities for growth with 59% of nurses deciding to stay (Good, 2024). Leadership strategies programs that result in local wins are correlated with decreases in early turnover and earlier building of a competency (time to introduction) from year-to-year turnover measures across the units (Klepacz et al., 2025). To enhance under-resourcing, reimbursement, and market competitiveness (Martin et al., 2021), and to make sustainability efforts.

The consequences of retention leadership failure are immediate and impact the fiscal, operational and patient safety aspects, which highlights the complexity of effective and sustainable workforce solutions (Endalamaw et al., 2024). In addition to patient safety, the consequences of employee turnover go beyond the continuity of care and the economics of care (Cohen et al., 2023). Study showing that wellbeing initiatives alone are not enough, and need to be combined with staffing, psychological safety, workload design to investments in retention effects from pandemic era for peer support and debriefing practices (Klepacz et al., 2025). Leadership sees health care retention as a complex but solvable business problem that can be tracked and addressed by all departments facing limited resources and policies (Abdulrahman et al., 2024). Practitioners' practical focus is on analytics-driven, improvement practice environment, leadership development with dedicated remuneration packages, and longer retention periods to obtain executive buy-in (Ungur et al., 2024).

There is unanimous consensus in the literature that organizational, leadership and early career support are key to the retention and reduction of health care worker burnout. Within the areas of agreement practice environment and leadership strategies, early career support is a common indicator of being at risk for early attrition, while onboarding and residency is a common recommendation to address targeting and data segmentations (Press Ganey, 2022). Burn out is a key element of the problem of "pay increases alone are not necessarily the solution to sustainable retention", and most agree that multi-component approaches are necessary (Briganti et al., 2023). Existing approaches to measurement are inadequate and need to be modernized to move beyond single surveys and repeat surveys; different types of turnover data as well as standardized outcomes frameworks (Cohen et al., 2023). Determinants that are most

leverageable for retention include having manager and leadership support, improving the control on training and resources for the highest return outcomes (Wang, 2022).

Literature indicates different perspectives on whether a focus at the unit level on operational issues related to retention or the broader policy level of workforce is the primary focus that needs to be addressed (Hamouche, 2023). Some leaders propose to promote level unit-level operational programs and policy-oriented administrators propose to expand to the comprehensive workforce policies of education, payment system reforms, work environment, leadership support, scheduling and so on to achieve greater leverage for sustainable retention (Wang, 2022). Local operational over policy solutions focus on unit-level operational solutions, with policy enforcement focusing on education capacity, reimbursement policy and licensing for long term mitigation vs. long term solutions (Press Ganey, 2022). Wang (2022) quoted the Pay & Working Condition of HR reporting most organizational leaders recommend that they combine compensation and conditions package together in order to attract more attention to ease recruitment (Wang, 2022).

Practical Relevance to Current Project

Based on literature, practical insights center on data-driven, multi-component leadership strategies that focus on workforce retention, such as analytics, leadership development and interventions for early career clinicians (Wu et al., 2022). Practical insights recommendations from leadership management, begin with analytics of what is the baseline for turnover, how does this affect burnout that leads to vacancies in the departments and then, reducing this into dollars and using quality standards for estimation and replacement (De Vries et al., 2023). Bundle benefit interventions combining residency with onboarding to target all the incentives for synergistic effects like staffing and schedule redesign with leadership coaching for more

appealing offers (Klepacz et al., 2025). The new graduates of the ‘Segment by Gen Z’ think differently and some enter specialties such as psychological employment without job security with an impact on job security (Oraibi et al., 2025). The need to invest in front line management to lead behaviours and to distribute decision making is constantly identified as a lever point regarding unit climate and retention (Martin et al., 2021).

Established studies have emphasized the importance of the relationship between burnout, healthcare workforce retention and patient safety, with a clear need to utilize evidence-based leadership strategies to enhance patient outcomes and to address the well-being of healthcare workers (Klepacz et al., 2025). After associating by burnout self-reported medical errors among physicians were shown to increase risk on patients, meta-analysis published why leadership management prioritizes retention beyond the risk of labor shortage and patient safety (Hodkinson et al., 2022). To find effective leadership strategies for recruitment to support health care workers' retention (Endalamaw et al., 2024). Aiming to improve quality health care to patients, efficiency with safety goals, and adopt evidence-based practices to improve quality of care and improve patient satisfaction scores (Briganti et al., 2023). Results show that burnout decreases job satisfaction and increase turnover having a wellness program can help reduce stress to increase employee health and minimize turnover rates (Abdulrahman et al., 2024). Theoretical inputs for leadership development training were enhanced, broadening the scope of practice to open up reimbursement opportunities to help ease the impact on training costs (Dankers-de Mari et al., 2023).

Real-World Challenges and Applications

Real world evidence shows that insufficient leadership, lack of resources, and poor teamwork are significant contributors to health care workforce turnover, with significant costs

and impacts to the business (Wu et al., 2022). Real world and expert opinions on burnout and retention in health care highlight that poor teamwork and lack of resources are the two strongest predictors of turnover, which is why management is focusing on teamwork as a retention lever (Press Ganey, 2022). Some turnover prevention strategies involving paired scheduling changes, leadership development programs, and analytics suggest that these strategies must be continually monitored and that cross-functional teams are necessary to maintain leadership strategies (Good, 2024). According to United States, the average cost to replace a bedside nurse was $44,375, putting the cost of the role to the hospitals at an estimated $4.9 million per year on average (Wang 2022). American association of critical care nurses shows that 67% of nurses that took the survey plan to leave their current position within six to three years (Good, 2024).

The main issues in health care retention are the effectiveness of leadership strategies and organizational implantation, which have critical impacts on patient safety and business continuity (Hamouche, 2023). Health care professionals and researchers alike have highlighted the need for knowledge and leadership strategies as the key factor for health care system organization implementations that can be effective and sustained (Klepacz et al., 2025). Exports also highlight that there is a risk of loss of continuity and maintaining patient safety with a breakdown in retention, which is not only an HR issue (Martin et al., 2021). The trend towards moving to real turnover, longitudinal measures, economic return models, and mechanism mapping as a means to understand interventional change behavior is the right way to go in the future (Endalamaw et al., 2024). The workforce disruption due to the COVID-19 pandemic contributed to a new challenge for retaining employees that never existed 20-30 years ago, and this reinforced the need for current and up-to-date tools and new evidence-based models of retention and leadership strategies for sustainability (Cordova et al., 2022).

Research and practice are coming together in the literature with the focus being placed on the role of organizational culture, leadership quality and support in early career and reducing burnout, improving patient outcomes and health care workforce retention (Endalamaw et al., 2024). In this regard, convergence leaders identify risk patterns for work burnout using organizational climates as operational construct studies with work climate, quality of management, central to retention and early career support as management toolkits (Ungur et al., 2024). A combination of strong assessment practices and leadership perspectives set them apart from scalable policies in improving retention and replacing staff that have high turnover in costly positions (Dankers-de Mari et al., 2023). Leadership management team focuses on operations-level "work arounds" (such as recognition, onboarding and scheduling) with stakeholders engaged in structural workforce issues and payment models to keep workers on board in the midst of workforce shortages (Briganti et al., 2023). Poor communication is associated with burnout, poor quality of care, and increased medical errors leading to patients' dissatisfaction and adverse events (Li et al., 2024).

There are different views on best practice, some highlight systemic benchmarking and transformational leadership and others emphasize occupational distress, training and process based workforce interventions (Hamouche, 2023). Practitioners of divergence and generalizability often report success and benchmarking information with limited information about design PRIs (preferred reporting items) for systematic review and meta-analysis (De Vries et al., 2023). To measure the outcomes of leadership, the aim of the work engagement is to situate a vision, inspiration and individual consideration (Wang, 2022) for effective transformational leadership. Based on existing framework studies show that occupational distress and impairment are related to sleep deprivation which stims from turnover intention (Hodkinson

et al., 2022). Health care workforce process-based training, planning, retention and deployment of quality health care will contribute to the improved health workforce management and governance to achieve a healthy working environment (Endalamaw et al., 2024). Change management HR practices guide note that communication plan, manager enablement, early wins, and psychological safety are tools that can be used to alleviate resistance and attrition (Abdulrahman et al., 2024).

Comparison: Academic vs. Practitioner Perspectives

The literature consistently indicates that confidence in the leadership of Australia's health care professionals is high and increasing, with this becoming a key driver of increased turnover, posing risks to patient safety, continuity of care and health care costs (Badria et al., 2024). Covid-19 highlights and exacerbates pre-existing structural issues, making the retention challenge news and critical (Gaffney et al., 2023). Practitioners and scholars thus agree that what is needed are evidence-based, whole-of-system responses instead of just one type of individual resilience strategy (Alkan et al., 2024). There is a strong relationship between prevalence and consequences of burnout and turnover intentions and turnover (Hodkinson et al., 2022), and a relationship with self-reported medical errors and worse outcomes (Hodkinson et al., 2022). Replacement cost estimates are considered to be substantial as a strategies business priority – financial and operational costs – is significant (Wang, 2022).

Maslach Burnout Inventory (MBI) is still the most overwhelmingly measured and used instrument; however, to complement MBI, instruments such as Copenhagen Burnout Inventory (CBI) and mixed-method approaches provide more much-needed coverage of systemic and context-related dimensions (Li et al., 2024). Improved tracking of outcomes over time, uniform outcome systems, and connecting burnout metrics with turnover and economic outcomes (Cohen

et al., 2023). The literature emphasizes systemic drivers' workload, understaffing, administrative burden, leadership quality, and culture over notions of individual weakness (Endalamaw et al., 2024). Through pandemic exposure, significant systemic fragility was highlighted, staffing was discussed, as was PPR, mental health infrastructure and the lack of financial alone.

Role of leadership and culture strong evidence and expert opinion that leadership behaviours, communication routines and shared governance are leverage points for retention, transformational leadership plus structural supports is more effective than charisma alone (Yan et al., 2025). The provision of manager training and frontline decision making authority are consistently reported as tactics with great impact (Martin et al., 2021). The Gen Z and emerging workforce of clinicians often have district expectations that, when combined with the systemic factors, will ultimately impact turnover necessitating differentiated retention strategies (Oraibi et al., 2025). Documented evidence of success and failure revealed that manager training and schedule changes, along with residency onboarding programs, have led to measurable early success in unit satisfaction and decreased early turnover (Klepacz et al., 2025). In many cases, well-being initiatives implemented on their own or as one-off programs are simply not carried out effectively or sustainably without redesigning the workload of the staff or providing support through the leadership system (Abdulrahman et al., 2024).

Building on prevalence data, critical analysis of the strengths, gaps, and methodological notes of the increasing use of mixed methods in research affords a perspective rooted in the stories and organizations' context (Alkan et al., 2024). The recognition and onboarding, scheduling and financial framing of retention interventions that resonates with executive stakeholders (Briganti et al., 2023) is an area where there is increasing convergence among different research lines in the field of leadership. Frequent key gaps and limitations of

measurable standardization include cross-sectional designs and lack of standardized reporting; and limited longitudinal linkage between leadership strategies and actual turnover events are common in many studies (Cohen et al., 2023). Integrated, multilevel strategies, involving leadership development, operational resign, targeted onboarding, and policy awareness, informed by standardized (and longitudinal) instruments that relate wellbeing metrics to turnover and business outcomes, can be seen as a synthesized reading of the literature as a systematic predictor of turnover that needs to be mitigated (Cook & Nohria, 2025).

Alignment of the Project with the Literature and Discipline

This capstone project on health care employee retention is solidly based on literature in the scholarly and leadership strategies fields of health care administration. The literature emphasizes evidence-based frameworks for transformational authentic leadership, and workforce environment to improve retention outcomes (Badria et al., 2024). Leadership quality, structural support systems and organizational culture have been proven to have direct impact on employee engagement and intention to leave (Hamouche, 2023). These theoretical explain the underpinning rationale for the effectiveness of retention interventions and their contribution to the broader vision of health system performance and patient safety.

The leadership literature placed the retention issues in the context of the operation of health systems today. Leadership development via onboarding programs, workforce planning with the use of analytics, and a healthy work environment that seeks to resolve an intensifying workforce crisis (Eastmond & Fernandes, 2024). Making a significant impact on the field of health care administration by adding to the body of knowledge regarding leadership, organizational design, and decision-making for workforce stability (Ali et al., 2024). The project

relates scholarly frameworks to leadership insights to maintain relevance to real world issues while making strides to the evidence base workforce management in health care organizations.

These insights are echoed in the literature on leadership, which shares accounts of real-world issues that serve to increase workforce stability and to enhance the conditions needed for workforce stability interventions to be effective (Alkan et al., 2024). These pieces of evidence collectively indicate that the effective retention strategies need to be multi-level, context-responsive, and based on a continuous valuation system (Yan et al., 2025). This project is directly aligned with those conclusions, to address the identified gap in practice through an evidence-informed, leadership approach to improving staff retention. Incorporating information from scholarly research and health care administration experience, the project adds depth to the field's efforts to impact health care workforce issues through organizational leadership in the real world.

SECTION 2. PROCESS

Project Question

PQ: How do global health care industry leaders see the drivers behind the need for effective employee retention strategies to reduce turnover expenses and help mitigate staffing shortages while encouraging staff to stay longer to help promote long-term retention through their professional needs ?

Project Design/Method

Given the intention to gain an in-depth understanding of participants' exploring leadership strategies that could enhance retention and the decision to stay or leave their health care jobs, a qualitative design was chosen. The purpose is related to the problem statement, it includes leadership practices that are ineffective and that help to retain employees. The aim of this project is to gain insights into the perceptions of health care providers of organization and workforce conditions and what role they play in the retention of nurses. The qualitative approach was appropriate for this project because it addresses the exploratory nature and the research question; it involves gaining insight into the perceptions and experiences of health care professionals with respect to problems of retention in their work settings. The research is a systemic and cyclical process that combines action and reflection (Phillipson et al., 2024) to enable the researcher to study and implement change at the same time.

The research is in keeping with the above purpose, focusing on the collaboration and stakeholders, solving problems in practice, and striving for continuous improvement, but not just on theory generation. Discussing characteristics that impact health care workforce retention and how they can inform strategies for leadership in health care to enhance employee retention (Martin et al., 2021). In qualitative inquiry, the aim of thematic analysis is to research the

information into codes, categories and themes that capture the shared and divergent views expressed by the players relating to health care retention. This allows for deep, rich, contextually-based data to be collected around the participants' experience, perceptions and insights around health care retention and intention to stay in or leave health care.

The problem of health care retention is complex, as it is influenced by a variety of factors, including organisational culture, leadership, workload, employee well-being, and opportunities for professional development (Phillipson et al., 2024). With this design, we can examine the questions of retention, including job satisfaction, organizational support and leadership strategies from a health care employee's point of view. This qualitative design, which sought to gain insight into workforce issues and the potential for improvement, required exploration of these experiences via engagement and reflective inquiry (Russ et al., 2025). Thematic analysis has been applied in health care research for the analysis of qualitative data and to gain meaningful insights for the improvement of pertinent practice.

This methodology involves including health care staff as co-constructors of the knowledge, which means that the findings reflect lived experiences and provide solutions that are feasible and meaningful in the health care context. For example, a generic qualitative study to explore the practical real-life problems, health care retention is a problem that is faced daily by hospitals in many different countries, which is influenced by individual, organizational and contextual patterns was explored. The semi-structured interview has been used as a reliable tool to investigate the complex workforce, give participants the opportunity to express their experiences in their own language and to ensure a consistent way of conducting the interviews.

The qualitative research parallel aims to uncover the health care workers' perception of the factors that affect a decision to remain or exit from the organization. Recognize positive

factors and stressors within an organization for workforce retention and make decisions about leadership based on evidence to enhance workforce retention and staff engagement (Martin et al., 2021). Linking project question, identity patterns, needs, and opportunities for improvements and using the results as guidance in practices and decision making in the future. In the process, the data gathered will reflect real-world experiences and the outcomes will be tangible and relevant to health care retention. The one on one semi-structured interview will enable the research to use a predetermined interview guide to ensure the clarification, elaboration, and depth based on participants' response to stay or leave the organization (Peytremann-Bridevaux et al., 2024).

Data collection approach and technique emphasizes on qualitative data such as semi-structured interview and reflective field notes. The use of semi-structured interviews enables the flexibility to cover the topics of importance while also providing an opportunity for the participant to bring up topics closer to his or her experiences. These methods will enable the deep exploration of important constructs such as organizational support, burnout, professional fulfillment and intent to stay that are associated with health care retention. All the data is collected in an excel spread sheet, evaluated and classified based on order in order to translate and define the results, and then the results is compiled. This helps to ensure that across the interviews it will be consistent, but also captures unique experiences and viewpoints.

Data analyses will be analyzed using thematic analysis, following an iterative process of categorizing, and theme development. Analytic approach is suitable to the qualitative inquiry because it enables patterns to come out from participant voices and is related with research objectives. The qualitative approach coding and thematical analysis will help in identifying the patterns with the data, to describe the data in rich details. To ensure rigor and trustworthiness, strategies and maintenance of an audit trail. These practices facilitate credibility, dependability,

and confirmability, which are important characteristics required for qualitative research in the area of health care retention.

I have a wealth of experience in leadership in both dental practice, private medical practice and outpatient hospital practice. I have had senior operational positions across my career where I had to be responsible for the daily operations, human resources, payroll, staff development and regulatory compliance and clinical oversight including nursing staff. I have experience working with multidisciplinary teams in small, private practices, and larger hospital affiliated specialty practices, such as wound care/ hyperbaric outpatient program at Bakersfield Memorial Hospital. Through these experiences, I have gained a strong understanding of the challenges faced by the health care workforce employee engagement, employee burnout, staffing shortages, professional development needs, leadership retention solutions and more. My experience in leadership positions has taught me about organizational culture, communication patterns and the intricacy of handling both medical and non-medical employees. Although my department retention rate is the best, I see many other departments of the hospital in need of leadership strategies and employee engagement to reduce burnout and lower the retention rate and decrease turnover costs.

Working for an acute care hospital, they bring benefits to patient outcomes and patient safety, retaining and attracting the best talent for financial gains. Enhance the organizational culture and reputation through research and innovation. This can mean reduced turnover, fewer adverse events and better efficiency, which in turn directly equates to cost savings for the hospital. Professional development and empowerment had a positive effect on the work environment and on job satisfaction, which in turn affected patients, and financial and career

stability. The possibilities of education and advancement are frequent hospitals invest in education and certifications, and in leadership for nurses to advance their careers.

Stakeholders, Participants and Target Audience

This capstone project has many stakeholders with a direct or indirect interest in, or involvement with, the exploration of health care retention. This includes individuals who provide the data for this project, groups that might be affected by the results of this project and audiences that might utilize the results for practices, policies, or future research. The health care settings will be able to be relevant, ethical, and potentially impactful if the stakeholders' expectations and perspectives are identified and considered as part of this project. Comparing to the retention rate for health care settings, identifying and addressing the interest, expectations and perspectives of these individuals in ways that are likely to ensure the project's relevance, ethical rigor and potential to make meaningful impact. These are the stakeholders and individuals who are licensed and non-licensed professionals in the health care environment, and they are aware of the significance of retention, patient safety and job satisfaction.

Stakeholders

The stakeholders reflect a variety of voices and viewpoints in the health care system and helped to make sure the project is relevant, feasible, and has the potential to impact. The project's health care workforce retention was dependent on the involvement and cooperation of many stakeholders. Health care administrators and organizational leaders were integral parts of the project as key stakeholders because results from the project could be used in decision making around staffing workplace culture, professional development, and leadership retention strategies. The main priority was to increase the stability of the workforce, minimize turnover expenses, and ensure that quality patient care was provided (Lynch et al., 2024). Staff members such as nurses,

allied health professionals and supporting staff were key stakeholders in and primary participants for the study.

HR and workforce development personnel are crucial because of their recruitment, onboarding, professional development and employee engagement role. The participation of various stakeholders can guarantee that the project tackles an important issue, integrates various viewpoints, and delivers value to the findings of significance (Nasser, 2024). Other stakeholders include professional organizations and workforce development groups, and the study findings will add to the conversation and best practices in health care workforce sustainability (Doody et al., 2024). Second, patients and communities that use health care organizations are indirect stakeholders better workforce retention can lead to better continuity of care and quality of services.

Participants

The policymakers and health care systems leaders represent indirect but important participants to identify direct leadership practices and employee retention Selecting individuals who have experience with leadership strategies and what employee retention can do to an organization. Collecting the data from all participants to provide deep insight into the best inform research problem and understanding of the purpose of this study. Health care workforce retention is an imperative when it comes to access to care, quality of care and health care sustainability. The sample was selected from population to include participants who met predefined inclusion criteria in the global health care field who were able to provide rich, relevant insights into the phenomenon under study (Peytremann-Bridevaux et al., 2024). The findings of this project could help catalyze workforce policy deliberations, funding priorities and/or systems-level approaches for addressing health care staffing shortages and a resilient health care workforce. The

participants were selected based on their first-hand experience of health care retention issues, which is important to understanding the problem and answering the project question. Participants need to be mindful of their personal experience in regards to leadership strategies, job satisfaction, retention and workplace contexts. Participants included individuals who are firsthand professionals who possess a unique understanding of the multifaceted factors impacting retention in or departure from health care careers (Doody et al., 2024). This capstone project resounds with a maximum audience impact because it speaks to the needs and interests of these diverse audiences. The results have the potential to impact practices, inform policy, and help stimulate research and discussion on retaining the health care workforce. Participants will be licensed and unlicensed health care workers who are involved in direct or indirect patient care. Organized roles to study to capture diverse perspectives during study throughout the organization (Yan et al., 2025).

The Participant Inclusion Criteria are

- Health care leaders who have implemented strategies to improve employee retention in the health care sector.
- Individuals who have held a leadership or management role in a health care organization for a minimum of 2 years of experience.

The Participant Exclusion Criteria are

- Individuals who have a current personal, supervisory, or direct reporting relationship with the researcher.
- Individuals with less than one year of leadership experience**.**

Target Audience

The audience targeted for this project is health care professionals working in a health care organization that are facing a workforce retention problem; the participants are from all over the world. Selecting the individuals appropriate for the purpose based on their experience in the field provided meaningful and rich data to explore constructs related to retention including job satisfaction, organisational support, burnout and intent to stay. Demographic factors like role type, job duration, and work unit are taken into account in the study because they could impact retention perceptions (Russ et al., 2025).

The other stakeholders are health care educators and professional organizations that also support workforce development, academic scholars interested in health care management and workforce sustainability (Martin et al., 2021). The effectiveness of patient care as well as the outcomes of job satisfaction and retention will be enhanced by addressing these factors that impact employee retention. The findings of the project may also be useful for policymakers and decision makers who are interested in the capacity and stability of health care systems and the availability of their workforce.

Role of the Researcher

Throughout this qualitative capstone research project, as a researcher, my job is to share what the data from the collection, analysis, and interpretation are. This will involve study design, field note taking, interviewing, qualitative data analysis and interpretation. To see that the outcomes are sincere, objective and backed up to make the study possible and build upon it. As a faculty member at Capella University, it is my responsibility to share the results of this capstone project with others once the research is completed. As has been the tradition of qualitative

research, it was necessary to be reflexive and self-aware while interacting with the participants and data to keep the participants as the focal point of the study.

My task when doing the interviews is to make the dialogue open and neutral, let participants contribute freely and to follow the same interview protocol to assure consistency and replicability. In selecting the research topic and design, I drew on my academic experiences in health care, as well as my professional experiences in a health care environment. I have previous experience in the health care setting and understand the barriers and dynamics of organizations within health care related to employee retention. The data is securely managed and inductive thematic analysis is done through coding in transcripts and identifying patterns and emerging theme(s) from the data. Reflexive notes will be kept and recorded throughout the research process and will include decisions made, reactions and any potential bias.

This experience will help me to communicate with the participants in an appropriate manner, while considering and interpreting the data from a contextual perspective; it will also be necessary to keep in mind possible assumptions and bias (Zambrano-Chumo & Guevara, 2024). Pre-understandings about workforce retention were developed through personal experience of working in a health care setting, and included beliefs that workload, leadership, burnout, and organisational culture all affect the decision to stay in or leave an organisation. In order to minimize bias and increase trustworthiness in the research process, a few strategies are utilized in the research such as documenting assumptions, emotional reactions, and changing interpretations to differentiate personal interpretation from participant data (Diko, 2024). Qualitative inquiry aims to gain insight into how leadership strategies to improve long-term retention, by addressing staff professional needs, can be implemented. The research professional experience and culture will not impact the study to be able to fight any potential bias. The data

collected from the interviews, the content with activity specific observations. Data analysis with coding and theming; reporting describing the experience, attitudes and discuss patterns and themes. However, because the process was continually reflective, I was able to stay mindful of how my personal experiences and beliefs might influence the process and to focus upon the voice of the participant and the data-driven conclusions. Also, assumptions about what is expected, how employees should communicate, and what the organization should do to keep them healthy and safe could be influenced by my personal and cultural worldview. Being neutral and using the participants' own ideas about health care workforce retention and not my own ideas and/or expectations.

Project Study Protocol

Staff retention is a serious challenge to the stability, quality and well-being of the health care workforce in the health care sector. An overview of the sampling approach used to explore health care professionals' perspectives on retention is found in this section. The sampling strategy and the number of the sample are described and justified by using scholarly journal articles and literature in the first subsection. The second subsection describes inclusion criteria, participant characteristics, and methods for dealing with attrition and deidentification of participants. Demographic characteristics of the health care setting that are relevant to the context, including a general health care role licensed/nons-licensed professional range of experiences. This method allows for context and (most importantly) anonymity among the participants.

Sample

This study will include 10 participants within the global health care setting, who have direct experience with leadership practices. in qualitative research to intentionally select

participants who have direct experience with the health care setting. Participants are drawn from those who can give insightful information about influencing retention decisions in health care positions in limited situations. Snowball sampling is a supplementary leadership sampling method that will be used to aid in the recruitment of participants by having them pass on study information to other colleagues who have fulfilled the inclusion criteria (Tabassum & Ghosh, 2023). Purposive sampling is more congruent with the generic qualitative inquiry approach, as the goal of the study is to gain perspectives and experiences of health care workforce retention and not to achieve any statistical generalizability.

Sample size adequacy will be determined using the qualitative principle of data saturation and information power. In a relatively qualitative project in which participants are expert on the subject and the quality of data is high, the thematical saturation is achieved in the first 10 interviews. Since the topic of health care workforce retention is complex and the participants have personal experience, the sample size is adequate for producing good data and finding commonalities among the data. The participants will be current and recent workers in the health care sector working in the health care related positions, who will have experience of patterns that lead them to stay on or to leave a health care occupation. Appropriate work experience to have meaningful reflections to share about issues of retention, be able to engage in a one-on-one interview conducted in English, and be willing to provide informed content.

Participants will be recruited in excess of the minimum number needed so that some participants may drop out. Flexible scheduling, reminder communications will be employed to facilitate participation, and it will be explained to them that participation is voluntary and that they may choose to discontinue their involvement in the study at any time without penalty. Relevant population in the global demographics will be described in very general, non-

identifying terms with only the categories of health care roles and the spectrum of professional experience of licensed or non-licensed professionals. Participants' names, organizational affiliations, geographic locations, other identifying information will not be collected and/or reported ensuring that participant confidentiality is maintained.

This sampling strategy follows the generic qualitative inquiry approach to gain insight into participants' perceptions and meanings regarding a phenomenon, instead of to attain statistically generalizable results. The purpose of this sample size is to note that
When the overall objective of the study is limited, and the participant(s) possess special skills, fewer participants are required (Kiptulon et al., 2025). This range is complemented by the qualitative research guidance which prioritise the data saturation and the information power instead of the numerical representation. Data from the interviews will be gathered until data saturation occurs with no themed messages arising.

Data Collection

Data collection will be done in a step by step qualitative process with a structure in which the consistency, credibility and dependability will be kept. The study will use a generic qualitative design, in order to obtain health care professionals' in-depth knowledge on workforce retention. Any data collection will be carried out in a way that preserves confidentiality of participants. After an expert review process to ensure integrity, credibility and ethics of the participants and project. The determination of risk level is made by the institutional review board (IRB) for minimal risk studies for qualitative projects. However, if there are any questions about the risk to my project, I will reach out to Capella's IRB prior to data collection.

Step 1: Preparation and Instrument Review

Research questions and relevant literature of health care workforce retention inform the development of the interview guide, which is semi-structured prior to recruitment. Feedback directed towards clarity, questioning, alignment and neutrality with purpose of study. Changes in wording and flow will be made and will be of a minor order to enhance the wording and flow; no formal pilot testing will be done. Ensure the instrument of data collection is able to provide the data that will help answer the project question.

Step 2: Participant Recruitment

Purposive sampling will be employed to find health care professionals who have experience in relation to retention. Interested parties contacted the researcher directly by means of the recruitment message, which explained the purpose of the study, an estimate of the amount of time that would be required, the eligibility criteria, and the voluntary nature of participation. Recruitment is ongoing until the planned sample size is reached and data saturation is observed, shared through general professional channels and not in relation to specific organisations and/or locations (Kallerhult Hermansson et al., 2026). Analyse the use of clear and neutral questions in interviews, consistent with selected method. The expert reviewer will review the interview question in terms of potential risk or misunderstanding. The expert review process will be: credentials, feedback, and results, which must be modified to be maintained and submitted to IRB as necessary.

Step 3: Screening for Eligibility

The persons who acknowledge the interest will be filtered out according to the predescribed inclusion criterion. Screening was used to verify that prospective participants had prior or present experience in a health care related position and to determine health care

professionals' exposure to factors that affect their retention. Those that do not meet the inclusion criteria will be thanked but not further involved. In this way, all participants will be equipped with experience and knowledge to give insightful feedback on health care employee retention.

Step 4: Informed Consent Process

An informed consent form will be made available to the eligible participants before data collection. Consent materials will be presented with the purpose of the study, issues of confidentiality, voluntary participation, benefits and the ability to withdraw at any time. The study's aim is indicated on the consent form, which outlines the screening process for any possible risks and benefits. Ahead of interview the participant(s) will be equipped with consent and all questions will be answered before scheduling interview. To this end, participants will be fully informed and agree to taking part in the study.

Step 5: Scheduling Interviews

The consents are given, and then the interviews are conducted at the participants' convenience. Offered convenient time for their flexible schedule options to accommodate participants professional responsibilities (Boone et al., 2024). In health care facilities, there are many different work schedules and participants will be provided with multiple scheduling options. Participants will be advised they can reschedule or withdraw anytime before the interview.

Step 6: Data Collection Methods

One-on-one semi-structured interviews to collect data, duration of 45-60 minutes. The same interview guidelines were followed in each interview to ensure consistency while providing flexibility for probing and clarifying. Interviews have a particular focus on participants' experiences, thoughts, and perceptions on health care workforce retention. Interviews were done

in for confidential and sound was recorded with consent of the interviewee. The contextual observation and reflection (Cronin et al., 2025) is achieved through taking field notes during and immediately after each interview. In this study, there will be no focus groups; participants will be called upon to give only the "real-world" examples they have had regarding retention of the health care workforce.

Step 7: Data Management and Deidentification

Every transcript is checked for accuracy and is de-identified with none of the potentially identifying information. The audio files, transcripts and field notes are kept secure and participants are given identification codes for their protection. No data will be stored on public or shared devices, these procedures ensure secure data management, and compliance with approved research protocols.

Step 8: Credibility and Dependability Strategies

Data collection was done until data saturation was reached, which was evidenced by the absence of new themes and the emergence of new information. Reflexive journaling is kept throughout data collection to record the reflexive, assumptions and methodological decisions. Maintaining an audit log of recruitment process, consent process (with interview protocols) and data management actions. Further strengthening of all participants dependability with the consistent use of the interview guide.

Step 9: Completion of Data Collection

Data collection suggested that upon saturation all interviews will be transcribed and de-identified field notes and reflexive journals will be completed. Qualitative data is ready to be analysed. After conducting an interview, continuing data saturation and evidence of themes, field notes for each document observations and analytic insights.

Ethical Considerations

Capella University's Institutional Review Board (IRB) gives prior approval before starting recruitment and/or information gathering processes to comply with federal regulations and ethical practices for the protection of human subjects (U.S. Department of Health and Human Services, 2025). The IRB's mission is to respect the autonomy, dignity, to weight the benefits vs the risks, to protect the privacy & confidentially of research participants, and to provide enough information for informed decision-making in accordance with the Federal regulations under 45CFR46 (U.S. Department of Health and Human Services, 2025). Until the IRB approves my strategies for the survey distribution, I will not start and adhere to these guidelines.

Utilizing Capella University's informed consent form, all participants will sign consent prior to data collections, as required by IRB approval. The participants will be provided with relevant project information, explanation of the project purpose, procedures, required time, potential risks and benefits, confidentiality and voluntary nature of the participant. My contract information and Capella University supervisor will be provided to the participants in case there are any questions or concerns. No minors will be considered, due to the project health care retention rates, management and leadership needed. The consent form will be built into my Intro page, when obtained signed content participants will receive a copy of their signed consent.

In this project, ethical issues as outlined in The Belmont Report (respect for persons, beneficence, and justice guiding principles) were paid due consideration to ensure the protection of participants (Siddiqui & Sharp, 2021).According to Pritchard (2021), to uphold the ethical principle and ethical guidelines identified by the commission of beneficence, minimising the potential risks and maximising the potential benefits for the participants. Addressing justice will

involve the use of fair and equitable inclusion criteria and guaranteeing that no individual or group engages in unfair burden or exclusion from participation (U.S. Department of Health and Human Services (HHS), 2024). The participants will be told what the risks and benefits are of taking part Risks were minimal and mainly concerned with emotional discomfort in discussing workplace experiences. The survey is on a voluntary participant, taking sex, race, ethnicity, sexual orientation and age into account to show respect and courtesy to participants. The participants are advised that they could decline to answer any question or stop the interview at any time.

The privacy and confidentiality of this study are ensured. All the participants are protected, and the data is identified during transcription and analysis. To prevent privacy violations, no names, geographic information, organization affiliations or other identifying data are gathered. Any auto recordings, research notes and transcripts will be kept in a secure manner, only accessible by myself. Participants are informed of their rights to refuse or withdrawal from study at any time without penalty or negative consequences (Alotaibi, 2024). Conflicts of interest are acknowledged and managed, I had no supervisory or authoritative position over participants, no evaluative interest in participants or their responses and no professional or personal relationships in which such relationships might influence participants or responses. No incentive will be offered to encourage participation as it was nominal and approved by the IRB and therefore not likely to unduly influence participants' decisions to participate.

Data Analysis

Using Braun and Clark’s six step thematic analysis framework will be used to analyze qualitative interview data that is related to health care employee retention. This thematic approach follows that of applied doctoral research as Capella is committed to qualitative rigor,

methodology, and transparency. Thematic analysis process will allow systemic flexibility in the identification of the patterns of meaning in answer to the project's research question. Qualitative method will be used as retention is a complex phenomenon that can be influenced by experience, perceptions and organisational culture which cannot be measured through quantitative alone. Managing data with Excel, data analysis with data analysis platform for most innovative qualitative research.

Step 1. Familiarization With the Data

First of all, the data is immersed, and the response of the participants is understood first. Multiple recordings of interviews transcribed and reviewed for accuracy. As I go through this process, I will see patterns emerging, for potential patterns that relate to health care retention. Additional reviews of the workload, the leadership support, their job satisfaction, and work-life balance.

Step 2. Generating Initial Codes

Through systematic coding with all of the data sets. Chunking coding to meaningful units and understanding the relationship to the research question health care retention. Use coding throughout transcripts to incorporate everything. Coding logs to maintain and support transparency, auditability, and be consistent with Capella qualitative standards. Utilise the excel software tools to highlight and note-take, to add to an excel spreadsheet.

Step 3. Searching for Themes

By analysing the data codes, looking for themes and making broader categories. Themes will be based on patterns of participants' experiences. Gross topics, requiring workplace demand, related to the intensity of the work, and staffing (level). Last step trans: from descriptive to interpretive thematic development of coding.

Step 4. Reviewing Themes

During this stage, the provisional themes will be further developed to become coherent with the entire data set. Raising the topics to show it backs the information and they are definitely various. Weak, overlapping or unsupported themes will be re-visited, consolidated or eliminated. This reviewing process increases the finds 'trustworthiness' and 'credibility'.

Step 5. Defining and Naming Themes

By clearly outlining and naming each finalized theme. Definitions of the meaning, scope and relevance of each of the themes to health care retention. This will help to ensure that the themes are meaningful, clear and directly relevant to the project's objectives. Theme definitions will be supported, transparent and documented to be consistent.

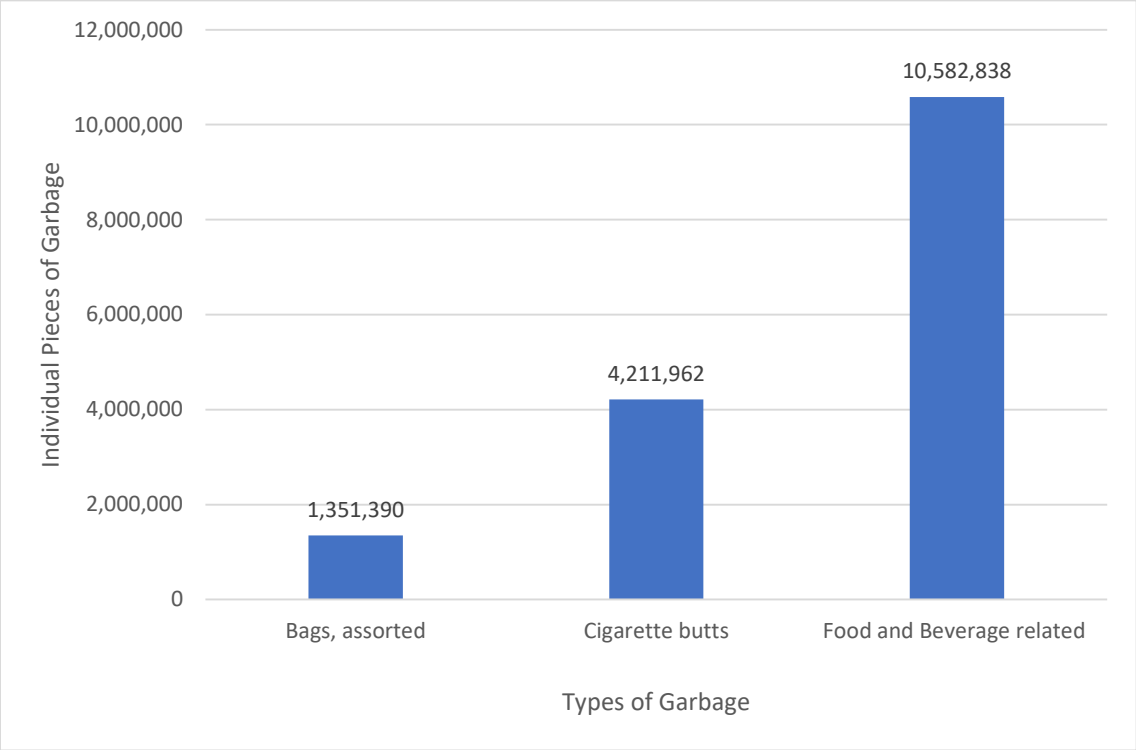
Step 6. Producing the Report

Lastly, the results are presented in a scientific and logical way. Reporting the themes and the participant quotations that provide evidence to show how well themes are grounded. The findings will raise implications of organizational practice and leadership in terms of the project question and the existing health care retention literature. The final step checks that the analysis is done in a manner that is acceptable to Capella to assure that it will provide knowledge that can be applied in practice.

By using Braun and Clark’s six-step thematic analysis provides the Capella approval, methodologically framework on the qualitative data in health care retention research. These findings within the framework reflect health care professionals' lived experiences and thus provide a contribution to understanding influencing retention. This versatility offers rigor, transparency and dovetails into the applied Capella doctoral project standards.

Figure 1

Types of Garbage



Note: Insert information about the source or presentation of the data if you did not create the figure. Add copyright/permission notes for copied information, even government materials, require 10-point acknowledgment below the image. Be sure to include a permission acknowledgment, e.g., "Reprinted [or adapted] with permission." See the templates at https://academicwriter-apa-org.library.capella.edu/learn/browse/QG-28.

Table 1

Demographic Information

Participant	Age	Sex	Position	Years in position
P1	25-30	Male	Chairman	10-15
P2	41-45	Female	CEO	6-10

Note. Potential participants under age 16 were omitted from the sample. Only essential notes need to be included.

See Table setup (apa.org) and https://academicwriter-apa-org.library.capella.edu/learn/browse/QG-44?group=All&view=list&term=tables&sort=asc. The Doctoral Publications Guidebook also addresses tables and figures.

SECTION 3. FINDINGS AND APPLICATION

Relevant Outcomes and Findings

Application and Benefits

Implications

Recommendations for Policy

Recommendations for Practice

Recommendations for Future Work

Conclusion

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APPENDIX A. INTERVIEW GUIDE

	Demographic Information and Introduction: Describe the demographic information you will collect from participants, the value of this information, and the method for collecting the information.		
Project Questions (what you seek to understand): List each of the Project Questions separately:	**Interview Questions* (what you will ask to gain the understanding you seek):** Map and detail each of the primary interviews back to the project question:	**Justification:** Explain how the literature helped to inform the creation of the interview question. Identify the concept from your Applied Framework (Section 2.3.2) which guided the creation of the interview question.	**Probing Questions**:** For each interview question, what follow-up questions might you ask to generate additional information?
PQ: What are the perspectives of leaders in the global health care sector on implementing effective strategies for retaining employees to decrease turnover costs and staffing shortages, and increase the promotion of long-term retention by addressing the professional needs of staff?	Q1. How do transformational leadership behaviors impact employee retention in health care setting?	Idealized influence: Questions regarding leadership style and its impact on retention. How would you describe your leadership style?	How do you foster employee engagement within your team?
	Q2. How does a transformation leader's support for professional growth affect retention among health care employees?	Inspirational Motivation: Questions communication, engagement, and fostering motivation How do you encourage open dialogue between leadership and staff?	How do you support career advancement for your staff?

	Q3. What strategies can health care organizations implement to develop transformational capacity among managers and administrators to improve retention?	Intellectual Stimulation: How do you create a safe environment for staff to share new ideas?	How would you describe your leadership style?
	Q4. How does transformational leadership influence communication effectiveness and trust between health care leaders and staff?	Individual Consideration" Questions on mentorship, career advancement, and burnout support. How do you address burnout and compassion fatigue?	What leadership qualities do you believe are most important for improving long-term retention in health care?
	Q5. How does transformational leadership contribute to creating a positive workplace culture that supports long-term employee commitment? Q6. What role does empowerment, through shared governance or participative decision-making play in reducing staff burnout and turnover?	Inspiration motivation How they address communication and trust between leaders and staff. Inspiration stimulation How involved are you in decision-making processes.	How does culture influence your intent to stay? Does having a voice reduce stress or burnout?
	Q7. In what ways do transformational leadership motivate employees to align	Intellectual stimulation Addressing culture in workplace for long-term.	Has this alignment influenced

	personal values with organization's mission?		your commitment?
	Q8. What measurables outcome (turnover rates, engagement scores, patient satisfaction) demonstrates the effects of transformational leadership on retention?	Individualized consideration	How do these qualities affect team morale?
	Q9. Which specific transformational leadership qualities are most strongly associated with improved staff satisfaction and reduced turnover?	Individualized consideration	How do these outcomes affect your work experience?
	Q10. How do staff perceive the transformational leadership style compared to transactional or laissez-faire approaches in terms of retention outcomes?	Individualized consideration	How did each style influence your decision to stay or leave?
	Closing out the Interview: Thank you for taking the time to participate in this interview. Before we conclude, I want to give you the opportunity to share any additional information that we may not have covered today. Once the is complete, I am happy to provide you with a final summary or copy of the project. This concludes our interview, I wish you all the best in your		

	continued work and thank you again for participating in this study.

* Avoid closed-ended (yes/no) questions.

Examples of Probing Questions:

- How did that make you feel as a leader?
- What did you learn from the experience?
- Would you approach that differently now?
- How has your perception changed over time?

Test Run Form – Interview Questions

See instructions at the bottom of the form.

Section 2: Learner Reflection: Results and Outcomes	
Total Length of Interview (minutes)	

Total Length of Interview (page length- single space)	
Efficiency of Transcription Process	
Modifications to Interview Questions and Rationale	

Section 1: Participant Records				
Participant #1	Evaluation Criteria and Assessment of Each Interview Question			
Interview Question (a)	Ease of Understanding (b)	Clarity of Response (c)	Completeness of Response (d)	Adequacy of Response to Answer Project Question (e)
Q1. How do transformational leadership behaviors impact employee retention in health care settings	Clear and conversational wording is easily understood by participants.	Likely to elicit descriptive responses about stress management and leadership influence.	May require probing ensuring detailed examples.	Strongly aligned with leadership impact on employee well-being and retention.
Q2. How does a transformational leader's support for professional growth affect retention among health care employees?	Experiences and straight forward.	Encourages responses with specific examples	Complete responses	Supports transformational leadership construct.
Q3. What strategies can health care organizations implement to develop transformational capacity among managers and administrators to improve retention?	Clearly worked	Intellectual stimulation	May need follow up for depth.	Aligned with individualized consideration and retention factors.

Q4. How does transformational leadership influence communication effectiveness and trust between health care leaders and staff?	Clearly worded and conceptually accessible	Generate examples of intellectual stimulation.	High potential	Retention through burnout and well-being factors.
Q5. How does transformational leadership contribute to creating a positive workplace culture that supports long-term employee commitment?	Easy to understand by using common language.	Produce experimental responses.	Probing for leadership connection.	Engagement and organizational commitment
Q6. What role does empowerment, through shared governance or participative decision-making play in reducing staff burnout and turnover?	Clear and slightly abstract	Reflective responses	Depending on participant's insight.	Strong alignment for retention themes
Q7. In what ways do transformational leadership motivate employees to align personal values with the organization's mission?	Clear assuming participant is a leader.	Generate examples in leadership role.	Probing for specific outcomes.	Engagement and motivation retention.
Q8. What measurable outcomes (turnover	Clear and reflective.	Emotional responses	Detailed responses	Retention intent and career themes.

rates, engagement scores, patient satisfaction) demonstrate the effects of transformational leadership on retention?				
Q9. Which specific transformational leadership qualities are most strongly associated with improved staff satisfaction and reduced turnover?	Simple and future oriented.	Forward-looking responses.	Probing for organizational influences.	Aligned project question on retention.
Q10. How do staff perceive the transformational leadership style compared to transactional or laissez-faire approaches in terms of retention outcomes?	Clear and direct.	Elicit comprehensive responses.	Probing for organizational culture.	Aligned with retention outcomes.
Participant #2	Evaluation Criteria and Assessment of Each Interview Question			
Interview Question (a)	Ease of Understanding (b)	Clarity of Response (c)	Completeness of Response (d)	Adequacy of Response to Answer Project Question (e)
IQ 1				
IQ 2				

:				
IQ x				

Self-Evaluation of Interview Skills	
Lessons Learned for Perfecting the Interview Technique	

After practicing the administration of your interview on one or two non-participants for your study, complete this form.

- In Section 1: Enter each interview question into Column A.
- In Section 1: Assess the quality of participant responses in Columns B through E.
- In Section 2: Reflect on the results of the practice interviews. Detail what you learned from the process and what, if any, modifications you will make to your instrument.

Note: The transcripts from the test run interviews provide an opportunity to familiarize yourself with the data analysis procedures recommended for interview data.