

**EXPLORING AND DESCRIBING THE FACTORS THAT INFLUENCE EMERGENCY
DEPARTMENT NURSE RETENTION**

by

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Abstract

Transformational leadership style is widely believed to be the most effective leadership style. Using this style tends to bring about positive outcomes, increased job satisfaction, and decreased staff turnover. Intent to turnover of staff may not be solely dependent on leadership styles as other factors may also influence one's decision to leave a job or workplace. A significant concern of companies despite their locality, number of employees or type of business is turnover intention. High nursing turnover is a continuous and an increasing problem in the Emergency Department (ED). The purpose of the quantitative non-experimental study is to explore and describe the factors that influence ED nurse retention and their intention to leave (ITL). Therefore, it is important to identify key factors that influence ED nurse retention and ITL. The sample consisted of 100 Emergency Department Registered Nurses. Results of the T-test for research question one indicated no statistical significance between transformational leadership and turnover intention scores; Nurse Managers who exhibit characteristics of a strong transformational leader retain more ED Nurses than those Nurse Managers who do not exhibit characteristics of a transformational leader. Results of the T-test for research question two indicated no statistical difference in Nurse Managers who practice nursing engagement strategies (nursing management, professional practice, physician collaboration, staffing resources, and shift work) with ED Nurses would have equal or similar Turnover intention scores than those who do not practice nursing engagement strategies. Overall, the findings of this study suggested that nursing engagement strategies are key factors in retaining nurses in the ED. Therefore, in developing strategies for retention, it is critically important for nurse managers to focus on the influencing factors of engagement: nursing management, professional practice, collaboration with physicians, staffing resources and shift work.

Dedication

This dissertation is dedicated to loving memory of my grandmother, Elizabeth A. Baker.

Acknowledgments

I want to thank God for teaching me how to be still and challenge myself to do things I never dreamed I could do in life. I want to thank my mother, Beverly Taylor and my brother, Robert Taylor for always loving and supporting me by any means necessary. From the hall of shame to the hall of fame, it could have not been done with you, Ralph Steve Johnson, Hugh Brown, and Deirdre Buckles-Alford.

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CHAPTER 1. INTRODUCTION

Introduction to the Problem

One of the most severe problems at the forefront of healthcare organizations is the increased shortage of healthcare professionals. In the United States, and in addition to the rest of the technologically advanced world, the rising shortage of Registered Nurses (RNs) is reaching crisis levels Sawatzky and Enns (as cited by Bothma & Roodt, 2013). Because of a shortage of RNs, the delivery of healthcare and patient care outcomes are affected (Charney & Schirmer, 2007; Zolnierek & Steckel, 2010). Juraschek, Zhang, Ranganathan, and Lin (2012) forecasted a nursing deficiency increase from 5% in 2009 to 30% by 2030, for an overall nationwide shortfall of 918,232 nursing job opportunities. In specialty areas, such as in the emergency department (ED), this is where the most serious nursing shortages occur (Manton, 2004).

The existing nurse employment shortage is rapidly increasing during a period when patient acumen is advanced, patient care is more problematic, and demand for health care services frequently surpasses capacity or capability (Bothma & Roodt, 2013). With the aging population of baby boomer nurses retiring, and with the growing, ever-increasing demands of the healthcare industry, nurse retention, and recruitment are gaining more attention by healthcare organizations (O'Brien-Pallas, Murphy, Shamian, Xi, & Hays, 2010). Given the possibility of the additional requests for healthcare services, the projection by the year 2020 is that 400,000 fewer nurses will be in place to deliver care than what will be required (Buerhaus, 2002). With the typical age range for registered nurses consisting of approximately near 50, it is projected that

the present-day nursing population will reach retirement age by 2025 (Robinson, Jamin & Ray, 2004). Moreover, specialty units such as the operating room and post-anesthesia departments are highly popular among the aging workforce transitioning into retirement because not as much shift work is required in these types of positions and the nurses want more independence and more respect than what has been given in the past (Buerhaus, 2002).

From the time of conception until the time of death, and during those medical events in between, nurses have contributed to almost every person's healthcare situation by providing support, comfort, and knowledge to their patients. Contributing factors of nurse retention issues in the ED work location not only affect the delivery of healthcare and patient care outcomes but also subjects to the continuous transformation, irregularity, improved patient acumen, as well as problems in conjunction with overwhelming hospital capacity and overcrowding. Moreover, the ED has no confirmed limit on clinical patient loads subjecting the ED personnel to scrutiny by their peers, patients and relatives (Schriver, Talmadge, Chuong, & Hedges, 2003; Robinson, Jagim, & Ray, 2005; Bothma & Roodt, 2013).

With new and emerging technology, the delivery of patient care has improved, now requiring more learning and mastery of technology. The mental and medical demands of emergency nursing seem to be a significant determining factor of emotional criticisms and exhaustion in emergency nurses (Adriaenssens, DeGucht, Van Der Doef, & Maes, 2011). According to Erikson and Williams (2000), violent assaults against ED nurses are on the rise. Currently, the United States healthcare system is on an unsustainable path that will force transformation, and thus, there is an exception for healthcare providers to do much with fewer resources (Hayes et al., 2012).

The demand for nurses is increasing overall and specifically there is a demand for ED nurses. In the United States, from 1995 to 2010, ED visits increased annually from 97 million to 130 million, which is an increase of 34%. The official visit ratio, which explains for variances populations, eventually grew from 37 visits per 100 persons in 1995 to 43 visits per 100 persons in 2010, an increase of 16%, according to the National Center for Health Statistics (2012). Simultaneously, the amount of emergency departments dropped just almost 11% to 3,700 emergency units in 2010, according the American Hospital Association, Annual Survey of Hospitals (2012). Additionally, the aging population of baby boomers who are retiring from these positions will add to the ever-increasing mandate for ED nurses for a number of decades for the future. Lastly, turnover rates tend to be elevated in specialized areas of nursing, causing issues with both supply and demand (Juraschek et al., 2012).

Background of the Study

O'Brien-Pallas et al. (2008) drew awareness to the influences and critical factors of staff nursing turnover and consequences for administrative policies in nursing units. O'Brien-Pallas et al. (2010) emphasized the relationship between the Patient Care System and Nurse Turnover Model and how these models contributes to influences relating to patient care, nursing units, and organization. The author further explained through conservational involvedness, nurse usage and nurse turnover to create systematic results (patient, nursing, and system results) that then fed back into the system. O'Brien-Pallas et al. argue that work-related fatigue and job discontent are factors of nursing turnover and reasons nurses are leaving their positions. Burston and Stichler (2010), identify nurse caring as a significant motivational factor that influences recruitment and retention. Sawatzky and Enns (as cited by Bothma & Roodt, 2013) concluded that it is essential to find the crucial influences and reasons that have affected ED nurses and their intention to

leave. The authors suggested that engagement is a main influence in retaining nurses in the ED. The underlying theory of transformational leadership style is most prominent to the problem of ED nurse retention. Transformational leadership occurs when leaders and followers educate and elevate one another to levels of greater motivation through their collaborations (Burns, 1978). Thus, in developing tactics for retention, it is critical for management to give attention to the factors that influence engagement: nursing management, professional practice, physicians collaborating, employment resources, and shift work. Sawatzky and Enns (as cited by Bothma & Roodt, 2013) concluded that by defining the predictors of ED nursing retention and their intention to leave, healthcare leaders might use the results of the study to develop approaches to retain ED nurses resulting in healthcare cost reductions, enhanced patient care, and a healthy work-life balance for nurses.

Statement of the Problem

The shortage of nurses threatens many facets of health care delivery. High turnover in nursing negatively influences financial, patient, and nursing outcomes (O' Brien-Pallas et al., 2006; Bothma & Roodt, 2013). Financial expenditures consisted of the shared outcomes of early declines in new employee efficiency results, reduced employee morale, and efficiency initiated by employee turnover (Bothma & Roodt). Specifically related to patient care, EDs with high volumes of job vacancies in nursing account for more overcrowding, resulting in extended waiting times as well as more patients leaving without being seen by a doctor or nurse (Bothma & Roodt). Furthermore, the shortage of ED nurses contributes to the escalation in ambulance rerouting (Burt & McCaig, 2006; Bothma & Roodt) in addition to the lack of ability to execute evidence-based patient care (Carlbon & Rubenfeld, 2007; Bothma & Roodt). Generally, an increase of the patient to nurse ratios and the overcrowding of EDs leads to poor patient

outcomes (Aiken, Clarke, Sloane, Sochalski & Silber, 2002; Robinson, Jagim, & Ray, 2004; Bothma & Roodt). A shortage of nurses could also have an emotional impact on a healthy nursing work–life balance, causing burnout and a lack of job satisfaction, which sequentially could lead to more retention issues (Aiken et al., 2002; Browning, Ryan, Thomas, Greenberg & Rolniak, 2007; Holtom & O' Neill, 2004; Bothma & Roodt). Sawatzky and Enns (as cited by Bothma & Roodt, 2013) asserted that engagement continues to be the main predictor of nurse's intention to leave in association with job satisfaction, compassion satisfaction, compassion fatigue, and burnout. Whereas, nursing management, professional practice, collaboration with physicians, staffing resources and work conditions occurred as main influences for engagement (Sawatzky & Enns). Therefore, it is vital to explore and describe the factors that influence ED nurse retention and their intention to leave (ITL).

Purpose of the Study

The purpose of the quantitative non-experimental study was to explore and describe the factors that influence ED nurse retention and ITL. Influencing factors may predict intention to leave either directly or indirectly by their impact on the intermediary factors (Bothma & Roodt, 2013). Sawatzky and Enns (as cited by Bothma & Roodt) described the influencing factors consisting of the structure of the organization's environment and the individual's personal and demographic factors. The Nursing Organizations Alliance (2004), identified nine Principles and Elements of a Healthful Practice Work Environment that are specific to organizational climate. These principles and elements include shared practice philosophy, communication- rich culture, philosophy of responsibility, existence of sufficient amounts of experienced nurses, existence of skilled professionals, knowledgeable, trustworthy, evident leadership, collaborative decision-making , encouragement of professional practice and continuous growth/development,

recognition of the value of nursing contribution, and recognition by nurses of their meaningful contribution to practice (Bothma & Roodt, 2013).

Even though incorporation of Principles and Elements of a Healthful Practice Work Environment into the components of organizational climate, the study evidence regarding the specific influencing factors was questionable Sawatzky and Enns (as cited by Bothma & Roodt, 2013). Staffing resource adequacy and forecasting are widespread concerns for nurses (Alspach, 2007; Bothma & Roodt, 2013). On the other hand, Fang (2001) and Alspach (2007) have stated that organizational respect and compassionate, competent, honest, and ethical managers remained amongst the greatest significant factors for retaining critical care nurses. According to Tzeng (2002), leadership style had no influence on job satisfaction or the intent to leave. Sawatzky, Enns, and Stone (as cited by Bothma & Roodt, 2013) suggested that only specialized training and competency are erroneously linked to intention to leave based on a study of the organizational climate and intention to leave in ICU nurses. Therefore, it is important to identify key factors that influence ED nurse retention and their intention to leave (ITL).

Rationale

A constant and ever-increasing problem in the ED is high nursing turnover Sawatzky and Enns (as cited by Bothma & Roodt, 2013). The main rationale of this study was to explore and describe the factors that influence emergency department nurse retention. Influences that are materialized, per Sawatzky and Enns (as cited by Bothma & Roodt) are major indicators of the intention to leave nursing for emergency nurses include the lack of engagement, working in a position that is not a registered nurse position, greater exhaustion and lower salaries; indicators of emergency nurses' plans to leave nursing consisted of the aging workforce, less concern of gratification, advanced specialized practice results and lesser wages. An examination of the

literature implied that nursing management is the basis for creating creative approaches for addressing ED nurse retention.

Research Questions

This quantitative study explored and described the influence of transformational leadership style, using nursing engagement strategies (nursing management, professional practice, physician collaboration, staffing resources and shift work), on emergency department nurses' intention to leave. The independent variables are transformational leadership styles and nursing engagement strategies. The dependent variable is retention rates as measured by the Turnover Intention Scale. From the preceding literature, the following research questions were proposed:

1. Do Nurse Managers with a strong transformational leadership score retain more ED Nurses than Nurse Managers with a weaker transformational leadership score?
2. Are Nurse Managers who engage in nursing engagement strategies (nursing management, professional practice, physician collaboration, staffing resources, and shift work) helping to reduce emergency department nurse's turnover intention scores compared to those who do not use these strategies?

Significance of the Study

Exploring and describing the factors that influence emergency room nurse's retention and their intention to leave nursing positions is vital to this study. Work engagement within organizations is a pivotal driver to maintaining loyalty, high productivity, and meeting the needs of the customer (Brown, 1996). Personal relationships in the workplace and satisfaction at work lead to a decrease in turnover and an increase in productivity. Jones and Harter (2005) indicated that engagement leads to personal benefits for the individual who experiences it. Subsequently

managers are likely to have daily interaction and an effect over their employees; therefore, managers are most likely to speak on leadership because of their capability to impact employees to stay motivated and engaged in the workplace (Koppula, 2008).

According to Ashforth, Harrison, and Corley (2008) identity to an organization, which also includes how the manager's engagement is perceived by the employee, is a key element as to why people join the company, as well as why people leave the company. Many of the traditional approaches of management and leadership used in society were not as effective anymore per research (Leithwood, 1992; Lontos, 1992). Therefore, organizations need leaders and managers who can foster enthusiasm and dedication among employees through behavior and character traits. For instance, traits such as charm has the capability of highly influencing and extending vision to develop talent within employees to achieving goals on behalf of the organization (Hayati, Charkhabi & Naami, 2014). Leaders who depicted these characteristics were commonly known as transformational leaders (Bass & Avolio, 1997). Transformational leaders inspired employees toward achieving valuable organizational aims to include greater efficiency, offering better-quality services, and solving social challenges (Spector, 2004). In addition, transformational leaders create realistic and thought-provoking resolutions broaden the intelligence of identification, ability, and worth among workers. Using transformational leadership styles may allow nurse managers to incorporate engagement strategies to explore and describe the factors that influence ED nurse retention and their intention to leave.

Definition of Terms

The following definitions assist in the consistent application and interpretation of terms used in the study:

Emergency department: The emergency department (ED) is a primary care medical facility or a comprehensive acute chronic care center that delivers preliminary care of patients with a wide-range of health conditions and injuries, some of which may be critical stage illness and necessitate urgent care (Stamps, 2010).

Engagement: Engagement is defined as “positive, fulfilling work-related state of mind that is characterized by stamina, commitment, and interest” (Schaufeli, Bakker, & Salanova, 2006).

Intention to Leave (ITL): Intention to Leave (ITL) is presently regarded as “the most straightforward and instantaneous precursor of obvious turnover behavior” (McCarthy, Tyrrel, & Lehane, 2007).

Nurse Retention: The author described the rate of RNs leaving the organization as nurse retention (Neuhauser, 2011).

Registered Nurse: Registered Nurse (RN) is a licensed certified health care professional defined by Bureau of Labor Statistics as one who is responsible for applying the practice of nursing using the nursing training in conjunction with other health care professionals. RNs serve as patient advocates for the care and recovery of the sick as well as for the upkeep of their health. Additionally, RNs use their nursing training to evaluate, strategize, implement, and assess nursing care of the sick and wounded. RNs scope of work, education, and clinical training has expanded in comparison of that of licensed practical nurses (LPN) (Juraschek et al., 2012).

Assumptions and Limitations

The researcher assumed that the emergency department nurses willingly and truthfully took the survey or completed it in its entirety in order to create the final sample for further study.

Misrepresentation may occur if nurses are uncertain as to the confidentiality of their responses. The type of survey tool used could also be a limitation as certain rating tools could affect the survey responses. The researcher will use quantitative methods for exploratory research from a sampling of emergency department nurses.

Assumptions, that disclose personal biases, have the possibility to affect the collection of data, which presents a potential limitation (Miyazaki, Taylor, & Kimberly, 2008). In contrast, the data collected from one particular period may not allow for a trend analysis, which is another possible limitation to the study.

Nature of the Study

The theoretical groundwork for this study lies within the Bass Model of Transformational Leadership, as described by Laschinger, Wilk, Cho, and Greco (as cited in Schaufeli and Bakker, 2004) Theory of Work Engagement. The Bass Model of Transformational Leadership, according to Bass, Avolio, Jung, and Berson (2003) separates transformational leadership into four areas that embrace: Idealized influence, Inspirational motivation, Intellectual stimulation, and Individualized consideration. The definition of Idealized influence consists of making an outstanding image along with intense and self-confidence based on respect in the presence of employees. Inspirational motivation denotes leaders that draw a strict and positive view of the future for their subordinates, but also stimulate employees to go toward organizational aims and chief missions. Intellectual stimulation refers to leaders who emphasize on actualizing creativity, invention, and using novel ways in doing works. Individualized consideration represents the leader's own attention to employees and treating them in the best route (Hayati, Charkhabi & Naami, 2014). *Figure 1* represents the influence of transformational leadership style and engagement strategies describe the factors that influence ED nurse retention and their intention

to leave. These engagement factors include nursing management, professional practice, physician collaboration, employment resources, and shift work.

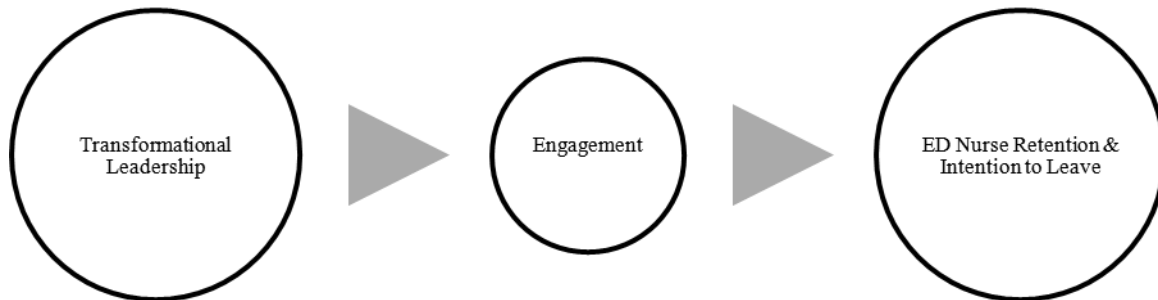


Figure 1. Theoretical Framework for Current Research Study

Organization of the Remainder of the Study

The remainder of the study includes Chapter 2, which presents the supporting literature for the study on transformational leadership style and engagement factors. Chapter 3 reviews the methodology selected for the study. Quantitative research and the exploratory method are discussed in order provide the rationale on why the particular research design was chosen from among the alternatives. Additionally, there are detailed steps to assure maintaining of validity and reliability, as well as with the methods of data collection and data analysis. Chapter 3 concludes with a discussion of the protection of human subjects in research. Chapter 4 presents the data collected in the study and an analysis of that data. Additionally, Chapter 5 provides a review of conclusions and recommendations for future study.

CHAPTER 2. LITERATURE REVIEW

Introduction

In trying to make the best use of explaining ED nurse retention, it is important to recognize and identify the seminal works and foundational concepts most suitable to creating the framework of this study. This review of the literature is inclusive to literature that relates to the research questions presented in Chapter 1.

The theoretical framework for this study is the Bass Model of Transformational Leadership in addition to Schaufeli and Bakker's (2004) Theory of Work Engagement. These theories including other behavioral concepts are present in this chapter. The concept of this study is to identify key factors that influence ED nurse retention and their intentions to leave. This chapter presents a cohesive and integrated review of the literature, supported by the noted research questions and concludes with a summary statement regarding the proposed research.

Leadership in Nursing

Historically, according to Cumming et al. (2010), nursing has advocated to a task-oriented model of leadership style that places emphasis on mistakes made, rather than on a shared vision, mission, and collaboration. Cummings et al. described this model of leadership style as dualistic and discordant, causing dissatisfaction with staff and high staff turnover. This contrasts with leadership based on relationships that have an effect in better staff gratification, higher rates of retention, and eventually, improved patient satisfaction and results. Denker (2014)

described this type of leadership style as transformative because it transforms both the leader and the follower, and eventually, the organization in a positive manner.

Transformational Leadership

Leadership plays a significant role when interacting with diverse groups of employees who are growing rapidly in organizations (Sparks, Faragher, & Cooper, 2001), and transformational leadership style help followers to collaborate with each other effectively by increasing the follower's satisfaction level (Shibru, 2011). Transformational leadership has a positive influence on employee's behavior (Al-Swidi, Nawawi, & Al-Hosam, 2012). According to Stamps (2010), James Downtown (1973) was first to separate transformational leadership from transactional leadership. Downtown referred to transactional leadership as a course of interactions between a prearranged relationship and reliance of the contributor's good faith. To account for the dissimilarities among radical, recalcitrant, restructured, and regular leaders, Downtown talked about transformational leadership (Stamps).

Downtown's conceptualization did not take hold until Burns' work on political leaders appeared in 1978. James M. Burns' (1978) conceptualization and measurement of leadership was an introduction to both the leader and the follower. Burns defined leadership as when leaders are influencing followers to take action and achieve certain goals. Bass (1999) stated that a transformational leader exhibits exceptional leadership behavior when he or she appeals to the elevated spirit of individuals, and to inspire them to rise above their individual self-interest for the greater good of the organization. Other meanings of transformational leadership proposed by Avolio, Bass, and Jung (1999) defined transformational leaders as being charming and influential in their capability to make employees do more than what the expectations that were developed for them at work. Similarly, Seltzer and Bass (1990) asserted that transformational leaders direct

by inspiring and encouraging their subordinates to use new, innovative, creative approaches to resolve problems. In the workplace, the use of several adjectives defines transformational leaders, such as charismatic, influential, powerful, dependable, assertive, encouraging, inspiring, exhilarating, outstanding, and thoughtful (Bass, 1985; Bass, Avolio, & Goodheim, 1987).

Transactional leadership, as defined by Burns (1978), place emphasis on job criteria, job duties, and jobs completed. The base for transactional leadership was on compliance-based work resulting in punishments or rewards (Stamps, 2010). Burns proposed that leadership is both transactional and transformational, but Burns and colleagues developed the transformational model of leadership, branded the characteristics, quantified behaviors for each, and created the means for measuring (Bass & Riggio, 2006). Transformational leadership practices focus on indicating results of increased staff perceptions of further exertion, efficiency, and fulfillment through activities that engage them (Bass, 1985).

Behavioral Components of Transformational Leadership

Transformational leaders combine behaviors that work to raise the performance level of staff (Bass & Riggio, 2006). These behaviors include:

1. *Idealized influence, or charisma.* Promoting charisma (the ability of the leader to converse and articulate a vision or mission through noticeable passion and determination) as nurse managers is a vital component of a program that contains a transformational leadership style of management. Educational programs offered to nurse managers should promote knowledge regarding techniques on presenting to groups designed to foster staff nurse understanding and display how staff directly and indirectly affects the mission of the department and the organization (Raup, 2008).

2. *Inspirational motivation.* A leader must have the capability to inspire and motivate the belief in a shared vision using an emotional appeal (Bass & Riggio, 2006). Nurse Managers training should value the significance of encouragement and techniques for eliciting staff engagement in department activities by volunteering and participating in small projects with short timelines focusing on experimental and quantifiable outcomes.
3. *Intellectual stimulation.* Staff must have the desire to engage in solving problems (Bass & Riggio, 2006). Positive application of evidence-based practice changes is a form of intellectual stimulation that has resulted in a transformation in professional practice principles (Raup, 2008).
4. *Individualized consideration.* Preceptorship and one-on-one mentoring personalized to enhance the professional developmental demands of the individual (Bass & Riggio, 2006). Orientation to the nurse manager role may include time and attention from senior leaders. In addition, the nurse manager should consider using practices that offer staff nurses an opportunity to focus on professional development. Nurse Managers who have the responsibility of overseeing a large group of staff nurses may perhaps consider restructuring direct reporting duties, creating resource nurse/educator support positions, or developing train-the-mentor/coach opportunities to train small groups of staff nurses to help with these functions. This type of personalized, custom mentoring/coaching can aid in staff nurses' knowledge and boost self-assurance (Raup, 2008).

Principles of Transformational Leadership

According to Denker (as cited in Kouzes & Posner, 2013) asserted that transformational leadership behavior can be transferred into the workplace with the appropriate teaching and development (Martin, McCormack, Fitzsimons, & Spirig, 2012). Transformational leadership

consists of five critical practices: modeling, inspiring, challenging, enabling, and encouraging, per Denker, (as cited by Martin et al., (2012).

1. *Modeling* is setting a case in point through an arrangement of standards and actions as described by Denker, (as cited Kouzes & Posner, 2013). The leader set an example of how to behave through their actions and demonstrate goal setting for better results. The leader is innovative and makes an effort to build on everything and trounce over any obstacles as defined by Denker, (as cited by Clavelle, Drenkard, Tullai-McGuinness, & Fitzpatrick, 2010; Martin et al., 2012; Tourangeau & McGilton, 2004). This type of leader provides mentoring of others by encouraging others to embrace the vision and mission of the organization as detailed by Denker, (as cited by Williams & Gordon, 2006).
2. *Inspiring* is an idea of communicating collective objectives with others as stated by Denker, (as cited by Kouzes & Posner, 2013). Followers comprehend and share in their leader's vision and engage in it (Clavelle et al., 2010; Martin et al., 2012; Tourangeau & McGilton, 2004). The leader must behave in such a way that the follower can foresee what is to come (de Jong & Den Hartog, 2007, Denker, 2014) and must set goals. Transformational leaders not only establish the vision but also can communicate it to all (Kleinman, 2004; Moss & Ngu, 2006, Denker, 2014). This leader provides employees with sovereignty over their surroundings and encourages active involvement in the concept as asserted by Denker (as cited by de Jong & Den Hartog, 2007).
3. *Challenging* is the process that permits one to grab hold of the plan and seek out new opportunities as described by Denker, (as cited by Kouzes & Posner, 2013). A leader who questions the process takes risks and determines new techniques to resolve old problems

(Clavelle et al, 2010; Denker, 2014; Martin et al., 2012; Tourangeau & McGilton, 2004).

This leader also encourages a new way of rational thinking and takes on involvement in problem solving by the team according to Denker, (as cited by Somech, 2003).

4. *Enabling* others to act facilitates relationships by building trust (Denker, 2014). The leader duty is to encourage trust and collaboration amongst staff (Clavelle et al., 2010; Denker, 2014; Kouzes & Posner, 2013; Martin et al., 2012; Tourangeau & McGilton, 2004; Williams & Gordon, 2006). Empowered staff responds rapidly, causing improved patient results as detailed by Denker, (as cited by Girvin, 1996). This type of trusting relationship allows everyone to serve as contributors, thus transforming all those involved. Moreover, leaders will build up staff through development so that skills to act appropriately can be learned (Denker, 2014; Tourangeau & McGilton, 2004).
5. *Encouraging* the heart shows gratitude for others through commemoration and a feeling of unity (Kouzes & Posner, 2013). The leader must find ways to celebrate both individual and team contributions (Clavelle et al., 2010; Denker, 2014; Martin et al., 2012; Tourangeau & McGilton, 2004). Easy gratitude is essential in sustaining interest and a positive effort. Pay tribute for a job well done develops self-confidence in the staff, while recognizing their role in the success of the organization (Denker, 2014).

The theoretical framework discussed is associated with more effective leadership outcomes. The transformational leadership style is most fitting for applying to nursing leadership. A transformational leadership style has been shown to positively influence staff by having higher staff satisfaction and engagement, provides opportunities for demonstrating behaviors that meet their needs, which increases the motivation that results in exceeding expectations. Additionally, transformational leadership appears to be a useful measure for nurse

management effectiveness concerning staff retention, job satisfaction, and engagement. It is also gaining acceptance in many organizations including military, education, business, and healthcare (Stamps, 2010).

Overall, transformational leadership is favored as leaders who have the power to produce future generations of successful leaders who have the proficiency to create effective results to some of the profession's most crucial issues (Ward, 2002). Dixon (1999) asserted that transformational leaders balance complex demands with transformational skills that create shared vision, inspire others to embrace it, and empower them to lead implementation efforts. Leaders need to be experienced and skilled in planning strategically in order to receive acknowledgement from management (Murphy, 2005). According to Spreitzer et al, 2005, transformational leadership style is effective despite principles, the degree of usefulness focuses on the amount of culture and values. Effectiveness is connecting one's intentions, outputs, the more outcomes supports the objectives, and the accomplishment of the division and the outcomes contributes to the goals and the success of the unit (Surakka, 2008).

According to Doody and Doody (2012), motivation and empowerment desired within organizations is that the necessary levels are in alignment with the skillset of the workforce. Transactional leadership style in nursing believes in the relationship to the practice and experiences of the person, as there may be instances where an involvement is expected prior to errors happening (Doody & Doody, 2012). However, this may be necessary to uphold best practice, preserve customers and comply with legal obligations; this identifies leadership that improves effectiveness most is nuptials between both transactional and transformational (Doody and Doody (as cited by Stordeur et al., 2000). Questions arise within an organization, such as can we be highly orientated towards achievement while at the same time being highly orientated

towards staff wellbeing. It is possible that many service providers view these two general domains of organizational culture as being adversarial (Hatton et al, 1999). However, it may be that a philosophy of encouraging staff interests would result in a better readiness on the part of staff to aspire to attain a higher level of quality service. Therefore, future nurse leaders need to acknowledge and value staff contributions, within flexible work environments that are family-friendly.

Similarly, Doody and Doody (2011) suggested that continuing education opportunities be made available and objective for everyone. In addition, performance evaluations must support individual improvement goals for each employee through the support of personal goals and objectives that are in alignment with the organizational values. Educational leadership should happen in making efforts to support the transformation and improvement of leaders in the healthcare profession and any audits of practice should include leadership audits. Therefore, it is imperative that creative, passionate, effective individuals with vision, who will challenge the service, recruit and develop within services.

Though the four elements of transformational leadership are dependent, the elements must collaborate in producing a performance beyond probabilities (Hall et al, 2002; Kelly, 2003). Transformational leaders are individuals who can transform both the followers and the organization in a way that they are connected (Griffin, unpublished observations, 2003).

Transformational leaders guide the changes in mission, strategy, structure and culture, partially by focusing on the intangible qualities such as vision, shared values and ideas, and building relationships (Doody & Doody, 2011). Transformational leaders articulate the vision in a clear and engaging fashion, by providing an explanation on how to achieve and accomplish the mission and vision with confidence, optimism, articulating self-assurance in their followers,

placing emphasis on principles with symbolic acts, be the model leader, and allowing followers to accomplish the concept (Doody & Doody, 2011; Stone et al., 2004).

Transformational Leadership in Nursing

Wicker (2008) asserted that nurses embrace transformational leadership because it creates a connection amongst the leader and staff, which can result in a sense of enablement. A nurse leader who acquires transformational leadership abilities will intensify staff effectiveness in the role (Denker, 2014).

The advantages to the nurse manager. The responsibility expected of a nurse manager seems limitless when attempting to maintain a stable patient care environment and staff who are satisfied all while trying to maintain a financially sustainable organization (Bondas, 2006).

Bondas conducted a study to investigate why nurses enter nursing management leadership positions in healthcare. The author conducted a semi-structured questionnaire using a strategic sampling of 68 Finnish nurse managers. In an attempt to generate a theory, the author used an application of analytic induction. Bondas' findings proposed the Paths to Nursing Leadership Theory for future research. In addition, the findings indicated four different paths to variations between the nurse manager's education, nurse manager's primary commitment, and situational factors.

Such paths include the Path of Ideals (the nurse manager creates a compassionate culture and work environment), the Path of Chance (factors of chance leads to a leadership position), the Career Path (the nurse manager is given more authority), and the Temporary Path (nurses has been offered a position, accepts the position, and has the option to decline the position). Bondas concluded that situational factors, role modeling of good however bad nursing leadership motivational educational factors have contributed as a major role when Finnish nurses enter

nursing leadership positions. Because of this difficulty, hospitals should consider providing educational resources for the development for success of a new manager's performance (Larty & McCartney, 2009). According to Seaver (1997), a management orientation process offers the means to knowing the organization and develops relationships. The orientation process should include a thorough overview of corporate operations and an engagement matrix of corporate operations and a successful roadmap on how to be successful as a new manager.

A study led by Lee and Cummings (2008), examined the factors of front line nurse managers' job satisfaction. In this study, the authors discovered that a front-line manager is the connection between senior management and clinical nurses. Furthermore, front line managers affect culture of the organization, the outcomes for patients, and the job satisfaction of employees that ultimately affects turnover (Lee & Cummings). The researcher's findings concluded that job satisfaction of front line managers could improve by focusing on span of control and workload, increasing organizational support from supervisors, and allowing managers to participate in decision-making process. In addition, Lee and Cummings suggested that healthcare organizations recruit, retain, and sustain future nurses for leadership by focusing on the factors that influence job satisfaction of front line managers. Per Denker (2014), nurse Managers should dedicate time to improve their leadership skills and training on order to be effective and equipped in the new position.

The advantages to the organization. According to Lee and Cummings (2008), nurse managers in managerial and supervisory roles are susceptible to high level of stress that could result in burnout and turnover. Additionally, the turnover of nurse managers cost an organization a substantial amount of funding to train and backfill individuals for critical positions within the organizations Denker (as cited by Lee & Cummings, 2008). Byram (2000) asserted that due to

the ever-changing healthcare reform, nurse managers who can direct during turmoil are in demand. The mandate for nurse managers in healthcare continues to increase, while at the same time some predict there might a shortage of leadership awaiting (Byram). This opinion creates a misunderstanding that describes nurse managers. Some define a nurse manager as one with a position title or role, such as a Manager or Director. Byram suggests that nursing leadership, however, is not a job description; rather, nursing leadership is the influence of others to contribute to a positive result. Those that practice nursing have the duty of discovering resolutions to current issues that affect healthcare and striving to achieve better outcomes. Nursing leadership defines a skill set, not a position title, and recommends specific strategies to improve nursing leadership skills (Byram).

McGuire and Kennerly (2006) purports that adequate training of new nurse managers could be relatively inexpensive however by doing so could serve as a long-term investment for the organization due to staff retention and job satisfaction. Providing training for new nurse managers in leadership allows new nurse managers to be most effective while promoting a strong workforce (McLarty & McCartney, 2009). Therefore, the initial time invested result in a stronger commitment to the organization. A nurse manager who has a deficiency of strong leadership skills could potentially be ineffective at finding answers to problems facing a nursing unit, according to Denker (as cited by McGuire & Kennerly, 2006). Gaining the knowledge of skills of a transformational leader should improve outcomes of a nursing unit Denker (as cited by Byram, 2000). Managers that are new to nursing should acquire skills to be more transformational which can eventually form a positive workforce by building a good rapport Denker (as cited by Krugman & Smith, 2003).

Transformational leadership style exhibit support those with a medical background (Tourangeau & McGilton, 2004; McGuire & Kennerly, 2006; Denker 2014). A nurse manager that practices the transformational leadership style will have a greater impact on followers and will have a better effect on accomplishing the objectives of the organization, resulting into enhanced medical practice and patient outcomes (Byram, 2000; Tourangeau & McGilton, 2004; Denker, 2014). For instance, Denker (as cited by Krugman & Smith, 2003) conducted a study to describe the improvement and assessment of a permanent charge nurse role and the reported outcomes of this leadership model over 4-year timeframe. The authors conducted the survey using two instruments: an investigator-developed End-of-Shift report and an institutional patient satisfaction questionnaire. Survey instruments included Kouzes and Posner's (2013) Leadership Practice Inventory (LPI), at the same time assessing self (charge) and other (staff) awareness of charge leadership. The McClosky Mueller Satisfaction Scale (MMSS) measured the job satisfaction of charge and staff nurses. The researcher's findings concluded that Charge RNs tend to be more aware of leadership skills than staff. The Shift Report successfully tracked both system and charge management issues. Patient satisfaction questionnaire did not produce data due to a change in third-party vendor. Job satisfaction outcomes showed that charge nurses report higher levels of satisfaction with scheduling, acclaim, acknowledgement, recognition, influence, and accountability than staff nurses do (Denker, 2014). Additionally, the authors concluded that using data to assess the leadership of charge nurses could improve nursing programs.

Best and Thurston (2004), define job satisfaction components and their relationship to patient acuity and staff mix. The authors used the Index of Work Satisfaction and nurses' comments to offer nurse-sensitive quality indicator information and as an explanation of work

life issues subsequently to reorganizing. Their findings concluded that effective nurse managers have the capability of converting the patient care unit to a more motivated and self-directed work environment to improve the quality of care and patient outcomes in nursing (Denker, 2014).

In a report provided by the Institute of Medicine (IOM) (2000), *To Err is Human*, written by authors Kohn, Corrigan, and Donaldson (2000), the Quality of Health Care in America Committee of the IOM informed health care providers and consumers of the dangers to patient welfare and the need for transformational leadership in management of health care organizations. As the internal and external workforce of health care continues to be challenging by attempts to establish organizations that are reliable, nursing managers should be equipped with skills to successfully implement difficult programs and initiatives that will make for the safest health care possible (Flesner et al., 2005). Additionally, according to Denker (2014), another report published by The Institute of Medicines (2004), *Keeping Patients Safe Report* stated that safe patient atmosphere have the need of transformational leaders with the capability of influencing beliefs that good patient care is exemplified as a result of good policies and best practices. Nursing managers can create a positive workforce by providing staff nurses with the necessary tools that are critical for the enhancement of patient results as described by Denker (as cited by Formella & Sheldon, 2004; Parsons, 2004).

The advantages to the nursing staff. In a study led by McDaniel and Wolf (1992), the authors determined that using the transformational leadership style improved retention rates and work satisfaction. In this study, the authors examined the transformational leadership theory in one nursing department with an executive, 11 mid-level administrators, and 77 staff registered nurses. The researchers' findings conclude that intellectual stimulation, idealized influence, and individual consideration as behavioral components of transformational leadership, suggested for

enhancing retention and overall staff satisfaction. Similarly, Spinelli (2006) examined leadership orientation and outcomes by investigating subordinates' managers' ratings of hospital CEOs and found a significant positive relationship between transformational leadership factors and staff satisfaction. Whereas, McGuire and Kennerly (2006) found nurse managers that exhibit transformational leadership behaviors are more likely than transactional leaders to have dedicated staff nurse followers. Committed followers exert extra effort, thus improving unit performance and enhancing the organization's competitive advantage (McGuire & Kennerly).

Conversely, Drenkard (2005) noted a significant inverse relationship with a transformational nurse leader and anticipated turnover of nursing staff. A learning course designed by Heller et al. (2004) was to design, implement, and evaluate an innovative model of nursing leadership development for students enrolled as a registered nurse for a Bachelor of Science in Nursing (BSN) or as a registered nurse for a Master of Science in Nursing (MSN) programs. The course design creation included the guidance of an advisory board of well-known nurse leaders with knowledge in administration, health policy, informatics, and nursing instruction. The researchers' findings revealed that the relationship between immediate supervisors and employees was the most significant component affecting retention. Additionally, nurse managers with lower staff turnover rates tend to have stronger leadership expertise in the areas of dispute resolution and communication (Heller et al., 2004).

Raup (2008) examined the impact of leadership style on staff nurse turnover and patient satisfaction used by ED nurses in an academic health center. Data collection was gathered using the MLQ (5X) question and 10-item demographic survey. Raup's (2008) examination revealed that managers who exhibited transformational leadership styles and the demographic findings of

nurse manager's age, total years of experience, and length of time in current position have lower staff nurse turnover compared to non-transformational leadership styles.

Larrabee et al. (2003) investigated the relative influence of nurse attitudes, context of care, structure of care on job satisfaction, and intent to leave. The research involved using a non-experimental, predictive design to evaluate these relationships in a non-random sample of 90 registered staff nurses using instruments with known psychometric properties. The results of their findings showed that the major predictor of intent to leave was job dissatisfaction, and the major predictor of job satisfaction was psychological empowerment. Predictors of psychological empowerment were hardiness, transformational leadership style, nurse/physician collaboration, and group cohesion.

Engagement

Engagement is another variable of this study. The definition of employee engagement has several meanings. Macey and Schneider (2008) listed several different meanings of engagement. The authors stated that the meaning of employee engagement is vague between both academic scholars and among practitioners who use it in dialogue with their clients. The researcher's findings showed that use of term engagement refers to mental state, characteristics, and actions in addition to their backgrounds and outcomes. Work engagement is the amount of energy a person spends for doing his or her own works, and the earned effectiveness and efficiency of that work (Maslach, Schaufeli, & Leiter, 2001). Conversely, and in conjunction with Schaufeli and Bakker's (2004) definition, the perception of work engagement are circumstances that may change within the same individual.

Harter, Schmidt, and Hayes (2002) referred to engagement as a person's involvement and fulfilment along with enthusiasm for work. Harter et al. (2002) asserted that employees that

engage become emotionally connected to each other and cognitively attentive to the direction of the group. Engagement takes place when employees know what to expect, are provided the resources to complete their work, take part in opportunities for development and advice, and know that they significantly contribute to the shared vision of the organization (Batista-Taran, Shuck, Gutierrez, & Baralt, 2009). According to Fleming and Asplund (2007), engaged employees are more productive, profitable, have a good work-life balance, and are less probability of leaving and organization. In the book, *12: The Elements of Great Managing*, authors Wagner and Harter (2006) discussed the most significant traits of a successful manager. The authors interviewed 12 managers selected from the Gallup's global database of 10 million interviews with managers and employees. The basis of the book stems from one of the "Q12" statements developed by the Gallup's meta-analysis linking employee attitudes with workgroup performance. The authors asserted that friendships at work, in conjunction with the other components, make for better customer satisfaction scores, better retention rates, improved safety, and higher efficiency and effectiveness.

According to Shuck and Wollard (2008), asserted that work is essential to the human experience. In the United States, over 140 million adults go to work, according to the Bureau of Labor Statistics (2007). Work influences self-esteem and affects the emotional (Judge & Wantanabe, 1993; Harter, Schmidt, & Keyes, 2002), social, physical, and spiritual fundamentals of life (Harter, Schmidt, & Keyes, 2002). In a study led by Judge and Watanabe (1993), the authors explored the cross-sectional and longitudinal effects between job satisfaction and life satisfaction. Based on a national sampling of workers, the author's findings revealed that there is a connection between job and life satisfaction. Furthermore, the study concluded that there is a strong relationship between job and life satisfaction, however over time (a 5-year period), the

relationship could become ineffective with regard to the effectiveness of job satisfaction on life satisfaction.

According to Cartwright and Holmes (2006) changes in the workplace considerably intensifies the demands placed on employees, even at the impairment of their own health and personal life. Organizations expect more from their workforce but provide little in return other than simply employability; therefore, employees distrust organizational leaders and mistrust increases. Cartwright and Holmes (2006) are concerned with balance and organization necessary to identify the significance and emotional features of work.

For many, work has become a place of annoyance and dissatisfaction (Cartwright & Holmes, 2006). According to Covey (2004), employees face the expectation of having to do more with less, and fewer resources (Buckingham & Coffman, 1999) and vague probabilities in a workplace with little support for managers (Covey, 2004). Such work expectations increase employee stress levels, causing the disengagement of employees in the workplace (Batista et al., 2009; Cartwright & Holmes, 2006; Harter, Schmidt, & Keyes, 2002). A disengaged employee is one who has dissociated oneself from the normal and/or emotional components of work (Corporate Leadership Council, 2004); physically one shows up, without any vigor or desire in what one is doing (Meere, 2005). Disengaged employees disassociate themselves from coworkers, managers and eventually from their jobs, while at the time creating distrust towards management and concentrating more on their discontentment rather than focusing on the mission or strategic goals of the organization (Batista et al., 2009; Payne, Cangemi, Fuqua, & Muhleakamp, 1998).

Based on the seminal works of Kahn (1990), engagement refers to the close connection with and the basis of a person's work experience. Kahn defined personal engagement as

connecting the organization members 'selves to their work parts. During engagement, individuals employ and convey themselves physically, cognitively, and emotionally during role performances. Personal disengagement denotes the disconnection of self from work roles. In disengagement, individuals remove and stand up for themselves physically, cognitively, or emotionally in the course of role performances (Kahn, 1990). Therefore, according to Kahn (1990; 1992), engagement implies to being psychologically present when engaging and functioning in an organizational role.

In a study, Sonnentag, Dormann, and Demerouti (2010) explored how having a psychological disconnection can assist employees in remaining healthy and engaging employees during a period when workloads are high. Their findings suggest that employees who do not disengage themselves from the job during their time off suffer an increased amount of emotional burnout over time (one year later according to the study). Additionally, high workloads also have damaging effects on employees' physical wellbeing and work engagement, nonetheless occurs for those persons who do not psychologically detach themselves from the job (Sonnentag et al., 2010). The authors concluded that employees who preoccupy themselves with work during their time away from work (e.g., evenings, weekends, vacations) could set precedence for health problems and lessened work engagement.

Conversely, Brown (1996), created a theoretical framework linking job involvement to job and work attitudes; however, not to role perceptions, behavioral work outcomes, negative "side effects," or demographic variables. The author suggested that job involvement has an effect by characteristic and situational variables. Brown (1996) discovered a limited but systematic variance in the intensity of connections between examinations of employees of public organizations as opposed to employees of private organizations. Furthermore, Brown's findings

revealed that there is a connection between work engagement and high productivity, in addition, increased ability in meeting customers' demands and requests.

Schaufeli and Bakker (2004) described engagement as an encouraging, gratifying, work-related state of mind characterized by vigor, dedication, and absorption (Schaufeli & Bakker, 2001). Schaufeli & Bakker defines vigor as having high levels of vitality and psychological resistance in the workplace, demonstrated by high energy and perseverance when problems occur. Dedication refers to having a sense of importance, eagerness, motivation, satisfaction, and challenge (Schaufeli & Bakker). Laschinger, Wilk, Cho, and Greco (2009) refer to absorption as a state of engaging one's work, to the point that one loses sense of time and there is a hesitancy to disengage from work. Engagement stems from the accessibility of work-related resources, such as having support from management and having access to professional development opportunities Laschinger, Wilk, Cho, and Greco (as cited by Schaufeli and Bakker, 2004). According to Laschinger, Wilk, Cho, and Greco (as cited by Schaufeli and Bakker), such work-related resources serves as a motivational contributor for employee performance, thus leading to better job fulfillment and loyalty to the organization. The authors asserted engagement as being the opposite of job burnout because of intense job requests in the existence of inadequate means to meet job requests and linked to a positive health and wellness lifestyle (less depression and smaller number of physical illnesses).

Components of Engagement

According to Hayati, Charkhabi, and Naami (2014) three components make up engagement: absorption, vigor, and dedication.

1. *Absorption*. Absorption requires complete focus and full engagement in your work where time passes quickly, and one has difficulty detaching oneself from the job (Gonzalez-

Roma, Schaufeli, Bakker, & Lioret, 2006; Langelaan, Bakker, VanDoornen, & Schaufeli, 2006; Liorens, Schaufeli, Bakker, & Salanova, 2007). Hayati et al., (2014) purported that is satisfying to have a job that one enjoys doing.

2. *Vigor*. Vigor is another characteristic of work engagement that suggests high levels of energy and emotional resilience while working (Hayati et al. (2014). Similarly, Schaufeli and Bakker (2004) suggested that there is an unwavering, genuine interest in the work, at the same time coupled with high levels of persistence even when confronted with difficulties (Schaufeli & Bakker, 2004).
3. *Dedication*. The third element is dedication, which is described as having a sense of importance, enthusiasm, motivation, pride, and challenge (Schaufeli & Bakker, 2004). Brown (1996) asserted this element of engagement is visible when a person has a great participation with his or her job.

Nursing Management

In a study conducted by O'Brien-Pallas et al. (2006) to examine the overhead associated with nurse turnover, the nursing unit manager's participants answered to a survey that contained items relating to budgeting for full-time equivalents, new hires, and turnover, as well as direct and indirect costs. The authors found that highest direct cost incurred was through short-term replacements, while the highest indirect cost decreased the initial efficiency of the new hire. The study allowed for the identification of accessible information and modification of information to explain variable where necessary. O'Brien-Pallas et al., (2006) concluded that senior organizational leaders should take steps to strengthen nursing leadership within the EDs by hiring and providing sufficient support for qualified and effective ED nursing unit managers. Sawatzky and Enns (as cited by Bothma & Roodt, 2013) asserted that it is important for

individuals who take on nurse manager roles to be adequately equipped for such roles, for instance, several Master of Nursing (MSN) programs now offer managerial specializations.

In a study conducted by Herrin and Spears (2007), it is critical that nurse leaders have the understanding and knowledge to develop relationships with registered nurses in order to retain them and thus improve patient results. For the study, Herrin and Spears (2007) selected senior nurse leaders of Methodist Le Bonheur Healthcare, a 7-hospital system based in Memphis, Tennessee to address these concerns through a comprehensive leader development basis. Through organizational commitment and support through federal funding, the findings concluded that a course which focuses on establishing individual development plans, provision of development education, and includes one-to-one on-site training is needed for implementation. Specifically, Sawatzky and Enns (as cited by Bothma & Roodt, 2013) purported the importance of the nurse manager's ability to understand their responsibility in supporting positive awareness of the organization. Teaching leadership behaviors such as objectivity, staff development facilitation, partnership, and appreciating the input of staff, all support job fulfillment (Force, 2005).

Professional Practice

Shobbrook and Fenton (2002) prompted a full examination into the retention and recruitment of nurses. The author's findings revealed that the amount of work, staffing levels, skillsets, and working conditions were all problematic areas for nurses. The study drew attention to the need to support strong nurse leadership and to create opportunities that were more educational for nurses. Consequently, in spite of the shortage of nurses realized by emergency departments, it is vital for nurse managers to allocate funds for and promote professional development activities for their staff (Kleinman, 2004).

Wang and Liu (2015) conducted a study designed to investigate the influence of professional nursing practice environment and the psychological empowerment on nurses' work engagement. Using a predictive, non-experimental design, authors Laschinger, Wilk, Cho, and Greco (2009), surveyed a sampling of 300 clinical nurses from two tertiary first class medical facility of Tianjin, China. Wang and Liu used the Utrecht Work Engagement Scale, the Practice Environment Scale of the Nursing Work Index and the Psychological Empowerment Scale to assess the variable of the study. Laschinger, Wilk, Cho, and Greco (2009) findings revealed that professional practice environment and psychological encouragement impacts work engagement unequivocally, and professional practice environment may perhaps indirectly affect work engagement through the mediation of psychological empowerment. The authors concluded that the correlation of practice environments and work engagement served as a go-between to psychological empowerment. Furthermore, the authors implied that nursing management should make available a professional practice nursing environment that empowers nurses psychologically and increases the engagement of nurses.

Collaboration with physicians

Collaboration with physicians appeared as an important factor of ED nursing engagement (Sawatzky & Enns, 2012). In a study conducted by Van Bogaert, Meulemans, Clarke, Vermeyen, & Van de Heyning (2009) investigated the connections amongst nurse practice workplace setting, burnout, job outcomes, and nurse quality of care assessment. The authors surveyed 401 staff nurses across 31 units in two hospitals using the Revised Nursing Work Index, the Maslach Burnout Inventory, job outcomes, and nurse quality of care assessment to test these modeling techniques. The findings suggested that hospital organizational facilities, including nurse-physician collaborations, which linked the quality of care assessments and to the results of job

fulfillment and turnover intentions, with components of burnout, appeared to play a mediating role.

Similarly, Wieck, Dois, and Landrum (2010) conducted a generational assessment of job satisfaction, work environment, and desired characteristics of managers in an attempt to improve the retention of nurses. The authors' surveyed staff nurses at 22 southern hospitals by using the Nurse Manager Desired Traits survey and the Nursing Work Index-Revised, both online, measure job satisfaction and views surrounding safety. From the sampling, one satisfaction survey response showed that younger nurses were less fulfilled than those 40 years or older. Approximately 40% of nurses had safety concerns. One-third of Millennial nurses (those with birth years ranging from the early 1980s to the early 2000s) intend to leave their job within the next 2 years. Over two thirds plan to leave within the next five years. Particularly disturbing was the statement that 61% of the nurse group indicated they intend to leave their current jobs within 10 years. Therefore, it is important to establish nurse-physician relationship in order to enhance nurse retention and job satisfaction (Wieck et al., 2010).

Cowan et al. (2008) compared nurse practitioner/physician management of hospital care, multidisciplinary team-based planning, rushed discharges, and assessment after discharge to usual management. According to Cowan et al., in the framework of managed care, the objective of academic medical facilities was to offer quality care at the lowest cost and reduce the length of stay, while at the same time, not compromising quality of patient care. Comparatively, a 2-group, quasi-experimental design was conducted consisting of 1,207 general medicine patients (581 in an experimental group and 626 in a controlled group). The controlled group was provided usual patient care. Whereas, the managed care of the experimental unit had three different components: an advanced nurse practitioner monitored the patients during their hospital

stay and for an additional 30 days after discharging the patient, a hospital internal medicine director and another internal medicine physician, and daily medical professional specialization rounds. The authors have evaluated length of experience, hospital expenses, death rate, and re-admission 4 months after discharged. Their finding revealed that an average LOS was considerably less for patients in the experimental group than those in the controlled group (5 days vs. 6 days, $P < .0001$). The expense charged to the hospital was \$1,591 per patient in the experimental group (SE, US\$639). There were no significant changes in either group as it relates to death rates or re-admissions. Cowan et al. (2008), concluded that a nurse–physician relationship also have an influence on patient outcomes, as well as length of stay in a hospital.

Rafferty and Aiken (2001) conducted a mail survey questionnaire of 10, 022 staff nurses in 32 hospitals in England to explore the relationship between interdisciplinary team collaboration and nurse independence on patient and nurse outcomes and nurse quality of care assessment. The authors measured nurse independence, control over resources, association with physicians, emotional fatigue, and decision making in correlation with one another as well as the relationship with nurse quality of care assessment and nurse gratification. Their findings revealed links between nurse independence and to the perceptions of the delivery of quality of care and higher levels of job satisfaction. An examination of nurses working by job characteristics exhibited a small but substantial variance in the level of collaboration between full time and part time nurses.

Nurses with higher collaboration scores were considerably more likely to be satisfied with their jobs, intended to stay in them, and had lower burnout results. Higher teamwork scores were associated with higher levels of nurse quality of care assessment, perceived quality improvement over the last year, and confidence that patients could manage their care when

discharged. Nurses with higher teamwork scores also exhibited higher levels of autonomy and were more involved in decision-making. Additionally, the findings suggested a strong association amongst teamwork and independence; therefore, such collaboration offered cooperation rather than conflict. Rafferty and Aiken (2001) commented that organizations urge and encourage nurse independence without fear of undermining of teamwork. Therefore, nurse managers should consider focusing on developing innovative tactics to promote and assist nurses in their pursuit of continuing educational opportunities (Mokoka, 2007).

Ajeigbe (2012) conducted a study aimed to examine the difference between staff in an Interventional and the Controlled Groups on the views of job fulfillment, employment setting, independence, and influence over practice of staff collaboration. Ajeigbe (2012) used a questionnaire to survey 191 participants from the Interventional Group EDs and 307 from the Control Group EDs throughout California. The Interventional Group consisted of four EDs that participated in staff collaboration training and operationalized its values in the Interventional Group EDs. The Control Group EDs included four EDs that did not take part in the training. The research results showed that staff who worked in the Interventional Group EDs showed a difference with staff who worked in the Control Group EDs on staff view of staff collaboration, job fulfillment, employment setting, independence, and influence over practice of staff collaboration. However, there were no variation in fulfilment with treatment patients received care in the interventional group EDs contrasted to those patients who received treatment in the control group EDs. There was no collection available for the data collection on medical and non-medical miscalculations due to lack of willingness to consent from potential funding hospitals (Ajeigbe).

Furthermore, Ajeibe (2012) findings concluded that collaboration amongst nurses and physicians in the EDs showed a connection with improved job fulfillment, employment setting, independence, and influence over practice of staff collaboration both nurses and physicians who worked in the Interventional Group over those who worked in the Control Group EDs.

Staffing Resources and Shift Work

According to Buerhaus, Staiger, and Auerbach (2000), staffing resources is a continuing concern, especially in specialty areas of nursing, such as in the ED. The authors examined the relationship between the maturing of the nursing workforce and other factors that contribute to the growing shortage of nursing that presently affects several specialty areas. Historically, emergency departments have appealed to younger nurses, who are in search of an exciting and interesting work environment (Buerhaus et al., 2000). Findings suggest that the rapid decrease in the number of RNs in the workforce under age 30 plays a significant role in describing the development of shortages in the emergency department. Conversely, the nursing workforce is getting older at an unprecedented rate as explained by Sawatzky and Enns (as cited by Bothma & Roodt, 2013). Moreover, many younger nurses desire and consider part-time positions as this gives a degree of flexibility to work extra shifts/overtime on their own terms.

In an effort to develop and understand turnover rates in hospitals and the influence of new nurses, Kovner et al. (2007) sought to describe the characteristics and attitudes toward work of newly licensed RNs. The authors surveyed a random sample of new RNs in 35 states and the District of Columbia via postal mail, of which 3,266 returned surveys met the inclusion criteria, for a response rate of 56%. The inclusion criteria included RNs who qualified had completed the licensing examination and obtained a first license between August 1, 2004, and July 31, 2005. The results of their findings showed that of eligible newly licensed RNs, 58.1% had an

associate's degree, 37.6% had a bachelor's degree, and 4.3% had a diploma or a master's or higher degree as their first professional degree. The study concluded that majority of newly licensed RNs are somewhat satisfied and have no plans to change jobs, but the group is not consistent. The negative views reflected in response to some survey questions, propose that newly licensed RNs may not stay in the acute care settings where they initially started out their careers. Kovner et al. (2007) suggest that by investing in a progressive management orientation, there is potential for retaining nurses in hospitals.

As part of a large cross-sectional study, Sawatzky and Enns (as cited by Bothma & Roodt, 2013) surveyed 261 registered nurses working in the 12 designated emergency departments within rural, urban community and tertiary hospitals in Manitoba, Canada to explore factors that predict the retention of nurses working in emergency departments. Their findings suggested that younger nurses are at a greater risk of burnout. Unfortunately, there is no magical shot to address staffing resource matters. In addition, Sawatzky and Enns (as cited by Bothma & Roodt) suggested that engagement plays a significant role in emergency department nurses intention on whether to leave. By addressing strategies of engagement, there is an opportunity to increase retention of nurses and decrease the likelihood of emergency department nurse's intention to leave. On the other hand, Ritter (2011) suggested that by developing strategies to address the concerns, nursing leaders could create a healthy workplace environment, which, in turn could have a positive effect on job satisfaction, best practices, recruitment, and retention.

According to Mokoka (2007), the issue of shift work is frequently compounded that most health-care facilities are unionized. Although unions provide numerous advantages for the nursing workforce, their prescriptive and rigid rules do little to enhance workplace satisfaction. Therefore, Sawatzky and Enns (as cited by Bothma & Roodt, 2013) suggested that nurse

managers work with their union representatives and their nursing staff to develop strategies that make shift work more pleasant. For example, allowing more flexible scheduling, job sharing, and self-scheduling, is vital as a motivating reason for staying in their current position.

Turnover Intention

Mobley (1982) defined turnover intention as a worker's subjective probability and deliberate intent to leave an organization in the future. Lucy, Mellor, Moore & Loquet (2004) refer to employee turnover as a worker taken into account and are contemplating quitting a job. According to Hellman (1997), turnover intention is the determining factor of leaving from planned work behavior. Turnover is perceived negatively in association with job performance in a corporate setting, according to Shaw, Gupta, & Delery (2005) and the public sector. Furthermore, turnover intention is referred to an individual's inclination to leave an organization (Dess and Shaw, 2001). Turnover are classified and labeled into voluntary or involuntary, in addition to functional or dysfunctional, which respectively will unpredictably effect the organization (Griffeth, Hom, & Gaertner, 2000).

Transformational Leadership and Engagement

Batista-Taran et al., (2009) asserted that transformational leadership emerges as a style that promotes the development of employee engagement. Kaiser, Hogan, and Craig (2008) suggested that transformational leadership alters the way followers see themselves from being solitary individuals and shifting toward viewing themselves as members of a larger group or team. When followers see themselves as members of a group, individuals tend to take on group principles and objectives, which in turn increase their motivation to contribute to the greater good of the organization.

Transformational leaders provide an inspiring vision of goals that can help overcome self-interest and narrow factionalism in organizations. Such leaders call upon new and extensive drives amongst followers (Batista-Taran et al., 2009). Bakker and Schaufeli (2008) recognized that employees who have positive interactions with their managers have increased levels of engagement. Moreover, Walumbwa, Orwa, Wang, and Lawler (2005) revealed that using a transformational leadership style indicates increased organizational commitment and job satisfaction; similarly, Cartwright and Holmes (2006) found that leaders who place emphasis on building relationship and develop trust intensify engagement levels. According to Batista-Taran et al. (2009), employees may not perceive transformational leaders as an authority figure but as mutual supporter of a common objective for the greater good of the organization.

Transformational leaders have the capability, in every respect, to influence the engagement levels of (Nohria, Groysberg, & Lee, 2008) and can meet the personal and work related needs of employees, a bonus to a distinctive and empowering style (Batista-Taran et al.).

Batista-Taran et al., (2009) described engagement as a multifaceted practice that organizations should use to develop fully its employees. The authors suggest that organizations use all available resources to enhance the level of engagement with employees. Leaders play a vital role in the enhancement of engagement by envisioning the principles and traits linked to engagement strategies, for instance, leaders should offer employees support and provide a vision and mission that exceeds pass the short-term and long-term goals of the organization. Batista-Taran et al. asserts that transformational leaders display characteristics that could potentially influence the engagement level of employees. By offering the employee a clear vision and mission of the organization, and where the employee fits within the vision and mission, goes

beyond encouraging the employee to finish a task but also creates a more productive work environment.

Batista-Taran et al., (2009) suggested that transformational leaders exhibit the characteristics such as offering management support and exhibiting a vision and mission that is relative to enhancing the engagement levels of employees. In a study conducted by Bhatnagar (2007), the author found that one of the factors that increase engagement is supportive management, which is another characteristic that transformational leaders have. In addition, Wellins, Bernthal, and Phelps (n.d.) recognized exceptional leaders as those who exhibit the same characteristics as transformational leaders, tend to foster the setting that encourages employee engagement.

Batista et al. (2009) purported that a disengaged workforce is not cost effective for an organization. However, the author suggests that by having an engaged workforce could result in higher levels of commitment to the organization, lower levels of intentions to leave, and higher rates of job satisfaction. The willingness and the ability of exceeding expectations contributes to success of an organization are referred to as components of engagement (Batista et al., 2009). In a survey conducted by Towers Perrin during 2007-2008, the survey results revealed that engaged employees tend to be more confident, positively affect the organization's return on investment (ROI), bottom line, are more efficient, and have lower turnover retention rates.

Hayati et al. (2014) conducted a study aimed to define the effects of transformational leadership and its components on work engagement among hospital nurses. In this study, a selection of 240 nurses from a random sampling self-reported scales include multifactor leadership questionnaire (MLQ) and work engagement scale. The author's findings indicated that the influence of transformational leadership style on work engagement and its views is

confirmed and substantial. Furthermore, the findings showed that transformational leaders influence their subordinates by passing on their enthusiasm and influence by the way of demonstrating. By doing so, by way of modeling could encourage the influence as an element of work engagement in employees. Idealized influence among these leaders resulted in an explicit belief employees have toward their leaders and leaders can simply express their motivational inspiration motivation to employees (Hayati et al.). Thus, idealized influence leads one to make a clear vision, set high expectations, challenges the employees, and establishes enthusiasm for achieving success in the workplace (Hayati et al).

Transformational Leadership and Turnover Intention

The correlation between transformational leadership and turnover intention showed that transformational leadership is a major factor in reducing and mitigating turnover intentions (Ali, 2009). In a study conducted by Martin & Epitropaki (2001), the authors concluded that transformational leadership is dissimilarly connected to turnover intentions among employees for numerous profitable and revenue generating companies. Bycio, Hackett, & Allen (1995) conducted a study in professional nursing and found that a strong transformational leadership style was associated with less intention to leave. The outcome of this study corroborates an earlier study by Bass (1990).

Therefore, the main purpose of this study is to explore and describe the factors that influence ED nurse retention and ED nurse's intention to leave. This research is necessary to add to the body of knowledge offered to reinforce a nurse manager's transformational leadership style through the promotion and encouragement of nurse-valued models of practice and work environments that is a needed strategy for managers and staff nurse retention. In consideration of Chapters 1 and 2, both support further research into transformational leadership style that nurse

leaders use to identify factors that lead to emergency department nurse's job dissatisfaction and awaken their desire to leave. Additionally, nurse managers should explore ways that promote job satisfaction and enhance nurse retention. In the subsequent chapter, the researcher will describe the research design, sample, instrument, measures, procedures for data collection and analysis used in this study.

CHAPTER 3. METHODOLOGY

Within this chapter, the researcher outlined the research design, population, and subsequent sample used in this study. Chapter 3 also included procedures of data collection, instrumentation, data analysis, and the ethical considerations of the research conducted. The researcher concluded with a summary of the methodology. The aim of this quantitative non-experimental study is to explore and describe the factors that influence ED nurses' intention to leave (ITL).

Research Design

A quantitative approach is one in which researchers predominantly use post-positivist paradigms for improving knowledge. These post-positivist methodologies include circumstantial thinking, diminution of certain variables, hypotheses, and research questions, measurement tools, observations and analysis of theories. Researchers use these methods to gather information through different measuring tools from experiments to surveys (Creswell, 2003). The research used a quantitative, non-experimental, correlational, survey design. Quantitative methods are appropriate when the objective of the research is to analyze statistical relationships between numerically measurable constructs (Howell, 2010). In addition, a quantitative approach is one in which researchers predominantly use post-positivist paradigms for improving knowledge. These post-positivist methodologies include circumstantial thinking, diminution of certain variables, hypotheses, and research questions, measurement tools, observations, and analysis of theories.

Researchers use these methods to gather information through different measuring tools from experiments to surveys (Creswell, 2003).

As it relates to the nature of the proposed study, using a qualitative approach with individual interviews and explanations would not provide credibility and dependability of anonymous surveys. The survey method was selected since the study participants consent to answer questionnaires and their responses will be statistically analyzed. Dawson (2002) purported survey methods, for example quantitative questionnaires or controlled interviews, extend to several people and responses from those employees are quicker versus qualitative research. An electronic survey is the chosen data collection method for this study.

In this study, the researcher used a quantitative method to describe and test factors that influence emergency department nurse retention and their intention to leave. The independent variables are transformational leadership style and nursing engagement strategies. The dependent variable is retention rates as measured by the Turnover Intention Scale.

Sample

Cooper and Schindler (2008) posited a small segment of the population is a sample. It is essential to obtain a sizeable sample in order to analyze the data obtained from the population. The researcher selected river sampling as a way to match the benefit of simple random sampling. The Survey Monkey audience will include participants who are currently are Registered Certified Emergency Nurses. Exclusion criteria include ED nurses whose employment status is temporary/on-call and senior management. Participation were voluntary and participants were asked demographic questions to assess, age, in doctrinarian. job status, shift variations, type of organization, and years of e ED/nursing experience, gender-specific, marital status, responsibility of providing care, and salary. A copy of the demographic survey is included.

Instrumentation/Measures

A survey was used to address and measure, age, in doctrinarian. job status, shift variations, type of organization, and years of e ED/nursing experience , gender-specific, marital status, responsibility of providing care, and salary. Hayati et al. (2014), measured transformational leadership using the multifactor leadership questionnaire (MLQ) constructed by Bass and Avolio (1987) to assess two styles of leadership: transactional and transformational leadership; however, for the study the researcher used the transformational style questionnaire. The questionnaire consisted of 20 questions where the section of inspiration, rational motivation, and personalized attention behavior factors are equivalent. Each of the behavioral components consisted of four questions, while the measurement of idealized influence component consists of eight questions. Participants responded to a 5-point frequency scale ranging from *not-at-all* to *frequently-if-not-always*. The score determines the degree in which transformational leadership style is used. Internal reliabilities consistencies range from .74 to .94 coefficients with strong validity (Stamps, 2010).

Choi et al. (2004) developed the Perceived Nursing Work Environment (PNWE) instrument. The PNWE has 42 items and seven subscales (nursing management, professional practice, nurse/physician collaboration, staffing and resource adequacy, positive scheduling climate, nursing process, and nursing competence). However, for the study the researcher used the first five subscales mentioned. Participants responded to a 4-point Likert scale ranging from *strongly disagrees* to *strongly agree*. The coefficients of the first six subscales range from 0.70 to 0.91, whereas the last subscale has a low coefficient of 0.56, which is most likely due to the subscale including three sub-items. The score determined the degree in which Nurse Managers who engage in nursing engagement strategies (nursing management, professional practice,

physician collaboration, staffing resources, and shift work) help to reduce emergency department nurse's turnover intention scores compared to those who do not use these strategies. The total Cronbach's α coefficient of the PNWE is 0.95.

According to Bothma and Roodt (2013), the Turnover Intention Scale (the intention to leave or stay) creation was by Mobley, Horner, and Hollingsworth (1978), is made up of three-questions. Responses ranged on five-point Likert scale from strongly disagree to strongly agree. The least possible rating is eight and the highest rating is 40. The higher the rating indicates a greater intention to resign from a job. The internal consistency coefficient for the intention to leave an organization is 0.90.

Data Collection

Participants were asked to complete a demographical portion of the study to respond to demographic questions, which included questions, age, in doctrinarian, job status, shift variations, type of organization, and years of e ED/nursing experience, gender-specific, marital status, responsibility of providing care, and salary. The intent was to use a cross-sectional survey design approved by Institutional Review Board (IRB). Participants received notification via email to take part in the survey, which included an explanation letter, an informed consent letter, and a copy of the demographic data questionnaire, a copy of the Multifactor Leadership Questionnaire (MLQ), a copy of the Perceived Nursing Work Environment (PNWE) instrument, and a copy of the Turnover Intention Scale (TIS). Each participant received a statistical code assignment to safeguard privacy and assist in the analyzing of data. E-mail will alert participants that the survey is available. The response scale used a Likert-point scale. The researcher documented the unidentified participant responses in the study. The researcher labeled participants using a confidential identifier to maintain data integrity. Data will be safely stored

for access and analysis. The researcher did not follow up with participants in any way. The key variables in this quantitative study were transformational leadership, engagement strategies, and ED nurse's Turnover Intention.

For this research, the dependent variable is intention to leave, as measured by the Turnover Intention Scale. The independent variables are transformational leadership style and engagement strategies. Nursing engagement strategies consist of nursing management, professional practice, physician's collaboration, employment resources, and shift work. Descriptive statistics will be conducted to describe the sample demographics and the research variables used in the analysis.

The Multifactor Leadership Questionnaire (MLQ) is a well-established instrument used to measure Transformational Leadership as well as being widely researched and validated. Avolio and Bass's (1990) MLQ manual displays strong data for validity; the MLQ has been used in thousands of exploration programs, doctoral studies, and master's theses, in conjunction with some practical results for transformational leadership, as outlined by Statistics Solutions (2015). Construct validity is also methodically described with factor analyses that lead to in a six-factor model for the MLQ. Furthermore, a study conducted by Antonakis (2003), supported the nine-factor leadership model and its stability in similar circumstances. According to Aarons (2006), supervisors who display more positive transformational leadership characteristics produce a way of thinking in their staff that allows staff to be more open to accepting different technology or new ways of conducting business. For Nurse Managers who scored above a certain score (3 or higher) were considered transformational leaders. For every score above 3, the researcher designated that Nurse Manager with the number 1 (transformational leader); every Nurse Manager with a score below 3 does not meet this standard is coded a value of 2.

Choi et al. (2004) developed the Perceived Nursing Work Environment (PNWE) instrument (See Table 1). The PNWE has 42 items and seven subscales (professional practice, staffing and resource adequacy, nursing management, nurse/physician collaboration, positive scheduling climate, nursing competence, and nursing process,). However, for the study the researcher will use the first five subscales mentioned. The coefficients of the first six subscales range from 0.70 to 0.91, whereas the last subscale has a low coefficient of 0.56, which is most likely due to the subscale including three sub-items. The total Cronbach's α coefficient of the PNWE is 0.95 (Gu & Zhang, 2014). For Nurse Managers that score above certain score (Agree to Stronger Agree) engage in nursing engagement strategies (nursing management, professional practice, physician collaboration, staffing resources, and shift work) to lower turnover intention scores for ED Nurses.

Table 1

Perceived Nursing Work Environment (PNWE) instrument

Engagement Strategy	Instrument	Subscale	Scores	New Variable
Nurse Managers	PNWE	Nursing Management	Likert scale - Strongly Disagree (1) to Strongly Agree (4)	Nurse Manager Engagement (NME) If the average score is 3 or above, NME=1 (engagement); if the average score < 3, then NME=2 (non-engagement)
		Professional practice		Professional Practice (PPE) If the average score is 3 or above, PPE=1 (engagement); if the average score < 3, then PPE=2 (non-engagement)

Table 1(continued)

Nurse/Physician collaboration	If the average score is 3 or above, NPCE=1 (engagement); if the average score < 3, then NPCE=2 (Non-engagement)
Staffing resources	Staffing Resources (SRE) If the average score is 3 or above, SRE=1 (engagement); if the average score < 3, then SRE=2 (Non-engagement)
Shift work	Shiftwork (SWE) If the average score is 3 or above, SWE=1 (engagement); if the average score < 3, then SWE=2 (non-engagement)

Note.

Hypotheses

Research Question One: Do Nurse Managers with a strong transformational leadership score retain more ED Nurses than Nurse Managers with a weaker transformational leadership score?

H₀1: There is no difference between Nurse Managers with a strong transformational leadership score above a certain score (3 or higher) versus those with a weaker transformational leadership score (less than 3) when comparing ED Nurses' turnover intention scores.

Ha1: There is a difference between Nurse Managers with a strong transformational leadership score above a certain score (3 or higher) versus those with a weaker transformational leadership score (less than 3) when comparing ED Nurses' turnover intention scores.

Research Question Two: Are Nurse Managers who engage in nursing engagement strategies (nursing management, professional practice, physician collaboration, staffing resources, and shift work) helping to reduce emergency department (ED) nurse's turnover intention scores compared to those who do not use these strategies?

H₀2: Nurse Managers who practice engagement strategies (nursing management, professional practice, physician collaboration, staffing resources, and shift work) with ED Nurses will have equal or similar Turnover intention scores than those who do not practice engagement strategies.

H_A2a: Nurse Managers, who use a nursing management engagement strategy with ED Nurses, will have lower Turnover intention scores than those who do not practice this strategy.

H_A2b: Nurse Managers, who use professional practice as engagement strategy with ED Nurses, will have lower Turnover intention scores than those who do not practice this strategy.

H_A2c: Nurse Managers, who use a physician/collaboration engagement strategy with ED Nurses, will have lower Turnover intention scores than those who do not practice this strategy.

H_A2d: Nurse Managers, who use staffing resources as an engagement strategy with ED Nurses, will have lower Turnover intention scores than those who do not practice this strategy.

H_A2e: Nurse Managers, who use shift work as an engagement strategy with ED Nurses, will have lower Turnover intention scores than those who do not practice this strategy.

Data Analysis

The intent is to analyze the data using SPSS version 22.0 for Windows with a 95% confidence level ($p = 0.05$) all through the analysis. The completed surveys and data was used in the statistical analysis. An analysis of the descriptive statistics, frequencies, and percentages described the trends of the research variables. Descriptive statistics were computed for demographic variables used in the analysis. Frequencies and percentages were calculated for nominal (i.e., categorical) variables. Means and standard deviations were calculated for continuous (i.e., scale or ratio) variables (Howell, 2010). The validity of a quantitative study assessed the entire nature of the study (Bryman, 2004). According to Swanson and Holton (2005), reliability denotes consistency or repeatability in the study. Cooper and Schindler (2008) asserted that a decent amount for research requires the qualities of reliability, validities, and practicalities. The researcher intends to conduct testing for reliability using T-test to exam the hypothesis of this study.

Independent T-tests were used to test the hypothesis of this study. T-tests are used when determining if two means are significantly different. Independent t-tests examine and assess if there was a statistically significant difference in transformational leadership scores by turnover intention scores. The dependent variable is intention to leave, as measured by the Turnover Intention Scale and the independent variable is transformational leadership style. Additionally, the researcher chose to use the independent t-test to examine and assess if there is a statistically in Nursing Engagement strategies by turnover intention scores. Whereas, the dependent variable being retention as measured by the Turnover Intention Scale and the independent variables are nursing engagement strategies. Nursing engagement strategies consist of nursing management, professional practice, physician's collaboration, employment resources, and shift work.

According to Moore and McCabe (2003), the statistical T-test procedure is used when determining if two averages or means are the same or different. The T-test is used when the dependent variable is a continuous interval/ratio scale variable (i.e., intention to leave) and the independent variable is a two-level categorical variable (i.e., transformational leadership style and nursing engagement strategies). Moore and McCabe (2003) suggest that the T-test is used when sample sizes are very small, if the variables within each group are normally distributed and the variation of scores within the two groups is equal (no reliable differences).

Due to the small of size of 100 Emergency Department Registered Nurses, the researcher conducted T-test to exam the hypothesis of this study. The researcher used an independent T-test to examine and assess if there was a statistically significant difference in transformational leadership scores by turnover intention scores. The dependent variable is intention to leave, as measured by the Turnover Intention Scale and the independent variable is transformational leadership style. Additionally, the researcher used the independent T-test to examine and assess if there is a statistically in Nursing Engagement strategies by turnover intention scores. Whereas, the dependent variable being retention as measured by the Turnover Intention Scale and the independent variables are nursing engagement strategies. Nursing engagement strategies consist of nursing management, professional practice, physician's collaboration, employment resources, and shift work.

Validity and Reliability

Cronbach's alpha (1951) is a function of the number of items in an assessment, the normal covariance among item-pairs, and the difference of the total score. Zinbarg, Revelle, Yovel, and Li (2005) described Cronbach's alpha as a hypothetical relationship with influence exploration as well as being conveyed as a meaning of the factors of the categorized feature

analysis model, which allows for a common factor of items of the same size to be grouped with common factors but not all the same size. Alpha is complex to general factors saturation in a scale but also to group factors saturation and even to variance in the scale scores arising from variability in the factor loadings (McDonald, 1999). Coefficient omega hierarchical provides a direct analysis as the proportion of perceived variance in the scale totals due to the general common factor common of all the items involved in the scale (Zinbarg, Revelle, Yovel & Li, 2005).

In a study conducted by Hayati et al. (2014), the transformational leadership style was measured using the multifactor leadership questionnaire designed by Bass and Avolio (1997) designed the multifactor leadership questionnaire to assess transactional and transformational leadership style. However, Hayati et al. (2014) conducted a study using the transformational leadership questionnaire only. The transformational leadership questionnaire encompasses 20 questions. The behavioral components, inspirational motivation, intellectual stimulation, and individualized consideration, are rational and assessed by using four questions, the idealized influence component is assessed using eight questions. Bass and Avolio (1997) described reliability based on 14 examinations in economic, manufacturing, armed forces, and medical professions between 0.81 and 0.94. The validity measures the connection between transformational leadership scales to the Leader Behavior Description Questionnaire (LBDQ). The Leader Behavior Description Questionnaire (LBDQ) was developed by employees of the Personnel Research Board in Ohio State Leadership Studies and the validity findings were significant and acceptable (Hayati et al.).

The PNWE has 42 items and seven subscales (professional practice, staffing and resource adequacy, nursing management, nursing process, nurse/physician collaboration, nursing

competence, positive scheduling climate). The coefficients of the first six subscales range from 0.70 to 0.91, whereas the last subscale has a low coefficient of 0.56, which is most likely due to the subscale including three sub-items. The total Cronbach's α coefficient of the PNWE is 0.95 (Gu & Zhang, 2014). Cimiotti et al. (2005) used the PNWE to conduct a survey examination of over 2,000 nurses to evaluate nursing work environments among three types of hospitals (magnet hospital, hospitals requesting magnet distinction, and non-magnet hospitals). According to Cimiotti et al, the reliability of the PNWE showed a total Cronbach's alpha of .95. Six of the seven nursing engagement subscales tested (professional practice, staffing and resource adequacy, nursing management, nursing process, nurse/physician collaboration and nursing competence) showed moderate to high alphas (.70 to .91) (Cimiotti et al).

Positive scheduling climate, a construct unique to the PNWE, showed a lower alpha (.56) perhaps because this has a three-item subscale (Cimiotti et al). The authors finding concluded that nurses in magnet hospitals have a more confident opinion of their nursing work environment. According to Sawatzky and Enns (as cited in Bothma & Roodt, 2013), turnover intention (the intention to leave or stay) (TIS-6) is measured using a six-item scale that is modified from a 15-item scale originally designed by Roodt (2004). To increase the reliability of answers, behavioral intention usually measures within a timeframe after agreeing to take a position with another organization (Bothma & Roodt, 2013). Muliawan et al. (2009) suggested that such analysis be used within a 6-month timeframe.

To determine the validity of the TIS-6 scale, Bothma and Roodt (2013) compared the difference for employees who left the organization versus “those who remained with the organization (for a 4-month and 4-year timeframe after the survey ended).” Bothma and Roodt (2013) found that the average score was significantly different and the result of the 4-month

timeframe was larger in scope, suggesting that the TIS-6 essentially predicts turnover. According to Bothma's and Roodt's findings validate previous exploration by authors, Byrne (2005), Hendrix et al. (1998) and Steensma et al. (2004) that the intention of turnover and actual turnover are related. Furthermore, according to Sawatzky and Enns (as cited in Bothma & Roodt, 2013), purport that authors Jaros et al. (1993), Muliawan et al. (2009), and Tett and Meyer (1993) confirmed the intent of turnover could serve as an alternate for actual turnover. The actual turnover of the TIS-6 proves its validity (Bothma & Roodt).

Ethical Considerations

Throughout the study, the researcher was intentional in upholding ethical standards. Researchers have a responsibility to inform and protect participants throughout the data collection process and subsequent analyses. While conducting this study, the researcher followed the moral and ethical sanctions indicated by federal mandates, as well as the Institutional Review Board (IRB).

Areas for ethical consideration included providing participants with the purpose of the study, a voluntary participation statement to ensure participants' confidentiality, and an electronic consent form. Participants were assured there are no anticipated risks from participating and they could terminate participation at any time. No physical risk existed from participating in this study. The subsequent section provides the projected methodology to informed permission and a short analysis on the storage of data, retention, and destruction to safeguard privacy.

The researcher used informed consent documentation as the discussion framework for obtaining verbal or written consent from study participants. While establishing the relationship with the participants, the researcher introduced the study to the participant by outlining the

purpose of the study, describing the procedures, disclosing the risks and benefits, establishing the role of the participant, and estimating the time involved. The researcher informed all participants that participation is voluntary. Information regarding study participants' privacy explained that no identifiable data was used in the study and that participants could drop out of the study at any time without penalty.

The participants joining in this study were provided an electronic version of the informed consent form. This form will include contact information for the researcher, the dissertation advisor, and the IRB. Survey participants provided informed consent and voluntary participation by completing the survey after receiving advisement of the details of informed consent as described in the aforementioned paragraphs.

The survey instrument for this study was designed to reduce the need to collect identifiable data. In accordance with IRB and federal guidelines, the researcher safeguarded all data and information in order to protect confidentiality. The safeguard measure for data storage is maintaining a secure file in the researcher's residence where the data is retained for a period of seven years after the research is complete. Upon expiration of the seven-year retention period, the researcher will permanently delete all research-related data and information pertaining to this study.

The researcher continued to adhere with official, constitutional, and expert principles while safeguarding the utmost principles of honesty, scholarly honesty, and scholarship. Additionally, the researcher identified any ethical considerations, any potential benefits, and risks or if there is a need to discuss safeguards used to minimize risks.

CHAPTER 4. RESULTS

Introduction

The purpose of the quantitative non-experimental study was to describe and test the factors that influence ED nurse retention and their ITL. Influencing factors may predict intention to leave either directly or indirectly by their impact on the intermediary factors (Bothma & Roodt, 2013). Sawatzky and Enns (as cited by Bothma & Roodt) described the influencing factors of the structure of the organization's environment and person (i.e., personal and demographic) factors. The Nursing Organizations Alliance (2004) identified nine Principles and Elements of a Healthful Practice Work Environment that are specific to organizational climate. These principles and elements include shared practice philosophy, communication rich culture, philosophy of responsibility, existence of sufficient amounts of experienced nurses, existence of skilled professionals, knowledgeable, trustworthy, evident leadership, collaborative decision-making, encouragement of professional practice and continuous growth/development, recognition of the value of nursing contribution, and recognition by nurses of their meaningful contribution to practice (Bothma & Roodt).

Staffing resource adequacy and forecasting are widespread concerns for nurses (Alspach, 2007; Bothma & Roodt, 2013). On the other hand, Fang (2001) and Alspach (2007) stated that organizational respect and compassion, competence, honesty, and ethical behavior of managers remain among the most significant factors for retaining critical care nurses. According to Tzeng (2002), leadership style had no influence on job satisfaction or the intent to leave. Sawatzky, Enns, and Stone et al (as cited by Bothma & Roodt, 2013) suggested that only specialized training and competency are erroneously linked to intention to leave based on a study of the organizational climate and intention to leave in ICU nurses. Therefore, the aim of this

quantitative non-experimental study is to explore and describe the factors that influence ED nurses' ITL.

The targeted population of this study consisted of Registered Certified Emergency Department Nurses. Exclusion criteria included nurses working in the ED temporary/on-call and upper managers. Participation in the study was voluntary and participants were asked a demographic data questionnaire, a Multifactor Leadership Questionnaire (MLQ), a Perceived Nursing Work Environment (PNWE) instrument, and a Turnover Intention Scale (TIS).

Chapter 4 presents the data collected in the study and an analysis of that data organized by a discussion of the sample demographics, reliability analysis, descriptive statistics, data screening, research questions/hypotheses, and conclusions. Prior to conducting inferential analyses, the researcher compiled descriptive statistics. Means and standard deviations identified trends in the continuous variables. A Cronbach alpha identified acceptable levels of reliability for the scales. The study used T-tests to exam the hypotheses of this study. Data was collected from April 8, 2016 to April 20, 2016 through Qualtrics®, a private research software company, based in Provo, Utah. The data were exported from Qualtrics® directly to SPSS for analysis. The data was analyzed using SPSS 23 for Windows; the significance level of 0.05 was used throughout the study. Information from the 100 total completed surveys were used in the statistical analysis.

Results

A total of 100 Emergency Department Registered Nurses completed all the questions and were used in the study. The gender-specific report of the sample was predominantly women (83%). The percentage of nurses with bachelor's degrees was 46%; moreover, most (53%) did have an accelerated continuing education certificate in ICU or ED nursing programs. Much of the participants were working full-time (85%) and worked day shift (44%) on a 12-hour shift

(73%) in an inner-city public hospital environment. The average participant was married, with kids, and a combined family income less than \$100,000 a year. Table 2 presents the full descriptive findings of the study.

Table 2

Descriptive Findings

Person factor (n=100)	Number/Mean	%/SD
Age		
21-30	18	18%
31- 40	27	27%
41-50	22	22%
51-60	25	25%
61-70	6	6%
71 or older	2	2%
Gender		
Female	230	89%
Male	29	11%
Education		
Nursing Diploma	11	11%
Degree (Associates/Bachelors/Masters)	89	89%
Continuing education certificate		
None	29	29%
Intensive care unit/emergency department program	53	53%
Other	18	18%
Number of emergency department years	Mean = 3.94	SD = 1.79
Number of nursing years	Mean = 2.99	SD = 1.67
Employer		
Tertiary Care Center	17	17%
Urban Community	74	74%
Rural	9	9%
Employment Status		
Full-time	85	85%
Less than full-time	15	15%
Shifts worked		
Day Shift	44	44%
Evening Shift	12	12%
Night Shift	32	32%
Rotating Shifts	12	12%

Table 2 (continued)

Length of shifts		
8 hours	27	27%
12 hours	73	73%
>13 hours	0	0%
Combined family income		
Less than USD\$100,000/year	58	58%
Greater than USD\$100,000/year	40	40%
Missing data	2	2%
Marital Status		
Married	68	68%
Single/Divorced/Widowed	32	32%
Children		
Yes	67	67%
No	33	33%

Note. SD=Standard Deviation. n=number of participants

The following survey items numbers corresponded with the nursing engagement strategy completed by nurses: Nursing Management (survey item numbers 1 through 9); Professional Practice (survey item numbers 10 through 14); Nurse/Physician Collaboration (survey item numbers 15 through 14); Staffing Resources (survey item numbers 25 through 29); and Shiftwork (survey item numbers 30 through 33).

Reliability

Cronbach's alpha tests of internal consistency evaluated the reliability of the scales. The Cronbach's alpha provides the mean correlation between each pair of items and the number of items in a scale (Brace, Kemp, & Snelgar, 2006). Interpretation of alpha values followed the guidelines suggested by George and Mallery (2010), $\alpha > .9$ excellent, $>.8$ good, $>.7$ acceptable, $>.6$ questionable, $>.5$ poor, and $<.5$ unacceptable. The Multifactor Leadership Questionnaire (transformational style questions) consisted of 20 items ($\alpha = .803$). Results of the Multifactor Leadership Questionnaire ($\alpha = .798$) indicated acceptable reliability. The PNWE scale consisted of 33 items ($\alpha = .807$). The nursing management subscale consisted of 9 items ($\alpha = .815$), and the

professional practice subscale consisted of 5 items ($\alpha = .760$), the physician collaboration subscale consisted of 10 items ($\alpha = .815$), the staffing resources subscale consisted of 5 items ($\alpha = .789$), and the shift work subscale consisted of 4 items ($\alpha = .736$). Results of the PNWE scale ($\alpha = .721$) indicated acceptable reliability. The Turnover Intention scale consisted of 8 items ($\alpha = .774$). Results of the Turnover Intention scale ($\alpha = .806$) indicated good reliability. Table 3 presents the reliability statistics for the instruments scales used in this study.

Table 3
Cronbach's Alpha Reliability Statistics for the MLQ, PNWE, and TIS

Instrument	No. of Items	α
Multifactor Leadership Questionnaire (MLQ)	20	.80
Perceived Nursing Work Environment (PNWE)	33	.81
Nursing Management Engagement subscale	9	.82
Professional Practice Engagement subscale	5	.76
Physician Collaboration subscale	10	.82
Staffing Resources subscale	5	.79
Shift Work subscale	4	.74
Turnover Intention Scale (TIS)	8	.77

For the Multifactor Leadership Questionnaire, scores were computed by calculating the mean responses to a 5-point frequency scale ranging from *not-at-all* to *frequently-if-not-always*. The score determined the degree in which transformational leadership style is used. For Nurse Managers that score above a certain score (3 or higher) is considered a transformational leader. For every score above 3, the researcher designates that Nurse Manager with the number 1 (transformational leader); every Nurse Manager with a score below 3 does not meet this standard is coded a value of 2.

For the Perceived Nursing Work Environment (PNWE) instrument, scores were computed by calculating the mean responses to a 4-point Likert scale ranging from *strongly disagree* to *strongly agree*. The scores determined the degree in which Nurse Managers who

engage in nursing engagement strategies (nursing management, professional practice, physician collaboration, staffing resources, and shift work) help to reduce emergency department nurse's turnover intention scores compared to those who do not use these strategies.

If the Nursing Management Engagement (NME) average score is 3 or above, then ED Nurse Managers are engaged; if the average score < 3 , then ED Nurse Managers are not engaged. If the Professional Practice (PPE) average score is 3 or above, ED Nurse Managers are engaged in the PPE; if the average score < 3 , then ED Nurse Managers are not engaged in PPE. If the Nurse/Physician Collaboration (NPCE) average score is 3 or above, the ED Nurse Managers are engaged in NPCE; if the average score < 3 , then ED Nurse Managers are not engaged in NPCE. If the Staffing Resources (SRE) average score is 3 or above, then ED Nurse Managers are engaged in SRE; if the average score < 3 , then ED Nurse Managers are not engaged. If the Shiftwork (SWE) average score is 3 or above, then ED Nurse Managers are engaged; if the average score < 3 , then ED Nurse Managers are not engaged.

The Turnover Intention Scale (the intention to leave or stay) Sawatzky and Enns (as cited in Bothma & Roodt, 2013) scores were computed by calculating the mean responses to a 5-point ordinal scaling from *Never to Always* (Bothma and Roodt). The least possible rating is eight and the highest rating is 40. The higher the rating indicates a greater intention to resign from a job.

Research Question One

Do Nurse Managers with a strong transformational leadership score retain more ED Nurses than Nurse Managers with a weaker transformational leadership score?

H₀1: There is no difference between Nurse Managers with a strong transformational leadership score above a certain score (3 or higher) versus those with a weaker transformational leadership score (less than 3) when comparing ED Nurses' turnover intention scores.

H_{A1}: There is a difference between Nurse Managers with a strong transformational leadership score above a certain score (3 or higher) versus those with a weaker transformational leadership score (less than 3) when comparing ED Nurses' turnover intention scores.

To examine research question one, an independent sample T-test was conducted to assess if there was a statistically significant difference in transformational leadership scores by turnover intention scores. Statistical significance was determined using an alpha level of 0.05. The assumption of equality of variance was assessed using a Levene's test. The result of the test was not significant, $p = .37$, indicating this assumption of equality was met. The results of the independent sample T-test were not statistically significant, $t = 1.91$, $p = .37$, suggesting that there was not a statistical difference in transformational leadership scores by turnover intention scores; no statistical significance can be interpreted. Results of the independent sample T-test are presented in Table 4.

Table 4
Transformational leadership scores by turnover intention scores

Group Statistics				
Multifactor Leadership Category		N	Mean	Std. Deviation
Yes, Transformational		4	3.16	.81
Not, Transformational		3	2.86	.78
		98		
Independent Sample Test				
F	Sig.	t	Levene's Test for Equality of Variances Sig. (2-tailed)	T-test for Equality of Means Mean Difference

Table 4 (continued)

Turnover Intention						
Equal variances assumed	.89	.37	1.91	798	.06	.30

Note. $n=100$

In this sample, the mean score for transformational leadership score was 3.16 ($SD = .81$), $N=2$, whereas the mean score for non-transformational leadership score was 2.86 ($SD = .78$), $N=98$, signifies that the mean score for Nurse Managers who are transformational leaders is higher than the mean score for Nurse Managers who are non-transformational leaders. As the p-value returned ($p = .37$) was higher than level of significance of $\alpha=0.05$., there is no statistical difference between transformational leadership and turnover intention scores; therefore, the null hypothesis cannot be rejected $t(798) = 1.91, p = .37$).

Research Question Two

Are Nurse Managers who engage in nursing engagement strategies (nursing management, professional practice, physician collaboration, staffing resources, and shift work) helping to reduce emergency department (ED) nurse's turnover intention scores compared to those who do not use these strategies?

H₀2: Nurse Managers who practice engagement strategies (nursing management, professional practice, physician collaboration, staffing resources, and shift work) with ED Nurses will have equal or similar Turnover intention scores than those who do not practice engagement strategies.

To examine research question two, **H₀₂**, the independent sample T-test was chosen as the statistical measure for this question to assess if there was a statistically significant difference in Nursing Engagement strategies by turnover intention scores. Statistical significance was determined using an alpha level of 0.05. The assumption of equality of variance was assessed using a Levene's test. The result of the test was not significant, $p = .439$, indicating this assumption of equality was met.

Overall, the results of the independent sample T-test were not statistically significant, $t = -.57$, $p = .43$, suggesting that there was no statistical difference in Nurse Managers who practice nursing engagement strategies (nursing management, professional practice, physician collaboration, staffing resources, and shift work) with ED Nurses will have equal or similar Turnover intention scores than those who do not practice nursing engagement strategies. No statistical significance can be interpreted. Therefore, the null hypothesis cannot be rejected. Results of the independent sample T-test are presented in Table 5.

Table 5

Nursing engagement strategy and turnover intention scores

		Group Statistics					
		Engagement	<i>N</i>	<i>Mean</i>	<i>Std. Deviation</i>		
Turnover Intention	Engaged		46	3.21	1.09		
	Not Engaged		54	2.52	1.44		
		Independent Sample Test					
		Levene's Test for Equality of Variances			T-test for Equality of Means		
		<i>F</i>	<i>Sig.</i>	<i>t</i>	<i>df</i>	<i>Sig.(2-tailed)</i>	Mean Difference
Turnover Intention	Equal variances assumed	.30	.43	.57	98	.61	.69

Note. n=100

In this sample, the mean score for Nurse Managers engaged was 3.21 ($SD = 1.09$), $N = 46$, whereas the mean score for Nurse Managers not engaged was 2.52 ($SD = 1.44$), $N = 54$. This

signifies that the mean score for Nurse Managers who practice nursing engagement strategies (nursing management, professional practice, physician collaboration, staffing resources, and shift work) with ED Nurses is higher than the mean score of Nurse Managers who do not practice nursing engagement strategies. As the p-value returned ($p = .43$) was higher than the level of significance of $\alpha=0.05$, there is no statistical significance between nursing engagement strategies and turnover intention scores; therefore, the null hypothesis cannot be rejected $t(48) = .57, p = .43$.

H_{A2a}: Nurse Managers, who use a nursing management engagement strategy with ED Nurses, will have lower Turnover intention scores than those who do not practice this strategy.

To examine research question two, **H_{A2a}**, the independent sample T-test was chosen as the statistical measure for this question to assess if there was a statistically significant difference in Nursing Management engagement strategy by turnover intention scores. Statistical significance was determined using an alpha level of 0.05. The assumption of equality of variance was assessed using a Levene's test. The result of the test was not significant, $p= .77$, indicating this assumption of equality was met.

The results of the independent sample T-test were not statistically significant, $t= .23$, indicating that Nurse Managers, who use a nursing management engagement strategy with ED Nurses, will have lower Turnover intention scores than those who do not practice this strategy. Statistical significance cannot be interpreted. Therefore, the null hypothesis cannot be rejected. Results of the independent sample T-test are presented in Table 6.

Table 6

Nursing Management engagement strategy and turnover intention scores

Group Statistics

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Table 6 continued			<i>N</i>	<i>Mean</i>	<i>Std. Deviation</i>	
Turnover Intention	Nursing Management Using Management Strategy		52	3.18	1.12	
	Not Using Management Strategy		48	2.34	1.27	
Independent Sample Test						
		Levene's Test for Equality of Variances		T-test for Equality of Means		
		<i>F</i>	<i>Sig.</i>	<i>t</i>	<i>df</i>	<i>Sig. (2-tailed)</i>
Turnover Intention	Equal variances assumed	.11	.77	.23	98	.34
						Mean Difference
						.84

Note. $n=100$

In this sample, the mean score for Nurse Managers using Nursing Management Engagement Strategy was 3.18 ($SD = 1.12$), $N=52$, whereas the mean score for Nurse Managers not using Nursing Management Engagement Strategy score was 2.34 ($SD = 1.27$), $N=48$. This signifies that the mean score for Nurse Managers using nursing management engagement strategy with ED Nurses is higher than the mean score for Nurse Managers who do not practice this strategy. As the p-value returned ($p = .77$) was higher than the level of significance of $\alpha=0.05$, that there is no statistical significance between nursing management engagement strategy and turnover intention scores; therefore, the null hypothesis cannot be rejected ($t(98) = .23, p = .77$).

H_{A2b}: Nurse Managers, who use professional practice engagement strategy with ED Nurses, will have lower Turnover intention scores than those who do not practice this strategy.

To examine research question two, **H_{A2b}**, the independent sample T-test was chosen as the statistical measure for this question to assess if there was a statistically significant difference in professional practice engagement strategy by turnover intention scores. Statistical significance was determined using an alpha level of 0.05. The assumption of equality of variance was

assessed using a Levene's test. The result of the test was not significant, $p = .18$, indicating this assumption of equality was met.

The results of the independent sample T-test were not statistically significant, $t = .18$, $p = .18$, suggesting that there was no statistical difference in Nurse Managers, who use professional practice engagement strategy with ED Nurses, will have lower Turnover intention scores than those who do not practice this strategy. No statistical significance can be interpreted. Results of the independent sample T-test are presented in Table 7.

Table 7
Professional Practice engagement strategy and turnover intention scores

		Group Statistics					
		<i>N</i>	<i>Mean</i>	<i>Std. Deviation</i>			
Turnover Intention	Professional Practice Engaged in Professional Practice	10	3.18	.70			
	Not Engaged in Professional Practice	90	2.85	1.63			
		Independent Sample Test					
		Levene's Test for Equality of Variances		T-test for Equality of Means			
		<i>F</i>	<i>Sig.</i>	<i>t</i>	<i>df</i>	<i>Sig. (2-tailed)</i>	Mean Difference
Turnover Intention	Equal variances assumed	1.39	.18	.18	98	.49	.33

Note. $n=100$

In this sample, the mean score for Nurse Managers engaged in professional practice engagement strategy was 3.18 ($SD = .70$), $N=10$, whereas the mean score for Nurse Managers not engaged was 2.85 ($SD = 1.63$), $N=90$. This signifies that the mean score for Nurse Managers who use professional practice as engagement strategy with ED Nurses is higher than the mean score for Nurse Managers who do not practice this strategy. As the p-value returned ($p = .18$) was higher than the level of significance of $\alpha=0.05$, there is no statistical significance

between professional practice engagement strategy and turnover intention scores; therefore, the null hypothesis cannot be rejected $t(98) = .18, p = .18$.

H_{A2c}: Nurse Managers, who use a physician /collaboration engagement strategy with ED Nurses, will have lower Turnover intention scores than those who do not practice this strategy.

To examine research question two, **H_{A2c}**, the independent sample T-test was chosen as the statistical measure for this question to assess if there was a statistically significant difference in professional practice engagement strategy by turnover intention scores. Statistical significance was determined using an alpha level of 0.05. The assumption of equality of variance was assessed using a Levene’s test. The result of the test was not significant, $p = .39$, indicating this assumption of equality was met.

The results of the independent sample T-test were not statistically significant, $t = .48, p = .397$, suggesting that there was not a statistical difference in Nurse Managers, who use a physician /collaboration engagement strategy with ED Nurses, will have lower Turnover intention scores than those who do not practice this strategy; no statistical significance can be interpreted. Results of the independent sample T-test are presented in Table 8.

Table 8
Nurse/Physician Collaboration engagement strategy and turnover intention scores

		Group Statistics					
		<i>N</i>	<i>Mean</i>	<i>Std. Deviation</i>			
Turnover Intention	Collaboration Yes, Practicing	21	3.02	1.05			
	Collaboration No, Not Practicing	79	2.84	1.15			
		Independent Sample Test					
		Levene's Test for Equality of Variances		T-test for Equality of Means			
		<i>F</i>	<i>Sig.</i>	<i>t</i>	<i>df</i>	<i>Sig.</i> (2-tailed)	Mean Difference

Table 8 continued

Turnover	Equal variances						
Intention	assumed	1.02	.39	.48	98	.63	.19

Note. $n=100$

In this sample, the mean score for Nursing Managers practicing collaboration was 3.02 ($SD = 1.05$), $N=21$, whereas the mean score for Nursing Managers not practicing collaboration was 2.84 ($SD = 1.15$), $N = 79$. This signifies that the mean score for Nurse Managers who use a physician/collaboration engagement strategy with ED Nurses is higher than the mean score for Nurse Managers who do not practice this strategy. As the p-value returned ($p = .39$) was higher than the level of significance of $\alpha=0.05$, there is no statistical significance between nurse/physician engagement strategy and turnover intention scores; therefore, the null hypothesis cannot be rejected $t(98) = .48, p = .39$.

H_A2d: Nurse Managers, who use staffing resources as an engagement strategy with ED Nurses, will have lower Turnover intention scores than those who do not practice this strategy.

To examine research question two **H_A2d**, the independent sample T-test was chosen again as the statistical measure for this question to assess if there was a statistically significant difference in staffing resources engagement strategy and turnover intention scores. Statistical significance was determined using an alpha level of 0.05. The assumption of equality of variance was assessed using a Levene's test. The result of the test was not significant, $p = .75$, indicating this assumption of equality was met.

The results of the independent sample T-test were not statistically significant, $t= 1.55, p = .75$, suggesting that there was not a statistical difference in Nurse Managers, who use staffing resources as an engagement strategy with ED Nurses, will have lower Turnover intention scores than those who do not practice this strategy; no statistical significance can be interpreted. Results of the independent sample T-test are presented in Table 9.

Table 9

Staffing Resources engagement strategy and turnover intention scores

		Group Statistics					
		<i>N</i>	<i>Mean</i>	<i>Std. Deviation</i>			
Turnover Intention	Staffing Yes, Using Staffing Resources	8	3.22	.94			
	No, Not Using Staffing Resources	92	2.81	1.13			
		Independent Sample Test					
		Levene's Test for Equality of Variances		T-test for Equality of Means			
		<i>F</i>	<i>Sig.</i>	<i>t</i>	<i>df</i>	<i>Sig.</i> (2-tailed)	Mean Difference
Turnover Intention	Equal variances assumed	.09	.75	1.55	98	.07	.41

Note. $n=100$

In this sample, the mean score for Nurse Managers using staffing resources was 3.22 ($SD = .94$), $N = 8$, whereas the mean score for Nurse Managers not using staffing resources was 2.81 ($SD = 1.13$), $N = 92$. This signifies that the mean score for Nurse Managers using staffing resources as an engagement strategy with ED Nurses is higher than Nurse Managers who do not practice this strategy. As the p-value returned ($p = .75$) was higher than the level of significance of $\alpha=0.05$, there is no statistical significance between staffing resources engagement strategy and turnover intention scores; therefore, the null hypothesis cannot be rejected $t(98) = 1.55$, $p = .75$.

H_{A2e}: Nurse Managers, who use shift work as an engagement strategy with ED Nurses, will have lower Turnover intention scores than those who do not practice this strategy.

To examine research question two, **H_{A2e}**, the independent sample T-test was chosen again as the statistical measure for this question to assess if there was a statistically significant

difference in shiftwork engagement strategy and turnover intention scores. Statistical significance was determined using an alpha level of 0.05. The assumption of equality of variance was assessed using a Levene's test. The result of the test was not significant, $p = .59$, indicating this assumption of equality was met.

The results of the independent sample T-test were not statistically significant, $t = -.82$, $p = .59$, suggesting that there was not a statistical difference in Nurse Managers, who use shift work as an engagement strategy with ED Nurses, will have lower Turnover intention scores than those who do not practice this strategy; no statistical significance can be interpreted. Results of the independent sample T-test are presented in Table 10.

Table 10

Shift Work engagement strategy and turnover intention scores

		Group Statistics					
		Shift Work	<i>N</i>	<i>Mean</i>	<i>Std. Deviation</i>		
Turnover Intention	Yes, Shift Work		12	3.19	1.10		
	No, Not Shift Work		88	2.92	1.01		
		Independent Sample Test					
		Levene's Test for Equality of Variances		T-test for Equality of Means			
		<i>F</i>	<i>Sig.</i>	<i>t</i>	<i>df</i>	<i>Sig. (2-tailed)</i>	<i>Mean Difference</i>
Turnover Intention	Equal variances assumed	.40	.59	-.82	98	.38	-.37

Note. n=100

In this sample, the mean score for Nursing Managers using shift work engagement strategy was 3.19 ($SD = 1.10$), $N = 12$, whereas the mean score for Nurse Managers not using shift work engagement strategy was 2.92 ($SD = 1.01$), $N = 88$. This signifies that the mean score for Nurse Managers using shift work as an engagement strategy with ED Nurses is higher than Nurse Manager who do not practice this strategy. As the p-value returned ($p = .59$) was higher

than the level of significance of $\alpha=0.05$, there is no statistical significance between shift work engagement strategy and turnover intention scores; therefore, the null hypothesis cannot be rejected $t(98) = -.82, p = .59$.

Summary

The purpose of the quantitative non-experimental study was to describe and test the factors that influence ED nurse retention and their ITL. Descriptive statistics were calculated for demographical data, followed by means and standard deviations for continuous variables. A reliability analysis indicated that transformational leadership had an acceptable level of reliability. Overall, 54 (54%) of the participants considered their Nurse Manager as a transformational leader and 46 (46%) of the participants did not consider their Nurse Manager as a transformational leader.

Results of the exploratory data analysis for research question one indicated that there was not a significant difference in turnover intention scores for Nurse Managers who exhibit characteristics of a strong transformational leader than those Nurse Managers who do not exhibit characteristics of a transformational leader. As the p-value returned ($p = .37$) was higher than level of significance of $\alpha=0.05$., there is no statistical difference between transformational leadership and turnover intention scores; therefore, the null hypothesis cannot be rejected $t(798) = 1.91, p = .37$).

Results of the exploratory data analysis for research question two indicated that there was not a significant difference in turnover intention scores for Nurse Managers who engage in nursing engagement strategies (nursing management, professional practice, physician collaboration, staffing resources, and shift work) with ED Nurses than those Nurse Managers who do not practice engagement strategies. As the overall sample p-value returned ($p = .43$)

being higher than the level of significance of $\alpha=0.05$, there is no statistical difference between nursing engagement strategies (nursing management, professional practice, physician collaboration, staffing resources, and shift work); therefore, the null hypothesis cannot be rejected $t(48) = .57, p = .43$. Implications, limitations, and future research of this study that reveal the concerns that are common to empirical/descriptive survey examination follows in Chapter 5.

CHAPTER 5. DISCUSSION, IMPLICATIONS, RECOMMENDATIONS

Nursing turnover and shortages are acknowledged as worldwide issues; understanding the factors that foster nurses' intention to leave (ITL) is essential in retaining them. This chapter describes the conclusions of the study regarding factors that influence ED nurse retention and ED nurses' intentions to leave. The first chapter presented the research proposal using nursing engagement strategies (nursing management, professional practice, physician collaboration, staffing resources and shift work), on emergency department nurses' intention to leave. Chapter 2 provided a summary of literature that presented the study on transformational leadership style and engagement factors. Identified in Chapter 3 were the method of inquiry, comprising an explanation regarding the reasoning chosen and a description of how the data was collected, coded, probed, configured, and organized for the creation of study. Chapter 4 presented the findings of applied data obtained from the study and an evaluation this collected data. Chapter 5 is a synopsis of the study, summarizes the key findings of the study, presents conclusions drawn from the results, and poses implications for future research.

Transformational leadership is not an all-inclusive resolution for leaders wanting to improve RN retention as it does have gaps that become apparent in the current healthcare environment (Malloch, 2014). Transformational leadership does not consider the influence of the organizational culture in which the leader must work. It is focuses on the individual and does not address teamwork, critical to an ED environment. Control remains with the leader, instead of empowering and engaging staff at the point of service to improve patient care (Malloch, 2014). It

is also focused on linear thinking, disregarding the opportunity for innovation that occurs through networking across complex systems and nonlinear process (Weber, 2012).

Summary of Results

Results of scores on the Multifactor Leadership Questionnaire for the sample of 100 Emergency Department Registered Nurses were examined to assess if there was a statistically significant difference in transformational leadership scores by turnover intention scores. The research question for the study: Do Nurse Managers with a strong transformational leadership score retain more ED Nurses than Nurse Managers with a weaker transformational leadership score. The following are the key findings for the hypothesis:

Based on the outcome of this study, the transformational leadership style of Nurse Managers did not show a significant influence on the intent to turnover intention scores. However, it is important to note that the overall leadership style of the nurse managers revealed that transformational leadership was being practiced. The results from this study agree with Raup's (2008) examination that there is no statistical significance on the impact of transformational leadership versus non-transformational leadership on staff nurse retention. However, nurse managers who exhibited transformational leadership styles revealed a trend toward low nurse turnover compared with nurse managers displaying non-transformational leadership styles. An explanation for this finding may be that nurse managers promoted idealized influence or charisma by communicating and articulating a vision or mission with passion and determination. A positive implication from this study could be to design an educational program for nurse managers that provide the techniques for presenting to groups. By doing so could promote staff nurse awareness and demonstrate how staff directly and indirectly affects the mission of the department and the organization.

The independent variables are transformational leadership styles and nursing engagement strategies, with the dependent variable being retention as measured by the Turnover Intention Scale. Nursing engagement strategies consist of nursing management, professional practice, physician's collaboration, employment resources, and shift work. Sawatzky and Enns (as cited by Bothma & Roodt, 2013) suggested that management give attention to the factors that influence engagement: nursing management, professional practice, physicians collaborating, employment resources, and shift work and develop strategies to address retention. Sawatzky and Enns (as cited by Bothma & Roodt) concluded that it is essential to find the crucial influences and reasons that have affected ED nurses and their intention to leave. The authors suggested that engagement is a main influence in retaining nurses in the ED and nursing management, professional practice, collaboration with physicians, staffing resources and shift work appeared as significant influencing factors for engagement. Results of scores on the Perceived Nursing Work Environment instrument for the sample of 100 Emergency Department Registered Nurses were examined to assess if there was a statistically significant difference in Nursing Engagement strategies by turnover intention scores. The research question for the study was - Are Nurse Managers who engage in nursing engagement strategies (nursing management, professional practice, physician collaboration, staffing resources, and shift work) helping to reduce emergency department (ED) nurse's turnover intention scores compared to those who do not use these strategies? The following are the key findings for the hypotheses:

Nursing Engagement Strategies

The findings from this study yielded new information about the current state of ED nurse retention and their turnover intentions. Based on the outcome of this study, the overall engagement strategies (nursing management, professional practice, physician collaboration,

staffing resources, and shift work) did not show a significant influence on the intent to turnover intention scores.

Nursing Management Engagement Strategy

O'Brien-Pallas et al. (2006) examined the overhead associated with nurse turnover, the nursing unit manager's participants answered to a survey that contained items relating to budgeted full-time equivalents, new hires, and turnover, as well as direct and indirect costs. The authors found that highest direct cost incurred was through short-term replacements, while the highest indirect cost decreased the initial efficiency of the new hire. O'Brien-Pallas et al. concluded that senior organizational leaders should take steps to strengthen nursing leadership within the EDs by hiring and providing sufficient support for qualified and effective ED nursing unit managers. Sawatzky and Enns (as cited by Bothma & Roodt, 2013) asserted that it is important for individuals who take on nurse manager roles to be adequately equipped for such roles, for instance, several Master of Nursing (MSN) programs now offer managerial specializations. Therefore, teaching leadership behaviors such as objectivity, staff development facilitation, partnership, and appreciating the input of staff, all support job fulfillment (Force, 2005). However, the results of this study are inconsistent with previous research; Cox (2016) asserted that nursing leadership consider hiring the right individuals in nursing management roles and serve as mentors to help ED nurses to accomplish their professional goals. Furthermore, Cox suggest that ED nurse's goals be clearly defined early on updated regularly to that those ED nurses who desire nursing management roles will have the appropriate training, tools, and resources to be successful in a leadership role should the need arise. Another consideration based on the results of this study, according to Warshawsky and Havens (2014), is for nursing management to engage staff nurses in career coaching and career counseling session and create a

mentoring training program to train staff nurses for prospective career advancement opportunities within the organization.

Professional Practice Engagement Strategy

Kleinman (2004) asserted effective nursing leaders enhance staff nurse retention was due to the creation of an employment and retention strategy that contained within professional development opportunities, a substantial decrease in the turnover of ED nursing was reported, according to Shobbrook and Fenton (2002). Bigby (2015) conducted a project to employ and enculturate a nursing model for practice with assistant nurse managers across the continuum of nursing at an urban healthcare facility and ambulatory facilities that are connected. Bigby's (2015) findings caused in a reduction in nurse management and leadership turnover and increased levels of engagement. The project drew attention to the unifying and the supporting nurses with one vision, setting of principles, and enabling organizations to promote professional practice, thereby over time enhancing staff nurse fulfillment and patient outcomes. The results of this study are inconsistent with previous research. However, based on a study conducted by Upenieks (2003), continuing education of the staff is one of the attributes of infrastructure at the magnet hospital because nurses were not able to keep up-to-date with their profession and newest treatment and care modalities. The results of the study showed that nurse's attitudes towards a coaching leadership style were positive. In spite of the undergoing changes in health care organizations, nurse managers and staff are forced to change and improve their performance even though opportunities are provided to do so. At the same time, nursing professional practice is fighting to maintain position. Therefore, nurse managers with a transformational leadership style must have the intensity and confidence in the mist of change to manage staff in a setting where they are recognized as valuable resources within the organization (Watters, 2009).

Nurse/Physician Collaboration Engagement Strategy

Collaboration with physicians emerged as an issue relative to ED nursing engagement. Effective physician–nurse collaboration is an important, but not completely understood determinant of patient and nurse satisfaction, and patient safety, according to McGrail, Morse, Glessner, and Gardner (2009). Similarly, Sawatzky and Enns (as cited by Bothma & Roodt, 2013), authors Van Bogaert et al. (2009) and Wieck et al. (2010) reported that two significant influences of nurse-physician collaboration are job satisfaction and intention to leave. In addition, nurse–physician relations influence patient outcomes, including the duration of an inpatient stay (Cowan et al., 2008). Therefore, initiatives with the intention of enhancing the nurse-physician relationships by removing any offensive and discourteous behavior (Joint Commission, 2008).

Siedleck and Hixson (2015) suggested that new behaviors are promoted to inspire a professional practice workplace that encourages a strong, courteous nurse-physician relationship. Without creating new and desired behavior standards, former behaviors and manners tend to fill the void for the time being, caused by a disregarded the negative lead. Though the results of this study differ from previous research, it is recommended that an assessment of the environment by the frequency of poor behavior be conducted to aid and make recommendations on programs to better enhance and enrich the positive relationship between nurse and physician.

Staffing Resources Engagement Strategy

Authors Buerhaus, Staiger, and Auerbach (2000), staffing resources is a continuing concern, especially in specialty areas of nursing, such as in the ED. Historically, emergency departments have appealed to those nurses at the beginning of their career, seeking a motivating and exciting working atmosphere (Buerhaus et al., 2000). On the other hand, the nursing labor

force is aging at an unparalleled proportion. On the other hand, the nursing workforce is aging at an unparalleled proportion. Moreover, many newer nurses desire to work part-time positions since working part-time offers them a more work-life balance and the opportunity to work additional hours/shifts at their convenience. There is a confirmed connection between job fulfillment and overtime work as described by Sawatzky and Enns (as cited by Bothma & Roodt, 2013) determined that there was a positive link between job satisfaction and working overtime. These authors' findings suggested that nurses new to the nursing profession are subjected to more danger of burnout.

The results of this study does not offer any statistical significance to address staffing resource issues. Nonetheless, by developing strategies to address the surrounding issues, nurse managers can form a healthy workplace situation, which sequentially will positively influence job fulfillment, nursing professional best practices, staffing, and retention (Ritter 2011).

Shiftwork

This is the problem of common duty/bedside nursing is shift work, in the opinion of Sawatzky and Enns (as cited by Bothma & Roodt, 2013). On the other hand, the result of this study contrasted the study by Adriaenssens, DeGucht, and Maes (2015) who found that 53% of emergency room nurses reported their work environment unfavorable, with contributions with problems such as understaffing, shift work, night shift work, lack of resources, poor organizational culture, and communication and collaboration problems. As a result, nurse managers should work with staff nurses to create approaches that make working in shifts more satisfying. For instance, recommending flexible nursing work scheduling, using tactics such alternate work scheduling, and employee availability self-scheduling, as essential to an emergency nurse choice to remain employed in their current positions.

According to Strachota, Normandin, O'Brien, Clary & Krukow (2003), hospitals try to resolve their turnover problem by increasing their recruitment initiatives. The authors mention that an immediate resolution of offering would be a creative reward and incentive. Additionally, the author argued that offering reward and an incentive is more cost effective and far less expensive and distracting to retain nurses than to replace them.

Limitations and Future Research

Improving RN retention is an ongoing challenge for nursing leaders and is a complex issue with no standardized solution given the multiple practice settings and widely varying nurse skills and competencies. Leaders around the world are seeking to identify and implement the best strategies for RN retention (Chan et al., 2013; Cowden et al., 2011). Limitations of this study reveal the concerns that are mutual to empirical/descriptive survey research. The purposive sample may have subjective outcomes. Even though the results were mostly conflicting with preceding research examination, the sampling was comprised of only ED nurses; for that reason, the outcomes may not be pertinent to other nursing cohorts.

Further research, using a larger sample size and sampling of another nursing population will offer more data to support or contest these conclusions. Other variables that may affect intent to turnover scores may also need to be considered for future studies. These variables may include, among others, professional advancement, family/personal issues, monetary/financial considerations, and environmental/work place concerns. Future studies might investigate the reasons that nurses choose to stay at the health system and what motivates them to do so. Another study might focus on why nurses remain at the hospital, but transfer to other units. Although findings in this study are not as comparable to those of other turnover studies, comparative research by geographic regions may cast a new light on important issues.

Conclusion

Transformational leadership is not an all-inclusive resolution for leaders wanting to improve RN retention as it does have gaps that become apparent in the current healthcare environment (Malloch, 2014). Transformational leadership does not consider the influence of the organizational culture in which the leader must work. It focuses on the individual and does not address teamwork, essential to an ED environment. Control remains with the leader, instead of empowering and engaging staff at the point of service to improve patient care (Malloch, 2014). It is also focused on linear thinking, omitting the opportunity for innovation that occurs through interacting across complex systems and nonlinear process (Weber, 2012).

Transformational leadership style is widely believed to be the most effective leadership style. Using this style tends to bring about positive outcomes, increased job satisfaction, and decreased staff turnover. Intent to turnover of staff may not be solely dependent on leadership styles as other factors may also influence one's decision to leave a job or workplace. This study adds to the existing body of knowledge correlated to the retention of ED nurses.

Although the results were not statistically significant, the findings provide a representation for nurses in the emergency department and the problematic concerns exclusive to ED nurses critical care work environment. The results of this study disclose no significance difference in the important influences in retention and intent to leave of ED nurses. Ultimately, exploring and describing the factors that influence ED nurse retention of ED nursing retention and their intention to leave, healthcare leaders may use the results of the study to develop methodologies to retain ED nurses resulting in a reduction of healthcare costs, improved patient care, and a work-life balance that is healthy for ED nurses. Perhaps the most important message

from this study is the need for additional research to understand the factors that influence emergency room nurse retention and their intention to leave.

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APPENDIX A. STATEMENT OF ORIGINAL WORK

Academic Honesty Policy

Capella University's Academic Honesty Policy ([3.01.01](#)) holds learners accountable for the integrity of work they submit, which includes but is not limited to discussion postings, assignments, comprehensive exams, and the dissertation or capstone project.

Established in the Policy are the expectations for original work, rationale for the policy, definition of terms that pertain to academic honesty and original work, and disciplinary consequences of academic dishonesty. Also, stated in the Policy is the expectation that learners will follow APA rules for citing another person's ideas or works.

The following standards for original work and definition of *plagiarism* are discussed in the Policy:

Learners are expected to be the sole authors of their work and to acknowledge the authorship of others' work through proper citation and reference. Use of another person's ideas, including another learner's, without proper reference or citation constitutes plagiarism and academic dishonesty and is prohibited conduct. (p. 1)

Plagiarism is one example of academic dishonesty. Plagiarism is presenting someone else's ideas or work as your own. Plagiarism also includes copying verbatim or rephrasing ideas without properly acknowledging the source by author, date, and publication medium. (p. 2)

Capella University's Research Misconduct Policy ([3.03.06](#)) holds learners accountable for research integrity. What constitutes research misconduct is discussed in the Policy:

Research misconduct includes but is not limited to falsification, fabrication, plagiarism, misappropriation, or other practices that seriously deviate from those that are commonly accepted within the academic community for proposing, conducting, or reviewing research, or in reporting research results. (p. 1)

Learners failing to abide by these policies are subject to consequences, including but not limited to dismissal or revocation of the degree.

Statement of Original Work and Signature

I have read, understood, and abided by Capella University's Academic Honesty Policy ([3.01.01](#)) and Research Misconduct Policy ([3.03.06](#)), including the Policy Statements, Rationale, and Definitions.

I attest that this dissertation or capstone project is my own work. Where I have used the ideas or words of others, I have paraphrased, summarized, or used direct quotes following the guidelines set forth in the *APA Publication Manual*.

Learner name
and date Dwight L Baker 6.8.2015

Mentor name
and school Dr. Perry Haan Capella University

APPENDIX B. NURSING QUESTIONNAIRE

Nursing Demographic Questionnaire

Please tell us about yourself and your employment status by answering the following questions.

1. Are you an Emergency Department Nurse?
 - Yes
 - No

2. What is your age?
 - 21 - 30
 - 31 – 40
 - 41 – 50
 - 51 – 60
 - 61 – 70
 - 71 or older

3. What is your gender?
 - Male
 - Female

4. What is the highest level of education or highest level of degree received?
 - Nursing diploma
 - Associate degree
 - Bachelor degree
 - Graduate degree

5. Do you hold a continuing education certificate?
 - None
 - ICU/ED program
 - Other _____

6. Years of experience in the field of nursing
 - < 12 months
 - 1 – 5 years
 - 6 – 10 years
 - 11 – 15 years
 - 16 – 20 years
 - > 20 years

7. Years of experience working in emergency department
- < 12 months
 - 1 – 5 years
 - 6 – 10 years
 - 11 – 15 years
 - 16 – 20 years
 - > 20 years
8. What type hospital setting are you employed?
- Tertiary
 - Urban/community
 - Rural
9. Employment Status
- Full-time
 - Less than full time
10. Shift worked
- Day shift
 - Evenings
 - Nights
 - Rotating shifts
11. How long is the shift you work?
- 8 hours
 - 12 hours
 - >13 hours
12. Combined family income
- Less than USD\$100,000
 - Greater than USD\$100,000
 - Missing data
13. Marital status
- Married
 - Single/widowed/divorced
14. Children
- Yes
 - No

