# IMPLEMENTING RETENTION STRATEGIES TO NAVIGATE CHALLENGES OF PHYSICIAN SHORTAGE IN HEALTH CARE

by

Student name

Professor name

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## Abstract

The purpose of the abstract is to provide a concise and accurate synopsis of key elements of your capstone project. Set the abstract as a single block-style paragraph with no initial indent. Address the following topics (400 words maximum). **Research topic summary (1-5 sentences):** a concise summary of your capstone research topic. Explain the rationale for your study and the need for the study the capstone addresses. Indicate your research questions, matching the wording used in your capstone sections. **Research methodology (1-2 sentences).** Summarize the research methodology used in the study. **Population and sample (1-2 sentences).** Describe the population and sample, including high-level demographic information regarding your participant pool. If secondary data were used, describe the data set. **Data analysis (1-2 sentences)** provides a concise summary of your data analysis. **Findings (1-3 sentences)** provide a concise summary of your research findings and conclusion(s). Describe the practical implications of your project and the deliverable you created.

**Tips for Developing a Quality Abstract.** (a) The abstract is representative of your work. Researchers will review your abstract to determine whether your manuscript is worthy of reading and relevant to their literature review. Those in your field will review your abstract to learn more about the nature and quality of your doctoral work. Thus, the abstract stands as a record of your doctoral-level work. (b) Additional guidelines for development of an abstract are in section 3.3 of the *APA Publication Manual*, 7th edition, or on Campus at Academic Writer, https://academicwriter-apa-org.library.capella.edu/learn/browse/QG-59?group=All&view=list&term=abstract&sort=asc (c) References are generally not used in the abstract, as the focus is the study, the research, and the findings.

**Formatting for the Abstract.** Format the abstract as one double-spaced block-style

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Avoid identifying participants or anyone connected with the research site. You may use individuals' titles with no name (e.g., "Thanks to the research director and site proctor for their help"). Or you may name individuals without connecting them to the site (e.g., "Thanks to Abdul Ibrahim and Mary Carson for their help"). Typically, avoid naming the site.

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## Acknowledgments

This acknowledgments page is optional. The acknowledgments differ from the dedication in that they recognize individuals who have supported your scholarly efforts related to the advanced doctoral manuscript or who have held a role in your academic career as it relates to the research of the advanced doctoral manuscript. This might mean a mentor and committee members, an advisor, online or colloquia faculty, and other support people from Capella or other organizations. If you received financial support from fellowships, grants, or other organizational support, note it in this section. The acknowledgments are also appropriate for thanking statisticians, transcribers, those who have provided permission to use an instrument, and the like.

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## SECTION 1. PROJECT DESCRIPTION

### Overview of the Project

There were physician shortages and burnout due to increased work demands on health care staff as a result of growing health care needs in the United States (Zhang et al., 2020). Lack of doctors was one of the most critical factors that hampered the efficient delivery of health services and had an impact on patient care and health outcomes (Feng et al., 2022). The World Health Organization (WHO) (2022) has estimated the need for global health care workers at 10 million by 2030. The Association of American Medical Colleges (AAMC) predicted the U.S. could have physician shortages of 54,100 to 139,000 by the end of 2033 (Boyle, 2020). DeVries et al. (2023) pointed out that physician shortage and turnover rates negatively affect the health care delivery and quality standards. The lack of sufficient staffing on the ground also hinders hospitals' ability to provide care and puts patient safety and outcomes at risk, as noted by Zhang et al. (2020).

Limited availability of health workforce impacts the health-care delivery system. A higher turnover was correlated with a less availability of physicians in hospitals, which consequently challenged the ability of hospitals to provide care for patients, as revealed by Zhang et al. (2020). The health care workforce shortage in post-COVID-19 impacted the standard of care in the hospital (Zhang et al., 2020). Not having retention strategies also affects physicians' capacity to stay employed during the pandemic and consequently on organisation performance (Zhang et al., 2020). One of the main reasons for turnover was the conflict between the expectations of physicians and organizational norms (Feng et al., 2022). Doctors' departures affect the organization's healthcare delivery system and lead to financial problems. To alleviate the shortage of physicians, for example, the organization must have the funds to hire, and train

the much-needed physicians, which is a source of economic strains on the organization.

Minimising physician burnout is crucial to improve the quality of care in healthcare facilities (Mok et al., 2020). Several physical, psychological and social factors affect the working environment, which later leads to burnout among physicians (Shin et al., 2023). For instance, the pandemic enhanced the amount of work that caused burnout among physicians and impacted their physical and psychological well-being. Moreover, the percentage of the physicians with emotional exhaustion rose from 37.5 to 61.7 after the outbreak of COVID-19. The efficiency of the functioning of the organization was reduced due to the burnout of the physician, with financial implications. Sinsky et al. (2022) reported that $979 million annually is needed to deal with the turnover related to burnout. There are also intangible expenses because physicians left the group that impact the organization's stability. However, recruiting and training new physicians also need financial resources, which puts an economic strain on the organization (Pappas et al., 2022). The higher healthcare expense due to physician turnover indicated the need for retention strategies to overcome burnout among physicians.

It is essential that organizations have the right physicians in place, to ensure their long-term viability and strategic innovation. Doctors are directly involved in the healthcare delivery system and ensure the patients receive effective healthcare services. The retention strategy needs to be implemented if the staff shortage in healthcare is to be overcome (Vries et al., 2023). A culture of innovation can be achieved by organising the retention strategies in a way that account for the professional goals and personal well-being of physicians, using competitive remuneration models and career development opportunities. Strong physician retention measures can help an organization encourage high standards of care and enhance patient safety and health outcomes (Vries et al., 2023). Ultimately, Healthcare leaders' strategic emphasis on retention strategies

serves as a catalyst for enhancing the healthcare delivery process. The project aims to enable leaders to develop strategies to address the problem of physician shortages in the health care industry through retention initiatives.

## Problem Statement and Purpose

### Problem of Practice

The general business problem is that hospitals are facing the problem of retaining physicians, which results in physician recruitment costs, financial performance, and organizational stability is decreased (Han et al., 2019). Such problems can impact healthcare businesses' sustainability by increasing costs, decreasing productivity, and hindering the organization's ability to meet its goals. For example, Pappas et al. (2022) identified that the turnover costs of replacing a physician are $500,000 to $1,000,000 per physician by specialty.

The business problem is physicians are leaving U.S. health care organizations due to ineffective retention strategies, leading to a 11% turnover rate in the U.S. hospital setting and low staff morale and poor care quality standards (Raman et al., 2024). A higher turnover rate also affects the financial cost to the organization of the physicians. According to Filipek (2023), between $2.6 and $6.3 billion is needed to cope with the turnover expenses of burnt-out physicians each year. Furthermore, burnout is estimated to cost the organization $7600 per year for every paid physician employed in the organization, which impacts the organization's financial stability (Han et al., 2019). The financial burden of physician burnout/turnover illustrated that inadequate retention efforts impose a financial burden on the health care system (Pappas et al., 2022). Specific business problem addressing is important to enhance the quality standard of treatment in the organization and make it financially stable.

## Alignment with the Program

The project is consistent with the specialization in strategy & innovation within PhD in Business administration. The project seeks to educate health care executives on how to leverage retention strategies to decrease physician burnout and turnover in the hospital (Vries et al., 2023). Specialism in DBA Program centers on examining the effect of retention strategies for stopping doctor burning out and/or leaving the organization. One such practice problem is the lack of effective strategies to retain the physician and its impact on the quality of care (Raman et al., 2024). The problem discussed in the project is related to the project of the DBA which discussed how to handle higher turnover in healthcare industry. The choice of the topic for the implementation of the physician turnover retention strategies that will be aligned with the strategy and innovation specialization program will offer insights regarding the management of the physician turnover issue.

## Purpose Statement

This is a qualitative inquiry project aimed at the leaders of healthcare organizations about their thoughts on retention strategies to help combat the shortage of physicians in the healthcare industry, to provide for turnover and staff morale. The project examines how retention strategies can be used to avoid turnover problems among physicians. Keeping staff is key to healthcare leaders in preventing physician turnover and burnout, which can enhance the quality of healthcare.

## Gap in Practice

The disconnect lies in the fact that leaders in health care don't know how or what to do to make effective retention strategies happen (Raman et al., 2024). This gap results in an 11% turnover rate in U.S. hospitals, and decreased staff morale (Raman et al., 2024). Leaders who

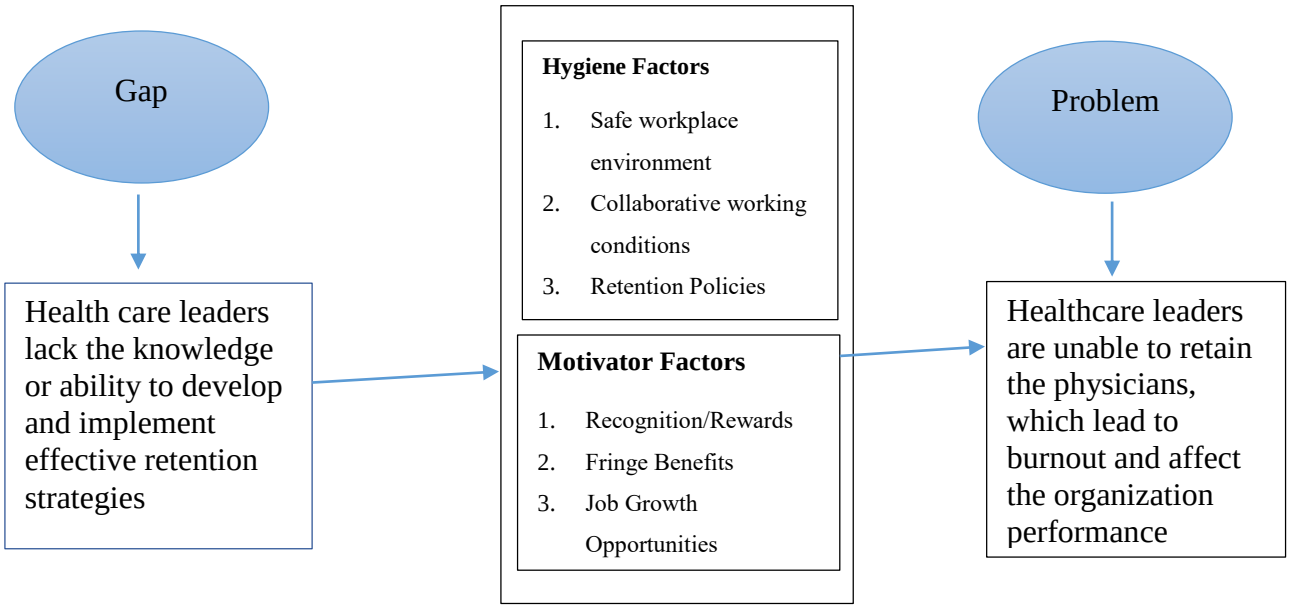
lack specific retention policies are not addressing the problems that could lead to satisfaction or dissatisfaction in the physician's career, such as lack of clear expectations, lack of professional development and lack of financial motivation (Pappas et al., 2022). Taken together, the lack of different retention strategies leads to low physician satisfaction and, conversely, adds a monetary burden to the organization by the high number of turnover rates, recruitment and training. (Han et al., 2019). For instance, Abid and Salzman (2021) pointed out that the absence of optimal retention policies leads to several effects, such as a higher workload on the few retained employees, implying dissatisfaction and quitting employees. The expected result scenario for this project is to help the health care leaders facilitate use of organizational goals to staff morale and reduced turnover rates. Targeted strategies promote the performance of an organization, limit the financial loss and ensure the overall viability of an organization within the health care industry.

## Theoretical Framework

The project is founded on Herzberg's two factor theory in motivation. The key point involves a major issue of the retention of physicians in healthcare organizations developed by Frederick Herzberg in the 1950s. Herzberg (1959) distinguishes between two types of factors which influence job satisfaction and dissatisfaction: motivators and hygiene factors. Herzberg suggests that this is because the elements that lead to sustained job satisfaction and commitment to the organization are factors such as recognition, achievement, and growth opportunities. Instead, the hygiene component (salary structure, work environment, organizational policy etc) generally do not contribute to satisfaction when unfulfilled. But these hygiene factors must be present or dissatisfaction will result. (Erben & Büyüktaş, 2020). The two-factored method continues to be valid to ensure that issues of employee retention in the healthcare industry, which is known for the high turnover rate and employee burn-out, can be addressed. With the

development of the theory over decades, newer studies have contributed to the theory's relevance and importance as an invaluable analysis tool in the field of workplace motivation, including in the healthcare sector. These Herzberg's constructs have greatly directed the understanding of notions that the fulfillment of employee needs is not a matter of absence of discontentment, but strategic positive inducement. These are very applicable in understanding the way that physician burnout comes about, which is through attrition of the physicians through their unmet hygiene needs like renumeration, work-life balance and lost motivators like advancement, appreciation.

**Figure 1.** *Applied Framework*




The specific topic of the framework is medical centers which have poor patient retention strategies (Erben & Büyüktaş, 2020). The ramifications of those resignations go beyond a lack of continuity in patient care and a lack of organization; it is the financial losses that occur. This project will be based on Herzberg's theory to identify the hygiene factors which are wanted and

the current deficiency may be addressed to reduce the level of dissatisfaction. At the same time, it looks to uncover factors that will help promote satisfaction and longevity in healthcare workers' careers.

Developed by a clinical psychologist, Frederick Herzberg, this concept was later modified to postulate that variations were due to the nature of the job and the type of job being performed, according to organizational behavior researchers. (Lee et al., 2022). All of these have contributed to its use in more complex situations and it is now recognized as a good strategy for studying physician attrition and engagement.

Herzberg's theory of two-factor theory/dual basket model will be helpful in designing the questions for the leaders in healthcare organizations to gain insight on their perspectives on retention policies in this specific project. For example, inquiries will aim to find out the extent to which members of the organization have their concerns addressed, such as competitive earnings, moderate workload, and favorable work environment, which may be termed as hygiene factors. Besides, the framework will be used in the practices of organizations to identify lack of motivators such as career progression map or any other award system. To fully grasp the issue of physician retention, the key concepts of Herzberg's framework will be explored. It will first look at job satisfaction and its association with intrinsic motivators—recognition and career development—and the effect on physician retention. Secondly it will look into the issue of burnout mitigation and how effective management of workload and psychological supports can impact retention. Finally, it will emphasize the importance of the workplace setting and show how organizational culture, leadership, and the physical workplace can have a positive impact on physicians' intentions to stay in their jobs (Sarkar, 2023).

The project will capitalize on the factors of Herzberg's two factor theory in relation to

how to combat physician burnout and distinguish between hygiene factors and motivators as a means of providing a focused approach to help reduce dissatisfaction in the health care environment. Administrative workload, the amount of work, and other hygiene factors are significant contributors to dissatisfaction and exhaustion among physicians (Alrawahi et al., 2020). According to Herzberg's hygiene factors there are factors which are easily corrected; the same can be said for these stressors through streamlined processes and equitable workloads. On the other hand, motivators like recognition, competitive pay, and making a contribution, are key factors in increasing job satisfaction. Healthcare organizations can shift the way work operates from good to great by focusing on these key areas. This double strategy can help to promote both theoretical interventions and practical ones to deal with burnout and to ensure long-term satisfaction among physicians (Alrawahi et al., 2020). Thus, this qualitative study will assist the healthcare producers in understanding how to increase job satisfaction, reduce turnover and develop a stable workforce as per the factor theory. This concept aligns with the broader vision of creating a sustainable, adaptable Healthcare infrastructure. The present study, therefore, concluded that Herzberg's Two-Factor Theory was a strong theory to analyze and handle the turnover of Physicians from the hygiene or motivation factors point of view. This type of analysis can be effective in pinpointing effective interventions for staying in jobs and for specific outcomes that can boost job satisfaction and reduce turnover across the health care workforce that will result in higher quality patient care and stable organizations.

## Project Context

The project is suited to the business area and can be integrated in the specialization area of the DBA course (strategy and innovation). Health care organizations already struggling with physician retention issues need a change in order to manage the issue and prevent it from

exacerbating performance, profitability, and the quality of care. If the medical staff is the one who is leaving this project aims to reduce staff turnover which corresponds to staff retention initiatives and improving patient care outcomes (The challenge is that the several methods of retention are inefficient, resulting in high staff turnover, increased hiring costs, and low staff pride (Pappas et al., 2022). The same applies to the practice gap; healthcare leaders don't know about best practices or even have the tools necessary to build successful retention practices, resulting in physician dissatisfaction and organizational instability (Raman et al., 2024). The project explores and implements strategic retention initiatives to address the fit challenges.

Following Herzberg theory of two factors theory of motivation, the project is aimed towards adding the factor of innovation in the process of organizational development to improve the career expectations of the physicians and their organizational environment. Need analysis showed how practical the project was by identifying some of the losses the organization encountered because of the turnover of physicians, estimated to be approximately 979 million dollars (Sinsky et al., 2022). The literature reviewed can provide the need for the project, and show the importance of retention strategies in improving the performance of the organization and the outcomes of the patients (Vries et al., 2023). Pappas et al. (2022) state that strategic decision-making, achieved by technology, is paired with a positive organisational climate. If this doesn't change, however, the issues of physician burnout and turnover rates that are likely to intensify care quality and the overall organizational culture will go unaddressed (Zhang et al., 2020). The project can provide long term sustainability and excellence for the provision of health care services.

**Nature of the Project**

The project aims to increase the retention of PCPs and boost staff morale. A variety of factors

have contributed to physician turnover including a disconnect between physicians' expectations and organizational goals, limited opportunities for professional growth and development, and limited financial incentives in this work sector (Pappas et al., 2022). Such challenges make it difficult to retain workers and create inefficiency in operations. These physician shortages will lead to a decline in the quality of healthcare provided, stability of healthcare organizations, and staff morale issues. (Boyle, 2020) The shortage exacerbates workloads and stress among the physicians that stay on, as well, thus continuing the cycle of burnout and turnover. In particular, the rate of emotional exhaustion experienced by physicians had also increased significantly during the COVID-19 pandemic, growing from 37.5% to 61.7% (Shin et al., 2023). These issues will need to be addressed as steps taken to make a sustainable and supportive environment for physicians to work in.

Solving the issue of physician shortage is not a straightforward problem and will need strategic, innovative measures to be taken to overcome the systemic problems. Further, staff morale suffers because of turnover of staff and discontent in the workplace (Raman et al., 2024). Organisational norms are inconsistent with the professional goal that physicians have in mind, which in turn leads to a high turnover in this sector, leading to the non-sustainability of this sector. A specific event is the shortage of 91,500 health care professionals following the outbreak of COVID-19, which called attention to the need for change (Zhang et al., 2020). The lack of such retention efforts can mean continued problems like higher turnover rates, declining workforce morale, substandard care, increased strain on health care systems and organizations. The focus of the project is tackling the gaps at a system level and providing evidence-based retention strategies, which is feasible for the healthcare sector. The project follows DBA's strategy and specialization program in innovation to bring out solutions that are innovative and sustainable to address the

workforce challenges.

**Scope**

The project scope, scale, and range revolve around the retention strategies to manage physician shortages in the healthcare industry and improve turnover and staff morale (Yang et al., 2022). A possible answer is to make use of retention initiatives to align organizational objectives with physician's skilled aspirations and areas of necessity (Raman et al., 2024). The gap analysis revealed a need for healthcare leaders to be equipped with knowledge and resources to establish effective retention strategies, resulting in high turnover rates and low morale (Raman et al., 2024). Proper retention remedies are essential to avoid significant repercussions in the healthcare industry, including severe operational, economic, and overall patient care implications with the lack thereof (Raman et al., 2024). Therefore, the project is situated in the main theme of preventing physician burnout and turnover based on Herzberg's two factor theory of motivation to determine what will motivate or discourage physicians from remaining in the organization they are employed by (Erben & Büyüktaş, 2020). Through interviews with industry leaders in the United States, practical guidelines for creating an environment for optimization to be specific to the healthcare industry will be obtained (Vries et al., 2023). The project is designed to meet the identified problem in practice and the business problem of turnover, and provides solutions that are applicable for healthcare organizations (Vries et al., 2023). Project findings help in developing evidence-based strategies to improve physician satisfaction, reduce financial strains, and ensure the sector’s long-term viability (Weintraub & McKee, 2019).

**Significance of the Project**

The project is important for healthcare leaders in the U.S. because it gives them valuable information into how healthcare organizations can implement best practices that can reduce

physician turnover and polarization (Zhang et al., 2020). It is important to tackle the lack of physicians and the burnout problem to maintain the quality of care provided and efficiency (Zhang et al., 2020). Turnover rates increase and employee morale decreases, patient safety is compromised, and the high cost of recruitment is an issue due to the inability to keep employees (Raman et al., 2024). Furthermore, without congruence between the goal, the physicians become dissatisfied and exacerbate the turnover problem (Misra et al., 2024). Physician turnover is important because it can affect an organization's operational stability, the quality of patient care, and financial health. Factors that can help lead to this problem include misaligned organizational goals and physician expectations, lack of professional development opportunity, lack of financial incentives, and lack of effective retention strategies (Pappas et al., 2022). The combination of these factors results in low morale, increased physician burnout and an increase in turnover.

These issues directly impact healthcare leaders, who must find a way to sustain the workforce, manage financial resources, and ensure high-quality patient care (Feng et al., 2022). These interventions can be implemented by leaders and organizations to help improve physician satisfaction and retention, and they are supported by evidence. Healthcare organizations can create a supportive work environment, boost staff morale, and align professional goals through these interventions. These results will have an impact not only on healthcare leaders, but also across the entire healthcare organization, improving patient results, operational efficiency and financial productivity (Zhang et al., 2020). The results of this project will offer some practical implications in order to resolve the systemic issues and create a sustainable staff retention strategy that can support the long-term success and innovation of the healthcare industry and boost the morale of staff (Yang et al., 2022).

## Historical Background and Current Trends

In the past some years, the healthcare sector has undergone a significant shift in emergent needs, technologies, human resources etc. (Junaid et al., 2022). This can only be better understood with the assistance of the historical background which explains why over-dependency on traditional workforce approach results into issues such as physician deficit and physician fatigue (Zhang et al., 2020). In the past, healthcare organizations addressed staffing shortages by making minor adjustments to staffing ratios, rather than focusing on systemic solutions to foster staff retention and satisfaction (Raman et al., 2024). There was evidence that while COVID-19 continued to be a problem, workforce-related issues increased in severity over the course of 2023 (Shin et al., 2023). Turnover, fatigue, and dissatisfaction of the health workforce, especially doctors, have a significant impact on the quality of care and organizational productivity (Zhang et al., 2020). Healthcare organizations improve leaders' workflow to boost operational efficiency, which contributes to the sustainable workforce development (Mok et al., 2020). A steady and committed staff is essential for providing stable and consistent care and thereby fostering trust in the healthcare services provided to patients (Bhati et al., 2023). The project focuses on studying U.S. healthcare leaders' views regarding applying retention measures to address turnover and staff moral. Practical solutions to the challenges will enable the project to fulfil the future patients and organizations' needs and support the sustainability and growth of the healthcare sector (Junaid et al., 2022).

### *Historical Background*

In the last few decades, the healthcare industry has seen several changes in technology, societal norms and demographics to name some. But workforce issues—including physician shortages and burn out—have remained and compromise care quality and stability. Reactively

filling workforce gaps has not been enough, and a proactive strategy for retention and workforce stability is required. During the mid-20th century, physicians in the medical profession were predominantly general practitioners who had long-term relationships with their communities (Institute of Medicine, 2019).

Within the field of medicine, specialization in the 1970s and 1980s began to see a more dynamic workforce, with specialists tending to change medical centers more frequently than general practitioners, and thus moving to more distant locations from their original practices (Institute of Medicine, 2019). The development of Health Maintenance Organizations (HMOs) and managed care brought additional limitations which caused physician discontent and turnover. Physicians reported that managed care affected the various aspects of medical practice to a great extent, in generally negative ways.

In 2020, the Association of American Medical Colleges projects that by 2033, there will be a shortage of between 54,100 to 139,000 physicians (Boyle, 2020). This lack can have a detrimental impact on the delivery of care and outcomes of patients as well as operational efficiency. To solve this problem, novel strategies for retention need to be created to ensure stable employees for stability and sustainable provision of health systems. One need that is not currently addressed in healthcare leadership is a strategy to keep doctors. Without targeted campaigns, healthcare organizations have increased turnover, burnout rates and financial stresses. Among these factors are organizational culture and climate from the physician's perspective, physician expectations of fit, unfair reward redistributions, and others, all of which add to dissatisfaction. Managed care has had a significant effect on physician practices patterns (Pappas et al., 2022). Contracting with additional managed care plans has resulted in greater actual time spent in patient care, but it has also increased the amount of administrative work and

the perceived time as being too little for their patients. It therefore affects a doctor's satisfaction and retention.

Historical Development: Historically, the healthcare industry has responded inadequately to issues concerning the workforce, which focused on hiring short-term stopgap measures for the workforce (Misra et al., 2024). Herzberg's Two Factor Theory formulated in 1950s claimed that, aside from two categories of factors which are also called as intrinsic motivators (professional development) and hygiene factors (extrinsic motivators, such as salary and working conditions), affect job satisfaction (Erben & Büyüktaş, 2020). However, until recently, Hertzberg's principles have only had a limited application in the management of human resources (Erben & Büyüktaş, 2020). For instance, key milestones like the Affordable Care Act (ACA) made dramatic investments in activities focused on improving employment and retention of staff and more patients were targeted for access to needed care (Kominski et al., 2020). COVID-19 has also exposed the precariousness of health workforce: About 91,500 health workforce shortages emerged during the pandemic (Zhang et al., 2020). This time proved pivotal and highlighted the need for sustainable workforce strategies to help prevent burnout and enhance retention (Zhang et al., 2020).

Social and Economic Factors: There are ongoing issues related to staff turnover and staff retention in the health care industry, primarily because of a few social, cultural and economic factors. All these are critical in developing effective approaches to address physician shortages and maximize job satisfaction. The growing need for specialized healthcare services due to the aging population puts strain on the healthcare system, especially in the United States (Jones & Dolsten, 2024). The demographic shift has resulted in an increase of work for physicians, which has led to burnout and dissatisfaction.  Physician migration has cultural implications to

workforce dynamics. Advancements in the fields of communication and transportation have made it increasingly convenient for doctors to move across borders for improved career, work-life balance and professional growth. Mobility results in a talent redistribution pertaining to health care (Mohammadiaghdam et al., 2020). This means that certain regions will fall short of practitioners and other regions will have greater number of practitioners.

This is largely due to the fact that the economic model of physician's compensation always relied on the number of patients treated – in other words, high patient volumes were encouraged. Managed care and health reform, however, have altered this way of thinking and fixed payments and cost containment are the focus. This transition resulted in loss of income predictability, job satisfaction and eventually turnover for physicians. The cost of physician turnover is very significant. The monetary costs due to turnover from burnout in the United States alone are estimated to cost the healthcare sector approximately $979 million per year (Sinsky et al., 2022). This economic impact reflects on the importance of having proactive workforce management strategies in place to help reduce the expenses of turnover.

Historically, the healthcare industry has relied on short-term solutions to deal with the workforce issue-absolute filling of available positions and filling available openings through recruitment. These have been insufficient in bringing about long-term stability. If we apply Herzberg's two factor theory, we can categorize intrinsic motivators and that are those things that motivate employees, such as job development and other factors against external hygiene factors which are those working conditions, pay, and other factors that are related to the job (Alrawahi et al., 2020). A more pronounced trend of incorporating retention strategies based on Herzberg's theory. This is because it addresses motivators and hygiene factors, and therefore allows healthcare leaders to foster an environment that supports more job satisfaction, professional

development and organizational stability.

Physician retention is a topic that has entered and been influenced by these stages, historical, social and economic analytical (Jones & Dolsten, 2024). The workforce and physician shortage and turnover are key issues that point towards the need for new solutions that are effective and backed by evidence (Tamata, 2022). The project seeks to bridge the gap in practice and provide the much-needed knowledge from the extant literature to support the retention initiatives of healthcare leaders to enhance quality and sustainable care delivery (Junaid et al., 2022).

**Current Trends**

In the past decade, as more and more physicians are leaving the workforce and burnout rates are rising, the health care sector is more concerned about physician retention than ever before (Zhang & Saltman, 2021). Following recent trends, it can be inferred that there is a growing movement from activity-oriented recruitment and retention strategies to passive approaches that would boost job satisfaction among employees and reduce the turnover ratio (Yang et al., 2022). The trends are important now, as the continued negative impact of COVID-19 on the community coupled with the health system's efforts to overcome health workforce instability and deliver quality, affordable health care have become paramount (Shin et al., 2023). A trend of late is to take the approach of averting preventive control measures aimed at eliminating the causes of physicians' discontent (Pappas et al., 2022). Pappas et al. (2022) found in their study that health care organizations continue to be aware of the emerging need to engage with the organizational values to physicians' expectations. The alignment has also been shown to increase job satisfaction and reduce turnover rates in the organization (Tamata, 2022). For example, the companies that have made efforts in areas like the mentorship scheme and

professional development of their staff have experienced a 25% decrease in turnover rate (Wikström et al., 2023). Addressing career development and support can boost employee job satisfaction, and foster positive workplaces for professional healthcare workers (Wikström et al., 2023).

**Emphasis on Work-Life Balance**. One of the other trends is that desire for work-life balance is one of the key elements to turnover among physicians (Adriano & Callaghan, 2020). Tanios et al. (2021) stated that 42% of doctors reported that they feel burnt out, which affects them to either stay in or leave their current positions. Healthcare organizations get rid of the challenge by offering flexible working schedules including work at home, or work fewer hours (Kominski et al., 2020). In fact, the survey by Payerchin (2022) has revealed that 70% of medical practitioners engaged in medical practice would seek to join other employers to create a better work-life balance. But it is clear that healthcare executives must be concentrating on policies that will ultimately help in promoting a more positive work-life balance, which will then help in the retention of a healthy talent.

**Leveraging Technology for Efficiency.** Another major trend that has been surfacing to impact operations in retention is technology used to execute healthcare operations (Junaid et al., 2022). COVID-19 pandemic has given a boost to the implementation of telehealth and EHR systems, making patients' lives and employees' work easier and more timely (Zhang & Saltman, 2021). According to a report by the McKinsey Health Institute (2022), using technology in healthcare organizations can help cut down clinician burnout by 30%. Moreover, electronic health record (EHR) optimization and implementing U.S.-friendly interfaces to minimize administrative work so that physicians can spend more time on the patient side, increasing job satisfaction.

**Financial Incentives and Compensation Structures.** Physician recruitment is greatly affected by financial incentives and compensation arrangements (Adriano & Callaghan, 2020). The study shows that a competitive compensation system is very important in retaining healthcare workers. 61% of doctors mentioned compensation as a key factor to decide on job satisfaction, according to a report by (Wikström et al., 2023). In addition, companies that implement performance-based incentive plans have recorded a 15% enhanced rate of employee turnover (Raman et al., 2024). The shift is also associated with tying compensation to performance and organizational targets and objectives to boost work satisfaction (Raman et al., 2024).

**Cultural Competence and Diversity.** Another emerging trend in physician retention concerning healthcare settings includes concerns about cultural competence and diversity (Jones & Dolsten, 2024). The advantages of a diverse workforce are better patient results and better job satisfaction for health care workers (Fox, 2020). Tanios et al. (2021) referenced that a business with differing executives delivers 35% better performance. An inclusive workplace environment can be one way to substantially reduce turnover as individuals feel appreciated and a part of the team (Kominski et al., 2020). Healthcare workers are more discriminating in their choice of profession and are very sensitive to their surroundings.

The partnership has brought together the various industries to share effective interventions and policies related to the clinician's support (Fox, 2020). Today, the retention focus is on an individual level and assumes work satisfaction, work-life balance, and proper technology (Feng et al., 2022). As the focus is shifting towards aggression retention strategies, high competitive wages and diversity programs, there are some workforce challenges that healthcare leaders need to consider (Mok et al., 2020). Knowing the trends and the impact will

help healthcare organisations capitalize on certain measures to minimize staff turnover and create a healthy workforce to provide quality care solutions in the long term (Zhang et al., 2020). Therefore, ongoing studies and experiences will be significant in understanding intentions for future physician retention (Zhang et al., 2020).

**Synthesis of the Scholarly Literature**

What is the relevance of the scholarly literature to the study of AIDS and the factors that influence it?

A review of the scholarly literature on physician retention in health care organizations clearly indicates that the field is complex and multifaceted with a field that has changed much since 2010. Bond et al. (2023) studied patterns of physician turnover using Medicare billing data between 2010 and 2020. The annual turnover rate rose from 5.3% in 2010 to 7.6% in 2018, with the majority of that turn-over occurring due to physicians ceasing practice and not to doctors moving from practice to practice. Bond et al. (2023) and DeChant et al. (2019) both stated that turnover of physicians has been on an increase for the last decade, mainly due to full practice exit, and that replacement costs may be more than $500K per physician. On the other hand, Shin et al. (2023) and Sinsky et al. (2022) have both found a direct relationship between increasing burnout and organizational costs and turnover risk, but they measure the impact of burnout differently.

Retention analysis revealed the list of contributing factors that are responsible for reducing the employees' retention. Analysis is an in-depth process that involves understanding the variety of factors that affect physician satisfaction, engagement and staying power with healthcare organizations. Darbyshire et al. (2021) discovered that a lot of factors impacted retention including teamwork, workload, working conditions, stress, burnout, income, work-life

balance and antisocial work patterns. On the other hand, hygiene factors like salary structure, work environment and organizational policies are mostly not responsible for the satisfaction or for the motivation of the employees (Erben & Büyüktaş, 2020). Factors like recognition, growth opportunities and meaningful work must be addressed for genuine motivation and satisfaction.

### *Physician Burnout and Retention, and Alignment to Work Environment*

The correlation between physician burnout and retention is a major trend in current research, and studies have uncovered concerning patterns of burnout among healthcare professionals and its effects on retention rates. In their study, Shin et al. (2023) reported a striking rise in emotional exhaustion among the physicians from 38.2% to 62.8% in the post-pandemic era. Shin et al.'s (2023) findings are supported by the Sinsky et al. (2022) and Shin et al. (2023) who established a direct correlation between burnout rates and organizational costs, estimating annual burnout-related turnover expenses between $2.6 billion and $6.3 billion across the healthcare industry. In contrarily, Pacheco et al. (2023) reported that lack of motivation and biased work environment can lead to negative experiences in the workplace, ultimately contributing to feelings of burnout among employees.

### *Financial Implications and Alignment to Salary Structure*

The financial impact of the economic burden was predicted by the financial consequences of physician turnover. DeChant et al (2019) reported that individual doctor replacement cost ranged from $500,000 to $1,000,000, with specialty dependent. These results align with Pappas et al.'s (2022) Additional studies have shown that the total organizational impact of physician turnover can be estimated through a variety of complex calculations that account for the direct cost to replace the physician, as well as indirect costs associated with the drop in quality of care, loss of productivity, and negative impacts on team morale. In contrast to the financial status,

Lyons et al. (2020) and Subramaniam et al. (2024) along with Kumra et al. (2020) showed that organizational culture is crucial in retaining physicians. The following story points to the importance of the organisation culture that came to be another basic theme in current research. Results revealed the direct link of organizational culture on physician satisfaction and retention.

Supportive cultural factors also play a key role in the retention of physicians, as seen in the research by who examined the impact of supportive organizational practices on well-being and retention of physicians, revealing that certain supportive organizational practices have a significant impact on physicians being long-term members of the organization. Lock and Carrieri (2022) carried out an in-depth study on the relationship between organizational learning environments and physician satisfaction and retention, and they conclude that organizations with cultures of continuous improvement and learning effectively reduce turnover rates. The findings of Naqshbandi et al (2022) supported the concept of organizational learning as knowledge sharing, supporting innovation, and practices for continuous improvement were found to be associated with physician engagement and retention. According to Tawfik et al. (2021) and Larsman et al. (2024), psychological contracts develop and change over time in a physician's career and violations of these unwritten agreements heavily contribute to the risk of turnover. To put it simply, organizations with high psychological contract fulfillment rates, which provide consistent support and communication, tend to have much lower turnover rates than those with lower rates, as RPs found by Tawfik et al. (2021) and by Larsman et al. (2024) indicated. The studies as a whole indicate the importance of establishing strong learning environments, both for individual and organizational development, for sustaining stable physician workforces.

### *Physician Autonomy and Retention*

Physician autonomy and its relationship to retention is a complex topic in recent literature and the studies show how changes in healthcare delivery are related to professional autonomy and job satisfaction. The scholars agreed that autonomy of the physician should be improved through the use of the retention strategies. Martinussen et al. (2020) analyzed the effects organizational structure and policies have on physician autonomy and retention; perceived reductions in professional independence are positively associated with turnover risk. Similarly, Sinsky et al. (2021) explored how different organizational approaches promote standardized care processes versus physician autonomy. Conversely, Fraser, Peckham et al. (2022), Malek (2024) and Russell et al. (2021) explored the economic implications of putting into practice the retention strategies that present challenges. The higher the levels of freedom in treatment options for a health care system, the lower the physician turnover, whereas more highly standardized systems studied showed a lower turnover rate with the adoption of "micro-sabbaticals"—two to four week leaves given for a physician to pursue professional development or research.

Social relationship is known to strongly influence the level of satisfaction with their job and the remaining in an organization. Capone et al. (2022) and Feshbach et al. (2024) examined the relationship between professional relationships and social support networks in healthcare and the impact they have on physicians' well-being and career choices. The results showed that organisations with high levels of professional relationships and peer networks had much better retention results and this suggests that social capital should become a key element in retention. The scholars, such as Kumra et al. (2020), Lyons et al. (2020), and Subramaniam et al. (2024) showed consensus and uniformly find that supportive leadership and transparent policies reduce turnover. The divergent results obtained by Mengstie (2020) indicated that procedural justice

was a key component, whereas the results of Correia and Almeida (2020) showed that the most powerful predictor of long-term commitment was interactional justice (respectful treatment).

### *Work-Life Balance*

In recent years, literature has highlighted the importance of work-life balance in retention efforts, and it has become a more important element of retention strategies. The theme of work-life balance was affirmed by Adams et al., (2021) and Ramas et al., (2021). Adams et al. (2021) and Ramas et al. (2021) reported better retention of physicians in practices with comprehensive wellness initiatives and flexible employment conditions; their studies demonstrated that traditional strategies that focus just on compensation and benefits were insufficient for today's healthcare practitioners. Similarly, Moortezagholli (2020) investigated the work-life integration attitudes of millennial healthcare leaders and their perspectives on job satisfaction and retention, in which he discovered that work-life balance and flexible working were especially important for younger generations of physicians. Empowering strategies must tackle all aspects and dimensions as reported by Lin et al. (2024) such as professional development, work-life integration, organisational culture, and systemic supports to be effective.

### *Impact of Technology Integration on Job Satisfaction*

When it comes to technology integration and physician satisfaction and retention, recent studies paint a mixed picture, showing the potential for technology in healthcare and the difficulties in its implementation. The authors of both works, Gellert et al. (2023) and Jedwab et al. (2023), agreed on the story that physician workflow and satisfaction is impacted by the integration of healthcare technology, while technology can optimize the delivery of care, it can also bring new administrative challenges that impact retention. Literature implies that implementation strategies and organizational supports are critical to the success of technology

integration. In contrast, Albozabdah (2023) stated that the potential culprit leading to burnout and turnover is poorly implemented technology solutions.

With the challenge of growing healthcare workforce, the scholarly literature has some new aspects in retaining physicians. Karim et al., (2024) and Siva et al., (2024) studied healthcare organizations with AI-assisted workload distribution systems, which revealed a significant decrease in physician burnout and retention increases, compared to other traditional scheduling methods. The results of Karim et al. (2024) and Siva et al. (2024) corroborated those presented by Cordova et al. (2020), suggesting that personalised career pathways are less likely to contribute to early career turnover among physicians than are standard career pathways.

### *Professional Development and Career Advancement Opportunities*

In many studies, professional development and career advance opportunities have become key aspects in retention plans, with studies showing that more structured growth within an organization leads to enrichment in retention rates. Importance of leadership training and on special skills development were important factors in long-term physician retention as identified by Chang and Busser (2020) and Nguyen, et al. (2021). Professional development supported by Scott et al. (2020) which examined the impact of changes in workforce demography on retention strategies, concluding that more flexible and individualized approaches to professional development are required to align with various stages of a professional career and different professional development goals. Chang and Busser (2020), Nguyen et al. (2021), and Scott et al. (2020), showed agreement towards the structured career pathways and continuous learning with higher retention. The organizational learning culture is, however, argued and advocated by Lock & Carrieri (2022) while dissecting specific practices such as feedback loops, Naqshbandi et al. (2022) do the same.

Organizational Justice and Physician Retention is a major issue which is clearly addressed in literature recently, and research has shown that perceptions of organizational justice can significantly affect long-term commitment to healthcare organizations. Mengstie's (2020) demonstrated that the existence of the organizational justice played a role in lowering the turnover of employees. Correia and Almeida (2020) suggested that procedural justice has a more important role in retaining physicians than has been previously thought, especially in decision-making processes that affect their work lives. How the various types of organizational justice (distributive, procedural, and interactional) influence physician satisfaction and retention was shown by Mengstie's (2019) findings and by Correia and Almeida's (2020) analysis. To compare with the justice narrative, Bashar et al. (2022) proposed to adopt the effective approaches of retention to enhance staff satisfaction.

Retention has been mentioned for a long time in the literature, and more recent research showed that individual interventions are less effective than integrated and comprehensive interventions. Ghani et al., (2022) and Moloney et al., (2020) conducted a detailed systematic review of the studies demonstrating that numerous factors interconnected to physicians' retention in hospitals have been identified; and that an approach to retaining physicians in hospitals must consider both individual and organizational factors together. More than just isolated interventions or single-factor solutions, a more integrated approach is needed, highlighting the importance of organizations developing systems that support physicians in many ways. On the other hand, Brown et al. (2020) and Fallucchi et al. (2020) examined the application of predictive analytics in turnover risk prediction and Papa et al. (2020) examined the effects of integrated management systems on turnover outcomes. So the arguments and arguments of women in the scholarly writings offered useful glimpses of the points of agreement and disagreement among

them. The contrasting findings, consensus helped in finding the feasible approach to improve the employee retention.

**Synthesis of the Practitioner Literature**

In recent years, key healthcare industry reports from large medical groups have pointed to the rising issue of doctor retention in the U.S. healthcare system. According to the American Medical Association (2024), the turnover rate for U.S. hospitals is at a record 11%, and the impact of physician turnover in the country on healthcare delivery and organizational stability is substantial. The American Hospital Association (AHA) has also conducted professional surveys which found that there are significant financial consequences as well, with burnout-related turnover costs from $2.6 to $6.3 billion across the industry every year (Boaz & Davidson, 2022). The conclusions found in the American Medical Association (2024) and Boaz and Davidson (2022) share a common theme with the latest workforce analysis by the Medical Group Management Association (MGMA) and illustrate the growing challenges in physician retention in the healthcare system since the pandemic. During the pandemic, there were about 91,500 openings for health care workers, and the workload and stress increased for the physicians that were still working, according to MGMA (2024).Emotional Exhaustion levels amongst physicians has jumped from 38.2% to 62.8% following the outbreak of COVID-19, according to the National Healthcare Retention & RN Staffing Report, demonstrating the need for a multifaceted approach to retention efforts (California Medical Association, 2022). It is also highlighted by industry figures that '$500,000 to $1,000,000 is the cost of replacing one physician' which shows the economic impact of failed retention efforts.

Physician retention is now a top strategic priority of healthcare executives and administrators and requires an holistic organizational strategy to tackle both systemic and

individual factors. Healthcare industry experts have recently shared insights into new trends in the healthcare recruiting universe that demonstrate that paying physicians more is not enough to keep them happy and engaged (RAND Corporation, n.d; Harvard Business Review, 2022). According to hospital managers, effective retention programs should consider a number of factors, such as opportunities for professional development, work-life balance and organization culture fit. This view is backed up by the McKinsey Health Institute (2022) that has shown that comprehensive wellness programs and flexible work arrangements have seen up to a 30% decrease in physician burnout, which directly influences retention results.

The No, 2 challenge cited by hospital leaders in industry publications and forums is keeping physicians engaged, which is increasing in complexity. Healthcare executives place a strong emphasis on the need to align organizational objectives with physician expectations as a foundational challenge in retaining physicians, with some stating that about 70% of physicians consider work-life balance when choosing their jobs (Davis et al., 2024). Additionally, management consultants noted that those healthcare organizations that have been able to successfully implement targeted retention initiatives, for example mentorship programs and professional development pathways, have experienced a 25% drop in turnover rates (Koshkina, 2024). The findings from the Davis et al. (2024) and Koshkina (2024) practitioner sources suggested that, in addition to traditional strategies, a wider range of organisational and cultural factors must also be taken into consideration to effectively retain caregivers, such as technological integration, workforce diversity and administrative burden reduction (Hung & Hung, 2022).

Multi-faceted, evidence-based strategies to physician retention work as healthcare organizations have proven with successful retention programs. Remarkably, some case studies

showed that the institutions that had a comprehensive wellness programme along with structured career growth programmes saw a significant drop in physician turnover (Read, 2022). For example, firms with mentoring programs and those that provided professional development saw a 25% drop in turnover rates (Brown, 2025). Success measures of the programs show that health care organizations that leveraged the use of predictive workforce analytics and AI-powered workload distribution systems have been able to significantly curb physician burnout and boost retention rates (Diaz, 2022). Implementation models that emphasize work-life balance by allowing for flexible work hours and telepeople interactions are especially successful as 70% of physicians rate work-life integration as an important factor in choosing a job.

On the other hand, documented struggles and failures to retain convey valuable insights into potential pitfalls and areas that need to be focused on. When looking at failed approaches, it is clear that any organization which only focused on financial incentives and not underlying systemic factors has limited success with retaining physicians for the long-term (Gamble, 2025). Hospitals that failed to meet physicians' expectations with their organizational values have reported more staff turnover and lower morale (Britton, 2024). Two important causes for industry failure are identified as the need to attend to hygiene factors as well as 'motivators' as per Herzberg's two factor theory. For example, those that did not have established communication channels and support systems during the COVID-19 pandemic experienced a rise in the percentage of emotionally exhausted physicians from 38.2% to 62.8% (California Medical Association, 2022). Overall, the lessons highlight the need for holistic and flexible retention strategies that consider the unique needs of organizations and individuals and are sensitive to changing healthcare challenges.

### *Real World Applications*

As health systems face unique retention issues, healthcare organizations in different settings have tried different strategies to retain physicians: Urban hospital systems, medical group practices and rural facilities differ. Several larger hospital systems have been successful in creating integrated retention program models that integrate professional growth and development opportunities with formal physician mentorship programs, yielding tangible physician satisfaction and retention benefits (Gamble, 2025). Rural health care facilities have developed specialized retention strategies such as housing allowances, educational debt repayment schemes, and have attained high retention rates compared with the typical urban based retention strategies. Medical group practices have been proven successful with the use of "micro-sabbaticals" - two to four week paid leaves of absence for professional development or research - and have seen a decrease in burnout and an increase in their job satisfaction scores (Diaz, 2022). Application diversity underscores the need to tailor retention approaches to particular health care environments, while honoring certain key components of professional support and advancing.

Tech in the workplace and wellness initiatives are some of the innovative solutions that have become an important part of today's retention programs. It's important to note that AI systems for workload distribution in healthcare have demonstrated a substantial decrease in physician burnout and enhanced retention rates relative to traditional scheduling methods (Koshkina, 2024). Adopting these telehealth tools and optimizing EHRs has shown promise in alleviating administrative workload, with the McKinsey Health Institute estimating that when optimized, technology can reduce clinician burnout by up to 30% (2022). Wellness program strategies targeting work-life balance have met with special success: organizations who have provided options for scheduling and supports systems have reported better physician satisfaction.

Many of these innovative strategies include data-driven decision-making tools, and hospitals have seen significant decreases in unexpected physician departures using predictive workforce analytics (Todd & Stern, 2023). The achievements of these programs reveal the need for the comprehensive, well-rounded support of wellness programs in today's retention efforts, along with technological progress.

Post-COVID adaptations and changing models of healthcare delivery are driving a major adjustment in current expectations and requirements of the healthcare workforce, including physicians. The fundamentals of work arrangements have changed in healthcare, as accelerating the adoption of telehealth and digital health solutions have become a standard practice than an optional practice (Gamble, 2025). The effects of digital health integration have been significant, with organizations reporting technologies can reduce the administrative burden and consequently clinician burnout by roughly 30% (McKinsey Health Institute, 2022). One of the most important factors has been changing workforce expectations, with recent surveys of the industry showing that for 70% of physicians, work-life balance and flexibility with your schedule matter when you're looking for a job (Payerchin, 2022). Combined with these trends, fresh and more flexible and holistic retention programs are needed that take into consideration both professionals' and patients' needs.

In thinking about directions, there are some industry forecasts with regards to what is likely to occur when it comes to challenges and solutions for physician retention. The surmounting obstacles are the ageing population, which will put a strain on healthcare services and also take its toll on doctors as they retire (Hung & Hung, 2022). Proposed solutions highlight the need for the establishment of integrated retention matrices, where technological innovations and human support mechanisms are combined. The surge of predictive analytics and AI-powered

workforce management solutions is a testament to the strategic effort to proactively tackle retention issues and adapt to a changing workforce. Further, industry experts suggest that more advanced professional development pathways, such as structured mentorship and the "micro-sabbaticals" which have proven to be effective in initial trials (Davis et al., 2024), should be adopted. The forward-looking strategies are indicative of recognition for the need to take a more holistic and flexible approach to physician retention in an evolving healthcare landscape.

### *Convergence and Divergence with Scholarly Literature*

There is both a similarity and a difference in areas of importance between practitioner and academic perspectives on physician retention that yields more explanation for the multifaceted problem. Compared with most academic work, which ranges between 5-7.6 percent physician turnover rates (Shin et al., 2023), the American Medical Association (AMA) (2024) reported rates of physician turnover at 11%. The disconnect between the information about the turnover rate by American Medical Association (2024) and Shin et al. (2023) implies possible underreporting of turnover in academic literature or varying definitions of turnover. But the views of scholars and practitioners were in parallel that there is a growing incidence of physician burnout, especially in the post COVID era when the level of emotional exhaustion rose from 38.2% to over 62% (California Medical Association, 2022; Shin et al., 2023).

Practitioner and scholarly resources were both in agreement that work-life balance and culture are the keys when it comes to retaining physicians. Based on these reports, there are professional experiences that support the academic findings related to the importance of work-life balance, as 70% of physicians consider work-life balance a factor when deciding on employment opportunities (Payerchin, 2022). Converging perspectives, Adams et al. (2021) and Davis et al. (2024) highlighted the efficacy of professional growth and mentoring in terms of its

impact on performance, with as much as a 25% reduction in turnover reported by practitioners and academics confirming that these practices help improve participation and motivation. Practitioners have a more positive attitude towards how technology can improve retention, with AI-driven scheduling and predictive analytics as ways to reduce burnout.

The other end of this spectrum of views is found in the scholarly literature, where studies are more productively skeptical of the effects of technology and its role in contributing to the administrative burden (Jedwab et al., 2023). The comparison of the practitioner perceptions and academic studies thus further confirms the complexity of physician retention and the need for multimodal and evidence-based strategies. A consistent strategy that combines best practices in the sector and research grounded in evidence from academics is required to tackle physician turnover (Hung & Hung, 2022; McKinsey Health Institute, 2022). This simple gap between need and theory suggests a need for more regular collaboration between healthcare leaders and researchers (Davis et al., 2024; Larsman et al., 2024). This closing will help to facilitate the development of flexible retention systems, not only to cope with the ever-evolving challenges of the healthcare landscape but also to ensure sustainable workforce stability and improved patient outcomes.

**Practical Implications.** In order for physician retention efforts to be effective, it is important to not only consider resource allocation but also the timeline planning and there are a number of key factors that will be necessary for effective implementation. The cost of implementing comprehensive retention initiatives needs to be considered by healthcare organizations, as the cost of turnover due to burnout in the healthcare industry is estimated to be between $2.6 billion and $6.3 billion per year (Goldman & Barnett, 2022). The implementation timeline should consider interventions that can immediately be done, like technology integration

and workflow improvements, which the McKinsey Health Institute (2022) identified can reduce clinician burnout by 30% and cultural shifts that will lead to sustainable retention. These are some of the success factors: aligning organizational goals with physician expectations, work-life balance initiatives (70 percent of physicians consider this factor when choosing a place of work, McDermott et al., 2022), and providing strong mentorship programs with proven results of reducing turnover rates by 25 percent. Evidence-based strategies like AI-powered workload distribution systems and structured professional development pathways should be integrated into best practice frameworks, and intervention roadmaps should consider systemic and individual factors in physician retention, including support for building supportive organizational cultures and developing comprehensive wellness programs.

**Alignment of the Project with the Literature and Discipline**

The physician retention strategies for this project are well aligned with both the literature and practitioner's views and reflect a gap in healthcare leadership practice. The literature from the scientific field is the theoretical basis on which to understand the complex interaction between motivational factors and hygiene elements on the one hand in the context of retaining physicians. This theoretical underpinning reinforces more recent research that shows the complexity of retention issues, such as an uptick in burnout from 37.5% prior to COVID-19 to 61.7% after (Shin et al., 2023), and a financial impact with turnover costs of $500,000 to $1,000,000 per physician (Pappas et al., 2022). The project's focus on the holistic strategies to address the physician shortage is at the theoretical/practical nexus, as the shortage is projected to be 54,100 - 139,000 by 2033 (Boyle, 2020).

Live practitioner reflections and expertise also support the work and its relevance to the academic and practitioner worlds. The academic research findings on the importance of

achieving a balance between work and life have been supported by industry reports, such as the 70% of physicians who say work-life balance is a factor when deciding on a job (Payerchin, 2022). Technological integration is a key theme in the project, which aligns with trends in the industry, with McKinsey Health Institute reporting that appropriate technology implementation can save clinician burnout by 30% (2022). Furthermore, the project's focus on organizational culture and leadership development aligns with current research on organizational justice (Mengstie, 2020) and practitioner's emphasis on diversity and inclusion, which has been demonstrated to increase the organizational performance by 35% (Tanios et al., 2021). The theoretical foundations and hands-on implementation of the project will align to offer valuable contributions to the academic and practical aspects of healthcare leadership.

## SECTION 2. PROCESS

### Project Questions

How do health care leaders view retention strategies to deal with physician shortage and turnover, and to increase staff morale?

### Project Design/Method

The study will be based on a generic qualitative inquiry technique. Qualitative research aims to collect and analyze non-numerical data to uncover the main concepts and experiences of the subjects studied (Busetto et al., 2020). The generic qualitative inquiry will be used to gather the views of healthcare leaders as to best methods for retention in order to address the physician burnout problem in healthcare settings. Therefore, the selected generic qualitative inquiry is found to be fitting for the purpose of the study which seeks to gain insight into the ways through which healthcare leaders are employing retention strategies to address the problem of physician shortage in healthcare organizations and boost their organizational performance. Furthermore, generic qualitative inquiry is employed to delve into the healthcare leaders' views on the retention strategies needed to address the physician burn-out issue in the healthcare organization (DeMiglio et al., 2024).

Using one-on-one semi-structured interview technique, the generic investigation of qualitative data is chosen since the data collection is intended to produce rich and insightful data from the respondents to have diverse perspective of the topic and problem; which can be useful in answering the project question in the first place. The semi-structured interviews are an effective method to gather data for information on organizational factors that influenced the physician shortage (AlGhunaim et al., 2022). Thus, qualitative approach is appropriate to gain in-depth experiences and insight in the semi-structured interview with healthcare leaders. Other

relevant constructs to consider the project question are the underlying cause that contributes to the shortage of physicians. The health care leaders' view of the challenges to implementing retention strategies, therefore, will most likely be a complex and complex process of decision making in a bid to manage the physician burnout issue (Jinah et al., 2024). Gaining insight into the culture within the organization, the resources that were allocated and the risks that were managed in the context of the level of implementation of retention strategies will be achieved by gathering rich narrative data via qualitative inquiry.

The qualitative technique that was used for this study also had support from scholarly literature. The generic qualitative inquiry merely gathered the nuanced insights into how healthcare leaders are dealing with the healthcare staff burnout issue and gained a more comprehensive understanding of the implementation process for retention strategies. This study uses the generic qualitative inquiry approach which is suitable with the adopted theoretical framework of this study that is herzberg's dichotomy theory of motivation. It was through this Herzberg's dichotomous theory that the motivation and hygiene factors that contribute in enhancing work environment and reducing the likelihood of burnouts among employees could be understood. The inquiry technique is employed to gather the opinions of the healthcare leaders on the two key constructs of the Herzberg's theory – hygiene and motivators. Erben and Büyüktaş (2020) stated that qualitative inquiry would give insight into the effects of the motivational factors which would increase job satisfaction and reduce burnout. In this way, the qualitative inquiry approach assisted in the identification of the factors related to physician shortage in the health care contexts at the organization level.

The generic qualitative inquiry method will be used to elicit the qualitative perceptions from the targeted population by use of semi structured interviews. Healthcare leaders who have

gone through or are experiencing physician burnout will be the population targeted for this project. The qualitative inquiry approach will assist with gathering more detailed data regarding the participants' experience, perspective and decision-making and serve to support retention strategies. Semi-structured interviews are appropriate for gaining in-depth knowledge of the complexities associated with organisational change that allow the interviewees to share their experiences and viewpoints while at the same time allowing for structured data collection across all interviews (Mashuri et al. 2022).

The versatility of data collection and analysis mirrors in comparison to the incredibly complex structure of healthcare organizations and the wide-ranging elements in which retention strategies are employed. The flexibility is connected with the data collection approach of a semi-structured interview. Semi-structured questions with open-ended questions were used to allow flexibility to explore a wide range of views amongst healthcare leaders in relation to the retention strategies. According to Tracy (2024), semi-structured interview is one of the methods of collecting data in qualitative research which provides an opportunity to gather rich data on a specific topic question from the respondents. Therefore, semi-structured interviews will be used in this study to gain insights and opinions on strategies to combat physician burnout in healthcare environments from healthcare leaders. Thematic analysis is a data analysis method that is particularly used to analyze qualitative data, such as interview data (Jowsey et al., 2021). Since the project question needs more of a qualitative response, the inquiry technique is suitable with the use of thematic analysis (Kiger & Varpio, 2020). This study will use thematic analysis to look at the gathered data to find patterns and practices.

It is relevant to recognize that this study may have the drawbacks of using the generic qualitative inquiry method. One problem is researcher bias in the data collection process and in

the analysis of data. According to Ahmed (2024), the member checking technique assists in controlling researcher bias in a research. The researcher's sharing of the findings to the participants is known as the member checking strategy and will be used to verify the credibility of the findings (McKin, 2023). Second is the lack of generalizability because the number of health care leaders who completed the survey was small. This study's aim is aligned with Urcia (2021), who posited that the use of generic qualitative inquiry is not intended at generalisation, but rather to gain in-depth understandings of specific contexts and phenomena.

Potential weaknesses and constraints of the generic qualitative inquiry method must be identified. Firstly, the interviews will take place virtually, and there may be technical issues. However, 60 minutes time spent with an interviewee can be disrupted, at some stage influencing the data collection process. Education about managing the technical issues will help participants to combat the issue of technical failure during the interview session (Carter et al., 2021). Secondly, the use of a purposive sample may affect the question of trustworthiness of the data. To address the issue of the trustworthiness of data, the detailed field notes will document the research process ensuring the methodology undertaken during the study is rigorous (Ahmed, 2024). Therefore, the research process is documented and this adds to the methodological framework in this study. The detailed description of the research process improves the transparency and credibility of this study which has explored the perspectives of healthcare leaders in regards to the physician burnout problem.

## Stakeholders, Participants, and Target Audience

### Stakeholders

The stakeholders in this capstone project involve various groups within the healthcare system, because each group will have a different expectation and impact on the results of this

capstone project. The primary stakeholders to this research are healthcare managers and administrators, medical directors and human resource managers. The healthcare administrators are a key group because they play a major role in implementing physician retention policies, and they are directly involved in physician scarcity issues (Nguyen et al., 2021). Medical directors are also stakeholders who have the responsibility of implementing retention policies and how those policies are impacting well-being and job satisfaction. The third stakeholder group includes the human resource managers charged with keeping the current physician staff, the workforce, in the organization. Also, professional associations like the American Medical Association (AMA) and American College of Physician Executives (ACPE) are another segment of stakeholders. These organizations make sure to implement proper strategies to keep doctors on board and manage their burnout (Eschenroeder et al., 2021). Stakeholders play an important role in bridging the gap from strategy to execution in addressing the physician burnout problem (Underdahl et al., 2024).

For any stakeholder to understand the challenges in practice related to physician burnout, it is critical to grasp the practical challenges regarding physician burnout. The healthcare administrators' perspectives are extremely crucial since the implementation initiatives will end up being either a success or a failure depending on the effective utilization of the retention strategies. Staff engagement and buy-in can be a big factor in the success of retention efforts in health care environments, according to evidence from West et al. (2020). The medical directors are interested in how implementation of policy for retention impacts the provision of care and effective operation of the organization (Jones & Fulop, 2021). HRM experiences provide valuable insights into what successful retention strategies can look like and how they can reduce physician burnout (Mahdavi et al., 2023).

Adoption of retention policies identified in this study will, therefore, be important measures in measuring the success of a project to address the physician burnout problem in the healthcare industry. The stakeholders from the professional organization also vested interest to ensure that retention policies comply with ethical principles and help in managing the physician burnout (Underdahl et al., 2024). Healthcare stakeholders like regulators' healthcare leaders aid the healthcare organizations in addressing the physician burnout issue (Carrau & Janis, 2021). Therefore, taking into account the viewpoint and interests of the different stakeholders' groups facilitate successful implementation of the retention strategies. The stakeholder guides the healthcare system to do effective retention policies which help in reducing physician burnout problem.

**Participants**

This study will involve healthcare professionals with at least 5 years of work experience in medical administration. The U. is one of the key characteristics of the participants.Experts from S healthcare sectors who are directly involved in implementation of the strategies to overcome the shortage of doctors in healthcare sectors. In addition, the leaders help to execute the workplace strategies that make enhancing the staff morale a reality, thereby lowering the risk of burnout. Purposive sampling will be used for the participants to ensure the proactive involvement in retention strategies. Purposive sampling is one of the sampling techniques used in qualitative study to identify the participants following specific criteria (Campbell et al., 2020). A sample to be selected from the targeted population will be 10-12 participants that aligned with the recommended sample size by Peters (2023) for a qualitative study. The chosen participants are qualified to respond the project question and provide lights about the retention approaches that manage the physician's burnout problem.

## Target Audience

The target audience for this study includes different groups in healthcare organizations, such as healthcare managers, policymakers, academicians, and scholars. Qualitative insights about the retention strategies from the healthcare leaders are valuable and help in designing effective strategies for staff retention. Furthermore, this study's recommendations could also benefit a hospital board or financial manager in managing costs with a high turnover rate among physicians. The outcomes of this study could be important data for developing long-term plans on how to keep a stable workforce, while improving employee satisfaction, lowering stress, and reducing burnout to ensure quality healthcare services. Jinah et al. (2024) indicated that evidence-based retention policies help policymakers to make strategic decisions and manage the physician burnout problem. The findings of this research give insight to policy makers as it pertains to facilitating physicians in the process of addressing issues of physician burnout.

The results of the study will have an impact on the target group, which will be collaborative. This study will give healthcare managers valuable insight on planning retention efforts to combat physician burnout and welcome them to be part of the solution. The findings of the research will help inform evidence-based policy decisions to address physician burnout in health care institutions, particularly as these decisions ask for collaborative action. A second important audience are practitioners and academic researchers. The evidence of what is effective in using retention policies was critical in helping to keep physicians and improve the effectiveness of the organization, as Underdahl et al. (2024) discovered. Professional organizations like ACPE and AMA can leverage results to inform best practices for professional development by practitioners in their organization (Underdahl et al., 2024). Thus, the results of this study will encourage collaboration among the wide spectrum of interested parties

(administrators, physicians, practitioners) as they search for effective retention strategies to be used in the health care industry.

## Role of the Researcher

The researcher is critical to ensure the quality and scientific value of the study (Lim, 2024). Qualitative research involves the researcher collecting, analyzing, and interpreting the data in a study or research project (Delve, 2022). The researcher should be impartial to the study but be self-reflective as this can be influential on the outcome of the research (Baldwin et al., 2022). Thus, the success of this study depends on the researcher being able to obtain participants, collect data and interpret the findings.

### Researcher Responsibilities

The functions of the researcher include the design of the study, the selection of the users, the interviewing strategy and data analysis (Vega et al., 2022). The researcher performed a literature review in the first step to identify the research gap and to guide the study (Zahle, 2020). The research will be conducted using the standard protocol which would help in maintaining consistency and strength in method (Merriam & Tisdell, 2020). In the data collection part, the researcher will conduct semi-structured interviews, making it more flexible for the participant to express their ideas (Tracy, 2024). The professional and the participant(s) engage in conversation during the interview to draw out the most appropriate responses and resolve the questions. To ensure accountability for the research data collected during research, the researcher will keep research notes and transcripts throughout the research process (Johnson et al., 2020). Thus, observation and recording of observation and thought increases the quality of research and makes the research more credible and reliable, as mentioned by Yin (2018).

### Mitigating Researcher Bias

Identifying and steering clear of different kinds of bias that can impact interpretations is important (Baldwin et al., 2022). To ensure that the researcher's biases and prejudiced interpretations are not introduced into the study findings, reflexivity will be used at all levels, eliminating the possibility of bias in the study. The researcher will document the research process through a journal that details ideas, beliefs and actions encountered during the research (Vega et al., 2022).

Member checking will also be used for the confirmation of the analyses. Cross checking the results of the research with the research subjects is a process called member checking (Zahle, 2020). Therefore member checking will be conducted, the results will be shared with the members and feedback will be obtained to modify the results. Participants will have the opportunity to review the responses by means of post-transcription, and verify them. With this method, biases in data collection that is, how much the data collected captures the experience and perception of those involved can be reduced as far as possible.

## Project Study Protocol

### Sample

A purposive sampling will be used and a certain group of participants of a particular characteristic will be selected. The method that is referred to as purposive sampling is one where the participants who are being included in the study are based on certain characteristics (Campbell et al., (2020).). This technique is useful to determine the participants that are suitable for the objectives of the study. Also, the participants will be selected using a purposive sampling technique where healthcare professionals with at least five years experience in health care administration are selected. Also, sample selection offers insight into physician retention

strategies and workforce morale improvement (Raman et al., 2024). Therefore, the sampling method used in the study is suitable for the method of the study and can obtain the necessary data.

Sample size adequacy would be considered for participant selection. The method allows for reaching out to a variety of viewpoints from senior healthcare administration professionals who are deemed to be experienced. Qualitative research that foundations on expert views suggest that sample size should be 20 people (Mpofu, 2020). A sample size of 12-15 participants is judged to be sufficient for data saturation in the literature. Furthermore, Raman et al. (2024) demonstrated that senior professionals offered suggestions for samples to give actionable insights for practical policy development and strategic improvements.

Prefer candidates with over five years' experience in medical administration practice and current or recent senior administrative experience in a health care organization. In particular, participants are required to show understanding of retention strategies, workforce morale challenges and physician turnover problems. The participants consent to participate and are able to share their experiences and opinions (Eeckhout et al., 2022). The following will be considered to set measures against any possible participant attrition. Secondly, the first sample size will be higher in number of those that drop out. Secondly, interview sessions will have appointed time slots that will make it easy for participants to participate in the session. Thirdly, ongoing interaction with the study participants over the course of the study helps foster continued research engagement. Lastly, giving detailed instructions and while paying attention to any concerns from the participants showing resistance will help to motivate participant involvement.

All the data collected will be de-identified to preserve confidentiality of the participants. Data will be securely stored in a locked cabinet, and only accessed by authorized personnel.

Some of the demographic data that are related to the group selected are: length of time holding the professional job, administrative positions within healthcare organizations, and their background in knowledge of workforce management strategies. Focusing on experienced, senior professionals will help to gather a more well-rounded perspective on physician retention practices. The findings from this study would be pertinent to a variety of stakeholders including healthcare managers and policy makers. The healthcare manager aims to create meaningful strategies to retain employees and related employment and workforce stability policies (Raman et al., 2024). This research aims to provide practical suggestions for retaining the healthcare workforce through the use of experienced workforce feedback which supports employee satisfaction, decreases employee stress and reduces employee burnout to improve healthcare services.

**Data Collection**

A purposive sampling of respondents will include persons with certain desired characteristics to achieve the objectives of the study, including a group of respondents from among senior professionals who have a minimum of five years experience in medical administration. Participants will be selected by a structured approach to ensure the selection of individuals with specific characteristics that allow for meeting the objectives of the study (see Appendix B). The potential study participants will be engaged in recruitment by following a number of steps (Campbell et al., 2020). Healthcare associations, like the American Medical Association (AMA) and the American College of Physicians Executives (ACHE) will be the primary source for finding potential participants. Prospective participants will receive email invitations as a research announcement, that will include information about the purpose of the research. A screening process will be used to verify eligibility after participants identify those

willing to participate. The screening process aims to select the participants that correspond to the inclusion criteria.

A screening process shall be used to guarantee the participant's eligibility. First of all, the potential participants will be accountable for responding to “yes” or “no” questions to make sure that their professional function and number of years of experience are verified. So those who will fit in the eligibility criteria will be considered for being included. Also, informed consent will be obtained from all participants prior to their participation in the study (LeCompte & Young, 2020). Full detailed consent form will be sent by e-mail to participants which will outline the study aim, the method of data collection, potential risks to participants, confidentiality and their right to withdraw from the study. It will then be returned to the researcher electronically signed prior to data collection. SMS follow-up reminders will be used to remind people that they need to fill out all the necessary consent forms.

The data collection process will be a semi-structured interview that will be used in the qualitative inquiry project. The interviews will be a suitable method and allow a thorough discussion of participants' experiences, ensuring that all important topics will be covered (Rutledge & Hogg, 2020). Semi-structured interviews will be used for each participant to delve deeper into physician retention in healthcare. The interviews should be held using Zoom, taking into account the preferences of the participants (Guo et al., 2024). The interview guide includes a few questions that assess some of the issues and retention strategies that workforce experiences to gain the participants' perspective (see Appendix A). Furthermore, exploratory variables were organizational culture, financial incentives, leadership strategies and professional development opportunities.

The IRB expert review will be made up of the Methodologist expert and two other experts. Firstly, the methodological specialist will check the interview questions. The methodological expert's feedback will be used for the revision of the interview guide. The interview guide will then be presented to the two subject experts. The questions were, however, vetted by a qualitative expert for clarity, structure and congruence with the approach of the study (Johnson et al., 2020). The comments in both reviews will be used to adjust the questions. Feedback will be integrated to enhance the interview questions and to clarify and make the topic more relevant. After the interview questions are fine-tuned, a practice interview will be conducted with Capella University employees.

Different approaches will be used to guarantee the credibility and trustworthiness. Firstly, cross validation with other data sources will be carried out to ensure consistency and accuracy. Secondly, an audit trail will be used to keep documentation of all decisions taken throughout the research process, including modifications made to interview guide questions and data analysis process (Xu et al., 2020). Third, member checks/sharing the preliminary findings with the subjects for validation will be used as well. Fourthly, the research team will use reflexive journaling to reflect on their biases and assumptions, thereby satisfying the interest in objectivity in the interpretation of data. The description of the research goals, characteristics of the participants used, and the data collection tools will be presented in detail so that the results of the study can be used in other circumstances.

Participants' bias, researchers' involvement, and misinterpretation were identifiable as risk factors for threats to trustworthiness. The following strategies will be used to mitigate those mentioned above. Confidentiality of the participants will be guaranteed to ensure that the most appropriate answers are given. Trustworthiness of data will be done through auditing process

which findings and interpretation will be clarified. This is done through the regular review and feedback with the project mentor, who will look through the data analysis process, which encompasses the coded data, the codebook, and the emerging themes (Xiao et al., 2020). The mentor will evaluate how the raw data is translated into the final results, decisions and conclusions and how the results are based on the participant responses and not on bias of the researcher. The procedures ensure the data and findings will be dependable, credible, confirmable, and trustworthy, increasing opportunities for other researchers to use the findings in other projects and settings. This systematic and rigorous process will ensure that the high quality data generated will be turned into meaningful guidance on physicians' retention and increased morale in the workplace.

## Ethical Considerations

The research will be conducted in an ethical manner related to the approval of the Institutional Review Board (IRB) at Capella University. The Belmont report will assess research design to ensure adherence to the fundamental principles of respect for persons, beneficence and justice (Nagai et al., 2022). The ethical principles guarantee the safety of all the participants' data during the research. In terms of participants, there will be consent process to ensure participants' voluntary engagement. The participants will know the purpose of the study, the process of the study and the rights of the subjects in research (Millum & Bromwich, 2021). The consent form provides clear information that the participant is ready to participate and explicitly mentions that participants can withdraw from the study without any adverse consequences.

The participants will be aware that they can withdraw from the project by emailing or calling the researcher. If such withdrawal occurs, all data pertaining to that case, such as interview recordings and transcriptions will be erased within 24 hours respecting the rights to

privacy. Additionally, the mix will be created with an emphasis on the participants being aware that no matter the choice made, it will impact the participants in no way (Xu et al., 2020). The consent process will make reference to the possible risks of research participation. Specific examples of potential risks will be provided in Sim & Waterfield (2019) consent form with encouragement to ask questions and raise issues during an optional pre-interview consultation. Furthermore, consent would also enable the participants to pose questions and seek clarity prior to the initiation of the required studies.

Special consideration will be given to protection and to ensure beneficence and minimizing the potential for harm of the participants. Detailed discussion of organizational strategies and challenges will be kept confidential along with other protocols (Issa et al., 2020). All identified information will be completely removed from the set of data and pseudo-nyms will be used throughout research documents for the participants. The discussions will primarily be strategic in nature, and certain details of such discussions could be reputation-sensitive, should they be disclosed. Therefore, any factor that could potentially identify a healthcare organization or physician burnout will be completely de-identified in all research products.

Measures concerning data protection will be in place. Drives will be encrypted and password-protected such that only the researcher will have access to the drives. Access to the locked cabinet will be limited to hardcopy documents such as consent forms, which will be kept in a locked cabinet, with cabinet access keys held in a secure area. A log of access was kept, and notes were taken of how the data was used, so as to give an audit trail for compliance with their security policy. These encrypted drives would be the location where the audio recordings and transcript would be kept, and the hard copy would be kept in locked areas that would be open only to the researcher (Yang et al., 2020). If interview recordings are made, the accompanying

transcription will be provided by a professional transcription service company with whom we have confidentiality agreements, and all files will be deleted following the completion of the verification of an accurate, non-edited transcription.

Research data will be securely stored for 7 years as required by IRB and then destroyed through securely removing digital data and shredding hard-copies, etc. of physical data. Participation will be voluntary and the participants will be able to withdraw from the study by emailing or calling the researcher without repercussions (LeCompte & Young, 2020). Withdrawal shall be final within twenty-four (24) hours after the request to withdraw, at which point all information related to the participant, including the recordings of the interviews, transcripts, and all other information pertaining to the participant, shall be permanently deleted from digital sources and physical records. Research data will be protected in multiple ways: Digital data will be stored in encrypted drives that will require two-factor authentication to access, and the encryption keys will be maintained separately from the data (Tirfe & Anand, 2021). All recordings and transcriptions from the interviews will be coded numerically and alphabetically, and the code-to-person map will be stored in a separate file that is encrypted. The physical data, such as hard copies, will be kept in a locked cabinet only accessible to the researcher; an access log is kept for handling of all data. Backup copies are also encrypted and utilize automated data deletion procedures, so that data is irretrievably deleted five years after the end of the retention period.

The study also uncovered potential vulnerabilities of the participant population to the issues of professional risks. Healthcare leaders may feel uncomfortable revealing the factors that lead to physician burnout, which might put them at a disadvantage. For participants, it will be made clear that the study will focus on understanding the current processes of retention and not

on evaluating a specific organizational approach (Raman et al., 2024). In addition, an opportunity will be given to inspect transcriptions of the interviews and to have any sensitive information removed at the request of the interviewee.

Managing the possible conflicts of interest will be necessary. The researcher will indicate their background in the healthcare field, and the parameters will be specified to prevent any confusion between the researcher and the professional services provided (Cappelletti et al., 2024). An interview protocol will be followed to minimise potential biases related to healthcare background. Following each interview, the researcher will self-reflect through reflexive journaling to critically examine the assumptions and make note of the extent to which these assumptions might influence the interpretation of the data. Member checking will ensure that the participants confirm the findings' accuracy (Vella, 2024). It establishes that the researcher does not have a relationship with the participants, which can assist in recruiting participants from any organization in which the researcher has a social network.

The principle of justice will be treated through the following aspects: selection criteria and recruitment method. While the research will be directed solely towards healthcare leaders, it makes every effort to ensure that the results are presented with a multitude of different viewpoints from varying types and sizes of healthcare organisations so that the advantages and disadvantages of the research will be as equitable as possible (White, 2020). There will be participants from diverse contexts, such as organizational burnout issues, organizational size, region, and organizational type. A broad spectrum of cases could have benefited from this study, and considering the factors meant that they were done in a fair manner to maximise the benefit of the study being implemented in health organizations (Drolet et al., 2022). Geographical and organizational diversity will also be considered in sampling but the focus will be on pertinent

knowledge about physician burnout management in the health sector.

A reflective journal will be completed throughout the study and will include ethical considerations/assumptions. Consultation with a faculty mentor regularly will give more oversight and direction in handling ethical dilemmas. Multiple layers of de-identification, for example, will be made possible by confidentiality protocols involving the use of general language to substitute some organizational descriptors – such as “healthcare staff ' with “medical personnel.” The confidentiality strategies will be incorporated into the data management plan in such a way that participant anonymity will be comprehensively protected (McKibbin et al., 2021). Such deliberate consideration of ethical issues will be intended to protect the participants without compromising the research's scientific integrity.

## Data Analysis

Data assessment will be done through a thematic analysis as proposed by Braun and Clarke's. Analysis aims to be flexible and to tease out the hidden meanings in the qualitative data and to help in the interpretation of findings of the analysis (Braun & Clarke, 2022). The approach will be used as a starting point to explore the complexities that come out of the experience of health care leaders, allowing for some iteration and rigor in the analytical approach. Data will be systematically organised with the use of Excel sheets as a methodological choice to support the interpretative paradigm of the study, thereby enriching the analysis. A thematic analysis will be used for the systematic analysis of emergent themes.

Thematic analysis is a systematic and methodologically sound approach that consists of a series of six steps to allow a systematic and comprehensive exploration of the qualitative data to end up with well organized results. These steps encourage deeper involvement with the data, allowing researchers to glean insights and patterns from their data (Braun and Clarke 2022).

### Data Familiarization and Initial Analysis

The first phase of the analysis procedure involves getting knowledgeable about the information. This involves 'reading and rereading of all the interview transcripts and repeated listening to recorded interviews. This level of involvement makes sure the responses and nuances in the participants' expressions are fully understood. A deep engagement with the data allows me to observe the subtle patterns and themes that are not otherwise obvious. This process is an important part of the second stage of the analysis which is a detailed study and helps develop a better understanding of the intricacies of the data. With this careful analysis, I hope to reveal points of connection and insight that might help deepen an understanding of the material under study. The advantages of this approach are that the results are robust and a reflection of the complex truths the data reflects.

### Inductive Coding and Thematic Development

The analysis will be carried out using inductive coding so that it does not have predetermined concepts and dimensions. The study was based on the theoretical approach of Herzberg, but the coding process was open to themes and patterns emerging from the data rather than the theoretical approach (Erben & Büyüktaş, 2020). An inductive coding strategy will be used for the project. Inductive coding is a way to code in qualitative research, where the categories and themes will be generated from the analysis of the raw data, or context and not from preconceived categories (Coates et al., 2021). No fixed codes (such as staff workload, resource constraint, or models such as Herzberg's) will be used. All codes will be generated from the participant's words, or researchers will generate all codes based on ideas that are recurring through the analysis.

## Organizing and Analyzing Coded Data

The coded data will be organized and analyzed using the frequency matrix (see Table 1) in the software MS Excel. An Excel spreadsheet will be a tool to support pattern recognition, which will also enable further analytical reflection and help in the development of a preliminary codebook. Transforming these codes into iterative processes, codes with similar meanings will be clustered in more specific categories and broader themes, which can also be identified by the specific questions they answered (Jowsey et al., 2021). Visualization techniques like pivot tables and charts of the Excel matrix will facilitate the discovery of patterns in an organization where several themes co-occur across the various levels of leadership (Cloutier & Ravasi, 2020). By making this methodological decision, patterns of participants' experiences can be identified, and any researcher bias can be reduced by the data informing the codes.

**Table 1**

| ***Final Codebook*** | **Definitions** | **Examples** |
|---|---|---|
| **Codes** | | |
| Code 1 | Definition 1 | Examples 1 |
| Code 2 | Definition 2 | Examples 2 |
| Code 3 | Definition 3 | Examples 3 |
| Code 4 | Definition 4 | Examples 4 |
| Code 5 | Definition 5 | Examples 5 |
| Code 6 | Definition 6 | Examples 6 |
| Code 7 | Definition 7 | Examples 7 |
| Code 8 | Definition 8 | Examples 8 |
| Code 9 | Definition 9 | Examples 9 |

Code 10 Definition 10 Examples 10

**Line-by-Line Coding and Codebook Development**

In steps three and four, themes will be reviewed by coding line-by-line to find important ideas (Braun & Clarke, 2022). Thus, the full codebook (see Table 1) will be developed through systematic analysis of all interview data and then further refined with the assistance of the faculty mentor (Michele et al., 2024). The codebook will contain definitions of the codes, the inclusion and exclusion criteria, and example quotes to ensure consistent use.

**Table 2**

*Common Codes to Categories*

| Codes | Categories | Definition |
|---|---|---|
| *Code 1* | Category | Definition |
| *Code 2* | Category | Definition |
| *Code 3* | Category | Definition |

**Defining Primary Themes and Theme Refinement**

The main topics of the research will be determined in step 5. There will be a detailed analysis of the data alongside the main research topics. Theme refinement is related to identifying significant patterns in reply to the research query, but in the process of preserving the richness of the experiences of the participants (Naeem et al., 2023). The theme summaries and participants' quotes will be displayed in Table 3. The inductive approach is flexible regarding coding schemes in relation to analysis, as long as analysis remains close to the actual experiences and perspectives of the participants.

**Table 3**

*Theme 1*

| Theme | Participant Quotes |
|---|---|
| Theme 1 – is the sentence. | Quote 1<br>Quote 2 |

## Reporting Results and Member Checking

The results report will be prepared in the last step of the analysis. During the initial write-up, an audit trail will document all decisions about analysis and work on themes in relation to what participants said and the themes. The faculty mentor will be approached on a regular basis to challenge assumptions and refine interpretations (Amin et al., 2020). In addition, the researcher will keep a reflexive journal, where perceived biases and their impact on the analytical process will be documented. The final phase of member checking will involve a systematic validation with subjects, in which they will be given an overview of the preliminary themes with associated quotations. This is an iterative process of validation that helps to ensure that the research findings reflect the participants' experiences and contribute to additional credibility of the study.

# SECTION 3. FINDINGS AND APPLICATION

## Relevant Outcomes and Findings

## Application and Benefits

## Implications

### *Recommendations for Policy*

### *Recommendations for Practice*

### *Recommendations for Future Work*

## Conclusion

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APPENDIX A. Interview Guide

| | | | |
|---|---|---|---|
| | Demographic Information and Introduction: The demographic information that will be collected includes Professional Role/Title, years of experience, and geographic location. This will be asked about as part of the screening process. By collecting these demographics, I will be able to gain a deeper understanding of the factors influencing their physician retention policies and past successes and failures. | | |
| Project Questions (what you seek to understand):<br>List each of the Project Questions separately: | Interview Questions* (what you will ask to gain the understanding you seek):<br>Map and detail each of the primary interview back to the project question: | Justification: Explain how the literature helped to inform the creation of the interview question. Identify the concept from your Applied Framework (Section 2.3.2) which guided the creation of the interview question. | Probing Questions**: For each interview question, what follow-up questions might you ask to generate additional information? |
| PQ: What factors contribute to physician turnover in U.S. hospitals, and how can targeted retention strategies address these issues to achieve sustainable healthcare organizations? | IQ.1: Could you describe your organization's current approach to manage the physician turnover? | The IQ aligned with the hygiene factors of the Herzberg's theory that provided insights into the strategies to manage the burnout. | What retention approaches proved effective for managing staff turnover in healthcare sectors? |
| | IQ.2: What opportunities for professional growth and development are available to physicians in the organization? | The IQ aligned with the motivation factors of the Herzberg's theory that focused on improving the clinical expertise of staff. | What professional growth opportunities proved useful for retaining the staff? |
| | IQ.3: How do you assess and respond to | Question adheres to the theory hygiene | What criteria do you use to assess the |

| | | | |
|---|---|---|---|
| | factors contributing to physician turnover? | factors in aspect of the organization culture. | current infrastructure? |
| | IQ.4: What strategies have been proved effective in gaining physician trust? | The strategies to boost physician trust adheres to the motivation factor of the theory. | What strategies work best to enhance physician trust in the healthcare? |
| | IQ.5: How does your organization maintain a collaborative work environment to prevent turnover? | Collaborative work environment foster the motivation in the staff and aligns well with the theory. | What metrics do you use to measure the collaboration between the interdisciplinary team? |
| | IQ.6: What role does organizational policies play to retain the healthcare staff? | The policies also facilitate the work environment and impact the staff retention, adhering to the motivation factor of theory. | Have you witnessed the usefulness of the policies to retain the healthcare workforce? |
| | IQ.7: Is there any flexible scheduling alternatives for the physicians? | Flexible working hours garner physician trust that aligns with the motivation factors of the theory. | What resources are required to provide flexible working environment to physicians? |
| | IQ.8: How do organization measure the efficacy of the retention strategies? | Retention strategies are efficacy for managing the job dissatisfaction that adheres to the hygiene factor of theory. | How do you measure the efficacy of the retention strategies in healthcare? |
| | IQ.9: How do you manage physician's workload during the higher patient flow? | The IQ focus on managing the workload on physician that aligns with the motivation factor of the theory. | How do you collaborate with stakeholders to manage the workload on physicians? |
| | IQ.10: What recommendations would you give to other healthcare leaders planning to | The retention strategies help in managing the job dissatisfaction that adheres to hygiene factor of the theory. | What key recommendation you would suggest to overcome physician turnover issue? |

| | | | |
|---|---|---|---|
| | implement the retention strategies? | | |
| | Closing out the Interview: Enter your script here to close out the interview inclusive of asking the participant if there is additional information to share, questions and comments about the interview, follow-up for transcript review (if applicable), and how the participant may get a final copy of the project (if applicable), along with a thank you for their efforts and contributions. | | |

## APPENDIX B: RECRUITMENT ANNOUNCEMENT

I, Arica Rucker, am a doctoral student at Capella University, and I invite you to participate in my capstone project. This project is part of my doctoral degree program. The purpose of the qualitative inquiry is to explore the healthcare leaders' perspectives regarding retention strategies to manage physician shortages in the healthcare industry and improve turnover and staff morale. You are invited to be a participant with your knowledge, experience, expertise, and personal assessments of challenges that U.S. healthcare administrators face for implementing retention strategies.

**Inclusion/Exclusion Criteria:**

You can be a participant if you meet the following criteria:

- Healthcare professionals who hold a medical administrative role in the organization.
- U.S. Resident
- Five years of experience

**How to Participate and Start Date:**

Please review the eligibility criteria to participate in this project. If interested in participating in the project, please contact me at by email. Our communication process includes an initial confirmation email within 24 hours of your contact. Should I not receive your response, a follow-up message will be sent after 48 hours, followed by a final reminder after 72 hours if still no response is received.

**Screening Process:**

The screening process ensure appropriate participant selection. A participant will complete a brief questionnaire to verify your eligibility based on the stated criteria. Upon successful completion of screening phases, I will provide you with an informed consent form for

review. This comprehensive screening approach helps ensure that all participants can contribute meaningful insights to the research while maintaining the study's methodological rigor. Throughout the process, I maintain professional engagement and clear communication to facilitate a smooth recruitment and screening experience for all potential participants.

**Brief Explanation of Study Procedure:**

Should you choose to participate, you will be asked to participate in a 45-60-minute interview. I will audio-record the interview for transcription purposes. You may withdraw from the project at any time without penalty. Your identity will remain confidential; your name or the name of your company will not appear in the final write-up of the results.

**Benefits of the Project:**

The research findings will provide valuable guidance for the healthcare administrators to navigating the challenges of the physician turnover while maximizing operational benefits. The physicians represent another key audience segment, as retentions strategies provide a safe work environment and lower the risk of turnover.

Thank you for taking the time to assist in this project. Please contact me at arucker10@capellauniversity.edu or call me at 615.473.0297 if you have any questions.

Sincerely,

Arica Rucker

## APPENDIX C. EXPERT PANEL REVIEW FORM TEMPLATE

Researcher's Information

Name: Arica Rucker

Address PO Box 281861 Nashville, TN 37228

Phone: 615.473.0297

Email: arucker10@capellauniversity.edu

Dear Colleague:

I am working on a doctoral qualitative doctoral project titled “Implementing Retention Strategies to Navigate Challenges of Physician Shortage in Health Care”

As an identified expert in the field aligned with my study/project, I am requesting your expertise and feedback on the interview questions I will be asking participants in the study. An expert review by a professional panel is required in projects using qualitative research methodology.

My overall research question (s) is/are: “What factors contribute to physician turnover in U.S. hospitals, and how can targeted retention strategies address these issues to achieve sustainable healthcare organizations?.” The purpose of my

study/project is: “The purpose of this qualitative inquiry project is to explore the healthcare leaders’ perspectives regarding retention strategies to manage physician shortages in the healthcare industry and improve turnover and staff morale.”

This request aims to ensure that the interview questions: 1) are appropriate for the vulnerable population or sensitive topic, 2) will not unnecessarily put participants through distress or discomfort, and 3) determine if the methodology will answer the research question and ensure design alignment. Your feedback will assist in identifying needed enhancements and the exclusion of any confusing, redundant, potentially harmful, and irrelevant questions.

Please review the interview questions on the attached form to determine if they are appropriate for my research question.

In addition to your feedback, I am requesting basic information about your professional training and credentials to provide to the Capella IRB for consideration.

Your name and personal information will not be identified in the final doctoral manuscript; however, this information will be reviewed by my doctoral mentor and other faculty who will review my research proposal. All information will be secured as part of the documentation for developing my research project.

Thank you again for your time and input!

Sincerely,

Arica Rucker

Learner's Name: Arica Rucker
Mentor's Name:
Proposed Project/Study Title: Implementing Retention Strategies to Navigate Challenges of Physician Shortage In Health Care
Methodology/Design: Qualitative inquiry technique
Proposed Research Question(s): What factors contribute to physician turnover in U.S. hospitals, and how can targeted retention strategies address these issues to achieve sustainable healthcare organizations?
Purpose of the research: project aims to explore the healthcare leaders' perspectives regarding retention strategies to manage physician shortages in the healthcare industry and improve turnover and staff morale.

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Professional Expert's Name:
Highest Earned Degree:
Professional Discipline and Nature of License/Certification:
Years in the Field:
Date Completed:
Email:

Please review the following interview questions and provide feedback on the following: 1) their appropriateness for the vulnerable population or sensitive topic, 2) that they will not unnecessarily put participants through distress or discomfort, 3) that they align with the methodology/design of the study, and 4) that they allow for answering the research question>

Interview Question #1: What specific strategies and initiatives does your organization currently employ to manage and reduce physician turnover?
Interview Question #2: Can you detail the professional development programs, mentorship opportunities, and career advancement pathways available to physicians within your organization?
Interview Question #3: What methods does your organization use to identify and address the key factors contributing to physician turnover?
Interview Question #4: What specific strategies or practices have your organization found most effective in building and maintaining trust with physicians?
Interview Question #5: How does your organization foster a collaborative and supportive work environment to minimize physician turnover?
Interview Question #6: In what ways do your organizational policies and practices specifically aim to retain healthcare staff, particularly physicians?
Interview Question #7: Does your organization offer flexible scheduling options for physicians, and if so, how are these options structured and implemented?
Interview Question #8: What metrics and evaluation methods does your organization use to measure the effectiveness of its physician retention strategies?

Interview Question #9: How does your organization manage and balance physician workload during periods of high patient volume to prevent burnout and turnover?
Interview Question #10: Based on your experience, what key recommendations would you offer to other healthcare leaders looking to implement effective physician retention strategies?