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Predictive Factors in Nurse Retention: The Association of Authentic Leadership, Nurse Leader Caring Behaviors, and Burnout in Novice Nurse Retention

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Predictive Factors in Nurse Retention: The Association of Authentic Leadership,

Nurse Leader Caring Behaviors, and Burnout in Novice Nurse Retention

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PREDICTIVE FACTORS IN NURSE RETENTION: THE ASSOCIATION OF AUTHENTIC LEADERSHIP, NURSE LEADER CARING BEHAVIORS, AND BURNOUT IN NOVICE NURSE RETENTION

Has been approved by her committee as satisfactory completion of the dissertation requirement for the degree of Doctor of Philosophy

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Abstract

The demand for healthcare services in the United States is expected to dramatically increase in the coming decades. To meet the growing demand, a healthy workforce of nurses is necessary. In response to the identified problem of novice nurse retention, the researcher examined the concepts of authentic leadership, leadership caring behaviors, and burnout to determine the impact of these factors on intent to stay within an organization for novice nurses with less than 1 year of experience at a large community hospital. The study findings demonstrate a statistically significant correlation between the factors of authentic leadership, leader caring behaviors, burnout, and the intent to stay within an organization. Burnout was most predictive of the intent to stay within the organization. The ancillary analysis also demonstrated the predictive nature of authentic leadership and leader caring in burnout experienced by novice nurses. These findings add to the body of knowledge surrounding the factors influencing novice nurse retention. To mitigate the looming nursing shortage, healthcare leaders must understand and address factors influencing nurse retention during their first years of practice.

Keywords: nurse retention, authentic leadership, burnout, leader caring behaviors, nurse turnover

Dedication

To Clint, for your love, support, and constant belief in me. Thank you for keeping me grounded and for keeping me laughing all these years. I am so happy to be on this journey of life with you.

To Autumn, Madi, and Katherine. I am so proud of you, and I cannot wait to see where your lives take you. God has given you the endless potential to make the world a better place, and I pray that you will use your gifts boldly. You make my heart happy.

Acknowledgements

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Chapter 1 – Introduction

Nursing is the largest segment of the healthcare workforce in the United States (Rosseter, 2019). With over 3.8 million registered nurses (RNs), nurses are the primary care providers in hospital and long-term care settings (Davis-Ajami et al., 2014; Rosseter, 2019). This increasing demand for healthcare services due to the aging population and an increase of Americans with healthcare coverage has projected to lead to a 15% increase in registered nursing positions between 2016 and 2026, outpacing other occupations (Schnur, 2020). Likewise, the nursing workforce is aging, with an increasing number of nurses retiring from the profession in the next 5 years (Rosseter, 2019). In contrast to nurses retiring from the labor pool, an alarming number of new nurses leave the role. Over 35% of novice nurses in their first 2 years of practice report considering changing professions, and up to 33% of nurses leave the career within this time (Bucceri-Androus, 2021; Kovner et al., 2007). If nurses remain employed in an organization for 3 years, they will likely stay with the organization (Koppel et al., 2017). With the increasing demand for services and a reduced workforce, a significant nursing shortage is expected over the next decade (Rosseter, 2019). To combat the looming nursing shortage, healthcare leaders must address nurse retention during the first years of practice.

Despite the significant negative impact of nursing turnover on healthcare organizations, there is a paucity of research on factors influencing novice nurses' retention. Additional research is needed to help identify and explore the key factors influencing new nurses' decisions to stay within an organization. Understanding the causes of nurse turnover will allow healthcare leaders to devise strategies to enhance nurse retention. Through this study, the researcher aimed to identify factors that influence novice nurses' intent to stay within an organization. Specifically, this researcher addressed the elements of authentic leadership, leadership caring behaviors, and burnout as predictors of novice nurses' intent to stay within an organization. This chapter contains an introduction to the study, beginning with the background information and problem statement, followed by the purpose statement, the research questions and hypotheses, the significance,

conceptual framework, methodology, scope, and limitations, ending with definitions of key terms.

Background

Healthcare in the United States will undergo dramatic changes in the coming decades due to the aging of the population, increasing resource utilization to manage chronic diseases, and growing demands for healthcare services (Rosseter, 2019; Snavely, 2016). Approximately 120,000 nurses left the workforce in 2015, diminishing the overall nursing workforce to the lowest level since 2005 (Snavely, 2016). As of 2018, the average age of a registered nurse in the United States was 50 years old, with nearly 500,000 nurses expected to retire by 2022 (American Nurses Association, 2020; U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Heath Workforce, & National Center for Health Workforce Analysis, 2019). By 2022, more registered nurse jobs will be available than any other profession, with an estimated 100,000 jobs added to the labor market annually (Rosseter, 2019). To meet this increasing demand and combat the projected nursing shortage, healthcare organizations must attract and retain registered nurses.

The retention of top performers within an organization is a crucial consideration for leaders. Retaining healthcare workers is linked to increased job satisfaction and reduced costs associated with recruiting and replacing employees who leave an organization (Gilpin-Jackson et al., 2019). Nurses in their first years of practice are more likely to leave the profession than nurses with additional years of tenure (Colosi, 2021; Kovner et al., 2007). Nurse turnover varies by location and specialty from 8.8% to 37.0% (Haddad et al., 2021). With the cost to replace a bedside nurse averaging over $40,000, nurse turnover has significant financial implications for healthcare organizations (Colosi, 2021). If leaders can retain nurses past the 3-year mark, they remain loyal to the organization and are more likely to stay employed within the company (Koppel et al., 2017).

Research have traced the factors associated with nurse turnover to both external and internal loci. External factors refer to the actions and behaviors outside of the nurse's control, such as the leadership traits of their manager, while internal

factors refer to the nurse's perception regarding their ability to perform the role, confidence in their skills, and resilience (S. Brown et al., 2018; Hussein et al., 2016; Weyman et al., 2019). Experiences in the first year of employment, both with leadership and work performance, play a pivotal role in future career plans and organizational commitment of new nurses (S. Brown et al., 2018). When novice nurses' expectations do not match the organizational expectations, intent to leave an organization increases (Alilu et al., 2017). The factors associated with novice nurse turnover include leadership demonstrating authentic and caring behaviors and employee perception of self-efficacy and ability to cope with stressors.

The American Association of Critical Care Nurses has adopted authentic leadership as one of the six standards required for a healthy work environment, and researchers have validated the construct of authentic leadership in the study of healthcare organizations (Alilyyani et al., 2018; Giordano-Mulligan & Eckardt, 2019; Kerfoot, 2006; Wong & Laschinger, 2013). The relationship between leader and a follower guides perceptions, performance, and outcomes and influences organizational commitment and nurse retention (Hoeve et al., 2020). Authentic leadership is a positive predictor of follower job satisfaction and facilitates novice nurses' perceptions of an empowering work environment (Laschinger et al., 2013; Peus et al., 2012).

When nurses feel their leader genuinely cares about them, the relationship yields organizational and personal benefits. In one study, a majority of surveyed nurses cited the relationship with their direct supervisor as a critical factor in remaining in an organization (Heller et al., 2004). Leadership demonstration of caring behaviors and nurse retention within organizations are positively correlated (Kostich et al., 2020). Leaders are perceived to genuinely care about their followers when they act in a way that benefits them and others around them (Friedman, 2008). These actions create a positive work environment by supporting the new employee's confidence, growth, and empowerment through shared decision-making (Mudallal et al., 2017).

Burnout is a state of emotional exhaustion with physical and behavioral manifestations in response to excessive demands on resources, resulting in a loss of

motivation (Freudenberger, 1974). A meta-analysis of recent research on burnout noted that over 11% of nurses experience high levels of burnout, leading to increased turnover (Woo et al., 2020). Increased workloads and a lack of healthy work environments predict increased burnout in nurses (Sandler, 2018). Individuals who perceive their work as meaningful and believe that their leaders serve others are more motivated and more likely to stay at an organization (Barbuto & Gottfredson, 2016). An inadequate individual stress response increases burnout and anxiety and can lead to poor decision-making (Guirardello, 2017; Lowe, 2013). Burnout is more prevalent in younger nurses and can lead to increased safety events, compromised care, and nurse turnover (Bakhamis et al., 2019).

Although scholars have identified the factors associated with nurse turnover and presented some evidence that these factors influence one another, there is a lack of consensus on the relationship between these factors and what factors are most predictive of a novice nurse's intent to stay with an organization. Authentic leadership positively affects new nurses' organizational identification, enhancing occupational coping self-efficacy and decreasing new graduate nurse turnover intentions (Fallatah et al., 2017). A caring organizational culture and authentic leadership increase nurses' intentions to stay within an organization (Park et al., 2019). Occupational coping self-efficacy has been shown to reduce burnout by fostering resiliency (Fida et al., 2018). Burnout and authentic leadership have an inverse relationship, resulting in less staff turnover in clinical units (Fitzgerald, 2017). It is unclear which factors, considering authentic leadership, leader caring behaviors, and burnout, predict novice nurses' intent to stay within an organization and what relationship may exist between them.

Statement of the Problem

The retention of nurses within the first years of practice has been identified as an issue in healthcare. Nurses in their first 3 years of practice are more likely to leave an organization than those with additional years in the profession. The predictive factors associated with novice nurses' intent to stay in an organization have not been fully explored. Specifically, there is a lack of research related to authentic leadership and nursing in the United States. In a scoping study of

authentic leadership and new nurses, the author noted only 12 studies conducted in Canada that focused on novice nurses (Long, 2020). Kerzman et al. (2020) posited that additional research is needed on the relationship between intrinsic and extrinsic factors influencing nurse retention. Finally, Brook et al. (2019) cited a lack of measurement of statistical significance and inconsistent use of validated instruments in the current literature related to nursing turnover and the retention of novice nurses.

Purpose of the Research

In this study, the researcher examined the concepts of authentic leadership, leadership caring behaviors, and burnout to determine the impact of these factors on novice nurses' intent to stay within an organization for nurses with less than 3 years of experience at a large community hospital. The independent variables included authentic leadership behaviors, leader caring behaviors, and perceived burnout. The dependent variable was the intent to stay at an organization. Intent to stay within an organization is inversely related to turnover intent and is indicative of a positive work environment (Shahid, 2018).

Research Questions and Hypotheses

In response to the identified problem, the researcher developed the following research questions:

1. To what degree do study participants perceive their leader demonstrates authentic leadership behaviors?
2. To what degree do study participants perceive their leader exhibits caring behaviors?
3. To what degree do study participants perceive themselves as experiencing the signs of burnout?
4. Considering the factors of authentic leadership, leadership caring behaviors, and burnout, which is most predictive of a novice nurse's intent to stay within an organization?

In response to the identified problem, the following hypotheses were tested:

1. To what degree do study participants perceive their leader demonstrates authentic leadership behaviors?

   $H_0 1$: There will be no statistically significant variation in the perception of authentic leadership behaviors

2. To what degree do study participants perceive their leader exhibits caring behaviors?

   $H_0 2$: There will be no statistically significant perception of leader caring behaviors.

3. To what degree do study participants perceive themselves as experiencing the signs of burnout?

   $H_0 4$: There will be no statistically significant perception of burnout in novice nurses.

4. Considering the factors of authentic leadership, leadership caring behaviors, and burnout, which is most predictive of a novice nurse's intent to stay within an organization?

   $H_0 5$: The internal self-assessed factors of self-efficacy and burnout are most predictive of novice nurses' intention to stay at an organization.

Significance of the Research

A significant nursing shortage is expected in the next 10 years due to growing demand and workforce shortages. Over 30% of nurses leave the profession within 2 years of graduation from nursing school, accounting for nearly 25% of all nurse departures within healthcare organizations (Colosi, 2021). To meet this increasing demand and combat the projected nursing shortage, healthcare organizations must attract and retain registered nurses. The retention of novice nurses is an integral strategy to combat the nursing shortage. Current researchers have defined internal and external factors influencing novice nurses' intent to stay within an organization. Authentic leadership and leader caring behaviors have been identified as external factors impacting nurse retention (Baek et al., 2019; Fallatah & Laschinger, 2016; Fitzgerald, 2017; Kostich et al., 2020; Laschinger et al., 2015). Likewise, internal factors such as burnout have also influenced nurse turnover (Boamah et al., 2017; Fallatah et al., 2017; Fitzgerald, 2017; Laschinger et

al., 2015; Lee et al., 2021). To date, there has been little research to evaluate which factors are most predictive of a novice nurse's intent to stay with an organization (Osch et al., 2018). The current researcher sought to address the identified gap in the literature and provide additional insight into the retention of novice nurses in the workforce. In addition, the findings of this study enhance the knowledge surrounding the relationship between external and internal factors influencing nurse retention.

Conceptual Framework

Authentic leadership theory was the conceptual framework guiding this study. Authentic leadership has emerged as an alternative to the more traditional leadership theories adopted in healthcare settings. The cultural climate and social stresses in healthcare lend themselves to authentic leadership theory. During times of social pressure and moral dilemmas, the concept of authenticity becomes more prominent (Novicevic et al., 2006).

Walumbwa et al. (2008) defined authentic leadership as

A pattern of leader behavior that draws upon and promotes both positive psychological capacities and a positive climate to foster greater self-awareness, an internalized moral perspective, balanced processing of information, and relational transparency on the part of leaders working with followers, fostering positive self-development. (p. 94)

Authentic leadership components include self-awareness, internalized moral perspective, balanced processing, and relational transparency (Walumbwa et al., 2008). Authentic leadership is supported in the healthcare setting, as the relational focus of authentic leadership is a departure from the transactional nature of traditional healthcare leadership. The American Association of Critical Care Nurses has adopted authentic leadership as one of the six standards required for a healthy work environment (Kerfoot, 2006). The current stressors within the healthcare system and the relational nature of nursing lend further support to the use of authentic leadership theory in this study.

Caring is a core action undertaken in the practice of the professional nurse. The practice of caring has been discussed within nursing literature, but the

definition of caring behaviors has only recently been studied. Watson (1998) noted that the relationship and care between patients and nurses are the profession's core. Nursing researchers have historically focused on patient care, but recent scholars have explored the impact of leaders demonstrating care to their employees. The relational nature of leadership highlights the need for human connections to remain a focus of leadership development (Lush, 2019). The relationships between leaders and followers guide perceptions, performance, and outcomes. The interactions between nurses and their leaders influence organizational commitment and nurse retention (Hoeve et al., 2020). The quality caring model describes the caring relationships enacted by nurses, including the caring behaviors of leaders in the nursing profession.

Burnout refers to the gradual depletion of energy and motivation (Freudenberger, 1974; Schaufeli et al., 2009). Burnout is a state of emotional exhaustion due to excessive demands on resources which can manifest with physical and behavioral signs and symptoms (Freudenberger, 1974). The manifestation of burnout occurs when the demands of a job role and workers' perceived abilities are not matched, resulting in prolonged periods of stress (Brown, 2012; Maslach et al., 2001). Increased workloads and a lack of healthy work environments predict increased burnout in nurses (Sandler, 2018). Intent to leave was 13 times higher in nurses experiencing increased levels of emotional exhaustion (Lee et al., 2021). The inadequate individual stress response increases burnout and anxiety and can lead to poor decision-making (Guirardello, 2017; Lowe, 2013). The authors of a meta-analysis of recent research on burnout noted that over 11% of nurses experience high levels of burnout, leading to increased turnover (Woo et al., 2020).

Methodology

The researcher designed the current investigation as a correlational research study utilizing a convenience sample of novice nurses in their first year of employment at a large acute care community hospital in the southeastern United States. The independent variables in the study included authentic leadership, leader

caring behaviors, and burnout. The dependent variable was the intent to stay within the organization.

Participants in this research were asked to complete an online survey. The survey consisted of three validated instruments utilized to assess the independent variables. Additional demographic data were also collected. Authentic leadership was evaluated using the Authentic Leadership Questionnaire (ALQ), a self-assessment of 16 questions answered using a 5-point Likert scale (Walumbwa et al., 2008). The researcher measured the construct of leadership caring behaviors utilizing the 25-item Caring Assessment Tool-Administration (CAT-Adm; Wolverton et al., 2018). Finally, burnout was assessed using the Maslach Burnout Inventory – Human Service Survey for Medical Personnel (MBI-MP; Maslach & Jackson, 1981).

The first three research questions were analyzed using inferential statistics to determine if there was a statistical difference between responses. Multiple regression analysis examined the fourth research question to determine the factors that may predict novice nurses' intent to stay with an organization. Variables including gender, generational cohort, educational preparation, and clinical specialty were analyzed. Statistical analysis included a *t*-test and multiple regression analyses to determine the relationship between variables.

The researcher recruited a sample of novice nurses employed at a large community hospital. The sample population of novice nurses consisted of the nurse residency program members in their first 3 years of employment as an RN. The novice nurse residency cohort average is approximately 130 nurses, and the study included three cohorts for a population estimated to be above 500 nurses.

Scope and Limitations

This study was expected to evaluate what factors may be most predictive of novice nurses' intent to stay within an organization. Limitations in the research were noted. The convenience sample at a single site location may have reduced the likelihood that results apply to a broader audience, and findings may not be generalizable to all nursing populations. Additionally, factors such as sample size,

demographic variation, educational preparation, and internal factors within the organization may have impacted this study's results.

Definition of Terms

1. *Authentic leadership:* A pattern of leader behavior that draws upon and promotes both positive psychological capacities and a positive climate to foster greater self-awareness, an internalized moral perspective, balanced processing of information, and relational transparency on the part of leaders working with followers, fostering positive self-development (Walumbwa et al., 2008)

2. *Burnout:* A state of emotional exhaustion with physical and behavioral manifestations in response to excessive demands on resources, resulting in a loss of motivation (Freudenberger, 1974).

3. *Caring behaviors:* Instrumental and expressive behaviors that—when used in the context of shared professional interactions—facilitate understanding, learning, comfort, human dignity, security, self-confidence, hope, and encouragement (Duffy, 2009).

4. *Intent to stay in an organization:* Employees' intention to remain in the existing employment relationship with their current employer on a long-term basis (Shahid, 2018).

5. *Novice nurse:* A novice is a beginner with no experience. They are taught general rules to help perform tasks, and their rule-governed behavior is limited and inflexible (Benner, 2000). In this context of this study, the term referred to a registered nurse with less than 3 years of experience.

6. *Occupational stressors:* These are events or conditions in the workplace that are detrimental to health and well-being (APA Dictionary of Psychology, 2020).

Summary

Increasing demand for healthcare resources and the exit of nurses from the workforce will create a significant nursing shortage in the next decade. By 2026, a 15% increase in available nursing jobs will exceed the number of entrants into the

workforce (Schnur, 2020). New nurses are leaving the profession at an alarming rate, with over 30% of nurses considering a new career after 2 years of work (Bucceri-Androus, 2021; Kovner et al., 2007). To combat the looming nursing shortage, healthcare leaders must address nurse retention during the first years of practice. The researcher identified a lack of research on the factors that impact novice nurse retention, which inspired the current investigation. In the following chapter, the researcher reviews the existing body of knowledge related to nurse retention, authentic leadership, caring behaviors, and burnout within the nursing profession.

Chapter 2 – Literature Review

Through this study, the researcher sought to identify factors influencing novice nurses' intent to stay within an organization. The prevailing shortage of registered nurses in conjunction with nurses leaving the workplace highlights the need for healthcare leaders to understand better what factors contribute to the retention of novice nurses within an organization. The concepts of authentic leadership, leadership caring behaviors, and burnout were examined independently and as predictors of novice nurse retention within an organization. This chapter is a synthesis of the current findings and relevant research related to this study's central concepts. Additional context supporting the study is provided by exploring the current state of the nursing workforce, recent work focused on nurse retention, the independent variables included in the study, and identifying gaps in the literature.

A foundational understanding of the nursing workforce is essential to gaining insight into the factors influencing novice nurses' retention stay within an organization. This chapter includes a synthesis of literature surrounding the concepts of this study. The review of literature is organized into two major sections. The first portion of this literature review will explore the nursing workforce in the United States. Specifically, this section offers support for the relevance of the study by examining the current body of knowledge surrounding the state of the nursing workforce, the impact of the growing nurse shortage, and relevant research on factors influencing nurse retention, including the effects of the COVID-19 pandemic in exacerbating nurse turnover in the healthcare setting. The second section of this literature review examines the current body of knowledge surrounding the independent variables included in the study. These variables include authentic leadership, leader caring behaviors, and perceived burnout.

Current State of the Nursing Workforce

The demand for healthcare services in the United States is expected to experience a dramatic increase in the coming decades due to the aging population, additional resource utilization to manage chronic disease, and the increasing accessibility of healthcare to the broader population (Florida Hospital Association,

2021a; Haddad et al., 2021). To meet the growing demands, a healthy workforce of nurses is necessary. The National Council of State Boards of Nursing has defined an RN as "An individual who has graduated from a state-approved school of nursing, passed the NCLEX-RN Examination, and is licensed by a state board of nursing to provide patient care" (National Council of State Boards of Nursing, 2020, para. 1). Registered nurses are the primary caregivers in the hospital setting and the most significant component of the healthcare workforce (Haddad et al., 2021). Nurses comprise over 50% of the global healthcare workforce and play a critical role in delivering healthcare services across all environments (World Health Organization, 2020). The nursing profession lies at the epicenter of the increased demand for healthcare services and a limited supply of human resources to provide the necessary care to patients.

Due to the increasing demand for healthcare services and a concurrent reduction in the number of nurses available in the workforce, a significant nursing shortage is expected over the next decade. By 2030, an additional 1.2 million nursing professionals will be needed to meet the demand in the United States (Rosseter, 2019; University of St. Augustine for Health Sciences, 2021). The anticipated nursing shortage has been exacerbated by the COVID-19 pandemic, with nurses leaving the workforce at an accelerated rate (Blazonis, 2021; Luthra & Carrazana, 2021). To more fully understand the current climate of the registered nursing profession, the reader is presented with an overview of the workforce demographics and contemporary research related to nurses entering and exiting the workforce in this section.

Nursing professionals comprise the largest segment of the healthcare workforce that provides direct care for patients (Haddad et al., 2021). With over four million registered nurses in the United States, nurses serve on the front lines of the healthcare industry (American Nurses Association, 2020; Schnur, 2020). The demographic composition of the nursing workforce continues to evolve and informs the trajectory of the profession. Approximately 30% of registered nurses in 2019 were minorities, and a growing number of males are entering nursing. In 2018, the number of males in nursing roles increased to 10% of the nursing

workforce (Schnur, 2020; U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Workforce, & National Center for Health Workforce Analysis, 2019). In addition to the changing gender and racial diversity, the generational makeup of the nursing workforce is also evolving.

Generational characteristics within the workforce influence the demographic makeup of the healthcare workforce and will impact the outlook for the healthcare profession in the coming years. In 2020, 19% of the nursing workforce was older than 65 years of age, and the median age of a registered nurse increased from 51 years old in 2017 to 52 years old in 2020 (Smiley et al., 2021). The U.S. labor market is experiencing a negative demographic effect as the baby boomers age out of the workforce at a higher rate than new labor enters, slowing the labor force growth to 0.5% annually by 2022 (Toossi, 2015). This negative demographic effect equates to a higher exit of nurses from the workforce than entrants. The increase in the mean age of registered nurses is concerning, with healthcare demand rising. Nurses between 40 and 50 years of age (i.e., those part of Generation X) comprise 19% of the current workforce in the United States, but a slightly higher rate of 22.5% in Florida (Florida Center for Nursing, 2020). Florida is unique, with more RNs under 40 years of age than those over 50 (Florida Center for Nursing, 2020). Individuals in the millennial generation make up the largest segment of the working population in the United States but only 19.5% of the nursing workforce (Anderson et al., 2017; Fry, 2018; Smiley et al., 2021). The discrepancy between the rate of Millennials in the workforce compared to Millennials in nursing lends evidence to the concern that younger individuals are not entering healthcare jobs at a high enough pace to meet the upcoming demands. Gen Z in the nursing workforce accounted for 8.4% of the nursing workforce in 2020 (Smiley et al., 2021). The attributes of nurses in the United States and Florida influence the entrance and exit of nurses into the workforce.

Nursing Shortage

Staffing levels in healthcare organizations affect more than patient outcomes. The impact of poor nurse retention has both financial and quality

implications. The economic impact of the nursing shortage is significant. The cost estimated to replace a nurse position in a specialty field is $145,000, and general medical-surgical nursing positions cost over $90,000 per position to replace (Armmer, 2017; Van Camp & Chappy, 2017). Perhaps more concerning than the financial considerations are the quality implications of nursing shortages. A meta-analysis of research focusing on healthcare quality measures outlined a consistent positive correlation between work environment (staffing and leadership support) and quality measures, including job outcomes, quality ratings, patient outcomes, and job satisfaction (Lake et al., 2019). In a study of missed care across 10 hospitals in the Midwest, Kalisch et al. (2011) found a significant correlation between missed nursing care and the intent to leave an organization. A review of the known body of knowledge surrounding the nursing shortage is included in this section.

Anticipated Need and Supply of Nurses

The expected nursing shortage impacts global, national, and local healthcare. Globally, nursing positions account for over 50% of the current shortage of healthcare workers worldwide (World Health Organization, 2020). At the national level, the United States is predicted to have a nursing shortage through 2030, with 1.09 million job openings by 2024 (Haddad et al., 2021). Registered nurses have been increasingly sought after, with R.N. jobs noted as the fifth most in-demand job in the United States workforce as of February 2021 (Irvine, 2021). All 50 states have reported nursing shortages during the COVID-19 pandemic (Guenot, 2021). Before the COVID-19 pandemic, the United States was expected to have a surplus of 290,000 nurses by 2030 (U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Workforce, & National Center for Health Workforce Analysis, 2017). The impact of the pandemic has changed the workforce outlook, and new projections predict that, globally, 9 million additional nurses will be needed by 2030 to meet the growing demand (World Health Organization, 2020).

At the state level, the increased demand and decreasing supply have led to nursing shortages throughout Florida. Workforce projections from 2017 described

an expected excess of registered nurses in Florida by 2030, but 2021 projections have been adjusted to a deficit of 59,100 nurses by 2035 (Florida Hospital Association, 2021b). In August 2021, 68% of Florida hospitals reported they expected critical staffing shortages within the next 7 days (Gooch, 2021a). This number continued to rise through September 2021, with 74.7% of hospitals reporting essential staffing shortages within a 7-day period (Florida Hospital Association, 2021b). The continued critical staffing needs have resulted in healthcare leaders advocating for staffing support to the Florida state legislature. Florida hospital administrators petitioned the state for assistance in tackling the nursing shortage in testimony before a Florida House committee, noting that nurses are leaving the profession and the state for higher-paying travel nursing jobs (Dailey, 2021; Gooch, 2021b).

Nurses Leaving the Workforce

In order to better understand the nursing shortage, the factors influencing nurses' decision to exit the workforce must be considered. In addition to previous research on why nurses leave the workforce, the impact of the COVID-19 pandemic has added additional complexity to the staffing crisis. Before the pandemic, healthcare workforce studies showed that 35-60% of nurses left their first place of employment within 1 year of graduation, and emerging studies have shown that 60% of nurses have considered leaving the profession since the beginning of the pandemic (Berlin et al., 2021; Van Camp & Chappy, 2017). The lack of standardized reporting and outcome measures has limited the generalization and acceptance of retention studies' conclusions (Brook et al., 2019). Additional research and consensus regarding outcome measures are needed. Despite the lack of widely accepted benchmarking data, studies are being conducted to add to the body of knowledge. Current research related to generational influences, external workplace factors, and individual characteristics of the worker that influence the decision to leave the nursing workforce and the impact of the COVID-19 pandemic add to the understanding of the current nursing shortage.

Generational Influences

The stability of the nursing workforce is impacted by the aging population of nurses and generational characteristics that contribute to the intent to leave their role workforce. Large numbers of the baby boomer generation are expected to retire in the next 10 years, with nearly half of the RNs in the United States aged over 50 years old (U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Workforce, & National Center for Health Workforce Analysis, 2019). The aging population's impact on the nursing workforce has been evident over the past decade. The COVID-19 pandemic further escalated concerns related to the upcoming retirements expected as nurses age out of the workforce. Between 2000 and 2018, the average nurse age in the United States increased from 42.7 to 47.9 years of age (U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Workforce, & National Center for Health Workforce Analysis, 2019). The pandemic further escalated the issue with an increase in early retirements in response to the furloughing of healthcare workers at the beginning of 2020 due to the suspension of elective procedures resulting in decreased hospital utilization (Paavola, 2020).

Outside of the anticipated retirements from older generations, factors unique to younger generations may enhance the lack of retention in novice nurses. Generation X and Millennials have a lower level of organizational engagement than previous generations, increasing the likelihood of leaving a job (Hisel, 2020). The decrease in organizational commitment in the younger generations highlights other factors that play a role in employee retention. The Millennial generation is unique because they are more likely than prior generations to have more than one job and tend to value scheduling flexibility, pay, relationships, and technology over overt company loyalty (Armmer, 2017). Work is not as central in the lives of Millennials, and work-life balance is essential (Anderson et al., 2017). These studies demonstrate the necessity of ascertaining what is most important to younger workers and developing work environments favorable to these conditions as healthcare leaders seek to retain workers. The unique differences between

generations, such as life stage, engagement in the workplace, and dedication to the workplace, impact the number of nurses leaving the workforce.

Work Environment

While the generational makeup of the workforce influences nurses leaving the profession, characteristics within the work environment have also been shown to impact nurse retention rates. The practice environment includes staffing levels, support from peers, support from leaders, and workload. Within the studies on the work environment, several common themes have emerged in the published research. In 2005, the American Association of Critical-Care Nurses presented six standards of a healthy work environment: communication, true collaboration, effective decision-making, appropriate staffing, meaningful recognition, and authentic leadership. The American Nurses Association (2018) followed by identifying a healthy work environment as an expectation of healthcare organizations noting that a workplace should be safe, satisfying, and empowering.

The characteristics of the work environment, the individual employee, and the nurse's experiences impact nurse retention, and current researchers have more clearly defined outcomes associated with the work environment. Five themes have been identified in research as outcomes of a healthy work environment for nurses. These outcomes include job satisfaction and retention, job performance, patient quality outcomes, hospital safety events, and positive relationships between nurses and leaders (Wei et al., 2018). A study of nearly 1,500 new nurses found that external factors such as the hospital environment played a more significant role in retention than internal personal traits (Blegen et al., 2017). When comparing the factors influencing intent to leave a workplace, workload and staffing were common themes across all generations of nurses (Koehler & Olds, 2021). Campbell and Patrician (2020) demonstrated similar themes, including leadership behaviors, team interactions, and work environment in the nursing workforce. Only Millennials reported aspects of self, including work-life balance, development, and individualized career plans, as factors in their intent to leave a healthcare organization (Campbell & Patrician, 2020). The workload in the healthcare environment has also been identified as a factor in nurse retention. Over 50% of

nurses indicated that staffing levels and workload intensity influenced their decision to leave a job (Berlin et al., 2021). The external aspects of the work environment, including staffing levels and workload, influence nurse retention, although the relationship with the nurse leader also plays a key role.

The relational considerations between a nurse and the nurse leader are included in the external factors influencing the decision to leave the workforce. Nurses noted that the relationship with their direct supervisor is crucial in retention, and the relationship between a nurse and their leader influences organizational commitment (Hoeve et al., 2020; University of St. Augustine for Health Sciences, 2021). Enhanced organizational commitment, therefore, impacts nurse retention. Perceived leadership support and relationships with peers were also noted as critical factors in the decision to stay within an organization (Jones & Ramsbottom, 2017; Mills et al., 2017). Berlin et al. (2021) indicated that support from management, meaningfulness of the work, and pride in their work are factors in staying within the nursing workforce. Nurses in leadership positions play an integral role in recruiting and retaining registered nurses.

Individual Characteristics

In contrast to the external factors such as work environment and leader behaviors influencing intent to leave, an internal locus is also evident in the research. Individual characteristics for this study include those items that emanate from an internal locus, such as self-perception and coping. For registered nurses, items such as burnout, meaningful work, and confidence in performance have been consistently identified in the literature as indicators of intent to leave the workplace (Berlin et al., 2021; Jones & Ramsbottom, 2017; Mills et al., 2017). Burnout was identified as a critical driver in nurses leaving the workforce and noted to have long-lasting consequences that influence a nurse's ability to work (Kalisch, 2016). Berlin et al. (2021) found that the emotional toll of the work, in addition to staffing and workload, was the most significant factor in deciding to leave the nursing workforce. More recent research has shown that burnout and fatigue due to the COVID-19 pandemic exacerbated nurses leaving their roles at the bedside (Guenot, 2021).

Additional individual factors that influence nurses to leave their current jobs have been identified in the literature. Jones and Ramsbottom (2017) found that nurses were less likely to leave their roles when they felt they had the opportunity for professional development. Bandura et al. (1985) described self-efficacy as an individual's perception of their abilities related to a situation. Trust within an organization depends on the assessed ability to accomplish the task (Mayer et al., 1995). Researchers have shown that nurses are less likely to leave an organization when they believe in their capabilities to deal with occupational stressors (Fida et al., 2018).

In contrast, feelings of incompetence and low confidence increase the likelihood of nurse turnover in acute care settings (Sandler, 2018). The belief that an individual can complete a task is required for both leader and follower to build a trusting relationship (Chaleff, 2009). Mills et al. (2016) found that nurses with under 5 years of practical experience were more likely to stay in an organization if they felt empowered in their decision-making, supported by leadership, had a choice in practice location, perceived support in their careers, and felt encouraged by others. In another study 1 year later, Mills et al. (2017) demonstrated a correlation between intent to leave and nurses' self-concept, resilience, and the practice environment. Evidence supports multifactorial factors that impact the retention of a novice nurse. In addition to individual stress, reasons for leaving the workforce include dissatisfaction with the work and organization-level concerns such as manager style and support from leaders (Halter et al., 2017).

COVID-19 Pandemic

Although data are still emerging on the effect of the COVID-19 pandemic on the nursing workforce, recent events have added additional complexity to the factors influencing the decision to leave the nursing profession. The COVID-19 pandemic has drastically changed the nursing workforce, and the full impact may not be appreciated for years (Berlin et al., 2021). Since the beginning of the pandemic, the shortage of nurses has been influenced by nurses leaving the profession, leaving the bedside for non-direct care positions, and leaving hospitals to take travel nursing assignments for higher wages (Gooch, 2021a). Sixty percent

of nurses reported that they were more likely to leave nursing since the beginning of the pandemic (Berlin et al., 2021). Many healthcare workers were furloughed in the early months of the pandemic due to the cancellation of elective surgeries. Employment data demonstrates that 1.5 million jobs were lost or left by healthcare workers in a single month in April 2020, and nearly 500,000 of those healthcare workers have not returned to the workforce as of March 2021 (Luthra & Carrazana, 2021). In the early stages of the pandemic, a wave of early retirements exacerbated the nursing shortage (Paavola, 2020). In Florida, one in four nurses left their positions in the past year, and 11% of vacancies went unfilled (Florida Hospital Association, 2021b). The aging workforce has exacerbated the nursing shortage, and concurrently, the COVID-19 pandemic prompted nurses to leave the workforce earlier than anticipated (Blazonis, 2021).

The current body of knowledge has demonstrated that various factors influence nurses' decision to leave the workforce. These factors include the impact of the COVID-19 pandemic, generational influences, external workplace factors, and the internal characteristics of the worker. One in five nurses surveyed in 2020 indicated that they planned to retire in the next 5 years (Smiley et al., 2021). In addition to the increasing retirements from the nursing workforce, the new graduate nurse turnover rates are roughly 30% in the first year of practice and as high as 57% in the second year. Novice nurse attrition is costly and can negatively impact patient-care quality (Wolters Kluwer, 2017). The turnover rate in the first year varies by geography and demographic characteristics, with nurses in urban centers and younger nurses more likely to stay in a job for at least 1 year after their hiring (Blegen et al., 2017). In conjunction with the pandemic's unanticipated impact, the escalation of retirements and turnover of novice nurses highlights the complexity of the challenges facing the healthcare workforce.

Nurses Entering the Workforce

In contrast to the outflow of nurses from the profession, understanding the entrants to the nursing workforce helps inform the healthcare workforce's challenges. To enhance the quality of care and advance the nursing profession, the Institute of Medicine established goals within the *Future of Nursing: Leading*

Change, Advancing Health (Institute of Medicine, 2011). A plan was presented within the IOM report to increase baccalaureate-prepared nurses to 80% by 2020 (Institute of Medicine, 2011). Although progress has been made to increase the number of baccalaureate-prepared nurses, the percentage of registered nurses with a bachelor's degree remains under 60% (Campaign for Action, 2020; Rosseter, 2019).

The academic landscape of nursing programs influences the educational preparation and availability of new nurses in the healthcare setting. The impact of the COVID-19 pandemic on entrants to the nursing workforce will continue to be recognized in years to come. Still, current data related to applicants to nursing colleges in the United States suggest a strong applicant pool. In 2020, applications for first-time entrants into baccalaureate-level nursing programs increased by 5.6% (American Association of Colleges of Nursing, 2021). The availability of clinical education resources has constrained the efforts to increase the number of baccalaureate-prepared nurses. Resources including clinical site availability, adjunct clinical faculty, and preceptors to train students are required to train and educate new nurses. A 2019 study found that nursing programs in the United States declined over 75,000 qualified applicants due to a lack of faculty, clinical sites, preceptors, and budget considerations (Rosseter, 2019). The pandemic further constrained the clinical resources needed to educate new nurses despite the increased number of R.N. program applicants. In 2020, this number rose to 80,521 qualified applicants that were declined admission to baccalaureate nursing programs due to resource constraints within the academic setting (American Association of Colleges of Nursing, 2021). The National League for Nursing has reported that associate-level nursing programs turned away 35% of qualified applicants, and bachelor's programs turned away 29% between 2019 and 2020 (National League for Nursing, 2020). Colleges of nursing identified a lack of faculty, classroom space, and a lack of clinical placements as the primary obstacles to admitting additional qualified nursing students (National League for Nursing, 2020).

A nurse's self-concept in the first years of practice is one of the most significant influences on their intent to leave the profession (Mills et al., 2017). One factor that may improve confidence in coping ability is a robust orientation to nursing practice accomplished through a nurse residency program. Nurse residency programs, which gradually integrate nurses into practice over 12–15 months, have increased confidence and reduced turnover (Van Camp & Chappy, 2017). Novice nurses' perceptions of work readiness and competency have been associated with extended nurse residency programs (Hayter, 2017). In a qualitative phenomenological study of 12 new registered nurses, Fallatah et al. (2017) found the themes influencing turnover in the first year of practice. These themes included nursing school experience, hospital orientation, a healthy work environment, self-care, confidence, and expectations versus the reality of nursing practice (Fallatah et al., 2017). Assessing confidence and perceived coping in novice nurses is vital as low confidence levels in their clinical practice predict turnover intent (Sandler, 2018). Wang et al. (2018) noted the importance of promoting peer support and a positive work environment in order to enhance self-efficacy, improve early-career registered nurses' resilience, and mitigate factors leading to increased turnover.

The current body of literature includes the examination of several elements influencing a nurse's intention to stay within an organization. Halter et al. (2017) noted that factors at both the individual and the organizational level influence turnover intention. Individual characteristics, including stress and dissatisfaction with work, increase a nurse's likelihood of leaving their role (Halter et al., 2017). At the organizational level, managerial style and leader support inform a nurse's decision to leave an organization (Halter et al., 2017). These factors include both external and internal loci. This study will explore the external variables of authentic leadership and leader caring behaviors and the internal variable of burnout. This section of the literature review will examine the current body of knowledge surrounding the independent variables included in the study. These variables include authentic leadership, leader caring behaviors, and perceived burnout. The history, significant components, and current literature related to nurse retention are

examined. Additional literature on novice nurse retention is also reviewed concerning gender, age, educational preparation, specialty, and tenure.

Authentic Leadership

The cultural climate and social stresses of today's society may contribute to the rise of authentic leadership theory. Global events and scandals have increased the interest in leaders who display authenticity and integrity (Erickson, 1995; Novicevic et al., 2006; Peus et al., 2012; Weiss et al., 2018). As the news of ethical dilemmas is broadcast nightly, individuals search for authenticity. During times of social pressure and moral dilemmas, the concept of authenticity becomes more prominent (Novicevic et al., 2006). The public trust in leaders is undermined by frequent stories of corporate scandals and unethical business practices (Weiss et al., 2018). Authentic leadership research may have been born out of efforts to understand factors that impact ethical leadership and encourage or discourage ethical practices (Novicevic et al., 2006).

The relationship between a leader and a follower guides perceptions, performance, and outcomes. Authentic leadership is a positive predictor of follower job satisfaction and facilitates novice nurse perceptions of an empowering work environment (Laschinger et al., 2013; Peus et al., 2012). Existing evidence suggests that values-based leadership, including authentic leadership, can support professional collaboration, staff well-being, job satisfaction, and patient outcomes. However, a paucity of quality research exists surrounding authentic leadership in nursing practice (James et al., 2021). The historical development, components, and current literature surrounding authentic leadership and nurse retention will be addressed in this section.

History

Authenticity in the context of leadership has been described since the writings of Socrates and Plato in ancient Greece, who believed that to be authentic, one had to live according to their essence (The Ethics Center, 2018; Novicevic et al., 2006). Ancient Greeks believed that every person had a core set of properties or characteristics essential to one's identity: their essence. When one lived a virtuous life through their choices and behaviors, they were said to live according to their

essence, or telos (The Ethics Center, 2018). The Greeks believed this self-realization bred happiness through completing activities in the pursuit of one's calling (Kernis & Goldman, 2006). From its origins in ancient Greece, authenticity in leadership has continued to be defined and studied, leading to the emergence of authentic leadership as a prominent leadership theory.

In the modern era, authenticity was first written about in management and organization studies published in the 1930s with the work of Barnard, who viewed the authentic capacity of a leader as the measure of their quality (Barnard, 1938). In the 1960s, leadership studies began to explore authenticity within an organization as a reflection of a leader's authenticity (Novicevic et al., 2006). Progressing on the concept of authenticity in leadership, theorists built much of the theory's foundation on the works of humanistic psychologists in the 1960s and 1970s (Avolio & Gardner, 2005; Luthans & Avolio, 2003). These psychologists sought to determine how individuals are shaped by self-perceptions and lived experiences (McLeod, 2020). The focus on self-perception and personal reflection are evident in authentic leadership's modern tenets.

Authentic leadership as an independent theory was not broadly studied until the 2000s, but it has continued to be prevalent in leadership literature over the past 20 years. The beginning of robust research in authentic leadership theory can be traced to the 2003 publication of a chapter on authentic leadership (Luthans & Avolio, 2003). Kernis (2003) added to the foundational knowledge by conceptualizing the construct of authenticity that incorporated distinct components. The following year, the influence of authentic leadership on followers through identification, hope, positive emotions, optimism, and trust was presented as a model of authentic leadership (Avolio et al., 2004). Avolio et al. (2004) noted that authentic leaders are acutely self-aware and aware of others' perceptions. Gardner et al. (2005) focused on developing authentic leadership and posited that leaders and followers experience growth by demonstrating one's authentic self.

The modern definition of authentic leadership has been refined and described over the last 85 years. The early attempts to operationalize and define the constructs included the concepts of personal responsibility for actions, the

prominence of self over the role, and treating subordinates with respect (Henderson & Hoy, 1983). The early conceptualization of authentic leadership was measured utilizing the Leader Authenticity Inventory (LAI). This 32-item scale measured three components of authentic leadership proposed by Henderson and Hoy (1983). This scale lacked data supporting the validity of constructs and generalizability (Gardner et al., 2011). Progressing toward the present-day theory of authentic leadership was the work of Erickson (1995), who defined authenticity as "one's relationship with oneself" (p. 124) and conceptualized it as a commitment to one's personal values. Erickson's work reflects the original Greek belief in *telos*, or living life according to one's essence (The Ethics Center, 2018).

Based on Kernis' work, two distinct authentic leadership models were developed (Gardner et al., 2005; Ilies et al., 2005). Kernis and Goldman (2006) expanded on prior definitions. They included four components of authentic leadership: self-awareness, unbiased processing, relational orientation, and behavior/action components and described authentic leadership as a means to discover a core sense of self-encompassing mental and behavioral elements. The Authentic Leadership Questionnaire was developed as an alternative to the LAI through the work of several studies in the early 2000s (Avolio & Gardner, 2005; Gardner et al., 2005; Walumbwa et al., 2008). Concurrent with the release of the ALQ, another measure of authentic leadership was presented in the form of the Authentic Leadership Inventory (ALI; Neider & Schriesheim, 2011). The ALI was based on the theoretical framework proposed by Walumbwa et al. (2008) but presented a 16-item instrument that sought a more robust construct validation (Neider & Schriesheim, 2011). Despite validation of the ALI, the validated ALQ has been adopted as the most frequently used tool to measure authentic leadership and its constructs (Gardner et al., 2011). The culmination of this work was a refined definition of authentic leadership composed of four revised components presented by Walumbwa et al. (2008). Walumbwa et al. (2008) defined authentic leadership as:

> A pattern of leader behavior that draws upon and promotes both positive
> psychological capacities and a positive climate, to foster greater self-

awareness, an internalized moral perspective, balanced processing of

information, and relational transparency on the part of leaders working with

followers, fostering positive self-development. (p. 94)

Authentic leadership theory continues to be refined to validate the construct

further. Gaps and critiques of authentic leadership theory and the associated

research studies have been noted in the literature. The lack of a distinct definition

led to discriminant validity concerns between transformational leadership,

psychological capital, and authentic leadership in the early 2000s (Cooper et al.,

2005). An early critique of the theory by Yammarino et al. (2008) noted the

concept to be leader-centric and suggested a broader analysis of authentic

leadership at the dyad, team, and organizational levels. Gardner et al. (2011)

outlined a research agenda to add further validity to the theory that focused on a

more substantial theoretical basis, clarifying and testing concepts leading to a

defined nomological network, more rigorous research studies, and a focus on

authentic followership authentic leadership development.

Components

Evidenced-based studies related to authentic leadership theory became

widely published in the early 2000s with the shift toward positive psychology,

although authenticity in leadership has been discussed in the literature for decades

(Gardner et al., 2011; Hickman, 2016; Northouse, 2019). Authentic leadership

theory continues to evolve, but several factors have been identified as critical

components of authentic leadership. Four components were initially described by

Kernis and then further refined to the current iteration (Kernis, 2003; Kernis &

Goldman, 2006; Walumbwa et al., 2008). These four validated components include

self-awareness, internalized moral perspective, balanced processing, and relational

transparency (Walumbwa et al., 2008, 2010). The following section is a review of

the four components of authentic leadership and current research related to these

components.

Internalized Moral Perspective

The first component of authentic leadership is the internal moral

perspective. Internal moral perspective alludes to a leader's "true north." This moral

compass guides the leader to act following their values, even if the choice is unpopular in social or business settings (Peus et al., 2012). Kernis (2003) described this attribute of authentic leadership as a behavior/action component. This nomenclature was subsequently changed to internalized moral perspective to reflect better the ethical aspects of leadership (Gardner et al., 2005). This change also incorporated two additional factors, internalized regulation and positive moral perspective, into the concept of internal moral perspective because they individually could not be found to be distinct concepts (Gardner et al., 2005; Walumbwa et al., 2008).

Several factors influence internalized moral perspective. Acting in accordance with one's values and needs as opposed to action for the sake of reward or recognition from others describes this component (Ilies et al., 2005). Self-aware leaders understand that consideration should be given to specific situations, and situational demands may guide behaviors (Kernis, 2003). Situational awareness and adjustment do not reduce a leader's authenticity, although behaviors and expression may be driven by unique attributes of a situation (Ilies et al., 2005; Kernis, 2003). Furthermore, Ilies et al. (2005) noted that actions and extraversion in self-monitoring are unrelated to authenticity. Self-monitoring influences the likelihood that an individual will be concerned with the situational appropriateness of their behavior (Gangested & Synder, 2000).

Balanced Processing

Balanced processing allows a leader to consider multiple data points, including opposing views, before making a decision. This ability to weigh all options is key to developing authentic leadership (Northouse, 2019). Kernis (2003) first described the concept of balanced processing in authentic leadership as unbiased processing. Unbiased processing considers the motivational biases that influence individuals' selection and interpretation of information (Kernis, 2003). Kernis posited that authentic leaders were more self-aware and less driven by ego and, therefore, better equipped to decipher information more subjectively (Gardner et al., 2005; Kernis, 2003; Kernis & Goldman, 2006). Leaders who understand their predisposition to act in a particular manner can consider available options with

balanced consideration. Later, this facet of authentic leadership was renamed balanced processing. Researchers recognized that humans are inherently biased, whether consciously or unconsciously, and therefore they are flawed in processing information (Gardner et al., 2005). Because of this inherent bias, balancing information processing was viewed as a more attainable attribute. Gardner et al. (2005) described this component as "the unbiased collection and interpretation of self-related information" (p. 347).

Ilies et al. (2005) noted that equitable information processing is at the core of personal integrity and leadership decision-making. Self-aware leaders who practice balancing processing can objectively consider factors that positively and negatively impact their decision-making and better estimate their skill and ability to complete an activity (Ilies et al., 2005; Kernis, 2003). Leaders lacking balanced processing may position themselves in situations where they know they will succeed instead of challenging themselves, leading to performance orientation instead of mastery orientation (Dweck, 2008). Balanced processing allows an individual to make decisions in an environment of psychological authenticity leading to opportunities for growth and development (Ilies et al., 2005).

Relational Transparency

Relational transparency is the third component of authentic leadership theory. Relational transparency is the ability of the leader to present their original self to others. It is the perception that the leader is "real" (Kerfoot, 2006). Gardner et al. (2005) defined the relational transparency of a leader as "displaying high levels of openness, self-disclosure, and trust in close relationships" (p. 347). Relational transparency involves a leader presenting their true self to others and building trust through encouraging transparency in relationships (Gardner et al., 2005). Ilies et al. (2005) described this component as "valuing and striving for achieving openness and truthfulness in relationships" (p. 381). Relational transparency includes self-disclosure, trust-building, and mutual intimacy (Goldman & Kernis, 2002).

Relational transparency shares some overlap with other aspects of authentic leadership. Relational transparency is related to transformational leadership,

although studies have demonstrated that they are distinct concepts (Spitzmuller & Ilies, 2010). Spitzmuller and Ilies (2010) found that leaders acting with relational transparency are viewed as more transformational. Although relational transparency is a distinct concept, it is not independent of the other aspects of authentic leadership (Ilies et al., 2005).

Self-Awareness

The final component of authentic leadership is self-awareness. The practice of becoming self-aware is a core concept within authentic leadership theory (Avolio & Gardner, 2005; Avolio et al., 2004; Gardner et al., 2005; Kernis, 2003; Walumbwa et al., 2008). Self-awareness is the ability to evaluate strengths, weaknesses, values, and beliefs and continually reassess self. This concept was first defined as directing attention inward to understand oneself better (Duval & Wicklund, 1972). Yukl (2013) described it as "knowing who they are and what they believe" (p. 371).

Ilies et al. (2005) posited that leaders with greater emotional intelligence had increased self-awareness. Additionally, greater self-awareness fosters a positive relationship with others and greater self-acceptance. Gardner et al. (2005) proposed a conceptual framework for authentic leadership and followership development. Within this model, positive modeling of self-awareness by the leader leads to positive follower development through enhanced self-awareness and self-regulation (Gardner et al., 2005).

Antecedents to authentic leadership have begun to be identified through evidence-based research. Researchers have suggested that close attachment bonds early in life increase the likelihood of displaying authentic leadership (Hinojosa et al., 2014). Self-knowledge and self-consistency have also been identified as precursors to authentic leadership. Self-knowledge describes an understanding of one's values, motives, strengths, and weaknesses (Peus et al., 2012). Self-consistency is the alignment between one's actions and stated values and beliefs (Peus et al., 2012).

Additional research on authentic leadership theory is needed to add to the empiric evidence on the topic and continue to refine this emerging theory's

components. The Authentic Leadership Inventory has not been widely used in nursing research, but recent studies have provided evidence of validation in the nursing profession (Davidson et al., 2018). Future research will be needed to define and differentiate authentic leadership from other leadership theories as an overlap between emerging theories exists (Anderson & Sun, 2017). Specifically, identifying the unique nature that separates authentic leadership from ethical and transformational leadership is expected (Elliott, 2011). Further convergence of thought in defining authentic leadership will be forthcoming and add to the work on authentic leadership.

Authentic Leadership and Nurse Retention

Although the theory of authentic leadership has existed for less than 20 years, there is evidence demonstrating the impact of authentic leadership on the nursing profession. Authentic leadership has been shown to influence nurses' satisfaction and intent to stay with an organization. Authentic leadership has been consistently linked to the leader and follower engagement and well-being (Gardner et al., 2005; Ilies et al., 2005; Shamir & Eilam, 2005). Current literature demonstrates the impact of authentic leadership behaviors on nurse retention across diverse clinical settings. A chronological review of the contemporary literature surrounding authentic leadership and nurse retention factors is included below.

Since its inception in 2003, authentic leadership theory has continued to be refined and further defined. The demonstration of authentic leadership has been shown to influence follower engagement and empowerment (Gardner et al., 2005; Ilies et al., 2005; Shamir & Eilam, 2005; Walumbwa et al., 2010). Although additional research is needed, studies investigating the impact of authentic leadership on nurse retention have been conducted. A systematic review of studies examining authentic leadership in the healthcare setting undertaken before 2018 found significant associations between authentic leadership and healthcare staff outcomes, including satisfaction, personal-psychological state, work environment, performance, and well-being (Alilyyani et al., 2018). Although not specific to the healthcare field, Covelli and Mason (2017) sought to link authentic leadership

theory with its application in practice and advocated for professional practice activities to operationalize authentic leadership concepts.

A time-lagged study of over 3,500 new graduate nurses in Canada demonstrated a positive correlation between authentic leadership and structural empowerment (Boamah et al., 2017). This empowerment led to positive outcomes, including improved staffing, work-life balance, and reduced nurse burnout (Boamah et al., 2017). Covelli and Mason (2017) identified a relationship between authentic leader behaviors and a healthy work environment where nurses felt empowered and engaged. The following year, additional gaps in the body of knowledge related to authentic leadership were defined. Alexander and Lopez (2018) noted that the constructs of authentic leadership were supported by leadership practices in a healthy work environment, but the application of authentic leadership in practice needed additional study. The efficacy of authentic leadership by an organization or job type has not been widely studied, but may yield important information on leadership education, hiring practices, or industry practices (Weiss et al., 2018).

The findings of several studies have revealed the positive impact of authentic leadership behaviors in protecting against mental depletion and fostering employee engagement. These protective factors may enhance the retention of nurses. The authors of a recently published study noted that both leaders and their employees were perceived as having a better work-life balance when the leader demonstrated authentic leadership (Braun & Peus, 2018). Authentic leadership was shown to reduce the overall stress level and mental depletion while increasing organizational engagement in corporate settings (Braun & Peus, 2018; Weiss et al., 2018). Jiang and Luo (2018) found that transparent organizational communication and authentic leadership enhanced employee engagement and employee trust in the workplace. Weiss et al. (2018) also noted that practicing authentic leadership has increased emotional well-being while decreasing job stress and mental depletion.

Many studies linking authentic leadership and nurse retention have taken place outside the United States. A survey of 478 experienced nurses in Canada found that authentic leadership was a significant predictor of turnover intentions,

accounting for 21% of the variance in intent to leave (Smith, 2018). The benefit of authentic leadership on early careerists was highlighted in an extensive study of 1,100 Korean nurses that identified the significant increases in organizational commitment and overall job satisfaction linked to authentic leadership. Of note, the effect of authentic leadership decreased with the increased tenure of the nurse (Baek et al., 2019). The mediating impact of authentic leadership on commitment and satisfaction was insignificant in nurses with over 20 years of experience (Baek et al., 2019). A study conducted in Taiwan described the relationship between authentic leadership and additional factors on intent to leave. An analysis of 946 Taiwanese nurses supported the role of authentic leadership in reducing the intention to leave an organization. This study also determined that the impact of authentic leadership on intent to leave was mediated by burnout and work environment in new nurses (Lee et al., 2019). When leaders demonstrated authentic leadership, researchers found an increase in organizational citizenship behaviors in a study of private employers in Pakistan (Farid et al., 2020). Aspects of authentic leadership such as relational transparency and balanced processing were shown to enhance teams' performance, connectedness, and quality outcomes such as contagion rates, for nurses working in a COVID care unit in Spain (Salas□Vallina et al., 2020). Authentic leadership behaviors experienced by novice nurses lead to increased nurse well-being and satisfaction with the work environment (Long, 2020).

The application of authentic leadership concepts across diverse clinical settings has also been studied in recent years. In the ambulatory healthcare setting, authentic leaders' open communication and self-awareness were shown to foster an environment where team members were confident and prepared for periods of rapid change (Sell-Gutowski, 2018). In hospital settings, including community and not-for-profit health systems, employee satisfaction, work-life balance, and engagement are enhanced when leaders demonstrate authentic leadership traits (McClendon, 2020). In addition to inpatient and ambulatory settings, the impact of authentic leadership in diverse situations has been studied. In periods of acute crisis, leaders were shown to gain trust from their teams by demonstrating care, honesty,

commitment, and expertise in communication with their staff (Eldridge et al., 2020). The impact of the COVID-19 pandemic has created an environment of rapid change and uncertainty. During a pandemic, healthcare leaders are tasked with making decisions with limited scientific evidence and resource scarcity while considering the economic, political, and ethical implications of those decisions (Luis, 2020). A qualitative study of experienced nurse executives demonstrated that nurse leaders' behaviors to create a healthy work environment align with the constructs of authentic leadership (Alexander & Lopez, 2018). This study provided further support for the AACN adoption of authentic leadership and presented implications for application in practice (Alexander & Lopez, 2018).

Leader Caring Behaviors

The act of caring is intuitively at the foundation of the nursing profession, but the definition of caring behaviors has only recently been studied in nursing literature. At the core of nursing is the care and the relationships the nurse develops with others (Watson, 1998). Nursing research has historically focused on the care provided to patients by their nurses. More recently, the impact of leaders demonstrating care to their employees has proven to yield positive outcomes. The relational nature of leadership demands that human connection and relationships are elevated as top priorities (Lush, 2019). The relationships between leaders and followers guide perceptions, performance, and outcomes. The interactions between nurses and their leaders influence organizational commitment and nurse retention (Hoeve et al., 2020). The quality caring model describes the caring relationships enacted by nurses, including the caring behaviors of leaders in the nursing profession.

History

Caring is a core tenet of the practice of nursing. Florence Nightingale, the founder of modern nursing, first spoke of the duty of nursing to relieve the suffering of their patients (Anderson, 1996; Selanders & Crane, 2021). The work of Nightingale and her peers in the 1850s Crimean War served as the emergence of the modern practice of nursing, transitioning from an ill-respected trade to an admired profession that focused on providing care and evidenced-based

interventions to patients (Helmstadter, 2008; Lorenzo□Arribas & Cacheiro, 2020). This connection between care and quality outcomes progressed to a more formal nursing theory. Building off the work of Nightingale, Henderson developed the need theory, categorizing nursing activities into 14 components surrounding human needs (Henderson, 1991). In the late 1970s, the theory of human caring was described by Watson (1998) to reflect a holistic approach based on the belief that all humans are connected to various systems, including self, others, nature, and the larger workforce. Watson posited that influential leaders enhance nurse self-efficacy, job satisfaction, and a positive work environment through developing caring relationships within their teams. Swanson (1991) further refined the theory of caring relationships by identifying five caring processes: knowing, being with, doing for, enabling, and maintaining belief. From the inception of professional nursing practice with the work of Nightingale through modern nursing theorists, care has remained a core focus in the study of nursing practice.

The quality caring model and caring relationships described by Duffy and Hoskins (2003) are grounded in the work of earlier nursing theorists. Influenced by the theory of human caring and Swanson's caring processes, Duffy and Hoskins advanced these theories, ultimately developing the quality caring model (QCM). The quality caring model maintained that when patients feel "cared for" by their nurse, a caring relationship develops and improves patient outcomes (Duffy & Hoskins, 2003).

Additional studies and theorists explored the impact of caring behaviors on nurses and leaders. Watson (2006) noted that although the managerial tasks associated with leadership are essential, the fundamental role of a nurse leader is caring. Burton and Stichler (2010) extended the work in a study of the impact of nurses feeling cared for, finding that in settings where nurses perceive higher caring behaviors, an inverse relationship exists with stress, burnout, and compassion fatigue. Leader caring behaviors extend the concept of the caring relationship, noting that the demonstration of caring between nurse leaders and their employees is essential to the well-being of staff nurses and, therefore, a necessary leadership competency (Duffy, 2013; Kostich et al., 2020).

Components

The quality caring model, developed in 2003, posits that the practice of caring behaviors by the healthcare team directly impacts patient outcomes. The quality caring model comprises four caring relationships and eight caring factors (Duffy & Hoskins, 2003). The relational focus of the QCM revolves around the nurse fostering and maintaining relationships (Duffy, 2009, 2013; Kostich et al., 2020). The caring relationships include caring for self, caring for the team, caring for patients and families, and caring for the community. Duffy (2013) noted that caring for self is the first duty of the nurse; without self-care, the other caring relationship will falter.

To operationalize the model, Duffy identified eight caring factors. The eight caring factors include mutual problem-solving, attentive reassurance, human respect, encouraging manner, appreciation of unique meanings, healing environment, basic human needs, and affiliation needs (Duffy, 2013; Duffy & Hoskins, 2003). Mutual problem-solving is demonstrated by leaders through actions such as brainstorming, soliciting feedback, and engaging staff, and this practice facilitates decision-making within the team (Duffy, 2013). Duffy described attentive reassurance from leaders as being physically present with their teams and sharing an optimistic outlook. Leaders demonstrate human respect through valuing team members, and when leaders encourage individuals, it enhances empowerment and risk-taking (Duffy, 2013). Individuals who perceive their work to be meaningful and believe that leaders are there to serve others are more motivated and more likely to stay at an organization (Barbuto & Gottfredson, 2016). Leaders show appreciation for unique meanings through respecting cultural differences and diverse experiences (Duffy, 2013). Supporting a healing environment and basic human needs requires a leader to respect the privacy and confidentiality of their employees and recognize the team's needs (Duffy, 2013). The final caring factor, affiliation needs, notes the expectation that a leader supports the need to belong (Duffy, 2013). According to Duffy, collectively, the eight factors demonstrate leader caring.

Duffy (2013) further expanded on the quality caring model, which initially focused on the relationship between the nurse and the patient and identified specific leadership behaviors that demonstrate caring. Components of leadership caring behaviors have been identified in the literature, although leadership caring within the context of the quality caring model is limited. The QCM was initially described as the nurse's relationship with their patient. The model has since been incorporated into leadership, education, clinical quality, and various practice settings (Duffy, 2013; Kostich et al., 2020; Wolverton et al., 2018). Cara et al. (2011) suggested an operational model for incorporating caring practices into healthcare organizations, and by demonstrating care, measurable outcomes such as nurse retention and patient outcomes could be achieved. In order to measure caring leadership behaviors within the context of the quality caring model, the Caring Assessment Tool-Adm was developed (Duffy, 2009; Wolverton et al., 2018). The CAT-Adm was developed to measure the phenomenon of leader caring (Wolverton et al., 2018). The initial 94-item survey was reduced to 25 items and produced a Cronbach's alpha of .98 (Wolverton et al., 2018). Although the initial survey instrument hypothesized an eight-factor solution, a single factor was ultimately retained, representing the concept of caring behaviors (Wolverton et al., 2018). The CAT-Adm has limited psychometric testing, but the evidence does support its use as a valid tool for measuring leader caring behaviors (Wolverton et al., 2018).

Leadership Caring Behaviors and Nurse Retention

With the development of leadership caring behaviors within the QCM in the last 10 years, little research on the impact of caring behaviors on nurse retention is available. However, evidence is emerging linking nursing outcomes with the caring behaviors of leaders (Kostich et al., 2020). Several recent studies have linked the practice of leadership caring with nurse retention, although additional research is needed to define further and validate the factors associated with leadership caring behaviors (Alilu et al., 2017; Osch et al., 2018).

Leaders are perceived to genuinely care about their followers when they act in a way that benefits them and others around them (Friedman, 2008). The relationship between a nurse leader and the nurse is crucial in turnover intention.

Most nurses cite the relationship with their direct supervisor as a critical factor in remaining in an organization (Heller et al., 2004). When nurses feel their leader genuinely cares about them, the relationship yields organizational and personal benefits. Employees are less likely to leave an organization if their leaders support their well-being and the employees are recognized for their work (Shahid, 2018). A positive relationship exists between leader caring behaviors and nurse retention within a healthcare organization (Kostich et al., 2020).

The effect of leadership caring on the work environment has been evaluated in several healthcare settings. A grounded theory study of nurses in the Middle East found that the lack of support from the leader and the perception that their work was not meaningful increased intent to leave an organization and decreased the satisfaction within the work environment among nurses (Alilu et al., 2017). In the emergency department setting, the ability of a leader to demonstrate care by making a nurse feel cared for, valued, and respected as an individual was identified as a critical factor in nurse retention (Osch et al., 2018). Defining a caring culture, Mensik et al. (2019) noted the need for additional research to understand perceptions of a caring culture from professionals in both clinical and non-clinical roles in a health system. They determined that significant differences in staff providing direct and indirect care exist, demonstrating the need for different survey tools to measure a caring culture for these two groups (Mensik et al., 2019). A study of 407 Jordanian nurses showed a significant correlation between nurse leaders supporting new employees' confidence, growth, and empowerment through shared decision-making and a positive work environment (Mudallal et al., 2017). Emerging evidence supports the benefit of leader caring across diverse healthcare settings.

Nursing professionals' demonstration of care has been further clarified by applying leader caring behaviors described in the quality caring model to this phenomenon. A survey of 183 nurses demonstrated a statistically significant relationship between leadership caring behaviors and intent to leave an organization (Bolima, 2015). Furthermore, a small single-site study of 37 nursing students identified three factors associated with leader caring behaviors: the quality of

content delivered, student motivation, and being focused on the student's success (Barbour & Volkert, 2021).

The need for meaningful connection between leader and follower demonstrates concepts within the quality caring model and leader caring behaviors. A study of 156 nurses found an inverse relationship between the perception of leader caring behaviors and exposure to harmful workplace practices such as bullying behavior (Olender, 2017). These findings support the relational focus of QCM. Additionally, the factors of basic human needs, mutual respect, and encouraging manner are supported in a study grounded in Maslow's hierarchy of needs. A case study focused on employee retention and fulfillment through the lens of Maslow's hierarchy of needs noted the need for emotional compensation for employees in the form of self-esteem and self-actualization to improve retention. This emotional compensation included being shown respect, taken seriously, and being rewarded and thanked for their efforts by leaders (Stewart et al., 2018).

The quality caring model and leader caring behaviors have impacted the intent to leave an organization and yield positive outcomes. The concepts of caring behaviors are grounded in human connection and relationships (Duffy, 2013; Lush, 2019; Watson, 1998). The relationships between leaders and followers yield positive results in diverse settings and enhance perceptions, performance, and outcomes.

Burnout

Burnout is a state of emotional exhaustion due to excessive demands on resources, which can manifest with physical and behavioral signs and symptoms (Freudenberger, 1974). Motivation is reduced in response to burnout (Freudenberger, 1974). Burnout occurs when the demands of a job role and workers' perceived abilities are not matched, resulting in prolonged periods of stress (Brown, 2012; Maslach et al., 2001). Increased workloads and lack of healthy work environments are predictive of increased burnout in nurses (Sandler, 2018). The inadequate individual stress response increases burnout and anxiety and can lead to poor decision-making (Guirardello, 2017; Lowe, 2013). A meta-

analysis of recent research on burnout noted that over 11% of nurses experience high levels of burnout, leading to increased turnover (Woo et al., 2020).

History

Burnout refers to the gradual depletion of energy and motivation; the term was initially taken from the devastating effects of illicit drug abuse (Freudenberger, 1974; Schaufeli et al., 2009). Near the time that Freudenberger described burnout, Maslach (1993) discovered the term in working with human service professionals in California (Schaufeli et al., 2009). The vivid image of a flame extinguished is an appropriate metaphor for the phenomenon of burnout in the workplace. Maslach and Leiter (1997) described burnout in the workplace as a "cold, hostile, demanding environment both economically and psychologically and people are emotionally, physically and spiritually exhausted" (p. 3).

Burnout has been discussed in human services professions such as nursing from the 1970s, but research related to burnout specific to the nursing profession has been conducted since the 1980s with the publication of the Doylestown Hospital's work session on preventing nurse burnout (Kovecses, 1980). Nurses note that stress from workload, leadership/management practices, emotional fatigue, and work environment increase their intention to leave the workforce (S. Brown et al., 2018). Burnout is significantly increased in high acuity healthcare settings such as emergency departments and oncology units (S. Brown et al., 2018; Gómez-Urquiza et al., 2017).

As evidence surrounding the phenomenon of burnout continues to be discovered and the effect of burnout on an individual is further studied, the medical and psychological professions are recognizing burnout as a condition. Burnout was included in the International Classification of Diseases in 2019 and defined as "a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed (World Health Organization, 2019, para. 4). The World Health Organization (2019) has begun the development of evidence-based guidelines addressing mental well-being in the workplace. Within the description of the ICD-11, burnout is characterized by feelings of energy depletion, increased cognitive disconnect or negativity towards one's job, and a reduction in personal

efficacy (Maslach et al., 2001; World Health Organization, 2019). The inclusion of burnout by governing healthcare organizations lends credibility to the concept of burnout and the research surrounding methods to avoid staff burnout.

Components

The concept of burnout includes three core constructs: feelings of exhaustion, depersonalization, and decreased sense of accomplishment (Maslach et al., 2001). The debate related to burnout being a singular phenomenon versus the composite of three separate constructs has emerged in literature (Maslach et al., 2001; Stamm, 2010). Some researchers have hypothesized that burnout consists of the construct of exhaustion as a singular concept (Schaufeli et al., 2009).

The first component of burnout is the feeling of exhaustion. Aiken et al. (2002) noted the compounding nature of exhaustion when demands and resources are mismatched. The cumulative mismatch of emotional demands and resources contributes to the understanding that burnout is not an acute stress event but rather the impact of prolonged events (Maslach et al., 2001). Exhaustion is described as a sense of weariness caused by one's occupation (Shoji et al., 2016). Increased workloads have been shown to be predictive of increased burnout in nurses and have an inverse relationship to the perception of a healthy work environment (Sandler, 2018). The balance of work demand and available resources is protective against exhaustion (Aiken et al., 2002; Maslach et al., 2001).

Depersonalization is the second component of burnout. Depersonalization is also described as cynicism and is marked by a detachment toward one's role or the clients one serves (Maslach & Leiter, 1997; Schaufeli et al., 2009; Shoji et al., 2016). In a relationship-based role such as nursing, detachment can lead to clinical errors. An inadequate individual stress response increases burnout and anxiety and can lead to poor decision-making (Guirardello, 2017; Lowe, 2013). Reinhardt et al. (2020) noted that when nurses feel a sense of belonging and connectedness to a team, they are more likely to stay in their role. Fallatah et al. (2017) offered additional support for this finding, noting that new graduate nurses who identify with an organization's mission are more likely to view work demands as development opportunities. In contrast, feelings of incompetence and low

confidence increased the likelihood of nurse turnover in the clinical setting (Sandler, 2018). Negative experiences with patients and peer confrontation were closely related to decreased organizational commitment and negative emotions in novice nurses (Hoeve et al., 2020).

The final component of burnout is a decreased sense of accomplishment. Individuals who perceive their work as meaningful and believe that their leaders serve others are more motivated and more likely to stay at an organization (Barbuto & Gottfredson, 2016). In opposition, when one feels negative emotions about their achievements and the ability to succeed at a role, the risk of burnout increases (Schaufeli et al., 2009; Shoji et al., 2016). Self-efficacy, which describes the belief in one's ability to complete a task, has been found to have an inverse relationship with burnout (Shoji et al., 2016). Sandler (2018) found that feelings of incompetence and low confidence in clinical ability increased the likelihood of nurse turnover in the emergency department setting.

Burnout is measured utilizing the Maslach Burnout Inventory. In order to explain the multidimensional construct of burnout, the Maslach Burnout Inventory was created (Maslach & Jackson, 1981). The MBI is a validated instrument used in relational-based workplaces (Maslach & Leiter, 1997). The MBI is a 22-item survey covering the three constructs of emotional exhaustion, depersonalization, and a low sense of personal accomplishment. The three-factor structure of the MBI has been validated and found reliable in multiple settings (Schaufeli et al., 2002). The MBI is the primary instrument used to measure burnout, with over 93% of research studies utilizing it by the end of the 1990s (Coker & Omoluabi, 2009; Schaufeli et al., 2002).

Burnout and Nurse Retention

Burnout has significant implications for the quality of care provided to patients and the personal emotional well-being of the health care provider. An inverse relationship exists between the quality of patient care and the perceived level of staff burnout (Guirardello, 2017). In environments of high stress, burnout is more prevalent. Stressful work environments can lead to poor decision-making, compassion fatigue, and anxiety (Lowe, 2013).

The impact of burnout on healthcare providers has been explored in diverse settings adding to the validity of the construct. In a survey of Brazilian nurses, perceived autonomy and a healthy work environment supportive of teamwork lessened the incidence of burnout (Guirardello, 2017). Guirardello reported a correlation between nurse tenure and the perception of leadership and work environment with the shorter the length of tenure, the worse their perception of the workplace. A study of Jordanian nurses identified four factors that increased burnout in nurses: public hospitals, shift work, lack of autonomy, and lack of shared decision-making (Mudallal et al., 2017). The findings of a survey of healthcare professionals across 34 hospitals in China demonstrated rates of moral distress of 71.5%, with females and nurses reporting an increased severity of symptoms than other respondents (Lai et al., 2020). Predictors of burnout in perioperative nurses in Spain included nurse leader support, staffing, and ability to provide quality care. These themes were present in three dimensions of burnout: emotional exhaustion, depersonalization, and reduced personal accomplishment (Sillero & Zabalegui, 2018). Burnout has been studied in high-stress healthcare environments such as the emergency department. In a qualitative study of emergency department and critical care nurses, the scholars found burnout was not a significant factor in a nurse's intention to stay within an organization despite previous studies linking burnout with turnover intent (Osch et al., 2018). Researchers have shown that emergency nurses experience burnout at a higher rate than other nursing professions (Gómez-Urquiza et al., 2017).

Burnout has been shown to impact the practice environment of nurses. A meta-analysis demonstrated a correlation between healthcare provider burnout and quality outcomes, but a lack of rigor in the body of research was noted (Tawfik et al., 2019). The generational cohort may influence the likelihood of experiencing burnout. Baby Boomers reported less burnout and stress than Generation X and Y (Stevanin et al., 2018). Stevanin et al. (2018) found Generation Y to be less resilient but more cohesive than other generations. Engagement in the practice environment has also been found to influence burnout. Researchers have demonstrated that engaged individuals report higher commitment to achieving

organizational goals, demonstrate positive workplace behaviors, and report less burnout (Gilpin-Jackson et al., 2019). In a study of 334 healthcare personnel, the researchers found that highly engaged individuals have lower rates of burnout and a more significant commitment to the organization (Gilpin-Jackson et al., 2019)

While research is continuing to emerge on the effects of the COVID-19 pandemic on burnout rates, some early observations from health systems have been published. Houston Methodist, an eight-hospital nonprofit healthcare system, outlined recommendations to protect against burnout from data obtained during the early stages of the pandemic. Recommendations included open communication with leadership, enhanced training and emergency preparedness, opportunities for team members to innovate, and practical methods to assess burnout throughout high-stress situations (Sasangohar et al., 2020). The COVID-19 pandemic has exacerbated burnout in the healthcare sector. Research related to burnout during the pandemic response continues to emerge, but recent studies have highlighted the impact of burnout on nurse retention. A survey of Italian nurses working with COVID-19 patients found an inverse relationship between commitment and organization-related stress. Still, higher commitment scores have a predictive effect on secondary trauma within the healthcare team (Vagni et al., 2020). This study also found that nurses had a much higher stress level than emergency workers, such as paramedics, during the pandemic (Vagni et al., 2020). Factors including resource constraints, increased workload, and a rise in moral distress increased nurses' vulnerability to burnout during the pandemic (Rosa et al., 2020).

The impact of the COVID-19 pandemic on coping and confidence has also been evaluated in contemporary research. In a chaotic environment, most nurses will default to preserving the status quo and lack a willingness to learn new skills (Livornese & Vedder, 2017). The novel coronavirus causing COVID-19 presented rapid changes throughout the healthcare continuum, leading to new care protocols and care delivery systems (Eldridge et al., 2020). Shahrour and Dardas (2020) noted that 64% of nurses experienced acute stress disorder due to the COVID-19 pandemic. In addition, they determined that younger nurses were at a greater risk for psychological distress and that coping self-efficacy was predictive of

psychological stress and a protective factor against psychological distress (Shahrour & Dardas, 2020). Assessment of coping is essential to evaluate team members for the adverse effects of working through a crisis, including post-traumatic stress, depression, or moral distress (Livornese & Vedder, 2017). A study of Italian nurses during the COVID-19 pandemic found that nurses experienced significant stress, predisposing them to secondary trauma. The researchers noted that individual coping efficacy could mitigate negative emotions and protect against additional stress and secondary trauma (Vagni et al., 2020).

The impact of burnout on novice nurses is prevalent and may influence the decision to leave the profession. Burnout is more prevalent in younger nurses and can lead to increased safety events, compromised care, and nurse turnover (Bakhamis et al., 2019). Nursing burnout has been identified as a critical factor in nurses leaving the profession (S. Brown et al., 2018; Lowe, 2013). Researchers have demonstrated that engaged individuals report higher commitment to achieving organizational goals, demonstrate positive workplace behaviors, and report less burnout (Gilpin-Jackson et al., 2019). Supporting new nurse transition through a residency program has been shown to reduce stress and feelings of being overwhelmed, ultimately mitigating the first-year turnover of registered nurses (Eckerson, 2018). Burnout is a significant predictor of turnover intent (Sandler, 2018). Burnout was a significant predictor of turnover intent. Burnout had a mediating effect on the positive impact of authentic leadership in new nurses in a study of new nurses in Taiwan, and burnout was predictive of nurse retention (Lee et al., 2019; Sandler, 2018).

Demographic Factors Influencing Novice Nurse Retention

In order to fully understand the factors influencing nurse retention, demographic considerations affecting nurse retention must be explored. Voluntary turnovers account for 93.9% of nurse employment separations, and nurse retention is a key strategic initiative in 95% of hospitals (Colosi, 2021). Characteristics of the nursing workforce, including gender, age, educational preparation, practice specialty, and tenure, inform the profession of nursing. Available information on demographic influence on nurse retention is explored. It is expected that the

continuing COVID-19 pandemic will fundamentally change the nursing workforce, but the extent of that change is yet to be determined. Demographic factors influencing nurse retention are reviewed below. Additional literature surrounding gender, age, educational preparation, specialty, and tenure in relation to novice nurse retention will be reviewed.

Gender Considerations

There is a gap in the available data regarding the differences in turnover rates during the first years as a nursing professional. A 2018 survey of nurses who left the profession did not show a significant difference in turnover rate between female and male nurses. Females accounted for 90.4% of respondents and 90.8% of respondents who left their jobs, in contrast to their male counterparts, who accounted for 9.6% of survey responses and 9.2% of nurses who left their jobs (Shah et al., 2021).

Age

Age may also contribute to the turnover rate in novice nurses, but available literature is sparse. Before the pandemic, Blegen et al. (2017) noted that a younger age, working at a magnet-designated hospital, and working in an urban location equated with a higher likelihood of staying in a role. Burnout is more prevalent in younger nurses and can lead to increased safety events, compromised care, and nurse turnover (Bakhamis et al., 2019). A study of Florida registered nurses determined that nurses under 30 years of age were more likely to hold a Florida nursing license but report a non-Florida home address. Nurses under 30 years old leaving the workforce also noted various rationale for not continuing in the profession. The top reasons were returning to school, caring for a loved one, or attending to family obligations (Florida Center for Nursing, 2020).

Educational Preparation

Research related to educational preparation and novice nurse retention is sparse, but some information is available. Nurses with advanced degrees in a role such as a nurse practitioner have a turnover rate under 9%, compared with the registered nurse turnover rate of 18.7% (Colosi, 2021). Shah et al. (2021) found that bachelor-degree-prepared nurses were more likely to consider leaving a job,

while associate-degree-prepared nurses were more likely to leave their role. Overall, the number of nurses who held a bachelor's degree or higher in nursing increased between 2016 and 2019 to 57% (Campaign for Action, 2020).

Specialty

The environment in which a nurse practices may influence overall retention. Nurse turnover varies by location and specialty from 8.8% to 37.0% (Haddad et al., 2021). In the United States, nurses who practice in burn units, women's health, and surgical services have lower turnover rates than their peers (Colosi, 2021). In contrast, nurses who work in behavioral health, step-down units, and emergency departments have higher attrition rates than the general nurse cohort (Colosi, 2021). The expected length of employment in a behavioral health or emergency department is 5 years (Colosi, 2021).

Geographic practice location has also been shown to influence retention rates. Between 2019 and 2020, hospitals in the Northeast had lower turnover rates when compared to hospitals in the southeast. Hospitals in the South experienced a 4.8% increase in turnover, while hospitals in the Northeast saw a 1.6% reduction in turnover during the same timeframe (Colosi, 2021).

Tenure

Researchers have identified that nurses in the first years of practice are more likely to leave an organization. Nurses in their first year of practice have a higher likelihood of leaving the profession than nurses with additional years of professional practice (Kovner et al., 2007). A study of 1,464 registered nurses in their first year of practice revealed a retention rate of 83% (Blegen et al., 2017). The first-year turnover of registered nurses accounts for nearly a quarter of all RN separation from employment (Colosi, 2021; National Council of State Boards of Nursing, 2020). Experiences in the first year of employment, both with leadership and work performance, play a pivotal role in future career plans and organizational commitment of new nurses (J. Brown et al., 2018). When novice nurses' expectations do not match the organizational expectations, their intent to leave an organization increases (Alilu et al., 2017). Factors associated with novice nurse

turnover include leadership demonstrating authentic and caring behaviors and employee perception of self-efficacy and coping with stressors.

Retention rates vary by tenure in the profession. In 2020, registered nurses with less than 1 year of experience had a turnover rate of 24.1%, while nurses with 1 to 2 years of experience had a turnover rate of 18.9% (Colosi, 2021). Between 2 and 5 years, nurses had the highest turnover rate between 2019 and 2020 at 27.9%, with many nurses taking travel assignments for financial opportunities (Colosi, 2021). Travel nursing rates jumped nearly 200% with the arrival of the pandemic (Colosi, 2021). After 5 years of service, the turnover rate dropped to 14.2%, the lowest of any tenure (Colosi, 2021). If leaders can retain nurses past the 3-year mark, they remain loyal to the organization and are more likely to stay employed within the company (Koppel et al., 2017).

Summary

The demand for healthcare services in the United States is expected to experience a dramatic increase in the coming decades. The additional utilization of healthcare will require significant resources. Currently, the nursing profession has been impacted by the loss of nurses from the workforce, constraints on new nurses entering the workforce, and the impact of the COVID-19 pandemic. These confounding factors highlight the complexity of the nursing shortage and the importance of retaining novice nurses in the workforce.

In the current body of research on this topic, there are multiple factors that scholars have identified as influencing a nurse's decision to stay within an organization. Interventions to enhance the novice nurse transition and address factors associated with turnover can positively impact job satisfaction and turnover rate (Hampton et al., 2020). These factors include both external and internal components. The external influences on nurse retention include workplace environment and leadership behaviors. The internal factors include self-perceived items, including confidence in the ability to cope with the work demands and burnout experienced by the registered nurse. This chapter was an exploration of the existing knowledge on the nursing workforce and the factors that inform a nurse's decision to stay in an organization. The variables examined include authentic

leadership, leader caring behaviors, and burnout. The next chapter is a presentation and justification of the methodology utilized to conduct this study.

Chapter 3 – Methodology

Chapter 3 contains an introduction to the research methodology and the rationale for the selection of a quantitative research design. In this study, the researcher served as an independent observer. Quantitative studies are deductive and utilize data to evaluate and test hypotheses (Terrell, 2016). The investigators of a quantitative study may utilize survey data to deduce whether a relationship exists between factors. In this study, the factors were the potential association with nurse turnover and the desire to stay within an organization. A quantitative study design is appropriate to measure predictive factors and obtain measurable data related to identified variables (Creswell, 2015). The research design, study participants, and instrumentation, in addition to the data collection and analysis, are described in this chapter.

Through this study, the researcher explored the factors associated with nurse turnover and sought to identify the key factors influencing new nurses' decisions to stay within an organization. In the first year of practice, nurses are more likely to leave an organization than their peers with longer tenure. Over 35% of novice nurses in their first year of practice report considering changing professions (Kovner et al., 2007). In response to the identified problem of novice nurse retention, the current researcher sought to examine the concepts of authentic leadership, leadership caring behaviors, and burnout to determine the impact of these factors on intent to stay within an organization for novice nurses with less than 1 year of experience at a large community hospital. The four research questions guiding the study were as follows:

1. To what degree do study participants perceive their leader demonstrates authentic leadership behaviors?
2. To what degree do study participants perceive their leader exhibits caring behaviors?
3. To what degree do study participants report experiencing the signs of burnout?

4. Considering the factors of authentic leadership, leadership caring behaviors, and burnout, which is most predictive of a novice nurse's intent to stay within an organization?

Research Design

The researcher employed a quantitative, nonexperimental survey research design utilizing a primary dataset. A survey research approach includes scientifically tested strategies to collect and analyze responses in order to describe the relationship between variables (Ponto, 2015). The first three research questions in the study are response-effect-oriented. The subjects completed survey instruments measuring perceived authentic leadership characteristics of their present leader, perceived caring behaviors demonstrated by their leader, and level of burnout. These comparisons were analyzed utilizing *t*-tests. The fourth research question was correlational and sought to analyze the relationship between the variables from the previous research questions and the intent to stay within the organization. This information was examined through multiple regression analysis.

A synthesis of the literature suggested that authentic leadership, caring behaviors, and perceived burnout influence a nurse's intention to stay within an organization. The researcher examined the variables of authentic leadership behaviors, caring behaviors of leaders, and burnout of novice nurses to compare each variable to the intent to stay employed within the target organization. In addition, the researcher analyzed the independent variables using multiple regression to determine the relationship and weight of contribution related to the dependent variable of intent to stay within the organization.

Authentic leadership theory was used to guide the design of this study. Walumbwa et al. (2008) defined authentic leadership as

> A pattern of leader behavior that draws upon and promotes both positive psychological capacities and a positive climate, to foster greater self-awareness, an internalized moral perspective, balanced processing of information, and relational transparency on the part of leaders working with followers, fostering positive self-development. (p. 94)

Authentic leadership components include self-awareness, internalized moral perspective, balanced processing, and relational transparency (Walumbwa et al., 2008). Authentic leadership is supported in the healthcare setting, as the relational focus of authentic leadership is a departure from the transactional nature of traditional healthcare leadership. The American Association of Critical Care Nurses has adopted authentic leadership as one of the six standards required for a healthy work environment (Kerfoot, 2006).

Population

The data were obtained from a primary dataset. This study utilized a convenience sample of novice registered nurses in the first 3 years of employment. The sample population of novice nurses included the nurse residency program members in the first year of employment as an RN at a large single-site regional hospital in the southeastern United States. The novice nurse residency cohort average was approximately 125 nurses, and the study included five cohorts for a population estimated above 625 nurses.

The demographic characteristics of the sample population were analyzed and reported to determine if statistically significant findings exist. There is evidence demonstrating the importance of retaining novice nurses and identified the factors of authentic leadership, caring behaviors, and burnout as influencing nurse retention. A paucity of research exists, however, related to the relationship between these factors and the weight of the influence on novice nurses' intent to stay at an organization. The identified gap in the knowledge surrounding this topic further supported this study.

Approval was obtained by the Southeastern University and the hospital Institutional Review Board prior to data collection. Ethical considerations for participants' rights were observed at all times. Prior to survey completion, each participant received information on the study's intent, and informed consent was obtained through written attestation. The document indicating consent included an explanation of the confidentiality of responses and the voluntary nature of the study. Participants were also informed of their right to omit answers and withdraw

from the study. In addition, subject rights, risks, and benefits were described in this documentation.

Instrumentation

The researcher collected a primary dataset by surveying nurses in their first 3 years of practice. Quantitative research requires numerically based methods for measuring data (Terrell, 2016). The participants in this study utilized validated instruments to assess the independent variables. This study used validated survey instruments to measure the three identified factors related to nurse turnover: authentic leadership, caring behaviors, and burnout. In addition, demographic information was also collected to describe the sample population further.

The first instrument employed in this study was the Authentic Leadership Questionnaire (ALQ). The ALQ self-assessment consists of 16 questions answered using a 5-point Likert scale (Walumbwa et al., 2008). This instrument focuses on the four dimensions of authentic leadership behavior: self-awareness, relational transparency, balanced processing, and internalized moral perspective (Walumbwa et al., 2008). The instrument has been validated to measure the presence of authenticity in leaders through correlation, construct reliability analysis, and factor analysis. The internal consistency of the ALQ instrument was derived using Cronbach's alpha, demonstrating acceptable levels for the four-factor model, including self-awareness ($\alpha = .92$), relational transparency ($\alpha = .87$), internalized moral perspective ($\alpha = .76$), and balanced processing ($\alpha = .81$; Walumbwa et al., 2008).

The Caring Assessment Tool (CAT-Adm) was used to assess the caring behaviors of the nurse's clinical leader. This survey was developed from the nursing theoretical framework of the Quality-Caring Model (Duffy, 2009). Noting a gap in the ability to measure the caring behaviors of nurse leaders, the Caring Assessment Tool, which measures the care of nurses perceived by patients, was adapted to the CAT-Adm format to assess a nurse's perception of care from their leader. The CAT-Adm was initially developed by Duffy (2009) and refined into a 25-item survey to assess manager caring behaviors experienced by a nurse (Wolverton et al., 2018). The items are structured in a Likert-type response

structure consisting of a 5-point scale. Exploratory factor analysis suggested a single conceptual label: caring behaviors. Reliability testing has produced a Cronbach's alpha of 0.98, demonstrating the survey's appropriateness in measuring nurse manager caring behaviors perceived by staff nurses (Wolverton et al., 2018). The construct of leader care is also consistent with the theoretical basis of the QCM and captures the essence of Duffy's QCM relationship professional encounters (Wolverton et al., 2018).

The final survey instrument included in this study measured the burnout experienced by the study participants. Burnout was measured utilizing the Maslach Burnout Inventory – Medical Personnel (MBI-MP; Maslach & Jackson, 1981). Burnout is defined as "a syndrome of emotional exhaustion and cynicism" (Maslach & Jackson, 1981, p. 99). The MBI-MP consists of 10 items scored on a 7-point frequency scale from *never* to *daily* (Kalliath et al., 2000). The MBI-MP is a valid and reliable instrument generalizable for nurses, and it has been tested in multiple countries. Reliability was confirmed with Cronbach's alpha above 0.7, and validity was established through exploratory factor analysis (Poghosyan et al., 2009). Burnout has been identified as a common phenomenon in nursing, with increased burnout associated with adverse occupational outcomes (Maslach et al., 2001). The broad acceptance of this instrument in the healthcare setting and the relevance of burnout in today's healthcare setting support its use in this study.

Variables

Dependent Variable

The current study included one dependent variable: the intent to stay at the organization. The dependent variable is the item influenced or impacted by the independent variable (Creswell, 2015). The dependent variable consisted of one item. The scored assessment was measured on a 3-point Likert-type scale considering the likelihood of remaining employed by the organization.

Independent Variables

This study included three independent variables. Each independent variable was measured using the designated survey instrument. The first two variables were externally focused on the behaviors and actions of nurse leaders as perceived by the

novice nurse. Authentic leadership was the first independent variable considered. The ALQ measured performance in four components of authentic leadership: self-awareness, internalized moral perspective, balanced processing, and relational transparency. The guidelines indicate a higher score (16–20) as authentic leadership strength, and a lower score (15 and below) as weaker authentic leadership (Walumbwa et al., 2008). The second independent variable was leadership caring behaviors. This variable was measured by the Caring Assessment Tool (CAT-Adm). The instrument measured leader caring behaviors with a higher score indicating a greater frequency of caring behaviors experienced. The third independent variable is considered an internal factor; perceived burnout. A higher score on this assessment is associated with increased burnout. This variable was measured by the Maslach Burnout Inventory – Medical Personnel (MBI-MP).

Additional demographic variables were collected and reported in this study. These variables included gender, age range, generational cohort, educational preparation, practice environment, and length of tenure as a registered nurse. The complete details of the variable definition and codes are presented in Table 1.

Procedures

The data were collected according to the following procedure. The IRB approved the study to ensure the rights and welfare of study participants were maintained. An email invitation was sent to all RNs within the designated healthcare setting who met the inclusion criteria (Appendix A). The inclusion criteria included less than 3 years of employment as an RN. The email invitation included an overview of the study, the researcher's contact and follow-up information, and the informed consent process. Data were digitally collected and stored on a password-protected device to maintain data integrity.

An initial sweep of the dataset was undertaken to evaluate missing data elements, incomplete responses, and outliers. Descriptive statistics ensured that responses were feasible. Additionally, the data were screened to test all assumptions required for the accuracy of the *t*-test, ANOVA, and regression: independent samples, distribution norms, and homogeneity of variance.

Missing Data

The dataset was screened for missing results. Using descriptive statistical techniques, the researcher evaluated the extent of data missing within the three survey response sets. The number of responses missing data elements determined how the surveys were addressed. If the number of surveys missing elements was less than 5%, the responses missing elements would have been deleted from the set. If the number of responses missing data elements was greater than 5%, Missing Value Analysis (MVA) would have been conducted utilizing SPSS software to determine whether a pattern in the deficiencies exists.

Outliers

After the missing data responses had been addressed, a secondary screen to evaluate outliers was completed. The dataset was screened for univariate and multivariate outliers. Confirmed outliers were removed from the dataset. After the missing data and outliers had been addressed, a final *N* was determined from the remaining responses.

Normality

The dataset and scale variables were assessed for skewness and kurtosis. Variables that were skewed outside of the acceptable range were transformed.

Internal Reliability

The internal reliability of respondents' survey responses was evaluated using the Cronbach's alpha technique.

Analysis

At the conclusion of the data cleaning process, a statistical analysis of the remaining responses was completed. The first items to be considered were the individual impact of the three variables, authentic leadership, caring behaviors, and burnout, on the sample population. This analysis was accomplished through a one-sample *t*-test analysis.

The fourth research question was answered through multiple logistic regression analysis. The determination of statistically significant differences in intent to stay within an organization compared to the three independent variables was assessed to determine the relationship and weight of each variable on the effect

size. Likewise, multiple linear regression analyses assessed characteristics that may predict the intent to stay within an organization. Final notations were evaluated for statistically significant findings. The results were presented and demonstrated final analysis outputs.

Table 1

Variable Coding Schemes

Variables	Coding Defined
Intent to Stay	3-point scale: 1 = *Not Likely*, 2 = *Neutral*, 3 = *Likely*
Authentic Leadership Questionnaire (dependent)	5-point scale: 1 = *Strongly Disagree*, 2 = *Disagree*, 3 = *Neutral*, 4 = *Agree*, 5 = *Strongly Agree*
Caring Assessment Tool (CAT-Adm)	5-point scale: 1 = *Never*, 2 = *Sometimes*, 3 = *Neutral*, 4 = *Usually*, 5 = *Always*
Maslach Burnout Inventory: Medical Personnel (MBI-MP)	5-point scale: 1 = *Never,* 2 = *Hardly*, 3 = *Sometimes*, 4 = *Frequently*, 5 = *Always*
Gender	Dichotomous: 1 = *Male*, 2 = *Female*
Age-range	Scale: 1 = *18–24*, 2 = *25–31*, 3 = *32–38*, 4 = *39–45*, 5 = *46–52*, 6 = *53–59*, 7 = *60–66*, 8 = *67–73*
Educational preparation	Nominal: 1 = *Associate's Degree*, 2 = *Bachelor's Degree*
Nursing Specialty	Nominal: 1 = *Medical*, 2 = *Cardiac*, 3 = *Surgery*, 4 = *Procedural*, 5 = *Ambulatory*, 6 = *Emergency*, 7 = *Women's and Children's*, 8 = *Behavioral Health*

Length of Tenure	1 = *Less than 6 Months*, 2 = *7 Months to 12 Months*, 3 = *13 Months to 18 Months*, 4 = *19 Months to 24 Months*, 5 = *25 Months to 30 Months*, 6 = *31 Months to 36 Months*

Summary

      An introduction to the research methodology and rationale for the selection of a quantitative research design was described in this chapter. In this study, the researcher collected and analyzed survey data to deduce whether a relationship existed between factors, specifically, the potential association with factors influencing nursing turnover and the desire to stay within an organization. A description of the research design, including the population and study instruments, was provided. The study variables, procedures, and data analysis were also provided. In the following chapters, the researcher reviews the results and findings related to novice nurse retention and the factors influencing the decision to stay within an organization.

Chapter 4 – Results

Chapter 4 contains the formal reporting of the findings of this study. A quantitative, nonexperimental research design was used to achieve the study purposes. The specific research methodology used was a survey research approach. The researcher administered three separate, standardized research instruments to address three specific constructs. Four research questions addressed the study's topic and research problem. Descriptive, inferential, and predictive statistical techniques were used to analyze study data.

The following represents the formal reporting of the study findings at the preliminary descriptive level of analyses and for the analyses associated with the study's four research questions:

1. To what degree do study participants perceive their leader demonstrates authentic leadership behaviors?
2. To what degree do study participants perceive their leader exhibits caring behaviors?
3. To what degree do study participants perceive themselves as experiencing the signs of burnout?
4. Considering the factors of authentic leadership, leadership caring behaviors, and burnout, which is most predictive of a novice nurse's intent to stay within an organization?

Preliminary Descriptive Statistical Findings

Demographic Identifier Information

The sample's demographic data were evaluated using descriptive statistical techniques. This information was specifically addressed using the descriptive statistical techniques of frequencies (*n*) and percentages (*%*). Table 2 contains a summary of finding for the descriptive statistical analysis of the study's demographic identifying information on participant gender, age, education level, clinical specialty, and years of professional experience.

Table 2

Descriptive Summary Table: Demographic Identifying Information

Variable/Category	*n*	%	Cumulative %
Gender			
Male	13	8.18	8.18
Female	145	91.19	99.37
Missing	1	0.63	100.00
Age			
18-24	40	25.16	25.16
25-31	51	32.08	57.23
32-38	31	19.50	76.73
39-45	24	15.09	91.82
46-52	9	5.66	97.48
53-59	3	1.89	99.37
Missing	1	0.63	100.00
Education			
Associate Degree	85	53.46	53.46
Bachelor's Degree	73	45.91	99.37
Missing	1	0.63	100.00
Clinical Specialty			
Ambulatory	1	0.63	0.63
Behavioral Health	2	1.26	1.89
Cardiac	30	18.87	20.75
Emergency	15	9.43	30.19
Medical	67	42.14	72.33
Procedural	1	0.63	72.96
Surgical	15	9.43	82.39
Women and Children	27	16.98	99.37
Missing	1	0.63	100.00

Variable/Category	*n*	%	Cumulative %
Years of Experience			
6 Months or Less	21	13.21	13.21
7 to 12 Months	35	22.01	35.22
13 to 18 Months	30	18.87	54.09
19 to 24 Months	27	16.98	71.07
25 to 30 Months	19	11.95	83.02
31 to 36 Months	26	16.35	99.37
Missing	1	0.63	100.00

Descriptive Statistics: Study Constructs

Descriptive statistical techniques were utilized to assess the participants' survey responses within the three identified constructs. The response data were specifically addressed using the descriptive statistical techniques of frequencies (*n*), measures of typicality (mean scores), variability (minimum/maximum; standard deviations), standard errors of the mean (SE_M), and data normality (skew, kurtosis). Table 3 contains a summary of finding for the descriptive statistical analysis of the study's response set data associated with the three constructs identified for the purposes of this study.

Table 3

Descriptive Statistics Summary Table: Professional Burnout (MBI), Authentic Leadership (ALQ), and Caring Behaviors (CAT)

Construct	*M*	*SD*	*n*	SE_M	Min	Max	Skewness	Kurtosis
Burnout (MBI)	4.88	0.66	143	0.05	3.00	6.32	0.007	-0.54
Authentic Leadership (ALQ)	4.58	0.57	140	0.05	2.56	5.00	-1.54	1.80
Caring Behaviors (CAT)	3.86	0.97	136	0.08	1.32	5.00	-0.33	-1.06

Descriptive Statistics: Subscales of Study Constructs

Table 4 contains a summary of finding for the descriptive statistical analysis of the study's response set data associated with the four subscales of authentic leadership, as measured by the ALQ.

Table 4

Descriptive Statistics Summary Table: Subscales of Authentic Leadership (ALQ)

Subscale	M	SD	n	SE_M	Min	Max	Skewness	Kurtosis
Transparency	4.58	0.61	147	0.05	2.40	5.00	-1.51	1.67
Moral/Ethical	4.71	0.49	144	0.04	2.75	5.00	-1.77	2.50
Balanced Processing	4.53	0.64	144	0.05	2.00	5.00	-1.34	1.36
Self-Awareness	4.52	0.77	144	0.06	2.00	5.00	-1.59	1.62

Table 5 contains a summary of finding for the descriptive statistical analysis of the study's response set data associated with the three subscales of professional burnout, as measured by the MBI.

Table 5

Descriptive Statistics Summary Table: Subscales of Professional Burnout (MBI)

Variable	M	SD	n	SE_M	Min	Max	Skewness	Kurtosis
Emotional Exhaustion	4.59	1.20	149	0.10	2.11	7.00	-0.17	-0.97
Depersonalization	3.27	1.12	158	0.09	2.00	6.80	0.80	0.08
Personal Accomplishment	6.24	0.77	152	0.06	3.00	7.00	-1.34	1.98

Missing Data/Survey Completion Rate

The researcher evaluated the extent of missing data within the survey response sets to the three constructs using descriptive statistical techniques. The results indicated that the extent of missing data with the response sets for the three constructs was moderate at 6.20% ($n = 621$). Therefore, the subsequent survey

completion rate achieved in the study was 93.80%. The study's missing data were found to be sufficiently random in nature (MCAR x^2 (1519) = 1496.01; p = .66).

Internal Reliability

The internal reliability of study participants' responses to survey items associated with the three constructs was evaluated using the Cronbach's alpha (α) statistical technique. As a result, using the conventions of alpha interpretation offered by George and Mallery (2020), the internal reliability levels achieved in the study across all three constructs were excellent at $α ≥ .90.$The following tables contain summaries of findings for evaluating the internal reliability of participants' responses to survey items within the three research instruments used to address the three constructs representing the study's focus.

Professional Burnout

Table 6 summarizes the evaluation of the internal reliability of study participant response to the 22-survey associated with perceptions of professional burnout, as measured by the MBI.

Table 6

Internal Reliability Summary Table: Professional Burnout

Scale	# of Items	α	Lower Bound	Upper Bound
Professional Burnout (MB)	22	.91	.89	.92

Note. The lower and upper bounds of Cronbach's α were calculated using a 95.00% confidence interval.

Authentic Leadership

Table 7 contains a summary of finding and the evaluation of the internal reliability of study participant responses to the 16-survey associated with perceptions of leader demonstration of authentic leadership, as measured by the ALQ.

Table 7

Internal Reliability Summary Table: Authentic Leadership

Construct	# of Items	α	Lower Bound	Upper Bound
Authentic Leadership (ALQ)	16	.95	.94	.96

Note. The lower and upper bounds of Cronbach's α were calculated using a 95.00% confidence interval.

Caring Behaviors

Table 8 contains a summary of finding and the evaluation of internal reliability of study participant response to the 25-survey associated with perceptions of leader demonstration of caring behaviors, as measured by the CAT.

Table 8

Internal Reliability Summary Table: Caring Behaviors

Construct	# of Items	α	Lower Bound	Upper Bound
Caring Behaviors (CAT)	25	.98	.98	.99

Note. The lower and upper bounds of Cronbach's α were calculated using a 95.00% confidence interval.

Findings by Research Question

The researcher answered the study's four research questions using descriptive, inferential, and associative/predictive statistical techniques. The probability level of $p \leq .05$ represented the threshold value for findings to be considered statistically significant. Magnitudes of effect were interpreted using the conventions of effect size interpretations proposed by Sawilowsky (2009). The following represents the formal reporting of finding by research question stated in the study.

Research Question 1

The first research question asked: To what degree do study participants perceive their leader demonstrates authentic leadership behaviors? A one-sample *t*-test was used to assess the statistical significance of study participants' mean score response to perceptions of their organizational leader's demonstration of authentic leadership. The assumption of data normality in Research Question 1 was assessed through an inspection of the dependent variable's skew and kurtosis values. Applying the conventions of data normality through the data array's skew and kurtosis values proposed by George and Mallery (2020), the skew value of -1.56 and kurtosis value of 1.91 were well within the parameters of -/+2.0 for skewness

and -/+7.0 for kurtosis, thereby satisfying of the assumption of data normality associated with the use of the one-sample *t*-test.

Study participants' mean score perceptions of their organizational leader's demonstration of authentic leadership of 4.58 (*SD* = 0.57) was statistically significant ($t_{(139)}$ = 32.82; *p* < .001). The magnitude of effect for study participant perceptions of their organizational leader's demonstration of authentic leadership was considered huge at *d* = 2.77. Table 9 contains a summary of the participants' perceptions of their organizational leader's demonstration of authentic leadership.

Table 9

Summary Table: Perception of Leader Demonstration of Authentic Leadership

Construct	*M*	*SD*	μ	*t*	*p*	*d*
Authentic leadership	4.58	0.57	3	32.82	< .001	2.77

Note. Degrees of freedom for the *t*-statistic = 139. *d* represents Cohen's *d*.

Research Question 2

The second research question asked: To what degree do study participants perceive their leader exhibits caring behaviors? A one-sample *t*-test was used to assess the statistical significance of study participants' mean score response to perceptions of their organizational leader's demonstration of authentic caring behaviors. The assumption of data normality in Research Question 2 was assessed through an inspection of the dependent variable's skew and kurtosis values. Applying the conventions of data normality through the data array's skew and kurtosis values proposed by George and Mallery (2020), the skew value of -0.33 and kurtosis value of -1.05 were well within the parameters of -/+2.0 for skewness and -/+7.0 for kurtosis, thereby satisfying of the assumption of data normality associated with the use of the one-sample *t*-test.

The mean score of study participant perceptions of their organizational leader's demonstration of caring behaviors of 3.86 (*SD* = 0.97) was statistically significant ($t_{(135)}$ = 10.32; *p* < .001). The magnitude of effect for study participants' perceptions of their organizational leader's demonstration of authentic leadership was considered large at *d* = 0.89. Table 10 contains a summary of findings

regarding study participants' perceptions of their organizational leader's demonstration of caring behaviors.

Table 10

Summary Table: Perception of Leader Demonstration of Caring Behaviors

Construct	*M*	*SD*	μ	*t*	*p*	*d*
Caring Behavior	3.86	0.97	3	10.32	< .001	0.89

Note. Degrees of freedom for the *t*-statistic = 135. *d* represents Cohen's *d*.

Research Question 3

The third research question asked: To what degree do study participants report experiencing the signs of burnout? A one-sample *t*-test was used to assess the statistical significance of study participants' mean score response to perceptions of their degree of professional burnout. The assumption of data normality in Research Question 3 was assessed through an inspection of the dependent variable's skew and kurtosis values. Applying the conventions of data normality through the data array's skew and kurtosis values proposed by George and Mallery (2020), the skew value of -0.01 and kurtosis value of -0.51 were well within the parameters of -/+2.0 for skewness and -/+7.0 for kurtosis, thereby satisfying of the assumption of data normality associated with the use of the one-sample *t*-test.

The mean score of study participants' perceptions of their degree of professional burnout of 4.88 (*SD* = 0.66) was statistically significant ($t_{(135)}$ = 15.96; $p < .001$). The magnitude of effect for study participants' perceptions of their degree of professional burnout was considered very large at $d = 1.33$. Table 11 contains a summary of the participants' perceptions of their degree of professional burnout.

Table 11

Summary Table: Perceptions of Professional Burnout

Construct	*M*	*SD*	μ	*t*	*p*	*d*
Burnout	4.88	0.66	4	15.96	< .001	1.33

Note. Degrees of freedom for the *t*-statistic = 142. *d* represents Cohen's *d*.

Research Question #4

The fourth research question asked: Considering the factors of authentic leadership, leadership caring behaviors, and burnout, which is most predictive of a novice nurse's intent to stay within an organization? The multiple logistic regression statistical technique was conducted to evaluate the study participants' likelihood of job retention by perceptions of leader degree of authentic leadership, caring behaviors, and personal perception of professional burnout. The assumption of multicollinearity was addressed and satisfied through inspection of respective variable inflation factors (VIF). All predictors in the regression model reflected VIFs well below 10, thereby satisfying the multicollinearity assumption (Menard, 2009).

The overall predictive model used to address Research Question 4 was statistically significant ($\chi^2(3) = 15.86$, $p = .001$), indicating that perceptions of leader authentic leadership, leader caring behaviors, and employee perceptions of professional burnout exerted a statistically significant effect on the odds of predicting the likelihood of employee retention. Considering the three independent variables included in the predictive model, the predictive effect for perceptions of employee degree of professional burnout was inverse and statistically significant ($B = -1.31$, $OR = 0.27$, $p < .001$), indicating that a 1-unit increase in employee perceptions of burnout decreases the odds of the likelihood of employee retention by approximately 72.96%. Table 12 contains a summary of findings for the model used to predict the likelihood of employee retention in Research Question 4.

Table 12

Summary Table: Predicting Study Participant likelihood of Retention by Perceptions of Organizational Leader's Degree of Authentic Leadership & Caring Behaviors, and Perceptions of Burnout

Model	B	SE	χ^2	p	OR	95.00% CI
(Intercept)	6.62	2.52	6.93	.008	-	-
Authentic leadership	0.20	0.45	0.20	.66	1.22	[0.51, 2.95]
Caring Behaviors	-0.08	0.28	0.07	.79	0.93	[0.53, 1.61]

| Burnout | -1.31 | 0.37 | 12.52 | < .001 | 0.27 | [0.13, 0.56] |

Ancillary Analysis

A follow-up, ancillary analysis was conducted using a SEM path analysis. The ancillary analysis was conducted in light of the prowess of professional burnout in inversely predicting study participants' likelihood to remain in their positions. The ancillary analysis was based upon the hypothesized effect that perceptions of leader demonstration of authentic leadership and the leader's caring behaviors might exert in predicting professional burnout. The hypothesized SEM Path Model is represented in the following figure.

Figure 1

Effect of Authentic Leadership and Leader Caring Behavior in Predicting Professional Burnout
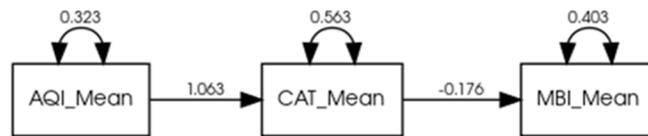
Model Fit

Although there are several means by which to assess whether the path analysis model adequately describes the study's data, the chi-square statistic represents the most popular statistic used to path model fit. Additionally, fit indices may also be used to determine whether the model properly fits the study's data. Specifically, the following fit indices were used to assess the model fit along with the overall chi-square analysis: the root mean square error of approximation (RMSEA), the comparative fit index (CFI), the Tucker-Lewis index (TLI), and the standardized root mean square residual (SRMR).

The researcher conducted a chi-square goodness of fit test to determine whether the path analysis model fits the study data adequately. As a result, the results of the chi-square goodness of fit (GOF) test were not statistically significant ($\chi^2(1) = 1.89$, $p = .17$), indicating that the hypothesized model in the ancillary analysis fit the data well. Follow-up fit indices were calculated in the wake of the

path model GOF test and interpreted using the conventions proposed by Hooper et al. (2008). As a result, the TLI was greater than or equal to .95, indicating that the model was a good fit for the data. The CFI was greater than .95, suggesting that the model fit the data well. The RMSEA index was between .08 and .10, which is indicative of a mediocre model fit, and the SRMR was less than .05, indicating that the model fit the data well. A summary of the fit indices is presented in Table 13.

Table 13

Path Model Fit Indices Summary Table

NFI	TLI	CFI	RMSEA	SRMR
0.97	0.96	0.99	0.09	0.04

The researcher then evaluated the path model's regressions. Authentic leadership was statistically significant in predicting caring behaviors ($B = 1.06$, $z = 8.82$, $p < .001$), indicating a 1-unit increase in perceptions of a leader demonstrating authentic leadership will increase the expected value of leader demonstration of caring behaviors by 1.06 units. Leader demonstration of caring behaviors was statistically significant in predicting study participant perceptions of professional burnout ($B = -0.18$, $z = -2.93$, $p = .003$), indicating that a 1-unit increase in perceptions of leader demonstration of caring behavior will decrease the expected value of study participant perceptions of professional burnout by 0.18 units.

Summary

Chapter 4contained the reporting of findings achieved in the study. Excellent levels of internal reliability were achieved in each of the study's three constructs. Statistically significant levels of leader demonstration of authentic leadership, leader caring behavior, and study participant perceptions of professional burnout were observed. Study participant perceptions of professional burnout represented the most robust, statistically significant predictor of the likelihood of remaining in their positions. A follow-up, ancillary analysis using SEM path analysis was conducted to determine the predictive effect that perceptions of authentic leadership and the leader's caring behaviors might exert upon professional

burnout. The evaluation of the SEM path model validated the roles that authentic leadership and leader caring behaviors in reducing perceptions of study participants' professional burnout.

Chapter 5 – Discussion

Nurses are the foundation of the healthcare workforce, comprising the largest segment of the workforce and delivering most of the direct patient care in both acute and primary care settings (Davis-Ajami et al., 2014; Rosseter, 2019). The aging population, increasing resource utilization, and improved accessibility of healthcare services within the broader population are expected to cause a dramatic increase in the demand for healthcare services in the United States in the coming decades (Florida Hospital Association, 2021b; Haddad et al., 2021). The increasing demand for healthcare services will coincide with a reduction in the number of nurses in the workforce. As of 2018, the average age of a registered nurse in the United States was 50 years old, with nearly 500,000 nurses expected to retire by 2022 (American Nurses Association, 2020; U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Workforce, & National Center for Health Workforce Analysis, 2019). Over 35% of novice nurses in their first years of practice report considering changing professions, and 33% of nurses leave the career within the first 2 years of professional practice (Bucceri-Androus, 2021; Kovner et al., 2007). If nurses remain employed in an organization for 3 years, they are likely to stay with the organization (Koppel et al., 2017). The retention of nurses within the first years of practice has emerged as a critical issue in healthcare operations.

In conjunction with nurses leaving the workplace, the prevailing shortage of registered nurses highlights the need for healthcare leaders to understand better what factors contribute to the retention of novice nurses within an organization. The current study sought to further the knowledge surrounding the concepts of authentic leadership, leadership caring behaviors, and burnout independently and as predictors of novice nurse retention within an organization. This chapter includes a review of the background of the study, a summary of the findings, an outline of the research and practical implications, and suggestions for further research related to this study's central concepts.

Background of the Study

Nurse retention is a critical priority for 95% of hospitals in the United States (Colosi, 2021). Nurses in their first years of practice are more likely to leave an organization than nurses with additional years of professional experience. Nurses between 2 and 5 years had the highest turnover rate between 2019 and 2020 at 27.9%, with many taking travel assignments created due to the COVID-19 pandemic for greater financial opportunities (Colosi, 2021).

Despite the significant negative impact of nursing turnover on healthcare organizations, there was a paucity of research on factors influencing novice nurses' retention. Additional research was needed to help identify and explore the key factors influencing new nurses' decisions to stay within an organization. A better understanding of the factors contributing to nursing turnover may allow healthcare leaders to devise strategies to enhance nurse retention. Through this study, the researcher aimed to identify the factors that influence novice nurses' intent to stay within an organization. Specifically, this research addressed the elements of authentic leadership, leadership caring behaviors, and burnout as predictors of novice nurses' intent to stay within an organization.

The predictive factors associated with novice nurses' intent to stay in an organization have not been fully explored. Long (2020) noted that only 12 studies, all conducted in Canada, had focused on the impact of authentic leadership on novice nurse experience. Kerzman et al. (2020) noted that additional research was needed on the relationship between intrinsic and extrinsic factors influencing nurse retention. Brook et al. (2019) noted a gap in the research citing the lack of measurement of statistical significance and inconsistent use of validated instruments in studies focused on the retention of novice nurses.

The practice of authentic leadership has been shown to influence nurses' intent to stay with an organization. The relationship between a leader and a follower guides perception and influences organizational commitment and nurse retention (Hoeve et al., 2020). Authentic leadership has been consistently linked to employee engagement and well-being (Gardner et al., 2005; Ilies et al., 2005; Shamir & Eilam, 2005). Additionally, authentic leadership positively predicts

follower job satisfaction and facilitates novice nurse perceptions of an empowering work environment (Laschinger et al., 2013; Peus et al., 2012).

Caring behaviors demonstrated by a leader foster positive relationships between a nurse and their leader and yield organizational and personal benefits. Leaders are perceived to genuinely care about their followers when they act in a way that benefits them and others around them (Friedman, 2008). Leadership caring and nurse retention within healthcare organizations are positively correlated (Kostich et al., 2020). A majority of nurses surveyed in one study noted that the relationship with their direct supervisor is a crucial factor in their decision to remain at an organization (Heller et al., 2004). The caring behaviors of leaders create a positive work environment by supporting the new employee's confidence, growth, and empowerment through shared decision-making (Mudallal et al., 2017).

Burnout is prevalent within the nursing profession and influences the decision to leave an organization. Burnout is a state of emotional exhaustion with physical and behavioral manifestations in response to excessive demands on resources, resulting in a loss of motivation (Freudenberger, 1974). An inadequate individual stress response increases burnout and anxiety and can lead to poor decision-making (Guirardello, 2017; Lowe, 2013). While data are still emerging, the COVID-19 pandemic is expected to have a negative impact on the level of burnout experienced by healthcare providers. Woo et al. (2020) noted that over 11% of nurses experience high levels of burnout, leading to increased turnover. Burnout can lead to increased safety events, compromised care, and nurse turnover (Bakhamis et al., 2019).

Researchers have identified factors associated with nurse turnover and evidence that these factors influence one another; however, there is a lack of consensus on the relationship between factors influencing nurse turnover and what factors are most predictive of a novice nurse's intent to stay with an organization. The current researcher sought to add to the body of knowledge surrounding the factors influencing novice nurses' intent to stay within an organization and what relationship may exist between these factors.

The researcher aimed to examine the concepts of authentic leadership, leadership caring behaviors, and burnout to determine the impact of these factors on novice nurses' intent to stay within an organization for nurses with less than 3 years of experience at a large community hospital. The independent variables in this study included authentic leadership behaviors, leader caring behaviors, and perceived burnout. The dependent variable was the intent to stay at an organization.

In response to the identified problem, the following research questions were posed:

1. To what degree do study participants perceive their leader demonstrates authentic leadership behaviors?

2. To what degree do study participants perceive their leader exhibits caring behaviors?

3. To what degree do study participants perceive themselves as experiencing the signs of burnout?

4. Considering the factors of authentic leadership, leadership caring behaviors, and burnout, which is most predictive of a novice nurse's intent to stay within an organization?

Summary of Findings and Discussion

The following section is a summary of the study's findings, including the perceived authentic leadership, leader caring behaviors, and burnout experienced by novice nurses in the sample population. In addition, the predictive factor of each variable related to the intent to stay within an organization is discussed. The study findings are considered independently and in the context of current literature on novice nurse retention to better inform researchers and healthcare practitioners on factors influencing novice nurse retention.

The study's four research questions were addressed using descriptive, inferential, and associative/predictive statistical techniques. The probability level of $p \leq .05$ represented the threshold value for findings to be considered statistically significant. The study elicited 159 responses over a 3-week survey window. Females accounted for 91.19% of respondents and males comprised 8.18% of respondents. The gender make-up of the study aligns with the national

demographic make-up of the nursing workforce consisting of 90% females and 10% males (U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Workforce, & National Center for Health Workforce Analysis, 2019). Fifty-seven percent of respondents were under 31 years of age, with 25.16% of respondents under 24 years of age. The educational preparation of the respondents included 53.46% earning an Associate Degree in Nursing and 45.91% earning a Bachelor of Science in Nursing degree. Finally, the clinical specialty of respondents demonstrated responses across multiple specialties, with the highest number of responses coming from the medical specialty ($n = 67$), cardiac services ($n = 30$), and women's and children's services ($n = 27$).

Authentic Leadership

The research findings related to the perceived demonstration of authentic leadership are included in this section. Internal reliability was evaluated using the Cronbach's alpha and noted to be excellent at $\alpha = .95$. A one-sample t-test was conducted to evaluate the mean score of study participant responses to determine the statistical significance of response to perceptions of their leader's demonstration of authentic leadership. Study participants' mean score perceptions of their organizational leader's demonstration of authentic leadership of 4.58 ($SD = 0.57$) was statistically significant (t (139) = 32.82; $p < .001$).

The subscales of authentic leadership were assessed utilizing descriptive statistical analysis. Mean scores of the four subscales were obtained. Of the four subscales, internalized moral perspective had the highest mean score of 4.71. Internalized moral perspective is demonstrated when one acts in accordance with their values and ethics (Ilies et al., 2005). The relational nature of nursing lends itself to action within this subscale. The three remaining subscales—balanced processing, relational transparency, and self-awareness—demonstrated mean scores above 4.5.

Scores in the upper range of the ALQ indicate stronger authentic leadership, with scores between 16 and 20 indicating a high level of authentic leadership (Avolio et al., 2007). The respondents' overall score in this study demonstrated a

score of 18.34, indicating a high level of authentic leadership demonstrated by the nurse leaders in this study. In comparison, the guidelines indicate a higher score as authentic leadership strength, and a lower score indicates weaker authentic leadership in that component, where high = 16–20 and low = 15 and below (Walumbwa et al., 2008). Of note, the effect of authentic leadership on job commitment and satisfaction has been noted to decrease with the increased tenure of the nurse (Baek et al., 2019). In contrast to nurses with increased tenure, the nurses in this study have less than 3 years of experience, which may indicate a higher impact of authentic leadership on nurse outcomes.

The high levels of perceived authentic leadership are promising for positive organizational and personal outcomes. Alilyyani et al. (2018) found significant associations between authentic leadership and healthcare staff outcomes, including satisfaction, personal-psychological state, work environment, performance, and well-being. Authentic leadership was shown to reduce the overall stress level and mental depletion while increasing organizational engagement in corporate settings (Braun & Peus, 2018; Weiss et al., 2018). This study demonstrated mixed support for previous findings noting the presence of high levels of authentic leadership in addition to high levels of burnout. Although authentic leadership may influence perceived burnout, nurses in this study experienced both authentic leadership and burnout. Compared with previous studies, the authentic leadership behaviors experienced by novice nurses in this study may lead to increased nurse well-being and satisfaction with the work environment, as Long (2020) demonstrated.

Caring Behaviors

The research findings related to the perceived demonstration of leader caring behaviors are included in this section. Internal reliability was evaluated using the Cronbach's alpha and noted to be excellent at $\alpha = .98$. A one-sample *t*-test was used to evaluate the statistical significance of study participants' mean score response to perceptions of their organizational leader's demonstration of authentic caring behaviors. The mean score of study participant perceptions of their organizational leader's demonstration of caring behaviors of 3.86 ($SD = 0.97$) was statistically significant (t (135) = 10.32; $p < .001$). The magnitude of effect for

study participant perceptions of their organizational leader's demonstration of authentic leadership was considered large at $d = 0.89$.

Higher levels of leader caring are associated with positive organizational and nurse outcomes. The concepts of caring behaviors are grounded in human connection and relationships and are foundational to the practice of nursing (Duffy, 2013; Lush, 2019; Watson, 1998). Compared with previous studies, the mean score of 3.86 on the CAT-Adm by study participants indicates a high perception of leader caring behaviors by novice nurses. This finding aligns with those of Bolima (2015), who noted a statistically significant relationship between leadership caring behaviors and intent to leave an organization. Several scholars, including Alilu et al. (2017) and Osch et al. (2018), have linked the practice of leadership caring with nurse retention, and this study adds to the body of knowledge surrounding the influence of leader caring behaviors on the decision to stay within an organization.

Burnout

The research findings related to the perceived burnout experienced by respondents are included in this section. The researcher evaluated internal reliability using the Cronbach's alpha and noted it to be excellent at $\alpha = .91$. A one-sample *t*-test was performed to assess the statistical significance of study participants' mean score response to perceptions of their degree of professional burnout. The mean score of study participant perceptions of their degree of professional burnout of 4.88 ($SD = 0.66$) was statistically significant ($t (135) = 15.96; p < .001$). The magnitude of effect for study participant perceptions of their degree of professional burnout was considered very large at $d = 1.33$.

The study's respondents demonstrate a significant burnout level similar to previous research within the nursing profession. This finding is aligned with Shah et al. (2021), who found high burnout levels in the southeastern United States. The study participants have entered practice during the COVID-19 pandemic and experienced significant disruption in the healthcare setting (Eldridge et al., 2020). Burnout is more prevalent in younger nurses and can lead to increased safety events, compromised care, and nurse turnover (Bakhamis et al., 2019; Stevanin et al., 2018). In comparison, the findings of this study add additional support to the

concept of increased levels of burnout in the nursing profession (Shahrour & Dardas, 2020; Vagni et al., 2020). Nursing burnout has been identified as a critical factor in nurses leaving the profession (S. Brown et al., 2018; Lowe, 2013). Increased levels of burnout in novice nurses are concerning for healthcare organizations seeking to retain new nurses and reduce turnover in the profession.

Predictive Factors of Intent to Stay

The research findings related to the predictive factors of intent to stay by novice nurse respondents are included in this section. A multiple logistic regression statistical technique was conducted to determine the study participants' likelihood of job retention by perceptions of leader degree of authentic leadership, caring behaviors, and personal perception of professional burnout. The overall predictive model used to address research question four was statistically significant ($\chi2(3) = 15.86$, $p = .001$), indicating that perceptions of authentic leadership, leader caring behaviors, and employee perceptions of professional burnout exerted a statistically significant effect on the odds of predicting the likelihood of employee retention. These findings underpin the concept that multiple variables influence nurse retention in healthcare.

The results of this study support previous work that linked the assessed factors to the decision to remain employed at an organization. Smith (2018) determined that authentic leadership was a significant predictor of nursing turnover accounting for 21% of the variance in intent to leave. Additionally, several sets of investigators have demonstrated the correlation between nurse leader caring behaviors and organizational commitment and nurse retention (Hoeve et al., 2020; Kostich et al., 2020; Osch et al., 2018). The results of this study demonstrated a similar correlation between leader caring behaviors and retention. Lai et al. (2020) and Shahrour and Dardas (2020) found that over 64% of nurses experienced moral distress and stress disorders during the COVID-19 pandemic. These findings were similarly demonstrated through the perceived burnout of nurses in this study. Nursing burnout has been identified as a critical factor in nurses leaving the profession (Bakhamis et al., 2019; S. Brown et al., 2018; Lowe, 2013). The statistically significant findings of this study add further support to the relationship

between authentic leadership, leader caring behaviors, and burnout in nurses' intent to stay at an organization.

Considering the three independent variables included in the predictive model, the predictive effect for perceptions of employee degree of professional burnout was inverse and statistically significant (B = -1.31, OR = 0.27, p < .001), indicating that a 1-unit increase in employee perceptions of burnout decreases the odds of likelihood of employee retention by approximately 72.96%. Shah et al. (2021) noted a positive correlation between the burnout experienced by nurses and the number of hours worked. In comparison, the survey respondents in this study entered the nursing workforce during the COVID-19 pandemic, during which many nurses worked additional shifts to cover the increased patient census in the healthcare organization.

Ancillary Analysis

The findings of the follow-up, ancillary analysis using a SEM path analysis are included in this section. The ancillary analysis was conducted in light of the strength of the association between burnout and study participants' likelihood to remain in their positions. The ancillary analysis was based upon the hypothesized effect that perceptions of leader demonstration of authentic leadership and the leader's caring behaviors might exert in predicting professional burnout. Authentic leadership was statistically significant in predicting caring behaviors (B = 1.06, z = 8.82, p < .001), indicating a 1-unit increase in perceptions of a leader demonstrating authentic leadership will increase the expected value of leader demonstration of caring behaviors by 1.06 units. Leader demonstration of caring behaviors was statistically significant in predicting study participant perceptions of professional burnout (B = -0.18, z = -2.93, p = .003), indicating a 1-unit increase in perceptions of leader demonstration of caring behavior will decrease the expected value of study participant perceptions of professional burnout by 0.18 units.

The results of this study demonstrated similarities with previous research. Boamah et al. (2017) noted that authentic leadership and structural empowerment led to positive outcomes, including reduced nurse burnout. Similar to the predictive nature of authentic leadership and caring behaviors on burnout in the current study,

Lee et al. (2019) demonstrated that the impact of authentic leadership on intent to leave was mediated by burnout and work environment in new nurses.

Conclusions

The retention of nurses within the first years of practice has been identified as an issue in healthcare. Nurses in the first 3 years of practice are more likely to leave an organization than those with additional years of experience. The predictive factors associated with novice nurses' intent to stay in an organization have not been fully explored. In this study, the researcher examined the concepts of authentic leadership, leadership caring behaviors, and burnout to determine the impact of these factors on novice nurses' intent to stay within an organization and found that each factor exerted a statistically significant impact on the intent to stay at an organization.

The findings of this study demonstrated that respondents perceived significant levels of authentic leadership and leader caring behavior from their nursing manager, and in addition, they experienced significant levels of professional burnout. Study participant perceptions of professional burnout represented the most robust, statistically significant predictor of the likelihood of remaining in their positions. A follow-up, ancillary analysis was conducted to determine the predictive effect that perceptions of authentic leadership and the leader's caring behaviors might exert upon professional burnout. The SEM path model validated the roles that authentic leadership and leader caring behaviors in reducing perceptions of study participant professional burnout. These findings highlight the critical role leaders play in the retention of new nurses and the negative impact of increased levels of professional burnout.

Authentic leadership, leader caring, behaviors, and burnout play a significant role in novice nurses' intent to stay in an organization. Each factor independently impacts nurse retention; in addition, the positive influences of authentic leadership and caring behaviors play a role in reducing the perceptions of burnout. The perception of burnout by nurses represented the most significant factor in nurse retention. In addition, authentic leadership and leader caring behaviors reduce the perceptions of burnout in novice nurses. To meet the

increasing demand and combat a projected nursing shortage, healthcare organizations must attract and retain registered nurses. The retention of novice nurses is an integral strategy to combat the nursing shortage. The findings of this study will add to the knowledge surrounding the retention of novice nurses in a healthcare setting.

Limitations

The researcher identified several limitations to the present study. First, the sample population was obtained from a single-site healthcare setting. Considering the unique characteristics within the study setting, the results of this study may not be generalizable across other healthcare organizations. Second, random sampling was not used to collect data for this study. Although every eligible individual in the sample population was invited to participate, completing the survey was not mandatory. The voluntary nature of the survey allowed for self-selection bias; therefore, the results may not be generalizable across the entire population. Another limitation is that the study relied on self-reported survey responses and not objective measures of the variable components. The survey instruments included in this study have demonstrated significant validity and reliability, but individual bias should be considered when evaluating the findings of this study (Poghosyan et al., 2009; Walumbwa et al., 2008; Wolverton et al., 2018)

Finally, the nurses included in this study began their professional practice during the COVID-19 pandemic. Practice variations and unprecedented operational challenges shaped their entry into the nursing profession and created unique staffing challenges (Berlin et al., 2021). The novel coronavirus causing COVID-19 presented rapid changes throughout the healthcare continuum, leading to new care protocols and care delivery systems (Eldridge et al., 2020). Therefore, the results of this study may not be generalized to nursing cohorts in the future that may not face the unique circumstances experienced by this cohort.

Discussion and Implications

The study findings have scholarly and practical implications that can inform the practice and study of healthcare researchers, leaders, professional development

practitioners, and individuals in the nursing profession. The research implications of this study include suggestions on how the findings of this study may inform future research related to nursing retention in the United States and the factors that influence early careerist nurse retention. The practical implications of this study include using the results of this study to guide professional development, educational, and academic programs that better prepare new graduate nurses for professional practice and increase the likelihood that organizations retain novice nurses.

Research Implications

This study has research implications for researchers interested in nursing, authentic leadership, burnout, leader caring behaviors, and nurse retention. Authentic leadership has been consistently linked to leader and follower engagement and well-being (Gardner et al., 2005; Ilies et al., 2005; Shamir & Eilam, 2005). Significant associations between authentic leadership and healthcare staff outcomes, including satisfaction, personal-psychological state, work environment, performance, and well-being, have been identified (Alilyyani et al., 2018). A qualitative study of experienced nurse executives demonstrated that nurse leaders' behaviors to create a healthy work environment align with the constructs of authentic leadership (Alexander & Lopez, 2018). This study provides further support for the AACN adoption of authentic leadership and presented implications for application in practice (Alexander & Lopez, 2018). This study adds additional evidence to support authentic leadership theory in the healthcare setting. Likewise, this research further adds to this work by exploring the impact of authentic leadership on nurses in the first 3 years of practice. Experiences in the first year of employment, both with leadership and work performance, play a pivotal role in future career plans and organizational commitment of new nurses (J. Brown et al., 2018). Furthermore, the results show that authentic leadership may lead to the perception of leader caring behaviors and ultimately predict burnout in novice nurses.

This study adds additional support to the findings of significant levels of burnout in nurses and has implications for those interested in researching burnout.

Burnout is more prevalent in younger nurses and can lead to increased safety events, compromised care, and nurse turnover (Bakhamis et al., 2019). The impact of the COVID-19 pandemic has created an environment of rapid change and uncertainty. Tawfik et al. (2019) proved a correlation between nurse burnout, retention, and quality outcomes, but additional rigorous research was needed to explore these connections further. Although burnout in healthcare settings has been studied for years, research related to burnout in healthcare workers employed during the COVID-19 pandemic is just emerging. The findings of this study provide insight into the burnout experienced by novice nurses that began their careers during the COVID-19 pandemic.

Before the pandemic, healthcare workforce studies showed that 35-60% of nurses left their first place of employment within 1 year of graduation, and emerging studies have shown that 60% of nurses have considered leaving the profession since the beginning of the pandemic (Berlin et al., 2021; Van Camp & Chappy, 2017). Nurses had a much higher stress level than emergency workers, such as paramedics, during the pandemic (Vagni et al., 2020). The full impact of the COVID-19 pandemic on the nursing workforce may not be appreciated for years, but this study adds to the growing body of knowledge related to nursing practice since the beginning of the pandemic (Berlin et al., 2021).

Practical Implications

The findings of this study have practical implications for individuals that have an interest in nursing professional development and those interested in nurse retention. The retention of top performers within an organization is a crucial consideration for leaders. Novice nurse attrition is costly and can negatively impact patient care and quality outcomes (Wolters Kluwer, 2017). The retention of healthcare workers is linked to increased job satisfaction and reduced costs associated with the recruitment and replacement of employees who leave an organization (Gilpin-Jackson et al., 2019).

This study provides vital insights for nursing professional development specialists and healthcare leaders on factors influencing nurse retention. If leaders can retain nurses past the 3-year mark, they nurses are likely to remain loyal to the

organization and are to stay employed within the company (Koppel et al., 2017). This study further supports the relationship between authentic leadership, leader caring, and burnout in novice nurse retention. Professional development specialists may find value in the findings of this study and further refine onboarding programs for novice nurses that better support leader-follower relations and provide tools to reduce burnout in new nurses. The generational cohort may influence the likelihood of experiencing burnout. Baby Boomers reported less burnout and stress than Generation X and Y (Stevanin et al., 2018). Stevanin et al. (2018) found Generation Y to be less resilient but more cohesive than other generations. Knowing that younger generations are entering the nursing workforce and understanding the impact of factors on retention may assist organizations in developing programs to prevent burnout and job attrition.

The current findings also support the development of authentic leadership and leader caring behaviors within organizations as a strategy to retain employees. Covelli and Mason (2017) sought to link authentic leadership theory with its application in practice and advocated for professional practice activities to operationalize authentic leadership concepts. Healthcare leaders can utilize these findings to support allocating resources to leadership development and burnout mitigation strategies. The efficacy of authentic leadership by an organization or job type has not been widely studied but may yield important information on leadership education, hiring practices, or industry practices (Weiss et al., 2018). Most nurses cite the relationship with their direct supervisor as a critical factor in remaining in an organization (Heller et al., 2004). The results of this study support the value of relational leadership and add further evidence that developing authentic and caring leaders may improve nurse retention.

Suggestions for Future Research

The findings of the present study contribute new insights into the literature on the factors influencing novice nurse retention. The findings also introduce opportunities for additional research related to predictive factors in nurse retention. The researcher's recommendations for future research are offered in this section.

First, the quantitative nature of this study did not allow for the exploration of additional information related to the experiences of novice nurses. A qualitative exploration of novice nurses' experiences in a post-COVID-19 healthcare setting may yield additional insights into the factors influencing novice nurse retention. A qualitative study related to perceptions of leaders and the experience of burnout may further inform the knowledge surrounding novice nurses' first years in practice.

The ancillary analysis in the study lends itself to additional study. The relationship between authentic leadership, leader caring behaviors, and their role in the perception of burnout warrants further study. Alilu et al. (2017) and Osch et al. (2018) have linked the practice of leadership caring with nurse retention, and this study adds to the body of knowledge surrounding the influence of leader caring behaviors on the decision to stay within an organization. Additional study of the impact of authentic leadership and leader caring behaviors on burnout may provide valuable insight into the perception and mitigation of burnout in the healthcare setting.

Finally, additional research related to interventions to reduce burnout in nurses is needed. Shahrour and Dardas (2020) determined that younger nurses were at a greater risk for psychological distress and that coping self-efficacy was predictive of psychological stress and a protective factor against psychological distress. Through this study, the researcher determined burnout to be most predictive of novice nurse retention and noted a relationship between authentic leadership, leader caring behaviors, and burnout. Additional research related to interventions centering on building authentic leadership, leadership caring, and reducing burnout would add insight into strategies organizations could employ to enhance the perception of a healthy work environment.

Summary

The nursing profession lies at the epicenter of the increased demand for healthcare services and a limited supply of human resources to provide the necessary care to patients. Healthcare in the United States will undergo dramatic changes in the coming decades due to the aging of the population, increasing

resource utilization to manage chronic disease, and growing demands for healthcare services (Rosseter, 2019; Snavely, 2016). By 2022, more registered nurse jobs will be available than any other profession, with an estimated 100,000 jobs added to the labor market annually (Rosseter, 2019). To meet the increasing demand and combat a projected nursing shortage, healthcare organizations must attract and retain registered nurses.

The retention of top performers within an organization is a crucial consideration for leaders. Nurses in their first years of practice are more likely to leave the profession than nurses with additional years of tenure (Colosi, 2021; Kovner et al., 2007). With the cost to replace a bedside nurse averaging over $40,000, nurse turnover has significant financial implications for healthcare organizations (Colosi, 2021). In addition to the financial impact of nursing turnover, quality outcomes are linked to the intent to leave and a healthy work environment (Wei et al., 2018). Kalisch et al. (2011) found a significant correlation between missed nursing care and the intent to leave an organization. If leaders can retain nurses past the 3-year mark, they remain loyal to the organization and are more likely to stay employed within the company (Koppel et al., 2017).

Through this study, the researcher aimed to identify factors that influence novice nurses' intent to stay within an organization. The findings demonstrated a statistically significant correlation between the factors of authentic leadership, leader caring behaviors, burnout, and the intent to stay within an organization. Furthermore, the researcher found that burnout was most predictive of the intent to stay within the organization. The results of the ancillary analysis also demonstrated the predictive nature of authentic leadership and leader caring in burnout experienced by novice nurses. This study added to the body of knowledge surrounding the factors influencing novice nurse retention. Over 30% of nurses consider a new career after 2 years of work as a nurse (Bucceri-Androus, 2021; Kovner et al., 2007). To prevent exacerbating the looming nursing shortage, healthcare leaders must understand and address the factors influencing nurse retention during the first years of practice.

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Appendix A

Invitation to Participate in the Research Study

Informed Consent to Participate in Research

Title: Predictive Factors in Nurse Retention: The Association of Authentic Leadership, Nurse Leader Caring Behaviors, and Burnout in Novice Nurse Retention.

Principal Investigator: Professional Nursing Practice

You are being asked to participate in a research study. The purpose of the study is to identify factors that influence a nurse's intent to stay within an organization. This study will be completed through a one-time completion of an online survey. The total time commitment will be less than 15 minutes.

Participants: You are being asked to take part because you are a registered nurse with less than three years of experience working in a hospital setting.

Voluntary Participation: Your participation is voluntary and your responses will be completely anonymous. We will not collect any information that would enable us to identify your answers to you as an individual. You do not have to participate and may stop your participation at any time.

Benefits, Compensation, and Risk: We do not know if you will receive any benefit from your participation. You will not be compensated for your participation. This research is considered minimal risk. Minimal risk means that study risks are the same as the risks you face in daily life.

Contact Information

If you have any questions, concerns or complaints about this study, call Dr. Denise Hain at (863) 687-1243. If you have questions about your rights, complaints, or issues as a person taking part in this study, call the LRH IRB Administrator at 863-687-7214 or contact them by email at danielle.whitehead@myLRH.org or the Southeastern University IRB office at IRB@seu.edu or Dr. Jennifer Carter at jlcarter@seu.edu.

I freely give my consent to take part in this study. I understand that by proceeding with this survey, I am agreeing to take part in research and I am 18 years of age or older.

CLICK HERE TO TAKE SURVEY

or scan QR code below.