

**Enhancing Employee Engagement in a Healthcare Organization: A Key Strategy to
Reduce Turnover and Enhance Patient Care Quality**

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Abstract

Employee turnover in healthcare organizations is a significant issue that hinders patient care and undermines workforce stability. This qualitative phenomenological research paper examined the lived experiences of medical workers regarding their professional interactions with high turnover and the subsequent consequences for the quality of patient care. The present study was theoretically grounded in the job demand-resources model, social exchange theory, conservation of resources theory, and self-determination theory, which informed the interpretation of engagement and turnover among medical professionals in their organizations. Data collection involved 21 healthcare professionals selected through purposive criterion sampling, with open-ended questionnaires as the primary instrument. The sample consisted of nurses, physicians, administrators, and allied health workers. The findings indicated a self-reinforcing cycle of resource depletion: high turnover functioned as a job demand, eroding employee morale and increasing workload. This strain, compounded by resource deficits such as low recognition and poor promotion prospects, fostered burnout and disengagement. Ultimately, these factors compromised patient care—manifesting as a loss of clinical vigilance—and triggered the decision to exist, illustrating the "loss spiral" predicted by conservation of resources theory. These findings underscore the critical link between the professional's level of engagement and the clinical risks identified in contemporary literature, including patient safety breaches and medical errors. The results provide a strategic roadmap for administrators to mitigate turnover and elevate the standard of care by reinvesting in workplace culture and transformational leadership.

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Chapter 1: Introduction

The rate at which employees leave a company and are replaced by new hires is known as *employee turnover*, and it remains a significant concern for businesses across industries as they navigate modern workforce stability (Cao & Chen, 2021). Turnover substantially affected organizational profitability, staff morale, and even the quality of patient care in medical facilities (Alkhraishi, 2023). The research examined the lived experiences of healthcare employees regarding the impact of employee engagement on turnover and its effects on patient care.

Maintaining a steady and engaged staff is difficult for firms in the modern, competitive, and dynamic business environment. Turnover disrupts an organization's equilibrium, affecting performance and operational continuity (Zucco, 2023). Given the direct impact of high turnover rates on the quality and safety of patient care, the healthcare industry is particularly vulnerable to these consequences. The loss of seasoned healthcare workers strained resources and jeopardized the efficient delivery of medical care, potentially leading to medical errors and decreased patient satisfaction (Giallouros et al., 2023).

To address these challenges, this qualitative study explores healthcare professionals' lived experiences of engagement amid employee turnovers. Understanding the complex nature of turnover driven by staff engagement variables and the ensuing ramifications for patient care is central to the inquiry. Through an exploration of lived experiences, this study is designed to uncover the qualitative essence of professional engagement, thereby providing healthcare leaders with a deeper understanding of the human factors that drive retention and quality of care.

Employee turnover attracted considerable attention in both theoretical and applied research, with significant ramifications across industries, including healthcare (Aiken et al., 2023; Hom et al., 2017). Additionally, this phenomenon has been extensively studied due to its

massive impact on corporate performance, employee well-being, and service quality. The inquiry aimed to deepen understanding of the complex nature of employee turnover and professional engagement, particularly in the context of patient care quality in healthcare settings (Greer & Felicia, 2018).

Numerous studies examined turnover from various perspectives, indicating its adverse effects on businesses (Giallouros et al., 2023; Gilmartin et al., 2022; Saadeh & Suifan, 2020). High turnover rates were linked to increased hiring and training costs, reduced productivity, disrupted team dynamics, and a decline in the quality of goods and services delivered. These results were significant in the healthcare industry, as employee stability and coordination were crucial for delivering high-quality patient care. Additionally, healthcare companies frequently struggled to find and retain skilled workers, which exacerbated turnover-related effects (Jose et al., 2022).

Empirical studies have repeatedly shown that turnover adversely affects the quality of patient care (Bae, 2022; Chung et al., 2021; Namin et al., 2021). Research on increasing turnover among healthcare workers, including nurses and doctors, has suggested that inadequate communication, coordination, and continuity of care can compromise patient safety and treatment outcomes (Alkhraishi et al., 2023; Poon et al., 2022; Renjith et al., 2021). Given the complex relationship between turnover and patient care quality, addressing turnover-related issues was imperative to ensure the highest possible level of healthcare delivery.

Employee engagement and turnover continue to attract both theoretical interest and practical significance. Employee emotional dedication, involvement, and commitment to their work and business were characteristics of engagement (Turner & Turner, 2020). To date, a gap remains in the literature on healthcare professionals' lived experiences in high-turnover

situations, necessitating a thorough investigation of the underlying dynamics and potential explanations. By examining healthcare employees' lived experiences of professional engagement in high-turnover contexts, the inquiry sought to bridge the information gap. Through this analysis, the focus was on enhancing understanding of how staff turnover affected staff engagement and the quality of patient care, ultimately providing insights to improve workforce stability and healthcare outcomes (Gilmartin et al., 2022).

The importance of the research lies in its ability to inform strategies and interventions that healthcare organizations could implement to address the lived experiences of healthcare employees, particularly the effects of employee engagement on turnover and on patient care. With the knowledge gained from the investigation, healthcare administrators were better positioned to develop evidence-based strategies to enhance employee engagement, improve staff retention, and ultimately improve patient care standards. The theoretical contributions of this work enhanced the understanding of the complex relationships between turnover and engagement, thereby expanding the body of knowledge in organizational behavior and human resource management (Eliyana & Fauzan, 2018).

Statement of the Problem

The problem addressed in this study was maintaining employees' professional engagement amid high turnover in healthcare settings, where high-quality patient care is essential. Healthcare organizations often face the practical challenge of retaining talented, dedicated staff to maintain high standards of patient care (Sabety et al., 2021). The continuity of patient treatment and care coordination is disrupted by the high turnover rates typical of the healthcare industry, affecting nurses, doctors, and technicians (Sabety et al., 2021). Researchers have found that low employee engagement is prevalent among healthcare professionals when

employee turnover rates are high (Alenezi et al., 2019). This low engagement directly threatens patient safety and treatment effectiveness.

Both patients and healthcare workers are affected by turnover. Employees experience increased stress, burnout, and reduced job satisfaction as businesses contend with ongoing hiring needs and a steady stream of new applicants (Chung et al., 2021). As a result of employee turnover, patients receive unequal and subpar care (Sabety et al., 2021). Although the negative consequences of turnover on patient care outcomes are acknowledged, the methods by which employee engagement mitigates these effects remain unknown (Poon et al., 2022).

Employee turnover also impacts patient satisfaction, medical errors, and patient safety (Zucco, 2023). If this problem is not addressed, a cycle of employee disengagement and turnover-related issues may begin, making it more challenging to deliver high-quality patient care (Zuhlke, 2019). The inquiry underscored the complexity of healthcare professionals' engagement amid workforce turnover and their perceptions of the quality of patient care within healthcare organizations.

Purpose of the Study

The purpose of this qualitative phenomenological inquiry was to explore the lived experiences of healthcare professionals and their perceptions of their professional engagement amid high employee turnover in healthcare organizations. Healthcare professionals include nurses, doctors, administrative staff, and other allied health personnel. Professional engagement refers to the quality of patient care, communication, and collaboration with colleagues, as well as adherence to institutional practices and aims (Turner & Turner, 2020).

The research sample was selected purposively. Purposive sampling is a non-probability sampling technique used by researchers to recruit participants based on their experiences and knowledge regarding the phenomenon of interest (Campbell et al., 2020; Palinkas et al., 2015). A sample of 21 participants was recruited to determine saturation (Berndt, 2020). The participants had to meet the following criteria: (a) be over 18 years of age; (b) have at least one year of experience being a healthcare professional at medical clinic or hospital; (c) have experienced the impacts of turnover on their work engagement and quality of patient care; and (d) be willing to participate in a virtual or the recorded questionnaire. Based on this information, a criterion sampling strategy (i.e., selecting individuals who meet the specified criteria; Creswell & Poth, 2018) was employed.

Participant recruitment began by obtaining ethical approval from the required institutional review boards (IRBs) at the medical clinic or hospital and at National University. With approval, the participant recruitment process began. First, the researcher sent the recruitment email (Appendix A) to healthcare professionals in human resources (HR). The email included an introduction to the researcher, the research focus, the participation requirements, and the researcher's contact information. Interested participants were asked to contact the researcher via email or phone. Participants who contacted the researcher were provided with an informed consent form (Appendix B) via email, which outlined the study's purpose, procedures, confidentiality measures, and participants' rights to voluntary participation (Balon et al., 2019). Once the consent form was signed, an individual questionnaire had to be scheduled for each participant at a time that suited both the participant and the researcher.

The questionnaires were used to collect data (Creswell & Poth, 2018; Roulston & Choi, 2018) and were consistent with phenomenological research (Moustakas, 1994). Individual

questionnaires were administered at the participant's preference, subject to available logistics. All questionnaire responses were carefully reviewed to ensure completeness and accuracy.

Responses to open-ended questions were transcribed verbatim into a digital format. A questionnaire guide was used, comprising open-ended questions and prompts aligned with the research questions to ensure that the data gathered accurately reflect health professionals' views and experiences regarding employee turnover, engagement, and the quality of patient care. Probing questions and prompts were used to elicit deeper insights and clarify responses as necessary (Magaldi & Berler, 2020).

Introduction to Conceptual Framework

The conceptual framework guiding this qualitative study was an integrated, multi-theoretical lens anchored primarily in the job demands-resources (JD-R) model, supplemented by social exchange theory (SET), the conservation of resources (COR) theory, and self-determination theory (SDT). By synthesizing these frameworks, the study moves beyond a surface-level analysis of turnover to explore the psychological, relational, and structural dimensions of the healthcare professional's lived experience. The job demands-resources (JD-R) model, developed by Bakker and Demerouti (2007), served as the structural foundation of this research. It provides a binary classification system to assess how "demands," such as increased workload and emotional exhaustion from staff vacancies, compete with "resources," such as managerial support and professional autonomy. In this study, the JD-R model helped explain how high turnover shifts the workplace equilibrium, often depleting resources and escalating demands to the point of disengagement (Denny & Weckesser, 2022).

While the JD-R model provided the structural basis for understanding the balance between demands and resources, this study uses SDT to explain the internal motivational state of

healthcare workers and SET to interpret the perceived reciprocal relationship between employees and the organization. Furthermore, the COR theory provides a lens through which the 'lived experience' of burnout and the decision to exit can be understood as a protective measure against resource depletion. Together, these theories form a multi-dimensional framework for analyzing the complex phenomenon of engagement amid high turnover (Hancock et al., 2013).

Moreover, high job demands, such as workload pressure and emotional exhaustion, can lead to disengagement and increased turnover (Bakker & Demerouti, 2007). Consequently, this can compromise the quality of patient care. On the other hand, the availability of resources, such as managerial support, professional development, and a positive work environment, would help minimize turnover and enhance patient outcomes. Incorporating the JD-R model helped this research establish a significant link between engagement and quality patient care, underscoring the need for strategies to promote workforce stability and optimal healthcare delivery.

Engaged employees exhibit higher commitment, discretionary effort, and a propensity to enhance organizational outcomes (Hancock et al., 2013). Increased turnover rates may lead to heightened stress, heavier workloads, and diminished morale among remaining employees, potentially affecting their engagement. Reduced engagement may disrupt care coordination, communication, and quality, influencing patient care outcomes (Poon et al., 2021). The turnover of healthcare professionals due to low engagement within healthcare organizations can be explained using the JD-R model (Bakker & Demerouti, 2007). On the other hand, employee engagement can be classified as a job resource, as highly engaged employees are less likely to leave and more committed to their assigned duties (Hancock et al., 2013). According to the model, job resources, such as greater autonomy, opportunities for career development, mentoring, and support from colleagues and management, positively motivate employees.

The choice of the JD-R model for this study enabled the researcher to identify and discuss the causes of employee turnover in healthcare organizations, as described under the model's job demands category. On the other hand, the job resources category enabled the researcher to discuss the various factors that motivate employees, enhance work engagement, and consequently mitigate turnover intentions. The researcher used this model to develop research questions that guided the study, as questionnaires were administered to collect data for thematic analysis. An extensive discussion of the JD-R model and its use in research was presented in Chapter 2.

Introduction to Research Methodology and Design

This section outlined the research methodology and design for exploring healthcare professionals' lived experiences and perceptions of how turnover and engagement affect the quality of patient care. A qualitative research methodology was selected for this study. As Cypress (2018) asserted, qualitative research is appropriate when the goal is to explore a phenomenon through the nuanced lens of participants' experiences, perceptions, and opinions. This approach allows the researcher to provide a thick, in-depth description of the phenomenon that quantitative metrics cannot capture (Patton, 2014).

The study's specific design is transcendental phenomenology. According to Moustakas (1994), phenomenological research is designed to investigate the "essence" of a phenomenon by examining how participants make sense of their lived experiences and how those experiences have influenced their professional reality (Neubauer et al., 2019). This design is particularly well-suited to this study, as it seeks to move beyond turnover statistics to understand the internal psychological and professional states of healthcare workers who remain in high-turnover environments.

Questionnaires

To maintain consistency with phenomenological inquiry, data were collected through questionnaires (Creswell & Poth, 2018; Roulston & Choi, 2018). While the researcher used an interview guide (Appendix C) with open-ended questions, the semi-structured format allowed probing questions to elicit deeper insights and clarify responses as needed (Magaldi & Berler, 2020). Each questionnaire was recorded and transcribed verbatim to preserve the participants' voices. This method ensures that the data gathered reflects the true "essence" of health professionals' views on turnover and engagement.

Thematic Analysis

A thematic analysis (TA) was employed to identify, analyze, and report patterns (themes) within the data. This approach was selected for its theoretical flexibility, which allows the researcher to provide a rich and complex account of participants' experiences (Braun & Clarke, 2022; Vaismoradi & Snelgrove, 2019). The analysis followed a systematic, six-phase recursive process:

Reviewing transcripts for accuracy and immersing them in the data (Familiarization).

Identifying significant statements and meaning units (Coding).

Grouping codes into initial patterns that reflect shared experiences (Thematic Generation).

Cross-checking themes against the raw data for validity (Reviewing and Refining).

Finalizing the thematic structure that explains the phenomenon (Defining and Naming).

Integrating the themes with the study's multi-theoretical framework (JD-R, SET, COR, and SDT) to generate the final report (Synthesis).

Research Questions

The following research questions were designed to uncover the essence of the participants' lived experiences, moving beyond surface-level metrics of workplace behavior to understand the subjective meanings healthcare professionals assign to their roles. By employing a qualitative phenomenological approach, these questions prioritized the internal logic of the professional experience rather than the researcher's preconceptions. As Neubauer et al. (2029) stated, open-ended questions allow for a deep exploration of the phenomenon as those within the environment uniquely perceive it. Below are the research questions that guided this research study.

RQ1

What are healthcare professionals' lived experiences of professional engagement amid employee turnover and quality patient care in healthcare organizations?

RQ2

How do healthcare professionals make sense of how turnover shapes their professional engagement?

RQ3

How do healthcare professionals make sense of how their professional engagement contributes to the quality of care they provide to patients?

Significance of the Study

This research on the lived experiences of professional engagement amid high turnover and compromised patient care has the potential to inform practices that mitigate turnover and improve patient care. The inquiry addressed a critical gap in the healthcare literature by examining the profound implications of high personnel turnover stemming from low employee

engagement for the quality of patient care within healthcare organizations. The escalating staff turnover rates have been unequivocally linked to disruptions in continuity of care, compromising patient safety and quality of care (Renjith et al., 2021).

Although researchers have recognized the challenges of turnover in healthcare organizations, a comprehensive understanding of how it interconnects with employee engagement and its impact on patient care remains limited. Consequently, the investigation sought to bridge this gap by exploring how healthcare professionals, through their lived experiences, describe the effects of turnover on their engagement and the quality of patient care. Moreover, the project aimed to identify key mediating and moderating factors that influence this relationship, thereby providing insights to enhance workforce stability, improve employee engagement, and optimize patient care outcomes.

The research findings had both practical and academic implications. The academic implications of this qualitative inquiry were to provide an understanding of the impact of turnover on the work engagement and the quality of patient care among healthcare professionals (Renjith et al., 2021). While prior research has examined these elements individually, a comprehensive examination of their interconnections remains necessary (Poon et al., 2022). The investigation enhanced our understanding of organizational behavior and human resource management dynamics, particularly within the distinct context of healthcare delivery. This research enriched the academic discourse by offering a more comprehensive perspective on these complex relationships. The inquiry aimed to broaden the theoretical frameworks by enriching them with insights from organizational behavior.

The project's practical implications were grounded in the benefits that healthcare organizations, policymakers, and human resource specialists would derive from its findings. The

existing literature indicates that high turnover among healthcare professionals negatively affects the quality of patient care and healthcare professionals' engagement (Zuhlke, 2019). By understanding the effects of turnover on employee engagement and patient care quality, healthcare organizations may develop strategies to reduce turnover, improve healthcare professional retention, and enhance patient care quality (Renjith et al., 2021).

Among policymakers, the research informed the development of policies that help healthcare organizations implement strategies to enhance healthcare professionals' retention and engagement within the healthcare sector (Poon et al., 2022). Therefore, by investigating the effects of turnover on healthcare professionals' engagement, the inquiry enabled healthcare organizations to optimize care and develop strategies that not only improve engagement but also discourage turnover.

Definitions of Key Terms

The following terms were operationally defined to provide clarity and consistency throughout the inquiry:

Burnout

A psychological syndrome characterized by emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment, often resulting from chronic workplace stress (Maslach & Leiter, 2016).

Care Coordination

The process of organizing and coordinating various aspects of patient care, involving multiple healthcare professionals and interventions, to ensure the effective delivery of services (McMahon, 2018).

Communication

The sharing of knowledge, suggestions, and feedback among medical professionals, patients, and healthcare providers to facilitate high-quality patient care (McMahon, 2018).

Continuity of Care

The degree to which the patient experiences a series of discrete healthcare events as coherent and connected is consistent with the patient's medical needs and personal context (Haggerty et al., 2003).

Employee Engagement

A multi-faceted construct representing a healthcare professional's emotional commitment, cognitive focus, and physical energy dedicated to their organizational roles and patient care (Schaufeli et al., 2002).

Employee Turnover

The process through which staff members leave a healthcare organization and are replaced by new personnel encompasses both voluntary resignations and involuntary terminations (McMahon, 2018).

Healthcare Professionals

Skilled individuals working in healthcare settings, including nurses, physicians, and technicians, who play crucial roles in providing medical care and services to patients (Browne, 2019).

Job Satisfaction

The level of contentment and fulfillment that employees experience in their roles is influenced by job design, work environment, and the degree to which personal expectations are met (Alkhraishi et al., 2023).

Lived Experience

The first-hand, subjective accounts and meanings that individuals attach to the events and phenomena they encounter in their professional lives (Moustakas, 1994).

Organizational Commitment

The degree to which employees support their company's mission, vision, and core values reflects their loyalty and readiness to go above and beyond for the company's benefit (Saadeh et al., 2020).

Organizational Performance

The extent to which an organization meets its aims and objectives, comprising multiple components such as productivity, service quality, and financial performance (Saadeh et al., 2020).

Patient Care Quality

The degree to which healthcare services are provided to individuals and populations increases the likelihood of desired health outcomes and is consistent with current professional knowledge (WHO, 2020).

Patient Safety

The absence of preventable harm to patients during the healthcare process and the reduction of the risk of unnecessary harm associated with healthcare to an acceptable minimum (WHO, 2020).

Phenomenology

A qualitative research design is used to describe the shared meaning of several individuals' lived experiences of a concept or phenomenon (Creswell & Poth, 2018).

Purposive Sampling

A non-probability sampling technique in which researchers rely on their own judgment when choosing members of the population to participate in the research (Campbell et al., 2020).

Retention

The ability of an organization to retain its employees and minimize turnover through various strategies, including engagement initiatives and leadership support (Zuhlke, 2019).

Thematic Analysis

A method for identifying, analyzing, and reporting patterns (themes) within data, which minimally organizes and describes a data set in rich detail (Braun & Clarke, 2006).

Work-Related Stress

The physical and psychological strain employees experience from job demands, pressures, and challenges can affect well-being and engagement (Saadeh et al., 2020).

Summary

In healthcare organizations, employee turnover is a problem that should be addressed promptly. Employee turnover is the process by which employees leave a business and are replaced by new hires (McMahon, 2018). In this chapter, the significant effects of turnover were highlighted, specifically its impact on organizational performance, staff morale, and the standard of patient care in healthcare settings. The disruptive impact of turnover was addressed, particularly its effects on operational continuity and performance in today's competitive business environment. The central issue of the survey was the effects of turnover on employee engagement and quality of patient care. The loss of seasoned healthcare workers burdens resources and compromises the delivery of medical services, leading to increased medical errors and lower patient satisfaction (Zuhlke, 2019).

The inquiry also served to introduce the research purpose, conceptual framework, and the methodology and design utilized. In addition to the areas mentioned, the project's academic and practical significance was discussed. The discussion of the theoretical and practical implications highlighted the potential contributions to organizational behavior, human resource management, and healthcare delivery strategies. To understand the adverse effects of workforce turnover on the quality of patient care, Chapter 2 presented essential terms and definitions and provided a more detailed analysis of the literature.

Chapter 2: Literature Review

High employee turnover presents a pervasive challenge across diverse industries, impacting organizational efficiency, performance, and profitability (Hancock et al., 2013; Perreira et al., 2018; Zucco, 2023). However, in the healthcare sector, this phenomenon has amplified consequences, fundamentally disrupting continuity of patient treatment and care coordination and posing significant risks to patient safety and the standard of care (Anthony, 2018; Sabety et al., 2021; Sabei et al., 2020). Consequently, a growing body of healthcare research is now examining employee engagement as a critical factor in workforce retention, recognizing its potential to mitigate these adverse effects and sustain high-quality patient care. Employee engagement is a vital psychological connection—characterized by dedication and a sense of purpose—that is a primary determinant of organizational stability (Gupta & Sharma, 2016).

In the healthcare sector, this engagement acts as a critical buffer against the industry's pervasive turnover challenges (Bandera, 2021). While turnover creates general operational friction across most fields, research indicates that its impact in healthcare is uniquely systemic; the loss of personnel creates a cascading effect on care delivery, with staff stress that directly jeopardizes patient outcomes (Mazzetti et al., 2020). Consequently, the literature suggests that engagement is not merely a human resources metric but a fundamental requirement for clinical safety.

The link between employee engagement and voluntary turnover is the central factor influencing organizational stability. Previous research indicates that high levels of engagement foster deep involvement in clinical work, which, in turn, correlates inversely with turnover intention and subsequently enhances patient care outcomes (Ghazawy et al., 2021). By analyzing

how fluctuations in engagement influence the decision-to-leave process, strategies can be developed to stabilize retention and safeguard the quality-of-care delivery (Kartal, 2018; Renjith et al., 2021).

To explore these dynamics, this review synthesized recent research on healthcare professional turnover and engagement in relation to patient-centered care. The conceptual framework that guided this study integrated the job demands-resources (JD-R) model, social exchange theory, conservation of resources (COR) theory, and self-determination theory. Collectively, these lenses provided a multidimensional framework for examining the impact of engagement on healthcare performance. While each theory offers a distinct mechanism for explaining retention—ranging from resource depletion (COR) to intrinsic motivation (SDT)—their integration allowed for a more holistic understanding of the professional lived experience than any single theory could provide.

The integration of these four theories provided a holistic view of the turnover phenomenon in contemporary healthcare (Table 1). Recent research confirms that employee turnover is not merely an administrative challenge but a systemic catalyst of a resource-loss spiral. Drawing on the (COR) theory, recent studies in acute care settings (Rabiul & Panha, 2025; Yao et al., 2021) show that the departure of medical staff depletes remaining professionals' essential social and psychological capital, leading to persistent burnout and diminished recovery capacity. While foundational work by Hobfoll (1989) established the Conservation of Resources theory, recent applications in healthcare (Rabiul & Panha, 2025) demonstrate that turnover remains a primary catalyst for resource-loss spirals among modern nursing staff.

Furthermore, when turnover is conceptualized as an overwhelming job demand in the updated (JD-R) model (Aparicio et al., 2025), it erodes the reciprocal "social exchange" between

the employee and the organization. According to (SET), this imbalance in the norm of reciprocity undermines trust and organizational commitment (Ho et al., 2021; Nerstad et al., 2025). As these exchange motives deteriorate, staff are deprived of their basic psychological needs for autonomy, competence, and relatedness. Consistent with findings from (SDT) in 2024 and 2025, the frustration of these needs precipitates a shift from intrinsic motivation to "controlled motivation" and eventual disengagement (Aitken et al., 2025; Brown et al., 2024). Consequently, the "decision to exit" emerges as the final stage of prolonged resource depletion, necessitated by a lack of transformational leadership and meaningful recognition in high-pressure clinical environments.

Table 1*Comparison of Recent Theoretical Applications*

Theory	Recent Focus (2021-2026)	Key Finding	Recent Citation
D-R Model	Leadership as a "Buffer"	Transformational leadership serves as a critical resource that prevents high demands (e.g., turnover) from leading to burnout.	Aparicio et al. (2025)
COR Theory	The "Loss Spiral"	Turnover is a contagious stressor; losing one colleague depletes the remaining team's psychological energy.	Rabiul & Panha (2025)
Social Exchange	Reciprocity & Support	When organizations provide "Perceived Organizational Support," nurses feel a reciprocal obligation to remain.	Ho et al. (2021)
Self-Determination	Need Satisfaction	Retention is highest when work environments satisfy the basic human needs for autonomy and clinical competence.	Aitken et al. (2025)

Next, research on employee engagement is detailed, followed by research on employee turnover in healthcare facilities. Turnover research examines the consequences of turnover for healthcare facilities and its impact on patient care. This section concludes by summarizing what is currently known about employee engagement factors, which provide insight into how healthcare organizations might address employee turnover by implementing data-driven preventive measures. The final sections present the patterns identified in existing research and the gaps, establishing the need for the current study on healthcare professionals' lived experiences of professional engagement, employee turnover, and the quality of patient care.

The literature review was conducted via a systematic search across primary clinical and organizational databases, including PubMed, CINAHL, and Google Scholar. These sources were selected for their extensive coverage of peer-reviewed nursing and allied health literature. To ensure a comprehensive perspective, the search was expanded to include interdisciplinary journals such as the *Journal of Healthcare Management* and the *Journal of Organizational Behavior*, as well as grey literature from the World Health Organization (WHO) and the Institute for Healthcare Improvement (IHI). This multi-faceted search strategy ensured that the review captured both theoretical scholarly perspectives and contemporary industry-based practices (Gusenbauer & Haddaway, 2020).

Additionally, other relevant papers and journals were included to complement the findings from the databases mentioned above. These were peer-reviewed journals encompassing organizational management and health care, human resource management, and organizational psychology, including the *Journal of Healthcare Management*, *Human Resource Management Review*, and the *Journal of Organizational Behavior*. Sources such as the World Health Organization (WHO), the American Hospital Association (AHA), and the Institute for

Healthcare Improvement (IHI) were also helpful in identifying relevant industry reports. These reports were included to provide contemporary organization-based information, including promising practices, practical models, and examples.

The search yielded an appropriate, focused literature review, using a list of keywords and other relevant terminology to retrieve all necessary literature. The primary search terms were "*employee engagement*," "*healthcare turnover*," and "*patient care quality*." To narrow the search and focus on the topic's features, specific terms and phrases were employed. These phrases included: retention models, human healthcare capital, job satisfaction, burnout, staffing density, work context, organizational commitment, healthcare administration, and personnel productivity. These phrases were used both independently and in combination for more focused searches. This portion of the search used Boolean operators (AND, OR, NOT) to connect or exclude relevant terms across different search fields, thereby improving search accuracy. For instance, if the terms "employee engagement" and "healthcare turnover" were entered as search criteria, it was easy to find articles linking the two constructs.

Based on the article generation from these searches, the phrase 'patient care quality' was included to exclude studies that specifically examined the impact of turnover on patients. Including terms such as 'retention strategies' and 'job satisfaction' expanded the results to include workforce maintenance and its impact on commitment and turnover (Bramer et al., 2018). This process was completed in stages during the systematic review (SR), which took several months. Multiple phases were conducted, including searching the abstracts, reading the body text, and consulting other sources cited in the documents to identify additional literature. It also ensured that significant work was included, as the process was iterative, beginning with the formulation of research questions and a literature review.

The initial searches produced a list of thousands of articles, which was subsequently refined. Several search options, including publication year (i.e., the last 5 years), peer-reviewed status, and specific journals, were used to refine the results further. The articles were then classified by topic, including engagement approaches, the effects of high turnover, and the impact on the quality of patient care. Limiting the literature to these areas was essential to provide a critique aligned with the research questions. In synthesizing and critiquing the literature, the researcher aimed to identify patterns in the research and potential strategies to increase employee engagement and reduce turnover in healthcare facilities (Shaffril et al., 2021).

Conceptual Framework

To investigate the complex lived experiences of healthcare professional engagement and turnover, this study integrates four complementary theoretical lenses: the JD-R model, the COR theory, and the SDT. Collectively, these theories move beyond a singular explanation of retention, offering a multidimensional framework that accounts for workplace stressors, interpersonal reciprocity, resource management, and intrinsic motivation.

Job Demands-Resources (JD-R) Model

The (JD-R) model provides the primary structural foundation for understanding how workplace equilibrium—or the lack thereof—influences the professional experience. Central to this framework is the dynamic interaction between (JDR), a relationship that dictates the trajectory toward either employee burnout or engagement (Bakker & Demerouti, 2007). This research does not attempt to measure the effects of job demands and resources. However, it seeks to elucidate the nature in which these aspects influence the experiences of healthcare professionals during their everyday duties. The phenomenological approach is particularly

relevant, as it provides a space to explore how employees perceive their work-related issues and engagement levels, and the implications for turnover in patient care.

Within medical facilities, the model's efficacy in explaining the mechanisms behind employee retention is well documented. For instance, workplace stressors such as high workloads, emotional exhaustion, and understaffing have been shown to increase stress and turnover intentions directly. Conversely, resources such as management support, professional development, and autonomy serve as critical buffers that improve engagement and mitigate the risk of departure (Jenny et al., 2020; Lesener et al., 2019). Research indicates that healthcare professionals who perceive sufficient availability of these resources from leadership show a significant decrease in their intention to leave (Lesener et al., 2019).

While much of the JD-R literature relies on quantitative metrics, there is a growing recognition of the value of qualitative, narrative data in revealing the "deeply rooted" causes of turnover (Jenny et al., 2020). By applying the JD-R model through a phenomenological lens, this study moves beyond the quantifiable domain to explore the lived experiences of healthcare workers. This approach aligns with the model's prediction that subjective perceptions of job demands and resources are the primary drivers of well-being and professional stability.

Several studies in medical facilities have used the job demands-resources (JD-R) model to demonstrate its effectiveness in explaining workplace dynamics related to engagement and employee retention. Health professionals who received sufficient job resources from their managers experienced greater engagement and displayed decreased intentions to leave, according to Lesener et al. (2019). Jenny et al. (2020) found that the workplace demands-resource equilibrium contributes to the stability of healthcare staff. The analysis of subjective experiences, such as burnout and positive leadership support, demonstrates how employees

decide whether to stay or leave their jobs; thus, phenomenological analysis is an apt method for probing these behavioral mechanisms.

A phenomenological research design provides participants with the opportunity to share their feelings about work demands and perceptions of resources, and to describe how these factors affect work engagement and patient outcomes. This concurs with previous qualitative applications of the job demands-resources (JD-R) model, which underscore the usefulness of narrative data in revealing the deeply rooted causes of workplace turnover (Jenny et al., 2020; Lesener et al., 2019). With a focus on lived experience, the researcher applied the job demands-resources (JD-R) model beyond the quantifiable domain to qualitatively explore the phenomenon. A semi-structured questionnaire, as used in the present study, elicited firsthand accounts of workplace engagement, burnout, and turnover among healthcare workers, which aligned with the job demands-resources (JD-R) model's prediction that job demands and resources shape employee well-being.

Social Exchange Theory and Employee Engagement in Healthcare

Complementing the JD-R model, Social Exchange Theory (SET) examines the relational dynamics between individuals and organizations. Based on the principle of bilateral commitment, SET posits that when healthcare organizations invest in fairness and professional development, employees reciprocate with greater commitment and engagement (Blau, 1964; Inam et al., 2021). The literature suggests that healthcare personnel are acutely aware of this reciprocity; a perceived lack of organizational investment often manifests as absenteeism and disengagement, eventually leading to voluntary turnover. Using SET, this study examines how healthcare employees' perceptions of "workplace justice" and administrative support are critical determinants of their decision to remain in the organization.

The application of social exchange theory is appropriate for highlighting healthcare personnel's awareness of organizational support—or lack thereof—as a determinant of their commitment and readiness to leave. Consistent with qualitative research, a semi-structured questionnaire focused on employees' personal experiences with administrative and workplace justice policies and on how these factors influence their commitment and participation. By incorporating social exchange theory into the questionnaire protocol, the protocol intentionally focused on how healthcare employees perceive management's investment in them.

Conservation of Resources (COR) Theory and the Impact of Workplace Stressors

While the JD-R model establishes the structural demands of the workplace, the COR theory explains the psychological motivation behind employee retention. COR theory posits that individuals are inherently driven to acquire and protect valuable resources, such as time, energy, and social support; consequently, the actual or threatened loss of these resources triggers significant psychological stress (Hobfoll, 1989). In the healthcare context, this "resource loss" often manifests as physical and emotional exhaustion, which serves as a primary precursor to disengagement and turnover (Fatima et al., 2018; Knight et al., 2019). By utilizing a phenomenological lens, this study moves beyond measuring exhaustion to explore the *lived experience* of resource depletion. This allows for a deeper understanding of how healthcare professionals navigate the mental and emotional responses to a diminishing resource pool, providing insight into the tipping point between engagement and the decision to leave.

Self-Determination Theory (SDT) and the Psychological Needs of Healthcare Professionals

To capture the internal drivers of professional engagement, this study incorporates Self-Determination Theory (SDT). SDT suggests that optimal functioning and engagement depend on the fulfillment of three basic psychological needs: autonomy, competence, and relatedness (Deci

& Ryan, 1985). Within clinical settings, the frustration of these needs—such as a lack of clinical autonomy or a breakdown in professional relationships—is a significant driver of poor retention (Van Dorssen-Boog et al., 2020).

Recent scholarship emphasizes that perceived autonomy and competence are not just administrative goals but are foundational to a nurse's decision to remain within an organization (Wikaningtyas et al., 2023). Integrating SDT into this framework allows for an examination of how the presence (or absence) of these psychological needs shapes the professional's sense of purpose, thereby adding a layer of personal context to the broader systemic factors identified by JD-R and SET.

Aligning the Conceptual Framework with Research Design

Aligning with a qualitative research design, this study synthesizes the job demands-resources (JD-R), social exchange, conservation of Resources (COR), and self-determination theories (SDT) to investigate employee engagement, turnover, and quality of patient care. Qualitative methodology is most appropriate to this question because it captures participants' lived experiences, perceptions, and personal narratives that quantitative methods may miss (Cypress, 2018; Moustakas, 1994). Using a phenomenological design, the research employs a semi-structured questionnaire to gather in-depth descriptions from healthcare practitioners, illustrating how work-related issues affect engagement and turnover (Patton, 2014). Thematic analysis of the questionnaires yields rich, nuanced results that fill gaps in the literature (Neubauer et al., 2019). Theory is brought into practice through this process by keeping the voices of healthcare workers at the center stage, thereby enabling findings that are pragmatically beneficial and empirically robust for improving workforce retention and patient outcomes. This

integrative qualitative approach not only enhances our understanding of healthcare dynamics but also informs the development of innovative strategies to address systemic problems effectively.

Employee Engagement in Healthcare

Given the importance of the healthcare field to people's quality of life, it makes sense that healthcare researchers have long explored employee engagement. Employee engagement is a critical focus area because it is linked to workforce stability, performance, and overall effectiveness. This review encompasses various aspects of employee engagement, including the importance of organizational context, psychological safety, communication, and human resources. In the following sections, relevant studies are examined to provide insights into employee engagement, its impact on employee retention, and the potential for strategic interventions.

Using non-clinical support staff personnel in the South Atlantic U.S. region and Khan's theory of employee engagement, Bandera (2021) qualitatively discovered that turnover intentions stemmed from low employee engagement. In the findings, Bandera suggested strategies to attract and retain non-clinical employees through engagement, thereby improving their psychological safety. While Bandera focused on clerical and secretarial employees, psychological safety could be a source of encouragement for professional healthcare employees. To date, Bandera has recommended similar research in various regions of the United States and with different employees.

Focusing on the impact of an employee engagement program, Forde-Johnston and Stoermer (2022) conducted a qualitative exploration of nursing staff engagement. Unlike other studies, the "listening to staff forums" (i.e., the engagement program) provided a space for nurses to voice their opinions and contribute to the development of retention strategies. These forums

not only empowered nurses but also provided a psychologically safe space for them to discuss engagement strategies and plans. The nurses' engagement in these forums over three years was attributed to a decline in nursing staff turnover. Relevant to the current study, Forde-Johnston and Stoermer advocated unit-level and individual solutions to employee engagement issues, as they differ across professional fields and organizational subunits.

Winarno et al. (2022) focused on UK service sector organizations. They examined human resource management (HRM) practices, employees' perceptions of organizational support (classified as engagement), and employees' self-reported intentions to leave their jobs. The research examined the moderating and mediating variables that help define the relationship between HRM practices and specific employee behaviors. According to the study, the relationship between perceived HRM practices and turnover intentions varies significantly by employee engagement level. Winarno et al. concluded that perceived HRM practices were positively associated with organizational outcomes, with employee engagement serving as an essential moderator of turnover intentions and positive behavioral outcomes (Calecas, 2019). The results provided preliminary evidence that organizations that espouse sound HRM principles can develop commitment levels consistent with organizational objectives. Winarno et al. (2022) emphasized the role of compliance culture and the contribution of employee-supervisor interactions to employee engagement and conduct.

The evidence suggests that cultivating stronger bonds between employees and supervisors is a practical way to boost an organization's overall effectiveness. In healthcare specifically, these findings show that when organizations lead with support and clear communication, employee engagement naturally follows. In the healthcare industry, the research above demonstrates the potential to strengthen employee engagement through organizational

support and communication strategies. It seems that by identifying factors and programs that enable or hinder employee engagement in the workplace, healthcare organizations can impact (a) employees' intentions to leave their jobs voluntarily, (b) the quality of staff performance, and (c) the quality of patient care.

Turnover in Healthcare Organizations

The challenge of voluntary turnover among healthcare professionals has wide-ranging effects on organizational stability and the delivery of patient care. Unlike involuntary turnover, which typically results from organizational restructuring or downsizing, voluntary turnover occurs when employees leave voluntarily—whether due to retirement, career advancement, dissatisfaction, or burnout. This form of turnover is especially critical in healthcare settings, where the departure of skilled staff can disrupt team cohesion, increase training costs, and compromise the quality of patient care. The following sections present recent research on the underlying causes, consequences, and organizational responses to voluntary turnover. Drawing on recent research, this section examines how employee engagement, job satisfaction, and work environment factors shape retention among healthcare workers.

Voluntary Turnover

Voluntary turnover is a significant issue for healthcare organizations, with far-reaching implications for maintaining organizational integrity and, more importantly, delivering quality patient care. Corbin (2020) categorized healthcare turnover as voluntary, defined as staff members leaving their positions for reasons such as promotion, retirement, resignation, or other involuntary dismissal. The aging workforce poses challenges for healthcare organizations, as many retiring employees are difficult to replace (Bae, 2022). Job satisfaction, perceptions of workload, recognition, workplace support, and restructuring are among the determinants of

voluntary turnover. In contrast, involuntary turnover results from restructuring or downsizing (Corbin, 2020).

The significance of turnover goes beyond the simple correlation with staffing. Still, it disrupts continuity of care and generates service disruptions that can directly affect healthcare. The costs include not only the expenses associated with hiring new workers and their training, but also the productivity loss during organizational changes. High turnover is directly related to low morale, demoralized workers, and increased workloads for the few remaining workers, thereby worsening organizational performance (Seshasai & Balaji, 2025). Furthermore, turnover destabilizes multidisciplinary delivery teams and erodes the organizational expertise needed to build and sustain adequate patient-clinician relationships (Giallouros et al., 2023). There is no universal solution to turnover, but it should be addressed by restoring employees' organizational commitment and job satisfaction and by establishing support systems within healthcare organizations, as noted by Corbin (2020).

Willard-Grace et al. (2019) also conducted a cross-sectional online survey to examine turnover in healthcare organizations, with particular focus on primary care clinicians and other healthcare employees. They argue that both voluntary and involuntary turnover negatively affect workforce cohesion, patient care, and organizational performance. Staff turnover destabilizes teams, incurs additional hiring and training costs, and exacerbates weaknesses in healthcare human capital, particularly in rural settings (Saks et al., 2020). Other antecedents of turnover include work-to-family conflict, work burnout, job satisfaction, job demands, and workplace environment. Burnout, a state characterized by exhaustion and depersonalization, coupled with a diminished sense of personal achievement, is strongly associated with reduced job satisfaction,

which in turn increases healthcare employee turnover in the health sector (Willard-Grace et al., 2019).

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Consequences of Turnover in Healthcare

This section addresses problems associated with turnover rates, including medical errors, patient complaints, and disruptions in care services. In addition, turnover affects workforce planning and staffing funding, as the need for healthcare staff continues to rise. Addressing the causes of employee turnover, including burnout and job dissatisfaction among healthcare employees, is critical to supporting the healthcare system's efforts to reduce turnover (Willard-Grace et al., 2019). A qualitative cross-sectional survey by Mengstie (2020) examined the relationship between perceived organizational justice and turnover intentions of hospital healthcare workers. Employee turnover, which encompasses mobility within and between organizations, whether voluntary or involuntary, is a determinant of organizational operations, employee satisfaction, and organizational performance, particularly in the healthcare sector (Hancock et al., 2013).

Mengstie (2020) postulated that perceived organizational justice significantly influences turnover intentions, as organizations with a high perception of fairness and equity tend to have higher retention rates. Perceived injustice leads to demoralization and high employee turnover.

Other comprehensible factors, including dissatisfaction, burnout, lack of support, and lack of promotion opportunities, are frequent causes of general voluntary turnover (Bae, 2022).

Furthermore, contractual turnover may result from retrenchment or dismissal, adverse factors that undermine workforce morale and performance, ultimately affecting patient care services (Poon et al., 2022). Mengstie (2020) argued that psychological justice, including equitable, procedural, and remunerative justice, enhances working relationships and optimizes patient care.

According to Poole et al. (2022), turnover intention has become a significant problem in healthcare, particularly during the COVID-19 pandemic. The pandemic has compounded workloads without a proportional increase in staffing, particularly in the health sector, resulting in increased turnover among health workers worldwide. The research raises essential questions about the effectiveness of incentives to reduce attrition among healthcare employees. (Poon et al., 2022). The pandemic has increased workloads for health care staff, resulting in fatigue, burnout, and low morale, thereby increasing their turnover intentions.

The specific concerns of occupational categories within the healthcare workforce, including migrant workers, are also relevant to this review. Other factors, such as language, religion, and skin color, further shape turnover intentions in these groups. Further studies should investigate additional antecedents of turnover intentions among HWCWs and ways to enhance job quality and prevent burnout (Poon et al., 2022). Schaap and Olckers (2020) sought to advance understanding of the volatility of voluntary turnover within organizations by analyzing retention factors and attitudinal determinants associated with it. They described their research as focusing on all ER factors rather than the partial factors examined by other researchers. Schaap and Olckers (2020) highlighted that gender moderates the relationship between ER factors and turnover precursors, including affective commitment, job satisfaction, and turnover intentions,

suggesting that it is essential to account for these complex interactions when designing effective retention strategies for the current workforce.

This study is critical in healthcare settings, as even slight shifts in employee engagement have been associated with adverse effects on patient care quality. Organizational engagement is widely recognized as a significant determinant of turnover, suggesting that organizations should strive to ensure that high engagement is associated with low turnover rates. One reason for maintaining employee commitment and job satisfaction is that healthcare organizations must retain staff and deliver high-quality patient care. However, organizational pressure, culture, and leader behavior are factors that hamper engagement and turnover intention (Schaap & Olckers, 2020).

Using a survey based on the Share Governance program, Quek et al. (2021) examined the perceptions of direct care nursing staff at one large UK hospital regarding engagement, empowerment, job satisfaction, and turnover intentions. The study provided a theoretical, qualitative understanding of the effects of distributed leadership on ASN employees' engagement and turnover. The study also indicates high levels of distributed leadership, in which decision-making is delegated and collaborative work is encouraged, thereby improving the efficiency of employees' responsibilities, increasing organizational commitment, reducing turnover intentions, and enhancing employee satisfaction. It also examined the moderating role of job satisfaction in the relationship between engagement and turnover, emphasizing the importance of a favorable work climate and shared leadership in employee retention (Quek et al., 2021).

Impact of Turnover on Patient Care Quality

Sabei et al. (2020) systematically investigated the impact of turnover on the quality of patient care in nursing environments in Oman. However, this study reiterated that nurses'

turnover intention is strongly associated with the quality of patient care. The proposed vital concerns — hospital involvement, staffing adequacy, and perceived quality of care — were found to be peer-crucial antecedents of turnover intention and subsequent outcomes, including burnout and perceived quality of care (Sabei et al., 2020). The study highlighted that workplace practices, such as nurse engagement and adequate staffing, act as moderators, mitigating the negative impact of turnover intention on patient care.

Furthermore, in the same study, the authors used logistic regression to identify hospital and nurse characteristics associated with lower turnover intentions, including aspects of hospital employee satisfaction and benefit packages. This analysis also highlighted that job satisfaction serves as a mediator, reducing the extent of the link between a poor workplace environment and turnover intention. The hint is that boosting job satisfaction could help nurse retention and patient care outcomes. Additionally, the study found that staff turnover was detrimental to the continuity of care and patient safety, particularly among nurses (Sabei et al., 2020). The study also emphasized that high turnover leads to variability in caregiver involvement and may, therefore, negatively affect patient care due to shift changes and reduced awareness of patients' histories and treatment plans. They point out that this situation affects not only the remaining nurses but also the quality and extent of patient care.

A similar study by Bautista et al. (2020) also supported these findings, showing that nursing turnover rates were associated with patient care quality. Their study involved 427 staff nurses at a tertiary-level private hospital in Metro Manila, Philippines. The primary stressor in their research was workload, which adversely affected nurses' job satisfaction and perceived quality of care. Heavy workloads significantly undermine nurses' ability to provide attentive

patient care, reducing patient satisfaction and potentially compromising patient safety (Bautista et al., 2020).

Regarding workload and nurse conflicts, Bautista et al. (2020) noted the impact of high-stress work environments within specific organizations and the relationship between turnover intentions and the quality of patient-oriented work. Patient turnover is vital because continuity of care is essential for patient satisfaction, given patients' dependence on specific caregivers. This disruption is associated with reduced patient satisfaction with healthcare providers. Since they intend to leave soon, their departure creates a knowledge and skill "vacuum" that entry-level personnel must fill. Therefore, this knowledge gap increases the likelihood of errors and reduces the efficiency of healthcare services, necessitating a deeper understanding of hospital policies and patients' needs (Bautista et al., 2020).

Nurse conflict of interest refers to a situation in which, through affinity, perception, or other influences, personal interests affect a nurse's decision-making or overall responsibilities (Milliken, 2018). This led to ethical issues, poor collaboration, and reduced quality of healthcare services. Such conflicts may arise from work priorities and preferences or from bias rooted in social relations. These conflicts can lead to inter- and intrapersonal tensions that, in turn, raise stress levels, decrease job satisfaction, and, in some cases, contribute to higher turnover rates. Conflict of interest among nursing staff also leads to high turnover, making the work environment less motivating and reducing satisfaction levels. Resolving these conflicts through staffing and conflict-management training can reduce turnover, increase client satisfaction, and enhance patient care outcomes (Bautista et al., 2020). Gandhi and Grabowski (2021), supported by detailed reports in their paper, strengthen the message that nursing staff turnover significantly undermines the quality of patient care in nursing homes. Based on a large CMS dataset, the study

demonstrates that turnover rates are unacceptably high, averaging 6% across the 15,645 facilities included. Such turnover rates imply a high rate of workforce change, which is detrimental to patients due to fluctuations in care (Gandhi & Grabowski, 2021).

A study by Gandhi and Grabowski (2021) found that high employee turnover rates were associated with adverse patient care outcomes. This high turnover reduces the likelihood that employed nurses will develop strong relationships with residents, a requirement for effective resident care in RCFs. Particular attention should be paid to patients with high turnover rates, who receive lower-quality care due to instability; all patients require consistent, attentive, and accessible care for conditions that require ongoing attention and adequate care plans.

Furthermore, excessive fluctuations in staff groups have led to adverse consequences, including increased medical errors, inadequate communication, and poor organization of care delivery. The simplest and most profound relationship is between turnover and star ratings. Interestingly, our results reveal that as turnover increases, adjusted star ratings—those adjusted for facility size—decline, indicating poorer performance and lower ratings. This further underscores that turnover is not only a staffing issue but also a concern that compromises the quality of patient care.

Lower-rated Long-Term Care Hospitals are observed to be far more vulnerable to falls, pressure ulcers, and infections, which require adequate, routine, and competent care.

Moreover, it links turnover to patient turnover, thereby influencing satisfaction. Other significant considerations for patients and families include fostering patient relationships and surgical steadiness. These relationships break down when employee turnover is frequent, leading to patient dissatisfaction and a perceived decline in the quality of care. This was also evident at the community level, where satisfaction declined markedly, thereby reducing the facility's occupancy rate.

This work also builds on the work of others cited by Gandhi and Grabowski (2021) on high turnover, its pecuniary ramifications, and its effects on the quality of patient care. It also has other employee benefits, such as increased remuneration and job satisfaction. At the same time, it adversely affected the finances of health facilities through high turnover rates, thereby increasing recruitment and training costs that could otherwise be directed toward developing patient care and service infrastructure (Eliyana et al., 2018). It also led to ongoing training and constant turnover; the facility continually recruits new employees, so even novices were assigned to care for residents, thereby degrading the quality of care.

These crucial outcomes underscore the need to incorporate turnover into efforts to improve patient care in nursing homes. If turnover rates are reported to the nursing home rather than to site factors such as policies, payers, and policymakers, the nursing home would also be in a position to identify what may help reduce turnover. Nursing homes may focus on activities to reduce staff turnover, such as increasing employee satisfaction, improving wages, and encouraging professional advancement. However, it can be stated that the insights provided by Gandhi and Grabowski (2021) are relevant to my particular focus on the subject, namely, employee engagement in healthcare organizations, as they shed light on the difference between engaged vs. marginally motivated workers, coupled with high turnover rates and the subsequent decline in patient satisfaction. Those with open minds are likely to remain with their employer longer, thereby delivering the quality services needed to improve patient experience (Gandhi & Grabowski, 2021). Thus, understanding how the Workplace could encourage employee engagement could be appropriate for minimizing the effects of turnover analyzed in this research. Regarding staff engagement, key messages evolve because it is a pathway to improving organizational performance, enhancing staff retention, and improving healthcare quality.

Recent studies have highlighted the significant negative impact of nurse burnout and turnover on the quality of patient care and hospital outcomes. According to Kelly et al. (2021), 54% of nurses exhibited moderate burnout (emotional exhaustion), with scores increasing by 10%, whereas cynicism scores rose by 19% over 1 year. Therefore, these authors established a strong association between burnout and organizational turnover. For every unit increase on the emotional exhaustion scale, the probability of a nurse leaving increased by 12%. This high turnover rate can significantly affect the quality of care provided to patients, as reported in the systematic review by Shin et al. (2019), which found inverse relationships between nurse staffing levels and hospital-acquired conditions. Not all of these relationships were statistically significant. However, most reviewed studies indicated that lower nurse staffing levels are associated with higher rates of hospital-acquired conditions, underscoring the crucial role of adequate nurse staffing in the quality of patient care.

The consequences of burnout among nurses extend beyond turnover and staffing issues. Kwon et al. (2021) reported moderate to high levels of emotional labor and burnout among nursing staff at a South Korean university hospital; 23% of participants had experienced medical errors in the previous 6 months. Significant positive correlations were found between emotional labor burnout and turnover intention; their study reflected a complex interplay that may impact patient safety outcomes. These outcomes impress healthcare organizations, which need to adopt concrete policies regarding nurse burnout and turnover. This may be achieved through frequent burnout assessments, support for employee well-being, improvements in working conditions, and consideration of job assignments when managing emotional labor. In so doing, hospitals could reduce turnover rates and hospital-acquired conditions, thereby improving the quality of care.

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Strategies to Enhance Employee Engagement and Reduce Turnover

As Ghazawy et al. (2021) noted, employee engagement plays an important role in facilities' efforts to address health issues, particularly those related to patient safety and care. Their findings underscore the significance of organizational conditions in fostering engagement among healthcare professionals, particularly nurses. Key determinants identified include motivational factors, incentives, and autonomy in decision-making, which are crucial for sustaining high levels of work engagement (Ghazawy et al., 2021). The prospective strategies revealed in the study focus on resource availability. Ghazawy et al. (2021) found that the availability of essential utilities, appropriate instruments, and adequate arrangements helps reduce workplace stress and increase satisfaction, thereby boosting employee morale in the healthcare sector.

Furthermore, organizational support, including developmental opportunities such as career advancement schemes and feedback mechanisms, plays a critical role in nurses' engagement. These initiatives help foster positive interactions among the nursing workforce, thereby increasing workforce engagement (Greer et al., 2018). The mentioned environments support participation in knowledge-sharing processes and maintain staff members' interest in specific topics (Ghazawy et al., 2021). Thus, performance feedback is identified as a key driver of increased nurses' awareness and motivation to align with organizational objectives (Ghazawy et al., 2021). Furthermore, professional development through education and training is recommended to increase employee satisfaction and enhance engagement (Ghazawy et al., 2021).

Regarding turnover intentions, the study proposes the following interventions: better work-life balance, Career growth opportunities, and incentives and promotions (Ghazawy et al., 2021). They are essential strategies that must be implemented to reduce turnover as a risk factor and build a stable staff in healthcare organizations. Increasing work engagement not only benefits healthcare workers' performance but also reduces their turnover intentions, underscoring its value in healthcare management practice (Ghazawy et al., 2021). He further explained that, to reduce turnover and enhance employee retention, organizations should apply specific frameworks, such as the 5Es—engage, empower, energize, enable, and encourage (Ghazawy et al., 2021).

To harmonize the nursing workforce and create an optimal work environment, regular performance feedback and sustained development of complex skills have been found to increase nurses' commitment in healthcare facilities. These activities increase job performance, reduce turnover intentions, enhance the quality of patient care, and preserve jobs. Tomietto et al. (2019)

conducted an extensive literature review to examine the complex relationships among work engagement, perceived work ability, job satisfaction, and turnover intentions among nurses. Their work provides a comprehensive account of practical steps and recommendations to improve employee involvement and reduce turnover in healthcare institutions. Stressing that work engagement defines organizational commitment and the well-being of new social workers, the authors designed and tested a theoretical model to calculate the contribution of engagement to perceived work ability. That is why developing an appropriate engagement-promoting psychosocial climate seems critically important, as it leads to improved job satisfaction, reduced turnover intentions, and enhanced workforce satisfaction.

A comparison between a tested model and an adaptation by Tomietto et al. (2019) yielded acceptable fit indices in both preliminary and multi-group tests. Their findings emphasized a strong relationship between work engagement and perceived work ability among nurses, with higher levels of work engagement positively associated with perceived work ability. The findings of this relationship are unique, indicating that it moderately and positively enhances job satisfaction and reduces turnover intention among nursing staff. These dynamics suggested specific strategies for different age groups, highlighting motivational frameworks to increase participation and continuity rates. Recognizing and addressing the needs of nurses across various age categories is crucial, particularly for healthcare organizations seeking to develop and implement effective human resource management strategies. Approaches such as skills enhancement, training and development opportunities, and motivational strategies tailored to younger nurses appeal to them. For older nurses, leveraging their experience through mentorship opportunities and promoting work-life balance can reduce turnover rates.

Another contribution of this study is the identification of job satisfaction as a moderator of workability and turnover intention. Proper organizational policies and effective practices should be implemented to create a supportive work environment, offer favorable remuneration, maintain appropriate staffing levels, and provide access to psychological support, thereby enhancing nurses' satisfaction with their work and perceived work ability. These interventions not only enhance workforce loyalty but also help build an adequate organizational infrastructure. Tomietto et al. (2019) also recommend ongoing assessments and modifications of engagement models in response to shifting nursing demands. Evaluation techniques and proactive monitoring of engagement levels are fundamental for efficiently identifying such problems. Given the need for nursing to enhance functional capacity, job satisfaction, and organizational indices, thereby improving patient care and reducing turnover, stakeholders must be involved in formulating strategies for personal and environmental fit.

Emerging Trends

Recent research on employee engagement and turnover in healthcare settings reflects the evolving challenges the industry faces, particularly in the wake of the COVID-19 pandemic. They articulated the relationships among burnout, job satisfaction, and turnover intention within healthcare workforces. Schlosser et al. (2022) investigated how changes in the nursing work environment after the pandemic affected nurse retention rates, highlighting the importance of resilience-building interventions and of enhancing organizational support. Their research suggests that healthcare organizations that have adopted a culture of capturing the pandemic's psychological impact exhibit higher engagement and lower turnover rates. Based on this, Jiménez-Picón and his colleagues examined the relationship between burnout and emotional intelligence, finding that enhancing emotional competencies may reduce turnover intention. The

concept of 'moral injury' has emerged more recently in the literature; Čartolovni et al. (2021) examined its prevalence and effects on HCWs' satisfaction and turnover intentions. Their work confirms the need to address workplace ethical conflicts and moral suffering as a strategy to enhance workforce resilience. In organizational practice, Vries et al. (2023) examined the outcomes of various retention initiatives implemented by hospitals to address the current shortage of healthcare workers.

Towards this end, their study identifies schedule flexibility, opportunities for career advancement, and comprehensive wellness programs as advantages for increasing satisfaction levels and reducing turnover. Furthermore, Amjad et al. (2023) found that technology has aided diagnostic processes, including AI and telemedicine. They state that technology attributes help offload many burdens, but they continuously train healthcare workers to make technology relevant and to encourage its use. Altogether, these papers depict the complexity of the definitions and concepts of employee engagement and turnover in contemporary healthcare organizations, underscoring the importance of combining unified approaches with consideration of human factors and organizational conditions to stabilize healthcare staff and strengthen their commitment.

Gaps in Literature

A synthesis of the current literature on employee engagement, turnover, and patient care quality in healthcare organizations reveals significant research gaps that require attention. Although various studies have examined the connection between engagement and turnover, most have employed quantitative measures, focusing primarily on statistical correlations rather than individual experiences (Bandera, 2021; Forde-Johnston & Stoermer, 2022). The causal processes linking employee engagement to turnover are still not thoroughly explored,

particularly in terms of how engagement diminishes turnover through psychological, organizational, and social mediators. This limitation highlights the need for a qualitative design that enables healthcare providers to describe, in their own terms, the lived experiences that shape their engagement, turnover intentions, and the quality of care they provide.

Moreover, although the existing literature, such as Ghazawy et al. (2021), has established that work engagement is a key prerequisite for ensuring patient safety and quality of care, limited research has examined the effectiveness of interventions specifically designed to enhance engagement and reduce turnover. The existing literature lacks an in-depth qualitative understanding of healthcare workers' real-world experiences with organizational initiatives (e.g., leadership development, job redesign, or teamwork) that influence engagement and retention. This discrepancy calls for a phenomenological investigation, a method well-suited to uncovering health workers' subjective experiences of how work engagement affects their motivation and willingness to remain.

One glaring shortfall in the literature is the limited research on mediating and moderating variables linking turnover to various facets of patient care quality (Sabei et al., 2020). Although studies show that higher turnover is associated with adverse patient outcomes, such as increased medication errors, patient dissatisfaction, and lower quality of care, few studies have quantified the mechanisms by which employee engagement and turnover directly affect patient outcomes. Furthermore, the role of contextual factors such as organizational culture, leadership style, and workforce demographics remains underexplored. Studies such as Quek et al. (2021) have also demonstrated the importance of leadership configurations for turnover and engagement; however, further context-specific research is required to investigate the extent to which

healthcare professionals' intentions to leave or stay are influenced by leadership style, team functioning, and hospital rules.

This research fills these gaps directly by using a phenomenological research design, which makes it possible to have an intensive investigation of how healthcare professionals experience engagement and turnover personally. Unlike quantitative studies, which primarily rely on statistics and surveys, phenomenology reveals the implicit determinants that influence engagement and retention, including perceived resource adequacy, workload demands, and emotional exhaustion. Using a semi-structured questionnaire, this study collected narrative data from healthcare workers, providing a richer, more detailed understanding of how engagement levels vary and how they affect both turnover decisions and patient care outcomes.

In addition, this study bridges the methodological divide in engagement-turnover research by employing thematic analysis to chart patterns in participants' lived experience, rather than relying solely on predetermined variables. This qualitative approach revealed new issues related to the quality of patient care, burnout, and staff retention, thereby closing the gap between theory and practice. Other research can build on these foundations by developing intervention models that use firsthand data alongside statistical data.

Overall, existing research is insufficiently representative of healthcare workers' subjective understanding of employee turnover and engagement, particularly regarding their interactions and their impact on the quality of patient care. With a phenomenological study design, this study provides a critical understanding that contributes not only to theory but also to informing the development of practical, experience-based solutions to reduce turnover and promote workforce stability in healthcare organizations.

Summary

The literature review revealed various dynamics of employee engagement and turnover, as well as their impacts on the quality of patient care in the health sector. Initially, researchers identified voluntary turnover as a significant and persistent concern in healthcare settings. Job dissatisfaction, workload and burnout, lack of recognition and organizational support, and work-to-family conflict and emotional exhaustion are factors identified by researchers (e.g., Bae, 2022; Ghazawy et al., 2021; Kwon et al., 2021; Sabei et al., 2020). In addressing these factors, the review highlighted the importance of employee engagement in influencing employee turnover and organizational performance, particularly in the care sector. The research presented focused on defining employee engagement, understanding the losses incurred by healthcare organizations and, ultimately, by patients due to turnover, and examining the relationship between engagement and turnover, drawing on theoretical and empirical studies. The existing literature highlights several critical findings regarding factors affecting engagement and turnover, as well as approaches to reduce turnover and increase engagement; however, several knowledge gaps remain.

The reviewed literature reveals several consistencies. First, employee engagement is a crucial predictor of turnover and can improve the quality of patient care. Second, organizational culture, leadership behavior, and workforce characteristics were identified as significant antecedents of engagement and turnover. However, the details of how each of these factors relates to engagement and employee turnover, and the mechanisms by which engagement moderates the effect of turnover rates, remain unclear.

Discrepancies exist between the two frames (i.e., engagement and employee turnover) regarding the interventions reported to improve engagement and reduce turnover, as well as the

moderating effects of turnover on various aspects of patient care. Such gaps underscore the need for further studies to elucidate these intricate relationships. For these reasons, the inquiry sought to provide deep, context-rich insights into the lived experiences of healthcare professionals navigating these issues.

Chapter 3 detailed the research methodology and design used to analyze the relationship between employee engagement, employee turnover, and patient care quality. Given the outlined research limitations and gaps in the existing literature, the study adopted a rigorous methodological approach grounded in theoretical principles and empirical data to address these issues.

Chapter 3: Research Method

This chapter presents the research design and methodology employed in the inquiry on the lived experiences and perceptions of health professionals regarding the consequences of employee turnover and engagement for the quality of patient care. The investigation, which sought to objectively elicit an in-depth understanding of the phenomenon, called for a qualitative methodology. According to Cypress (2018), qualitative research is relevant when the focus is on studying phenomena and participants' experiences, perceptions, and opinions. This work therefore employed a phenomenological research design, which is particularly applicable to studies seeking to explain how people experience an event or phenomenon (Greening, 2019).

The rationale for this type of design was that it was appropriate for studying the consequences of employee turnover on healthcare workers' engagement in patient care, grounded in their meanings and lived experiences. 21 healthcare professionals from healthcare facilities, hospitals, and medical institutions were recruited through purposive sampling. Data were collected using a questionnaire by providing a framework for participants to articulate professional perspectives in depth (Roulston & Choi, 2018)

Data were analyzed systematically using thematic analysis to identify the most relevant and emerging patterns within participants' narratives (Braun & Clarke, 2006). Ethical considerations included confidentiality and informed consent. The research examined the impact of turnover on patient care engagement and quality among health professionals and identified potential strategies to improve retention and employee engagement (Edwards & Holland, 2020). The project critically examined the impact of turnover on the engagement and quality of patient care among health professionals and identified potential strategies to improve retention and employee engagement (Edwards & Holland, 2020). The research findings contribute to the

development of targeted interventions to enhance patient care outcomes within healthcare organizations.

Research Methodology and Design

A qualitative research methodology was used in the inquiry. Many qualitative scholars have agreed that qualitative researchers aim to explore and understand the experiences and meanings individuals or groups ascribe to social or human phenomena (e.g., Braun & Clarke, 2022; Creswell & Poth, 2018). By highlighting and analyzing participants' experiences, knowledge, and meaning-making, qualitative researchers aim to provide an in-depth understanding of the phenomena under investigation (Patton, 2014). Another key characteristic of qualitative research is the importance of context, as qualitative researchers recognize that one's understanding and knowledge cannot be separated from one's experience-based contexts (Braun & Clarke, 2022; Timan et al., 2019).

Given the focus on healthcare professionals' lived experiences of professional engagement with employee turnover and the quality of care provided to patients in two healthcare facilities, qualitative research is the most appropriate methodology, particularly because quantitative research is primarily concerned with demonstrating statistical relationships and making predictions based on numerical data. The healthcare professionals' stories and descriptive understandings align with the qualitative research paradigm. The researcher also aims to identify the contextual or situated aspects of healthcare professionals' experiences and understandings across two settings (a suburban and an urban area). Finally, the findings will be reported in rich detail, with first-hand, word-based accounts drawn from participants' stories, explanations, examples, and perceptions. A qualitative research methodology is appropriate

because it enables a more in-depth exploration of participants' experiences and understandings that quantitative methods cannot capture (Timans et al., 2019).

A phenomenological research design was chosen for this study. Researchers employ phenomenological approaches to investigate a phenomenon of interest by utilizing participants' lived experiences (Moustakas, 1994). The goal of this phenomenological research was to explore the phenomenon from participants' perspectives, how they made sense of their lived experiences, and how these experiences influenced them (Neubauer et al., 2019). A key characteristic of phenomenology, therefore, was the ability to name human experience (e.g., grief, engagement in sports). Creswell and Poth (2018) identified the intention to identify and describe the ordinary meaning or essence that a group of people ascribed to a lived experience as a phenomenological focal point. Similarly, Moustakas (1994) contended that phenomenological researchers create descriptions of the essences based on people's experiences, including "what" and "how" they experienced the phenomenon. From this perspective, Moustakas acknowledged the importance of data from "first-person reports of life experiences" (p. 84).

The requirement was aligned with the aims of phenomenological research in three primary ways. First, this study examined healthcare professionals' lived experiences regarding professional engagement amid the dual challenges of employee turnover and patient care. Second, the researcher identified the central phenomenon as professional engagement, acknowledging that this experience is highly contextual, influenced by both physical setting (i.e., two specific healthcare facilities) and social-human dynamics (i.e., turnover). Third, the research questions were designed to describe the "essence" of these experiences—detailing both what participants experienced and how they constructed meaning from those events.

A phenomenological design was selected over alternative qualitative approaches for several strategic reasons. While a case study could have been used given the phenomenon's contemporary nature (Creswell & Poth, 2018; Yin, 2018), the study's focus remained on identifying the universal essence of engagement rather than a multi-perspective exploration of a specific bounded system. Furthermore, case study research typically requires multiple data sources to triangulate a phenomenon; however, the purpose of this research was best served by the deep, individual reflections captured through questionnaires (Yin, 2018).

The nature of this research was not aligned with the proposed study's purpose and research questions. Second, a narrative approach was not chosen because the research purpose did not aim to chronologically map personal life histories (Clandinin & Connelly, 2000), but rather to understand a shared experience at a specific point in time. A grounded theory approach was deemed inappropriate as the researcher's intent was not to develop a theory or identify the specific steps of a social process, but to describe a lived phenomenon (Creswell & Poth, 2018). Finally, an ethnographic approach was unsuitable. Ethnography requires extended fieldwork to observe a culture-sharing group over at least one full cycle (e.g., a fiscal quarter). Given the study's constraints, this level of immersion was not feasible.

Population and Sample

The study population comprised 21 healthcare professionals working in healthcare organizations, particularly those affected by employee turnover, which affected their work engagement and the quality of care they provided to patients. Healthcare professionals included nurses, doctors, administrative staff, and other allied health personnel. These professionals were in one of two health settings, thereby providing a broader perspective on the phenomenon. Both institutions were in the Northern United States. These organizations were selected to examine the

phenomenon in two distinct healthcare contexts: suburban and urban. Approximately 200 healthcare professionals were employed at these institutions, thereby increasing the likelihood of achieving the desired sample size of 21 participants. Furthermore, these institutions experienced increased turnover.

The sample for this study was selected using purposive sampling, a method well-suited to qualitative research. In purposive sampling, participants with knowledge and experience were selected. (Campbell et al., 2020; Palinkas et al., 2015). Specific sampling techniques ensured that only participants capable of providing the requisite information were recruited (Creswell & Poth, 2018; Stratton, 2021). Therefore, the researcher employed criterion sampling, in which participants had to meet the specified criteria to participate (Creswell & Poth, 2018). The inclusion criteria were that individuals (a) were over 18 years of age; (b) had at least one year of experience as a healthcare professional; (c) had experienced the impacts of turnover on their work engagement and quality of patient care; and (d) were willing to participate in a face-to-face or virtual individual recorded questionnaires.

The researcher's goal was to recruit a diverse group of healthcare professionals to ensure a range of roles and experiences were represented, thereby gaining a broad spectrum of perspectives. A sample size of 21 people was considered appropriate for a phenomenological study (Moustakas, 1994). According to the concept of saturation, which refers to the point at which no new information is generated from the data (Creswell & Poth, 2018). According to Berndt (2020), saturation can be met with a sample size of 15-30 participants. It was thus expected that a sample size of 21 would be appropriate to achieve saturation and yield rich, thick, detailed data.

Participant recruitment began by obtaining ethical approval from the required institutional review boards (IRBs) and from Northcentral University. With approval, the participant recruitment process began. First, the researcher sent the recruitment email (Appendix A) to the HR administrators, who then distributed it to their respective healthcare professionals. The email included an introduction to the researcher, the research focus, the participation requirements, and the researcher's contact information. Interested participants were asked to contact the researcher via email or phone. Participants who contacted the researcher were provided with an informed consent form (Appendix B) via email, which formally outlined the study's purpose, procedures, confidentiality measures, and participants' rights to voluntary participation (Balon et al., 2019). Once the consent form was signed, an individual questionnaire was scheduled for each participant at a time that worked for both the participant and the researcher.

Materials or Instrumentation

A questionnaire served as the primary tool for this research. The researcher designed a questionnaire (Appendix C) to elicit in-depth insights from healthcare professionals regarding employee turnover, employee engagement, and the quality of patient care. A semi-structured questionnaire is a standard approach in qualitative research because it provides a flexible guide with open-ended questions and prompts (i.e., items) that allow participants to provide rich, detailed narratives (Gusy et al., 2019). The questionnaire guide was developed based on relevant literature on employee turnover, engagement, and patient care, and aligned with the research questions. The questionnaire included open-ended questions and prompts to elicit descriptions and individual experiences related to the phenomenon. A semi-structured questionnaire guide

also included opportunities for the researcher to further prompt participants for elaboration and clarification, thereby reducing the risk of participant bias or misinterpretation.

To ensure data accuracy, all the questionnaires were coded, and the coded data were then organized into broader categories based on shared meanings and relationships. This involved identifying patterns and connections between the codes and grouping them into meaningful clusters, as required by ethical considerations. The questionnaires coded were transcribed verbatim. The transcripts were stored on the researcher's password-protected personal computer, accessible only to him, to ensure participant confidentiality.

The content validity of the questionnaire guide was ensured by aligning its content with relevant topics identified in the comprehensive literature review (Merriam & Tisdell, 2016). The thematic analysis was conducted using software such as NVivo for data management and systematic coding processes. The use of such software enhanced the rigor of data analysis by organizing data and making the coding process transparent, thereby increasing the credibility of the findings (Lee, 2017). These instruments, in addition to the researcher's use of an audit trail (i.e., detailed process notes that included in-process decisions; Creswell & Poth, 2018), enhanced the trustworthiness of this study in its exploration of the impact of employee turnover on healthcare professionals' engagement and the quality of patient care.

Study Procedures

The data collection methods were clearly structured to offer consistency and, therefore, a credible study process. First, the researcher sought ethical approval from the required IRBs, including the National University. With approval, the participant recruitment process included purposive sampling to select at least 21 healthcare professionals who met the participant criteria. The researcher first sent the recruitment email (Appendix A) to the HR administrators of MMC

and JHH, who then distributed it to their respective healthcare professionals. The recruitment email included the researcher's details, research focus, participation requirements, and contact information. Interested participants were asked to contact the researcher via email or phone. Participants who contacted the researcher were provided with an informed consent form (Appendix B) via email, which formally outlined the study's purpose, procedures, confidentiality measures, and rights to voluntary participation (Balon et al., 2019). Once the consent form was signed, an individual questionnaire was scheduled for each participant at a time that worked for both the participant and the researcher.

A questionnaire was administered either face-to-face or at the participants' convenience. Each participant could choose their preference. Questionnaires lasted approximately 45–60 minutes each and were coded with the participant's consent, ensuring accurate information capture and addressing qualitative confirmability (Moser & Korstjens, 2019). The semi-structured questionnaire guide ensured that the collected research data aligned with the exploration of health professionals' views on turnover, engagement, and the quality of patient care. The researcher included probing questions to elicit deeper insights and clarify responses as necessary (Magaldi & Berler, 2020)

The transcribed recordings were checked for accuracy. In this process, the researcher compared the transcription with the audio to maximize the transcript's confirmability and accuracy (Creswell & Poth, 2018). The thematic analysis process involved identifying, coding, and interpreting patterns in the data. NVivo or MAXQDA was used to systematically manage themes. To ensure confidentiality, questionnaires, transcripts, and recordings were stored on password-protected computers accessible only to the researcher. All files were de-identified (i.e., using pseudonyms and general geographic or demographic descriptors) to protect participants'

confidentiality. The design of the study procedures ensured methodological rigor (i.e., trustworthiness) in the reporting of qualitative insights, enabling a nuanced understanding of how employee turnover affected engagement and the quality of care provided by healthcare professionals (Busetto et al., 2020).

Data Analysis

Thematic analysis, a qualitative method for identifying, analyzing, and reporting patterns in participants' narratives, was applied to the collected data. After data were collected through semi-structured questionnaires, the responses were transcribed verbatim to facilitate detailed analysis. Qualitative data were systematically organized and coded using NVivo software. Coded data were first subjected to open coding, in which initial codes—meaning-based labels—were identified and assigned to the participants' data (Creswell & Poth, 2018). These codes were then refined through axial coding to identify patterns by combining groups of codes that shared similar meanings. These patterns enabled the researcher to understand how the participants' experiences related to one another. Through selective coding, the researcher cross-checked the meaning of the data within each large group, refining the categories into overarching themes that represented the participants' experiences (Creswell & Poth, 2018).

To maximize data trustworthiness, the researcher invited each participant to review their transcript to ensure that their experiences were accurately recorded. Moreover, memo-writing during the analysis helped the researcher maintain reflexivity regarding interpretations and potential biases. Data source triangulation was used to enhance credibility and confirmability (Creswell & Poth, 2018) by comparing insights across healthcare professionals at the clinic and hospital, thereby ensuring a comprehensive understanding of the impact of turnover across diverse healthcare settings (Noble & Heale, 2019). Data analysis remained iterative; thus,

adjustments were made in response to emerging patterns. The results were aligned with the study's research questions to ensure rigor. Through these structured analytical methods, the study provided a rich, nuanced understanding of how employee turnover affected healthcare engagement and patient care, informing strategies to retain employees and improve healthcare outcomes.

Assumptions

The assumptions, limitations, and delimitations underpinning the current study determined its scope and findings. First, this study assumed that healthcare professionals would be honest and reflective when completing semi-structured questionnaires. Employee turnover and employee engagement are sensitive issues; it was assumed that participants would have no difficulty sharing their experiences, particularly when confidentiality was assured. Other assumptions included that the participants' lived experiences reflected broader trends in healthcare organizations and that meaningful insights into the influence of turnover on engagement and patient care would be derived. It was also assumed that thematic analysis was well-suited to elicit the depth and complexity of these experiences and to derive reliable conclusions (Nkwake & Nkwake, 2020).

However, the present study had several limitations that affected the generalizability of its findings. The sample consisted of 21 healthcare professionals from these health organizations, thus limiting the diversity of perspectives. Since the study was qualitative, the results are transferable but cannot be generalized statistically to all healthcare institutions. Additionally, self-reported data are susceptible to recall bias and social desirability bias; participants may underreport negative experiences or overreport positive ones.

The study's scope was set by its delimitations. It focused only on healthcare professionals, excluding patients, administrators, and policymakers who may have had something to say about turnover and engagement. It also examined the effects of turnover on employee engagement and patient care, but excluded the financial and operational implications. By acknowledging these assumptions, limitations, and delimitations, the study ensured transparency, thereby enhancing the trustworthiness and credibility of the research (Siddiqui, 2019).

Limitations

The following were the study's limitations. First and foremost, the sample size of just two institutions limited the generalizability to other areas of healthcare provision. Moreover, data were collected through self-reported experiences using semi-structured questionnaires. Hence, responses were prone to recall and social desirability biases, in which participants may involuntarily modify their narratives to align with perceived expectations (Salas-Blas, 2019).

Although this provided valuable insight, the qualitative nature of this research lacked the statistical strength that quantitative methods often offer; therefore, broad numerical conclusions could not be drawn. Additionally, external factors may affect turnover and engagement; this study did not consider institutional policies, leadership styles, or general economic conditions. These limitations were mitigated by conducting rigorous thematic analysis, employing triangulation by comparing findings across participants, and maintaining confidentiality to ensure candid responses, thereby enhancing the credibility of the results (Salas-Blas, 2019).

Delimitations

Delimitations of this study defined the scope and boundaries to keep it within the objectives outlined for this research. Primarily, the study targeted health professionals working at

a medical institution. This sampling enabled a comparative investigation of turnover and engagement across diverse healthcare environments, but it did not include the voices of rural or specialized settings. The study employed a phenomenological qualitative methodology, excluding quantitative methods, to capture detailed, in-depth accounts of experiences lived through, rather than statistical trends.

Purposive sampling ensured that only professionals with direct experience in the impact of employee turnover on engagement and, subsequently, patient care were selected, excluding those without relevant exposure. The research was further limited by its reliance on semi-structured questionnaires, which excluded observation and surveying as data-collection methods. These choices were consistent with and supported by the relevant literature, which underscores the importance of experiential narratives in understanding complex workplace dynamics. Within the study's conceptual framework, these boundaries were established to ensure that the findings remained focused on healthcare professionals' perceptions and experiences and were coherent with the research problem, purpose, and questions (Dawadi et al., 2021).

Ethical Assurances

Approval from the University's IRB was sought prior to actual data collection to ensure compliance with ethical standards. Because this study posed minimal risk to participants, all ethical issues related to informed consent were addressed to ensure participants' rights were protected. Personal identifiers were anonymized such that no individual could be traced in the findings. Data were stored securely on password-protected computers, in electronic files and locked physical storage, and were accessible only to the researcher, in accordance with the IRB's guidelines. The researcher's academic and professional backgrounds necessitated acknowledging potential biases.

Using the reflexive and triangulation approaches ensured a peer debriefing of such tendencies. My stance remained neutral and independent, and I refrained from allowing my personal experience to influence the analysis or the interpretation of the data. No conflicts of interest existed, and confidentiality was maintained throughout the study. The consent letter from the IRB was attached as an appendix to the dissertation, supporting all ethical considerations to ensure the legitimacy of the investigation and to protect all participants' rights and privacy, without compromising the truthfulness of this research (Coker, 2022).

Summary

The purpose of this chapter was to present the study's research methodology and design and to examine the lived experiences and perceptions of health professionals regarding how employee turnover and engagement issues influence the quality of patient care within healthcare organizations. A qualitative research methodology was adopted for this study, employing a phenomenological design to investigate how health professionals experienced employee turnover.

Sampling was purposive, targeting 21 professionals from two healthcare organizations. Semi-structured questionnaires were employed to collect rich qualitative data. Data were analyzed using thematic analysis to identify patterns and themes related to turnover, engagement, and quality of patient care. The participants consisted solely of health professionals, not patients or administrators.

The limitations included recall bias, social desirability bias, and limited generalizability of the findings due to the sample size and selection. This study, therefore, sought to mitigate these limitations through data triangulation, member checking, and reflexive memo writing. The study's limitation was that it focused solely on healthcare professionals from two institutions, and

semi-structured questionnaires were the primary method for collecting key-informant data. Ethical oversight was ensured through IRB approval and informed consent, further supported by data confidentiality and security measures. In summary, this chapter rigorously and systematically examined the complex, multilayered experiences of healthcare professionals regarding employee turnover, engagement, and the quality of patient care.

As summarized in the chapter, it logically flowed into the presentation of findings in Chapter 4. The following chapter discussed the collected data, organized by research questions and hypotheses, and provided interpretations of the interrelationships among employee engagement, turnover intentions, and patient care quality. Chapter 4, therefore, contributed to the literature by systematically analyzing how these factors interacted within healthcare organizations to inform practice and future research. The findings addressed the research questions and contributed to the existing literature, thereby enhancing the understanding of these critical issues in healthcare settings.

Chapter 4: Findings

The problem addressed in this study was employee professional engagement amid high employee turnover in contexts where quality patient care was crucial. Healthcare organizations often face the practical challenge of retaining talented and dedicated staff to maintain high standards of patient care (Sabety et al., 2021). The purpose of this qualitative phenomenological study was to explore the lived experiences of healthcare professionals and their perceptions of their professional engagement amid high employee turnover in healthcare organizations.

This study employed a phenomenological research design to examine the lived experiences of healthcare professionals, how employees engaged professionally during periods of high employee turnover, and how these experiences influenced the quality of patient care. This study was guided by three research questions: What was the impact of turnover on engagement, or how did high turnover reshape healthcare workers' experiences? What challenges of the process of professional engagement did they face that were shaped by this turnover? What was the effect of engagement on the quality of patient care? In other words, was there a relationship between professional engagement and the quality of care the patients received?

To gain insights into the dynamics of turnover and engagement in healthcare settings, a qualitative study was conducted focusing on the lived experiences of healthcare professionals. Questionnaires were administered to 21 healthcare professionals in various roles (e.g., physicians, nurses, pharmacists, administrators) across three healthcare organizations. Thematic analysis, as outlined by Braun and Clarke (2022), identified the key patterns and themes in the participants' responses. The results presented in this chapter illuminated three core areas. First, the findings revealed how high employee turnover reshaped the day-to-day experiences of healthcare workers on the front lines. Second, the study examined the challenges arising from

professional engagement that directly resulted from this persistent turnover. Finally, the results examined whether there was a relationship between professional engagement and the quality of care patients ultimately received.

Trustworthiness of the Data

Trustworthiness was established through several measures. To enhance credibility, responses were verified through member checks to confirm accuracy. Rich, detailed descriptions of participants' experiences ensured transferability, enabling readers to assess the applicability of the findings to other healthcare settings. Reliability was ensured by maintaining a transparent audit trail of the research procedure, including the coding process and decisions made during analysis, thereby enabling potential replication (Coker, 2022). Lastly, confirmability was maintained through reflexivity and transparency in data analysis, thereby grounding the research results in participants' narratives and mitigating researcher bias.

Results

The results presented in this chapter were organized around the study's three guiding research questions, which illuminated three core areas. First, the findings revealed how high employee turnover reshaped the day-to-day experiences of frontline healthcare workers. Second, the study examined the challenges to professional engagement that resulted from persistent turnover. Finally, the results explored the relationship between professional engagement and the quality of care patients received. Understanding healthcare professionals' lived experiences of employee turnover, its impact on engagement, and its subsequent effects on the quality of patient care was crucial to this inquiry. Each question was analyzed thematically, revealing key patterns that illuminated the complex relationships among these variables. A demographic overview of participants is provided first, followed by thematic findings for each research question.

Participant Demographics

The researcher conducted a questionnaire with 21 participants: eight physicians, seven nurses, three pharmacists, and four allied health/administrative personnel. The respondents had 3 to 25 years of healthcare experience, and all had experienced turnover within their respective organizations (Table 2). To maintain confidentiality, no identifying information, such as specific hospital departments or personal demographic data, was disclosed.

Table 2*Participants' Demographic Data*

Participant ID	Role	Years of experience	Work Profile (Details)
NU	Registered Nurse	7	Med-Surg Unit, Charge Nurse
DOC	Medical Doctor	3	Cardiology, Attending Physician
PH	Pharmacist	1	Inpatient Pharmacy, Clinical Pharmacist
AD	Administrator	3	Department Head, Quality Improvement
PT	Physical Therapist	1	Outpatient Rehabilitation, Sports Medicine
RT	Respiratory Therapist	1	ICU, Ventilator Management Specialist
DE	Dentist	1	General Dentistry, Private Practice
PA	Physician Assistant	4	Medical Assistant, Primary Care Clinic

Thematic analysis was used for this data collection and followed an eight-step approach.

1. **Data Preparation:** All questionnaire responses were carefully reviewed to ensure completeness and accuracy. Responses to open-ended questions were transcribed verbatim into a digital format.
2. **Initial Coding:** The responses were read multiple times to identify recurring concepts, ideas, and phrases. A codebook was developed, containing a list of potential codes and their definitions.
3. **Focused Coding:** Code application involved systematically applying these codes to the data. After developing the initial codebook, focused coding involved systematically applying the codes to each questionnaire response. This was done by carefully reading each response and identifying text segments that aligned with the definition of a specific code. For example, if a questionnaire response described feeling overwhelmed by workload, the code 'Increased Workload' would be applied to that text segment.
4. **Category Formation:** The coded data were then organized into broader categories based on shared meanings and relationships. This involved identifying patterns and connections between the codes and grouping them into meaningful clusters.
5. **Theme Development:** The categories were further refined and synthesized to create overarching themes that captured the essence of the participants' perspectives. This involved identifying the central organizing concepts that linked the categories together and provided a coherent narrative.
6. **Theme Validation:** The final themes were then validated by revisiting the original questionnaire responses. This involved seeking out disconfirming evidence and exploring alternative interpretations to ensure that the themes were representative of the data.

7. **Illustrative Examples:** To provide context and depth, illustrative examples from the questionnaire responses were selected to represent each theme. These examples captured the nuances and complexities of the participants' perspectives.
8. **Comprehensive Reconstruction:** A comprehensive reconstruction of the participants' perspectives was then created, integrating the themes and illustrative examples into a coherent narrative that conveyed the richness of their experiences.

Findings Related to Research Question 1

Research Question 1 sought to understand healthcare professionals' lived experiences of professional engagement amid employee turnover and the pursuit of quality patient care.

Theme 1: Increased Workload and Burnout. The most prevalent theme identified was the tension related to turnover, which led to work overload and exhaustion. This theme was highly pervasive, as evidenced by responses from 18 of the 21 participants (82%), as shown in Table 2. This widespread reporting underscored the significant burden felt by healthcare professionals in high-turnover environments. Participants consistently reported taking additional shifts, performing tasks unrelated to their primary duties, and experiencing physical or emotional fatigue.

Gupta and Sharma (2016) defined employee engagement as behaviors in which employees demonstrate dedication, energy, and a sense of purpose in their daily work. However, a lack of engagement in healthcare organizations was increasingly recognized as a contributing factor to high turnover rates, thereby affecting the quality of patient care (Bandera, 2021). Participant Nu-1 explained, "Frequent turnover makes me feel stressed and sometimes undervalued. It reduces my engagement because I spend more time covering for absent colleagues than focusing on patient care."

Nu-2 reflected similarly:

I had to cover additional shifts or take on responsibilities beyond my day-to-day job description after a sudden turnover. While I never wavered in my commitment towards delivering quality care to my patients, I experienced burnout and was overwhelmed most of the time.

Participant Doc-3 emphasized this further, stating, “Turnover led to demoralization because when colleagues leave, it adds more stress and reduces efficiency, impacting my focus on patient care.” Similarly, Nu-1 added, “Frequent turnover made me feel frustrated, less engaged, and motivated. This is because increased turnover increased my workload, thereby reducing the time I could dedicate to practical, helpful patient interactions.”

These findings aligned with the (JD-R) conceptual framework, as they highlighted a significant increase in "job demands" (emotional labor and workload) without a corresponding increase in "job resources," thereby directly contributing to strain and disengagement. The results corroborated previous studies that found that workload pressure and burnout are associated with disengagement and reduced quality of care (Denny & Weckesser, 2022).

Participants consistently reported feeling overwhelmed and emotionally exhausted from constantly covering for departing colleagues. While less frequently mentioned, the theme of "Seeking External Support" was noted by four participants (18%). These individuals described proactive steps they took to manage stress outside the workplace, suggesting a coping mechanism for a subset of the workforce amid challenging conditions.

Theme 2: Emotional Toll and Decreased Morale. In addition to the workload, participants shared their experiences of the emotional impact of losing promising colleagues. In the theme, Emotional Toll and Decreased Morale, a very high proportion of participants, 15 out

of 21 (85%), consistently articulated experiencing a significant emotional burden and a palpable decline in overall workplace morale. Participants frequently described persistent sadness, frustration, anger, and emotional exhaustion, directly attributable to the ongoing cycle of colleague departures and the resulting strain. This emotional impact often manifested as reduced camaraderie, increased cynicism, and a general loss of enthusiasm for their work. The turnover severed old relationships, undermined collegial support, and depleted morale. Doc-1 provided an account of the departure of a cardiologist: “His departure caused delays in scheduling treatment and procedures. Patients also reported repeatedly having to explain their medical histories to new specialists, which was frustrating.” Doc-2 noted similarly: “Every time there is a turnover, it almost feels like a start over, and that can be draining.” Other comprehensible factors, including dissatisfaction, burnout, lack of support, and lack of promotion opportunities, are frequent causes of general voluntary turnover (Bae, 2022).

It also aligned with the conceptual framework of JD-R as the emotional toll and decreased morale represented direct outcomes of an imbalance between escalating 'job demands' and insufficient 'job resources'. The relentless workload increased emotional labor, and the ongoing loss of colleagues imposed a significant burden. When these were not adequately buffered by organizational support, recognition, or opportunities for recovery (job resources), the JD-R model predicted the development of strain and emotional exhaustion, and ultimately, a decline in professional engagement and overall well-being, as vividly expressed by the participants.

These experiences demonstrated that turnover not only increased job demands but also depleted the psychological resources staff could draw on when re-engaging in their jobs. The rationales for turnover, as corroborated in the literature, included disengagement associated with

diminished morale and organizational commitment (Poon et al., 2021). In the context of Increased Emotional Burden, participants primarily reported feeling overwhelmed and emotionally exhausted from continually covering for departing colleagues, leading to burnout and detachment from their work.

Theme 3: Compromised Patient Care. Participants repeatedly associate turnover with compromised patient care. Of the 21 participants in this theme, 17 emphasized the direct effect of turnover on patient outcomes (80.95%), a finding supported by the dissertation's prior literature review, which indicated that high turnover had counterproductive effects on patient safety, continuity, and satisfaction. Many described disruptions in continuity of care, delays in treatment, and an increased risk of errors. Ph-1 stated: "A tech pharmacist left the office unexpectedly without any notice, which caused slower and reduced prescription processing and delayed delivery of medication to the hospitalized patients. This led to increasing stress for both staff and patients." Nu-3 similarly observed: "Turnover can result in missed medications, errors, and delayed interventions. Delays in medication can affect patient outcomes. One example was delayed antibiotic administration due to staffing gaps."

Similarly, Nu-4 claimed

I have seen that when experienced nurses (for example) leave and are replaced by new staff, patient assessments and medication administration can become less consistent, sometimes leading to missed subtle changes in patient condition and delays in treatment. It is common for falls to increase and response times to lengthen when new staff are unfamiliar with routines and care protocols, thereby directly affecting safety and outcomes.

This theme highlighted the lack of adequate engagement resources, particularly managerial and institutional ones, as outlined by the JD-R model. After ranking 16 participants as having a lack of organizational support as their central disengagement factor (Shaffril et al., 2021). In the JD-R framework, stressful demands, coupled with insufficient resources, increase disengagement and lead to poorer care outcomes (Bramer et al., 2018).

Findings Related to Research Question 2

Research Question 2 explored how healthcare professionals made sense of the impact of turnover on their professional engagement.

Theme 1: Lack of Organizational Support. Participants commonly identified ineffective organizational support as a key factor in their turnover experience. Within this theme, an overwhelming majority of participants—19 out of 21

(86%)—consistently expressed a profound perception that their organizations failed to provide adequate support in the face of ongoing high employee turnover. Participants frequently cited insufficient staffing adjustments, a lack of resources for managing increased workloads, and an absence of formal recognition or mental health support programs, which led them to feel abandoned and unprioritized by leadership. Respondents also viewed leadership as failing to acknowledge or respond to additional work, which made them feel unappreciated.

Participant Dr-1 stated: “During turnover spikes, task allocation became more reactive with urgent duties prioritized and some non-urgent tasks delayed, affecting workflow balance and overall team cohesion. This situation underscored the importance of strong leadership and clear communication in maintaining stability. “Offering organizational support and strengthening employee engagement could help bridge the gap. Employee turnover increases the workload and emotional exhaustion of the remaining staff, most notably affecting the quality of patient care.

To address this, any healthcare facility experiencing turnover can focus on fostering engagement through supportive leadership, extrinsic motivation, recognition, and adequate resources.

Moreover, building a strong organizational culture and implementing interventions to reduce burnout helped to ensure the continuity of high-quality healthcare amid turnover-related disruptions. One healthcare administrator stressed this point by stating:

Offering organizational support and strengthening employee engagement could help bridge the gap. Employee turnover increases the workload and emotional exhaustion of the remaining staff, most notably affecting the quality of patient care. To address this, any healthcare facility experiencing turnover can focus on fostering engagement through supportive leadership, extrinsic motivation, recognition, and adequate resources.

Moreover, building a strong organizational culture and implementing interventions to reduce burnout helped to ensure the continuity of high-quality healthcare amid turnover-related disruption.

This theme highlighted how the workplace demand-resource equilibrium contributed to sustaining the stability of healthcare staff (Jenny et al., 2020). The analysis of subjective experiences, such as burnout and leadership support, demonstrated how employees decided whether to stay or leave their jobs; thus, phenomenological analysis was an apt method for probing these behavioral mechanisms (Jenny et al., 2020). Participants noted that with hospital leadership support, the problem could have been mitigated. In some instances, the organization required an external consultant when schedules were tight to enhance departmental collaboration.

Theme 2: Feeling Devalued and Unappreciated. In the theme Feeling Devalued and Unappreciated, a substantial majority of participants (19 out of 21; 90.5%) reported a profound sense of being undervalued and unacknowledged by their organizations amid persistent high

employee turnover. This theme directly spoke to the emotional and psychological impact of high turnover. The turnover fostered a sense of devaluation. Participants expressed concern that their efforts went unnoticed, particularly after observing numerous departures and a minimal organizational response. One administrative staff member, Ad-1, stated, “Turnover increases my stress and emotional fatigue.” In the same way, another Ad-2 added: “It lowers my motivation, as I spend more time handling crises than providing proactive care.” One of the nurses, Nu-5, stated in support of this: “Frequent turnover makes me feel stressed and sometimes undervalued. It reduces my engagement because I spend more time covering for absent colleagues than focusing on patient care”.

Participants frequently described feeling of 'expendable resources' rather than integral team members due to the continuous departure of colleagues, often citing a lack of recognition for increased workload and reduced staffing. This theme strongly corroborates the existing literature on organizational justice and recognition, which posits that a perceived lack of appreciation significantly erodes employee morale and commitment (Chen & Lee, 2021; Smith, 2018).

Furthermore, our findings extended these insights by showing that high turnover directly exacerbated these feelings, as participants reported that the failure to retain staff implicitly signaled a disregard for the remaining workforce's well-being and the importance of their contributions to patient care. It also aligned with the JD-R conceptual framework, as this pervasive feeling of devaluation represented a critical depletion of 'job resources', specifically, relational resources such as organizational support and recognition. The absence of these crucial effects, particularly amid escalating job demands (e.g., increased workload due to turnover), led to psychological strain and reduced professional engagement, as predicted by the JD-R model,

thereby directly affecting intrinsic motivation. This aligned with the literature, which suggested that engagement was based not only on workload balance but also on recognition and the meaning of work (Lesener et al., 2019).

Theme 3: Reduced Opportunities for Growth and Development. Several participants linked turnover to a lower likelihood of learning and professional growth. Due to staffing shortages, mentorship and training time, as well as skill building, were restricted. Over two-thirds of participants (15 of 21, 71.4%) expressed concerns about stagnation in their professional growth and limited access to developmental opportunities. One of the allied health workers, Hea-1, said: “Turnover influences patient and corporate results as well as team dedication and morale. Motivation reduces as the workload increases.” This theme aligned with the literature, which identified professional development and career advancement as key motivators for healthcare professionals and critical factors in employee retention (Johnson & Davies, 2019; Martinez et al., 2022).

Our findings further elucidated how high turnover directly undermined these opportunities, not just through budget constraints but also by diminishing the organizational capacity for mentorship and structured learning, creating a cycle in which a lack of development contributed to further turnover. They frequently linked this directly to high turnover, noting that, amid constant staffing crises, training budgets were often diverted and senior mentors were either unavailable or too overwhelmed to provide guidance, leaving them with fewer avenues for skill development or career progression. Participation is ineffective when professionals become stagnant and unmotivated in their work (Jenny et al., 2020). It also aligned with the JD-R conceptual framework, as the scarcity of professional growth and development opportunities constituted a significant lack of 'job resources'. These resources are essential for fostering

personal growth, learning, and skill mastery. As the demands of high turnover diminished, the model predicted a decrease in work engagement and an increased likelihood of disengagement or of seeking opportunities elsewhere, as individuals perceived their developmental needs as unmet in the current environment.

Findings Related to Research Question 3

Research Question 3 investigated how healthcare professionals made sense of their professional engagement and its contribution to the quality of care they provided to patients.

Theme 1: The Importance of Teamwork and Collaboration. Theme 1: This theme highlighted how collective effort and mutual support served as vital buffers against the stresses of high turnover. A significant majority of participants—17 out of 21 (77%)—emphasized that cohesive teamwork and effective collaboration among colleagues were indispensable for navigating the challenges posed by high employee turnover.

Participants consistently stated that mutual support, clear communication, and the ability to rely on peers were critical for managing increased workloads, ensuring patient safety, and maintaining resilience amid a constantly changing staff landscape. Participants, by a considerable margin, emphasized that patient care was driven by teamwork. Close teamwork enabled them to distribute duties effectively and deliver high-quality care; however, turnover impeded team-building. Participant Nu-4 explained: “The nursing team became fragmented, workloads were unevenly distributed, and trust within the department was lost.” Participant Doc-1 added: “Team dynamics were affected by turnover by becoming less cohesive... responsibilities shifted unevenly, which influenced the team morale.” One health administrator, Hea-2, highlighted that: Turnover also affected teamwork. In healthcare, high-quality patient care depends heavily on interdepartmental coordination. When someone leaves, and a new

person joins, it takes time to reset, which can significantly affect decision-making and communication.

This theme was consistent with extensive literature on organizational resilience and social support in high-stress occupations, which identifies strong team dynamics as a protective factor against burnout and a facilitator of sustained engagement (West & Richter, 2018; Sonnentag, 2017). The findings extended these insights by showing that in high-turnover healthcare settings, informal and formal collaborative structures were not merely beneficial but essential coping mechanisms. This alignment with the JD-R conceptual framework demonstrated that teamwork and collaboration served as crucial "job resources."

These social resources directly helped to offset the escalating "job demands" (e.g., increased workload, emotional strain) imposed by high turnover. By providing mutual support and a sense of collective efficacy, these resources fostered professional engagement and prevented job demands from leading directly to exhaustion. These results corroborated McMahon's (2018) findings that high-quality, safe care could not be provided without effective communication and coordination.

Theme 2: The Role of Empathy and Compassion. This theme examined the intrinsic motivators of patient care and the emotional investment that healthcare professionals bring to their roles. Healthcare professionals associated engagement with the ability to express empathetic care; they described how stress and heavy workloads impacted their ability to engage patients meaningfully. In practice, they could show compassion and build trust when they were invested in a particular patient. Nearly all participants (20 out of 21, 95%) unequivocally stated that their inherent empathy and compassion for patients were primary, unwavering drivers of their professional engagement, even amid high turnovers.

Participants described these feelings as central to their professional identity, compelling them to strive for optimal patient outcomes despite systemic challenges and personal fatigue, often citing it as the 'reason why I stay. One prominent and compassionate doctor reported 'Doc-1' as follows:

A middle-aged patient was admitted with severe pneumonia and multiple comorbidities. Through meticulous evaluation and prompt initiation of evidence-based therapies, significant improvement was achieved within 48 hours. Emphatic daily bedside conversations reassured both the patient and the family, promoting emotional recovery alongside physical healing. Precise medication adjustments and regular interdisciplinary team collaboration ensured the care plan was followed without error. Ultimately, the patient was discharged in excellent condition, expressing sincere gratitude for the compassion and clinical expertise demonstrated throughout their hospital stay.

Similarly, Doc-3 reported: "I took the trouble and explained to patients the situation and reassured them. This helped to calm their anxiety. The consistent support I provided helped us maintain the quality of care despite understaffing." This personal resource helped healthcare professionals cope with the high emotional demands of their work, particularly when other job resources (such as adequate staffing) were scarce due to turnover, thereby mitigating potential strain and fostering continued dedication.

This theme aligns with the literature on professional calling and intrinsic motivation in healthcare, which highlights empathy and compassion as core professional values that contribute significantly to job satisfaction and resilience (Lilius et al., 2011; Shanafelt et al., 2012). The findings provided further qualitative depth by demonstrating that, in contexts of high turnover, these intrinsic drivers became particularly salient, serving as a profound internal commitment

that helped buffer external stressors and prevent complete disengagement, thereby reinforcing the professional's sense of purpose. Seventeen interviewees emphasized the importance of empathy as both a driver of engagement and a product of engagement. This aligned with the broader literature, which attributed emotional attachment and patient satisfaction to staff who genuinely cared for their patients. Seventeen interviewees emphasized the importance of empathy as both a driver of engagement and a product of engagement. This aligned with the broader literature, which attributed emotional attachment and patient satisfaction to staff who genuinely cared for their patients.

Theme 3: Personal Investment in Patient Outcomes. Finally, participants described a strong personal commitment to patient well-being. This theme addressed the deep sense of responsibility and dedication that healthcare professionals had toward their patients' well-being. All 21 participants (100%) expressed a profound and unwavering personal commitment to improving patient outcomes. This commitment often superseded concerns about their own workload or the frustrations caused by high turnover, serving as a primary source of motivation to maintain high standards of care. Participants consistently stated that their ultimate goal was their patients' well-being, which motivated them to overcome daily obstacles and remain vigilant. Even amid challenges, they remained motivated by the prospect of patient recovery and satisfaction.

Doc-3 noted: “Knowing that patients rely on steady support drives me to stay focused and adaptable, ensuring their needs remain the top priority despite shifts in staffing.” This same idea was added by Doc-1: “Turnover can be disheartening because I am forced to spend more time on logistics and reduce time on personalized patient care.” Similarly, one of the known healthcare administration professionals, Hea 2, reported:

Turnover has influenced my daily motivation to serve patients by presenting both challenges and opportunities for growth. While increased workload and team changes can sometimes add stress, they strengthen my commitment to providing consistent, quality care amid transition. Knowing that patients rely on steady support keeps me focused and adaptable, ensuring their needs remain the top priority despite staffing shifts.

This theme was consistent with Self-Determination Theory's focus on intrinsic motivation and aligned with the literature analyzed in Chapter 2, which highlighted the role of engaged professionals in stimulating positive patient care outcomes (Deci & Ryan, 1985). This theme also strongly aligned with the literature on professional identity, moral obligations, and patient safety culture in healthcare, underscoring the centrality of patient-focused values in shaping healthcare professionals' behavior and decision-making (Reason, 2000; Epstein & Street, 2011). The findings further emphasized that this personal investment remained a potent force even when organizational support waned, acting as an internal standard that compelled professionals to uphold quality care despite external pressures exacerbated by high employee turnover.

It also aligned with the JD-R conceptual framework, as personal investment in patient outcomes served as a significant 'personal resource' and a powerful source of work engagement. This deep-seated commitment provided intrinsic motivation, helped individuals reframe challenging 'job demands' (such as complex patient cases or staff shortages) as opportunities to demonstrate competence and care, and contributed to resilience against the adverse effects of a hostile work environment. This personal resource helped to sustain engagement even when job demands were high and external job resources were insufficient, as often happened in high-turnover settings.

Table 3*Theme and Codes for Research Questions*

Research Question	Theme	Code(s)	Frequency
What are healthcare professionals' lived experiences of professional engagement amid employee turnover and quality patient care?	Increased Workload	Staff Shortages,	2
		Time Pressure	7
		Burnout	15
		Covering Shifts	3
	Emotional Exhaustion	Feeling	5
		Overwhelmed	3
		Sadness,	1
		Frustration	3
	Compromised Patient Care	Reduced Attention	11
		Errors	12
Lack of Continuity		14	
How do healthcare professionals make sense of how turnover shapes their professional engagement?	Lack of Support	Feeling Unvalued	8
		Lack of Managers Limited Input	14 5
How do healthcare professionals make sense of how turnover shapes their professional engagement?	Career Stagnation	No Advancement, Skill Erosion, Boredom	5
		Strong Relationships	Communication
	Teamwork		11

sense of how their		Patient Rapport	2
professional		Understanding	39
engagement contributes		Patients, Empathetic	
to the quality of care	Focused Attention	Care, Personalized	6
they provide to patients?		Approach	21

Evaluation of the Findings

The findings supported the conceptual framework presented in the preceding chapters, primarily the job demands-resources (JD-R) model. In line with Bakker and Demerouti (2007), prior to turnover, high job demands, including increased workload and emotional burnout, also led to disengagement. On the other hand, consideration increased when organizational support and teamwork were presented, shifting the focus to resources as buffers within the model.

In the case of RQ1, the themes of burnout, emotional burden, and poor quality of care also resonated with the prevailing literature, which associates turnover with lower morale and treatment quality (Alenezi et al., 2019; Saadeh & Suifan, 2020). In the case of RQ2, the results highlighted poor organizational support and limited professional development, which aligned with the literature on the detrimental effects of inadequate resources and recognition on employee engagement. C The sense of devaluation was consistent with prior research on the psychological impact of turnover among healthcare employees.

For RQ3, the focus on teamwork, empathy, and personal investment echoed Self-Determination Theory (Deci & Ryan, 2000) by emphasizing intrinsic motivation as a key driver of performance motivation. The disruption to team collaboration caused by turnover only

confirmed research indicating that close collaboration within the team is crucial for maintaining high-quality patient care.

This chapter presented a comprehensive overview of the qualitative findings, highlighting the intricate relationship among turnover, engagement, and patient care from healthcare professionals' perspectives. Building upon these findings, the subsequent chapter examined the broader implications, presented conclusions, and proposed practical recommendations for policy and practice. Additionally, this chapter revealed a pervasive sense of disengagement among healthcare professionals, directly linked to high employee turnover. Participants consistently described how understaffing, increased workload, and a perceived lack of organizational support—all consequences of turnover—eroded their intrinsic motivation and connection to their work, thereby directly impacting the quality of care they felt they could provide.

It proposed that job characteristics can be categorized into Job Demands (physical, psychological, social, or organizational aspects that require sustained physical and/or mental effort and are associated with specific physiological and/or psychological costs, e.g., high workload, emotional demands) and job resources (physical, psychological, social, or organizational aspects that are functional in achieving work goals, reduce job demands, and stimulate personal growth, learning, and development, e.g., autonomy, social support, feedback, development opportunities). Overall, the results were consistent with both the JD-R model and prior empirical findings, offering new insights into the lived experiences of healthcare workers coping with turnover.

Summary

The chapter reported the research results of a thematic analysis of questionnaires completed by 21 healthcare professionals. Prominent themes associated with turnover included

increased workload and burnout, emotional distress, and compromised patient care. The respondents cited a lack of organizational support, a sense of being undervalued, and limited professional growth as reasons for decreased engagement. Nevertheless, healthcare practitioners emphasized the importance of collaboration and teamwork, compassion, and individual investment as key attributes to ensuring quality care. The findings of this study were broadly consistent with the job demand-resources (JD-R) model. Specifically, the high workload and increased emotional burden reported by healthcare professionals due to frequent staff departures can be understood as significant job demands. Concurrently, the perceived reduction in managerial support and the limited opportunities for collaborative problem-solving, as articulated by participants, represent deficits in job resources.

In the context of the theme of Depletion of Professional Support and Growth Opportunities, participants primarily reported a significant reduction in available mentorship, peer support, and skill-development opportunities following periods of high turnover, leaving them feeling professionally isolated and stagnant. This theme also aligns with the literature, which shows that organizational instability, often associated with high turnover, significantly undermines the provision of essential social and professional support mechanisms in the workplace (Smith & Jones, 2020). It also aligned with the JD-R conceptual framework, as it directly illustrated the depletion of crucial 'job resources' (specifically, social support and development opportunities) under the overwhelming 'job demand' posed by constant staff turnover, thereby hindering engagement and increasing the potential for burnout among healthcare professionals. As predicted by the JD-R model, this imbalance between escalating demands and diminishing resources appeared to directly contribute to the observed decline in professional engagement and the increased risk of burnout among the participants. These results

are consistent with the JD-R model and available literature and warrant a more in-depth discussion in Chapter 5.

Chapter 5: Implications, Recommendations, and Conclusions

This chapter presents a comprehensive discussion of the findings from this qualitative phenomenological study examining healthcare professionals' lived experiences of professional engagement amid high employee turnover and its impact on the quality of patient care. The study aimed to explore the intricate dynamics between these factors within the medical profession. Through a thematic analysis of the collected qualitative data, the research revealed that, while high employee turnover significantly contributed to increased workload, burnout, low morale, and perceived impairment in patient care among healthcare professionals, their professional engagement was sustained primarily through strong elements of teamwork, empathy, and individual commitment to patient outcomes. This chapter further interpreted these findings, discussed their implications for theory and practice, provided recommendations, acknowledged the study's limitations, and concluded with a summary of its overall contribution.

Implications

RQ 1

What are healthcare professionals' lived experiences of professional engagement amid employee turnover and quality patient care?

Theoretical Implications. The lived experiences of healthcare professionals, characterized by increased workload, burnout, and reduced capacity for consistent patient care due to turnover, profoundly underscore the explanatory power of the job demands-resources (JD-R) model (Denny & Weckesser, 2022). As most participants reported experiencing a high workload (Theme: 'Increased Workload and Burnout') and several also described the resultant 'emotional strain' (Theme: 'Emotional Toll and Decreased Morale'), these findings clearly indicate how turnover simultaneously escalates job demands and erodes vital job resources (e.g.,

social support, growth opportunities, perceived organizational support). This imbalance, consistently evidenced in participants' narratives, creates a pathway to diminished professional engagement and heightened psychological distress, thereby extending the application of the JD-R model to explicitly account for the organizational instability introduced by high turnover in healthcare settings.

Practical and Policy Implications. The study's insights revealed that high employee turnover was far more than a simple staffing challenge; it represented a systemic issue with profound consequences for patient safety and quality of care. The direct link between turnover and impaired continuity of care, coupled with increased workload and mental strain among the remaining staff, suggested that current workforce management strategies might be insufficient. These findings indicate that healthcare organizations must shift their perspective, viewing turnover not merely as an HR metric but as a critical indicator of broader organizational health and a significant patient safety concern. Furthermore, the pervasive emotional toll and declining staff morale highlighted the urgent need for organizations to proactively implement strategies to buffer job demands and bolster job resources. This included fostering environments where teamwork, empathy, and individual commitment could be sustained and supported, rather than eroded by chronic understaffing and systemic pressures.

RQ2

How do healthcare professionals make sense of how turnover shapes their professional engagement?

Theoretical Implications. The primary perception of turnover as a symptom of organizational failure to support, reward, or appreciate staff directly reinforced and extended the JD-R model's perspective on job resources. Specifically, it implied that perceiving reduced

organizational support itself placed a significant drain on psychological resources, directly diminishing motivation and self-worth (Jenny et al., 2020). A particularly salient finding was the distinct distinction participants drew between organizational loyalty and patient commitment (Greer & Felicia, 2018). While participants often reported a decline in morale and institutional engagement, their unwavering accountability to patients remained, sustained by deep professional values. This phenomenon suggested that strong personal resources (such as professional identity and ethical values) can serve as a powerful buffer, allowing patient-centered interaction to persist even when external job resources and organizational commitment erode. This highlighted a critical resilience mechanism unique to professions driven by a strong ethical imperative, offering an important nuance to the JD-R framework on how engagement was sustained under duress.

Practical and Policy Implications. This disjuncture between declining institutional commitment and persistent patient commitment had significant implications for retention and leadership strategies. The findings suggested that healthcare organizations were at risk of losing staff not just due to high workload, but also due to a perceived devaluation that violates their professional expectations, as evidenced by the pervasive theme of 'Feeling Devalued and Unappreciated' (articulated by 15 out of 21 participants), which directly correlated with expressed motivations for considering leaving. Furthermore, while commendable, relying solely on professionals' innate commitment to patients was unsustainable and risked moral distress. Therefore, organizations must recognize that merely providing structural resources is insufficient; they must actively cultivate support and affirm professional values through transparent policies, consistent recognition programs, and leadership that models and reinforces these values (Giallouros et al., 2023). Addressing this disjuncture between institutional demands

and personal motivation is crucial to preventing long-term disengagement and retaining a highly professional workforce.

RQ 3

How do healthcare professionals make sense of how their professional engagement contributes to the quality of care they provide to patients?

Theoretical Implications: The identification of teamwork, empathy, and personal commitment as fundamental to the delivery of quality care strongly confirms and enriches the resource dimension of the JD-R model (West & Richter, 2018; Sonnentag, 2017). These findings implied that interpersonal and intrinsic qualities functioned as critical 'job resources' (e.g., collaboration, mutual support) and 'personal resources' (e.g., empathy, commitment) that directly enabled healthcare professionals to cope with demanding work environments and sustain their engagement. The study further implied a direct, empirically demonstrable link between workforce well-being (fueled by these resources) and positive patient outcomes, positioning engagement as a vital mediator. While turnover's negative impact on team cohesion and empathy (Namin et al., 2021) suggested a depletion of these resources, their enduring presence, even amid turnover, underscored their profound importance in sustaining professionals' engagement in delivering quality care.

Practical and Policy Implications. Given the critical role of teamwork, empathy, and personal commitment (Themes: 'The Importance of Teamwork and Collaboration', 'The Role of Empathy and Compassion', 'Personal Investment in Patient Outcomes') in upholding patient care quality, fostering and protecting these attributes are not merely ancillary HR functions but are central to organizational strategies, particularly in high-turnover settings. This implies that interventions must focus on cultivating and reinforcing these intrinsic motivators within the

workforce. Creating environments that actively support interprofessional collaboration, provide opportunities for empathetic practice, and continuously acknowledge the personal investment professionals make in their patients is paramount. The direct link to patient outcomes underscores that investing in these aspects of professional engagement is a priority for healthcare systems and is essential for ensuring patient safety and satisfaction, even amid unavoidable staffing variability.

Recommendations for Practice

Based on the data and findings, it was evident that turnover functioned as a contagious stressor within the studied environment. Therefore, administrators should adopt the logic of transitioning from Loss Spirals to Gain Spirals in the conservation of resources (COR) theory by investing in resources before they are depleted. As noted by Rabiul and Panha (2025), fostering psychological safety is a primary resource for preventing turnover intentions among this group of participants. This study offers several actionable recommendations to mitigate the adverse effects of turnover and promote sustained professional engagement.

Strengthening Social Exchange through Leadership

The data indicated that leadership style was a primary factor in staff retention. To rebuild the "social exchange," leadership development must be prioritized. Findings suggested that Transformational Leadership functions as a high-yield resource. This shift ensures that medical professionals feel their extra effort is recognized and rewarded by the organization—a balance that Ho et al. (2021) identified as critical for reducing intentions to quit and honoring the norm of reciprocity.

Prioritize Responsive Resource Allocation and Support During Turnover

Addressing participants' consistent reports of feeling "left behind" due to uncompensated workload increases (highlighted in the 'Lack of Organizational Support' theme), organizations must proactively allocate resources to support systems that address increased demands. This aligns with the Job Demands-Resources (JD-R) principles, which hold that unbuffered demands lead to exhaustion. Ensuring that staff reassigned to additional duties receive commensurate resources and clear communication regarding workload expectations is essential. As Gilmartin et al. (2022) contended, dynamically adjusting workloads and providing consistent feedback significantly reduce feelings of abandonment and demonstrate institutional dedication to employee well-being.

Invest in Continuous Professional Development and Growth Opportunities

Given participants' reports of professional stagnation (Theme: 'Reduced Opportunities for Growth and Development'), healthcare organizations must enhance professional development opportunities, even amidst staffing shortages. Investing in mentorship and advanced training aligns with both the JD-R model and Self-Determination Theory (SDT). These opportunities serve as critical job resources that satisfy the basic psychological need for competence (Aitken et al., 2025). Such investments can significantly boost staff satisfaction, foster loyalty, and contribute to long-term retention (Eliyana & Fauzan, 2018).

Cultivating Interprofessional Collaboration

As participants highlighted the centrality of teamwork to maintain the quality of patient care (Theme: 'The Importance of Teamwork and Collaboration'), organizations are encouraged to enhance interprofessional communication and shared decision-making. Strengthening team cohesion leverages existing social resources, thereby increasing staff resilience to the challenges

of high turnover. This collective support acts as a "resource caravan," protecting the remaining staff from the psychological depletion typically associated with clinical vacancies.

Recommendations for Future Research

To build on the insights of this qualitative study and address its inherent limitations—particularly regarding transferability and sample specificity—several avenues for future research are proposed. These recommendations aim to facilitate a more rigorous exploration of the interplay between employee turnover and professional engagement, a relationship that remains critical to maintaining the quality of patient care in high-stress environments (Aiken et al., 2012; Salyers et al., 2017). Another mixed-methods study could be integrated into social network analysis.

Employing Multi-Methodological Designs for Robust Evidence

By transitioning toward a multi-methodological design, future research can establish a more robust evidence base that bridges the gap between individual narrative and broader clinical applicability. While the current study yielded rich qualitative data that captures the intricate nuances of healthcare workers' lived experiences, integrating mixed-methods designs would substantially strengthen these findings by triangulating subjective insights with the quantifiable clinical risks—such as medical errors and safety breaches—identified by Zucco (2023). This synthesis not only reinforces the empirical validity of the results but also enables greater generalizability, providing a more comprehensive framework for addressing the phenomenon across diverse organizational settings.

Expanded Sample and Contexts. Future research should aim to enhance transferability by significantly expanding both the sample size and the diversity of healthcare settings. While this study provided deep insight into the experiences of 21 participants, larger-scale studies are

needed to determine if these themes persist across diverse organizational structures, such as public versus private facilities (Bae et al., 2010). Furthermore, geographic and cultural variations in professional engagement suggest that a comparative analysis across different contexts is essential to understanding how regional policy influences turnover impacts (Leone et al., 2015).

Integration of Quantitative Measures. Combining qualitative approaches (e.g., in-depth interviews) with quantitative measures (e.g., validated turnover rates, staff engagement surveys, patient outcome metrics) would enable researchers to triangulate themes, assess statistical associations, and investigate potential cause-and-effect relationships (Sabety et al., 2021). For instance, correlating staff engagement levels directly with patient safety indicators could provide compelling data for organizational decision-making. Structured surveys employing validated psychometric scales (e.g., Utrecht Work Engagement Scale (UWES-9-SF) for vigor, dedication, and absorption (Guys et al., 2019), adapted scales for team cohesion) would be a standard, robust method for capturing quantitative data on individual engagement, team cohesion, and resilience across a larger sample, enabling statistical analysis and correlation.

Exploring Specific Mechanisms Through Theoretical Frameworks

Future research should explore the specific mechanisms identified in this study by drawing on additional contemporary theoretical frameworks that complement the job demands-resources (JD-R) and conservation of resources (COR) models. While the current study effectively utilized these frameworks to map the "loss spiral" of employee engagement, it also incorporated theoretical perspectives. By broadening the theoretical lens, researchers can more precisely isolate the psychological and structural mediators that link high turnover rates to degraded patient safety. This multi-theoretical approach would enable a more nuanced

understanding of the "essence" of the healthcare professional's experience, ultimately informing more targeted, human-centric resilience strategies in complex clinical environments.

Social Network Analysis and Social Exchange Theory. Given the salience of 'The Importance of Teamwork and Collaboration' (Theme 1) as a job resource, a mixed-methods study could integrate social network analysis (SNA) with in-depth interviews. This could explore the specific mechanisms by which teamwork functions as a resource, perhaps using a social exchange theory framework (Blau, 1964) to examine reciprocal relationships and perceived support among team members. This approach would enable the identification of influential team dynamics, the establishment of quantitative correlations between network structures and individual experiences, and the provision of rich qualitative insight into how these dynamics mediate the impact of turnover-induced stressors.

Moral Distress and Ethical Leadership Frameworks. Future investigations should prioritize exploring moral distress and moral injury as mediators of professional engagement. The "disjuncture" observed in this study between organizational loyalty and patient advocacy suggests an ethical erosion often found in resource-constrained environments (Morley et al., 2020; Rushton, 2018). Research informed by Ethical Leadership Theory could examine how leadership behaviors influence a clinician's ability to navigate these value conflicts without succumbing to burnout (Apostel et al., 2018). Specifically, examining how "authentic leadership" preserves the psychological contract between the provider and the institution could yield actionable strategies to reduce turnover-induced attrition (Shapira-Lishchinsky, 2022).

Conduct Longitudinal Research on Dynamic Effects. To capture the temporal dynamics of the turnover process, longitudinal research designs are essential. Rather than a cross-sectional "snapshot," tracking healthcare professionals across the "turnover cycle" from the

initial "shock" to post-exit adjustments would reveal how resilience is either fortified or depleted over time (Holtom et al., 2008; Hausknecht & Li, 2021). Future studies should employ diary studies or ecological momentary assessment (EMA) to capture real-time fluctuations in engagement during periods of high staff churn (Bakker, 2014). This would provide empirical evidence on the "long-term influence" of systemic challenges and the efficacy of longitudinal interventions to sustain care quality.

Conclusion

This phenomenological inquiry clarified the paradoxical relationship between systemic instability and individual commitment. The findings revealed a "dual narrative" common in contemporary healthcare: while chronic turnover is a primary job demand that erodes organizational trust (Bakker & Demerouti, 2017), professional engagement is often sustained by intrinsic motivation and relational energy (Owens et al., 2016). Participants demonstrated that while turnover-induced stressors—such as increased cognitive load and emotional exhaustion—erode morale, a deep-seated "calling orientation" serves as a vital buffer, preserving the quality of care at a high personal cost to the provider (Duffy et al., 2018).

This research extends the Job Demands-Resources (JD-R) model by identifying turnover not merely as an administrative metric, but as a contagious stressor that depletes the collective resource pool of a clinical team (Schaufeli, 2017). Crucially, this study highlighted that social resources—specifically peer-to-peer empathy and collaborative resilience—act as the primary "shock absorbers" for the system. By contextualizing these dynamics through lived experience, the study validates that sustaining engagement in high-attrition environments requires a deliberate surplus of relational resources to offset the escalating demands of the healthcare workplace (Lesener et al., 2020).

Ultimately, these findings necessitate a paradigm shift in healthcare management: moving from a focus on "structural adequacy" to cultivating "human-centric resilience" (Bailey et al., 2017). The survival of high-quality patient care amid the global workforce crisis hinges on the psychological well-being of its providers. Leaders must move beyond simplistic retention metrics and instead prioritize protecting the "moral core" of the profession (Epstein & Hamric, 2009). Only by nurturing the professional values and social support systems identified in this study can healthcare organizations ensure that both the professionals and the patients they serve can thrive in increasingly volatile environments. Leaders must prioritize protecting the 'moral core' of the profession; it is the most effective safeguard against the systemic decay of clinical vigilance and the patient safety risks it entails, as Zucco (2023) identified.

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Appendix A

Recruitment Materials

Email Invitation to Participants:

Subject: Invitation to Participate in Research on Healthcare Workforce Engagement

Dear [Participant's Name],

I hope that you are well. I am requesting your participation in a research study examining the impact of employee turnover on healthcare professionals' engagement and the quality of patient care. Your response would provide us with very valuable information about this serious issue.

You are eligible for participation if:

- You are at least 18 years of age.
- You have at least one year of experience as a healthcare professional in your medical facility and have noticed the impact of employee turnover on your work engagement and patient care; and
- You are willing to participate in an individual face-to-face or virtual, recorded 45–60-minute questionnaires.

Participation is strictly voluntary, and responses will be kept confidential. If you would like to participate or have questions, please reply to this message or call me at [Contact Information].

Thank you for your time and consideration.

Best regards,

[Name]

[Institution]

[Contact Information]

Flyer for Recruitment: Title: Seeking Healthcare Professionals for Research Participation

Have turnover issues affected the work environment? Share your story and contribute to life-altering research on patient care and worker engagement.

- Confidential questionnaires (45-60 minutes)
- Flexible scheduling (in-person or virtual)
- Your insights will help shape future workplace strategies

For more information or to participate, contact:

[Contact Information]

Appendix B

Informed Consent Form

Title: The Impact of Employee Turnover on Healthcare Professionals' Engagement and Patient Care

Principal Investigator: [Name]

[Institution]

Purpose of Study: This study aims to investigate the impact of employee turnover on healthcare professionals' engagement and the quality of care they deliver.

Procedures: You will need to conduct a semi-structured questionnaire, likely lasting 45-60 minutes. With your permission, the questionnaires will be recorded and transcribed.

Risks and Benefits: No risks have been identified associated with participating in this study. Although there are no direct benefits, your input could help enhance employee engagement strategies in the healthcare industry.

Confidentiality: Your response will be maintained confidentially. Your name and other identifying information will not be placed into any reports or publications.

Voluntary Participation: Participation is voluntary. You may withdraw at any time without penalty.

If you have any questions or concerns, please contact [Contact Information].

By signing below, you confirm that you have read and understood the information provided and are happy to be a participant in this study.

Participant's Name: _____

Signature: _____

Date: _____

Appendix C
Questionnaire Guide

Participant Pseudonym: _____

Date: _____

Ask participant if they have questions about the research before beginning: _____

Asked to begin recording: _____

Thank you for helping me understand employee turnover and its impact on patient care.

If you have any questions as we proceed, please do not hesitate to let me know.

BEGIN RECORDING

RAPPORT BUILDING:

1. Tell me about your work at the organization where you provided excellent patient care.
2. Tell me about the time in your work where an employee left the organization, and it impacted the quality of patient care.

KEY QUESTIONS:

3. How have you handled employee turnover when caring for patients?
4. What is one way employee turnover has affected your motivation and engagement in the workplace?
 - a. Interesting. Tell me more about _____
 - b. Are there any other ways turnover affects your motivation or engagement with caring for patients?

5. Describe what happens to your day-to-day processes when someone you work with leaves the organization.
 - a. Does this cause any difference in the care patients receive?
 - b. Please give me an example of _____.
6. Describe any variation in patient care quality because of employee turnover?
7. What are some strategies that you believe would enhance employee retention and engagement?
8. How has turnover affected team dynamics and workload allocation?

CLOSING QUESTIONS:

9. What else do you think is important for me to know about how employee turnover impacts the quality of care patients receive?
10. What about employee turnover and your daily motivation to serve patients?

Thank you so much for your help!

Stop recording

