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Effective Physician Engagement Strategies for Improving Healthcare

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Abstract

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MS, Touro University International, 2009

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Doctoral Study Submitted in Partial Fulfillment

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Abstract

Middle and senior-level healthcare managers lack physician engagement strategies to help avoid physician burnout. Many physicians leave the healthcare profession due to disengagement, which could cause a significant healthcare crisis. Grounded in the transformational leadership theory, the purpose of this qualitative single case study was to explore the engagement strategies healthcare middle and senior-level managers used to help avoid physician burnout. Participants comprised seven middle and senior-level healthcare managers with a minimum of five years of employee management experience who effectively used physician engagement strategies to help avoid physician burnout at a Central Pacific United States healthcare organization. Data were collected from semistructured interviews via telephone, reflective journal, and publicly available media and organizational documents. Thematic analysis was used to analyze the data. Three themes emerged: developing meaningful relationships, encouraging career progression and professional development, and fostering a culture of understanding. A key recommendation for middle and senior-level healthcare managers is to take the time initially to get to know the goals of each physician. The implication for positive social change includes implementing success strategies for increased physician engagement in helping to address socioeconomic disparities for patients within the community who can benefit from healthier lifestyles.

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Dedication

I would first like to give all praises to God for sustaining me, even when I lost the passion, to remember the commitment. To my family, I thank you for the support in aiding me along this pursuit. To my husband, Jonathan Bell, Sr., thank you for standing in the gap when I was too tired, for encouraging me in the valley-season experiences, and for being my number 1 supporter. To the many friends and family who acted as a support system, liaison for obtaining critical stages in this journey, and speaking positive affirmations over my life, I am forever grateful.

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I would like to acknowledge a special friend who guided me, unselfishly, along the way; always willing to assist me. I also would like to thank a special friend for tirelessly working to assist me with the most critical section of the doctoral study. Your tenacity and persistence made a huge impact on the outcome.

I want to thank Dr. Ronald Black and Dr. Kim Critchlow for their continuous words of wisdom, guidance, and patience throughout this journey. The road has not been easy. However, you all did not allow me to falter and remained faithful.

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Section 1: Foundation of the Study

Physician engagement has become a strategic goal in many healthcare institutions (Perreira et al., 2018). The ever-changing healthcare environment and the need to increase safety while delivering quality care require a high level of physician engagement on a global scale. Physician engagement is a two-way communication initiative that requires both physicians and managers to work together (Kaissi, 2014). Healthcare managers can implement and follow several key strategies to improve engagement outcomes for physicians, communities, and the organization. The purpose of this qualitative single case study was to explore successful strategies that middle and senior-level healthcare managers have used to increase physician engagement.

Background of the Problem

It is estimated that 10% of general practitioners and between 37% to 61% of specialty providers experience the effects of physician disengagement due to burnout (Underdahl et al., 2017). Healthcare organization leaders may realize that negative financial implications and public health concerns result if solutions cannot be found for organizational physician engagement issues. Healthcare organization leaders consistently battle high physician burnout (Collins et al., 2015). Although healthcare organization leaders recognize physician engagement issues, few have effective physician engagement strategies (Chokshi & Swensen, 2019). Physician disengagement may cause more

younger than older physicians to disengage in delivering clinical services from the burnout experienced and walk away from the profession (del Carmen et al., 2019).

Problem Statement

Over 40% of U.S. physicians experience burnout and feel disengaged (Owens et al., 2017). Disengaged physicians cost organizations an average of $800,000 per year in lost revenue (Olson, 2017). The general business problem is that there often is a negative effect of physician disengagement on profitability in healthcare organizations. The specific business problem is that some middle and senior-level healthcare managers lack engagement strategies to help avoid physician burnout.

Purpose Statement

The purpose of this qualitative single case study was to explore the engagement strategies middle and senior-level healthcare managers used to help avoid physician burnout. The targeted population comprised seven middle and senior-level healthcare managers at a Central Pacific United States healthcare organization with successfully engaged physicians. Middle and senior-level healthcare managers can use the results of this study to contribute to positive social change by enhancing understanding of effective physician engagement strategies, which can result in the delivery of higher-quality health care. Engaged physicians demonstrate increased participation during decision-making processes about patient safety and quality care, which could produce improved patient well-being at lower costs.

Nature of the Study

The three methodologies for conducting research are quantitative, qualitative, and mixed methods (Yin, 2017). Qualitative methodology was chosen for this study. Qualitative researchers use open-ended questions to collect data about participants' understanding of experiences, actions, and processes (Levitt et al., 2017). In comparison, quantitative researchers focus on statistical and numerical data analysis by following a verified, reliable measuring standard (Saunders et al., 2015). Quantitative methodology was not appropriate for this study because no statistics or hypotheses testing to examine the relationships between variables. Mixed-methods researchers combine qualitative and quantitative approaches (Gibson, 2017). Mixed-methods were not suitable for this study because the examination of variables' relationships or groups' differences was not the focus of this study. The qualitative method was most appropriate, as middle and senior-level healthcare managers were asked open-ended questions to learn about the effective strategies they used to improve physician engagement.

Three qualitative designs were considered, notably, case study, phenomenology, and ethnography, and finally a single case study selected for this research. A qualitative single case study was conducted to understand the successful strategies middle and senior-level healthcare managers used to engage physicians. A single case study was appropriate because the research did not involve exploring differences and similarities between multiple cases. By completing a single case study, the focus was on exploring

the strategies that middle and senior-level healthcare managers have used in one organization.

Researchers who conduct case study designs can use multiple types of data (Yin, 2017). Case studies are a means to answer how, what, and why questions (Yin, 2017). Phenomenology is a qualitative design for identifying the personal meaning of participants' lived experiences to obtain new knowledge about a phenomenon (Quinney et al., 2016). Phenomenology was not appropriate for this study because I did not explore the personal meanings of participants' lived experiences. Ethnography is an in-depth approach that involves researchers exploring cultural phenomena by conversing with participants and observing social interactions, behaviors, and perceptions within a group, team, organization, or community (Welsh, 2018). Ethnography was not applicable to this research study, as the research did not entail an in-depth study of cultural phenomena within groups.

Research Question

What engagement strategies do middle and senior-level healthcare managers use to help avoid physician burnout?

Interview Questions

1. Based on your experience in your organization, what effect does physician engagement have on the organization as a whole?

2. How did you implement strategies for physician engagement to avoid burnout?
3. What key obstacles did you and your employees overcome to implement successful physician engagement strategies?
4. How did you overcome key obstacles to implement successful physician engagement strategies?
5. How did physicians respond to the strategies?
6. How did your organizational leaders measure the success of the implemented physician engagement strategies?
7. What strategies were the most effective for improving physician engagement?
8. What were the least effective physician engagement strategies, if any?
9. What additional information would you like to share about your successful physician engagement strategies?

Conceptual Framework

Burns' (1978) postulated the transforming leadership theory in its earliest forms, which Bass (1985) further expounded upon and latera renamed transformational leadership theory, and served as the conceptual framework for this study. Bass expanded on the seminal work of Burns by identifying four components of transformational leadership, notably: individualized consideration, inspirational motivation, idealized influence, and intellectual stimulation. The postulations of the transforming leadership

theory may indicate how leaders can influence employees to work toward common goals by motivating and encouraging positive employee behavior (Burns, 1978). Utilizing a transforming leadership style in the workplace could potentially cause positive changes in people's lives and improve organizational success (Burns, 1978). Transformational leadership theory as envisioned by Burns and Bass, provided the lens through which strategies healthcare managers use to engage physicians was explored. Transformational leaders usually improve followers' engagement by changing work perceptions and helping followers grow the skill sets necessary for attaining organizational objectives (Burns, 1978); thus, transformational leadership theory was appropriate for this study.

Operational Definitions

Accountable care organizations: Groups of doctors, hospitals, and other healthcare providers that provide financial incentives for lower healthcare costs and improved quality of care (McWilliams et al., 2016).

Global healthcare: A holistic concept that includes concerns about the global environment, economic status, health, and well-being (Wilson et al., 2016).

Physician engagement: The level of engagement is when a physician feels motivated to work harder due to trust, loyalty, respect, and admiration (Bass, 1985).

Practitioners: Practitioners provide healthcare services to patients (Timmons, 2017).

Transformational leadership: A leadership style in which a leader motivates, inspires, and encourages employees to create change for the future of the organization (Burns, 1978).

Value-based care: Healthcare approach in which providers focus on cost containment while providing patient-centered care (Gentry & Badrinath, 2017).

Assumptions, Limitations, and Delimitations

A researcher must consider and openly address assumptions, limitations, and delimitations in a study (Cypress, 2018). In this section, the assumptions, limitations, and delimitations in this study are described.

Assumptions

Assumptions are what the researcher preconceives as true without having definitive proof (Bradshaw et al., 2017). There were three assumptions in this study. The first assumption was that participants would provide honest and truthful responses to the interview questions. The second assumption was that data collected through interviews and document reviews would be useful to answer the study's research question. The third assumption was that middle and senior-level healthcare managers use various strategies to engage physicians.

Limitations

Limitations are factors outside the researcher's control (Greener, 2018) that can affect the outcome of a study (Bloomberg & Volpe, 2018). All researchers encounter

study limitations (Wolgemuth et al., 2017). Researchers might not be able to transfer findings from qualitative studies to other industries or locations (Smith, 2018). There were four limitations in this study; the first limitation was that results may not apply to other healthcare organizations. The second limitation was a limited ability to gather enough rich data over a short time due to the deadline for completion. The third limitation was that the ability to avoid personal biases and present only participants' ideas possibly affected the quality of the research. The fourth limitation was only middle and senior-level healthcare managers were interviewed for this research study on physician engagement, and this may have provided a different perspective regarding physician engagement.

Delimitations

Delimitations are the boundaries researchers set within a study. There were two delimitations in this study (Theofanidis & Fountouki, 2018). The first delimitation was that only seven middle and senior-level healthcare managers with at least five years of management experience were interviewed. The second delimitation was the geographical location, as the study was conducted at a healthcare organization in the Central Pacific United States.

Significance of the Study

The findings of this study may be of significance to middle and senior-level healthcare managers who use strategies to improve physician engagement, patient safety,

and organizational profitability during the transformation of healthcare delivery. Henson (2016) underscored the importance of engaging physicians to ensure they meet 21st-century healthcare requirements. Middle and senior-level healthcare managers might struggle to include physicians in addressing the changing demands of quality care while also identifying and addressing physicians' concerns (Love & Ayadi, 2015). Engaged physicians are more conscious than nonengaged doctors about patients' daily life experiences and help to provide resources for improved quality of life. Physician engagement has an impact beyond healthcare organizations to reach communities both locally and globally (Allen, 2017). Engaged physicians benefit healthcare organizations by lowering the costs of patient care (Perreira et al., 2018). Individuals in the community's healthcare providers serve, as well as members of the global community, benefit from affordable healthcare, which can occur through engaged physicians (Perreira et al., 2018).

Contribution to Business Practice

There is a direct correlation between physician turnover rates and physicians who do not work at full capacity to help contribute to improving healthcare delivery (Shanafelt & Noseworthy, 2017). Middle and senior-level healthcare managers are often seen paying more attention to the increasing rates of physician disengagement (West et al., 2018). Many junior-level physicians leave the healthcare profession due to disengagement, which could cause a significant healthcare crisis (Owens et al., 2017).

With the transition from reimbursement options to limited options known as alternative payment models, middle and senior-level healthcare managers need physicians' knowledge, skills, and abilities to contain costs and increase and sustain profits (Olson, 2017; Siddiqi et al., 2017). The findings from this research can provide middle and senior-level healthcare managers with strategies for improving physician engagement, patient safety, and organizational profitability during the transformation of healthcare delivery.

Implications for Positive Social Change

One possible implication for positive social change from this study is that the knowledge from it may provide middle and senior-level healthcare managers ways to overcome physician disengagement. Addressing physician disengagement may mean middle and senior-level healthcare managers take active measures to improve physician engagement while controlling cost and catalyzing positive social change in communities. Middle and senior-level healthcare managers are beginning to involve physicians in the process of delivering safe, affordable care tailored to the individuals within surrounding at-risk communities. Disengaged physicians often hinder the organizational goal of lowering healthcare costs, which affects the patients served. Middle and senior-level healthcare managers could invest the money spent on replacing a physician in improving the quality of healthcare. Engaged physicians can fight socioeconomic barriers so patients

can benefit from healthier lifestyles. Engaged physicians also serve as advocates for issues in patients' daily lives.

A Review of the Professional and Academic Literature

The purpose of this qualitative single case study was to explore the engagement strategies healthcare managers in the Central Pacific United States used to help avoid physician burnout. The population consisted of middle and senior-level healthcare managers who had implemented successful engagement strategies within a healthcare organization to help avoid physician burnout. From the literature review undertaken for this study, the different leadership styles and correlation to employee engagement and burnout in business, specifically in the healthcare industry, appeared evident. In this review first the discussion presented is on leadership and the importance of efficient leadership for employees. Next are definitions of the evolution of leadership theories. The efforts in undertaking this literature review also revealed transformational leadership theory as the construct used in the exploration of employee engagement, supporting and opposing leadership theories (servant leadership theory, employee engagement theory, and transactional leadership theory), and inferred correlations to physician engagement. This literature review also entailed reviewing articles on employee engagement and its effects on burnout and work-life balance, as well as financial and production implications in an organization. The final topic discussed herein, was physician engagement and the

resulting positive and negative consequences when healthcare leaders do not invest in physician engagement.

The overarching research question of this study was: What engagement strategies do healthcare managers use to help avoid physician burnout? I selected peer-reviewed scholarly articles published from 2014 to the present to ensure that it reflected an analysis of recent and relevant publications. I used academic databases and search engines, to undertake this review, including EBSCO, Business Source Complete, Elsevier, Walden University Library, and Google Scholar. Keywords searched were *transformational leadership theory, physician engagement, practitioner, global healthcare,* and *value-based care*. The literature review contained 91% peer reviewed sources, of which eight percent of the articles were peer-reviewed and published in 2015, 19% were peer-reviewed and published in 2016, 22% were peer-reviewed and published in 2017, 22% were peer-reviewed and published in 2018, while 8% were peer-reviewed and published in 2019, and the remainder 12% were published prior to 2015. The review of the literature was crucial in understanding the effects of transformational leadership on physician engagement.

Leadership

Northouse (2016) defined leadership as the position a leader takes when facing and confronting different tasks and goals; an individual's job role does not indicate leadership. Leaders may perhaps focus on the vision and worry less about how they will

accomplish the mission's day-to-day tasks. Leaders bring out employees' potential and allow them to demonstrate newly discovered abilities to lead. Successful leaders view chaos and innovation as a creative means for improving an organization's future competitive advantages. Leaders do not necessarily focus on employees' day-to-day abilities but on what drives employees to succeed (Kotter, 2001). Leaders' interactions with followers can have a lasting impression on employees so they feel encouraged to exceed personal expectations.

How an organization's leaders guide others to complete and meet organizational goals indicates an organization's success or failure (Al Khajeh, 2018). Any organization requires effective leadership to achieve domestic and global success. However, in many organizations, the lack of effective leadership results in issues such as low productivity, poor profitability, and a lack of employee engagement (Al Khajeh, 2018). Although no organizational leader sets out to fail, few organizations have the right leadership to increase employee engagement. Some business leaders do not understand the correlation and effects of leadership style on employee engagement. Al Khajeh (2018) explored the six most utilized leadership styles to understand the impact on organizational performance, finding that a specific organizational problem might require multiple leadership styles.

Several researchers have found that organizational leadership correlates with improved performance; however, other researchers oppose that view, instead believing

that leadership style does not indicate employee performance (Madanchian et al., 2017). Some scholars have asserted that effective leadership styles often manifest in immediate performance results. Contrary to this belief, it is challenging to measure the outcomes of an improved leadership style (Madanchian et al., 2017). Like Al Khajeh (2018), Madanchian et al. (2017) found that leadership effectiveness varies by situation. A one-size-fits-all leader or theory therefore does not exist as different outcomes may result in the effectiveness of leadership and leadership theories. A great leader can turn around a failing system, but a weak leader can ruin a great plan and the employees within an organization (Madanchian et al., 2017). A continually changing healthcare organization hence may require effective leadership and high employee performance, especially from physicians.

Leadership in healthcare is a challenge due to the ever-changing healthcare requirements of ensuring engaged employees are continuously delivering quality healthcare within regulatory guidelines (Belrhiti et al., 2018). The dynamic nature of healthcare perhaps requires a leadership style based on a unique style and behavior (Belrhiti et al., 2018). Belrhiti et al. (2018) emphasized not all styles and behaviors apply to all situations in organizational life, a point also emphasized by Al Khajeh (2018) and Madanchian et al. (2017). Although transformational leaders were considered visionaries in the mid-1980s, these supervisors had limitations. Before the transformational leadership theory, the evolution of leaders drastically advanced from its inception.

Leadership Theories

Many notable people have recognized the importance and effects of leadership theories on performance outcomes (Madanchian et al., 2017). The great man theory was one of the first recognized leadership theories (Ahmed et al., 2016). The great man theory was based on great leaders who developed naturally and were not manufactured (Madanchian et al., 2017). The great man theory, however, was only applicable to males hereditarily equipped to be great leaders. The trait theory next became popular based on the focused behaviors of people with specific attributes (Madanchian et al., 2017). The trait theory presented that certain physical traits indicate the ability for leadership; in other words, leaders have a look about them and stand out from followers. Leadership theories evolved, with certain influences indicating how people perceived the concept (Ahmed et al., 2016). Over the years, researchers developed old theories into new ones. Each leadership theory has a unique use, focus, and influence on leadership styles.

Xu (2017) encouraged healthcare professionals to know and understand the different leadership styles to improve collaborative partnerships, noting that different situations require different leadership styles. Acknowledging the ever-changing nature of leadership theory, Al-Sawai (2013) described how some leadership theories from the 1950s through the 1980s incorporated employees. Xu stated that applying the right leadership style at the right moment could create professional relationships beneficial to an organization. Xu stated leadership is not a noun, but rather a verb. From the 1970s,

interactional leadership theories have presented the leader, the follower, and the relationship between the two.

Transformational Leadership Theory

Burns (1978) portrayed transformational leadership as the relationship between a leader and a follower that usually results in increased motivation and improved ethical standards. Transformational leadership theory indicates how leaders can inspire followers to change expectations, perceptions, and motivations to work toward common goals. Bass (1985) later extended Burns' work (Northouse, 2016), asserting that transformational leadership is based on leaders.

Many researchers believe that transformational leadership is the most optimal leadership style for contemporary times (Latham, 2014). Transformational leaders as those who believe in employees (Le, 2018). Transformational leaders promote innovation and welcome new opportunities to challenge the organizational status quo (Xenikou, 2017). Transformational leaders use a combination of intelligence, style, and personality to encourage followers to utilize individual talents to achieve success (Al-Sawai, 2013). Al-Sawai (2013) further expressed that transformational leaders look beyond tasks to inspire, motivate, and empower employees far beyond individual perceived potential.

Korejan and Shahbazi (2016) described how transformational leaders accept fresh ideas and perspectives to achieve organizational success. Transformational leaders typically are genuine in the approach to empowering followers and demonstrating

leadership traits. McCleskey (2014) described a transformational leader as an individual who sees followers' unrecognized skill sets and persuades them to use those skills for the advancement of the organizations. Northouse (2016) stated that transformational leaders are aware of the effects of all negative factors on an employee's performance.

Attitudes and values determine how followers respond to transformational leaders (Ghasabeh & Provitera, 2017). Leaders with positive traits and transformational characteristics help followers become more effective in the organizational improvement process (Ghasabeh & Provitera, 2017). The four components of transformational leadership theory are idealized impact, inspirational motivation, intellectual stimulation, and individualized consideration (Xu, 2017).

Shaughnessy et al. (2018) studied the leadership characteristics of nurse leaders use of transformational leadership. The focus of the study was to explore transformational leadership and its influence on healthcare employee engagement for nurses (Shaughnessy et al., 2018). Shaughnessy et al. conducted a quantitative descriptive correlational study to understand the relationship between transformational leadership and work engagement in clinical nurse leaders. The results from Shaughnessy et al. indicated a positive relationship between transformational leadership and work engagement. Dedication proved to be an important element in work engagement, which is important due to the influence on employee engagement as result of effective transformational leadership. Employee work engagement was also proven to positively

relate to organizational success. Shaughnessy et al. also concluded that engaged employees do not experience burnout as quickly as nonengaged employees. Shaughnessy et al. pointed out that increased employee engagement increased organizational financial profits as well.

Li et al. (2019), like Shaughnessy et al. (2018), also explored how transformational leadership increased trust in the leader, which in turn increased employee engagement. An engaged employee is more creative and innovative which increases overall organizational performance (Li et al., 2019). Li et al. hypothesized that transformational leadership, if implemented correctly, possibly could alter an organization's employees to become more engaged and innovative. When employees trust the transformational leader, they usually perform better and are more engaged and could possibly become more dedicated (Shaughnessy et al., 2018).

To understand the optimal ways to engage physicians, healthcare leaders and managers undoubtedly need to first understand the impact of leadership theory on engagement. Transformational leadership theory is the most studied and applied leadership theory in business (Perreira et al., 2019). Burns (1978), the founding theorist of transformational leadership, described transformational leaders as those who challenge followers and push the boundaries of personal greatness to achieve significant organizational success. Transformational leadership has four elements: idealized

influence, inspirational motivation, intellectual stimulation, and individualized consideration (Banks et al., 2016).

Idealized Influence

Leaders use idealized influence to help followers understand collaborative approaches for an improved vision and to increase the connections between leaders and followers (Ghasabeh & Proviteraa, 2017). Once leaders establish relationships and trust with followers, the possibility for achievement increases (Reza, 2019). Fletcher et al. (2018) stated that transformational leaders have the potential to effectively lead followers, fostering the workers' abilities to create organizational success. Fletcher et al. further recognized that followers emulate leaders' behaviors; therefore, physician leaders who lead by example improve the quality of care, thus avoiding adverse healthcare outcomes. As McCleskey (2014) indicated, trust and transformational leadership may be synonymous.

Gozukara and Simsek (2016) described transformational leaders as role models who show employees the benefits of prioritizing organizational objectives over personal ones. Reza (2019) also inferred that transformational leaders are role models who potentially have the ability to inspire employees. Reza implied that transformational leaders' behaviors matter as much as abilities, as followers of transformational leaders may emulate the leaders' behaviors. Transformational leaders can improve individual and team creativity and motivation by increasing employees' knowledge, skills, and abilities.

Inspirational Motivation

Reza (2019) described inspirational motivation to influence followers to understand the mission and vision first. Leaders who use inspirational motivation encourage employees based on the foundational idea that if the organization is successful, so are the employees (Gozukara & Simsek, 2016). The appeal of a win-win situation could result in organizational success. Leaders who use inspirational motivation encourage employees to believe in the organization's vision and mission and work hard to achieve organizational success. Employees' belief in the organization can inspire excitement that results in increased engagement and productivity (Gozukara & Simsek, 2016). Physician transformational leaders understand that stress could result in medical mistakes (Fletecher et al., 2018). By supporting physicians both mentally and emotionally, transformational leaders can turn negative stressors into solvable challenges. Transformational leaders focus on the mission without sacrificing employees and know-how to bring out the best in employees.

Leaders' behaviors indicate employees' proactive behaviors. Engaged employees are the conduits between transformational leadership and proactivity (Schmitt et al., 2016). High-stress jobs cause job strain, which, in turn, results in reduced numbers of proactive employees who eventually become less engaged. To illustrate, Schmitt et al. (2016) surveyed over 140 employees in varying industries from 100 companies in the Netherlands. The researchers used a survey with a 7-point scale to measure participants'

perceived job strain, work engagement, and the influence of transformational leadership (Schmitt et al., 2016). Results have frequently showed that individuals with high-stress occupations, such as physicians, had higher disengagement rates. Once an understanding occurs, transformational leaders can engage followers in organizational commitment. Leaders can use inspirational motivation to invigorate employees beyond individual success levels.

Intellectual Stimulation

Reza (2019) defined intellectual stimulation as allowing employees the space to work through issues and develop solutions without ridicule or embarrassment. Transformational leaders help to kindle innovative ideas in employees, creating analytical workers who challenge the norms to reach higher levels professionally (Gozukara & Simsek, 2016). Ogola et al. (2017) acknowledged that transformational leaders challenge employees to reevaluate previously known aspects of certain methods as well as those of the leader. If the methods do not align with the organization's goals and objectives, then employees may desire an opportunity with leaders to discuss why current methods no longer apply to the current situations. Leaders who renew an employee's sense of purpose foster engagement and recognize a worker's values and contributions. When transformational leaders intellectually stimulate employees, the engaged employees achieve organizational tasks and objectives (Anjali & Anand, 2015). Ogola et al. explained how transformational leaders continuously challenge employees to go beyond

the status quo to seek new ways and new ideas. Reza agreed that transformational leaders must challenge employees beyond personal comfort zones to achieve greatness. When incentivized, employees become more engaged and see how individual commitments fit into organizational goals.

Individualized Considerations

Gozukara and Simsek (2016) insisted that transformational leaders value individuals rather than view them as just employees. Transformational leaders must be aware of each follower's needs (Reza, 2019). Leaders with sincere concern for people can identify what each person needs rather than just what the employee needs. Transformational leaders do not look at employees as a group, but rather view, understand, and cater to everyone's needs to bring out the person's best (Gozukara & Simsek, 2016). Transformational leaders know the strengths and weaknesses of each employee and leverage that information to build the individual (Reza, 2019). While building the person, transformational leaders also create environments where employees can make mistakes without retaliation. Transformational leaders who provide individualized consideration acknowledge each person's differences, but uses authority to bridge these variances for employees' development and organizational needs.

Other Views on Transformational Leadership

Transformational leadership may reflect the relationship between the employee and the appointed authority, where a demand exists for shared responsibility in

motivating and encouraging each other (Burns, 1978). This motivation and encouragement are the pinnacle of organizational success. Bass (1985) expanded the initial thoughts of transformational leadership theory. A person's personality, combined with a well-thought-out vision, is paramount (Xu, 2017). Ghasabeh and Provitera (2017) described transformational leadership theory as a reasonable approach for organizational leaders to implement. Transformational leaders build upon team execution by encouraging innovation, acceptable behavior, and environments in which employees feel empowered to meet personal and organizational goals (Dionne, 2016).

Ahmed et al. (2016) believed that transformational leaders stand out because they strive to do good and to involve followers actively in organizational endeavors. Transformational leadership can be a journey in which leaders inspire followers to improve individualistic abilities to achieve organizational success. Ahmed et al. implied that transformational leaders stand out from others because they have a moral compass. Transformational leaders are successful when they appeal to followers by meeting workers' needs, improving leadership skills, and bringing awareness to personal consciousness.

Not everyone believes in the suitability of transformational leadership theory for business environments (Anderson, 2015). Some scholars see transformational leadership more as a political leadership theory that is less applicable for business managers (Anderson, 2015). Anderson (2015) cautioned transformational leadership theory has

limitations and is not verifiable by realistic data. Another concern is that transformational leadership theory refers to employees as followers, which can create confusion in a business organization (Anderson, 2015). Researchers who believe the theory unsuitable in business are challenging its application. Anderson posed a question: What happens when followers do not want a relationship with the manager?

Nielsen and Daniels (2016) opposed the notion that transformational leadership equals organizational success. The authors discussed the myth that physicians can work an excessive number of hours and still positively contribute to healthcare quality. Nielsen and Daniels (2016) warned of trading innovation for the sake of quality and safety. Claudine (2015) argued that transformational leaders meet employees where they are and provide them with the inspiration and education to see how each employee is part of the organization's vision while devising new ways and means for meeting organizational needs. Claudine mentioned transformational leaders must first understand that everyone has fundamental needs in both personal and professional environments. Once employees' needs are met, the transformation can begin, so both workers and leaders can reap the rewards.

Transactional Leadership

Transactional leadership manifests three behaviors: inspirational motivation, intellectual stimulation, and individual consideration (Asrar-ul-Haq & Anwar, 2018). Burns (1978) identified transactional leaders as those who provide rewards to followers

depending on specific behavior outputs. Leaders around the globe and in all industries use transactional leadership. Transactional leaders, also known as managerial leaders, reward employees for meeting targets (Xenikou, 2017). Transactional leadership theory tends to be a one-size-fits-all approach that is not adaptive to sudden changes. Transactional leaders are also passive and only aim for correction when employees do not meet set standards.

Bass (1985) considered the transactional leadership style average at best, noting how transactional leaders reward employees for good work and punish others for performing poorly. Transactional leadership theory may be improperly applied, especially if transactional leaders only intervene when employees perform poorly. Ahmed et al. (2016) described how transactional leaders focus more on leader-follower interactions. However, the flaw in transactional leadership becomes apparent because leaders are not actively present in followers' day-to-day activities. Researchers see transactional leadership as an inhibitor to creative growth in individuals (Ahmed et al., 2016).

Transactional versus transformational leadership. Burns (1978) used a qualitative method to identify two leadership theories, transactional and transformational. At one point, Bass (1985) considered transformational leadership void without some infusion of transactional leadership theory. Bass believed that transformational and transactional leadership theories together provided balance and were not complete opposites. Yuki

(2010) explained that the only difference between transactional and transformational leadership was the extreme generalization of the studied phenomenon. Contrary to the complement of transformational to transactional, Bass asserted that transactional leadership was not the best concept for judging a leader's efficiency. Anderson (2015) argued that transactional leadership theory was not inferior to transformational leadership theory, asserting that the emphasis on the relationship between leaders and followers was biased and presented conflicting organizational results. A shortcoming of transformational leadership theory is equating individual effectiveness based on abilities and conduct rather than actions (Yuki, 2010).

Servant Leadership

The first to discuss servant leadership, Greenleaf (1977) studied leaders who developed employees in an atmosphere with helping attitudes. Greenleaf identified three elements of servant leadership: intrinsic interest in others, inner strength, and foresight. Ragnarsson et al. (2018) described how servant leadership includes the leader and the follower equally. Ragnarsson et al. suggested that the acts of leading and serving sometimes occur simultaneously to foster individual growth while achieving organizational objectives. Ragnarsson et al. posited that servant leaders mature and learn from these experiences while mentoring followers. Servant leadership is becoming the leadership theory of choice because it provides positive results for organizations and support for followers (Coetzer et al., 2017). In many ways, the servant leadership theory

is comparable to other leadership theories. However, servant leadership requires leaders to utilize a more practical approach to influence individuals' feelings and behaviors toward the organization and organizational goals (Coetzer et al., 2017). Coetzer et al. expressed that servant leaders must desire to serve others first, then lead those individuals to achieve goals and objectives for themselves as well as the organization. The theory of servant leadership encompasses many other theories that leaders use internationally to help individuals and organizations become successful (Coetzer et al., 2017).

Although servant leadership seems ideal for any business organization, some scholars do not believe it to be the best leadership theory. Bryant and Brown (2014) cautioned that servant leadership might not provide results in today's business environments, where competitive advantage is a daily fight. Sipe and Frick (2015) concluded that servant leadership was not a practical theory for business operations and did not provide the results employers needed and wanted. Servant leadership theory was considered but not used due to the serve-and-lead mantra. However, in healthcare, leaders and physicians must operate in volatile and unpredictable environments. Servant leadership theory is not suitable for a well-established healthcare organization over an extended period.

Employee Engagement Theory

William Kahn's (1990) employee engagement theory indicated that employees have three facets with potential effects on engagement. Kahn proposed that employees

engage when they experience availability, meaningfulness, and safety. Leaders and managers who effectively manage employees experience high levels of employee engagement. Kahn suggested that employers provide resources and promote positive employee engagement activities to help employees succeed. Kahn (1990) wrote employee engagement is not just an employee concept but an organization issue, as well.

Based on Kahn's (1990) three facets of engagement, Byrne et al. (2016) identified three types of employee engagement that affect every employee. The first, affective engagement, is how an employee compassionately connects with others and the level of elation (Byrne et al., 2016). The second, cognitive engagement, is an employee's aware and observant nature to recognize problems and actively pursue solutions (Byrne et al., 2016). Finally, Byrne et al. defined physical engagement as actively moving at work and the level of energy displayed. Employee engagement theory could have been used in this study on physician engagement. However, the decision was made not to use this theory in order to explore leaders and managers' actions and abilities to utilize successful physician engagement strategies.

Just as transformational leadership theory has a positive consequence, so does employee engagement theory. Employee engagement theory is effective on employee engagement and helps to improve competitive advantage (Kwon & Park 2019). The authors explore how human resource development plays an important role in employee engagement. There has been a steady decline in employee engagement due to many

organizations and human resources departments being uninformed on how much employee engagement affects the organization. Kwon and Park opined on how employee engagement is so imperative for an organization's success that employee engagement is in its infancy stages of becoming a theory of its own. The research study described how employees know they are not motivated, but there are no real solutions to increase work engagement or behavior and can be forced into solutions that do not solve the problem. Employee engagement theory was proven to have a positive effect on engagement, however there is a gap in the literature regarding how to best measure the improvements.

Maslow's Hierarchy of Needs

Maslow (1970) introduced the hierarchy of needs theory to explain individual motivation. Abulof (2017) stated that Maslow's hierarchy of needs has remained relevant. Maslow's theory is a testament to the needs of individuals and the relevance of human nature. Shahrawat and Shahrawat (2017) indicated that despite the many distractions in society and among people, every human has five basic needs: psychological, security, social, esteem, and self-actualizing. Shahrawat and Shahrawat reported that people do not depend on all five needs at the same time, something Maslow also proposed. Individuals possibly want lower psychological, security, and social needs fulfilled before they can successfully achieve higher levels of needs.

Maslow (1943), in an indirect way, pointed out the drivers for employee engagement. Hoffman et al. (2009) studied how members of human resources departments recognized

employees' needs in tandem with the importance of Maslow's hierarchy of needs. Hoffman et al. articulated that, despite Maslow's findings specific to U.S. employees, there are international parallels. Studies reviewed by Hoffman et al. showed that intrinsic employees feel the most satisfied in work they view as meaningful. However, extrinsic workers are the least satisfied. These workers are driven by money, family stability providers, or social status. Gallagher et al. (2017) discussed how employees engage in environments that best fit and provide distinct needs. The authors surmised that organizations have employees with different needs driven by different goals. Although personality conflicts can indicate reduced employee engagement, engagement depends more on an individual's needs (Gallagher et al., 2017).

Engagement

There is no single agreed-upon meaning for employee engagement (Shuck et al., 2017). Kahn (1990) defined engagement as "harnessing of organizational members' selves to their work roles" (p. 381). People conduct themselves in physical, cognitive, and emotional ways, and disengagement with all those elements could cause an employee to become withdrawn and guarded (Kahn, 1990). Engaged employees possess physical, cognitive, and emotional energies to achieve task-oriented goals when positive attitudes about work are valued (Kahn, 1990). Gozukara and Simsek (2016) identified defined engagement as an increased level of energy or work involvement, noting that engaged employees want to show up and perform well at work.

Vila-Vazquez et al. (2018) remarked how leaders play vital roles in employee engagement and well-being. Transformational leadership theory is a core theory for improving employee engagement (Xu, 2017). Thomas (2018) discovered the adverse effects of a lack of transformational skills on employee engagement. Unmotivated employees experience burnout, subsequently disengaging and becoming disenfranchised (Wirba, 2017). Although there have been numerous studies on employee engagement, few employers know how to define and measure employee engagement (Bailey et al., 2017; Byrne, 2015). Whereas employees often strongly influence competitive advantage and organizational success, employers must ensure that workers engage and perform at high levels (Kaliannan & Adjovu, 2015).

Employee disengagement is a global problem and a significant threat to organizations (Motyka, 2018). Over half of employees are disengaged at work (Adeyami, 2018). Employers cannot afford to ignore the growing problem of employee disengagement, as worker withdrawal negatively impacts organizational profits and performance. Gallup polls from 2017 showed that only 15% of workers are engaged within workplaces. As the problem of disengagement grows, so does the need to study the phenomenon to benefit both employees and employers. The Gallup polls (2017) indicated that dissatisfied employees cost employers time, production, and profit (Jones, 2018). Employees have such a powerful impact on an organization's success that managers cannot overlook the importance of employee engagement (Eldor & Vigoda-

Gadot, 2016). Employers cannot ignore the lack of engagement because engaged employees strive to connect, create, and sustain organizational competitive advantage (Mehrzi & Singh, 2016). Obtaining employee engagement requires more than just increased pay; employees must feel needed, appreciated, and included (Mehrzi & Singh, 2016).

Kahn's (1990) theory of engagement requires leaders to develop relationships to foster trust and support (Vila-Vazquez et al., 2018). Employees who have trusting and supportive relationships engage more because they feel important and valued from the organization's leaders. A supportive transformational leader can have a significant psychological impact on an employee and the employee's organizational engagement. Kahn described employee engagement as dependent upon meaningfulness, safety, and availability, which indicate how employees perceive an organization. An employee who feels appreciated will perform better than an employee who does not feel appreciated. Therefore, transformational leaders directly impact employees' perceptions about the significance of delegated work. Transformational leaders who convey the importance of everyone's contribution to the overall organizational goals and mission influence employees' perceptions and apportioned roles in achieving the mission and goals. Employee engagement, according to the literature reviewed, is no longer solely the responsibility of the employee, but rather what actions and resources organizational managers potentially need to provide (Bailey et al., 2017).

Burnout

As applied to the healthcare industry, Patel et al. (2018) defined burnout as a psychological feeling that can cause physicians to experience burnout and become overwhelmed, which can potentially affect overall functioning throughout a workday. Burnout has personal implications and can cause physicians to feel worthless and drained. Burnout has direct effects on a healthcare organization, as physicians can transfer this feeling to patients. In researching the cause of physician burnout, Patel et al. found many contributing factors, such as long days and specialty and on-call shifts.

Exhaustion and employee disengagement could result in burnout (Babenko, 2018). To determine the impact of how physicians obtain and maintain autonomy to remain engaged, Babenko (2018) used the 12-item Basic Psychological Needs at Work Scale to measure participants' psychological needs, such as autonomy, and the 16-item Oldenburg Burnout Inventory to measure exhaustion and engagement. Over half of primary care physicians and internal medicine physicians stated, if given a chance to make a second decision, would choose a different specialty (Babenko, 2018).

Montgomery (2016) alluded that physicians, especially younger physicians, burn out at a faster rate than seasoned physicians, something that held true worldwide. Burnout can adversely affect physicians, organizations, and patients. Montgomery (2016) warned that physician burnout could be costly. Wiederhold et al. (2018) conducted a systematic review of previous studies of physician burnout and strategies used to combat burnout.

Findings showed that physicians burn out when they extend themselves beyond what they can physically, mentally, and emotionally complete. Burnout has an impact on productivity. The evidence showed the effects of physician burnout on physicians' physical health, as well.

Burnout in disengaged physicians perhaps could affect organizational financial stability (Swensen et al., 2016). If organizational leaders do not address burnout, they could face a variety of issues. Swensen et al. (2016) suggested that certain factors are contributors to burnout from both organizational and personal standpoints, including excessive workload, autonomy, sleep deprivation, and death of a patient. Resiliency is the opposite of burnout in physician engagement (Swensen et al., 2016).

Engagement levels of physicians can potentially be affected by how an organization's manager leads. Transformational leaders must inspire and empower physicians not only to consider desired personal goals but also to achieve organizational goals. Physician disengagement and exhaustion result in burnout (Babenko, 2018). Physician burnout levels increased from 40% in 2013 to 46% in 2015 (Peckham, 2015). Physician burnout increases financial and production costs at healthcare organizations. Organization leaders need to understand physician well-being and work-life balance and the effects of these factors on physician engagement. Healthcare managers cannot continue emphasizing quality of care and improved safety measures for patients without considering physicians' needs and abilities to meet targeted demands. Healthcare

managers who implement successful strategies to reduce physician disengagement and burnout while considering physicians' well-being could avoid adverse outcomes. In 2015, the nationwide Physician Misery Index was 3.7 out of 5 (Lavoie, 2015), indicating that burnout has a direct correlation with physician engagement; a problem healthcare manager may need to address within the organization.

Burnout Not Linked to Engagement

Byrne et al. (2016) specified that disengagement is a multilayered construct that differs from burnout and has no absolute measuring method. In researching how to redefine employee engagement, Byrne et al. discovered that disengagement is not synonymous with burnout. Employee disengagement can be costly, as much as $300 billion annually in lost profits (Byrne et al., 2016). Byrne et al. tested Kahn's (1990) three concepts using the Job Engagement Scale (JES) and discovered that employee engagement is more than just commitment. The popular measurements of engagement are not adequate for assessing different levels of employee engagement in the field (Byrne et al., 2016).

Well-Being

Scholars and practitioner must strive to understand the effects of work-life balance on physicians' engagement and well-being (McMurchy, 2018). Physicians in organizations with supportive cultures who feel engaged, respected, and included are less likely to experience burnout, excessive stress, and mental and physical fatigue (Shanafelt

& Noseworthy, 2017). Korejan and Shahbazi (2016) explained how work-life balance requires leaders to understand the effects of organizational culture on employee engagement and satisfaction. Montgomery (2016) identified the negative impact of organizational culture and incompatible leadership styles on physicians' well-being. Ka (2017) found that transformational leadership could have both positive and negative effects on employee engagement and well-being. Although some scholars portrayed this as a well-understood relationship, the research indicated otherwise. Ka also indicated the need for more research on the effects of transformational leadership on employee well-being.

Many definitions of well-being exist, including physical and psychological descriptions (Anderson, 2017). Measuring well-being indicates an association between well-being and physical or psychological findings. Anderson found that great transformational leadership can have positive impacts, and negative transformational leadership can have negative consequences. Anderson that this finding comes not from transformational leadership alone, but rather scholars are measuring and studying, along with other influential variables. Anderson did not disagree with the idea that transformational leadership has positive effects on employee behaviors; however, positive outcomes are not always guaranteed. Although scholars have emphasized the positive impact of transformational leadership on employee engagement and behaviors, it is not effective with poor transformational leadership efforts.

Performance of Organizational Influence

Kumar and Pansari (2016) reported that 84% of engaged employees contribute positively to organizational performance, a finding with which just 31% of disengaged employees believed. Asrar-ul-Haq and Anwar (2018) discussed the benefits of transformational leadership on long-term organizational goals. Transformational leaders influence followers to change negative attitudes and behaviors into a renewed commitment to the organization's vision and strive to exceed past performances (Ghasabeh & Provitera, 2017). Whereas Ghasabeh and Provitera (2017) focused solely on followers' behaviors, Wu et al. (2010) suggested studying the behaviors of both transformational leaders and followers as a means to combat disengagement and improve performance.

Milliken (2014) outlined the importance of collaborative effort from both physicians and administrators to improve engagement for the sake of the organization and the patients. Anand (2017) depicted how engaged employees are the middlemen between the organization and the consumers; as such, keeping employees engaged is a benefit for both the organization and the employees. Healthcare administrators may need to actively try to improve engagement; otherwise, the same problems will continue. The same warning may be applicable on a global level. For instance, the culture of physician engagement in Canada differs from that in the United States. Many nonphysicians in

Canada, with active roles in physician engagement, do so at the threat by those in position of power or become subjected to termination.

Engaged physicians outperform disengaged colleagues. Al Khajeh (2018) explored the correlations between organizational performance and different leadership conceptual frameworks; finding the leadership style used in an organization indicates the organization's performance. Transformational leaders focus on employees' development of values, morals, and motivation (Al Khajeh, 2018). Transformational leadership requires a motivated leader who pushes employees beyond personal desires and who seeks to fulfill organizational interests by exceeding expectations. Transformational leaders create environments without hostility and promote positive atmospheres, which results in improved performance.

Financial Organizational Influence

Engaged physicians garner more profits through active organizational involvement (Underdahl et al., 2017). Engaged physicians potentially can improve organizational competitive advantage (Rabkin et al., 2019). Korejan and Shahbazi (2016) warned employers who want to compete in the future and on a global scale need transformational leaders. Wiederhold et al. (2018) determined that physician disengagement due to burnout cost the European Union roughly €20 billion, showing that lack of physician engagement is costly and a global issue. The cost of failed leadership and employee engagement practices costs U.S. organizations almost $1 trillion annually

(Wigert, 2018). When employees engage, organizations' bottom lines increase, thus improving employers' output so they can share in the gains (Gupta, Ganguli, & Ponnam, 2015).

Rastogi, Pati, Krishnan, and Krishnan (2018) advised employers to stay aware of disengaged employees, as extremely high numbers of disengaged workers could lead to financial disaster. Bersin (2014) cautioned employers that financial performance directly correlates with employee engagement. Osborne and Hammoud (2017) found that U.S. employers who take strategic employee engagement seriously see increased production and financial results. Employers could experience an extreme financial loss ranging from thousands to a million dollars if they must replace just one physician, depending on several mitigating factors (West et al., 2018). Rabkin et al. (2019) postulated that physician engagement is a means for reducing recruitment and retention costs.

In hiring physicians, middle and senior-level healthcare organization leaders assume several risks, including lower quality and reduced production (Burns & Pauly, 2018). Therefore, middle and senior-level healthcare organizational leaders perhaps need to keep physicians engaged to avoid the financial implications of medical errors. There are costly lawsuits that result from medical errors due to burnout and a lack of engagement (West et al., 2018).

Shanafelt et al. (2017) described how middle and senior-level healthcare leaders who understand the connection between physician engagement and financial increase

maybe benefit from a higher return on investments. Many middle and senior-level healthcare leaders fail to recognize the correlation between physician engagement and institutional performance, and those who do might lack the resources to solve the problem of physician disengagement. Revenue decreases and disengaged physicians might indicate disaster for healthcare organizations, possibly threatening continued operations.

Physician Engagement

Physician engagement, a global problem, is a collaboration between physicians and healthcare administrators (Kaissi, 2014). Milliken (2014) described how, in business, the term "engagement" is a two-way process requiring give and take on both sides. Milliken detailed the long-existing rivalry between people in management positions and physicians. Milliken commented that a healthcare organization could not successfully provide quality healthcare without qualified, skilled, and engaged physicians. Milliken portrayed relationships as more important for fostering physician engagement than positions. However, physician engagement is just one part of the solution, as administrative engagement is also an essential means for solving physician disengagement (Milliken, 2014).

Physician engagement leads to better patient outcomes (Keller et al., 2019). Keller et al. (2019) defined physician engagement as the level of physicians' satisfaction with performed work, how much organizational support is received, and a desire to continue

practicing. Keller et al. conducted a qualitative mixed methods analysis to understand the negative impacts on physician engagement as a result of the relationships between administrators and physicians. Findings showed that cultural disparities, including professional barriers, obstructed the administrative-physician relationship, adversely affecting physician engagement (Keller et al., 2019). There are some recognized tools to annotate that physicians, but very few ways to measure physicians' levels of disengagement or to determine successful strategies for improving physician engagement (Keller et al., 2019).

Perreira et al. (2019) utilized Walker and Avant's (2011) eight-step method to show that physician engagement is ill-defined. Perreira et al. reflected on how physicians were at one time required only to be patient advocates and deliver quality care. However, the healthcare climate has changed dramatically, and physicians now also take on administrative roles. Perreira et al. indicated that physicians feel they are wasting unique talents engaging in required organizational process improvement initiative projects.

McGonigal et al. (2019) described how physicians, once considered the leaders in patients' healthcare outcomes, now have little to no control based on the push of healthcare policy and organizational implementation. McGonigal et al. stated that there is a myriad of programs in place to prevent harmful errors, yet physicians struggle with these programs while trying to keep patients alive (McGonigal et al., 2019). McGonigal et al. found that including physicians in planning process improvement strategies could

improve the chances that physicians accept and adopt the strategies. Cochran et al. (2014) described the importance of physicians taking active roles in the future of healthcare, finding that some physicians can effectively engage in collaboration with all stakeholders in healthcare delivery.

Healthcare organizations are less successful without physician engagement (Skillman et al., 2016). Skillman et al. studied 21 physician engagement improvement programs and discovered that healthcare managers possibly need to consider physicians' needs when addressing solutions. Skillman et al. identified an atmosphere in which process improvement can become an additional burden unrelated to improving patient care for physicians. Physicians engage more when they assume active roles in patients' improvement processes without force or restriction. Healthcare leaders can improve physician engagement if they include physicians in improvement strategies and processes so doctors can relate the importance of change to other physicians (Skillman et al., 2016). Smaller nonacute care facilities have better physician engagement levels than teaching and community-based hospitals. Lowe (2012) explained how organizational leaders are slowly beginning to recognize the importance of engagement as a strategic goal.

Transformational Leadership and Physician Engagement

Transformational leadership is the most commonly identified leadership style needed for changes in the healthcare industry. Transformational leaders have more than just management skills; they can tap into the hidden capabilities of all healthcare

providers to elicit the best performance (Alexander & Ruflin, 2015). Delmatoff and Lazarus (2014) described how transformational leaders must navigate the fear of change in all levels of healthcare delivery while overcoming the uncertainty of change. Employees perform well when employers meet basic needs (Schwartz & Porath, 2014). Transformational leaders can help employees overcome the challenges inhibiting the ability to achieve greatness (Gozukara & Simsek, 2016). When employees' basic needs are met and the feeling of respect and value is sincere from leadership, engagement can increase due to a sense of pride and mutual respect in the workplace.

Vila-Vazquez et al. (2018) reported that transformational leaders influence employees and promote positive engagement. Transformational leaders focus on organizational tasks and invest in individual employee needs. Such leaders instill in employees the importance of completing work and the need for everyone to exceed expectations. Because they are role models for employees, transformational leaders may take leadership roles seriously.

Several researchers have led studies to show the effective strategies healthcare leaders use to improve physician engagement. As the healthcare industry continuously evolves with new regulations and the need to combat emerging diseases, healthcare leaders need innovative strategies to keep physicians engaged as they work to improve patients' health. Al Khajeh (2018) and Madanchian et al. (2017) studied the effects of transformational leadership on business employees. The need for engaged employees is

applicable in any industry. Disengaged physicians potentially create crises that may affect not only healthcare organizations, but the people treated and living in communities around those organizations. Physician engagement does not have a universal definition (Perreira et al., 2019). Organizational leaders who want to gain or maintain competitive advantages are more likely to invest in physician engagement strategies.

Transition

Section 1 included the problem statement, purpose statement, and the nature of the study. These elements were used to support the reasoning for choosing to conduct a qualitative methodology and a single case study design for this research study. Section 1 also included the interview questions, the conceptual framework, and operational definitions, as well as assumptions, limitations, and delimitations. The final elements of Section 1 represents a discussion on the significance of the study and a review of the professional and academic literature.

Section 2 includes the research method selected along with the design chosen for this study. There was also a discussion on why other research methods and designs were not selected. Section 2 encompassed personal roles and responsibilities as the data collection instrument while collecting, organizing, and analyzing the data. Reliability and validity were the final elements in Section 2. Section 3 included a discussion of the study and how research findings apply to professional practice and implications for positive social change. Future research is needed to further the topic of employee engagement.

Section 3 also included a discussion on the need for future research and the experiences undertaken during this doctoral study and conclusions from the data analysis.

Section 2: The Project

Purpose Statement

The purpose of this qualitative single case study was to explore the engagement strategies middle and senior-level healthcare managers used to help avoid physician burnout. The targeted population comprised seven middle and senior-level healthcare managers at a Central Pacific United States healthcare organization with successfully engaged physicians. Middle and senior-level healthcare managers can use the results of this study to contribute to positive social change by enhancing understanding of effective physician engagement strategies, which can result in the delivery of higher-quality health care. Engaged physicians demonstrate increased participation during decision-making processes about patient safety and quality care, which can produce improved patient well-being at lower costs.

Role of the Researcher

The researcher in qualitative inquiry serves as the primary data collection instrument, interviewer, and analyst (Karagiozis, 2018). Researcher abilities to connect with participants and be mindful of sensitive topics can have a positive, profound effect on the data collected (Karagiozis, 2018). Qualitative researchers may perhaps try to find the balance between personal biases and what participants report (Roger et al., 2018).

Although I have experience in the healthcare industry and have worked with healthcare managers and physicians, the organization where the research study was

conducted was not a personal place of employment. The participants and I had not had any previous encounters. Participants' protection was adhered to by using the Belmont Report guidelines of respect for persons, beneficence, and justice. The Belmont Report also provides guidelines for treating participants ethically and judicially (U.S. Department of Health and Human Services, 1979; Yin, 2017). Anabo et al. (2018) described respect for persons as obtaining informed consent and protecting those individuals most vulnerable to risk and exploitation. Respect was shown to all participants by clearly stating that participation in this study was voluntary, and consent forms were obtained prior to data collection. Anabo et al. (2018) defined beneficence as an impartial assessment of risks and harm. Participants' autonomy and privacy was protected and respected by assigning coded identifiers instead of names, thus ensuring they face no adverse actions because of sharing successful physician engagement strategies. Justice is a fair dissemination of risks and benefits and application of participant selection (Anabo et al., 2018). Participants were encouraged to voice any concerns, providing all individuals with equal opportunities to share their experiences in the interviews.

Researchers are encouraged to remain unbiased during the research process. Galdas (2017) explained that researchers must recognize and understand the impact that personal bias could have on a research study. Member checking is a way to provide the interviewee with an abbreviated version of the recorded transcript (Birt et al., 2016).

Researchers who conduct transcript checking provide themselves and the interviewees the opportunity to correct any misconstrued thoughts (Birt et al., 2016). I provided participants with a copy of the full transcript as well as my interpretation of their answers.

The semistructured interview process is a commonly used means of data collection, as interviewing is one of the primary data collection techniques of qualitative research (Kallio et al., 2016). Castillo-Montoya (2016) described an interview protocol as a useful means for ensuring consistency with each participant. Interview questions were appropriately aligned with the research question by using an interview protocol, thus facilitating consistency in response by all participants to hear and respond to the same prompts.

Participants

Participants have integral roles in qualitative research. Researchers selectively determine the criteria for participation based on the research purpose. If researchers do not adequately consider the participant selection process, they could negatively affect the study results. Participants in this study were seven middle and senior-level healthcare managers in the Central Pacific United States, holding a minimum of five years of employee management experience.

Wolff et al. (2018) cautioned researchers to know the type of participants needed and clearly define the requirements for participation. Researchers may perhaps select participants with extensive knowledge of the study topic to produce a free flow of

information (Hawkins, 2018). Participant selection criteria are standard practices when developing research protocols (Patino & Ferreira, 2018). Eligible participants for inclusion in this study were middle and senior-level healthcare managers in the Central Pacific United States with a minimum of five years of employee management experience and currently employed with the selected healthcare organization for this case study. There was assurance that all participants met the participant inclusionary criteria for this study.

Access to participants, leaders, and gatekeepers throughout the research process might influence the results of the study (Riese, 2018). Researchers may find gaining access to participants difficult, especially in healthcare organizations, as organizational leaders have the authority to grant or deny access to the facility, personnel, and data (Loring et al., 2017; Sing & Wassenaar, 2016). Vuban and Eta (2019) suggested that researchers become familiar with gatekeepers to gain access to leaders and participants. There were e-mails, telephone calls, and requests for face-to-face meetings with the point-of-contact administrative assistant to establish a working relationship. In the invitation e-mail to the administrative assistant, there was a request for a face-to-face meeting with the organization's leaders to describe the study's purpose and benefits. At the preliminary meeting, the importance of the study and the social value for the organization was explained, as well as answering any questions regarding the study. Lancaster (2017) underscored the importance of gaining participants' trust through the

organization's leaders by e-mailing and requesting an appointment to meet. Guest et al. (2016) recommended that researchers post flyers at the facility to recruit participants; therefore, I posted flyers listing requirements for participation on information boards throughout the facility as well as the organization's electronic bulletin board. The flyers included personal contact information along for interested participants to contact me. Additionally, there was a request for an organizational list of managers who supervise clinical physicians to verify eligibility to participate.

Participants' relationship with the researcher may well affect the information they provide (Ross, 2017). Therefore, researchers possibly establish rapport beyond just pleasant attitudes with participants before conducting interviews (Prior, 2017). Informal emails were sent out to interested participants to answer any questions. During these informal meetings, I also shared the research objectives. Råheim et al. (2016) underscored the importance of describing to eligible participants how knowledge and experience could have an impact on organizations and communities. Additionally, participants were reminded about the voluntary nature of involvement and that they could make personal contact with any questions or concerns at any time.

Research Method and Design

Researchers frequently use qualitative research methods to understand participants' perceptions of social conditions and to understand a phenomenon. Qualitative researchers may gain a deeper understanding of particular behaviors within a

participant's own environment. Aspects of scholarly inquiry include investigating and reporting information that introduces new ideas to the existing literature (Vuong & Napier, 2017). Researchers may actually accomplish this goal through various methods and designs that require careful exploration beyond a cursory review (Levitt et al., 2017).

Research Method

Researchers have the option to choose from three methods: qualitative, quantitative, and mixed methods (Yin, 2017). Qualitative methodology was used in this study. Qualitative research methods may facilitate the examination of a phenomenon from the participants' perspective by collecting and analyzing data (Astroth, 2018). Qualitative researchers may sometimes use purposive sampling, conducting semistructured interviews with open-ended questions to explore the what, why, and how of a phenomenon (Mohajan, 2018). The presentation of qualitative results is in words rather than numbers, thus requiring the use of a complex framework (Hammarberg et al., 2016). Queirós et al. (2017) identified qualitative research as a quest for discovering deeper meanings unrelated to immeasurable realities. However, researchers conducting qualitative studies sometimes require flexibility, as the elements of data collection could require ongoing realignment (Cypress, 2017).

Qualitative researchers focus on the perceptions of individuals within an environment and the behaviors resulting from these perceptions (Roger et al., 2018). The qualitative methodology was used in this study for an understanding of successful

engagement strategies managers use with transformation leadership constructs to help avoid physician burnout. The qualitative approach was the best option for this study, which entailed the use of open-ended questions to obtain descriptive data. Qualitative researchers conduct semistructured, in-depth interviews, discussion, and analysis to understand a phenomenon (Hammarberg et al., 2016).

Scholars use quantitative methods to measure variables and the relationships to each other (Rahman, 2016). In quantitative studies, researchers test hypotheses to determine the effects of outcomes through numerical means (Eddy, 2016). Quantitative research enables scholars to test for applicability and generalization and collect controlled data from a large sample size (Queirós et al., 2017). The quantitative research method was not suitable for this study because there was no need to understand how middle and senior-level healthcare managers used successful strategies to improve physician engagement and not measure how engaged physicians felt after the implementation of those strategies.

Mixed methods inquiries incorporate the strengths and weaknesses of both qualitative and quantitative methods (Shorten & Smith, 2017). Scholars use qualitative research to understand participants' perspectives of a phenomenon through participants' experiences, which indicate behaviors (Cleo et al., 2018). Moser and Korstjens (2018) stated that qualitative researchers could utilize different data collection methods, such as observations, interviews, and focus groups, to investigate the researched phenomenon.

Mixed-methods research requires using both quantitative and qualitative research approaches (Timans et al., 2019). The mixed methods approach was not suitable for this study because quantifiable data to measure successful strategies was not utilized.

Research Design

Research designs are crucial for linking future collected data with final suppositions of the initial research questions (Yin, 2017). Tobi and Kampen (2018) described research design as the vehicle to collect data to answer the *what* aspect of the research questions. Among the qualitative research designs, case study, phenomenology, and ethnography were considered. A case study design was used in this study to help explore the complex issue of physician disengagement and burnout.

Case studies are a useful qualitative design when researchers are investigating big-picture phenomena (Yin, 2017). Heale and Twycross (2018) defined a case study as a thorough review of a single individual, group, or community through in-depth analysis. Case studies can provide before and after perspectives of a participant's view of the studied phenomenon (Alpi & Evans, 2019). Case study design was chosen to use interviews and observation and collect information which helped collect information and fulfill the study objectives, through use of the research questions of successful physician engagement strategy implementation.

Phenomenology is an in-depth investigation that does not require many participants but necessitates extensive interviewing to understand the lived experiences of

study participants (Squires & Dorsen, 2018). Neubauer et al. (2019) described phenomenology as a qualitative design through which researchers analyze the lived experiences within a subject's world. Phenomenological researchers seek to identify the personal meanings of participants' lived experiences (Quinney et al., 2016). However, phenomenology was not appropriate for this study because there was no intention to explore the personal meanings of study participant lived experiences.

Ethnography is an in-depth qualitative approach in which researchers explore phenomena by conversing with participants and observing social interactions, behaviors, and perceptions within a group, team, organization, or community (Welsh, 2018). van Dooremalen (2017) described ethnographic research as the study of significant events that are not everyday occurrences in people's lives. Ethnography was not suitable for this study because there was no desire to study significant phenomena over an extended period.

Population and Sampling

Rahi (2017) defined population and sampling as a selected group of people about whom researchers desire to learn and the process of selecting members of this desired group. Researchers choose participants based on preselected criteria to answer the research questions (Asiamah et al., 2017). Sampling is the subset of the population, and researchers use sampling to find the needed participants for the collection of value-rich data (Moser & Korstjens, 2018).

Rutberg and Boukidis (2018) advised researchers to choose a population based on members' experience and exposure to the researched topic. The selected population could potentially impact the credibility of the study based on the researcher's sampling bias (Asiamah et al., 2017). The population for this study consisted of middle and senior-level healthcare managers. Participants were selected through purposeful sampling, with participation criteria of senior-level managers with five years or more of management experience. These managers could not have plans to retire prior to the completion of the scheduled interview and member checking and transcript review interview. The managers selected had to have evidence-based proof of the successful implementation of strategies for improving physician engagement and overall organizational profitability.

There are two primary sampling methods, probability and nonprobability (Elfil & Negida, 2017). Showkat and Parveen (2017) described probability sampling as having a nonzero chance of selection. This type of sampling method includes simple random, stratified random, systematic random, cluster, and multistage systematic sampling. Jager, Putnick, and Bornstein (2017) declared probability sampling to be more advantageous than nonprobability sampling. In this study, the focus was on a purposive sample, drawn from a specific population; therefore, selecting random nonhealthcare managers was not applicable for this study.

Nonprobability sampling helps in ensuring consideration for members of the selected population according to the researcher's predetermined criteria (Etikan et al.,

2016). Sharma (2017) described this method as a judgment decision. The different types of this method are convenience, purposive, quota, and snowball sampling. Showkat and Researchers do not use nonprobability for a random selection of participants (Showkat & Parveen, 2017). Middle and senior-level healthcare managers who supervise clinical physicians was utilized and therefore, a random sampling technique was not applicable. For this reason, nonprobability sampling method was chosen—specifically, the purposive sampling method.

A purposive sample is selected based on characteristics of a population and the objective of the study (Shokouhi et al., 2019). Researchers use this method to collect data from selected participants who share experiences with the studied phenomena (Etikan & Bala, 2017). This selected method could provide value-rich data with a limited amount of information (Benoot et al., 2016). Benoot et al. (2016) also suggested that researchers could save time and resources. Purposive sampling was suitable for this study because the aim was to explore the strategies of middle and senior-level healthcare managers who had successfully improved physician engagement. Qualitative research has different phases in which researchers can incorporate this type of method to investigate a broader area of research phenomenon (Sharma, 2017). Purposive sampling was chosen for this study to find managers within the organization who met experiential criteria to discuss the designated research phenomenon.

Sampling

The sample size in qualitative research is dependent upon multiple variables (Vasileiou et al., 2018). Hvalič-Touzery et al. (2017) suggested that the optimal sample size of a single case study is five to eight participants. Participants were selected based on knowledge and experience for potential contributions of rich data. A sample of seven participating managers was potentially feasible and adequate for this study. van Rijnsoever (2017) reported that researchers try to base the number of participants on the premise that no new data will emerge by increasing the sample size.

Researchers are consistently reminded to consider participants' privacy, risk of exploitation, confidentiality, and protected health information (DeJonckheere, & Vaughn, 2019). Participants were presented with an electronic informed consent form that included the steps taken to maintain confidentiality. Researchers might effectively communicate the risks and benefits of a study to participants by providing an informed consent form (Nusbaum et al., 2017). To maintain transparency, participants sent me the signed electronic consent form via e-mail, keeping a copy for personal records. Communication via e-mail also ensured participants had personal contact information.

Data saturation is the point at which no new information emerges from repeated data collection and analysis (Faulkner & Trotter, 2017). Data saturation is dependent on the individual participant rather than the collective participant pool (Saunders et al., 2017). Researchers who use purposive sampling are more likely to reach data saturation

(Ames et al., 2019). The more information one participant holds, the more the researcher can use the data collection process to attain data saturation (Malterud et al., 2016). Therefore, experienced middle and senior-level healthcare managers were carefully selected to contribute data to this study.

Ethical Research

Researchers potentially can avoid ethical infringements by providing well-written and easily understandable consent forms (Manti & Licari, 2018) such that participants can comprehend the material and make informed decisions regarding participation (Kadam, 2017). The Belmont Report (U.S. Department of Health and Human Services, 1979) provides guidelines for the ethical treatment of participants during research. One requirement of the Belmont Report is that researchers obtain informed consent from every participant (Anabo et al., 2018). The Belmont Report presents three ethical guidelines for research: respect for persons, beneficence, and justice (Miracle, 2016). Friesen et al. (2017) described the Belmont Report as a deductive relationship in which all three components are separate functions during the research process. St. John et al. (2016) cautioned researchers to be mindful of the safety, dignity, and privacy of all participants. Guidelines outlined in the Belmont Report were followed, which included ensuring that all participants signed a detailed consent form before data collection.

Outside of providing study specifics, consent forms contain a description of participants' voluntary participation and the option to decline continued participation at

any point during data collection (Arifin, 2018). Budin-Ljosne et al. (2017) detailed how electronic consent forms enable an expedient review of participant consent status for audit purposes. Participants were presented with an electronic consent form, including details on the steps that were utilized to maintain participants' confidentiality and the purpose of the study. Effectively and continuously communicating the risks and benefits with an informed consent form is a way for researchers to build participants' trust (Nusbaum et al., 2017).

Consent forms reasonably include details on how participants can withdraw from a study at any time during the research process (Qamar, 2018). The consent form included a detailed description of the steps to withdraw from the study at any point. Once a participant tells the researcher that they want to withdraw, communication about the study ceases and the researcher destroys any data previously collected (Kearney et al., 2018). If a withdrawal notification email was received, all data collected from the participant and all pertinent paper documents were deleted and shredded. Participants who wanted to withdraw could send me an e-mail expressing the desire to withdraw. An email was sent to that participant confirming all withdrawal procedures were completed and that all collected data had been destroyed.

Researchers could offer incentives to attract the participants needed (Lynch et al., 2019). Incentives can be monetary if the value is below a certain limit and if each participant receives the same incentive (Gelinas et al., 2018). To avoid any conflict with

organizational policies, study participants were not offered any monetary incentive for participation. Certain incentives could potentially indicate research bias, which could adversely affect the validity of the results (Hsieh & Kocielnik, 2016). Shengchao et al. (2017) suggested that researchers provide participants with monetary incentives only after they have completed data collection.

Qualitative researchers may likely consider ethical issues continuously throughout data collection and balance the risks against the benefits (Arifin, 2018). Qualitative researchers undertake a reflexive approach by which they examine personal motivations, suppositions, and concerns before data collection (Reid et al., 2018). Ethical consideration for participants and organizations is a long-standing requirement to minimize the threat of ethical challenges, requiring careful review by researchers and institutional review boards (IRBs; Zimmer, 2018). Scholars are encouraged to have projects approved by IRBs before beginning research (Riese, 2018). Review boards are a requirement for research on human participants (Al Tajir, 2017), with members of review boards taking part in an evident process to consider the gains to research (Roets, 2017). IRBs ensure the researcher conducts ethical research and keeps both participant and researcher safe. Permission was obtained from Walden University's IRB (08-12-20-0844953) before interacting with participants and beginning the data collection process. Zook et al. (2017) explained how collected data could indicate participants' identities and

potentially cause harm. Participants' identities were protected such that they were not identifiable in the final study.

Data security is a significant concern during the collection of data incorporating identifiable information (Hand, 2018). Confidentiality is the protection of data acquired from the participant by the researcher (Surmiak, 2019). Data collected from the study will be kept secure for five years to protect participants' rights. Researchers use security measures to prevent unauthorized access to data during data collection and after publication (Navale & McAuliffe, 2018). The collected audio was upload to a password-protected Dropbox folder.

Pseudonyms in research are alternate identifiers used to protect participants' identities (Surmiak, 2018). Allen and Wiles (2016) detailed how allowing participants to assign themselves pseudonyms in a research study has psychological meaning for both parties. Therefore, only pseudonyms were used in all study material and findings. In addition, the organization was only referred to as "healthcare organization."

Data Collection Instruments

Researchers are the primary data collection instruments in qualitative studies (Wa-Mbaleka, 2019). I was the primary data collection instrument for this research study. DeJonckheere and Vaughn (2019) noted that researchers primarily use semistructured interviews for data collection in qualitative health studies; accordingly, semistructured interviews were conducted for this study to understand participating middle and senior-

level healthcare managers' successful physician engagement strategies. There was a review of archival organizational data that indicated improved physician engagement and organizational profitability. Researchers can conduct interviews to understand participants' perspectives of what they consider important (Young et al., 2018). Participants were requested to provide answers to the semistructured interview questions about how they had successfully used strategies to improve physician engagement. Researchers may find it challenging to analyze the interview data collected from case studies if they are not proficient (Mills et al., 2017). Using semistructured interviews, Béchet et al. (2016) highlighted increased physician engagement, as pharmacists once had the collective responsibility of delivering safe medication management. Semistructured interviews was used to gather necessary information from healthcare managers during the data collection process.

Castillo-Montoya (2016) described the interview protocol as the inquiry instrument used to obtain specific information about the research question. The interview protocol (see Appendix A) in this single case qualitative study included open-ended questions administered through face-to-face discussions with middle and senior-level healthcare managers. McGrath et al. (2018) cautioned researchers to be cognizant during interviews in regard to the impact on responses and results. All participants were greeted and ensured that they knew about the participation requirements. Researchers potentially can conduct interviews in such a way to define themes from the participant's viewpoint

(Moser & Korstjens, 2018). The responses provided during the semistructured interviews were used to gain insight into the experiences of the participating managers.

Yin (2017) recommended that qualitative researchers use at least two collection instruments for case studies. Marshall and Rossman (2016) postulated the idea of archival data as an alternative source for data collection. Yin encouraged researchers to utilize archival data. In addition to interviews, electronic information was collected from archival data obtained from the organization which showed results of successfully implemented strategies, to include but not limited to best practices used to increase physician engagement and organizational profitability, and white papers consisting of evidence-based reports describing steps taken for the improvement of physician engagement as a result of successfully implemented strategies. Archival data provided insight into how successful strategies led to improved physician engagement and productivity. Selected data collection instruments were used to investigate successful physician engagement strategies.

Member checking technique is a process necessary for data collection verification purposes (McGrath et al., 2018). Thomas (2017) described that researchers conduct member checking to provide participants the opportunity to ensure the accuracy of researcher interpreted interview information. Transcript checking, along with member checking was conducted with all participants before data analysis began; helping to ensure all responses were accurately recorded. During the member checking process, the

managers were able to make any needed corrections to interview transcripts and validate the collected data.

Data Collection Techniques

DeJonckheere and Vaughn (2019) described the different types of interviews: face-to-face, telephone, text/e-mail, individual, group, and in-depth. The data collection techniques that were used are semistructured, face-to-face interviews with open-ended questions as well as archived organizational data to collect data for this qualitative single case study. Semistructred, face-to-face interviews using open-ended questions was utilized for the participating middle and senior-level healthcare managers. Face-to-face interviews are the most direct interactions between researchers and interviewees (Oltmann, 2016). DeJonckheere and Vaughn (2019) mentioned how face-to-face interviews are a better means for conducting interviews because they provide researchers with opportunities to discern nonverbal indicators. Researchers who select participants with extensive knowledge of the researched topic increase the amount of in-depth data collected (Hawkins, 2018).

Case study researchers collect data through interviews (Ridder, 2017). Conducting semistructured interviews was appropriate for this study because the information was shared with middle and senior-level healthcare managers to understand how to engage physicians. This data collection technique provides an opportunity for participants to describe successful physician engagement strategies. This qualitative

single case study utilized a semistructured interview protocol (see Appendix A) for interviewing physician managers in the Central Pacific United States from one healthcare organization. Richards (2017) noted that interviewing leaders may be a challenging endeavor, as leaders may not be available.

Semistructured interviews may provide flexibility for both the researcher and the participant (Young et al., 2018). The use of open-ended questions is a way for researchers to potentially avoid bias, as the participants can provide subjective answers without suggestions from the researcher (Desai, 2018). Another advantage of open-ended questions is that researchers can use participants' verbatim responses to capture rich data and explore how participants understand the questions and arrive at answers (Singer & Couper, 2017). Open-ended questions facilitate participants to express personal feelings and attitudes into answers, thus potentially providing the researcher with a better understanding of the phenomenon (Oltmann, 2016).

A disadvantage of semistructured interviews is that researchers can sometimes collect too much data, which causes difficulties during analysis (Young et al., 2018). Decorte et al. (2019) discussed how the use of open-ended questions could sometimes be a detriment for researchers. McGrath et al. (2019) posited that participants might not provide answers to the questions asked. Lastly, another disadvantage of semistructured interviews is that the data collected are not quantifiable (Hammarberg et al., 2016).

The interview protocol outlined in (Appendix A) was used to help build rapport with participants before formal interviews. Participants were able to select a desired meeting place to ensure distraction-free environments and feel at ease. Crozier and Cassell (2016) posited that audio recordings are a reliable way to capture phenomena as they emerge. Therefore, all semistructured interviews were audio recorded and nonverbal interactions were recorded in a reflective journal. Breaks were incorporated within the interviews to give participants opportunities to rest and perhaps regroup thoughts. In addition, cancellations and rescheduling were accounted for by spacing appointments over a period of days.

Researchers who use archival data might explain how they will apply the code of ethics for selected data collection techniques (Yin, 2017). Archival data are data previously used for a different purpose other than the current use (DuBois, Strait, & Walsh, 2018). Sherif (2018) acknowledged how researchers could use archival data to answer new research questions. Ethical considerations with archival data arise due to the nature by which the original participants consented (Sherif, 2018).

Sherif (2018) noted the possibility of establishing new conceptual frameworks from existing material collected from archival data. Reexamining existing data can save researchers time and money (DuBois et al., 2018). Another advantage of using archival data is the social benefit of not having to reinterview members of targeted populations (Mohajan, 2018).

Sherif (2018) stated that a disadvantage of using archival data is that the previous data collected may not be suitable for the current research questions. Another disadvantage to archival data is that current researchers may experience flaws that occurred in the initial data collection process (DuBois et al., 2018). Lastly, archival data may be outdated (Mohajan, 2018).

After obtaining permission, a request to the appointed administrative assistant was requested to retrieve documentation that most closely aligned with the overarching study research question and review archived information from the requested organization. Documents that were requested from the administrative assistant included employee handbooks, administrative handbooks, mangers meeting minutes, staff meeting minutes, organizational financial reports, policies and procedures, job satisfaction surveys, patient satisfaction surveys, and staff exit interviews. Archival data can become irrelevant over time (Sherif, 2018). Electronic documentation was requested from successfully implemented strategies from 2016-2020. This request was anticipated to take approximately two weeks or less for retrieval. All personally identifiable information was protected and confidential. Archival data was stored in a password-protected file folder to ensure confidentiality.

Researchers use member checking to verify participants' responses are accurate (Birt et al., 2016). After the interviews were completed, managers were allowed time to review a brief synopsis of transcribed answers to ensure responses were interpreted

correctly. In accordance with suggestions by Ruggiano and Perry (2019), a transcribed synopsis from the recorded interview was provided to for review. An e-mail response was requested acknowledging agreement with the synopsis or suggestions to make any necessary corrections, thus ensuring the accuracy of collected data.

Data Organization Technique

A reflective journal was used for additional data capture and organization. Researchers use reflective journals to collect data participants do not verbally express, such as facial expressions and nonverbal behaviors (Bashan & Holsblat, 2017). Using a reflective journal provides researchers the opportunity to annotate different topics potentially useful for further research (Marshall & Rossman, 2016). Deggs and Hernandez (2018) stated that researchers could use reflective journals to express thoughts, opinions, and feelings. Sutton and Austin (2015) suggested that researchers use instruments such as interview transcripts and reflective journals in qualitative studies to facilitate theming and coding. A reflective journal was utilized as further means of identifying themes from the interview transcripts and archival documents.

Watkins (2017) instructed researchers to format archival data just as the interview transcripts are formatted. Pertinent information retrieved form archival data once reviewed and highlighted was uploaded to Atlas ti for coding purposes. Abdekhodaie et al. (2018) advised qualitative researchers to utilize an electronic system to organize collected data. Zamawe (2015) indicated that researchers could use software programs to

facilitate the data analysis process; accordingly, the qualitative software program Atlas.ti was employed for data organization and analysis. Lee et al. (2018) asserted that scholars can use secure USB flash drives to protect data with multiple technological safeguards. Researchers protect participants' identities by using flash drives with encryption capabilities (Yin, 2017). Wackenhut (2018) stated that researchers potentially need to use password-protected devices to store contact information separately from transcript information. Information gathered from interview transcripts, journals, and archival data will be securely stored on a password-protected flash drive. Codes instead of participants' names was used to protect identities within all data collected and organized. Qualitative researchers are likely encouraged to maintain collected data for a minimum of five years (Tamminen & Poucher, 2017). Data collected will be maintained for five years and then destroyed in accordance with Walden University guidelines.

Data Analysis

An analysis was conducted of middle and senior-level healthcare managers' successful strategies for improving physician engagement. Researchers definitively conduct triangulation to demonstrate validity in qualitative research (Yin, 2017). Shoaib and Mujtaba (2016) defined triangulation to compare dissimilar but balancing data. Farquhar and Michels (2016) described triangulation as using multiple collection techniques for a single phenomenon. Scholars conducting data triangulation combine multiple approaches to ensure the overall reliability of the results (Heesen et al., 2019).

Data triangulation was used to confirm the data collected from participating middle and senior-level healthcare managers' semistructured interviews and the healthcare organization's archival data.

DeJonckheere and Vaughn (2019) described how researchers can present findings after data collection by identifying the themes that show a comprehensive view of the phenomenon. Emerging themes were categorized from the semistructured interview data as a way to manage the results for data analysis. Similar themes were gathered and grouped from each interview into codes, while determining the main ideas. Belotto (2018) recommended color-coding data to identify potential and emerging themes. Color coding techniques were applied using Atlans.ti version 9.0 while sorting the collected data.

Data Saturation

Researchers achieve data saturation when no new data emerges from additional participants (van Rijnsoever, 2017). Data saturation is the desired milestone in qualitative research for obtaining the most important ideas and themes (Weller et al., 2018). Data saturation occurs when interviews no longer provide new information. Researchers achieve greater detail and benefits from data collection when interviewees offer insight into the topic and can easily expand upon answers based on personal experiences (Wolff et al., 2018). Data saturation is not just about the end of new information but also about no longer identifying new codes that indicate the possibility of new themes (van

Rijnsoever, 2017). Researchers do not need to conduct a predetermined number of interviews to achieve data saturation (Tran et al., 2017). Thus, interviews were conducted until no new themes emerged.

Reliability and Validity

Researchers potentially can ensure accuracy and consistency by considering and implementing measures to enhance reliability and validity in respect of the study results (Bolarinwa, 2015). Researchers, who want to improve the reliability of the results presented, most likely can by removing any personal or research biases (Nandi & Platt, 2017). Credibility in qualitative studies may perhaps improve through member validation and triangulation (Ellis, 2019).

Reliability can be described best as when researchers consider gathered results over time and try to offer stability within results found, ensuring these results can be repeated (Hayashi Jr. et al., 2019). Validity, or credibility, refers to the actual meanings of data collected from participants (Moon et al., 2016) Validity also refers to how well the research design and method can be applied in gathering the truth from participants (Vilcu et al., 2018). Validity, in qualitative research, is now replaced with trustworthiness and/or rigor (Hayashi Jr. et al., 2019). Both reliability and validity are necessary components of qualitative research.

Reliability

Researchers acting as the primary research instruments are an accepted practice in qualitative inquiry. There is some evidence that shows that a human being is a less reliable means of data collection than other objective means of collecting data (Cypress, 2017). Thomas (2017) noted that researchers apply member checking to ensure the accuracy and validity of the collected data for data analysis. Middle and senior-level healthcare managers had the opportunity to review a transcribed synopsis of individual interview answers and make necessary corrections before the data analysis process. This process was necessary to ensure adherence to the interview protocol, as well as interview questions, to help substantiate the consistency of the data collection process and the reliability of the findings. Interview protocols reduce the likelihood of researcher bias and misinterpretations between researcher and interviewee (Fusch et al., 2018).

Validity

Leung (2015) defined validity as the appropriateness of the method used to answer the research question. Qualitative scholars have replaced validity with trustworthiness, using specific guidelines that include credibility, transferability, dependability, and confirmability (Hayashi et al., 2019). Noble and Smith (2015) stated that researchers could increase the validity or trustworthiness by reducing personal biases.

Credibility

It is essential that research results are trustworthy and represent the honest lived experiences of the interviewee (Cypress, 2017). Accurate recording, review, and analysis of archival data was ensured to maximize the credibility of the study. Middle and senior-level managers' review of the transcribed synopsis of the interview answers possibly provided credibility to the study by verifying the accuracy of the information collected. Hayashi et al. (2019) discussed how triangulation is a method used to increase the credibility of data collected from multiple sources. Data saturation was achieved by data triangulation, using semistructured interviews, and reviewing archival data to validate the data collected and presented. This approach, including an interpretation of the collected data and the final results, all contributed to enhancing the credibility of this study.

Confirmability.

Confirmability in qualitative studies occurs when researchers ensure that the data collected accurately presents the analyzed phenomena (Hayashi et al., 2019). Researchers can accomplish confirmability, according to Leung (2015), through reflective journaling that provides an audit trail. An audit trail was maintained by documenting in detail all steps and processes in the study. The reflective journal can help with organization of detailed notes and to remain aware of any biases. This process is known as bracketing. Bracketing is a method researchers use to isolate what is previously known, understood, or assumed regarding a topic to present the facts without biased influence (Neubauer et

al., 2019). Researchers who establish confirmability keep the analysis honest and unbiased through member checking and data triangulation of interviews and archival data (Korstjens & Moser, 2018). These processes help to decrease personal biases and ensure what has been reported by interview participants and document review is reflected in the results. The importance of confirmability is to ensure that the results can be duplicated by readers following the same processes I used.

Transferability

Transferability is how researchers can apply reported research results in different settings through thick descriptions (Korstjens & Moser, 2018). Cypress (2017) described how researchers could use data saturation and robust sample size to broaden the scope so other researchers can apply the results to different areas. A reflective journal was utilized as well as ensuring interview questions require full, descriptive answers and not simple answers to enable the transferability of findings. the interview protocol was followed and identify the limitations of the study. All materials used were available for review to support the transferability of the study. All techniques identified were used, and the decision of transferability is up to the reader.

Transition and Summary

The purpose of this qualitative single case study was to explore successful strategies that middle and senior-level healthcare managers have used to increase physician engagement. A case study design was ideally suited for this qualitative study.

The target population was middle and senior-level healthcare managers located in the Central Pacific United States that had implemented successful strategies to engage physicians. The participation inclusionary requirements for this study's sample included: (a) holding position of middle and senior-level healthcare manager, (b) five years of management experience, (c) must not be retiring prior to interview completion or member checking follow up interview, and (d) must have evidence-based successful strategies in improving physician engagement. Purposive sampling was suitable for participant selection, which included an estimated seven participants, who participated in telephone interviews along with archival data document review.

Yin's five-phase analysis for qualitative case studies of the interview data is incorporated in this study's findings in Section 3. The conclusions in Section 3 include answers based on transformational leadership theory with the single research topic and interview questions as the foundation. A summary on how successful strategies and physician engagement can influence a healthcare organization and its practices is also included in Section 3. Section 3 may illustrate how the research findings impact and promote positive social change within healthcare organizations and surrounding communities. and the recommendations for future research on the topic of physician engagement along with a summary and conclusion of the study.

Section 3: Application to Professional Practice and Implications for Change

Introduction

This section includes the interpretation of the findings from data gathered from telephone interviews from middle and senior-level healthcare managers with management experience of five years or more who have successfully implemented engagement strategies to help avoid physician burnout. This section consists of the presentation of findings, applications to professional practice, implications for positive social change, and recommendations for future actions. This section is concluded with suggestions for further research, reflections on my experiences from this study, and a conclusion.

Presentation of Findings

The intent of this qualitative single case study was to explore the engagement strategies middle and senior-level healthcare managers used to help avoid physician burnout. The COVID-19 global pandemic along with disease prevention guidelines prevented face-to-face interviews and entrance into the designated organization. Heesen et al. (2019) described how researchers most likely can use multiple approaches to data collection for synthesis, to ensure the reliability of results. Semistructured interviews were conducted via telephone and documents from the Central Pacific organization were reviewed via publicly available media, executive minutes, and MS Teams virtual meeting. Interview questions were open-ended, allowing participants the opportunity to

discuss strategies used to increase engagement and avoid physician burnout. I utilized the interview protocol and requested consent forms be signed prior to conducting interviews. Each participant was asked the same questions in the same order during their morning, afternoon, or evening pre-arranged interview time. The sample size for this study included 7 middle and senior-level healthcare managers. Participant codes used for this study were P1, P2, P3, P4, P5, P6, and P7 to help maintain confidentiality. thematic analysis was utilized from the interviews to gain in in-depth understanding of the phenomenon. Coded data analysis was derived from interview answers considered significant from the interviews and secondary data obtained from publicly available documents and meeting agendas.

The interviews with seven participants in this study were recorded, and a reflective journal was used to annotate tone of voice and audible sense of emotion. All interviews were electronically transcribed, which created the data for later analysis. Each participant was provided a copy of the full transcript along with the interpretation of interview answers to ensure trustworthiness and validity. Thomas (2017) described member checking as an opportunity for researchers to ensure accurate interpretations from participant interviews. Birt et al. (2016) suggested transcript checking allows researchers and participants an opportunity to amend responses. I used member checking for all participants which allowed me to gain an in-depth understanding of the successful

strategies used by middle to senior-level healthcare managers from the Central Pacific organization.

Confidentiality was ensured by using coding techniques such as labeling each participant as P then followed by a number. To further ensure privacy of participants, the numbers used do not represent the order the interviews were conducted in. Confidentiality was also adhered to in following the guidelines established by the Belmont Report (Frieson et al., 2017). All data and participant information is kept in a Dropbox folder that is password protected and will not be discarded until after five years per Walden University guidelines.

The first steps of the analysis process began with downloading all interview transcripts into the Atlas.ti software. By using the software tools, the qualitative data was analyzed electronically which helped with recognition of emerging themes. From the analysis, there were initially 30 codes that were later condensed into three themes along with four subthemes. Three themes and four subthemes were identified from the interviews from seven middle and senior-level healthcare managers from one organization. The themes were: (a) developing meaningful relationships, (b) encouraging career progression and professional development opportunities, and (c) fostering a culture of understanding despite bureaucratic obstacles. The four subthemes were (a) mentoring, (b) communication, (c) peer-to-peer support, and (d) wellness. The identified themes are reflective of the strategies used by participants to increase employee engagement and

help avoid physician burnout; which according to Li et al. (2019), once trust is established, employee engagement becomes elevated because of the relationships that have been fostered.

Theme 1: Developing Meaningful Relationships

The first theme that emerged from the data analysis was the importance of developing meaningful relationships. Yeomans and FitzPatrick (2017) alluded that successful leaders understand how investing time into getting to know employees by building relationships helps to increase employee engagement. Alexander and Ruflin (2015) described how transformational leaders can draw out talents from healthcare providers that increases engagement and helps avoid burnout. Burns (1978) initial description of transformational leadership focused on the relationship between the leader and the follower and the outcomes that could be achieved through this partnership if the relationship was meaningful. Middle and senior-level healthcare managers conveyed better responses were received from physicians when meaningful approaches to relationships had been previously established based on (100%) of participant responses. This was evidenced as P3 stated, "putting faces to names and having a meaningful conversation during initial meetings made the difference when corrective changes needed to be made or feedback sessions were warranted to discuss deficiencies."

When managers develop relationships, it helps to show physicians their voices are

being heard. P7 agrees with P3's understanding and believes holding weekly huddles is an important opportunity to cultivate meaningful relationships from identified concerns. P4 shared, "establishing relationships along with face-to-face discussions is necessary in the workplace and has helped physicians feel as if they were important." In agreement with P4, likewise, P5 stated, "getting to know initially where subordinates' aspirations are helps to foster healthy relationships; there is an opportunity to really connect." P1 noted that it is important to establish and maintain relationships with resident mentors to actively monitor the progress of residents, but also address concerns from the mentors and ensure they are engaged.

While the literature reviewed does not provide a solid definition of meaningful relationships, many physicians have their personal definition of what the term means and the actions that do not measure up. Middle and senior-level managers wanting to seek ways to connect on a personable level should understand certain gestures may seem genuine but may do more harm than good to foster a meaningful relationship. According to P5, "donuts and juice" do not meet the definition of meaningful relationship for most physicians. Another example of not meeting the definition of meaning relationships, provided by P5 was, "stopping by a physician's office at the end of the day and asking why they are still at work." P6 echoed the frustrations from P5 with an example of when organizational leadership does not want physicians working during their off time, but also has an expectation that emails will be answered on the weekends, which is normally off

duty. P2's perspective, having managed large to small groups of physicians, has understood that when managing physicians, the effectiveness of taking a few moments to ask questions of new or newly assigned physicians regarding their goals and expectations increases the physician's engagement level. Unlike P3 and P5, P2 expounds on the importance of the meaningful relationship by "asking about the physician's family and where they are from." Corresponding with P2's interpretation, P7 suggested,

I let residents and staff know who I am as a person, as a professional. I invest in the time to make the connections.

All participants in different ways have incorporated humanistic approaches to show compassion and concern, not only for the practitioner assigned to care for patients, but also the person, the human being, who simultaneously has their own life issues and concerns to balance. Getting to know people and understanding their lack of engagement may not be a chronic personnel issue, but due to life concerns at the present time. The workweek for most employees in the United States is well beyond the outdated 40-hour model (Bartels et al., 2019). Therefore, middle and senior-level healthcare managers have to understand how physicians are constantly balancing personal with professional life. P2 explained, "physicians who have a new family member may be balancing as many tasks as they can and may not be able to handle additional duties."

This observation by management is easier to recognize when adequate time has been taken to get to know physicians and developing a working relationship. In

comparison, P5 believed having direct engagement on a personal level and not treating physicians like they are “simply a metric” is an important aspect of the meaningful relationship.

P2 stated, “there is an advantage to getting to know people, developing those relationships, demonstrating that as a manager, there is more than just the professional expectations that are being considered. “Establishing meaningful relationships early on” makes for an easier task to pair organizational needs with personal interests. Qi et al. (2019) described the impact of inclusive leadership and the impact it has on employees. The authors voiced establishing meaningful leadership relationships has a direct effect on employee perceptions of the organization as well as their behaviors within the organization. All participants within their own experiences described how opportunities to match personal interests with organizational needs becomes less of a burden because of the time and commitment invested early in the relationship. The following table represents the most discussed strategies used to establish meaningful relationships.

Table 1

Theme 1: Ways to Establish Meaningful Relationships

Participant Number	Face-to-face interaction (including feedback sessions)	Regularly scheduled meeting	Questionnaire	Inquiring about family
P1	X			
P2	X	x	x	x
P3	X	x		
P4	X	x		
P5	X		x	
P6		x		
P7	X	x		

I reviewed the organization's website and viewed archived videos attesting to the impact of relationships from current physicians and their mentors and how it has made the difference in their current practices. Information from residency programs were also reviewed for data supporting the information on how relationships can impact physician engagement.

There was consensus from all of the participants interviewed (100%) regarding the role of a transformational leader and the influence he or she can have on a physician's perception of their value to the organization when relationships are established early on. The participants in this study provided essential information regarding successful engagement used to help avoid physician burnout. The actions taken by the participants to elicit engagement aligns with the findings of Kellar et al. (2019), who surmised physician engagement is based on a myriad of factors that include work performed, organizational support, and personal desires to continue to practice medicine. Healthcare organizations cannot provide quality healthcare without understanding how relationships between management and physicians affect all involved stakeholders (Milliken, 2014). Although, many views found in the literature reviewed indicated that the term meaningful relationship has different meanings. All participants expressed having implemented strategies that first began with establishing their idea of meaningful relationships. Korejan and Shahbazi (2016) cautioned transformational leaders to invest in employee engagement otherwise the organization's future for global competitive advantage would be non-existent. All participants relayed how relationships that are developed early on make the difference in future encounters.

Madanchian et al. (2017) described how leadership theories influence employee performance. Xu (2017) further described the importance of healthcare leaders' role in understanding and implementing effective leadership styles. As a result of implementing

the right leadership style at the right moment, according to Xu, leaders would have more success with professional relationships with employees that would benefit the employee, manager, and organization. The participants are engaged in strategies to develop meaningful relationships as a means to increase employee engagement. Participants' strategy of developing meaningful relationships aligns with findings from Schwartz and Porath (2014) who suggested when transformational leaders can meet basic needs, employees will perform well. Developing meaningful relationships within the manager-physician relationship, as demonstrated by the responses provided by the participants, has had an impact in medical outcomes for the patients and positive outcomes for the organization.

Transformational leadership starts with the leader (Northouse, 2016). Actions taken by the leader can potentially affect the engagement outcome of employees. The transformational leadership theory is exemplified when leaders infuse positivity into subordinates by assisting with identifying areas where change is needed, developing a plan, and executing the plans to implement the changes (Arif, 2018). Burns (1978) advocated in findings how leaders who execute transformational leadership approaches when leading employees can have positive outcomes. The interviewed managers in this study described the positive outcomes as a result from getting to know the physicians under their supervision. Asrar-ul-Haw and Anwar (2018) endorsed the positive long-term benefits for organizations when transformational leadership techniques were utilized to

improve engagement. Gozukara and Simsek (2019) described in their findings the facet of individualized considerations from the transformational leadership theory as actions managers can take that shows employees are more than a number and are valuable to the team. The participants exercised this belief by taking interest in developing meaningful relationships with physicians. The exercise has provided results that demonstrate the strategy to develop relationships has improved engagement with physicians and therefore reduced burnout. Kotter (2001) identified how leaders can improve engagement by understanding what drives employees to be successful. Some of the participants conveyed how taking the time in getting to know physicians outside of their skill set can make the difference in productivity and profitability for the organization.

As Li et al (2018) mentioned, leadership and trust are important to the transformational leadership posture of any leader. Developing relationships has, been proven in making a big difference when those hard to have conversations were necessary according to P2, P3, P4, P5, and P6. The efforts by middle and senior-level managers seemed to affect the perception of the physician in a more positive way when meetings for correction or critiques were needed.

Theme 2: Encouraging Career Progression and Professional Development Opportunities

The second theme that emerged from data analysis was encouraging career progression and professional development opportunities. Bartels et al. (2019) posited

well-being is more than an emotion, but for employees it also involves development and growth, personally and professionally. Reza (2019) described the importance of leaders pushing employees beyond their comfort zone to achieve personal, professional, and organizational success. Similar to Reza's findings, P2 stated getting to know physicians' strengths and weaknesses helps with engagement; whatever those are, "find them out and exploit them." P1 affirmed residents needing engaged mentors during their residency for an enhanced educational experience that potentially will make for a more well-rounded physician. P5 believed having an ear to hear what physicians need is healthy in understanding their perspective as well as trying to eventually develop strategies to improve engagement and avoid burnout.

P2 further expressed, "having initial conversations to gain a better understanding of physicians" can be important to support engagement opportunities. P2 emphasized,

> finding out what motivates a physician to get out of bed is just as important as the credentials and skills he or she possesses. Knowing your people and the niches that spark their interest early on can work to the advantage of the manager and the organization as well.

Organizational needs that arise are better paired with the right physician that best fits the vacancy need because of "personal insight into the physician and who they are and what their interests are," described P2. However, this may not be popular for the physician who is selected or nor is it always a sure fit for the needs of the organization.

Be that as it may, P2 also conveyed the long-term effects of these opportunities and how they could "play a part in a future promotion or non-selection of promotion" and how these same opportunities are a part of a bigger picture. "Great leaders and managers," advised by P2, "understand where people are in their career and make mental notes of how certain opportunities can set them apart when it is time for promotions or career advancements."

Xenikou (2017) detailed how transformational leaders develop and initiate their own unique strategies to avoid disengagement that do not always align with the status quo. In support, P3 believes hands on approaches, and not just formal feedback to show discrepancies, provide better direction for personal and professional improvement opportunities. P3 conveyed, "demonstrating how to correct bad practices for the residents becomes influential in their development for correction thus, making them better physicians."

The next level of care is dependent on physicians providing the best care and being thorough. When physicians are given the opportunity to be innovative and creative, their sense of empowerment is stimulated that produces results far beyond the employee's perceived potential (Al-Sawai, 2013). Physicians can improve discrepancies that are critical to quality healthcare sometimes by visually seeing how their role impacts the continuum of care. P3 described how simple tasks like "telephone consults" can impact the next level of care if not handled properly. Demonstrating the proper way to document

and explaining the importance of what may seem to be a mundane task is an opportunity for physicians to visually understand how documentation can affect a patient's care at all levels.

Aligning with P3's experience, P5 expressed how online training and telephone consults begin to falter when burnout emerges. Managers can help avoid burnout and disengagement by supporting desired professional development. Wirba (2017) cautioned managers that burnout causes employees to become disenfranchised, which leads to other negative outcomes for the organization. For healthcare, this would be further compounded and negative outcomes would be passed to the patients as well. P5 shared,

> something as simple as a course on how to be a better writer, a course that has nothing to do with being a physician, helped to enhance writing skills when performing administrative duties. This support for personal or professional educational opportunities had a huge impact on my future engagement.

P5 recommended leaders and managers connect the dots between growth and process improvement projects. Transformational leaders can help employees overcome challenges that may inhibit growth by providing opportunities for improvement (Gozukara & Simsek, 2016). Lessons not taught or learned in a classroom nor measured by job performance can become vital experiences. Job performance and productivity are related when middle and senior-level healthcare managers help physicians understand there is a genuine concern for career progression. P5 supports career development by

conducting “senior rater sessions” and going over “individual development plans” to help physicians “think about their goals five to 10 years out.” P5 suggested incorporating specialty consultants for a more detailed analysis of each physician’s specialty to aid in analyzing incentive and retention rates. P5 consistently emphasized how specialty consultants can help to provide a smaller, but personalized viewpoint for current and future career progression goals. One important opportunity for future career progression, P5 noted, are fellowships. Fellowships opportunities for physicians can affect whether a physician remains with an organization or may potentially be forced to seek new employment ventures. Lastly, P6 cautioned managers to have the discussions to help physicians with improving professionally even if the desired outcome is not achieved initially or hurt feelings are displayed. P4 stressed the idea that ultimately physicians will take ownership and initiative to become involved in organizational opportunities for career progression and professional development. The potential reward is a stronger physician professionally who has been reformed on subpar practices, provided opportunities for advancement, patients who potentially will receive improved quality of care, and a profitable and productive organization. The following table represents whether participants manage staff, residents, or both.

Table 2

Theme 2: Area of Responsibility for Career Progression

Participant Number	Staff	Residents
P1		x
P2	X	x
P3		x
P4	X	
P5	X	
P6	X	
P7	X	x

Encouraging career progression and professional development opportunities links to the literature reviewed discussing transformational leadership theory. The transformational leadership theory construct of idealized influence supports this theme. Ghasabeh and Proviterra (2017) suggested leaders potentially can foster opportunities for employees to collaborate on projects that lead to organizational improvements. In support, healthcare organizations are depending on healthcare managers to engage with physicians to understand their needs professionally and personally to meet the needs of the organization (Al Khajeh, 2018). The participants' strategy of encouraging career progression and professional development opportunities supports the facet of idealized

influence where managers implementing collaborative approaches that provide influence on the career of physicians and the needs of the organization. Fletcher et al. (2018) discussed the positive outcomes because of an employees' ability to grow professionally and the freedom to be successful when provided the opportunities. For healthcare organizations, engaged physicians who see themselves as successful and thriving, possibly become more active in the organization's overall goals. Money spent on disengaged physicians could be reallocated within the organization for items to improve patient care rather than on replacing a disengaged physician. Participants from this study who invested in employees saw positive results in employee engagement and increased organizational support. The middle to senior-level healthcare managers also helped to foster organizational connections with personal interests to increase the promotion potential of physicians while also supporting organizational objectives.

Transformational leaders can support organizational needs while simultaneously focusing on the needs of physician employees. Alexander and Ruflin (2015) discovered transformational leaders understand best how to draw out the hidden talents in employees and stimulate them to produce higher than average productivity output. Fletcher et al. (2018) mentioned transformational leaders could lead followers in becoming successful as well as fostering organizational success. Employees want work efforts to be considered as meaningful and valued by all stakeholders (Wingerden and Stoep, 2018). Efforts by 86% of the interviewed participants support Wingerden and Stoep's (2018)

findings of when an employee's work is deemed as valuable it fosters a desire to produce a quality output and perform at a higher-than-average level. It is a personal accomplishment to be considered as producing meaningful results while contributing to personal professional growth as well as organizational growth.

The postulated transformational leadership facet of idealized influence may best represents the findings from Theme 2. Collaborative approaches to goals for the organization as well as the employee, often leads to an improved vision and connections in the workplace (Ghasabeh & Proviteraa, 2017). Transformational leaders usually inspire employees to create success for themselves while fostering success for the organization (Fletcher et al., 2019). Participants alluded to their desire to help physicians understand how to best achieve their success for career progression while participating in organizational initiatives.

Theme 3: Fostering a culture of understanding despite bureaucratic obstacles

The third and final theme that emerged from data analysis was how middle and senior-level healthcare managers embraced fostering a culture of understanding despite bureaucratic obstacles. One of the first bureaucratic obstacles is the hiring process. Physician hires can have an impact on the organization through productivity and profitability (Yanchus et al., 2020). P4 articulated leaders must be active in the organization's hiring practices as this continuously has an impact on the continuum of care. The following table represents the actions managers have taken or have depended

on the organization to take to create a culture of organization despite bureaucratic obstacles.

Table 3

Theme 3: Culture of Understanding Actions Implemented Despite Bureaucratic Obstacles

Participant	Manager Self-Action	Dependent on Organization
P1	x	
P2	x	x
P3	x	
P4	x	
P5	x	x
P6	x	
P7	x	

All participants agreed that having a culture where physicians can be human and make mistakes but learn from those mistakes is necessary. Managers also stated that there is an importance to correcting, but not crushing the spirit of the physician. P5 stated leaders can support physicians and their concerns and suggested solutions but maintain an understanding that some remedies "are not plausible or palatable." P7 noted "cultural barriers" initially prevented clinic progress and team cohesion. However, as time went

on, those barriers were broken due to strategies to foster teamwork and physician empowerment. Sun and Henderson (2017) urged managers to use multiple approaches and strategies to improve physician engagement. The findings in this study may help show how there are several ways in which middle and senior-level healthcare managers can foster a culture of understanding: mentoring, communication, peer-to-peer support, and wellbeing. The following table represents the number of times participants emphasized specific actions important to supporting physician engagement strategies.

Table 4

Subthemes: Activities of Importance

Subtheme	Number of Participants	Number of occurrences mentioned
Mentoring	5	24
Communication	7	65
Peer-to-peer support	5	35
Wellness	3	17

Theme 3, Subtheme 1: Mentoring

The first subtheme identified was mentoring. Mentoring provides guidance and direction for physicians. Leaders who recognize errors will be made, but also provide guidance and support on how to improve mistakes, are better respected by employees (Qi

et al., 2019). P1, P3, and P7 explained how physicians who mentor residents can accomplish this by providing residents with immediate feedback for correction or praise. "Solid mentors," explained P1, "who adequately train young residents as they progress in the residency program is important to professional development, as well as to any future organization and future patient encounters."

Another benefit of mentoring is the importance of providing and receiving timely evaluations. P3 reiterated "specific concrete feedback" can potentially change behaviors and improve healthcare delivery due to formal documentation. P3 also expressed the benefit of pairing varying year residents with each other for professional and moral support. This technique provides an opportunity for younger residents to understand perfection is not expected in a short amount of time in the program and learning is continuous." Consequently, P5 mentioned mentoring physicians is one of the "first aspects that drop off" during times of burnout and disengagement and ultimately affect productivity and profitability. Collectively, P1, P3, P5, and P7 concurred that efficient mentoring and guidance is needed for the educational advancement of the residents and their educational growth as well as the physicians who mentor.

Theme 3, Subtheme 2: Communication

The second identified subtheme was communication. Basbous and Malkawi (2017) validated how engagement was not an issue when managers kept employees consistently informed about events. The following responses support literature regarding

communication and the effects on engagement and burnout. P6 conveyed thoughts on how physicians are willing to put up with “inconveniences” as long as they understand the rationale supporting them. Osborne and Hammoud (2017) advised that managers who listen to employees demonstrate fairness and help build trust. P2 acknowledged,

> actively listening is an important aspect in communication. It does not matter whether a brand-new physician or a physician who has been on staff for quite some time, a leader should make the time to actively listen. Providing physicians with an opportunity to express thoughts and concerns can be beneficial and help with reengaging them at the same time.

P5 verbalized healthy communication helps to “maintain a positive climate.” Communication is also exemplified in actions. “Transparency” is practiced, and mistakes are corrected but not career ending. P4 also supports communication by nonverbal actions. For example, recognizing “an abundance of administrative duties" sometimes slow physicians down. P4 executed a plan based on the communication received from physicians’ concerns regarding charting notes. P4 noted as a leader, “I have tried to find solutions to help relieve barriers.” P6 feels as if communication is important, but not always utilized properly. In concession, P2 corroborated, “emails can be a blessing and a curse.” For this reason, P3 emphasized the importance of “face-to-face interactions” which allow for dialogue with residents through formal feedback sessions as well as physician mentors. Face-to-face communication provides an opportunity to “vent and

correct lapses in professionalism." P7 shared managers who effectively communicate with both residents and staff potentially will feel as if they have a buy-in to strategies rather than being told. Each participant who expounded on the importance of communication, utilized successful methods to execute strategies because of a verbal and non-verbal form of communication.

Theme 3, Subtheme 3. Peer-to-peer support

The third subtheme was peer-to-peer support. Peer-to-peer support helps physicians with engagement and fosters a relationship amongst peers (Rana, 2015). This finding is supported as P2 stated the most valuable lessons were learned in morning meetings where physicians can compare experiences and offer solutions amongst each other. Likewise, P3 fosters teamwork and a positive atmosphere, while allowing for "venting sessions" in scheduled quarterly meetings. P3 also stated utilizing other peers by "extending the peer network," has helped to support residents. P7 provided insight on how peer-to-peer support is supported for residents by having a senior staff present during academic presentations to help answer any tough questions that may arise. P5 disclosed addressing issues amongst physicians immediately to avoid any qualms amongst team members is a potential solution for encouraging peer-to-peer support. From an alternative perspective, P4 expressed,

> bureaucracy as the biggest obstacle to implementing successful strategies. Having the right amount of people hired, which is a slow process, creates a significant

obstacle. Solving this issue can alleviate physician burnout and relieve overworked staff. This helps to bolster support staff and prevent too many hats being worn by physicians while trying to cover duties and jobs for non-existent personnel.

To further address staffing shortages, P7 described measures that have been implemented to "cross-train" staff in multiple duties for clinic support to help avoid burnout and increase engagement. Provided responses from participants support the impact peer-to-peer support has on physician engagement to help avoid burnout.

Theme 3, Subtheme 4: Wellness

The fourth identified subtheme was wellness**.** Job performance can be maintained even when burnout is evident; important tasks are completed, but lower priority tasks are neglected (Montgomery et al., 2019). P5 described a timer where errors were "once associated with burnout and no errors were associated with no burnout." P5 added, "This thought process is flawed and not sound advice.**"** In support of wellness and the impact on engagement and burnout, P3 mentioned there were formal wellness meetings built into the curriculum for residents to ensure there are ways to "manage feelings and stress." To increase resilience and support wellness initiatives, P7 hosts resident social events to build camaraderie. between residents and staff.

All participants indicated having implemented strategies to support a culture of understanding despite bureaucratic obstacles. There are many decisions that may be out

of a manager's control, but the interviewed managers have found ways to implement successful strategies through (a) mentoring, (b) communication, (c) peer-to-peer support, and (d) wellness actions. The efforts by the managers have been received well by the physicians. More and more physicians have expressed their satisfaction with being able to have their concerns heard as well as being a part of the process to make changes. Reza (2019) detailed intellectual stimulation as a way managers can allow employees the opportunity to work through problems and develop solutions in a space that does not judge. Studies identified within the literature review validate leaders' strategies of establishing a culture of understanding and employees experiencing less burnout because they more engaged, respected, and included (Shanafelt & Noseworthy, 2017). The interviewed participants of this study indicated how implemented strategies helped to build a culture where physicians can express themselves and be heard without reprisal The results have been positive, but as Ka (2017) cautioned, the efforts by leaders can yield positive and negative results.

Fostering a culture of understanding despite bureaucratic obstacles link directly to the facets of transformational leadership theory. The conceptual framework of transformational leadership theory was used to explore successful engagement strategies middle and senior-level healthcare managers use to avoid physician burnout. Vila-Vila-Vasquez et al. (2018) posited how transformational leaders can have a positive impact on their employees. Transformational leaders demonstrate their belief in employees through

what Kahn (1990) described as meaningful relationships and Le's (2018) description of career enhancement opportunities. For managers, choosing the right way to initiate communication leads to better engagement from the employee (Cheng et al., 2017). Transformational leaders guide employees through successful strategies that motivate, engage, and inspire beyond perceived capabilities (Al-Sawai, 2013). Delmatoff and Lazarus (2014) advised transformational leaders that providing reassurance and guidance in the turbulent healthcare industry was a skill needed to increase and maintain physician engagement. As some participants have shared there were some growing pains in the beginning or maybe physicians were not as willing to accept the buy-in for improvement, but through collaboration, communication, and professional and mental support, the strategies have provided an opportunity for dialogue and improved actions. This has led to an improvement in healthcare delivery and overall organizational productivity and profitability.

Application to Professional Practice

The objective of this single case study was to explore successful strategies middle and senior-level healthcare managers use to help avoid physician burnout in the Central Pacific. The data from successful strategies implemented by participants was collected through interviews, and thereafter transcribed, supplemented with meeting notes, publicly available documents, and audiovisual online media testimonials. Upon the completion of all interviews, data analysis was performed indicating that data saturation was achieved.

From the analysis of the interviews, I identified three themes: (a) developing meaningful relationships, (b) encouraging career progression and professional development opportunities, and (c) fostering a culture of understanding despite bureaucratic obstacles. I also identified four subthemes: (a) mentoring, (b) communication, (c) peer-to-peer support, and (d) wellness.

When middle and senior-level healthcare managers develop meaningful relationships, encourage career progression and professional development opportunities, and foster a culture of understanding despite bureaucratic obstacles healthcare managers can possibly reduce the organizational cost for medical errors and the negative financial effects of disengaged physicians. Medical errors can lead to costly lawsuits for healthcare organizations and potentially death for patients. Medical errors have been shown to be related to burnout and disengaged physicians (West et al., 2018). Shanafelt et al. (2017) discussed how managers fail to recognize the connection between physician engagement and organizational performance. Babenko (2018) expounded on the negative effects of physician engagement from burnout and exhaustion and what it costs the organization. If an organization is involved in litigation and has not taken measures to deal with employee engagement, there are also potentially negative consequences for the patients they serve, as well as the community. Employee disengagement can have negative financial implications. The loss in revenue prevents organizations from financial increase and potentially effects the organization's ability to provide quality care. This adverse

action can potentially affect the financial stability of the organization (Swensen et al., 2016). Bass (1985) alluded to employees working harder and being more motivated when trust, loyalty, respect, and admiration had been established. Li et al. (2019) findings suggested transformational leaders who can potentially increase trust in the manager-employee relationship can potentially increase employee engagement.

Managers through their own observations and experiences have tried to implement different strategies to avoid the same common mistakes as illustrated within the literature review. Participants in this study described several strategies that have been implemented to increase engagement and avoid physician burnout. The first strategy was to establish a relationship with physicians, whether they were a new hire or a seasoned employee. Participants described developing questionnaires or scheduling meetings to have one-on-one conversations with physicians to get to know them on a personal level. As described in Theme 1, the relationships helped employees and managers cultivate a sense of trust amongst each other. From the physician's vantage point, when conversations or corrections were needed, the foundation had previously been established so there were no misconceived thoughts on the intentions of the manager. By establishing relationships and getting to know physicians, managers were able to gather information on areas in the physician's lives that may impact their engagement with their duties and burnout. While managers conveyed there are no standardized measuring metrics, they

each discussed their own thoughts regarding measuring whether this strategy was having a positive or negative effect on engagement.

Another strategy used by managers was matching organizational needs with professional interests. Managers discussed how physicians were tasked with many additional duties that were not always of interest to them. As discussed in theme 2, when managers were informed of areas of need within the organization, knowing physicians and their interests in areas outside of their job, helped pair the physicians with the organization need. This action helped to increase the buy-in from physicians as they were able to participate in a project or committee that interests them. The organization benefited from the pairing with an interested physician addressing the area of concern for the committee. Another strategy used by participants was holding feedback sessions to further evaluate professional knowledge, skills, and abilities. This one-on-one session provided an opportunity for physicians to discuss and make note of areas of improvement.

Another strategy that was implemented by managers was to find ways to connect with physicians regarding their concerns and understand what barriers exist. Managers stated holding regularly scheduled meetings was a start in understanding where the pitfalls of healthcare delivery for the organization existed. Allowing physicians the opportunity to express implied frustrations and suggestions to problems was a way to get their buy-in into solutions and future strategies. Teamwork and collaboration were

actions that were implemented to achieve organizational and professional goals. As suggested by Sue and Henderson (2017), multiple methods were used to address engagement. Managers shared holding off-site retreats to allow for a setting outside of work to connect were instrumental in improving engagement as well. Other actions taken were peer-to-peer support by mixing multiple year residents together for moral and professional encouragement.

The participants in this study discussed the importance of mentoring, communication, peer-to-peer support, and wellness. Mentoring can help provide immediate correction to incorrect practices or bad behavior to help avoid the mistakes that may create a financial burden for the organization. The mentoring sessions were welcomed after initial pushback, according to the participants. Qi et al. (2019) petitioned leaders to recognize mistakes will be made, but the difference can be in how the leaders handle those mistakes. By using the mistakes as a mentoring opportunity, potential disengagement can be averted. Communication is an obstacle observed in the literature reviewed and is related to engagement. Participants reported they implemented strategies that initially forced communication to address areas of concern and also to give physicians an opportunity to be heard.

Basbous and Malkawai (2017) summarized the positive effects on employees when communication was promoted. Peer-to-peer-support, according to Rana (2015), helps with engagement amongst co-workers. Participants discussed ways in which

strategies have been implemented that include using peers to reinforce professional growth and transparency in making mistakes. Morning meetings are held where peers can hear and learn from each other on mistakes made and lessons learned. Finally, participants discussed the importance of wellness and how it can impact engagement and burnout. Even though physicians may be functioning during a period of burnout, many tasks are also being neglected (Montgomery et al., 2019). Participants noted there are wellness courses and mentoring groups included in the residency program to curtail potential feelings over being overwhelmed and how to handle the stress and demands of the job. Other participants disclosed not assigning physicians to additional duties or decreasing some job tasks by recognizing when life changes, like the addition of a new baby, take priority.

Healthcare managers who understand the correlation between engaged physicians and organizational profitability potentially may implement tailored strategies that help to deliver better quality of care and increase organizational competitive advantage. (Underdahl et al., 2017). It is important for healthcare organizations to ensure engaged physicians are delivering quality care due to value-based care delivery models being used ("What is value-based healthcare?," 2017). The cost for disengaged physicians coupled with failed leadership and management costs U.S. businesses an estimated $1 trillion annually (Wigert, 2018). Healthcare leaders and managers may encounter decreased

employee engagement if there is not an understanding on how to implement successful engagement strategies.

The findings from this study may afford middle and senior-level healthcare managers with some ideas on how successful strategies can be implemented and the importance of these strategies on the organization. Further, middle and senior-level healthcare managers may use the findings to discover new strategies to improve engagement and help avoid physician burnout. The results from this study may also bolster leadership's involvement in the commitment to physician engagement of providing value-based healthcare while improving organizational competitive advantage. Healthcare organizations potentially could use revenue generated from engaged physicians to invest in modern medical equipment and technologies that may directly impact patients and the communities in which they live in, according to results from Owens et al. (2017). The effects of increased engagement and avoiding physician burnout out has a global effect as well. Motyka (2018) described employee engagement as a global problem. Efforts to implement strategies to increase engagement and avoid physician burnout has the potential to affect the world's healthcare outcomes.

Implications for Positive Social Change

This qualitative study with a single case study design was carried out to explore successful strategies middle and senior-level healthcare managers used to avoid physician burnout. Gallup (2017) estimated that only 15% of workers are fully engaged in an

organization. Engaged physicians are 26% more productive and provide almost a half million more in revenue than non-engaged physicians (Owens et al., 2017). The participants in this study included seven middle and senior-level healthcare managers who implemented successful strategies to help avoid physician burnout. The findings from this study may be used by middle and senior-level healthcare managers to improve physician performance and production within healthcare organizations and local communities.

Increases in physician engagement may result in increased patient quality care delivered within local communities. Implications for positive social change by middle and senior-level healthcare managers implementing strategies may contribute to physicians becoming more involved with patient improvement processes, which can help to reduce patient cost and improve well-being. Middle and senior-level healthcare managers may use the results from this research study to explore strategies that were integral in increasing productivity by engagement for physicians which directly affects the patients and their communities.

Recommendations for Action

Middle and senior-level healthcare managers can determine if the results from this study are aligned with current guidance within their organization to help improve engagement and avoid physician burnout. From this study, there are six recommendations middle and senior-level healthcare managers may consider for successful physician

engagement strategies, which may improve profitability and productivity. I recommend the following actions for middle and senior-level healthcare managers to consider, as strategies that would reduce or avoid physician burnout:

Recommendation 1: Listen to Physicians

The first recommendation is to listen to what physicians have to say. An idea that over 50% of participants seemed to implement was regularly scheduled meetings to allow opportunities for physicians to voice concerns regarding what is working and what is not. Listening allows managers an opportunity to hear directly from the physicians and potentially develop strategies that address voiced concerns. Another consideration identified during the interviews was for managers to be empathetic to physician's family obligations. P2 cautioned healthcare managers to recognize family commitments while gaining some perspective on physician's "long-term career ideas" and finding out what physician's interests are." Communication can be accomplished by observing physicians and what they are saying or not saying, according to P2. Several participants agreed that forcing physicians to do things does not improve engagement but increases burnout. P3 recommended not "micromanaging."

> Take into account residents do not want to be considered just as a work quantity or a convenient tool but want to be considered as a person. Allow physicians the opportunity to have some agency over solving problems for themselves and by themselves.

P4 in agreement with this recommendation stated,

> I always listen to what people complain about, even if I do not act on it, but I let them know. I always listen and take down their concerns. As a leader, I must judge which concerns warrant intervention and which concerns warrant a listening ear.

As with P4, P5 suggested "physicians feel as though their concerns are sometimes not deemed as important by leadership and the organization." "Taking the time to listen to physicians," highlighted P7, "whether through observation or direct communication, can potentially provide managers information on where strategies need to be implemented or improved."

Recommendation 2: Establish a Measurement Metric Protocol

There are currently no standardized measurement metrics from the selected healthcare organization to understand the immediate effects of implemented strategies. P3 and P7 commented that currently there are no established instruments to measure engagement and burnout for residents or their mentors. P1 has suggested the possibility of keeping track of resident feedback sessions that are conducted in a timely manner by resident mentors and providing "some type of recognition" to better understand the effects of implemented engagement strategies. Although there are no protocols or official tracking measures currently implemented. P2 stated "Joint Commission" most likely

would be used for the entire organization, but "could be used to work backwards" to better understand engagement strategies within different clinics. P6 also acknowledged that the organization has no set measuring metric, but probably uses the "bottom line and RVUs" to measure engagement. P5 expressed,

> I have never seen any literature backing the thought process on assessing burnout and engagement by analyzing online training and climate surveys. The problem is that as a manager when completing the surveys, even I had no idea what climate was being surveyed. Efforts are needed to understand these issues from a smaller viewpoint.

Healthcare managers who are interested in determining whether implemented strategies are effective, potentially might help design tailored measuring instruments that are unique to the organization, specific clinic, and the issues being measured for a possible better understanding of how engagement affects burnout.

Recommendation 3: Advocate for Physicians

The third recommendation for middle and senior-level healthcare managers is to advocate for physicians. P4 described efforts to solve an "inpatient charting" issue that immediately provided relief for physicians; "rather than waiting for the organization to find a solution." Likewise, P1 insinuated physicians tasked with being mentors have

administrative duties lessened or removed. This gesture could potentially increase physician mentor engagement and improve the success of the residency programs.

In contrast, P2 described having "too many employees" can cause burnout and therefore, requiring healthcare managers a level of proficiency to balance skills with tasks amongst assigned personnel. By implementing the right balance of physicians with additional medical team members, managers can help ensure assignments are adequately covered without having too many people overseeing one task. P5 provided a contrasted viewpoint and reiterated how the organization will first address its needs over the physician's desires. P5 noted, "it is not the needs of the physician that only matter, but the needs of the organization. So, sometimes you have to take what you get for the moment in order to potentially maneuver for the long term."

Transformational leaders take the time to get to know the needs of employees (Reza, 2019). By doing so, organizational needs can be better aligned with physician goals. P3 and P5 with an abundance of years of experience combined have adopted the idea and understanding of the importance of finding the right balance to improve engagement and increase organizational competitive advantage. Middle and senior-level healthcare managers cannot simply offer "empty platitudes" under the guise of solutions. P5 cautioned managers to have a "serious discussion" about the "root cause" to burnout and engagement and acknowledge that "it does exist." Another strategy towards advocating for physicians, discussed by P7 and P6 is the importance of departmental buy-

in by showing the organization's leadership the effects of a disengaged physician and the negative consequences affecting productivity and profitability. In doing so, managers can better be prepared to advocate on the behalf of physicians while simultaneously matching organizational goals with physician's needs.

Recommendation 4: Self Define and Understand Physician Engagement

Each manager interviewed had a unique definition and professional understanding of the term physician engagement. P1 noted, "physician engagement can be defined based on the context it is used in. A very broad term that is not easy to quantify."

In contrast, P2 defined physician engagement as an active process and not just "superficial involvement" from physicians. P3, P4, and P6, in agreement with P2's assessment, define physician engagement by how involved a physician is on a day-to-day basis as well as the physician's buy-in to the organization's mission. P5 admitted not having enough "background knowledge" to provide a specific definition. The results indicate there is no consensus on the term physician engagement as evidenced by the literature reviewed. However, healthcare managers who have a solid definition of what physician engagement means to them can perhaps implement successful strategies to improve engagement and avoid physician burnout more effectively.

Recommendation 5: Provide Physicians with Time

Time is an obstacle that has the potential to affect engagement and burnout. For physician mentors, it can impede upon residency training. P1 shared, physician mentors

who are training residents can become stressed as they have their own workload and responsibilities. More and more “responsibilities" may actually add to physician mentors’ burnout. P6 and P7 suggested physician mentors need to have dedicated time to provide feedback for corrections and other administrative requirements. At the same time, allowing residents more time provides opportunities to process feedback and respond appropriately, remarked P1. Also, in consideration, P2 advised providing time for those physicians who have family commitments, such as “a new baby” to adjust are important. Time is needed by the organization, but managers who recognize time is also needed by physicians can potentially reap the benefits of an engaged physician. “Physicians in general,” expressed P6, “need more time.” Healthcare has become more “paper oriented” and less about patient care. Providing strategies that incorporate time for required tasks, likely can improve physician engagement and avoid burnout.

Recommendation 6: Embrace Virtual Healthcare Delivery

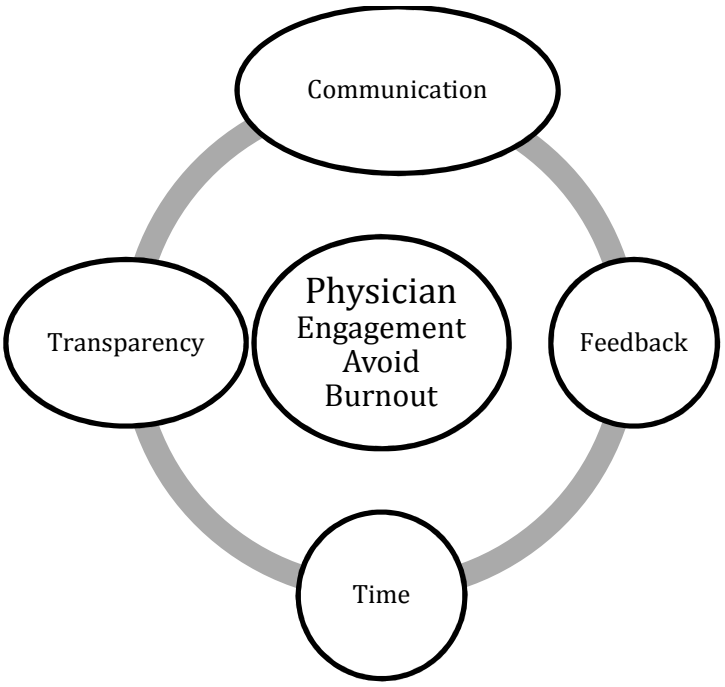
P5 noted how social distancing has required healthcare organizations to rethink healthcare delivery. P5 recognized, “there is less direct interaction anymore from the organization and social distancing requirements only increase the separation.”

P2 posited from a management standpoint, virtual healthcare has yielded “half engaged” physicians as witnessed during a training session conducted by MS Teams. P7 and P6 cited virtual healthcare as an obstacle to engagement because of the pandemic. Healthcare managers who are engaging in successful strategies and finding ways to better

understand virtual healthcare delivery potentially can increase physician engagement and improve the patient healthcare experience. The majority of interviewed participants are not fond of virtual healthcare for various reasons. Although virtual healthcare is being widely implemented within the organization and globally, the long-term effects on patients and physicians has yet to be understood. The following figure represents the most used terms by participants when describing successful engagement strategies to help avoid burnout (Figure 1).

Figure 1

Key Terms Identified in Addressing Engagement to Avoid Physician Burnout



Recommendations for Further Research

I identified middle and senior-level healthcare managers using successful engagement strategies that have helped to avoid physician burnout. Two delimitations were identified in this qualitative single case study: sample size limited to seven middle and senior-level healthcare managers and geographical location. The participants in this study are employed in the Central Pacific United States. The middle and senior-level healthcare managers have at least five years of management experience and have implemented successful engagement strategies. I recommend future researchers conduct similar single case studies across other geographical locations. Further in-depth understanding of the phenomenon may be obtained from data collected and analyzed from other healthcare organizations on implementation of successful engagement strategies that help avoid physician burnout. Another recommendation would be to increase the sample size from five to 15 participants of specialty care and non-specialty care. Future researchers conducting similar single case studies can contact potential participants via telephone and utilize the consent form. Also, future researchers can also ensure participants their identity will be confidential.

A future researcher may also use a multicase study, or consider a different methodology, notably, a quantitative study or mixed methods study to explore successful engagement strategies middle and senior-level healthcare managers use to help avoid physician burnout. Future researchers may also consider using a different conceptual

framework or theoretical framework. Future researchers are encouraged to investigate additional successful strategies over a longer period of time as well as change the years of management experience and management level criteria for participation.

Middle and senior-level healthcare managers in any healthcare organization may want to consider the findings from this study. Healthcare hiring managers looking for ways to attract and retain qualified physicians might consider, outside of financial compensation, the qualities physicians are looking for in an organization. Future doctoral candidates who are studying ways to increase physician engagement and reduce physician burnout may find this study helpful. The findings of this study may be presented at future training opportunities for healthcare organizations and healthcare leaders desiring an interest in learning new strategies on how to successfully implement physician engagement strategies.

Reflections

The objective of this single case study was to explore successful engagement strategies to help middle and senior-level healthcare managers avoid physician burnout. I explored strategies middle and senior-level healthcare managers have successfully used. My inquiry for this business problem was based on my experience in the medical industry of over 20 years. The lack of successful implemented strategies and the negative impact on employees, patients, and healthcare organizations was the reason why to better

understand how physician engagement affects the overall success of the organization. My role in this single case study was to decrease bias and report the findings only.

The research process was challenging. Initially, it was difficult to obtain participants. This can be partially attributed to COVID-19 and the restrictions implemented within the healthcare organization. For those managers who were interviewed, their varying leadership roles provided a unique viewpoint of different strategies utilized within the healthcare organization. As a result of the varying roles of the participants, some interviews provided insight into strategies as leaders, but also as physician employees. However, responses provided a more in-depth perspective from the participants from their role as a manager rather than an employee. This qualitative single case study was solidified by exploring transformational leadership theory. This was the best conceptual framework for answering the research question from the information gathered from the semistructured interviews and archival data.

The Doctor of Business Administration (DBA) journey has been overwhelming at times. Despite the obstacles, how to preserve and manage my time more effectively was learned in this research. The requirements to complete this degree helped me to become a better writer and understand the strategies used to help avoid physician burnout. Before this educational journey, I considered myself a novice writer and scholar. This DBA process has helped me to see I needed a lot of improvement in my writing and a humbling of my knowledge, skills, and abilities.

Conclusion

The purpose of this qualitative single case study was to explore successful strategies middle and senior-level healthcare managers used to help avoid physician burnout. Engagement is an important aspect for any healthcare organization as it directly impacts productivity and profitability. Physician engagement can play an important role in an organization's productivity and profitability. Only 34% of US employees are engaged at work (Commons et al., 2018). Healthcare organizations cannot afford the astronomical cost of disengagement and therefore need actively engaged physicians. The current business problem is some middle and senior-level healthcare managers lack strategies to engage physicians to help to avoid burnout. Engagement is an ongoing business problem that requires continuous research according to the literature reviewed. There are many challenges, internally and externally, for managers to develop successful strategies, which can potentially help increase profitability, productivity, and improve competitive advantage within the organization, local communities, and the global healthcare industry.

After the analysis of the data, three themes emerged: developing meaningful relationships, encouraging career progression and professional development opportunities, and fostering a culture of understanding despite bureaucratic obstacles, with four subthemes consisting of: mentoring, communication, peer-to-peer support, and wellness. Middle and senior-level healthcare managers may use the findings from this

study and the identified themes to assist with implementing strategies to improve engagement and help avoid physician burnout. The strategies used aligned with Burns' and later Bass' transformational leadership theory and constructs. The three themes and four subthemes align with the facets of individualized consideration, inspirational motivation, idealized influence, and intellectual stimulation. The results of this single case study align with previous and current literature, which includes the positive effects of implementing successful strategies in coordination with the right leadership style. The benefits for healthcare organizations to avoid physician burnout and improve engagement have a great impact.

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Appendix A: Interview Protocol

What will you do	What you will say--script
Introduce the interview and set the stage—over coffee	**Signature of Papers and Introduction** Good morning/afternoon, my name is AuRiesheaua Bell. Thank you for participating in my research study. This initial interview will last approximately 45-60 minutes which will consist of me asking you questions regarding strategies you have used to increase physician's engagement _____. The purpose of my research study is to explore strategies that middle and senior-level healthcare managers use to engage physicians to avoid burnout comparable to _____.
Review the consent form. Ensure there are no questions or concerns and a full understanding of the	**Consent Forms** Before we begin, I will need you to sign all release forms acknowledging and verifying your voluntary agreement to speak with me regarding successful physician engagement strategies for use in my research study.

content of the consent form. Wait for signatures	The first form is the statement of participant confidentiality. This form states I will keep your information confidential. The second form is the informed participation consent form. This form states that your participation is voluntary, and you may withdraw at any time without penalty. This form also states your responses and personal identifiable information will be confidential. Lastly, I will do no harm to you. I will be the only person who will have access to the responses recorded and written. Thank you for agreeing to participate and sharing your experiences in this research study.
Ask to record the interview and ensure a verbal	**Recording Permission** To assist my notes, I would like to record this interview. The purpose of the recording is to help capture your responses accurately so that I can focus on the discussion.

authorization is given.	**If yes**: Please let me know if at any point you would like me to stop recording. **If no**: I respect your decision and will only take notes.
Inform participant they can ask questions at any time during the interview.	**Initial Questions** Do you have any questions for me before we begin? **If yes**: Discuss/answer the questions. **If no:** If at any point you have questions, please feel free to ask me. I am open to answering any questions.
- Be aware of non-verbals - Paraphrase as needed	1. Based on your experience in your organization, what effect does physician engagement have on the organization as a whole?

- To get more in-depth, ask probing follow-up questions	
	2. How did you implement strategies for physician engagement to avoid burnout?
	3. What key obstacles did you and your employees overcome to implement successful physician engagement strategies?
	4. How did you overcome key obstacles to implement successful physician engagement strategies?
	5. How did physicians respond to the strategies?
	6. How did your organizational leaders measure the success of the implemented physician engagement strategies?
	7. What strategies were the most effective for improving physician engagement?
	8. What were the least effective physician engagement strategies, if any?
	9. What additional information would you like to share about your successful physician engagement strategies?

Reflect on unanswered questions after probing. Tie all learning after the initial interview together.	**Reflection** You said earlier that _____ or Can you clarify _____
Thank participant and wrap up the interview	**Conclude Interview** Thank you for participating. You have given me a lot of information of how you have successfully implemented strategies to help increase physician engagement and avoid burnout at _____.
Schedule follow-up member checking interview	**Follow Up Interview Request** To ensure I have captured your responses correctly, I would like to schedule a follow-up interview. During the follow-up interview, I will have an abridged transcript for your review to ensure I captured your responses adequately. **If yes**: Please provide me a specific time to do so and thank you for agreeing to do so.

	If no: Thank you for your time and participation.
Set the stage by introducing the follow-up interview session.	**Follow Up Interview** Thank you for agreeing to this follow-up interview. The purpose of this follow-up is to ensure I have adequately captured your responses during our initial interview. I have prepared an abridged transcript for your review and feedback.
Share a copy of the abridged transcript for each answer	Listed below is a summation of your responses from the first interview. Please verify that the information is correct and let me know if there is a response that needs correcting.
Ask probing questions that are related to the topic that may have been discovered after the initial interview; while adhering to IRB approval.	**1.** Based on your experience in your organization, what effect does physician engagement have on the organization as a whole? **Add an abridged interpretation of the response provided, possibly one paragraph.**

Review each question and the abridged transcript answer and ask the following: Was anything missed? Would you like to add anything?	
	2. How did you implement strategies for physician engagement to avoid burnout? **Add an abridged interpretation of the response provided, possibly one paragraph.**
	3. What key obstacles did you and your employees overcome to implement successful physician engagement strategies? **Add an abridged interpretation of the response provided, possibly one paragraph.**

	4. How did you overcome key obstacles to implement successful physician engagement strategies? **Add an abridged interpretation of the response provided, possibly one paragraph.**
	5. How did physicians respond to the strategies? **Add an abridged interpretation of the response provided, possibly one paragraph.**
	6. How did your organizational leaders measure the success of the implemented physician engagement strategies? **Add an abridged interpretation of the response provided, possibly one paragraph.**
	7. What strategies were the most effective for improving physician engagement? **Add an abridged interpretation of the response provided, possibly one paragraph.**

	8. What were the least effective physician engagement strategies, if any? **Add an abridged interpretation of the response provided, possibly one paragraph.**
	9. What additional information would you like to share about your successful physician engagement strategies? **Add an abridged interpretation of the response provided, possibly one paragraph.**