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

by

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Of the Requirements for the Degree

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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

paragraph (i.e., do not indent the first line). Set the text flush left, ragged right. Do not justify the right margin. Do not use headings, bullets, or bold. The Abstract page is not numbered, and "Abstract" does not appear in the Table of Contents.

ONCE YOU'VE WRITTEN THE ABSTRACT PAGE, DELETE ALL INSTRUCTIONS.

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This dedication page is optional. It is your personal acknowledgment indicating your appreciation and respect for significant individuals in your life. The dedication is personal; thus, any individuals named are frequently unrelated to the topic of the capstone.

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Note: if the Abstract runs onto a second page, change the page number of the Dedication to 4.

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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, 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, transcriptions, those who have provided permission to use an instrument, and the like.

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SECTION 1. PROJECT DESCRIPTION

Overview of the Project

In the United States, the growing health care needs increased the workload on health care staff, leading to physician shortages and burnout (Zhang et al., 2020). The shortage of physicians significantly undermined the effectiveness of health care delivery and affected patient safety and health outcomes (Feng et al., 2022). According to the World Health Organization (2022), the projected health care workforce shortage will be 10 million by 2030. The Association of American Medical Colleges (AAMC) reported that projected shortages of physicians in the United States will be between 54,100 and 139,000 by the end of 2033 (Boyle, 2020). DeVries et al. (2023) noted that physician shortage and turnover rates in the health care sector negatively impact health care delivery and care quality standards. Zhang et al. (2020) indicated that insufficient staffing levels hamper hospitals from providing patient care, compromising patient safety and health outcomes.

The shortage of the healthcare workforce affects the care delivery process. Zhang et al. (2020) reported that higher turnover rates lowered physician availability in hospitals, hindering organizations from meeting patient health care needs. In post-COVID-19, the hospital underwent a health care workforce shortage of 91,500, affecting care quality standards (Zhang et al., 2020). The lack of retention strategies impacts physicians' ability to continue their jobs during the pandemic and, thus, organizational 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). Physician turnover impacts the healthcare delivery process in the organization and brings financial issues. For instance, hiring and training physicians to address the shortage requires funds, which is a source of economic pressure on the organization.

Reducing physician burnout is vital in enhancing the quality of care in healthcare facilities (Mok et al., 2020). Shin et al. (2023) pointed out that several physical, psychological, and social factors influence the

environment at the workplace and lead to physician burnout. As an example, the pandemic increased the quantity of work, which led to burnout of physicians and influenced their physical and mental health. Moreover, the physicians experienced burnout at a higher rate of 61.7% post-COVID-19 outbreak compared to 37.5% prior to it. Burnout of the physician influenced the efficiency of the operations of the organization, which ended up having financial implications. According to Sinsky et al. (2022), the turnover associated with burnout needs to be dealt with at a cost of $979 million per year. Also, intangible costs incurred through physician turnover have implications for the financial stability of the organization. However, recruiting and training new physicians also need financial resources, which puts an economic strain on the organization (Pappas et al., 2022). The increased cost of healthcare based on the physician turnover was a sign that strategies of retention needed to be implemented to eliminate burnout among physicians.

Retention of competent physicians plays a vital role in the sustainability and strategic innovativeness of an organization. The physicians are at the center of healthcare delivery as they offer effective care services to the patients. The retention strategy will need to be implemented in order to address the problem of the staff shortage in the healthcare sector (Vries et al., 2023). Organizations may create a culture of innovation by aligning retention programs with physician professional objectives and well-being with competitive-based remuneration and career advancement programs (Weintraub and McKee, 2019). Establishing strong retention systems among physicians assists organizations in encouraging high standards of the quality of care, enhancing patient safety and health outcomes (Vries et al., 2023). The strategic attention of

healthcare leaders towards retention strategies ultimately is an initiator towards the enhancement of the healthcare delivery process. The project goal is to enable the empowerment of healthcare leaders to adopt retention strategies in order to deal with the shortage of physicians in the healthcare industry.

Problem Statement and Purpose

Problem of Practice

The overall business issue is that hospitals face problems of retaining physicians, and this means that they are incurring greater expenses in terms of hiring more physicians, poor financial performance, and poor organizational stability (Han et al., 2019). The problems have an impact on the sustainability of healthcare organizations since they increase costs, decrease employee productivity, and undermine the potential to meet organizational goals. As an example, Pappas et al. (2022) found turnover expenses of providing replacement physicians ranged from 500,000 to 1,000,000 per physician, depending on the specialty.

The business issue in question is the poor retention methodology to maintain physicians within the U.S. health care organization, leading to the 11% turnover rate in U.S. hospitals and lowered employee morale and standards of care quality (Raman et al., 2024). The increase in the turnover rate of the physicians also influences the cost of the organization in terms of finances. According to Filipek (2023), it takes between 2.6 and 6.3 billion in funds to cover burnout-induced turnover expenses of physicians per year. Furthermore, the burden of burnout amounts to approximately $7600 per employed physician annually, which has an impact on the financial well-being of an organization (Han et al., 2019). The price of physician burnout and burnout rates showed that inefficient retention plans create a financial burden on the health care organization (Pappas et al., 2022). It is crucial to mitigate the particular business issue to enhance

the quality-of-care standards and the financial well-being of the organization.

Alignment with the Program

The project will be in line with the doctorate in business administration (DBA) course on strategy and innovation. The project will equip the healthcare leaders with the need to employ retention methods in order to avoid physician burnout and turnover at the hospital (Vries et al., 2023). The DBA specialization program aims to investigate the effects of retention programs to forestall burnout and turnover of physicians. One practice issue is the unsuccessful methods to keep physicians, which contributes to increased turnover and impacts the quality of care (Raman et al., 2024). The project topic is also correlated with the DBA program, which aims at handling the issue of increased turnover in the healthcare industry. The choice of the topic that can be used to implement the retention strategies in accordance with the strategy and innovation specialization program will give an idea of how the problem of physician turnover can be handled.

Purpose Statement

The qualitative research project seeks to understand the views of the healthcare leaders on the strategies of retention in dealing with medical understaffing in the healthcare industry, as well as enhancing the turnover and staff morale. The project examines the importance of retention strategies in the elimination of the problem of physician turnover. The use of retention strategies could assist healthcare leaders in avoiding the turnover and burnout of physicians, enhancing quality care in the healthcare industry.

Gap in Practice

The practice gap is that health care leaders do not have the knowledge or ability implement effective retention strategies, (Raman et al., 2024). This gap results in an 11% turnover rate in U.S. hospitals, and decreased staff morale (Raman et al., 2024). Without specific retention policies,

leaders do not solve the issues that may lead to physicians' dissatisfaction in their careers, including miscommunication of expectations, insufficient professional development, and inadequate financial motivation (Pappas et al., 2022). Altogether, the absence of various retention approaches contributes to low levels of physician satisfaction and, vice versa, creates additional financial loads for the organization due to high turnover rates that entail increased recruitment and training costs (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 assist the health care leaders in facilitating the use of organizational goals in the retention of staff morale and reduction of turnover rates. Using targeted strategies increases organizational performance, reduces financial loss, and sustains the overall viability of an organization in the health care industry.

Theoretical Framework

The two-factor theory of motivation according to Herzberg is the foundation of the project. It concentrates on an important issue of physician retention in healthcare facilities as developed by Frederick Herzberg in the 1950s. According to this theory, there are two groups of factors that influence job satisfaction and dissatisfaction: motivators and hygiene factors (Erben and Büyuktaas, 2020). According to Herzberg, the motivational factors that help to bring about long-term job satisfaction and organizational commitment to the organization are factors such as recognition, achievement and growth opportunities. Conversely, hygiene factors like salary structure, working environment and organizational policies are not the major reason behind satisfaction, even if they fail to satisfy their needs. These hygiene factors, however, are crucial in making sure that there is no dissatisfaction. (Erben & Büyüktaş, 2020). This dual-factored

methodology will still be applicable in trying to solve the problem of retaining employees in the healthcare sector, which is characterized by high turnover and burnout cases. Since the theory had undergone several decades of evolution, more recent research confirmed the potential of the theory as an inalienable instrument in the study of motivation in the workplace, even in the healthcare sector. The two Herzberg constructs have massively guided the comprehension of concepts that satisfaction of employee requirements is not a case of lack of dissatisfaction, but a tactic of inspiration. These concepts prove very useful in the explanation of the phenomenon of physician burnout, which is caused by physician turnover (through physicians having their hygiene needs unmet by remuneration or work-life balance, and their lack of motivation by career advancement or appreciation).

The framework can be used especially in the case of ineffective retention strategies within medical centers (Erben and Büyuktaas, 2020). Such resignations have not only been accompanied by the lack of continuity of care to patients and disorganization of the organization, but also the eventual loss of money. With the help of Herzberg's theory, this project will aim at identifying which of the hygiene factors are desirable and how the lack of them can be balanced out to reduce dissatisfaction. At the same time, it looks to uncover factors that will help promote satisfaction and longevity in healthcare workers' careers.

It was developed by Frederick Herzberg, who was a clinical psychologist, and was followed by some modifications indicating that the nature of variations depended on the job being done and the nature of work as postulated by organizational behavior researchers. (Lee et al., 2022). These have assisted in the further promotion of its use in more complex settings, thus making it an effective method of physician attrition and engagement analysis.

The dual-basket model of Herzberg will come in handy in this specific project when it

comes to developing questions that will be given to executives of healthcare organizations to gain their insights into retention policies. An example will be to determine how different issues of what can be described as hygiene factors fo those in the organization are being addressed, which include competitive compensation, moderate workload, and good working environment. In addition, the framework will be applied to the organizational practices to discover the deficiency of motivators, such as the career progression map or any other award system. In an effort to develop a comprehensive view of physician retention, this study will highlight some of the concepts important in the Herzberg framework. It will first explore the job satisfaction and its association with the intrinsic motivation, including recognition and career growth, and the role they play in physician retention. Secondly, the experiment will examine burnout alleviation, researching the effectiveness of workload management and psychological support that may be used to affect retention rates. Finally, it will also shed light on the working environment and how organizational culture, leadership, and physical working environment may influence the intention of physicians to stay in their jobs (Sarkar, 2023).

It will build on the elements of the two-factor theory of Herzberg in the context of physician burnout, distinguishing between the hygiene factors and motivators that can provide a specific approach towards reducing dissatisfaction in the healthcare sector. Administrative burden and overwhelming workloads are some of the hygiene factors that have led to a lack of physician satisfaction and even a sense of burnout (Alrawahi et al., 2020). Handling these stressors by simplifying processes and distributing the work evenly also complies with Herzberg's opinion of hygiene factors as being manageable problems. Motivators, on the other hand, e.g., recognition, good pay, and contributions that matter, are required to increase job satisfaction. By focusing on these aspects, medical facilities can change the nature of relations in

the workplace not only to be bearable but also to be truly gratifying. This two-fold strategy helps in theoretical interventions and promotes practical steps to reduce burnout, as well as provide long-term satisfaction among doctors (Alrawahi et al., 2020). By using the factor theory developed by Herzberg when this qualitative study is employed, the project will allow healthcare producers to have a more accurate idea of how to enhance job satisfaction, prevent turnover, and expand a stable workforce. Such a notion is aligned with the overall vision of constructing a sustainable and adaptive healthcare infrastructure. Hence, the current research found that the Two-Factor Theory formulated by Herzberg is a powerful theory to analyze and manage the turnover of physicians with reference to the hygiene and motivation factors. Such analysis can be helpful to find effective retention interventions that, in particular, enhance job satisfaction and reduce turnover within the healthcare workforce, improving patient care and organizational sustainability.

Project Context

The project can be applied to the field of business, as well as in the DBA specialization program in strategy and innovation. Healthcare organizations need to change to address the issue of physician retention that exacerbates performance and profitability and reduces the quality of care. It is planned strategically to increase the turnover of medical staff, which will reduce by 11% in hospitals in the US (Raman et al., 2024). The problem is that the different retention strategies are not efficient in providing high turnover, higher expenses of hiring, and low staff pride (Pappas et al., 2022). Likewise, the practice gap suggests that the healthcare leaders do not know the optimal practices or are merely available to design effective retention plans, which results in physician dissatisfaction and instability of the organizations (Raman et al., 2024). The project discusses and puts in place strategic retention programs to deal with the fit issues.

Using the two-factor model of motivation as postulated by Herzberg, this project aims at bringing innovation into the organizational development with the view of improving the career expectation of physicians and the environment of the organization (Erben and Bueyuktaas, 2020). The need analysis was used to determine the viability of the project, as it brought out the losses of about 979 million dollars the organization incurred in terms of turnover of physicians to other organizations (Sinsky et al., 2022). The literature may support the necessity of the project by emphasizing the importance of retention strategies in promoting performance and patient care outcomes in organizations (Vries et al., 2023). Pappas et al. (2022) claim that the possibility of making strategic decisions using the technological implementation is associated with the establishment of a positive organizational environment. Nevertheless, in the absence of change, the issue of physician burnout, the turnover rates that are on the verge of deteriorating the quality of care, and the general organizational environment will not be addressed (Zhang et al., 2020). The proposed project must be viable in the long term and be excellent in healthcare provision.

Nature of the Project

The project has its focus on the development of new strategies of healthcare delivery, namely on the decrease of the turnover rates and the enhancement of physician-related care quality. Misalignment between organizational goals and physician expectations, the absence of the opportunity for professional development, and financial incentives are some of the barriers to strategies and decision-making in healthcare (Pappas et al., 2022). The issues make it difficult to retain the workforce and create burdens on healthcare delivery procedures. The healthcare sector has a dire shortage of doctors to achieve the range of 54,100 to 139,000 by 2033 (Boyle, 2020). The shortage has a great effect on the standards of care, efficiency, and financial stability. Physician burnout, exacerbated by the COVID-19 pandemic in the healthcare industry, has

contributed to the rate of turnover, with emotional exhaustion rising to 61.7% (up from 37) (Shin et al., 2023).

Such a problem as physician shortages is complex and needs innovative approaches and strategies to work around systemic obstacles. Also, staff morale and patient care outcomes have been undermined by the absence of retention plans and dissatisfaction at the workplace (Raman et al., 2024). Mismatch between existing organizational norms and professional aspirations of physicians is one of the reasons that lead to high turnover rate which reduces the long-term sustainability of the sector. The other concrete incident is the workforce of 91,500 healthcare professionals that is short in post-COVID-19, which means that there is an acute necessity to change (Zhang et al., 2020). The effor putting retention-oriented programs into place would continue to compound the challenges. The nature of the project is implementable in the healthcare sector because it aims at the systemic gaps that are to be addressed based on evidence-based retention strategies. The project complies with the strategy and innovation specialization program at DBA, which gives insights on how to handle the workforce challenge in an innovative and sustainable manner.

Scope

The project scope, scale, and range are based on the healthcare sector and focused on defining the views of healthcare executives on the use of effective retention strategies to cope with the shortage of physicians and decrease the turnover rates (Yang et al., 2022). The suggested remedy of adopting retention programs is aimed at aligning organization objectives and those of physicians in terms of their professional interests and the workplace requirements (Raman et al., 2024). The gap analysis revealed that the healthcare leaders lack the knowledge and abilities to adopt effective retention models, which would lead to high turnover rates and

lower morale (Raman et al., 2024). The consequences of the absence of appropriate retention remedies have extremely poor effects on the operations, economy, and general patient care throughout the health sector (Raman et al., 2024). Therefore, the project falls within the main scope of reducing the burnout and turnover of physicians by implementing the two-factor theory of motivation as suggested by Herzberg in order to discover what motivates or deters physicians to remain with the organization they are employed (Erben & Buyuktas, 2020). Research on interviewing healthcare leaders in the United States will lead to feasible principles of creating an environment of optimization specific to this industry (Vries et al., 2023). The project is designed to cover the gap in practice which is a gap in business problem of turnover, and provides practical solutions to healthcare organizations (Vries et al., 2023). Findings of the project aid in coming up with evidence-based solutions to enhance physician satisfaction, minimize financial burdens, and sustainability of the sector in the long-term (Weintraub & McKee, 2019).

Significance of the Project

The project is crucial to the healthcare leaders in the U.S. because the project offers important insights on how healthcare organizations can implement best practices to overcome the issue of physician turnover and polarization (Zhang et al., 2020). It is crucial to cope with the number of identified problems, such as shortages and burnout of physicians, to maintain the quality of provided care and efficiency (Zhang et al., 2020). Having no possibility to keep employees leads to increased turnover rates, hence, the high cost of recruitment and morale, and poor patient safety (Raman et al., 2024). In addition, non-purposefulness in relation to the physicians causes discontent and contributes to the turnover crisis (Misra et al., 2024). Healthcare leaders impacted by the issues the most are directly affected since the leaders must ensure the stability of both the workforce and the financial front and provide quality care to

patients (Feng et al., 2022). The dissatisfied hygiene-maintenance retention approaches are based on Herzberg's two-factor thesis to offer systematic resolutions to inspiration (Erben and Buyuktaas, 2020). When it comes to evidence-based interventions, the project enables the leaders to implement certain interventions to enhance physicians' satisfaction and retention (Misra et al., 2024). Staff retention also positively impacts service organizations in patient care, effectiveness, and financial productivity (Zhang et al., 2020). Healthcare organizations will find the results of the project useful as they will provide viable insights on how to create a supportive workplace, align professional objectives, and address systemic gaps. Using the solutions provides sustainability and innovation in the healthcare sector in the long term (Yang et al., 2022).

Historical Background and Current Trends

The healthcare sector has evolved over the past years regarding emergent requirements, technology and human resource (Junaid et al., 2022). Its historical context is a more effective way to elucidate the issue of over-reliance on the conventional methods of hiring and retaining workers as the root of the problems such as shortage of physicians and burnout (Zhang et al., 2020). Conventionally, healthcare providers alleviated workforce shortage by simply making slight adjustments to staffing proportions without regard to adopting structural remedies to encourage retention and employee satisfaction (Raman et al., 2024). The latest tendencies demonstrate the problems with the labor force have become even more acute following COVID-19 (Shin et al., 2023). Health workforce turnover, fatigue, and dissatisfaction, which revolve mostly around physicians, have a substantial impact on the quality of care provided and the productivity of the organization (Zhang et al., 2020). Healthcare organizations enhance leaders' workflow to enhance operational efficiency, but on the other hand, emphasize the organization's sustainable workforce development (Mok et al., 2020). A stable and motivated workforce that will provide high-quality care consistently is the key to building patient trust in healthcare services (Bhati et al., 2023). The research is aimed at investigating the perceptions of U.S. healthcare leaders towards implementing retention strategies to deal with turnover and burnout (Pappas et al., 2022). Practical solutions for the challenges will help the project to support the sustainability and growth of the healthcare sector and meet future patients' and organizational demands (Junaid et al., 2022).

Historical Background

Massive technological, social, and demographic transformations have impacted the healthcare industry in the past decades (Misra et al., 2024). Nevertheless, the issues of

insufficient workforce, in particular, the shortage of physicians, and burnout have been left as unsolved problems, affecting the quality of care and organizational sustainability (Tamata, 2022). Traditional reliance on reactive responses in dealing with workforce gaps has not been enough, and a strategic approach to retention and workforce stability is required. The issue of insufficient physicians in the U.S. healthcare system will only be a major concern by 2033, the Association of American Medical Colleges (AAMC) projects that the lack of physicians will be 54,100-139,000 physicians (Boyle, 2020). The deficits compromise the provision of care services, patient outcomes, and efficiency. To address the problem, creating new strategies to retain employees will need to become a stabilizer of employees to build health systems that are stable and sustainable (Vries et al., 2023). One area that is in dire need of improvement in healthcare leadership is a physician retention strategy. Without specific strategies, healthcare organizations have to deal with higher turnover, burnout, and financial limitations (Zhang et al., 2020). The perceived organizational culture and climate, expectations of physicians - of organizational fit, and poor rewards are some of the factors that lead to dissatisfaction (Pappas et al., 2022). The lack indicated the necessity of empirical models of the retention strategies in order to address some of the peculiarities of healthcare workers (Bhati et al., 2023).

Historical Development

The healthcare sector has had a poor response to the issue of workforce in the past where its focus was on finding short-term solutions to the workforce (Misra et al., 2024). Herzberg introduced a theory of motivation in the 1950s, which indicated that in addition to two groups of factors of intrinsic motivation, such as professional development, and two groups of extrinsic hygienic motivation, such as pay and workplace, impacted job satisfaction (Erben and Buyuktaas, 2020). However, the precepts proposed by Hertzberg have long since been applied

only within the management of the workforce in a limited way until recently (Erben and Buyuktaas, 2020). The Affordable Care Act (ACA) saw some of the most dramatic investments in activities concerning the better employment and retention of the staff as an increasing number of patients were targeted with the ability to obtain the required care (Kominski et al., 2020). More importantly, the susceptibility of the health workforce to the effects of COVID-19 is another revelation; some 91,500 health workforce shortages were reported during the pandemic (Zhang et al., 2020). The time was a pivotal moment in highlighting the necessity of having sustainable workforce solutions to avoid burnout and enhance retention (Zhang et al., 2020).

Social and Economic Influences

The pressure on healthcare system was increased due to social and cultural factors such as aging U.S. population and healthcare services that require specialized services (Jones & Dolsten, 2024). The World Health Organization (2022) predicts a lack of 10 million healthcare workers as early as 2030 and comments on the deficits in the system in general. In turn, turnover causes the subsequent economic losses in healthcare organizations: In the United States alone, the healthcare industry suffers a loss of burn-related turnover of up to $979 million each year (Sinsky et al., 2022). The economic needs presuppose a supposition of active policies for labour management. Organizational performance coupled with the health of physicians has become an issue of focus over the last couple of years (Jones & Dolsten, 2024). These trends are the adoption of electronic health records and telehealth to reduce the burden of working processes (Kominski et al., 2020). The other emerging factors are appealing compensation packages, OCP, and the right form of intimacy at the workplace (Weintraub and McKee, 2019).

The combination of retention strategies with knowledge informed by the two-factor theory of motivation of Herzberg is not a typical way of addressing workforce problems (Erben

and Bukuktas, 2020). This will help healthcare leaders create an environment where individuals can experience job satisfaction, develop, and grow professionally and organizationally over the long run by incorporating motivators and hygiene factors (Zhang et al., 2020). This issue of physician retention has an analytical history, is social and economic, and has been involved in and affected by these phases (Jones & Dolsten, 2024). The main concerns of workforce, physician shortage, and turnover are signs that new effective and evidence-based solutions are being developed (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 10 years, the shortage of physicians and higher burnout rates have led to the healthcare sector focusing more on physician retention than ever before (Zhang & Saltman, 2021). The existing tendencies suggest the transition from activity-based recruitment approaches to passive retention rates in order to make employees more satisfied with their jobs and reduce turnover rates (Yang et al., 2022). The trends are now crucial with the constant negative impacts of COVID-19 in the community as health facilities strive to solve health workforce instability and deliver quality and affordable care (Shin et al., 2023). An emerging pattern is deflecting preventive control measures focusing on eliminating the sources of the reasons for physicians' discontent (Pappas et al., 2022). According to a study by Pappas et al. (2022), healthcare organizations continue to be aware of the emerging need to address organizational values with physicians' expectations. The alignment has been identified to increase the level of job satisfaction as well as reduce the rate of turnover in the organization (Tamata, 2022). To give an example, the companies that have made an effort in other areas, like the mentorship programme

and professional growth of their employees, have seen the turnover rate decrease by twenty-five percent (Wikström et al., 2023). Career development and support help to enhance the satisfaction of the employees with their work and establish a favorable work atmosphere among the professional healthcare workers (Wikström et al., 2023).

Emphasis on Work-Life Balance

The other trend is that the demand for work-life balance seems to be one of the most crucial aspects of physician turnover (Adriano & Callaghan, 2020). Tanios et al. (2021) mentioned that 42% of physicians pointed out that they experience burnout, which prompts the impact of the choice to remain in the workplace. As a means of eradicating the challenge, healthcare companies tend to offer flexible work options like telehealth and work-from-home (Kominski et al., 2020). Payerchin (2022) survey revealed that 70 percent of physicians who practiced medicine would consider seeking alternative employers to create a better work-life balance. The thing is that healthcare executives are supposed to work on the creation of policies that are likely to introduce work-life balance in order to keep talent.

Leveraging Technology for Efficiency

The other notable trend that has become the order of the day to affect operations in the retention is the adoption of technology in conducting healthcare operations (Junaid et al., 2022). The COVID-19 pandemic increased the pace of adopting telehealth and electronic health record systems and simplified the everyday life of patients and staff work, and reduced the time spent (Zhang & Saltman, 2021). A report created by the McKinsey Health Institute (2022) claims that one of the ways in which technology can be used in healthcare organizations is to reduce clinician burnout by 30 percent. Besides, EHR optimization and the introduction of the U.S.-friendly interface reduce the amount of administrative work so that physicians can devote more

time to the patient side and achieve higher job satisfaction.

Financial Incentives and Compensation Structures

The use of financial incentives and compensation frameworks plays a huge role in the recruitment of physicians (Adriano & Callaghan, 2020). The latest studies have shown that a competitive pay structure is essential in terms of maintaining the healthcare workforce. A report by Wikström et al. (2023) revealed that 61% of physicians made reference to compensation being a major determinant of job satisfaction. Moreover, employers who use performance-based incentive systems have noted that there has been an increase in employee turnover by 15% (Raman et al., 2024). The trend also connects the notions of compensation and performance with organizational goals and objectives towards enhancing work satisfaction (Raman et al., 2024).

Cultural Competence and Diversity

One more new trend in the area related to physician retention in the scope of healthcare facilities is the issue of cultural competence and diversity (Jones & Dolsten, 2024). A diverse workforce will help to achieve better patient care outcomes and increase job satisfaction among the workforce professionals (Fox, 2020). Tanios et al. (2021) stated that the performance of the companies with diverse executives is 35% improved. Such an inclusive workplace culture can considerably reduce the turnover rate since individuals will feel valued and as members of the team (Kominski et al., 2020). Medical workers have developed a more discriminatory nature in the selection of careers and are very sensitive to their surroundings. So, the culture cannot afford to ignore the need to embrace diversity to attract and nurture the talented personnel they need to achieve their goals and objectives (Kominski et al., 2020).

The collaboration has brought back the representatives of various industries to share the winning interventions and policies on the support to be given by the clinician (Fox, 2020). The

current tendency in workforce retention in healthcare is focused on the issue at the individual level and assumes satisfaction with the job, work-life balance, and the reasonable utilization of technology (Feng et al., 2022). The increase in the focus on the aggression retention strategies, high competitive wages, and diversity programs implies the necessity of healthcare leaders to pay attention to a number of workforce issues (Mok et al., 2020). By knowing the trends and the impacts, healthcare organizations will increase their knowledge of particular strategies to minimize turnover and develop a healthy workforce to guarantee the creation of quality care solutions in the long term (Zhang et al., 2020). Therefore, additional research and experience will continue to be vital when identifying the retention rates of physicians in the future (Zhang et al., 2020).

Synthesis of the Scholarly Literature

Synthesis of the Practitioner Literature

Alignment of the Project With the Literature and Discipline

SECTION 2. PROCESS

Project Questions

Project Design/Method

Stakeholders, Participants, and Target Audience

Role of the Researcher

Project Study Protocol

Sample

Data Collection

Ethical Considerations

Data Analysis

Figure 1
Types of Garbage

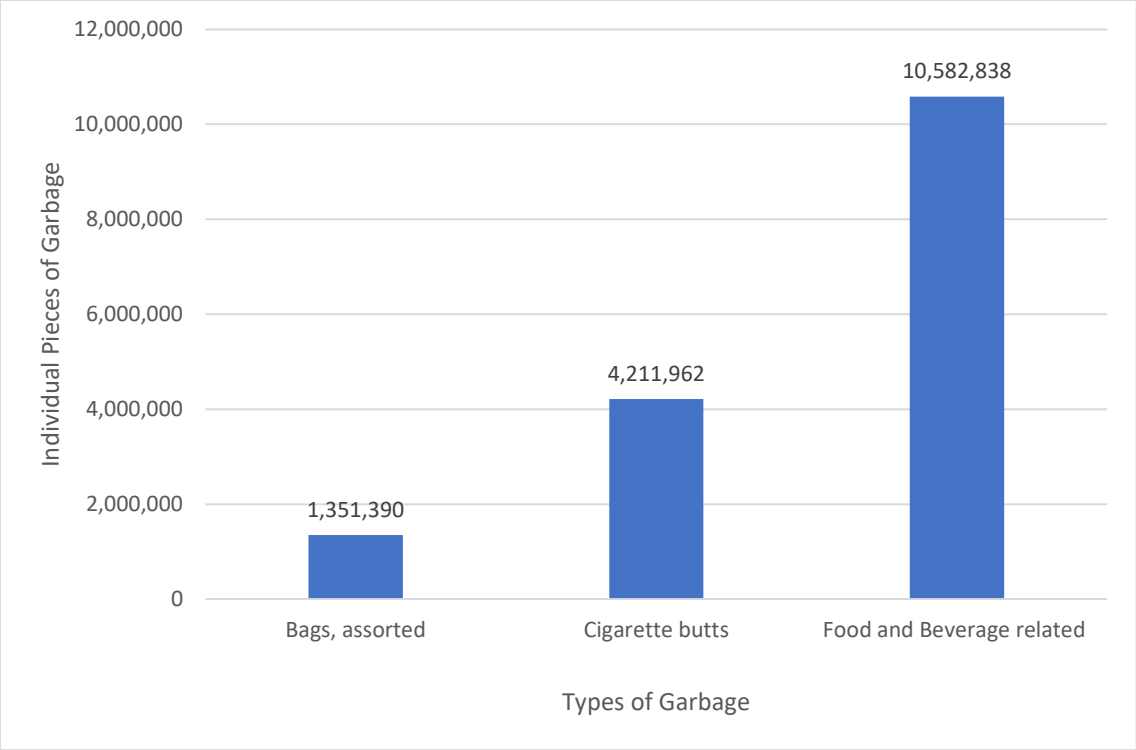

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Table 1

Demographic Information

Participant	Age	Sex	Position	Years in position
P1	25-30	Male	Chairman	10-15
P2	41-45	Female	CEO	6-10

Note. Potential participants under age 16 were omitted from the sample. Only essential notes need to be included. See Table setup (apa.org) and https://academicwriter-apa-org.library.capella.edu/learn/browse/QG-44?group=All&view=list&term=tables&sort=asc. The Doctoral Publications Guidebook also addresses tables and figures.

SECTION 3. FINDINGS AND APPLICATION

Relevant Outcomes and Findings

Application and Benefits

Implications

Recommendations for Policy

Recommendations for Practice

Recommendations for Future Work

Conclusion

REFERENCES

Abid, R., & Salzman, G. (2021). Evaluating physician burnout and the need for organizational support. *Missouri Medicine*, *118*(3), 185. https://pmc.ncbi.nlm.nih.gov/articles/PMC8211002/

Adriano, J., & Callaghan, C. W. (2020). Work-life balance, job satisfaction and retention: Turnover intentions of professionals in part-time study. *South African Journal of Economic and Management Sciences*, *23*(1), 10–33. https://doi.org/10.4102/sajems.v23i1.3028

Alrawahi, S., Sellgren, S. F., Altouby, S., Alwahaibi, N., & Brommels, M. (2020a). The application of Herzberg's two-factor theory of motivation to job satisfaction in clinical laboratories in Omani Hospitals. *Heliyon*, *6*(9), 1–9. https://doi.org/10.1016/j.heliyon.2020.e04829

Bhati, D., Deogade, M. S., & Kanyal, D. (2023). Improving patient outcomes through effective hospital administration: A comprehensive review. *Cureus*, *15*(10), 1–12. https://doi.org/10.7759/cureus.47731

Boyle, P. (2020, June 26). *U.S. physician shortage growing*. Association of American Medical Colleges.https://www.aamc.org/news/us-physician-shortage-growing

DeVries, N., Boone, A., Godderis, L., Bouman, J., Szemik, S., Matranga, D., & Winter, P. (2023). The race to retain healthcare workers: A systematic review on factors that impact retention of nurses and physicians in hospitals. *The Journal of Health Care Organization, Provision, and Financing*, *60*. https://doi.org/10.1177/00469580231159318

Erben, G. S., & Büyüktaş, G. A. (2020). Job satisfaction preferences of Generation Y; the relationship between job satisfaction and organizational commitment. *Beykent*

Üniversitesi Sosyal Bilimler Dergisi. https://doi.org/10.18221/bujss.491812

Feng, J., Li, L., Wang, C., Ke, P., Jiang, H., Yin, X., & Lu, Z. (2022). The prevalence of turnover intention and influencing factors among emergency physicians: A national observation. *Journal of Global Health*, *12*. https://doi.org/10.7189/jogh.12..04005

Filipek, D. (2023). *Healthcare news of note: Healthcare organizations continue to deal with turnover and workforce shortages*. Healthcare Financial Management Association. https://www.hfma.org/leadership/healthcare-news-of-note-healthcare-organizations-continue-to-deal-with-turnover-and-workforce-shortages/

Fox, K. C. (2020). Mentor program boosts new nurses' satisfaction and lowers turnover rate. *The Journal of Continuing Education in Nursing*, *41*(7), 311–316. https://doi.org/10.3928/00220124-20100401-04

Han, S., Shanafelt, T. D., Sinsky, C. A., Awad, K. M., Dyrbye, L. N., Fiscus, L. C., Trockel, M., & Goh, J. (2019). Estimating the attributable cost of physician burnout in the United States. *Annals of Internal Medicine*, *170*(11), 784. https://doi.org/10.7326/m18-1422

Jones, C. H., & Dolsten, M. (2024). Healthcare on the brink: navigating the challenges of an aging society in the United States. *Aging*, *10*(1), 1–10. https://doi.org/10.1038/s41514-024-00148-2

Junaid, S. B., Imam, A. A., Balogun, A. O., De Silva, L. C., Surakat, Y. A., Kumar, G., Abdulkarim, M., Shuaibu, A. N., Garba, A., Sahalu, Y., Mohammed, A., Mohammed, T. Y., Abdulkadir, B. A., Abba, A. A., Kakumi, N. A. I., & Mahamad, S. (2022). Recent advancements in emerging technologies for healthcare management systems: A survey. *Healthcare*, *10*(10), 1–45. https://doi.org/10.3390/healthcare10101940

Kominski, G. F., Nonzee, N. J., & Sorensen, A. (2020). The Affordable Care Act's impacts on

access to insurance and healthcare for low-income populations. *Annual Review of Public Health*, *38*(1), 489–505. https://doi.org/10.1146/annurev-publhealth-031816-044555

Lee, B., Lee, C., Choi, I., & Kim, J. (2022, October 2). *Analyzing determinants of job satisfaction based on Two-factor theory*. MDPI. https://doi.org/10.3390/su141912557

McKinsey Health Institute. (2022, May 27). *Addressing employee burnout: Are you solving the right problem? | McKinsey*. Www.mckinsey.com. https://www.mckinsey.com/mhi/our-insights/addressing-employee-burnout-are-you-solving-the-right-problem

Misra, A. D., Kay, R., & Stoller, J. K. (2024). A review of physician turnover: rates, causes, and consequences. *American Journal of Medical Quality*, *19*(2), 56–66. https://doi.org/10.1177/106286060401900203

Mok, C., Boneham, W., & Lennon, M. J. (2020). A "healthy" health care workforce: Insights into satisfaction and retention of doctors. *Medical Education*, *54*(9), 781–783. https://doi.org/10.1111/medu.14269

Pappas, M. A., Stoller, J. K., Shaker, V., Houser, J., Hebert, A. D., & Rothberg, M. B. (2022). Estimating the costs of physician turnover in hospital medicine. *Journal of Hospital Medicine*, *17*(10), 803–808. https://doi.org/10.1002/jhm.12942

Payerchin, R. (2022, March 11). *New physicians want work-life balance in first job, survey says*. MedicalEconomics. https://www.medicaleconomics.com/view/new-physicians-want-work-life-balance-in-first-job-survey-says

Raman, S. S. S., McDonnell, A., & Beck, M. (2024). Hospital doctor turnover and retention: A systematic review and new research pathway. *Journal of Health Organization and Management*, *38*(9), 45–71. https://doi.org/10.1108/jhom-04-2023-0129

Sarkar, D. (2023, July). *Physician burnout and well-being: A systematic review and framework*

for action. ResearchGate.net. https://www.researchgate.net/publication/317288307_Physician_Burnout_and_Well-Being_A_Systematic_Review_and_Framework_for_Action

Shin, P., Desai, V., Conte, H., & Qiu, C. (2023). Time out: The impact of physician burnout on patient care quality and safety in perioperative medicine. *The Permanente Journal*, *27*(2), 160–168. https://doi.org/10.7812/tpp/23.015

Sinsky, C. A., Shanafelt, T. D., Dyrbye, L. N., Sabety, A. H., Carlasare, L. E., & West, C. P. (2022). Health care expenditures attributable to primary care physician overall and burnout-related turnover: A cross-sectional analysis. *Mayo Clinic Proceedings*, *97*(4). https://doi.org/10.1016/j.mayocp.2021.09.013

Tamata, A. T. (2022). A systematic review study on the factors affecting shortage of nursing workforce in the hospitals. *Nursing Open*, *10*(3), 1247–1257. https://doi.org/10.1002/nop2.1434

Tanios, M., Haberman, D., Bouchard, J., Motherwell, M., & Patel, J. (2021). Analyses of burn-out among medical professionals and suggested solutions—A narrative review. *Journal of Hospital Management and Health Policy*, *0*(3), 7–10. https://doi.org/10.21037/jhmhp-20-153

Vries, N., Lavreysen, O., Boone, A., Bouman, J., Szemik, S., Barański, K., Godderis, L., & Winter, P. (2023). Retaining healthcare workers: A systematic review of strategies for sustaining power in the workplace. *Healthcare*, *11*(13), e1887. https://doi.org/10.3390/healthcare11131887

Weintraub, P., & McKee, M. (2019). Leadership for innovation in healthcare: An exploration. *International Journal of Health Policy and Management*, *8*(3), 138–144.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6462199/

Wikström, E., Arman, R., Dellve, L., & Gillberg, N. (2023). Mentoring programs – Building capacity for learning and retaining workers in the workplace. *Journal of Workplace Learning*, *35*(8), 8–12. https://doi.org/10.1108/jwl-01-2023-0003

World Health Organization. (2022). *Global strategy on human resources for health: workforce 2030: Reporting at seventy-fifth world health assembly*. https://www.who.int/news/item/02-06-2022-global-strategy-on-human-resources-for-health--workforce-2030

Yang, J.-T., Wan, C.-S., & Fu, Y.-J. (2022). Qualitative examination of employee turnover and retention strategies in international tourist hotels. *International Journal of Hospitality Management*, *31*(3), 837–848. https://doi.org/10.1016/j.ijhm.2011.10.001

Zhang, X., & Saltman, R. (2021). Impact of Electronic Health Records interoperability on Telehealth service outcomes. *Medical Informatics*, *10*(1), 5–7. https://doi.org/10.2196/31837

Zhang, X., Lin, D., Pforsich, H., & Lin, V. W. (2020). Physician workforce in the United States of America: Forecasting nationwide shortages. *Human Resources for Health*, *18*(1). https://doi.org/10.1186/s12960-020-0448-3

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