

3-7-2025

## **Strategies U.S. Hospital Leaders Use to Recruit, Hire, and Retain Physicians to Sustain Profitability**

Terence Christopher Williams  
*Walden University*

Follow this and additional works at: <https://scholarworks.waldenu.edu/dissertations>



Part of the [Finance Commons](#)

---

This Dissertation is brought to you for free and open access by the Walden Dissertations and Doctoral Studies Collection at ScholarWorks. It has been accepted for inclusion in Walden Dissertations and Doctoral Studies by an authorized administrator of ScholarWorks. For more information, please contact [ScholarWorks@waldenu.edu](mailto:ScholarWorks@waldenu.edu).

# Walden University

College of Management and Human Potential

This is to certify that the doctoral study by

Terence C. Williams

has been found to be complete and satisfactory in all respects,  
and that any and all revisions required by  
the review committee have been made.

Review Committee

Dr. Carol-Anne Faint, Committee Chairperson, Doctor of Business Administration  
Faculty

Dr. Roger Mayer, Committee Member, Doctor of Business Administration Faculty

Chief Academic Officer and Provost  
Sue Subocz, Ph.D.

Walden University  
2025

Abstract

Strategies U.S. Hospital Leaders Use to Recruit, Hire, and Retain Physicians to Sustain  
Profitability

by

Terence C. Williams

MSN, Walden University 2020

BS, University of North Carolina at Pembroke, 2005

Research Project Submitted in Partial Fulfillment  
of the Requirements for the Degree of  
Doctor of Business Administration

Walden University

April 2025

## Abstract

Poor physician retention negatively impacts the quality of community healthcare, leading to financial losses and increased operational costs for hospitals. Hospital administrators and the governing boards are particularly concerned with addressing this issue to ensure sustainable healthcare delivery. Grounded in the Hertzberg's two factor theory, the purpose of this qualitative pragmatic inquiry was to explore strategies that hospital administrators can utilize to improve physician retention. The participants included eight high-ranking hospital administrators within the geographic region of North Carolina who had an active role in provider retention. Data was collected using semistructured interviews, identify five critical themes: (a) implement mentorship, (b) promote competitive salaries, (c) ensure clear communication, (d) foster work life balance, and (e) apply progressive leadership. A key recommendation that emerged from this study is for hospital administrators to implement mentorship programs throughout the organization. The potential implications for positive social change include improved public health outcomes and increased health equity by ensuring consistent access to well-trained physicians. Additionally, enhancing physician education on emerging disease states and preventive care strategies can optimize community health, ultimately reducing hospitalizations and lowering healthcare costs for individuals and society.

Strategies U.S. Hospital Leaders Use to Recruit, Hire, and Retain Physicians to Sustain  
Profitability

by

Terence C. Williams

MSN, Walden University 2020

BS, University of North Carolina at Pembroke, 2005

Research Project Submitted in Partial Fulfillment  
of the Requirements for the Degree of  
Doctor of Business Administration

Walden University

April 2025

## Dedication

I dedicate this doctorate study to my loving wife Jether Williams, son Gabriel Williams, and parents Shawn and Patricia Williams. Your enduring love, support, and belief have driven me beyond my own imagination and expectation.

## Acknowledgments

I would like to thank Dr. Carol-Anne Faint for her guidance and encouragement during the process. In addition to this, each Walden professor who has been instrumental in guiding me through this journey. I would also like to thank my classmates for all the inspiration and knowledge shared week after week. This journey was phenomenal and unforgettable.

## Table of Contents

List of Tables .....	iv
Section 1: Foundation of the Project.....	1
Background of the Problem .....	1
Business Problem Focus and Project Purpose .....	2
Research Question .....	3
Assumptions and Limitations .....	3
Assumptions.....	3
Limitations .....	4
Transition .....	4
Section 2: The Literature Review .....	6
A Review of the Professional and Academic Literature.....	6
Physician Shortages .....	7
Conceptual Framework Application.....	8
Herzberg Two-Factor Theory .....	10
Rural Healthcare .....	13
Telemedicine.....	15
Clinical Specialists.....	17
International Providers.....	18
Healthcare Disruptions.....	19
Artificial Intelligence .....	19
Medicare Reimbursement .....	20



Innovative Work Solutions .....	22
Innovation in Addressing Physician Shortage .....	24
Transition .....	26
Section 3: Research Project Methodology .....	28
Project Ethics .....	29
Nature of the Project .....	29
Population, Sampling, and Participants .....	30
Data Collection Activities .....	32
Interview Questions .....	35
Data Organization and Analysis Techniques .....	36
Reliability and Validity .....	39
Transition and Summary .....	42
Section 4: Application to Professional Practice and Implications for Change .....	44
Introduction .....	44
Presentation of Findings .....	44
Theme 1: Implement Mentorship .....	45
Theme 2: Promote Competitive Salaries .....	49
Theme 3: Ensure Clear Communication .....	52
Theme 4: Foster Work Life Balance .....	55
Theme 5: Apply Progressive Leadership .....	58
Applications to Professional Practice .....	62
Implications for Social Change .....	63

Recommendations for Action .....	64
Recommendations for Further Research.....	65
Conclusion .....	66
References.....	68
Appendix A: Interview Protocol.....	78
Appendix B: Participant Invitation .....	79

## List of Tables

Table 1. Summary of Reference Types.....	6
Table 2. Implement Mentorship.....	47
Table 3. Promote Competitive Salaries .....	50
Table 4. Ensure Clear Communication.....	53
Table 5. Foster Work Life Balance.....	56
Table 6. Apply Progressive Leadership .....	59

## Section 1: Foundation of the Project

### **Background of the Problem**

Physician retention rates are prioritized by healthcare systems, patients, community leaders, and provider colleagues as prime indicator for the need to improve policy and procedures. Provider turnover ratios indicate not only the general opinions of staff but also how effective the healthcare system is at attracting new talented practitioners (Noya et al., 2022). Healthcare systems that lack the ability to keep their most valuable and highly skilled employees are not attractive landing spots for future providers (Noya et al., 2022). They also lack veteran staff to provide mentorship and guidance for up-and-coming colleagues. This gap increases the burden on incoming providers, to quickly close the learning curve in a field that often requires time and consistent tutelage to gain satisfactory levels of comfort (Noya et al., 2022).

Unfortunately, the field of medicine is critical to the well-being and health of its host community. Evidence has shown that physicians with authentic ties to the community such as owning real estate, living within closer proximity of the hospital they practice and having children within the school system are much more dedicated to their patients and thus generate greater outcomes (Coulson & Galvin, 2023). In multiple studies, it has been demonstrated that physicians with genuine roots within the community they practice, go above and beyond the call of duty to ensure the best level of care is given to all patients (Coulson & Gavin, 2023). The purpose of this pragmatic study is to evaluate strategies utilized by hospital leaders and administration to improve provider retention.

### **Business Problem Focus and Project Purpose**

The specific business problem was that some U.S. hospital leaders lack effective strategies to recruit, hire and retain physicians to sustain profitability. Therefore, the purpose of this qualitative pragmatic inquiry is to explore strategies in which hospital administrators can utilize to improve provider retention. The method and design is a qualitative pragmatic inquiry.

Regarding the sampling method, I collected data using a systematic literature collection approach. I utilized multiple qualitative data sources including interviews with at least six participants who meet criteria including (a) hospital administrator for at least 5 years, (b) direct involvement in the recruitment of physicians, and (c) successful profitability resulting from the recruitment and retention of physicians; public articles and bulletins that directly relate to the recruitment of physicians.

The geographic location of all participants was the greater Charlotte, North Carolina region. I conducted semi structured interviews with eight U.S. hospital administrators who have successfully recruited and retained physicians and experienced improved profitability. I reviewed related available public articles and bulletins. These highly qualified participants align with the specific business problem and project purpose as they can speak directly to their experiences working within the field.

The general business problem was that physician shortages in hospital settings may lead to profit losses. Physician retention rates are one of the most accurate and informative tools in the evaluation of hospital systems and their service to the

community. Physician and provider retention rates provide an accurate indicator for hospital administrator effectiveness and policy procedures (de Vries et al., 2023).

Stability in provider retention increases dedication and service to the community by providing doctors with community roots. Even though provider shortage is common knowledge, the United States faces an impending shortage of providers and growing inability to meet client needs (de Vries et al., 2023). This deficit will only grow larger and more exhaustive without strategic interventions designed to address the issue.

Hospital systems that implement creative and effective measures to retain talented providers may become more financially profitable than organizations with higher fluctuations in staff (de Vries et al., 2023). The specific business problem was that some U.S. hospital leaders lack effective strategies to recruit, hire, and retain physicians to sustain profitability. Therefore, the purpose of this qualitative pragmatic inquiry is to explore strategies in which hospital administration can utilize to ensure their organization reduces costs associated with higher turnover ratio.

### **Research Question**

What strategies do U.S. hospital leaders apply to recruit, hire, and retain physicians to sustain profitability?

### **Assumptions and Limitations**

#### **Assumptions**

Assumptions are underlying implied beliefs that can provide baseline instructions and guidance for the entire pragmatic inquiry (Hair et al., 2023). This pragmatic inquiry may be affected by three assumptions. One assumption was that each interview candidate

genuinely wants to see the company they work for improve. The second assumption is that each individual interview candidate will answer all questions in a truthful manner. The third assumption is that each interview candidate will fully understand and comprehend each question.

### **Limitations**

Limitations refer to potential weaknesses of the research study (Jacob et al., 2022). It is imperative that the researcher identify all potential limitations to the study. Limitations may be utilized to suggest potential improvements or enhancements to the study. Two major limitations may impact the proposed study. The first limitation might be that the credibility of the participant directly affects the quality of data. The second limitation includes the fact that participants must be willing to provide information that may not be conducive to the advancement of their career. The third limitation is related to the approach as this draws from a very limited pool of participants, the findings may not be applicable to all businesses everywhere.

### **Transition**

A qualitative pragmatic inquiry was designed to evaluate strategies in which hospital administration can adopt to improve physician retention. The following section will present the background problem as well as the specific business problem. This section also highlights the purpose statement, nature of the study and additionally the conceptual framework. Also included in this section are the research questions, assumptions, and operational definitions. The limitations and delimitations have also been included within this section of the research study as well. The literature review also

provides an expansive explanation as to what interventions can be implemented to combat this problem, and what geographic factors play a role as well. This section of the research project provides support for the selected methodology and further explains the researcher's role in the project, ethical considerations, and interviewee selection process.



## Section 2: The Literature Review

### A Review of the Professional and Academic Literature

The purpose of this literature review is to provide the substructure of pertinent theory and significant research connected to this study. The theories discussed relate to healthcare microeconomics, retention strategies, policies, and behavior within the healthcare environment. Many scholars focus on the need to explore the causes of physician shortages, reduced retention and restoration of providers to regions typically depleted. Their findings are presented through the theories referenced within this study. The theories are reviewed within the context of rural, economically challenged and low-income regions in mind because these theories represent many of the business. The search produced a profile of 150 relevant sources, with 55 directly contributing to this review. Out of those 55 sources, 99% were peer-reviewed journals, and 99% were published from 2020-2024.

**Table 1**

*Summary of Reference Types and Their Percentages*

Content	Older	2020	2021	2022	2023	2024	Percentages
Peer-reviewed journals	1	2	12	16	22	1	99%
Dissertations	0	0	0	0	0	0	0%
Government publications	0	0	0	0	0	0	0%
Textbooks	1	0	0	0	0	0	1%
Total	2	2	12	16	22	1	100%

## **Physician Shortages**

The World Health Organization is the United Nations organization founded in 1948 that seeks to provide leadership in global health, influence research agendas, monitor health trends and set the standards for global health. Physician shortage is defined as less than 3.9 doctors per 1000 people and approximately 83 Americans live in geographic regions deemed insufficient of health care providers (Young et al., 2023). There are 1,044,734 physicians in the United States and District of Columbia that service and care for a national population of more than 333 million people (Young et al., 2023). Despite impending scarcity of valuable healthcare dollars, global pandemics such as COVID-19 and an aging population of baby boomers, our physician workforce has been able to maintain the United States within the list of top countries regarding healthcare.

Extensive research is being done domestically and internationally to address the ongoing challenges the world is facing due to physician shortages. The largest portion of physician shortages specialties include cardiology, pulmonology, urology and radiology (Young et al., 2023). Internal medicine, pediatrics and family medicine constitute the most abundant specialties and least competitive options for scholars entering medical school (Young et al., 2023). Despite a massive and continuously expanding population to care for, U.S. physicians often outperform many comparable and equally equipped nations.

For this study, I reviewed 55 journal articles, books and government publications. Of the total reviewed works, 44 were peer reviewed journal articles or publications. The total percentage of peer reviewed articles is 80%. Working with an estimated graduation

date of December 2024, less than 80% of the sourced publication dates are before 2020, falling within the expected 5-year span required for CAO approval. Fifty-two of the total 55 articles were peer reviewed journal articles or publications. The databases used to acquire these sources include ProQuest, Web of Science, JSTOR, ERIC, Academic Search Complete, PubMed, Scopus, CINAHL, EBSCOhost, Academic OneFile, and Business Source Complete.

Keywords used for searches included a combination of *physician shortage, health, needs, patients, specialist, primary care, data, access, providers, workforce, staff shortage, nurses, system, changes, organizations, availability, quality, care, percentages, partnership, migration, community, roles, solutions, medical, policy, analysis, digital, innovations, equity, urban, rural, and telehealth services.*

The organization and subheadings for this section include conceptual frameworks, with additional subsections for Herzberg's two-factor-theory, hygiene factors and motivators, followed by rural healthcare, urban healthcare, and telemedicine, mid-level providers, nurse practitioners, international providers, artificial intelligence, Medicare reimbursement, private insurance reimbursement, innovative work solutions, and provider burnout.

### **Conceptual Framework Application**

In this section, I delve into the conceptual framework guiding the pragmatic inquiry and explore alternative theoretical frameworks that were considered but not selected for this study. The chosen conceptual framework serves to organize and categorize relevant information, facilitating the development of relationships between the

individual properties and variables under investigation. This research requires a framework that integrates healthcare business strategies, resource allocation, and employer incentives to address physician retention challenges effectively.

The Herzberg two-factor theory was selected to capture the unique aspects of provider retention, utilizing the dimensions of hygiene and motivation. This theory posits that hygiene factors, such as salary and supervision, combined with motivators like recognition and achievement, foster a productive and sustainable workforce (Poissonnier et al., 2023). It further distinguishes between hygiene factors, which prevent dissatisfaction, and motivational factors, which drive self-growth and self-actualization throughout a career (Poissonnier et al., 2023). This dual-focus framework aligns well with our study's aim to understand and improve physician retention through balanced consideration of these elements.

### **Alternative Frameworks**

Alternative frameworks, including disruptive innovation and business situational frameworks, were evaluated but ultimately not selected. These macroeconomic theories such as McClelland's (2023) human motivation theory explain business transformation processes related to resource allocation and market sharing. However, it does not provide a functional framework suitable for researching the specific problem of physician retention. The chosen Herzberg two-factor theory offers a more precise and applicable approach for this study, emphasizing the individual and organizational factors critical to addressing retention issues in the healthcare sector.

## **Herzberg Two-Factor Theory**

Herzberg's two-factor theory offers a unique approach to understanding a company's business model, particularly in relation to motivation and job satisfaction. By highlighting the importance of both hygiene factors and motivators, this theory sheds light on the intricate dynamics that influence employee engagement and how company policy can be molded around these needs. Adjusting company policies to simultaneously improve welfare and avoid low motivation can lead to an enhanced work environment and improved employee retention (Thant & Chang, 2021). Employee satisfaction and performance is linked to how well the company meets these expressed expectations.

The conceptual framework for this study is Herzberg's two factor theory. This theory was established by Frederick Irving Herzberg in 1968. According to the two-factor theory, job satisfaction and dissatisfaction are not simply opposites. Herzberg (1959) emphasized that certain factors must be present to avoid dissatisfaction (hygiene factors) while other factors must provide satisfaction (motivators). By addressing both sets of factors, companies can enhance employee satisfaction, motivation, and productivity. Herzberg theorized that creating a positive and motivating work environment, while attending to employee needs, results in increased engagement, loyalty, and productivity. This dual focus is essential for fostering a thriving organizational culture.

Organizations must continuously reassess and adapt their practices in line with Herzberg's theory to remain impactful and relevant. Embracing this dynamic approach, driven by a profound understanding of employee engagement and satisfaction, makes organizational success more achievable. Additional factors such as interpersonal

relationships, organizational policies, salary, work conditions, job security, workplace culture, and opportunities for upward mobility play critical roles in this framework (Thant & Chang, 2021). Factors like corporate ethos, leadership characteristics, workplace atmosphere, company values, transparency, flexibility, and overall happiness also fall into either the hygiene or motivational categories, further influencing the overall work environment and employee satisfaction.

Employers benefit significantly from understanding the sub-components of Herzberg's two-factor theory. Hygiene factors, which include job elements like security, pay, fairness, and working conditions, are essential for meeting basic employee needs (Munap et al., 2021). Herzberg (1959) emphasized that leadership must ensure the adequacy of these hygiene factors to avoid employee dissatisfaction. It is important to note that hygiene factors are not the opposite of motivators, and the opposite of satisfaction is not dissatisfaction but rather no satisfaction (Munap et al., 2021). Viewing employees as customers, hygiene factors are akin to what customers expect, such as reasonable prices, warranties, and the ability to exchange products (Bhatt et al., 2022). With the blending of work and personal life, job satisfaction and general happiness have become increasingly critical for employers (Bhatt et al., 2022). These factors, also referred to as dissatisfiers, can greatly influence satisfaction within the workplace.

Policies like flexible work hours and extended leave are highly valued by employees, while friction in workplace relationships can cause significant stress (Bhatt et al., 2022). Over time, newer generations, particularly millennials, have shown shifting priorities compared to previous generations, further emphasizing the need for leadership

to understand and implement critical hygiene factors effectively. Herzberg (1959) implied that leadership must continuously reevaluate and adapt their practices to enhance satisfaction and motivation, ultimately leading to increased engagement, loyalty, and productivity. Thus, a thorough grasp of these factors and their integration into business strategy is essential for fostering a positive and productive work environment.

In addition to hygiene factors, organizational leadership must understand the principle of motivators. Herzberg (1959) defined motivation as factors that provide positive satisfaction from intrinsic conditions of the job itself, such as recognition, achievement, and personal growth. Herzberg elaborated that motivation is what drives employees to perform because they want to, rather than because they must, distinguishing it from mere movement. Thant and Chang (2021) offered an insightful model explaining that enhancing team motivation and fostering positive work environments create communities capable of expansive and revolutionary work. Managers should recognize and praise employee accomplishments, ensure workers feel a sense of achievement, empower them to pursue advancement opportunities, and minimize control while maintaining accountability (Kozlarek, 2021). Strategic utilization and mastery of this particular skillset will advantage savvy management in the never-ending battle for talent.

Intrinsic motivators, which include relatedness, growth potential, stability, and meaningful relationships, often extend beyond traditional workplace provisions (Kozlarek, 2021). Extrinsic motivators, on the other hand, encompass sufficient salaries, benefits, safe working conditions, favorable policies, and adequate supervision (Kozlarek, 2021). Ensuring fair rules, flexible dress codes, and comprehensive employee

assistance programs are also vital extrinsic motivators. Finally, fostering self-gratification within the work environment is essential. Providing employees with opportunities for self-gratifying work helps them feel they have earned their paycheck, which is crucial for successful retention (Kozlarek, 2021). Thus, balancing intrinsic and extrinsic motivators is key to achieving high employee engagement and retention.

### **Rural Healthcare**

Much has been written about the role of rural markets in physician shortages, highlighting the unique geopolitical and socioeconomic circumstances of these communities. Casey (2023) provided a comprehensive analysis of common themes in these regions, revealing medical inequities. This study used mixed methods and semi-structured interviews to uncover tactics like workload reduction and improved community-based learning, which led to increased community engagement. In the early twentieth century, as medical schools raised standards, the number of new graduates practicing in rural areas declined by 40% (Moehling et al., 2020). Evidence suggests that physicians trained in scientifically and clinically advanced programs were more attracted to urban systems (Moehling et al., 2020). These providers cited factors such as diversity of ideas, hospital prestige, quality of life, better pay, affiliation with large universities, and opportunities for upward mobility as reasons for their preference (Moehling et al., 2020). Healthcare within the rural setting will require surgical game planning and unique solutions to improve upon these issues.

Examining rural physician retention reveals the complexities and nuances of the recruitment process. While physician retention is generally higher in urban areas, Bonica



et al. (2020) suggested that focusing on distinct incentives can help bridge the gap between rural and metropolitan markets. Effective strategies include elevating physicians' stature within the community, involving them in hospital policy decisions, and recruiting local talent. Physicians also choose their practice locations based on personal political ideologies, with some regions being more favorable to liberal or conservative practitioners (Bonica et al., 2020). These insights underline the importance of tailored incentives and understanding personal motivations in addressing rural physician shortages.

While it may be easy to assume that physician retention challenges are limited to rural markets, this is a misconception. Urban expansion in popular cities can lead to hundreds of thousands of new residents annually (Yu et al., 2022). These population surges can drive economic growth but often outpace the availability of physicians to meet the increased demand (Yu et al., 2022). Larger cities can become underserved in medical services, especially in highly specialized fields such as cardiology, neurology, critical care, and trauma surgery. High rates of traumatic injuries from accidents, assaults, and other incidents increase the demand for medical specialists in urban areas (Matti & Ruseski, 2021). Additionally, patients from rural areas often seek specialists in urban centers, further straining resources (Matti & Ruseski, 2021). While urban environments benefit from their large diverse populus, this also provides an opportunity for more efficient and progressive ideas.

The increased demand for specialty care in urban markets leads to intense competition for the limited number of graduating specialists. Public health crises like

COVID-19, RSV, monkeypox, and influenza tend to spread more rapidly in densely populated areas, placing a higher financial burden on these communities (Baum et al., 2022). In contrast, rural residents often live farther apart, reducing infection transmission and the need for critical care providers (Baum et al., 2022). These factors exacerbate the strain on physician resources in larger urban markets. Urban areas face unique challenges in retaining medical specialists, highlighting the need for targeted strategies to address these shortages effectively. Therefore, both rural and urban markets require tailored approaches to ensure adequate physician retention and meet their specific healthcare needs.

### **Telemedicine**

Restoring healthcare to areas of need requires healthcare systems to diversify their offerings and fully utilize available technology. Many scholarly and business articles emphasize the importance of maximizing telemedicine resources across the United States (Ford et al., 2023). The COVID-19 pandemic and new communicable diseases have increased public acceptance of telemedicine, expanding its capabilities and popularity (Ford et al., 2023). Advances in technology and sophisticated medicine have broadened telemedicine possibilities (Hawa et al., 2023). There is a growing need to close the gap in medical service access, and healthcare leaders are diligently working to serve underserved populations and capture untapped market shares. Current research focuses on managing knowledge and strategically leveraging the latest technologies to create competitive advantages in telehealth delivery (Baughman et al., 2023). Telemedicine will without a doubt be a useful agent in the battle for future healthcare.

Utilizing the latest technologies, including artificial intelligence (AI), will provide valuable guidance in addressing the medical needs of remote and rural populations. AI can offer critical knowledge and information to patients lacking access to primary care and preventative services. Addressing U.S. medical disparities will require innovative solutions (Riew et al., 2023). Innovation should be the backbone of organizational planning, business management, human resource allocation, and improved medical outcomes. When healthcare systems embrace innovation, the potential for lifestyle improvements and better medical outcomes is boundless (Riew et al., 2023). Technology and innovation cannot be excluded when discussing the future of healthcare.

Evolution drives innovation and progress, especially in healthcare systems worldwide, which are developing new roles for mid-level providers. Expanding these roles requires public understanding of new healthcare delivery models. However, patient confusion about mid-level practitioner titles and roles is common, as the terminology can be misleading (Taylor et al., 2021). Mid-level health workers are expected to achieve similar patient outcomes as physicians, filling crucial gaps in services that physicians alone cannot cover (Bhusal et al., 2022). Nurse practitioners (NPs) and physician assistants are increasingly trained for primary care, community health settings, specialty practices, and some surgical procedures. The rise of non-communicable diseases in rural areas presents challenges and opportunities for mid-level providers to address (Nath et al., 2021). Mid-level providers provide an innovative option for provider deficits.

## **Clinical Specialists**

Physicians recognize the positive impact of clinical specialists and mid-level providers, although evidence on their preferences for the abundance of mid-level providers is limited (Tubb & Loesch, 2021). The influx of patients with lingering conditions post-COVID-19 has highlighted the fragility of our healthcare provider supply, shifting some physicians' opinions to support mid-level providers (Tubb & Loesch, 2021). The pandemic demonstrated the necessity for innovative solutions in healthcare, including utilizing mid-level providers. These providers are essential for an all-hands-on-deck approach in crisis situations, ensuring healthcare institutions can meet new challenges effectively. Adopting mid-level providers is crucial for addressing healthcare demands and sustaining the progress and innovation needed in the evolving medical landscape.

Several alternative providers have been suggested to bridge the gap between physicians and patients, with NPs emerging as a highly viable option. NPs perform many of the same duties as physicians, such as conducting physical exams, diagnosing and treating diseases, and prescribing medications (Liu et al., 2021). Their extensive healthcare background and ability to be upskilled through additional education make NPs an excellent choice for advanced provider roles. They are socially inclined, focusing on learning, personal development, and individualized patient care across all age groups (Noecker et al., 2021). NPs' enthusiasm and dedication to their work naturally address turnover and shortages, as job satisfaction strongly correlates with long-term role retention. NPs report high satisfaction in benefits, time management, intra-practice

partnership, collegiality, reward distribution, salary, research involvement, and advancement opportunities (Venegas et al., 2023). NPs provide a cost effective and highly skilled solution for areas of critical shortage.

Extrinsic factors such as geographic location, hospital system regulations, leadership recognition, and hospital prestige also significantly influence NP satisfaction (Venegas et al., 2023). Retaining these vital practitioners is crucial for building a stable and reliable healthcare team. NPs are cost-effective, as they do not command the high salaries that physicians do, and can be cross trained in multiple specialties, unlike physicians who train for specific roles during residency. This flexibility and cost-efficiency make NPs a valuable asset to healthcare institutions. Utilizing NPs effectively can address current healthcare demands, reduce physician workload, and improve patient care delivery, ensuring a robust and responsive healthcare system.

### **International Providers**

International providers, like NPs, present an alternative to traditional U.S.-trained physicians. To address physician shortages and maldistribution, high-income countries, including those in the Organization for Economic Co-operation and Development, have actively recruited doctors trained overseas, primarily from low-income countries (Darboe et al., 2023). The United States faces ongoing physician shortages due to factors such as increased healthcare demand, geographic barriers, inadequate health insurance coverage, and extended wait times for services. International medical graduate (IMG) physicians are crucial in delivering healthcare services in the United States (Abbasi et al., 2023).

International providers provide a diverse range of skill that can be very beneficial to the U.S. healthcare system.

### **Healthcare Disruptions**

Disruptions in the inflow of IMGs have previously negatively impacted U.S. healthcare. Although the number of IMGs practicing in the U.S. has grown by over 18% since 2010, with more than 45,000 currently in practice, particularly in internal medicine, an increased presence of international providers could better address the medical needs of U.S. citizens (Abbasi et al., 2023). The United States competes with countries like the U.K., New Zealand, Australia, Canada, and Ireland for these skilled professionals (Darboe et al., 2023). IMGs often possess more years of work experience and are older than their domestically trained counterparts, contributing to higher healthcare and hospital satisfaction in institutions that employ them.

### **Artificial Intelligence**

The impact of AI on various sectors, particularly finance, technology, and healthcare, has been extensively discussed in respected publications. AI is poised to drive revolutionary solutions in science, addressing longstanding challenges (Belluci & Michele, 2023). In healthcare, AI applications include robotic surgeries, virtual nursing services, and smart electronic documentation, streamlining tasks traditionally performed by humans and mitigating the need for live personnel (Houfani et al, 2022). This technology is particularly valuable amid ongoing physician shortages, helping to bridge gaps in healthcare delivery. AI's potential to enhance healthcare models is evident through its ability to reduce uncertainty and complexity in surgical procedures and

improve medical documentation privacy and security (Liu et al., 2024). As cyber threats evolve, the healthcare industry's proficiency in AI becomes increasingly crucial.

Over the past decade, healthcare has accelerated its digitization and automation efforts, improving the efficiency and security of medical record access. AI technologies, such as facial recognition for diagnosing rare diseases and deep learning algorithms for early cancer detection, have significantly advanced patient care. Additionally, AI's capacity to analyze large datasets and identify patterns has been instrumental in genomics and drug discovery breakthroughs (Lepratte & Yoguel, 2023). AI, encompassing subfields like machine learning and deep learning, continues to evolve rapidly, promising to enhance the delivery of U.S. healthcare by integrating human expertise with digital augmentation. Medical imaging, particularly in radiology and ophthalmology, has seen remarkable progress with AI applications, occasionally outperforming human capabilities and expected to continue improving (Lili & JunYou, 2022). Digitalization and automation are an inevitable solution for our evolving healthcare system.

### **Medicare Reimbursement**

Medicare reimbursement for physicians involves three intricate steps: identifying appropriate service coding, applying correct ICD-9 diagnostic coding, and adhering to the Centers for Medicare and Medicaid Services fee schedule. This complex process directly impacts a hospital system's ability to receive payment for services rendered (Liu et al., 2021). As healthcare operates on a model where services are provided before payment, hospitals often face revenue delays and unpaid bills (Liu et al., 2021). Consequently, hospitals are incentivized to accept any payment offered by payers, potentially leaving

them responsible for covering shortages after deducting staff and business costs.

Inadequate revenue recovery can lead to layoffs and minimal staffing, which jeopardizes safe patient-to-provider ratios.

The Medicare Physician Fee Schedule uses a resource-based relative value system to assign values to procedural services, ensuring even distribution of services across the United States and providing hospitals with a predictable revenue stream. Changes to Medicare and Medicaid reimbursement schedules are frequently adjusted based on current value care strategies (Whaley et al., 2021). This predictability helps hospitals assess their financial capability to maintain adequate staffing. Effective physician retention relies on adequate staffing levels, facilitating collaboration, workload sharing, and reducing hospital mishaps (Whaley et al., 2021). Medicare and Medicaid will certainly require some intricate adjustments to remain a viable solution for the U.S. population in the future.

Many of the decisions made by clinicians daily are highly dictated by the patient's private insurance. Certain geography regions of the United States have higher percentages of individuals covered by private health insurance. Private insurance is often administered through a large employer, thus geographic regions that are rich in corporate employers generally have a robust roster of insured patients (Whaley et al., 2021). Geographic regions that are heavily populated with privately insured patients often have large hospital organizations to manage these patients. This directly affects physicians because these large organizations need physicians to populate their facilities.



The money generated from these organizations is directly utilized to pay and retain providers. Private insurers have historically searched for payment strategies to reduce the overall amount of money they annually pay providers. Fee for service is the most common reimbursement method in which a health insurer covers some or all a patient's healthcare cost while leaving the patient responsible for the remaining portion (Shafer et al., 2023). Unfortunately, this payment system incentivizes hospital systems and providers to perform more tests and procedures to maximize reimbursement potential (Shafer et al., 2023). With resources becoming more scarce moving forward hospitals must maximize care provided while minimizing costs.

The ability of these organizations to maximize reimbursements will have a direct impact on the number of physicians they can employ. Specific organizations can provide specialized care that are billable services. Billable expenses are incurred by the hospital system for specialized care that is unique to each individual patient's diagnosis and medical condition (Ruiz, 2023). The accumulation of these billable services leads directly to the retainment of physicians due to the revenue produced. Physicians are much less likely to be reduced when they are working in a health system that can obtain billable services.

### **Innovative Work Solutions**

Innovation is necessary to address ongoing issues around physician shortage. Innovation is simply applying new concepts or solutions to pre-existing issues. While innovation is typically highly driven by new technologies, innovation can sometimes occur while utilizing pre-existing technologies in a new way (Ooms & Piepenbrink,

2021). Without innovation and technology at the forefront, it will be difficult to pinpoint key reasons why physician shortage is more prevalent in specific regions.

Open innovation is a viable strategy to solve complex problems, the complexity of these types of problems renders the management of open innovation initiatives useless at times (Ooms & Piepenbrink, 2021). Physician shortages are multicomplex and situational problems that will require pinpoint and specific innovative solutions to correct across all avenues (Ooms & Piopenbrink, 2021). National guidance is often necessary to ensure that specific healthcare guidelines and standards are being met across the board for citizens regarding healthcare access (Turner et al., 2022). These standards ensure a basic level of care is provided for each citizen such as access to an accredited stroke center or chest pain center in the case of cerebrovascular accidents and myocardial infarctions. Regardless of an individual's socioeconomic status, heart attacks and strokes are life threatening medical emergencies that require immediate interventions and cannot be delayed due to physician access logistics. Countries across the globe site increasing burden of healthcare cost as a potential public and private policy problem moving forward (Frean et al., 2023). Innovative work solutions often bring newfound clarity to convoluted problems of the past but often come at a high monetary price.

Often, innovation is privately financed by large corporations looking to make a maximum return on their investments. This can create modern and disruptive solutions that may be out of the price range for patients seeking to capitalize on the latest healthcare trends and leave hospitals reducing physician workforce to finance expensive medical technologies. Private capital is stepping in to help healthcare providers grow as

traditional bank loans equity lines wane (Frean et al., 2023). Essentially, physician shortage can be brought on by innovation that unintentionally competes for limited available capital within an organizations budget.

### **Innovation in Addressing Physician Shortage**

Innovation is essential to addressing the ongoing physician shortage, involving the application of new concepts or solutions to existing issues. While often driven by new technologies, innovation can also occur by repurposing existing technologies in novel ways (Ooms & Piepenbrink, 2021). Open innovation, despite its complexity, offers a viable strategy for solving multifaceted problems like physician shortages, requiring precise and targeted solutions (Ooms & Piepenbrink, 2021). National guidance ensures healthcare standards are met, providing basic care such as access to accredited stroke and chest pain centers, critical in emergencies regardless of socioeconomic status (Turner et al., 2022). The rising healthcare costs globally present both public and private policy challenges, with innovative solutions often coming at a high monetary price (Frean et al., 2023). While these innovations bring clarity to past issues, they can also strain hospital budgets, leading to workforce reductions to finance expensive technologies.

Concerns about the future of the healthcare system arise if burnout continues at its current rate. Provider burnout is a significant issue, with one in five physicians leaving the field annually due to feeling overwhelmed (Hoff et al., 2024). Unlike previous generations, many current physicians seek alternative career paths within a decade of starting their medical careers (Hoff et al., 2024). The extensive training required for medical practice makes the early departure of physicians alarming, as it results in the

need to replace highly motivated and intelligent individuals with potentially less qualified personnel. This decline in the workforce could lead to a reduction in the quality of care provided to the public. Healthcare leaders must find innovative ways to make physicians feel appreciated and satisfied in their roles to retain them (Stewart et al., 2023).

Addressing physician burnout is crucial to preventing it from exacerbating the physician shortage crisis.

Physicians often face challenges in leadership roles due to the dissonance between administrative and clinical responsibilities. Effective strategies to combat burnout include appointing physician leadership, which is associated with improved patient outcomes, increased provider satisfaction, and reduced burnout (Sullivan et al., 2022). Addressing the hierarchy of values that prioritize system requirements, such as those imposed by electronic health records, is essential (Skeff et al., 2022). Qualitative anonymous interviews can help uncover and understand physician distress related to burnout, positioning physician leadership to manage burnout effectively. Various factors, including Herzberg's two-factor theory, play a significant role in addressing physician shortages.

Hygiene factors, such as working conditions and salary, prevent job dissatisfaction, while motivators like job status and opportunities for growth enhance job satisfaction. Rural and urban healthcare leaders must address unique barriers to retaining physicians, leveraging new technologies like telemedicine and expanding the roles of mid-level providers and international physicians (Sullivan et al., 2022). Innovative solutions, including AI and improved reimbursement strategies, are critical in addressing

physician burnout and ensuring the retention of existing physicians. Without keeping current physicians motivated, healthcare leaders face a constant struggle to replace them.

### **Transition**

The Herzberg two-factor theory states that motivation and hygiene factors individually focus unique properties that if utilized appropriately will assist administrators in the retention of workers. Hygiene factors focus on the need to avoid unpleasant situations. This includes arguments and disagreements with co-workers and leadership, uncomfortable and passive aggressive behavior from administrators, and disrespectful treatment from others within the organization. On the other hand, motivation factors focus on self-growth and actualization. These factors allow the individual employee to grow and improve within their own respective skill set and abilities. Healthcare leadership will need to incorporate these principles into their culture to retain more physician talent. The Herzberg two-factor theory model provides the basic roadmap for healthcare administration to ensure strategic planning for successful growth and retention of providers. The following sections explore the project's ethical background, the nature of the project, how the population, sampling and participants were selected. This includes interview questions excluding the reliability and validity of the research study as well.

In research studies, motivators like intellectual challenge, recognition, and opportunities for advancement stimulate intrinsic motivation among researchers, enhancing satisfaction and performance. Conversely, hygiene factors such as salary, physical work environment, and administrative policies, while necessary, merely mitigate

dissatisfaction when lacking. Recognizing this, research organizations can prioritize creating an environment rich in motivators to foster engagement and innovation, while ensuring hygiene factors are adequately met to prevent demotivation and discontent among researchers, thus optimizing research outcomes and productivity.

### Section 3: Research Project Methodology

In Section 3, I will describe the methodology for the qualitative pragmatic inquiry that will address the strategies administration will use to retain physician staff. I address the studies ethics, the nature of the study, describe the population sampling and participants. Additionally, I review the data collection, interview questions, data collection and analysis techniques. Finally, I discuss the reliability and validity of the research project.

The population of participants were hospital administrators with minimal five years of direct involvement in the recruitment of physicians and leadership. Participants must have extensive experience regarding the recruitment and retention of physicians and must understand public knowledge and literature involving the recruitment of physician staff. Gaining access to these participants was done through leveraging relationships built through my over 10 years of experience working within multiple hospitals and healthcare organizations. A strategy to gain a working relationship with participants includes engaging in multiple conversations prior to beginning research to ensure full transparency of the research is achieved. The participants were enthusiastic about solving critical healthcare problems and passionate about research. This ensured the participants align with the overarching research purpose. The sampling method was purposeful to ensure high quality candidates with dynamic knowledge are solely utilized for the study. A minimum of five candidates were selected to ensure I obtained an adequate amount of information to reach data saturation. When information becomes repetitive and is no longer informative, data saturation will be accomplished (Pearse, 2021).

### **Project Ethics**

Ethical considerations must always be considered when utilizing human participants. The IRB approval number for this project is 10-14-24-0757532. It is imperative that an individual have their thoughts, comments and concerns properly and accurately reflected within any research project. Each candidate that participated also received a consent form and understanding while also signing a paper consent and understanding as well. This research project included many safeguards to ensure candidates are treated fairly and justly. Before the initiation of the project each candidate I spoke to each candidate individually to ensure they are aware of how the research would be utilized in the completion of my Doctorate. Each candidate was given an expectation in time length before the final study is published. I ensured each candidate was provided with a consent form to review and sign prior to the start of the interview process. Printed transcripts will not be provided to anyone outside of Walden University or the Walden University IRB. Any candidate with concerns or unease about any portion of the interview or research process was permitted to withdraw from the study without any repercussion or penalty. No incentives or benefits were provided to the candidates for their participation in the study.

### **Nature of the Project**

To address the research questions in this qualitative study, the specific research design was a pragmatic inquiry. The methodology utilized in this study was qualitative. Qualitative research is instrumental in illuminating and interpreting the rich experiences and descriptions provided by participants within a complex phenomenon (Gray, 2022).



Qualitative research provides a unique depth of understanding (Zhan et al., 2023).

Qualitative researchers can collect and analyze data to gain a better understanding of underlying reasons, opinions, and motivations (Pearse, 2021). The inherent characteristics of qualitative research make it an ideal methodology to clearly understand this multi-layered issue.

The pragmatic design was appropriate for this study because pragmatic inquiry is instrumental in exploring key characteristics and the interpretation of their underlying rationalizations (Miller et al., 2023). The pragmatic inquiry design assists researchers in gaining concrete, contextual, in-depth analysis regarding this real-life business issue (Miller et al., 2023). The pragmatic inquiry design is indicated when the researcher plans to employ social sciences to observe participants in their natural setting with minimal interference from the researchers (Miller et al., 2023).

### **Population, Sampling, and Participants**

The population for this study was sourced from health care administrators in Charlotte, North Carolina. This organization is a leading healthcare provider, offering a wide range of health services across numerous fields, practices, and communities. The participants in this study possessed extensive knowledge of universal healthcare practices and potential disruptive innovations that could significantly impact managed care. They hold influential positions with the authority to implement these changes.

Accessing these participants was facilitated through networking within the greater Charlotte region's extensive hospital system, where I have worked for almost 2 decades. Establishing a working relationship with participants involved discussing and conversing

about the pragmatic inquiry and related healthcare topics before initiating the interview process. The participants were characterized by their extensive knowledge of the healthcare industry and a genuine desire to see improvements and find solutions to current industry problems. Given the need for highly qualified participants, my sampling was purposeful, requiring a minimum of five highly qualified individuals to achieve data saturation.

This study was able to extract valuable insights from seasoned leadership within the organization to develop concrete quality improvement measures and business solutions to the ongoing problem of low provider retention. Qualitative research often relies on quality interview candidates within an appropriate sample size to uncover logical solutions. To ensure an adequate sample of candidates for the interview process, we employed purposeful sampling strategies and snowball sampling (Dunwoodie et al., 2023). Purposeful sampling involves selecting categories or groups of cases to be included in the final sample, such as demographic, geographical, psychological, or socio-economic categories, and then determining a sample number of participants for each category (Dunwoodie et al., 2023).

Snowball sampling is more flexible, as it does not require a fixed number of cases in each category but sets a minimum number for each category (Dunwoodie et al., 2023). Purposeful sampling occurs during data collection and analysis, following a provisional analysis of a small number of cases (Dunwoodie et al., 2023). To ensure each candidate had baseline knowledge of the hospital system's inner workings, I used a purposeful sampling technique based on administrative titles, ensuring efficient progress through the

interview process. Selection criteria included (a) holding a current leadership role within the organization, (b) being employed within the hospital system for a minimum of 5 years, (c) overseeing at least one major organizational department, and (d) having a minimum of 10 years of experience in the healthcare field.

Interviews were conducted in a relaxed and comfortable setting to achieve maximum results (Dunwoodie et al., 2023). Each interview took place in a private suite within the physician's lounge of the hospital, conducted face-to-face with an audio recording device visible on the table. Interviews lasted approximately 45 minutes and were conducted in a private, secure environment. Participants all provided verbal consent to the audio recording and confirmed the interview location's comfort. The interview process continued until data saturation was reached, meaning no new information is obtained from additional interviews.

### **Data Collection Activities**

This is a qualitative research study, and as such the main instrument is the researcher. While conducting any qualitative research study, the researcher is responsible for guided observation, focused discussions, interviews, and audio recorded conversations, hence making the researcher an instrument within the study (Alshenqeeti, 2014). The primary role of the researcher is to protect the integrity of the study. Following a protocol to utilize interview data is crucial for ensuring reliability, validity, and ethical standards in research. The first step involves obtaining informed consent from participants, clearly explaining the study's purpose and ensuring confidentiality. Next, interview questions should be pre-tested and standardized to maintain consistency.

During data collection, it is important to record interviews accurately, either through audio recordings or detailed notes, to capture nuanced responses. Post-interview, transcription must be precise, reflecting the participant's language and expressions faithfully. Researchers should then employ a systematic coding process to identify themes and patterns. Using software tools can enhance accuracy and efficiency in this stage. Triangulation, by comparing interview data with other data sources, helps validate findings.

Finally, ethical considerations must be upheld throughout, including anonymizing data and securely storing records. Adhering to these protocols ensures the integrity and robustness of the research, facilitating meaningful and credible insights. I additionally utilized member checking to maximize reliability and validity of the research. With member checking researchers share their interpretations, summaries, or drafts of the study with the participants, seeking their feedback to ensure accuracy and resonance with their experiences. This collaborative approach helps identify any misunderstandings, misrepresentations, or biases in the data analysis. Each participant can confirm, clarify, or challenge the researcher's interpretations, leading to more robust and authentic findings. By incorporating participants' perspectives, member checking fosters a sense of co-ownership and enhances the overall trustworthiness of the research. Each research question will be located within the data collection activities section of the study.

The first step in the data collection process is obtaining approval from the Institutional Review Board (IRB). This ensures that ethical standards are met throughout the research study. Consistency in using one consistent interview protocol (see Appendix

A) for all participants is crucial to maintain the validity and reliability of the research (Alshenqeeti, 2014). Qualitative research methods, which are essential in social science, help in gaining a deeper understanding of human behavior through interactions and spontaneous responses (Alshenqeeti, 2014). Additional data were gathered from the Hospital Information System, a centralized database where hospital health data is securely stored and shared to improve patient care quality (Dixon & Cusack, 2023). These systems are used to enhance patient outcomes, inform research, and guide policymaking within healthcare organizations (Dixon & Cusack, 2023). They are utilized by a range of stakeholders, from patients to public health officials, to compile data for healthcare decision-making.

Building a trusting relationship with each interview candidate is paramount. To achieve this, approximately 20 minutes were spent before each interview discussing the research study's purpose and addressing any concerns the participant may have. It is essential to be mindful of the participant's comfort levels and avoid pressuring them to discuss uncomfortable topics. Observing body language and facial expressions will help assess the participant's comfort with each topic. Maintaining eye contact, smiling, and nodding can help create a warm and sincere environment. The interview setting was neutral and free from distractions, with warm lighting and a comfortable temperature, and optional seating to ensure the participant's comfort. Prior to beginning the interviews, all recording devices were tested to ensure they are functioning correctly, thus maintaining transparency about the recording process.

Each interview lasted approximately 20 to 30 minutes, and participants were informed of this duration beforehand (see Appendix B). To ensure the research accurately captures the participants' thoughts and statements, a verification technique known as member checking was used (Turner & Hagstrom-Schmidt, 2022). After each interview, a second meeting was held to review the interview draft with the participant and make necessary corrections, ensuring the data is interpreted correctly. Rigorous interview research employs quality control measures, guided by quality frameworks, to reduce interviewer-induced errors (Turner & Hagstrom-Schmidt, 2022). Organizations typically use multiple quality control approaches, including interview verification and error identification (Turner & Hagstrom-Schmidt, 2022). Training and monitoring interviewers are critical components of quality assurance. For recording the interviews, an Aiworth 72GB Digital Voice Recorder with playback capabilities will be used. Once interviews were completed and member checking was done, the interviews were transcribed when the draft accurately reflected the participants' responses.

### **Interview Questions**

1. What strategies can be utilized upon hiring to incentivize oncoming providers to remain employed beyond their first 5 years?
2. What services should be available to support new providers during the onboarding process to adjust their new facility?
3. What circumstances do outgoing providers typically report to administration as reasons for leaving prior to 5 years employment?

4. What current barriers exist that prevent administration from recruiting providers to low retention facilities?
5. What can an organization do to become more responsive in addressing barriers to recruitment?
6. What metrics should be utilized to monitor the recruitment and retention of providers?
7. What are any additional incentives necessary for a hospital system to remain competitive in the recruitment and in retention of future providers?

### **Data Organization and Analysis Techniques**

Reflective journal and research logs were utilized to collect and log data.

Reflective journals and research logs are invaluable tools for researchers to systematically document and track their data. Reflective journals serve as personal records where researchers can chronicle their thoughts, observations, and insights throughout the research process. By regularly writing in a reflective journal, researchers can capture the evolution of their ideas, note significant occurrences, and reflect on the implications of their findings. This practice encourages critical thinking and helps in identifying biases and gaps in the research, fostering a deeper understanding of the subject matter.

Research logs, on the other hand, are structured records that focus on the methodological aspects of the research. They document procedural details such as dates, times, locations, and the specific actions taken during data collection. Research logs ensure that all steps are meticulously recorded, making it easier to reproduce the study or

address any methodological issues that arise. They also facilitate data management by providing a clear timeline and context for the collected data, ensuring consistency and accuracy.

Identifying themes in research involves a systematic conceptual plan that begins with thoroughly familiarizing oneself with the data, often through repeated reading or listening. This immersion allows for an initial sense of emerging patterns. The next step is to generate initial codes by highlighting significant segments of data and categorizing them based on their relevance to the research question. These codes are then reviewed and grouped into potential themes by examining their similarities and differences. It is important to refine these themes by checking if they work in relation to the coded extracts and the entire data set. Each theme should capture something important about the data in relation to the research questions, ensuring they are coherent and distinct. Finally, I defined and named the themes, creating a detailed analysis and narrative that explains the essence of each theme and its relevance to the overall research objectives. This process is iterative, often requiring several rounds of review and refinement to ensure the themes accurately reflect the underlying data and contribute to the research's analytical depth.

The appropriate data analysis process for this qualitative pragmatic inquiry is thematic analysis. For this study, Yin's (2022) five-step analysis will be utilized as the primary data analysis technique. Managing the data collected from any research study requires sophisticated organizational skills and a plan for information retrieval (Rakai et al., 2022). The qualitative data gathered in this research study is vast and expansive, making effective organization crucial for later consumption. The recorded audio sessions



will be saved to a password-protected flash drive with cloud storage backup. This flash drive, along with additional research materials, was locked in a cabinet accessible only to myself. Within the research material, pseudonyms such as P1, P2, and P3 were used to protect participants' identities. This method ensures both privacy and security for each audio-recorded interview.

During the interviews, I captured notations on each interview candidate's live reactions to questions and their non-verbal cues. These notations were saved in the same manner as the audio-recorded conversations. My plan is to keep all data saved to my password-protected flash drive for at least 5 years, stored in a locked cabinet in my home office. After 5 years, all research information and the flash drive will be destroyed. This retention period satisfies the mandatory policy of Walden University regarding the retention of research data. Ensuring data security and confidentiality throughout this period is critical. Yin's five-step analysis was meticulously followed to provide a structured approach to data analysis in this study.

To fully utilize Yin's five-step analysis process, I followed a strategic path. This process includes collecting data, disassembling data, clustering, reporting, and interpreting data. The first step involved clearly defining all research questions to ensure the data collected is relevant and purpose driven. The next step was to ensure the research methodology is appropriately designed to address these research questions effectively. Additionally, ethical considerations were addressed by obtaining informed consent to ensure confidentiality and anonymity. Ensuring the reliability and validity of the data collected is crucial to obtaining rich and comprehensive insights. Finally, applying

rigorous analytical techniques allowed for the identification of patterns and themes, leading to well-founded conclusions. This structured approach represents the best utilization of Yin's five-step analysis within this research study.

### **Reliability and Validity**

Member checking was utilized to insure dependability within the research.

Member checking is a technique used in qualitative research to enhance the accuracy and credibility of data interpretation and ensure dependability (Jimenez et al, 2023). This process involves sharing the data, interpretations, and findings with the participants from whom the data was originally collected (Jimenez et al, 2023). By doing so, researchers invite participants to verify the accuracy of the recorded information and the fairness of the interpretations. This feedback helps identify any misunderstandings or inaccuracies, thereby strengthening the validity of the research. Furthermore, involving participants in reviewing the findings can uncover new insights and contribute to a more robust and dependable representation of the studied phenomena.

Reliability in this qualitative pragmatic inquiry will refer to the consistency, dependability and trustworthiness of the research findings. To ensure reliability is obtained, the researcher utilizes tools that are easily measurable such as a face-to-face interview (Jimenez et al, 2023). I also implemented a consistent data analysis process in which the analytical process is transparent and reproducible. Validity ensured that the face-to-face interview questions fully capture the diverse factors influencing physician retention within the hospital setting (Jimenez et al, 2023). Validity was utilized to explore

the extent to which the research findings align with the existing theory The Herzberg two-factor model.

To ensure credibility in qualitative research, employing member checking and participant transcript review is essential. Member checking involves presenting the study's findings, interpretations, or specific data excerpts to the participants, allowing them to verify the accuracy and authenticity of the information and its interpretation (Jimenez et al, 2023). This process helps in confirming that the participants' views are correctly understood and represented. Participant transcript review, on the other hand, entails providing the raw transcripts of interviews or discussions to the participants for their review. This allows them to correct any errors or misrepresentations in their recorded statements. Together, these techniques enhance the credibility of the research by ensuring that the data and its interpretations are accurate and truly reflective of the participants' perspectives, thus reducing researcher bias and increasing the trustworthiness of the study.

Reliability was established via the utilization of member checking. Member checking in qualitative research involves sharing data and interpretations with participants to verify accuracy and enhance reliability (Jimenez et al, 2023). This process ensures that the findings truly reflect participants' experiences and perspectives. Participants review transcripts or summaries, providing feedback on errors, omissions, or misinterpretations. This iterative feedback loop helps researchers make necessary adjustments, clarifying and validating the data. By incorporating participant input, member checking adds credibility to the research, ensuring the results are trustworthy and

authentic. This method is particularly valuable for confirming the validity of interpretations and maintaining the integrity of the research findings.

If the researcher's objective is reliability and validity the incorporation of specific guidelines and predetermined interview protocols will need to be established and closely followed. The interview protocol was created, and each specific detail relayed to each participant. Each participant reviewed and will sign a consent form regarding their role, the purpose and objective of the research study, privacy, and the extent to which this research study will be shared with the public. Reliability and validity's sole purpose for existence in the realm of research is confidence. Transferability was utilized to ensure credibility is achieved as well. Transferability in research refers to the extent to which the findings of a study can be applied to other contexts or groups beyond the original study sample. Researchers enhance transferability by providing rich, detailed descriptions of the research context, participants, and settings, allowing others to determine if the findings are applicable to their own situations.

Confidence in the soundness of the researcher and the research must be achieved for any research study to be regarded as credible. This was achieved through confirmability. Confirmability ensures credibility in research by demonstrating that the study's findings are shaped by the participants' responses and experiences rather than researcher bias or preconceptions. This was achieved through strategies such as maintaining an audit trail, which documents the research process, data collection, and analysis steps, allowing others to trace the origins of the findings. Additionally, using

reflexivity, where researchers critically reflect on their own influence on the research, further supports the objectivity and trustworthiness of the study's outcomes.

In this study each of the safeguards and protocols implemented were created to achieve confidence in the study. To ensure validity meticulous attention was paid to the construct and content of each interview. This was utilized to ensure each interview is conducted the same, with the avoidance of adverse circumstances that could potentially lead to alternate adverse environments for each interviewee. I also utilized diverse methodologies such as transparent reporting and data verification to fortify confidence in the research. These strategies require detailed documentation of the research methods, data collection, and analysis techniques. Data verification includes double data entries and external audits when the research is complete. The contribution of each one of these strategies is to work toward to end goal of research confidence.

### **Transition and Summary**

The research study was anchored within a qualitative research methodology. The research design was a pragmatic inquiry. This looks to identify useful strategies for hospital administration with a minimum of 5 years' experience to utilize to improve provider retention within the healthcare system. Participants of the study were healthcare administrative professionals with a minimum of 5 years' experience within their respective institution. Purposeful sampling strategies with specific inclusion criteria were utilized to select the candidates. The interview pool was set at a minimum of five participants and maximum of 10 participants to ensure data saturation was achieved. Interview protocols were created to navigate each one-on-one interview experience.

Braun and Clarke's (2023) Six step content analysis were utilized. Excel spreadsheets were also utilized to transcribe the information gathered. Section 4 will present the results obtained from the data analysis.

## Section 4: Application to Professional Practice and Implications for Change

### **Introduction**

In this qualitative pragmatic inquiry, I explored and identified the strategies U.S. hospital systems leaders can use to recruit, hire and retain physicians to sustain profitability. The data were collected through one-on-one semi structured interviews. I labeled the participants as P1, P2, P3, P4, P5, P6, P7, and P8. I asked each participant the same seven questions. During the process, I utilized handwritten notes, transcribed audio recordings, Microsoft Word, Microsoft Excel, to discover important themes and organize the collected information. After finalizing the analysis of my study, five themes were discovered as well as one subtheme. The five themes that have emerged are (a) implement mentorship, (b) promote competitive salaries, (c) ensure clear communication, (d) foster work life balance, and (e) apply progressive leadership. The additional subtheme identified includes strengthening a collaborative and supportive environment. Existing literature was comparatively analyzed with the findings to ensure extensive knowledge of the research topic is achieved.

### **Presentation of Findings**

The overall research question for this qualitative pragmatic inquiry is, what strategies do U.S. hospital system leaders use to recruit, hire, and retain physicians to sustain profitability? I was able to conduct semi structured interviews with eight hospital system administrators who currently work in leadership roles throughout various North Carolina healthcare systems. The candidates were required to have minimal 5 years of experience in a direct leadership role in which they implemented strategies designed to

encourage, motivate and convince newly hired physicians to remain within their current roles for a minimum of 5 years. Lack of willingness amongst newly hired physicians to remain within their respective roles for more than five years illustrates the need for leadership with specific tools geared toward retention.

### **Theme 1: Implement Mentorship**

A consensus emerged among the participants that mentorship is a pivotal strategy for helping new physicians gain confidence. A strong mentor, characterized by trustworthiness and empathy, provides essential support and guidance, forming a scaffold for new physicians as they navigate the challenges of the profession. Effective mentorship not only facilitates clear communication but also helps new physicians develop critical communication skills that are vital both for personal professional growth and for ensuring long-term employability.

As the mentor-mentee relationship strengthens, job satisfaction increases, and new physicians achieve a more balanced work-life integration. The initial theme identified pertains to the significant impact of mentorships on the success of newly hired physicians. These mentorships play a crucial role in helping new physicians build confidence during their formative years post-graduation.

A key subtheme that emerged was the necessity of collaboration, as all participants expressed the belief that collaboration should be integral to the initial years of practice. While collaboration is not mandatory, it provides a critical avenue for practical experience. P3 articulated, “Graduates can enter practice immediately without prior experience; however, collaboration serves as a valuable pathway for fostering



confidence and offering dedicated mentorship through structured programs.” Participants unanimously acknowledged the synergy between mentorships and shadowing. P4 and P5 emphasized the importance of mentorship, advocating that these opportunities should be available in the final year of medical education to ensure all students can benefit.

Engaging in a mentorship allows new physicians to receive guidance from seasoned professionals, facilitating their transition from academic training to practical application. P4 noted, “Not everyone can pursue an internship due to financial constraints that hinder loan repayment and other necessities. Thus, individuals face the dilemma of prioritizing mentorship over financial compensation. P7 echoed this sentiment, highlighting that internships may not be feasible for all. New physicians must consider personal and financial limitations when evaluating internship options.

Many physicians with familial obligations may find it challenging to relocate for specific mentorship opportunities, given the lower compensation associated with these positions compared to established staff physicians. P8 pointed out that a lack of mentorship can lead to self-doubt among new physicians, as they navigate clinical decisions without support, particularly in environments lacking formal training resources. Additionally, P1 shared their concern about the complications that arise when leadership lacks significant expertise, stating that non-physician leaders are unable to provide the technical mentorship that struggling new physicians may require. Within the research study, the importance of mentorship was mentioned by 75% of the participants.

**Table 2***Implement Mentorship*

	Key term	%
Mentorship	P1, P3, P4, P5, P7, P8	75%

*Correlation to the Literature*

All the interview candidates felt that the opportunity for mentorship provided the most optimal experience regarding the onboarding process. Despite the fact they were prepared in medical school for these roles, the addition of a trusted colleague to shadow provided much more of a sustainable format for retention. Stewart et al. (2023) stated healthcare leaders must find innovative ways to make physicians feel appreciated and satisfied in their roles to retain them. Mentorships have been shown to significantly aid new physicians, helping them build confidence and reduce the stress that can lead to burnout (Stewart, 2023). While internships can serve as a valuable form of mentorship, the compensation for these positions often fails to provide a living wage, highlighting a slow-moving aspect of the medical profession. Although internships can lead to better job opportunities, many students graduating with debt from medical school find it financially unfeasible to accept lower pay in exchange for mentorship. In the United States, mentors are not mandatory, and some graduates may enter practice with as little as two weeks of mentorship during school (Stewart, 2023). Overall, while mentorships are crucial for the development of new physicians, the structure and accessibility of internships may prevent some individuals from fully benefiting from these experiences.

### *Correlation to the Conceptual Framework*

Each interview candidate provided insight regarding the importance of mentorship in relation to new physician's success rates and the value of these apprenticeship opportunities over the course of the physician's career. Within the Hertzberg two-factor theory, supervision is classified as a hygiene factor and driving force in efforts to retain valuable employees (Poissonnier et al., 2023). Participants emphasized the crucial role of mentorship in aiding new physicians as they navigate stressful situations. Effective leadership grounded in emotional intelligence is essential for sustaining the careers of these professionals (Poissonnier et al., 2023). Mentors play a vital role in helping students hone their cognitive skills, enabling them to recognize their emotions and manage stress effectively. A supportive mentor can empathize with the challenges faced by new physicians (Poissonnier et al., 2023). Empathy involves understanding and managing the emotions of others based on past experiences within social contexts (Poissonnier et al., 2023). Empathetic leaders create a nurturing, supportive atmosphere conducive to learning.

Workplace mentoring by emotionally intelligent leaders offers practical examples of emotional regulation, allowing new physicians to develop their own emotional intelligence skills. Leaders with strong emotional intelligence are better equipped to understand job-related pressures (Poissonnier et al., 2023). The retention of new physicians is bolstered by supportive leadership that prioritizes mentorship and positive reinforcement. These leaders, drawing on their own preferences, provide guidance that new physicians often lack. When selecting jobs, new physicians prioritize effective

leadership. Leaders who can manage their emotions are more adept at supporting their teams through challenging situations (Poissonnier et al., 2023). This theme underscores the significance of the emotional intelligence-driven mentor-mentee relationship in fostering empathy and creating a productive learning environment for new physicians.

### **Theme 2: Promote Competitive Salaries**

In addition to the technical and clinical skills that healthcare leadership traditionally focuses on, it is crucial that new physicians are equipped with competitive salaries. The financial pressures that young physicians face in seeking to pay exuberant and often expensive school loans create a complex dilemma that many new physicians are unprepared to handle. While some medical schools offer training regarding salary negotiation, it remains optional and not a core component of the curriculum. Integrating practical business training, such as salary expectations and negotiation, could offer students a more holistic view of the medical profession. All participants agreed that providers will require market value salaries to better motivate new physicians to strive towards excellence in patient care. P3 noted, “Medical school doesn’t adequately prepare graduates for real-world practice, as practitioners are required to balance strenuous work with family duties and often high student loans.” This view assumes most physicians require adequate salaries to repay student loan debt. Supporting this view, P2 highlighted that medical students often gravitate toward specific sub-specialties based on their ability to repay student loans post-graduation. P1 advocated for enhanced financial planning to ensure students are prepared for diverse financial paths, regardless of the subspecialty they join. P4 and P5 suggested that medical schools should adopt a model like business

school residencies, allowing students to gain hands-on financial experience before entering independent practice. P4 further emphasized that while medical graduates possess strong technical knowledge, they often lack comprehensive financial experience to navigate the complexities of negotiating market value salaries. While conducting the research, participants mentioned the importance of competitive salaries in 75% of the interviews.

### **Table 3**

#### *Promote Competitive Salaries*

---

	Key term	%
Competitive salaries	P1, P2, P3, P4, P5, P6	75%

---

#### *Correlation to Literature*

Medical schools aim to educate students to become practicing physicians. However, there has been no clear definition of what constitutes a competent practicing physician. Physicians require not only technical and clinical skills but also critical reasoning to support a shift in teaching methods toward a guided learning approach that builds both confidence and competence (Kozlarek, 2021). While some interpersonal skills, such as business acumen, have been added to medical curricula, teaching these skills remains disconnected from the complexities of real-world clinical experiences (Kozlarek, 2021). Medical curricula historically overburden students with information, often neglecting financial thinking and business skills. This critique highlighted the need for curriculum reform to keep pace with global business changes. Workplace and

business learning within medical education to help students develop professionalism when interacting with coworkers and patients is an invaluable attribute. A streamlined curriculum is essential—one that balances technical expertise with skills that enhance employability and workplace readiness (Kozlarek, 2021). Employers prioritize interpersonal skills, while academic institutions tend to emphasize technical knowledge. This disconnect has persisted in the past; however, the need for integrating non-technical business skills into medical education has been largely unmet.

### ***Correlation on Conceptual Framework***

The participants in this study noted that many new physicians lack motivation when entering the workforce, which often contributes to low retention. Medical schools must take responsibility for addressing these gaps in their students by fostering supportive leadership and emphasizing the importance of work-life balance from the very start of their education. Healthcare work is inherently social, incorporating a curriculum that supports the development of social skills—such as managing emotions and understanding interpersonal dynamics—can significantly benefit students as they prepare to enter the field (Kozlarek, 2021). Physicians earning a competitive salary are better equipped to transition smoothly from graduation to professional practice, as they possess the motivation to manage stress effectively and to learn from everyday challenges. Cultivating a culture of fair salary allows new physicians to develop better coping strategies in clinical settings (Kozlarek, 2021). Given the high demands of the profession, new physicians must possess strong determination to communicate effectively with a diverse range of individuals and to appropriately manage the stress that inevitably arises

in a clinical environment. Without competitive salaries, many physicians experience burnout. Employers are particularly attracted to graduates who display resilience and moderate confidence, as these traits are essential for long-term success in the profession. Resilience and confidence are often better cultivated in an environment where competitive salaries are the norm.

### **Theme 3: Ensure Clear Communication**

The second theme regarding physician retention was clear communication. The interview candidates all suggested that the ability to communicate clearly and without confusion or misleading messages was a characteristic that all leadership must possess. As leaders and essential mentors to new physicians, the ability to communicate back and forth without fear of repercussion provided a much more suitable environment for newly hired physicians to achieve. Establishing a supportive culture within medical practices is essential, as it cultivates self-efficacy and bolsters the confidence of new physicians transitioning from academia to professional practice. Without these vital elements—mentorship and open communication—the risk of burnout becomes heightened, particularly if the organizational culture is unsupportive or lacking in helping new physicians navigate the complexities of this transition. When asked what strategies worked best to produce an environment in which newly hired physicians remain employed beyond 5 years being hired, interview candidates P1, P2 and P4 all stated clear communication. P1 emphasized the importance of senior leadership clearly communicating expectations, protocols and procedures to staff in basic, easy to understand and replicate instructions. P6 stated all avenues of communication must

remain fluid and open for each team member to feel validated and important. P2 also went on to state that when communication is equally distributed physicians buy into the thought of inclusivity thus significantly reducing the risk of early departure. P6 added that open communication not only leaves new physicians empowered to vocalize concerns and ideas it also creates a collaborative environment in which philosophical differences can be hashed out in a public setting. P3 also went on to state this creates a think tank within the organization in which new ideas can be nurtured and bonding between co-workers established. When we neglect to open the lines of communication, we fail to provide the new physician with the outlets necessary to voice concern. When the new physician lacks the adequate resource to voice his or her concerns the next logical evolution of the relationship is separation. Hence, an early departure becomes inevitable. Participants in the research study mentioned clear communication in fifty percent of the interviews.

#### **Table 4**

##### *Ensure Clear Communication*

---

	Key term	%
Clear communication	P1, P2, P3, P4	50%

---

##### *Correlation to the Literature*

Clear communication is fundamentally a relational process, particularly between leaders and newly graduated physicians. This interaction goes beyond mere information exchange; it encompasses the sharing and understanding of emotions. Strong



communication practices between leadership and new physicians are crucial, especially when these physicians engage with clients (Stewart et al., 2023). Clear communication serves as a vital learning tool, enabling new physicians to articulate their thoughts and feelings during high-pressure situations. The stress associated with the medical profession, coupled with poor mental health, can hinder effective communication, negatively impacting interactions with colleagues and clients and contributing to burnout (Stewart et al., 2023). Ultimately, when physicians develop effective communication with their leaders, they often experience a reduction in stress. Creating a supportive environment for open dialogue fosters the professional growth of new physicians (Stewart et al., 2023).

Poor retention is a significant concern among recent physician graduates, particularly within their first year of practice (Stewart et al., 2023). Navigating motivation in the face of burnout presents challenges for both individuals and managers. Additionally, differences in how each physician perceives and experiences burnout complicate the situation (Sullivan et al., 2022). Often, the managers of these newly graduated physicians lacked onboarding training themselves, which can further complicate matters. Thus, it is critical for physician leaders to recognize and address the emotional needs of their team members (Sullivan et al., 2022). As such, strategies to sustain motivation among new physicians may be more nuanced than many leaders anticipate.

Interpersonal skills, particularly communication, play a crucial role in shaping the relationship between physician leaders and their new colleagues. Unfortunately, these

skills are frequently underemphasized in physician leadership development (Skeff et al., 2022). Many leaders fail to proactively employ their communication skills to cultivate cohesive teams (Skeff et al., 2022). However, leadership workshops can be beneficial in enhancing these skills, if leaders acknowledge their existing gaps (Skeff et al., 2022).

### ***Correlation to Conceptual Framework***

Communicating clearly is essential within a physician's daily work routine. Physicians require open and clear communication to succeed because they are in a continuous social environment. Emotional intelligence is known to provide the basis of good communication because it offers the skills to listen without defense and the ability to control one's emotions (Moehling et al., 2020). Clear communication within leadership leads to a trusted relationship and supports new physician growth however, both leadership and the new physicians must be willing to communicate openly, trustfully and support a lack of burnout within healthcare organizations. The healthcare field can be an emotionally charged environment. When leaders allow themselves to be vulnerable and empathize with new physicians, there is more likely to be retention than turnover and burnout. Part of empathizing is using open communication to form relationships (Moehling et al., 2020).

### **Theme 4: Foster Work Life Balance**

Achieving a strong work-life balance in the medical field is critical to ensuring that physicians can perform effectively, both mentally and physically. Physicians' leaders recognize that this balance is increasingly valued by new professionals entering the field. Participant 5 observed that many new physicians prefer part-time roles even when full-

time positions are available, reflecting a shift in priorities. Similarly, Participant 4 highlighted that the younger generation’s focus on maintaining work–life balance is a positive change, noting that excessive work hours—beyond 40 per week—contribute significantly to burnout. However, Participant 2 pointed out the inherent challenge in balancing compassion-driven physician work with personal well-being, explaining, “Medical work is rooted in compassion, but patients will always need care, and professionals often hold themselves to incredibly high standards as doctors.” All participants emphasized the need for businesses to reevaluate scheduling and operational demands to ensure physicians can meet essential responsibilities while still having time to maintain a personal life. Throughout the research study, fifty percent of the participants mentioned the importance of work life balance within the interview process.

### **Table 5**

#### *Foster Work Life Balance*

	Key term	%
Work-life balance	P2, P4, P5, P6	50%

#### *Correlation to the Literature*

Navigating work–life balance can be especially challenging for new physicians adjusting to the demands of their first roles. Excessive job requirements, such as on-call shifts, weekend hours, and workloads exceeding scheduled time, are key contributors to poor balance (Munap et al., 2021). Interestingly, physicians with higher job satisfaction often report better work–life balance, even when their lives are predominantly work-

centered (Munap et al., 2021). Research demonstrates that a business model emphasizing structured schedules and avoiding expectations for excessive hours significantly enhances work–life balance. Employers who prioritize these strategies tend to retain more employees, reduce recovery costs, and improve client relations (Munap et al., 2021). Additionally, when mentors model healthy work–life balance, new physicians are more likely to adopt these practices themselves (Munap et al., 2021). Overall, fostering work–life balance involves providing support systems and encouraging new physicians to cultivate identities and activities outside their professional roles.

### ***Correlation to Conceptual Framework***

P4 emphasized the critical need for work–life balance among new physicians, particularly given the emotional demands of the profession. P2 pointed out that it is not tied to a specific role but rather the nature of the work itself, which involves intense emotional engagement. Developing work life balance is essential for new physicians to handle daily challenges and achieve positive outcomes. The blending of caregiving and business operations in medicine practice creates emotional pressures that, if unmanaged, can have long-term consequences (Poissonnier et al., 2023). Mentorship and effective communication can help new physicians build balance, equipping them to manage their emotions, stay motivated, and perform effectively (Poissonnier et al., 2023). P3 also stressed the importance of maintaining interests outside of work and incorporating regular breaks, as these habits significantly enhance overall work–life balance and job satisfaction.

**Theme 5: Apply Progressive Leadership**

One of the most striking findings of this study relates to the role of progressive leadership in shaping the professional readiness of new physicians. Lack of emphasis on interpersonal skills, open mindedness, and forward thinking within medical curricula often leaves new physicians feeling underprepared, particularly when it comes to navigating the social dynamics of clinical practice. Healthcare leaders, therefore, have a responsibility to address these gaps through robust leadership programs. By fostering a supportive and empathetic leadership approach, they can facilitate a smoother transition from graduation to practice, empowering new physicians to build confidence and competence.

Progressive leadership is essential for retaining physician staff within a hospital system, particularly in today's dynamic healthcare environment. P4 stated progressive leadership hinges on fostering collaboration, addressing workforce needs proactively, and creating a culture of trust and respect. P2 stated physicians, like all professionals, thrive in environments where they feel valued and supported—not just as medical providers but as individuals. One key aspect of progressive leadership is open communication. Leaders who engage in meaningful dialogue with their physician staff create channels for feedback, ensuring that concerns such as burnout, workload, and career development are addressed promptly. According to P7, implementing flexible work schedules, providing mental health resources, and offering professional growth opportunities, hospital leaders can cultivate a supportive atmosphere that enhances job satisfaction.

Progressive leaders champion diversity, equity, and inclusion within the healthcare workforce, fostering a sense of belonging. According to P1 this improves morale but also strengthens the system's ability to deliver culturally competent care, aligning with the values of many physicians. According to P8, progressive leaders invest in their staff's future by offering mentorship programs, leadership training, and pathways for physicians to influence hospital policies. They empower individuals to envision long-term careers within the organization.

Additionally, recognition and rewards for excellent performance reinforce a positive workplace culture. According to P2, leveraging innovative technology and systems to streamline administrative tasks reduces physicians' non-clinical burdens, allowing them to focus on patient care. P5 stated progressive leadership prioritizes empathy, empowerment, and innovation, addressing physicians' professional and personal needs. According to P5, this approach not only retains top talent but also enhances the hospital system's overall performance, creating a sustainable environment for both staff and patients. Within the research study, 50% of the participants mentioned the importance of progressive leadership within the interview process.

**Table 6**

*Apply Progressive Leadership*

---

	Key term	%
Progressive leadership	P2, P5, P7, P8	50%

---

### *Correlation to the Literature*

The new physician's ability to navigate the first years after graduation depends significantly on their designated leadership. Developing interpersonal skills that contribute to better stress management, such as resilience to overcome challenges, is achievable when leadership demonstrates these very characteristics (Stewart et al., 2023). Understanding that the medical profession is fundamentally a caring profession provides future physicians with the insight to balance their personal emotions with the demands of their role. Cultivating coping mechanisms and resilience to mitigate stressors can reduce burnout, though these strategies manifest differently for each leader. Importantly, the skills necessary for success can be taught.

Certain personality traits have been shown to influence a new physician's success, especially if they struggle to find positivity in their leadership exposure (Stewart et al., 2023). A healthcare leader's personality is a critical aspect of the practice, and positive impacting business outcomes when the leader is approachable and empathetic (Stewart et al., 2023). Highlighting personality traits is essential, as some may predispose individuals to burnout or hinder their ability to connect with patients (Stewart et al., 2023). Retention rates are higher when new physicians are led by resilient leaders. With a supportive leader, job satisfaction, and a healthy work-life balance, it is possible for physicians to learn and refine interpersonal skills to enhance their professional effectiveness and personal well-being.

### ***Correlation to Conceptual Framework***

Physician leadership plays a pivotal role in fostering effective healthcare delivery and organizational success, particularly when examined through the lens of Herzberg's (2023) hygiene factors. Herzberg's theory highlights the significance of factors like working conditions, salary, job security, and interpersonal relationships in preventing dissatisfaction within the workplace (Munap et al., 2021). Physician leaders who prioritize these elements ensure that their teams operate in a supportive, stress-minimized setting, fostering collaboration and commitment (Munap et al., 2021). A physician leader advocating for fair compensation and manageable workloads addresses fundamental needs, improving retention of healthcare professionals. Additionally, strong physician leadership enhances interpersonal dynamics by fostering open communication, mutual respect, and emotional intelligence, which are critical for addressing conflict and maintaining morale. Beyond managing hygiene factors, physician leaders are uniquely positioned to inspire intrinsic motivation by aligning clinical practice with a shared sense of purpose, ultimately improving patient outcomes. Effective leaders understand that while hygiene factors create a baseline of satisfaction, motivational factors such as recognition, professional growth, and meaningful work drive long-term engagement and innovation (Munap et al., 2021). By balancing the management of hygiene factors with the cultivation of a vision-driven, collaborative culture, physician leaders not only enhance job satisfaction but also contribute to a resilient, high-performing healthcare system.



### **Applications to Professional Practice**

This qualitative, pragmatic inquiry explored the strategies employed by healthcare leadership to recruit, retain and hire physicians to sustain profitability. The analysis revealed five key themes, supported by existing literature: (a) implement mentorship, (b) promote competitive salaries, (c) ensure clear communication, (d) foster work life balance, (e) apply progressive leadership. The study participants shared valuable insights into effective strategies for motivating new physicians, contributing to the identification of interconnected themes that together create a dynamic system of forces capable of fostering motivation and professional growth in this context.

This study recognizes the importance of structuring the business professional practice of new physicians to ensure long-term success and satisfaction. Work-life balance is a cornerstone in this process, as it fosters an environment where physicians can maintain their well-being alongside professional commitments. Work life balance suggests implementing flexible scheduling, providing time for family or personal interests, and supporting mental health initiatives, requiring organizations not only to reduce burnout but also enhance productivity and loyalty. This balance allows newly hired physicians to focus more effectively on patient care and practice growth, contributing to the overall success of the business model. Mentorship, clear communication, competitive salaries, progressive leadership and competitive salaries further shape the business professional practice of new physicians. Mentorship programs bridge the gap between medical training and real-world practice, offering insights into both clinical and business operations. Clear communication ensures alignment of goals,

roles, and expectations, minimizing misunderstandings and creating an atmosphere of trust. Competitive salaries reflect the organization's respect for the physicians' expertise and attract top-tier talent, which enhances the practice's reputation. Progressive leadership drives innovation and adaptability, empowering physicians to embrace change and actively contribute to the practice's growth. Together, these factors not only build a thriving, patient-centered organization but also lay the groundwork for a sustainable and scalable business model in the healthcare sector.

The transition from a potential employee to a practicing physician demands a unique set of skills that go beyond clinical expertise. To retain these professionals, healthcare leaders must create a nurturing and welcoming work environment, one that fosters trust, empathy, and continuous learning. A positive organizational culture that supports new hire physicians through implementing mentorship, ensuring clear communication, fostering work life balance, applying progressive leadership and promoting competitive salaries will help mitigate low provider retention, ultimately leading to a more productive, engaged, and profitable workforce.

### **Implications for Social Change**

Being a physician is a demanding profession. As healthcare has evolved, so have the expectations placed on healthcare providers. Today, this bond is shaped by a moralistic framework in which patients humanize their interactions with their healthcare providers, leading to additional stress and emotional burden for physicians. New physicians typically enter their practice with strong technical expertise but may lack the essential soft skills required to navigate the complexities of their role. Physician leaders

can play a pivotal role by offering mentorship, drawing from their own experiences as newly minted professionals (Kozlarek, 2021). Specifically, physician leaders can assist new hires who may require more formal mentoring. They can help these physicians develop interpersonal skills, enabling them to manage their emotions effectively. More importantly, physician leaders can teach the critical skill of clear communication, which directly contributes to improved patient outcomes and overall satisfaction (Kozlarek, 2021). When newly hired physicians are supported within an empathetic work environment, studies they are more likely to perform well and experience better retention rates.

This research study highlights the importance of mentoring, communication, work–life balance, progressive leadership, and competitive salaries in shaping the strategies employed by physician leaders to enhance productivity, retention rates and ultimately profitability. Physician leaders can foster the development of newly hired physicians into compassionate caregivers, effective communicators with patients, and well-balanced colleagues who contribute meaningfully to the healthcare team by applying empathetic and supportive leadership strategies.

### **Recommendations for Action**

Healthcare organizations should reconsider the role of mentorship as a mandatory component of training, ensuring that physicians enter practice with valuable real-world clinical experience. There must be a stronger emphasis on physicians as professionals, with opportunities to identify and solidify their professional identity within a clinical setting. Mentorship would help familiarize new physicians with the professional world,

while also equipping them with the crucial social and personal skills necessary to remain motivated and effective in their roles. According to this study, current leaders in the field often observe that new physicians lack guidance and essential soft skills. Physician leaders bear the responsibility of teaching these newly hired physicians' skills they may not have developed in medical school. A newly hired physician who is fortunate enough to enter a practice offering mentoring and clear communication has a unique opportunity for growth. Physicians who engage in mentorships with progressive leadership are more likely to refine their communication skills, navigate the stressors of practice and remain employed with the organization. In contrast, those who bypass mentorships may be thrust into the complexities of the medical field without the preparation or support needed to succeed.

### **Recommendations for Further Research**

After completing the required core curriculum for this research study, I felt well equipped to tackle the extraordinary process of reading research articles and mentally preparing for the marathon ahead. Each article and meeting with my chair provided me with more confidence in my abilities as an independent scholar. Characteristics such as diligence, efficiency, and consistency are the cornerstone of a successful doctoral candidate's makeup. These characteristics were put to the test on multiple occasions throughout this journey and the weekly motivational speeches from my chair kept me going. Remaining positive and flexible in my learning journey are traits I will carry with me for the rest of my life. Over the course of this process I have increased my literary skills, expanded my knowledge base and became an expert in my chosen field of study. I

feel as if the opportunity to further investigate skills employers can utilize to retain talented workers will continue to be a necessary theme in the future. This study has given me a greater understanding of why this research is important to society and should be continued.

### **Conclusion**

What an incredible journey this has been. In this qualitative pragmatic inquiry, I explored strategies hospital leaders can utilize to recruit, hire and retain physicians to sustain profitability. The central research question is what strategies hospital administrators can utilize to improve provider retention. Semi structured interviews of eight North Carolina based hospital administrators provide the data for the study. Through data analysis and member checking, five strategic themes were evident: (a) implement mentorship, (b) promote competitive salaries, (c) ensure clear communication, (d) foster work life balance, (e) apply progressive leadership. The five strategic themes align with the conceptual framework of the Herzberg two-factor theory. The study painted a clear picture of the need for newly hired physicians to work in environments in which adequate mentorship along with clear communication are standard. When veteran leadership curates an environment of work life balance through a progressive style of leadership, newly hired physicians are more apt to remain employed with the organization longer. The final step is the offering of a competitive salary. It is very evident that despite creating an optimal environment for work, physicians must be adequately compensated due to the stressful nature of the job. Overall, physician leadership must understand these

values and share them with additional healthcare leaders to achieve retention improvement across the board for all newly hired physicians.

## References

- Abbasi, K., Ali, P., Barbour, V., Bibbins-Domingo, K., Rikkert, M. G. M. O., Haines, A., Helfand, I., Horton, R., Mash, B., Mitra, A., Monteiro, C., Naumova, E. N., Rubin, E. J., Ruff, T., Sahni, P., Tumwine, J., Yonga, P., & Zielinski, C. (2023). Reducing the risks of nuclear war- the role of health professionals. *Lancet*, *402*(10400), 431-433. [https://doi.org/10.1016/S0140-6736\(23\)01526-X](https://doi.org/10.1016/S0140-6736(23)01526-X)
- Alshenqeeti, H. (2014). Interviewing as a data collection method: A critical review. *English Linguistics Research*, *3*(1), 39-45. <https://doi.org/10.5430/elr.v3n1p39>
- Baum, F., Townsend, B., Fisher, M., Browne-Yung, K., Freeman, T., Ziersch, A., Harris, P., & Friel, S. (2022). Creating political will for action on health equity: Practical lessons for public health policy actors. *International Journal of Health Policy & Management*, *11*(7), 947-960. <https://doi.org/10.34172/ijhpm.2020.233>
- Baughman, D., Baughman, K., Jabbarpour, Y., & Waheed, A. (2023). Comparable quality performance between telemedicine and office-based care for abnormal BMI screening and management. *Obesity Science & Practice*, *9*(2), 87–94. <http://doi.org/1002/osp4.625>
- Bellucci, B., & Michele, E. (2023). Focusing on the integration of AI in healthcare sector of USA: Focusing on the roles of AI adoption and innovative capabilities. *Journal of Commercial Biotechnology*, *28*(5), 205–216. <https://doi.org/10.5912/jcb2142>

- Bhatt, N., Chitranshi, J., & Mehta, M. (2022). Testing Herzberg's two factor theory on millennials. *Cardiometry*, 22(2), 231-236.  
<https://doi.org/10.18137/cardiometry.2022.22.23136>
- Bhusal, M. R., Tamang Pakhri, J., Chitrakar, D., Pradhan, A., & Tamang, S. (2022). Clinical Competency Retention after mid-level practicum training and it's associated factors among health workers of Nepal. *Journal of Nepal Health Research Council*, 20(1), 147-153. <https://doi.org/10.33314/jnhrc.v20i01.3726>
- Bonica, A., Rosenthal, H., Blackwood, K., & Rothman, D.J. (2020). Ideological sorting of physicians in both geography and the workplace. *Journal of Health Politics, Policy & Law*, 45(6), 1023-1057. <https://doi.org/10.1215/03616878-8641555>
- Coulson, C. C., & Galvin, S. L. (2023). The perinatal workforce pipeline and strategies for meeting community needs. *North Carolina Medical Journal*, 84(1), 830-837.  
<https://doi.org/10.1016/j.xagr.2023.100180>
- Darboe, A., Hawthorne, L., Scott, A., & McGrail, M. (2023). Exploring life satisfaction difference between domestic and international medical graduates: Evidence from a national longitudinal study. *International Journal of Healthcare Management*, 16(4), 555-565. <http://doi.org/10.1080/20479700.2022.2130641>
- De Vries, N., Boone, A., Godderis, L., Bouman, J., Szemik, S., Matranga, D., & De Winter, P. (2023). The race to retain healthcare workers: a systematic review on factors that impact retention of nurses and physicians in hospitals. *The Journal of Health Care Organization, Provision, and Financing*, 60(1), 111–118.  
<https://doi.org/10.1177/00469580231159318>



- Dixon, B. E., & Cusack, C. M. (2023). Measuring the value of health information exchange. In *Health Information Exchange* (pp. 379-398). Academic Press.  
<https://doi.org/10.1016/b978-0-323-90802-3.00012-5>
- Dunwoodie, K., Macaulay, L., & Newman, A. (2023). Qualitative interviewing in the field of work and organizational psychology: Benefits, challenges and guidelines for researchers and reviewers. *Applied Psychology: An International Review*, 72(2), 8638-89. <https://doi.org/10.1111/apps.12414>
- Frean, M., & Pauly, M. V. (2023). "Do higher deductibles slow health spending growth?" *International Journal of the Economics of Business*, 30(1), 31-49.  
<https://doi.org/10.1080/13571516.2022.2135883>
- Ford, James H., II, Jolles, S.A., Heller, D., & Cernich, C. (2023). Characteristics of telemedicine workflows in nursing homes during the Covid-19 pandemic. *BMC Health Services Research*, 23, 1-9. <https://doi.org/10.1186/s12913-023-09249-2>
- Gray, D. M. (2022). Doing qualitative research in a digital world. *Academy of Management Learning & Education*, 21(2), 340-342.  
<https://doi.org/10.5465/amle.2021.0459>
- Hair, N., Akdevelioglu, D., & Clark, M. (2023). The philosophical and methodological guidelines for ethical online ethnography. *International Journal of Market, & Research*, 65(1), 12-28. <https://doi.org/10.1177/14707853221137459>
- Hawa, N.I., Soesilo, T.E.B. (2023). Knowledge is (Still) Key: Awareness to shape trends in Telemedicine Use during the pandemic based on management perceptions and

- implementation systems. *International Journal of Telemedicine and Applications*, 55(2) 20-23 <https://doi.org/10.1155/2023/4669985>
- Herzberg, F., Mausner, B. and Snyderman, B.B. (1959), *The Motivation to Work*, 2<sup>nd</sup> ed., John Wiley & Sons, New York, NY. <https://doi.org/10.4324/9781315124827>
- Hoff, T., Trovato, K., & Kitsakos, A. (2024). Burnout among family physicians in the United States: A Review of the Literature. *Quality Management in Health Care*, 33(1), 1-11. <https://doi.org/10.1097/QMH.0000000000000439>
- Houfani, D., Slatnia, S., Kazar, O., Saouli, H., & Merizig, A. (2022). Artificial intelligence in healthcare: a review on predicting clinical needs. *International Journal of Healthcare Management*, 15(3), 267-275. <https://doi.org/10.1080/20479700.2021.1886478>
- Jacob, F., Pez, V., & Volle, P. (2022). Principles, methods, contributions, and limitations of design science research in marketing: Illustrative application to customer journey management. *Recherche et Applications En Marketing (English Edition)*, 37(2), 2-29. <https://doi.org/10.1177/20515707211032537>
- Jimenez, S., Wilder, D. A., Brand, D., Carr, J. E., Sellers, T. P., & Mason, M. A. (2023). The Performance Diagnostic Checklist–Human Services (1.1): An initial assessment of validity and reliability. *Journal of Applied Behavior Analysis*, 56(4), 884-897. <https://doi.org/10.1002/jaba.1017>
- Kozlarek, O. (2021). From the humanism of critical theory to critical humanism. *European Journal of Social Theory*, 24(2), 246-263. <https://doi.org/10.1177/1368431020960958>

- Lepratte, L., & Yoguel, G. (2023). Artefacts, routines, and co-production: a pioneering case of artificial intelligence-based health services in Argentina. *Industry & Innovation*, 30(9), 1190-1212. <https://doi.org/10.1080/13662716.2023.2194241>
- Lili wang, & JunYou Qin. (2022). Robotic and artificial intelligence in health care during the Covid-19 pandemic. *Journal of Commercial Biotechnology*, 27(3), 169-179. <https://doi.org/10.5912/jcb1107>
- Liu, L., Gauri, D.K., & Jindal, R.P. (2021). The Role of Patient Satisfaction in Hospitals' Medicare Reimbursements. *Journal of Public Policy & Marketing*, 40(4), 558-570. <https://doi.org/10.1177/0743915620984723>
- Matti, J., & Ruseski, J. E. (2021). The location of urban healthcare services: Evidence from Phoenix Yelp reviews. *Southern Economic Journal*, 30(3), 225-234. <https://doi.org/10.1002/soej.12550>
- Miller, H. N., Lindo, S., Fish, L. J., Roberts, J., Stover, J., Schwark, E. H., Eberlein, N., Mack, D., Falkovic, M., Makarushka, C., & Chatterjee, R. (2023). Describing current use, barriers, and facilitators of patient portal messaging for research recruitment: Perspectives from study teams and patients at one institution. *Journal of Clinical and Translational Science*, 7(1), 522-524. <https://doi.org/10.1017/cts.2023.522>
- Moehling, C.M., Niemesh, G.T., Thomasson, M.A., & Treber, J. (2020). Medical education reforms and the origins of the rural physician shortage. *Cliometrica*, 14(2), 181-225. <https://doi.org/10.1007/s11698-019-00187-w>

- Munap, R., Hashim, M.N., Zain, M.H., & Amin, R. (2021). Examining the relationship of Herzberg two- factor theory towards job performance in Royal Malaysian Navy. *Turkish Online Journal of Qualitative Inquiry*; 12(3), 876-883.  
<https://doi.org/10.1177/14673584211021900>
- Nath, A., Shalini, M.A.J., & Mathur, P. (2021). Health systems challenges and opportunities in tackling non-communicable diseases in rural areas of India. *The National Medical Journal of India*, 34(1), 29-35. <https://doi.org/10.4103/0970-258X.323661>
- Noecker, A., Harsell, Z., Anen, T., Casey, P., Kaplan, A.S., Liesching, T., & Rissmiller, S. (2021). Advanced practice provider leadership: The Evolution of a well-defined structure. *Physician Leadership Journal*, 8(3), 74-78.  
<https://doi.org/10.1093/oed/5237257671>
- Noya, F., Carr, S., Freeman, K., Thompson, S., Clifford, R., & Playford, D. (2022). Strategies to facilitate improved recruitment, development, and retention of the rural and remote medical workforce: A scoping review. *International Journal of Health Policy & Management*, 11(10), 2022-2037.  
<https://doi.org/10.34172/ijhpm.2021.160>
- Ooms, W., & Piepenbrink, R. (2021). Open innovation for wicked problems: Using proximity to overcome barriers. *California Management Review*, 63(2), 62-100.  
<https://doi.org/10.1177/0008125620968636>
- Pearse, N. (2021). Guidelines for theory development using qualitative research approaches. *Electronic Journal of Business Research Methods*, 19(2), 95-103.

<https://doi.org/10.34190/ejbrm.19.2.2512>

Poissonnier, H., Allal- Chérif, O., & Le Dain, M.-A. (2023). Developing a sustainable buyer-supplier collaboration: an approach based on Herzberg's two-factor theory. *Supply Chain Forum: International Journal*, 18(3), 1-14.

<https://doi.org/10.1080/16258312.2023.2288851>

Rakai, L., Song, H., Sun, S., Zhang, W., & Yang, Y. (2022). Data association in multiple object tracking: A survey of recent techniques. *Expert Systems with Applications*, 15(4), 192.

[https://search.crossref.org/?from\\_ui=&q=Rakai%2C+L.%2C](https://search.crossref.org/?from_ui=&q=Rakai%2C+L.%2C)

Riew, G. J., Lovecchio, F., Dino, S., Louie, P.K., Niccole, G., An, H., Cheung Jason, P. Y., Norman, C., Mallow, G.M., Neva, M. H., Phillips, F.M., Scuibba, D., El-Sharkawi, M., Marcelo, V., McCarthy, M. H., Makhni, M. C., & Sravisht, I. (2023). Telemedicine in spine surgery: global perspectives and practices. *Global Spine Journal*, 13(5), 1200-1211. <https://doi.org/10.1177/2192568221102311>

Ruiz Sánchez, G. (2023). Health insurance market structure and state-based public option laws: evidence from Washington State. *Applied Economics Letters*, 11(2), 1-8.

<https://doi.org/10.1080/13504851.2023.2188164>

Shafer, P. R., Dusetzina, S.B., Sabik, L. M., Platts-Mills, T.F., Stearns, S.C., & Trogdon, J.G. (2023). High Deductible Health Plans and Use of Free Preventive Services Under the Affordable Care Act. *Inquiry* (00469580), 42(3), 1-12.

<https://doi.org/10.1177/00469580231182512>

- Skeff, K.M., Brown-Johnson, C.G., Asch, S.M., Zionts, D.L., Winget, M., & Kerem, Y. (2022). Professional behavior and value erosion: A qualitative study of physicians and the electronic health record. *Journal of Healthcare Management, 67*(5), 339-352. <https://doi.org/10.1097/JHM-D-21-00070>
- Stephens, J., Kieber-Emmons, A.M., Johnson, M., & Greenberg, G.M. (2022). Implementation of a virtual asynchronous scribe program to reduce physician burnout. *Journal of Healthcare Management, 67*(6), 425-435. <https://doi.org/10.1097/JHM-D-21-00329>
- Stewart, S., Klein, L., Hunt, S., Dayama, N., & Schmidt, R.N. (2023). Physician burnout in the Icu: The importance and the solution. *Journal of Business & Behavior Sciences, 35*(1), 103-117. <https://doi.org/10.1037/e510992020-001>
- Sullivan, E.E., Stephenson, A.L., & Hoffman, A. R. (2022). Engaging physicians in leadership: motivation, challenges, and identity-based considerations. *Journal of Healthcare Management, 67*(4), 254-265. <https://doi.org/10.1097/JHM-D-21-00224>
- Taylor, F., Ogidi, J., Chauhan, R., Ladva, Z., Brearley, S., & Drennan, V.M. (2021). Introducing physician associates to hospital patients: Development and feasibility testing of a patient experience-based intervention. *Health Expectations, 24*(1), 77-86. <https://doi.org/10.1111/hex.13149>
- Thant, Z.M., & Chang, Y. (2021). Determinants of public employee job satisfaction in Myanmar: focus on Herzberg's two factor theory. *Public Organization Review, 21*(1), 157-175. <https://doi.org/10.1007/s11115-020-00481-6>

- Tubb, S. M., & Loesch, E. B. (2021). Internal medicine residents' perceptions of pharmacist involvement in medical rounds. *Innovations in Pharmacy, 12*(2), 221-226. <https://doi.org/10.24926/iip.v12i2.3808>
- Turner, S., D, L. D., Sheringham, J., Swart, N., Hudson, E., Morris, S., & Fulop, N.J. (2022). Evidence use as sociometrical practice? A qualitative study of decision-making on introducing service innovations in health care. *Public Management Review, 24*(7), 1075-1099. <https://doi.org/10.1080/14719037.2021.1883098>
- Venegas, B., Benitez, E., Matthews, R., Brandt, A.M., Efron, P., Duckworth, L., & McGough, E. (2023). Factors affecting turnover of advanced practice providers: A University teaching hospital review. *Journal of Healthcare Management, 68*(1), 15-24. <https://doi.org/10.1097/JHM-D-21-00279>
- Vyas, S., Shabaz, M., Pandit, P., Parvathy, L. R., & Ofori, I. (2022). Integration of artificial intelligence and blockchain technology in healthcare and agriculture. *Journal of Food Quality, 55*(3), 1-11. <https://doi.org/10.1155/2022/4228448>
- Whaley, C. M., Xiaoxi Zhao, Richards, M., & Damberg, C. L. (2021). Higher Medicare spending on imaging and lab services after primary care physician group vertical integration. *Health Affairs, 40*(5), 702-709. <https://doi.org/10.1377/hlthaff.2020.01006>
- Young, A., Pei, X., Arnhart, K., Carter, J. D., & Chaudhry, H. J. (2023). FSMB census of licensed physicians in the United States, 2022. *Journal of Medical Regulation, 109*(2), 13-20. <https://doi.org/10.30770/2572-1852-109.2.13>

Yu Tong, Chuan-Hoo Tan, Choon Ling Sia, Yani Shi, & Hock-Hai Teo. (2022). Rural-Urban healthcare access inequality challenge: transformative roles of information technology. *MIS Quarterly*, 46(4), 1937-1985.

<https://doi.org/10.25300/MISQ/2022/14789>

Zhan, X., Wang, F., & Popescu, D.-M. (2023). Qualitative analysis of teleworking research: An international overview. *Valahian Journal of Economic Studies*, 14(1), 77-90. <https://doi.org/10.2478/vjes-2023-0009>



## Appendix A: Interview Protocol

To set up each interview, I will ensure that the participant has a closed-off space free from disruption. Prior to beginning the interview, I will re-check my criteria list to confirm that the participant is eligible to participate. I will remind each participant of their right to answer all, some, or none of the questions without any consequence. Additionally, I will inform them that the interview will be recorded and that I may take some notes throughout the process. Furthermore, I will reassure them that all data collected will be destroyed after five years. The following are the interview questions:

1. What strategies can be utilized upon hiring to incentivize oncoming providers to remain employed beyond their first 5 years?
2. What services should be available to support new providers during the onboarding process to adjust their new facility?
3. What circumstances do outgoing providers typically report to administration as reasons for leaving prior to 5 years employment?
4. What current barriers exist that prevent administration from recruiting providers to low retention facilities?
5. What can an organization do to become more responsive in addressing barriers to recruitment?
6. What metrics should be utilized to monitor the recruitment and retention of providers?
7. What are any additional incentives necessary for a hospital system to remain competitive in the recruitment and in retention of future providers?

Throughout the interview, I will probe when needed to gain more information. I will close the interview with a reminder of the need to set up a member-checking interview to confirm the accuracy of the data collected.

## Appendix B: Participant Invitation

There is a new study about healthcare administration and physician retention that could help business leaders better understand the benefits and challenges of administration understanding strategies to recruit, hire and retain providers. For this study, you are invited to describe your experiences learning about administration strategies and using these to retain physicians.

### **About the study:**

- One 15–30-minute face to face interview that will be audio recorded (no videorecording)
- To protect your privacy, the published study will not share any names or details that identify you

### **Volunteers must meet these requirements:**

- Business leader
- Has used strategic solutions to retain physicians

This interview is part of the doctoral study for Terence Williams, a DBA student at Walden University. Interviews will take place during [you will provide the month/timeframe but don't fill this in until you have proposal/IRB approval and are ready to distribute invitations].

Please reach out to Terence Williams at (\*\*\*) \*\*\* - \*\*\*\* to let the researcher know of your interest. You are welcome to forward it to others who might be interested.