



INVESTIGATING AND RELATING THE FACTORS INFLUENCING THE RETENTION OF NURSES IN PRIVATE HOSPITALS, BANGALORE

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ABSTRACT

Transformational leadership style is broadly believed to be the most effective leadership style. Using this style tends to bring about positive outcomes, increased job satisfaction, and reduced staff turnover. Intent to turnover of staff may not be completely 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. The purpose of the quantitative non-experimental study is to explore and describe the factors that influence nurse retention and their ITL. Therefore, it is important to identify key factors that influence nurse retention and Intention to leave. The sample consisted of 100 Nurses. Results of the T-test for research question one indicated that there is no statistical significance between transformational leadership and turnover intention scores; nurse superiors who exhibit characteristics of a strong transformational leader retain more Nurses than those nurse superiors who do not exhibit characteristics of a transformational leader. Results of the T-test for research question two indicated that there is no statistical difference in nurse superiors who practice nursing engagement strategies (nursing management, professional practice, physician collaboration, staffing resources, and shift work) with 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 while retaining nurses. Therefore, in developing strategies for retention, it is vitally important for nurse superiors to focus on the affecting factors of engagement: nursing management, professional practice, collaboration with physicians, staffing resources and shift work.

Keywords : Employee Turnover, Employee Retention, Transformational Leadership.

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INTRODUCTION

Introduction to the Problem

In specialty areas, such as in the emergency department, this is where the most serious nursing shortages occur. 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. 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 organisations. 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. 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 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, there has no confirmed limit on clinical patient loads subjecting the personnel to scrutiny by their peers, patients and relatives.

Background of the study

O'Brien-Pallas et al. 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. emphasized the relationship between the Patient Care System and Nurse Turnover Model and how these models contribute to influences relating to patient care, nursing units, and organisation. The author further explained through conservation involvement, 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, identify nurse caring as a significant motivational factor that influences recruitment and retention. Sawatzky and Enns concluded that it is essential to find the crucial influences and reasons that have affected nurses and their intention to leave. The authors suggested that engagement is a main influence in retaining nurses. The underlying theory of transformational leadership style is most prominent to the problem of nurse retention. Transformational leadership occurs when leaders and followers educate and elevate one another to levels of greater motivation through their collaborations. 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 concluded that by defining the predictors of nursing retention and their intention to leave, healthcare leaders might use the results of the study to develop approaches to retain 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. Financial expenditures consisted of the shared outcomes of early declines in new employee efficiency results, reduced employee

morale, and efficiency initiated by employee turnover. Generally, an increase of the patient to nurse ratios and the overcrowding of EDs leads to poor patient outcomes. 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. Sawatzky and Enns 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. Therefore, it is vital to explore and describe the factors that influence 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 nurse retention and ITL. Influencing factors may predict intention to leave either directly or indirectly by their impact on the intermediary factors. Sawatzky and Enns described the influencing factors consisting of the structure of the organisation’s environment and the individual’s personal and demographic factors. The Nursing Organisations Alliance, identified nine Principles and Elements of a Healthful Practice Work Environment that are specific to organisational 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 decisionmaking , 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. Even though incorporation of Principles and Elements of a Healthful Practice Work Environment into the components of organisational climate, the study evidence regarding the specific influencing factors was questionable Sawatzky and Enns. Staffing resource adequacy and forecasting are widespread concerns for nurses. On the other hand, Fang and Alspach have stated that organisational respect and compassionate, competent, honest, and ethical managers remained amongst the greatest significant factors for retaining critical care nurses.

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 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 superiors with a strong transformational leadership score retain more Nurses than nurse superiors with a weaker transformational leadership score?
2. Are nurse superiors who engage in nursing engagement strategies (nursing management, professional practice, physician collaboration, staffing resources, and shift work) helping to reduce 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 nurse's retention and their intention to leave nursing positions is vital to this study. Work engagement within organisations is a pivotal driver to maintaining loyalty, high productivity, and meeting the needs of the customer. Personal relationships in the workplace and satisfaction at work lead to a decrease in turnover and an increase in productivity. Jones and Harter 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. According to Ashforth, Harrison, and Corley identity to an organisation, 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. Therefore, organisations need leaders and managers who can foster enthusiasm and dedication among employees through behaviour 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 organisation. Leaders who depicted these characteristics were commonly known as transformational leaders. Transformational leaders inspired employees toward achieving valuable organisational aims to include greater efficiency, offering better-quality services, and solving social challenges.

Assumptions and Limitations

The researcher assumed that the 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 nurses. Assumptions, that disclose personal biases, have the possibility to affect the collection of data, which presents a potential limitation. 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 Bass Model of Transformational Leadership, according to Bass, Avolio, Jung, and Berson 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 organisational 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 .

LITERATURE REVIEW

Introduction

In trying to make the best use of explaining nurse retention, it is important to recognize and identify the seminal works and foundational concepts most suitable to creating the framework of this study. 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 behavioural concepts are present in this chapter. The concept of this study is to identify key factors that influence 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., 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 described this type of leadership style as transformative because it transforms both the leader and the follower, and eventually, the organisation in a positive manner.

Transformational Leadership

Leadership plays a significant role when interacting with diverse groups of employees who are growing rapidly in organisations, and transformational leadership style help followers to collaborate with each other effectively by increasing the follower's satisfaction level. Transformational leadership has a positive influence on employee's behaviour. According to Stamps, James Downtown 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. Downtown's conceptualization did not take hold until Burns' work on political leaders appeared in 1978. James M. Burns' conceptualization and measurement of leadership was an introduction to both the leader and the follower.

Transactional leadership, as defined by Burns, 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. Burns proposed that leadership is both transactional and transformational, but Burns and colleagues developed the transformational model of leadership, branded the characteristics, quantified behaviours for each, and created the means for measuring. Transformational leadership practices focus on indicating results of increased staff perceptions of further exertion, efficiency, and fulfilment through activities that engage them.

Behavioural Components of Transformational Leadership

Transformational leaders combine behaviours that work to raise the performance level of staff . These behaviours 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 superiors is a vital component of a program that contains a transformational leadership style of management. Educational programs offered to nurse superiors 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 organisation.

2. *Inspirational motivation.* A leader must have the capability to inspire and motivate the belief in a shared vision using an emotional appeal. nurse superiors 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. Positive application of evidence-based practice changes is a form of intellectual stimulation that has resulted in a transformation in professional practice principles.

4. *Individualized consideration.* Preceptorship and one-on-one mentoring personalized to enhance the professional developmental demands of the individual. Orientation to the nurse superior role may include time and attention from senior leaders. In addition, the nurse superior should consider using practices that offer staff nurses an opportunity to focus on professional development. nurse superiors 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 .

Transformational Leadership in Nursing

Wicker 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.

The advantages to the nurse superiors

The responsibility expected of a nurse superior seems limitless when attempting to maintain a stable patient care environment and staff who are satisfied all while trying to maintain a financially sustainable organisation. 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 superiors. In an attempt to generate a theory, the author used an application of analytic induction. 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. According to Seaver, a management orientation process offers the means to knowing the organisation 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, examined the factors of front line nurse superiors' 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 superiors affect culture of the organisation, the outcomes for patients, and the job satisfaction of employees that ultimately affects turnover. The researcher's findings concluded that job satisfaction of front line managers could improve by focusing on span of control and workload, increasing organisational support from supervisors, and allowing managers to participate in decision-making process. In addition, Lee and Cummings suggested that healthcare organisations recruit, retain, and sustain future nurses for leadership by focusing on the factors that influence job satisfaction of front line managers. Per Denker, nurse superiors 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 organisation.

According to Lee and Cummings, nurse superiors in managerial and supervisory roles are susceptible to high level of stress that could result in burnout and turnover. Additionally, the turnover of nurse superiors cost an organisation a substantial amount of funding to train and backfill individuals for critical positions within the organisations Denker. Byram asserted that due to the ever-changing healthcare reform, nurse superiors who can direct during turmoil are in demand. The mandate for nurse superiors in healthcare continues to increase, while at the same time some predict there might a shortage of leadership awaiting. This opinion creates a misunderstanding that describes nurse superiors. Some define a nurse superior 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.

Engagement

Engagement is another variable of this study. The definition of employee engagement has several meanings. Macey and Schneider 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. Conversely, and in conjunction with Schaufeli and Bakker's definition, the perception of work engagement are circumstances that may change within the same individual.

Components of Engagement

According to Hayati, Charkhabi, and Naami 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. Hayati et al., 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. 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.

3. *Dedication*. The third element is dedication, which is described as having a sense of importance, enthusiasm, motivation, pride, and challenge. Brown asserted this element of engagement is visible when a person has a great participation with his or her job.

Nursing Management

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 organisational leaders should take steps to strengthen nursing leadership within the EDs by hiring and providing sufficient support for qualified and effective nursing unit managers. Sawatzky and Enns (as cited by Bothma & Roodt, 2013) asserted that it is important for individuals who take on nurse superior 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.

Turnover Intention

Mobley (1982) defined turnover intention as a worker's subjective probability and deliberate intent to leave an organisation 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 behaviour. 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 organisation (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 organisation (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 organisation. Transformational leaders provide an inspiring vision of goals that can help overcome self-interest and narrow factionalism in organisations. 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.

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 nurse retention and nurse's intention to leave. This research is necessary to add to the body of knowledge offered to reinforce a nurse superior'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

RESEARCH METHODOLOGY

The objectives to be achieved for conducting this study are:

1. To determine if the nurse superiors with a strong transformational leadership score retain more Nurses than nurse superiors with a weaker transformational leadership score?
2. To determine whether the nurse superiors who engage in nursing engagement strategies (nursing management, professional practice, physician collaboration, staffing resources, and shift work) helping to reduce nurse's turnover intention scores compared to those who do not use these strategies?

Scaling and Measurement

Quantitative analysis is used to measure the correlation between the data sets of the sample. Simple random sampling was used for the sampling plan for this research study. A total number of 100 samples were selected for the study. It is anticipated that Independent sample T test was performed on the data collected.

DATA ANALYSIS

Research Question One

Do nurse superiors with a strong transformational leadership score retain more Nurses than nurse superiors with a weaker transformational leadership score?

H01: There is no difference between nurse superiors 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 Nurses' turnover intention scores.

HA1: There is a difference between nurse superiors 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 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 1

Table 1:

Transformational leadership scores by turnover intention scores

Group Statistics					
Multifactor Leadership Category		N	Mean	Std. Deviation	
Yes, Transformational	02	4	3.16	.81	
Not, Transformational		3	2.86	.78	
		98			

Independent Sample Test					
Turnover Intention	F	Sig.	t	Levene's Test for Equality of Variances	T-test for Equality of Means
				Sig. (2-tailed)	Mean Difference
Equal variances assumed	.89	.37	1.91	.798	.06

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 superiors who are transformational leaders is higher than the mean score for nurse superiors who are non-transformational leaders. As the pvalue 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 superiors who engage in nursing engagement strategies (nursing management, professional practice, physician collaboration, staffing resources, and shift work) helping to reduce (ED) nurse's turnover intention scores compared to those who do not use these strategies?

H02: nurse superiors who practice engagement strategies (nursing management, professional practice, physician collaboration, staffing resources, and shift work) with 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 superiors who practice nursing engagement strategies (nursing management, professional practice, physician collaboration, staffing resources, and shift work) with 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 2

Table 2:

Nursing engagement strategy and turnover intention scores

		Group Statistics					
	Engagement	N	Mean	Std. Deviation			
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			
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference
Turnover Intention	Equal variances assumed	.30	.43	.57	98	.61	.69

Note. $n = 100$

In this sample, the mean score for nurse superiors engaged was 3.21 ($SD = 1.09$), $N = 46$, whereas the mean score for nurse superiors not engaged was 2.52 ($SD = 1.44$), $N = 54$. This signifies that the mean score for nurse superiors who practice nursing engagement strategies (nursing management, professional practice, physician collaboration, staffing resources, and shift work) with Nurses is higher than the mean score of nurse superiors 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 $t(48) = .57$, $p = .43$.

HA2a: nurse superiors, who use a nursing management engagement strategy with Nurses, will have lower Turnover intention scores than those who do not practice this strategy.

To examine research question two, **HA2a**, 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 superiors, who use a nursing management engagement strategy with 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 3.

Table 3:

Nursing Management engagement strategy and turnover intention scores

		Group Statistics					
		N	Mean	Std. Deviation			
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			
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference
Turnover Intention	Equal variances assumed	.11	.77	.23	98	.34	.84

Note. n=100

In this sample, the mean score for nurse superiors using Nursing Management Engagement Strategy was 3.18 ($SD = 1.12$), $N=52$, whereas the mean score for nurse superiors not using Nursing Management Engagement Strategy score was 2.34 ($SD = 1.27$), $N=48$. This signifies that the mean score for nurse superiors using nursing management engagement strategy with Nurses is higher than the mean score for nurse superiors 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 $t(98) = .23, p = .77$).

HA2b: nurse superiors, who use professional practice engagement strategy with Nurses, will have lower Turnover intention scores than those who do not practice this strategy. To examine research question two, **HA2b**, 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 superiors, who use professional practice engagement strategy with 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 4.

Table 4:

Professional Practice engagement strategy and turnover intention scores

		Group Statistics					
		N	Mean	Std. Deviation			
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			
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference
Turnover Intention	Equal variances assumed	1.39	.18	.18	98	.49	.33

Note. n=100

n this sample, the mean score for Nurse Superiors engaged in professional practice engagement strategy was 3.18 ($SD = .70$), $N=10$, whereas the mean score for nurse superiors not engaged was 2.85 ($SD = 1.63$), $N=90$. This signifies that the mean score for nurse superiors who use professional practice as engagement strategy with Nurses is higher than the mean score for nurse superiors 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 ($t(98) = .18, p = .18$).

HA2c: nurse superiors, who use a physician /collaboration engagement strategy with Nurses, will have lower Turnover intention scores than those who do not practice this strategy. To examine research question two, **HA2c**, 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 superiors, who use a physician /collaboration engagement strategy with 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 5

Table 5.

Nurse/Physician Collaboration engagement strategy and turnover intention scores

		Group Statistics					
Turnover Intention	Collaboration	N	Mean	Std. Deviation			
	Yes, Practicing Collaboration	21	3.02	1.05			
	No, Not Practicing Collaboration	79	2.84	1.15			
		Independent Sample Test					
		Levene's Test for Equality of Variances		T-test for Equality of Means			
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference
Turnover Intention	Equal variances 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 superiors who use a physician/collaboration engagement strategy with Nurses is higher than the mean score for nurse superiors 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 $t(98) = .48, p = .39$.

HA2d: nurse superiors, who use staffing resources as an engagement strategy with Nurses, will have lower Turnover intention scores than those who do not practice this strategy. To examine research question two **HA2d**, 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 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 superiors, who use staffing resources as an engagement strategy with 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 6.

Table 6:

Staffing Resources engagement strategy and turnover intention scores

		Group Statistics					
Turnover Intention	Staffing	N	Mean	Std. Deviation			
	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			
		F	Sig.	t	df	Sig. (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 superiors using staffing resources was 3.22 ($SD = .94$), $N = 8$, whereas the mean score for nurse superiors not using staffing resources was 2.81 ($SD = 1.13$), $N = 92$. This signifies that the mean score for nurse superiors using staffing resources as an engagement strategy with Nurses is higher than nurse superiors 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 $t(98) = 1.55$, $p = .75$.

HA2e: nurse superiors, who use shift work as an engagement strategy with Nurses, will have lower Turnover intention scores than those who do not practice this strategy. To examine research question two, **HA2e**, 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 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 superiors, who use shift work as an engagement strategy with 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

Shift Work engagement strategy and turnover intention scores

		Group Statistics					
		<i>N</i>	<i>Mean</i>	<i>Std. Deviation</i>			
Turnover Intention	Shift Work 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 superiors not using shift work engagement strategy was 2.92 ($SD = 1.01$), $N = 88$. This signifies that the mean score for nurse superiors using shift work as an engagement strategy with Nurses is higher than nurse superior 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 $t(98) = -.82$, $p = .59$.

FINDINGS

Results of the exploratory data analysis for research question one indicated that there was not a significant difference in turnover intention scores for nurse superiors who exhibit characteristics

of a strong transformational leader than those nurse superiors 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 superiors who engage in nursing engagement strategies (nursing management, professional practice, physician collaboration, staffing resources, and shift work) with Nurses than those nurse superiors 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 $t(48) = .57, p = .43$.

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. Transformational leadership does not consider the influence of the organisational culture in which the leader must work. It focuses on the individual and does not address teamwork, essential to an environment. Control remains with the leader, instead of empowering and engaging staff at the point of service to improve patient care. It is also focused on linear thinking, omitting the opportunity for innovation that occurs through interacting across complex systems and nonlinear process. 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 nurses. Although the results were not statistically significant, the findings provide a representation for nurses in the problematic concerns exclusive to 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 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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