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

by

Name

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Name. DBA

Name, PhD, Dean

School of Business, Technology, and Health Care Administration

A Capstone Work Presented in Partial Fulfillment

Of the Requirements for the Degree

Doctorate of Business Administration

Strategy and Innovation

Capella University

Month & year of dean's approval

Abstract

The aim of an abstract is to give a succinct and precise overview of important components 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).** Concisely describe the research methodology followed in the study. Population/sample (1-2 sentences). **Population and sample:** Provide a description of your participants, including demographic details about the population and sample at a high level. In case secondary data were employed, outline the data set. **Data Analysis (1-2 sentences)** summarizes briefly your analysis of data. Conclusion(s): **Findings (1-3 sentences)** give a brief overview of your research findings and conclusion. 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.

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Dedication

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.

Typically, learners dedicate the work to the one or two individuals who instilled the value of education and the drive to succeed in educational pursuits. Learners often dedicate capstones to relatives, immediate family, or significant individuals who have supported them or played a role in their lives.

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.

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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Table of Contents

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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). The World Health Organization (2022) is projecting a health care workforce shortage of 10 million by 2030. The Association of American Medical Colleges (AAMC) reported that projected shortages of physicians in the United States. 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 workplace environment and cause physician burnout. For instance, the pandemic enhanced the amount of work that caused burnout among physicians and impacted their

physical and psychological well-being. Furthermore, emotional exhaustion increased the burnout rate among physicians from 37.5% to 61.7% after the COVID-19 outbreak. Burnout of the physician affected the organization's operational efficiency, which led to financial implications. Sinsky et al. (2022) stated that $979 million per year is required to manage the burnout-related turnover. Intangible costs due to physician turnover also affect the organization's financial 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.

Maintaining appropriate physicians is crucial for an organization's long-term viability and strategic innovation. The physicians play a central role in the healthcare delivery by providing effective care services to the patients. Implementing the retention strategy is necessary to overcome the staff shortage issue in the healthcare industry (Vries et al., 2023). Aligning retention initiatives with physician professional goals and personal well-being through competitive remuneration and career development pathways, organizations can foster a culture of innovation (Weintraub & McKee, 2019). Implementing robust retention frameworks for physicians helps organizations promote excellence in care quality standards, improving patient safety and health outcomes (Vries et al., 2023). Healthcare leaders' strategic focus on retention strategies ultimately acts as a catalyst for improving the healthcare delivery process. The project objective is to empower healthcare leaders to implement retention strategies to manage the physician shortages problem in the health care industry.

Problem Statement and Purpose

Problem of Practice

The general business problem is that hospitals are experiencing physician retention issues, which leads to higher costs of recruiting more physicians, lower financial performance, and less organizational stability (Han et al., 2019). These issues affect the sustainability of healthcare organizations because they raise expenses, lower employee efficiency, and compromise the prospect of achieving organizational objectives. For instance, Pappas et al. (2022) revealed that turnover costs of replacing physicians range from $ 500,000 to $ 1,000,000 per physician, depending on the specialty.

The higher turnover rate of the physicians also impacts the financial cost of the organization. The cost associated with physician burnout and turnover indicated that ineffective retention strategies bring a financial strain on the health care organization (Pappas et al., 2022). Mitigating the specific business problem is important to improve the care quality standards and financial stability of the organization.

Alignment with the Program

The project is aligned with the doctorate in business administration (DBA) program specialization in strategy and innovation. The project aims to empower healthcare leaders to use retention strategies to prevent physician burnout and turnover in the hospital (Vries et al., 2023). The DBA specialization program focuses on exploring the impact of retention strategies to prevent physician burnout and turnover. A practice problem is the ineffective strategies to retain the physician, which leads to higher turnover and affects the quality of care (Raman et al., 2024). The project topic is aligned with the DBA program that focuses on managing the problem of higher turnover in the healthcare industry. Selecting a topic for implementing the retention strategies

aligned with the strategy and innovation specialization program will provide insight into managing the physician turnover issue.

Purpose Statement

The purpose of the qualitative research 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. The project explores retention strategies' role in preventing physician turnover issues. Employing retention strategies may help healthcare leaders prevent physician turnover and burnout, improving the quality of care in the healthcare sector.

Gap in Practice

The gap in practice is that health care leaders lack the knowledge or ability to develop and 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 project is based on Herzberg's two-factor theory of motivation. The focus is on a significant problem of physician retention in healthcare organizations developed by Frederick Herzberg in the 1950s. This theory differentiates between two categories of factors that affect job satisfaction and dissatisfaction: motivators and hygiene factors (Erben & Akıncı Büyüktaş, 2020). According to Herzberg, the motivation and other factors that brought her lasting job satisfaction and commitment to the organization are things such as recognition, achievement and the growth opportunities. Conversely, hygienic elements like salary structure, working conditions and organizational policies in most cases will not result in satisfaction in cases where their needs are not met. Nevertheless, the hygiene factors play a critical role in making sure that there is no dissatisfaction. (Erben & Akıncı Büyüktaş, 2020). This two-factor method is even applicable to cope with the issues associated with employee retention in healthcare that is characterized by high turnover rates and the cases of burnout.As the theory developed over decades, newer studies reinforced the value of the theory as an indispensable tool in analyzing 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 ideas are highly relevant in explaining physician burnout, a process that originates from physician turnover triggered by unfulfilled hygiene needs such as remunerations or work-life balance, and absent motivators such as career advancement or appreciation.

The framework applies particularly to the specific issue of poor retention strategies in medical centers (Erben & Akıncı Büyüktaş, 2020). The consequences of such resignations are not only the discontinuity of patient care and organizational dysfunction but also the subsequent financial losses. Using Herzberg's theory, this project is intended to pinpoint which of the hygiene factors are wanted, and how the existing deficiency can be countered to decrease dissatisfaction. At the same time, it looks to uncover factors that will help promote satisfaction and longevity in healthcare workers' careers.

This concept was created by Frederick Herzberg, who was a clinical psychologist, and included subsequent adjustments that suggested variations were influenced by the specific job and the inherent nature of the work according to researchers in organizational behavior. (Lee et al., 2022). These have helped advance its adoption in more intricate contexts, thereby establishing it as an effective approach to analyzing physician attrition and engagement.

In this particular project, Herzberg's dual-basket model will be useful in crafting the questions directed at leaders in healthcare organizations to gather their perspectives on retention policies. For instance, questions will seek to know how various concerns of what might be referred to as hygiene factors to organizational members are being met, such as competitive remuneration, moderate workload, and favorable work environment. Also, the framework will be applied to organizational practices to identify the lack of motivators, including the career progression map or any other award system. To comprehensively understand physician retention, this study will focus on key concepts within Herzberg's framework. To begin with, it will look at job satisfaction and its association with the intrinsic motivators, i.e., recognition and career development and the effect they have on retaining physicians. Second, the research will examine workload reduction factors and the way in which psychological support and workload reduction

can affect retention outcomes. Finally, it will point out to the workplace climate and the impact organizational culture, leadership, and the physical workplace location have on physician intentions to stay in their jobs (Sarkar, 2023).

The project will elaborate on the elements of the two factor theory of Herzberg on solving physician burnout as to distinguish between hygiene factors and motivators to provide focused approach to reversing dissatisfaction in the healthcare. There is also a significant role of hygienic factors: administrative burdens and heavy workloads among the factors that are likely to cause physician dissatisfaction and exhaustion (Alrawahi et al., 2020). Dealing with these stressors by simplification of the processes and fair workload can be equated to Herzberg considerations of hygiene factors as something that can be taken care of. In contrast, motivators like recognition, good payment and contribution are necessary in increasing job satisfaction. With these aspects in focus, healthcare organizations will be able to change workplace dynamics to be not adjustable, but rewarding.This dual approach supports theoretical interventions and encourages practical measures to mitigate burnout while fostering long-term fulfillment among physicians (Alrawahi et al., 2020). When this qualitative study applies Herzberg's factor theory, the project will help healthcare producers better understand how to improve job satisfaction, avoid turnover, and grow a stable workforce. This idea is consistent with the overall vision of building a sustainable and adaptive healthcare infrastructure. Therefore, the present study established that Herzberg's Two-Factor Theory is a strong framework for analyzing and managing the turnover of physicians based on hygiene and motivation factors. This kind of analysis is useful to identify effective retention interventions that specifically increase satisfaction with jobs and decrease turnover throughout the health care workforce, leading to better patient care and organizational stability.

Project Context

Historical Background and Current Trends

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

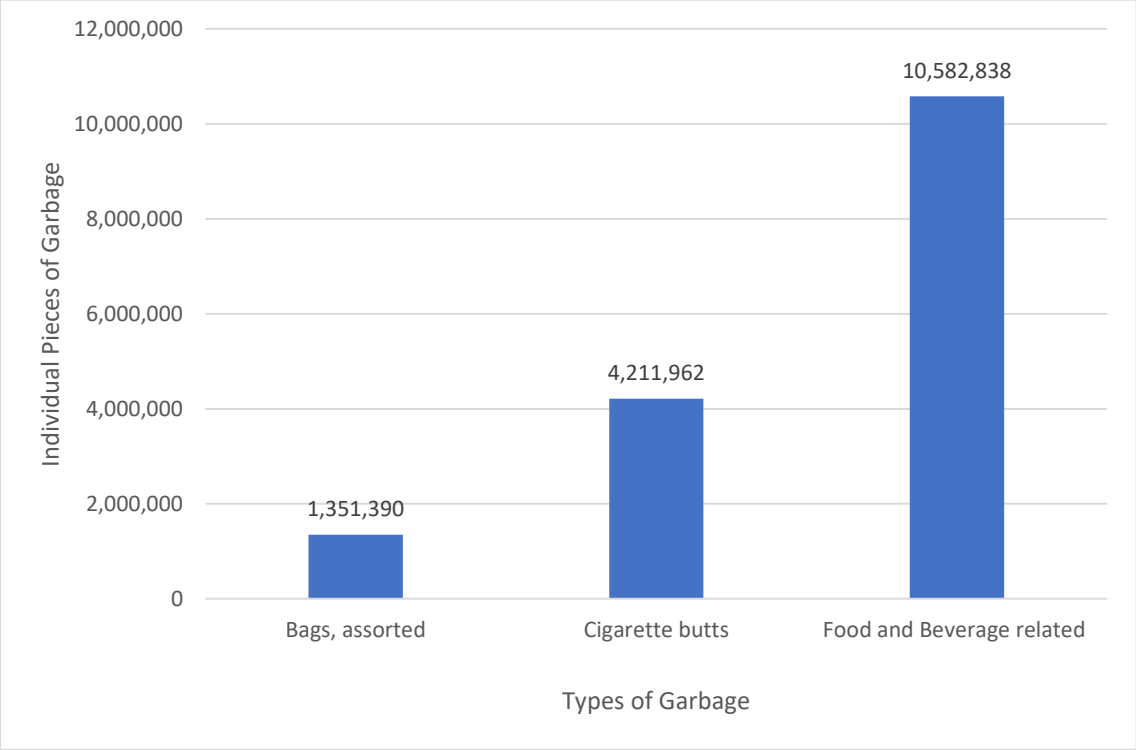

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Table 1

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

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