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Strategies Physicians Use to Develop Leadership Skills

Judy Ann Ducsik
Walden University

Walden University

College of Management and Human Potential

This is to certify that the doctoral study by

Judy Ann Ducsik

has been found to be complete and satisfactory in all respects,
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Review Committee
Dr. Beverly Muhammad, Committee Chairperson, Doctor of Business Administration Faculty

Dr. Patsy Kasen, Committee Member, Doctor of Business Administration Faculty

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

Walden University
2024

Abstract

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Doctoral Study Submitted in Partial Fulfillment

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Abstract

Some physicians are not adequately prepared to develop the leadership skills necessary to drive effective transformation in the healthcare environment. The lack of strategies to develop these skills is a concern for both physicians and healthcare leaders, as physicians are critical stakeholders in leading healthcare transformation. Grounded in the transformational leadership theory, the purpose of this qualitative pragmatic inquiry was to explore strategies physician leaders use to develop leadership skills to lead effective transformation in the healthcare environment. The participants included six physician leaders affiliated or employed with a leadership role in a healthcare organization in the United States. Data were collected through semistructured interviews and publicly accessible information. Through thematic analysis, three themes emerged: (a) strategies for developing transformational leadership skills and experience, (b) transformational leadership and organizational culture, and (c) transformational leadership skills and values. A key recommendation is that physician leaders and healthcare organizations prioritize early leadership training during residency and offer ongoing development opportunities throughout a physician's career. The implications for positive social change have the potential to advance healthcare equity and quality and improve access to community healthcare, particularly benefiting underserved populations and communities in need.

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Dedication

This doctoral study is dedicated to those who have been my pillars of strength, wisdom, and inspiration throughout this journey. To my family, your unwavering love, encouragement, and belief in me have carried me through the most challenging moments. To my parents, your sacrifices and support have shaped me into the person I am today. Thank you for being my foundation. To my children, the bright future in your eyes gives me hope for the world. The light you bring to my life has inspired me and all those who love you. To my husband, your patience, understanding, and constant motivation have been a source of immense strength. You have been my rock, and I am deeply grateful for your love and unwavering support. To my mentors and classmates, thank you for your guidance, wisdom, and encouragement. Your belief in my abilities and your insights have been invaluable. Lastly, to all who dream of achieving something greater, I dedicate this work to you. May you find the courage and determination to pursue your goals, no matter the obstacles.

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Thank you to my friends and colleagues, who have cheered me on and offered encouragement when I needed it most. You have been a vital part of this process, and I am grateful for your friendship and confidence.

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Section 1: Foundation of the Project

Background of the Problem

The need for physician leadership development involves utilizing their unique insights into complex clinical operations. Additionally, there is a need for physicians to ensure they have credibility to lead physicians and clinical teams through organizational transformation (Hozni et al., 2019). However, the healthcare environment consists of clinical and business functions, which are equally important in a value-based healthcare environment. Therefore, clinical expertise, business acumen, and leadership skills are critical (Sacks & Margolis, 2021; C. R., Stoner & J.S., Stoner, 2022). Furthermore, the lack of evidence-based leadership development strategies leaves organizations with limited strategies for training and maintaining physician leadership performance (Angood, 2023a; Hozni et al., 2019). Healthcare administrative leaders continue to lean on physicians' clinical expertise and credibility to lead clinical and operational strategic initiatives throughout organizations to improve care delivery, reduce healthcare costs, and mitigate physician burnout (Hsiang et al., 2018; Sacks & Margolis, 2021). Dyrbye et al. (2021) conducted a 2-year longitudinal study, surveyed 3,698 physicians, and concluded that physician leadership significantly impacted organizational burnout and satisfaction with the organization. The general business problem is that some physicians fail to implement strategies to develop leadership skills that lead to operational transformation in the healthcare environment.

Business Problem Focus and Project Purpose

The specific business problem is that some physician leaders lack effective

strategies to develop leadership skills that successfully lead to effective operational transformation in the healthcare environment. Therefore, the purpose of this qualitative pragmatic inquiry was to identify and explore the effective strategies some physician leaders used to develop their leadership skills that lead to effective operational transformation in their healthcare environment. Data were collected from six physicians currently in leadership roles who have successfully led effective operational transformation in the healthcare environment and who were affiliated or employed with a healthcare organization in the United States. I used purposeful and snowball sampling to obtain study participants. I ensured when snowball sampling was used, I communicated to those who referred others to not exert any pressure on anyone that may report to them. Access was gained through my LinkedIn professional social network.

Study participants were interviewed using a semistructured interview process to draw upon their strategies for developing leadership skills that led to their effective operational transformation in their complex healthcare environments. I also reviewed documents provided by the study participants and data available on public websites to capture relevant nominal information. The criteria they met included (a) being over 18 years of age, (b) holding an active physician leadership role, (c) successful in leading effective operational transformation in the healthcare environment, and (d) actively affiliated or employed in a healthcare organization located in the United States.

The theory that grounded this qualitative pragmatic inquiry was transformational leadership (TL), founded by Burns (1978). This framework is centered on the process in which a leader engages their followers by creating connections and raising levels of

motivation and morality (Northouse, 2019; Siangchokyoo et al., 2020). The transformational leader strives to help followers attain their highest potential by improving their self-efficacy, positive influence, and cognitive diversity. Bass (1985) extended the work of Burns (1978) and proposed a central focus on motivating followers to transcend their abilities by implementing the four I's: idealized influence, inspirational influence, intellectual stimulation, and individualized consideration (Northouse, 2019). I used TL as the conceptual framework to help answer the overarching research question.

Research Question

What effective strategies do some physician leaders use to develop their leadership skills that lead to effective operational transformations in the healthcare environment?

Assumptions and Limitations

Assumptions

Assumptions in research serve as the foundational beliefs and unspoken premises that underpin the entire research process. These implicit suppositions encompass a wide range of aspects, from the nature of reality and knowledge to the appropriateness of chosen research methods and theoretical frameworks (Saunders et al., 2015; Sebele-Mpofu, 2020). Researchers often assume, for example, that objective reality can be studied empirically or that their selected theories accurately represent the phenomena under investigation (Bonell et al., 2013). Assumptions also extend to ethical considerations, such as the belief in the importance of informed consent and confidentiality. Recognizing and acknowledging these assumptions is crucial in research,

as they shape study design, data collection, and interpretation of findings (Bougie & Sekaran, 2019). By making these assumptions explicit and subjecting them to scrutiny, researchers enhance the transparency and validity of their work while also fostering a deeper understanding of the contextual nuances inherent in their research endeavors (Sebele-Mpofu, 2020).

In this study, there were three pivotal assumptions. First, it was posited that the study participants possess the necessary acumen to comprehend the interview inquiries and were sufficiently knowledgeable to provide meaningful responses. This supposition was rationalized by the eligibility criteria, which mandated the inclusion of study participants well versed in the experience of being a physician leader who have led effective operational transformation in the healthcare environment. The second assumption rested on the belief that all study participants would openly engage with the semistructured interview questions which were intended to draw rich and thick description to achieve aligned thematic saturation. This assertion was supported by the comprehensive interpretation of the questions and the study participants' autonomous liberty to respond, all while safeguarding their confidentiality and refraining from posing socially discomforting queries or delving into private information. Finally, the third assumption revolved around the study participants' commitment to allocate the necessary time for responding to the interview questions. This assumption was underpinned by the study participants' preliminary review of the interview questions at their convenience prior to the interactive virtual audio interview session.

Limitations

Limitations in research refer to factors, constraints, or issues that can potentially affect the quality, scope, or generalizability of a research study's findings that are outside of the researcher's control. Identifying and acknowledging limitations is a crucial aspect of conducting research as it helps researchers and readers understand the boundaries and potential weaknesses of the study (Ross & Zaidi, 2019; Saunders et al., 2015). Additionally, addressing limitations is an opportunity to provide transparency to how the results may have been influenced by limitations and inform how to build upon future research and address the shortcomings (Montgomery, 2023; Ross & Zaidi, 2019). Lastly, properly acknowledging and managing limitations helps ensure the credibility and trustworthiness of research findings (Montgomery, 2023).

There were three limitations of this study. One, the sample size was limited to a specific population and may limit the generalizability of findings to a larger population. I mitigated this challenge by complying with the established participant criteria and aimed for thick description to achieve data saturation. Additionally, using purposeful sampling aided in targeting individuals that aligned with the eligibility criteria and who aligned with the research question. Using the appropriate criteria can minimize the likelihood of selecting study participants solely based on convenience or availability, which can introduce bias into the sample (Bougie & Sekaran, 2019).

The second limitation was relying on self-reported experiences and interviewing as the data collection method which is difficult to prove or validate during the interview process or with other forms of data. However, I made every attempt to corroborate

findings by triangulating data from resumes, LinkedIn profiles, and online articles wherever possible to moderate the impact of bias from any single source. Data triangulation is a valuable research strategy that enhances the credibility, validity, and depth of research findings and fosters a robust understanding of the phenomena they are studying (Saunders et al., 2015).

The third limitation was the potential impact of participant bias and the impact on their responses. Mitigating respondent bias is fundamental to research to safeguard that the data collected accurately reflects the study participants' true attitudes, opinions, and behaviors (Ross & Zaidi, 2019; Saunders et al., 2015). Respondent bias occurs when study participants provide inaccurate or skewed responses due to various factors, such as social desirability, acquiescence, or non-response bias (Ross & Zaidi, 2019; Saunders et al., 2015). To reduce the impact of respondent bias I followed the interview protocol, which emphasized the purpose of the study, participant criteria, expectations, confidentiality, and created a safe and trusting interview environment. Mitigating respondent bias requires careful planning, design, and execution of your research and interview protocol (Castillo-Montoya, 2016; Dunwoodie et al., 2023).

Transition

Included in Section 1 were the description of the background of the problem, the details of the business problem and project purpose, the overarching research question, assumption, and limitations and the transition details concerning Section 2, Section 3, and Section 4. Within Section 2 there is a comprehensive analysis of TL theory and literature contributing to key issues, and themes related to the gaps in physician leadership

strategies. Section 3 will comprise components of the research project methodology. These components are project ethics, nature of the project, population, sampling and study participants, data collection activities, interview questions, data organization and analysis techniques, reliability and validity and transition and summary. Section 4 will include the presentation of findings, business contributions and recommendations for professional practice, implications for social change, recommendations for further research and the conclusion of this pragmatic inquiry.

Section 2: The Literature Review

A Review of the Professional and Academic Literature

In conducting a study, a literature review serves as a tool for researchers to delve into the existing research and ongoing debates pertinent to a specific topic or field of study. A literature review aids in synthesizing this knowledge to support the research objectives. Evaluating research topics necessitates a comprehensive grasp of the current understanding surrounding the primary subject, its constraints, and how the research aligns with broader business management issues and the conceptual framework, problem statement, and research question (Wilson & Anagnostopoulos, 2021). In my qualitative pragmatic study, I utilized a literature review as a fundamental element to gain insight into existing works and concepts related to successful strategies physician leaders use to lead effective operational transformation in the healthcare environment.

I searched relevant literature for this qualitative pragmatic inquiry using EBSCO Host, ProQuest Central, Emerald Insight, SAGE, Premier, Science Direct, Elsevier, and Google Scholar. The sources primarily comprised peer-reviewed journal articles published within the last 5 years to ensure they are current and relevant. As depicted in Table 1, the literature review includes 97 sources, 90% peer reviewed, and 85% published within the past 5 years. Key search terms included *physician leadership*, *competencies*, *leadership development*, *clinical leadership*, *graduate medical education*, *curriculum*, *management*, *leadership*, *business management*, *physician burnout*, *job satisfaction*, *leadership theory*, *TL*, *project management*, *emotional intelligence*, *intellectual intelligence*, *collaborative environment*, *trust*, *turnover intention*, *theory of planned*

behavior, *imposter syndrome*, *innovative work behavior*, *value systems*, *organizational agility*, *digital transformation*, *leadership style*, *organizational culture*, *COVID-19*, *organizational commitment*, *knowledge sharing*, *pandemic-induced job stress*, *higher education*, *safety*, *prosocial motivation*, *wellbeing*, *crisis management*, *commitment to change*, *organizational citizenship behavior*, *job performance*, *proactive personality*, *follower transformation*, *strengths use*, *individual consideration*, *healthcare transformation*, *intrinsic motivation*, *psychological safety*, and *charismatic leader*.

Table 1

Literature Review Sources by Type and Publication

Sources	Total	Percentage peer-reviewed	Total less than 5 years	Percentage less than 5 years
Peer-reviewed articles	87	90%	78	90%
Book	7	0%	3	3%
Professional sites	1	0%	1	1%
Government sites	2	0%	1	1%
Total	97	90%	83	85%

The organization of the literature review comprises the reiteration of the purpose of this pragmatic inquiry, a comprehensive analysis of TL theory and literature comprising three key topics: TL theory, physician leadership in healthcare, and strategies to develop physician leadership skills and competencies. Embedded within these key topics is the discourse and research relevant to the general TL theory, safety-specific TL theory, social exchange theory, social identity theory, and leadership theory. The review covers the importance of physician leadership in healthcare, the evolution of physician leadership in healthcare, mitigating physician burnout, the impact of physician leadership

on quality and operational efficiency, organization and job satisfaction, and physician imposter syndrome. Lastly, the review ends with an exploration of existing strategies to develop physician leadership skills which includes fostering high-functioning teams, the need for visionary mindset and business acumen, human resource management, and leadership styles to lead transformation.

Application to the Applied Business Problem

The purpose of this qualitative pragmatic inquiry was to identify and explore the effective strategies some physician leaders used to develop their leadership skills that lead to effective operational transformation in the healthcare environment. Healthcare is a turbulent environment where stakeholders must evolve their leadership, culture, decision making processes, problem-solving methods, and workforce engagement strategies. However, at the core of this massive undertaking is the need for physician leaders to lead operational transformation in the healthcare environment. As populations continue to age, chronic illness spreads, and healthcare costs continue to rise, leaders must take a new approach to inspire the masses and bring healthcare into a new era that focuses on the health of populations and affordable, high-quality care when needed. Healthcare providers are key influencers and leaders in improving quality and cost (Jacob et al., 2023; Kaplan & Gingrass, 2020; P. W. Roberts et al., 2018). P. W. Roberts et al. (2018) argued that while healthcare traditionally addresses acute or emergent healthcare needs, population health has shifted the national focus toward improving communities' health rather than solely addressing care needs as they randomly occur. Collaboration between clinical and non-clinical stakeholders is critical to addressing the systemic issues that

plague communities and have resulted in rising healthcare costs (Kaplan & Gingrass, 2020; P. W. Roberts et al., 2018). Therefore, to identify and execute meaningful change, it is important to move from an organization-centric lens to a customer-centric perspective, building trusted relationships in the local geography, and formal collaboration and shared leadership with internal and external stakeholders to optimize ideas and solutions (P. W. Roberts et al., 2018). The multidisciplinary team approach is necessary to achieve healthcare transformation; however, the difficulties can involve regulatory challenges, competitive agendas, identifying the right stakeholders, supply or financial constraints, and lack of visionary or TL.

Transformational Leadership Theory

The theory of TL was first introduced by James McGregor Burns (1978), which centered on the link between leadership and followership. Burns distinguished between transactional and TL. Transactional leadership involves exchanges between leaders and followers based on rewards, punishments, and compliance with established rules and procedures. In contrast, TL focuses on inspiring and motivating followers to achieve higher levels of performance and personal development. Transformational leaders work toward creating positive change, fostering innovation, and empowering teams. Burns posited that satisfying a follower's needs was independent of a leader's power, and with that came favorable psychological safety for both leader and follower. Overall, Burns's work laid the foundation for understanding and studying TL as a powerful approach to leadership that focuses on inspiring and empowering individuals and organizations to achieve meaningful and impactful change.

The work of Burns was later extended by Bernard M. Bass who further elaborated on the concepts and characteristics of TL and conducted empirical studies to validate and refine the concept of TL (Avolio & Bass, 1995; Bass, 1985). While TL has been highly influential, it has also faced critiques. Ladkin and Patrick (2022) and Siangchokyoo et al. (2020) argued the extent to which TL can be measured and replicated consistently across different situations and persons. Additionally, the observations about role of context and followers' characteristics in shaping the effectiveness of TL.

Leadership

The theory that grounds this study is TL, founded by Burns (1978). This framework is centered on how a leader engages their followers by creating connections and raising levels of motivation and morality (Northouse, 2019; Stock et al., 2023). The transformational leader strives to help followers attain their highest potential by improving their self-efficacy, positive influence, and cognitive diversity. Bass (1985) extended the work of Burns (1978) and proposed a central focus on motivating followers to transcend their abilities by implementing the four I's: idealized influence, inspirational influence, intellectual stimulation, and individualized consideration (Avolio & Bass, 1995). This conceptual framework is applied to my study because it outlined essential thematic strategies for developing leadership skills. The following sections will focus on the conceptual framework of TL and the applicable categories of population health, creating a culture of safety, prosocial characteristics, predicting employee behavior, and innovative thinking.

Transformation and Population Health

Improving population health aims to achieve a better quality of life for individuals and communities. Population health management is an approach to health that targets improving the health of an entire population (Boden et al., 2021). By addressing the root causes of poor health and promoting healthy behaviors, population health initiatives can help people live longer, healthier, and more fulfilling lives. However, the reality is that some populations are more vulnerable than others and have a greater need for chronic care management. Additionally, the ability to aggregate patient data in large health systems has matured and aided in identifying other vital factors such as patient demographics, underserved zip codes, and further socioeconomic details. Now, health systems must strategically operationalize care pathways to serve patients with specific chronic care needs and measure the success of their tactics. In many cases, lifestyle medicine is essential in a patient's care plan but is often challenging.

Facing the operational challenge and inspiring strategic thinking is where physician leaders and TL skills play a critical role in engaging in the daunting task of achieving health for all. While 95% of healthcare leaders in the United States indicate that population health is essential, only 74% reported actively creating the required infrastructure (P. W. Roberts et al., 2018). Boden et al. (2021) explored the critical steps to population health management as (a) identifying a specific population, (b) identifying the gaps in care, (c) risk-stratifying the patient population, (d) engaging providers and patients, (e) assisting patients in managing their care, and (f) measuring the outcomes. When implementing chronic care management strategies, physicians are critical. More

importantly, the organization's established accountability, leadership, and culture must commit to the appropriate infrastructure to achieve the best outcomes.

Creating a Culture of Safety

A culture of safety is critically important to every aspect of the organization. Northouse (2019) defined *culture* as learned beliefs, values, norms, symbols, and traditions common to a group of people. Team-oriented leadership centers on team building and shared purpose among team members. At every level of the organization, leaders must exemplify the necessary leadership styles that their teams and environments need to be safe and successful to achieve the desired outcomes. Cammarano et al. (2016) explored organizations implementing strategies to drive a safety culture among care teams. They found main objectives to improve team-based care: improving communication styles, breaking down the medical hierarchy, and establishing a cultural belief that mistakes are inherent to human nature.

While an organization has formal leadership roles, individual teams must be empowered to establish a culture of accountability and responsibility to deliver the best patient care. To that end, a servant or TL style is typical in healthcare settings as they seek to remove barriers, improve systems, and foster a culture of safety (Cammarano et al., 2016; Jacob et al., 2023; Khesroh et al., 2022). Moreover, healthcare leaders' central tendencies must emulate what is expected at the unit level: a collaborative, transparent, supportive, and team-based patient-centered environment.

Transformational leaders play a crucial role in healthcare during crises by inspiring and mobilizing their teams to navigate challenges and achieve common goals.

Kim et al. (2021) explored the effectiveness of TL on hospitality workers during the COVID-19 pandemic. Kim et al. found in a national survey conducted in the United States with 411 respondents that leaders who demonstrated a high degree of compassion for their employees' wellbeing and work engagement showed a commitment to health and safety in the work environment. Transformational leaders who navigate employees during a crisis comprise following fundamental leadership skills (a) integrity, (b) communication, (c) influence, (d) participative decision-making, and (e) vision. In complex work environments, especially during crises, people conceptually regard TL highly.

In the workplace leadership is a critical driver of commitment to safety and organizational citizenship. However, in some environments safety specific TL is necessary. Nguyen et al. (2023) explored the variability of influence on workplace safety when employing general TL versus safety specific TL using the organizational paradox theory. Nguyen et al. argued that there were psychometric distinctions but highly correlated. Safety specific TL showed more variance in safety participation and organizational citizenship behavior, and general TL demonstrated more variance in in-role performance. Additionally, there was distinguishability only in the low-concern context and, therefore, could cause undesirable paradox environments of "either-or" versus "both-and" strategies for implementing workplace safety.

When leaders apply TL tendencies to create environments of safety, they must consider the necessary variations and situational contingencies to achieve their goals. TL is especially applicable in healthcare because hardwiring change and motivating the

workforce are critical to all stakeholders' quality of care and safety.

The Prosocial Nature of Transformational Leadership

Prosocial characteristics in leaders encompass traits and behaviors that prioritize the wellbeing and success of others. These qualities have numerous benefits for both leaders and their organizations. TL consists of prosocial characteristics and aims to motivate followers to surpass their abilities by (a) raising follower's levels of consciousness about the critical nature and value of specified and idealized goals, (b) getting followers to transcend their self-interest for the sake of the team or organization, and (c) moving followers to address higher-level needs (Avolio & Bass, 1995). Morf and Bakker (2024) explored the variation of TL demonstrated by leaders and the relationship between their levels of prosocial motivation, which is the desire to benefit others. Morf and Bakker posited that when TL was imposed on leaders, they became more vigorous in their work performance. However, not all leaders demonstrated the same degree of TL, with varying motivation results on their teams. Therefore, the researchers concluded that leaders could specifically target professional development opportunities by identifying the gaps in prosocial motivation. Moreover, TL is a construct that enhances employee motivation and work performance through emotional inspiration, intrinsic work motivation, and prosocial motivation. Lastly, the degree of intrinsic motivation is significantly mediated by the level of inherent prosocial motivation characteristics of the leader.

Transformational Leadership and Innovation

The resilience of healthcare workers during a crisis is a testament to their strength,

dedication, and adaptability in the face of adversity. Healthcare professionals have demonstrated remarkable resilience in responding to emergencies, pandemics, natural disasters, and other crises. The healthcare workforce has proven a solid ability to adapt to crises, as demonstrated by the COVID-19 pandemic, where teams across the globe came together to fight a common threat (Gillingham & Applehans, 2022; Standiford et al., 2021). Rafique et al. (2022) examined the impact of TL and the mediating roles between pandemic job stress, knowledge sharing, and innovative work behavior among academic staff members to achieve organizational survival and growth. Rafique et al. (2022) found a positive influence on innovative work behavior during the COVID-19 pandemic, moderated by TL and enabling a knowledge-sharing environment. The stress induced by the pandemic motivated employees to identify creative solutions effectively and with a great sense of psychological safety provided by explicit direction and developing a culture of mutual respect, trust, and shared goals. Therefore, TL leads to successful employee innovative work behavior and knowledge sharing and serves as a coping infrastructure for pandemic job stress.

Employee Work and Behavior Performance

The healthcare environment has imposed significant stress on industries that serve people in the retail, food, and healthcare sectors. The healthcare environment has also often suffered from poor motivation and psychological safety because of the uncertainty brought on by the COVID-19 pandemic (Ivey & Setji, 2022; Kim et al., 2021). Therefore, leaders must employ strategies for positive engagement, organizational commitment, and work performance. Bakker et al. (2022) explored the predictive nature of TL behaviors

and the effect on followers' work engagement and performance. Bakker et al. found that when followers were intrinsically motivated by their strengths, their initiative increased, improving their overall performance. The transformational behaviors consisted of (a) intellectual stimulation and (b) individual consideration, which were intentionally employed the day before and resulted in a predicted high performance the following day. Buil et al. (2019) explored the direct effects of TL in the hospitality industry and the relationship between other influential mediating factors, such as the degree of organizational citizenship related to social exchange theory and social identity theory. Buil et al. (2019) posited that TL in a people-oriented industry positively influences followers' behaviors and attitudes to rise above self-interest and identify with the organization, significantly impacting improved job performance. In the healthcare setting, this is critical to improving the quality and cost of care while maintaining an engaged and supported workforce. Leaders must recognize the shared values and norms that are critical to organizational culture and act towards managing culture through (1) development, (2) clear articulation of a unified vision, (3) empowerment and training of employees to embrace change and remain customer focused, (4) reward knowledge sharing, and (5) hold poor behaviors accountable.

TL concepts serve as a framework to lead an organizational transformation to improve employee work attitudes. ElKordy (2022) examined the effect of TL and organizational culture on two key attitudinal results: employee job satisfaction, and organizational commitment. ElKordy found a significant correlation between job satisfaction as a predictor of employee commitment to the organization. Additionally,

culture and TL were essential in employees' work attitudes. Dolansky et al. (2023) explored the use of TL to facilitate innovative tactics to operationalize age-friendly health systems within CVS Minute Clinics. They found that the most important factors were communication, collaboration with interdisciplinary teams and leveraging technology to improve patient outcomes and experiences. Dolansky et al. further emphasized the significance of TL qualities such as vision, inspiration, and empowerment in driving positive change. The evidence demonstrates that TL skills can lead to innovation in the healthcare environment.

Physician Leadership in Healthcare

Healthcare in the United States faces a multitude of challenges, some of which have been persistent issues for decades, while others have intensified in recent years. Healthcare in the United States continues to struggle with complex systemic structures, increasing costs, a contracting workforce, and an aging population suffering from chronic illnesses (Clark et al., 2022; Durfey et al., 2022). As of 2020, healthcare expenditures in the United States are at an all-time high of $4.1 trillion, making up 19.7% of the gross domestic product spend (Centers for Medicare & Medicaid Services, 2023). The need for healthcare transformation is vital to the health of communities nationwide.

Over the past three decades, there have been several paradigms shift in health system delivery infrastructures. These paradigm shifts addressed healthcare disparities, such as the expansion of government programs through Centers for Medicare and Medicaid, the establishment of Health Management Organizations, the Accountable Care Act of 2009, and the Inflation Reduction Act of 2022 (L. R. Burns et al., 2020; Levitt,

2022). Additionally, scaled collaborations with extensive federal, state, and local community stakeholders have significantly contributed to identifying strategies to combat socioeconomic disparities in care to achieve a deeper understanding of the multiplicative social determinants that drive health outcomes (Angood 2023a, 2023b; Saha et al., 2020; Steinbock et al., 2022).

However, the literature is robust in that the supporting factor most essential to accelerate healthcare transformation in the U.S. is physician leadership (PL). While the driving forces of health policy, payers, federal, state, and local communities must evolve to meet the needs of population health, physician leaders must be at the helm to provide expertise in clinical evidence, sustainability of the physician workforce, and strategic guidance to rebuild the delivery of care while promoting health and wellbeing for all. The following sections will systematically review the maturation of the inclusion of PL, the growing relevance for PL, the direct and indirect implications of PL, and the need for strategies to develop the skills of PL.

The Evolution of Physician Leadership in Healthcare

Physicians in private practice have a history of autonomy and agency; however, the evolution of healthcare has become highly matrixed and regulated. There are more significant administrative burdens, clinical evidence-based practices, narrowing networks of payers, immense competition for patients, and more costly technology (O'Reilly, 2021). The American Medical Association reported that only 49%, down from 54% of physicians, work in a physician-owned practice, the most significant drop in two years since the first survey was conducted in 2012 (O'Reilly, 2021). This data demonstrates

physicians shifting to employment with large health systems or combining with other physician practices. In either case, this shift critically disrupts physicians' culture, work environment, autonomy, agency, and how they lead.

The expectations of being a physician as a career versus a calling have dramatically influenced the challenges in recruitment and retention. Poole and Seidel (2023) explored the changing landscape of medicine and the evolving expectations and desires of the current physician workforce. The researchers argue that the traditional concept of medicine as a lifelong career may no longer align with the preferences and motivations of modern physicians, who may view medicine more as a job rather than a lifelong calling. Poole and Seidel highlighted challenges in recruiting and retaining physicians in this evolving landscape and proposes strategies for healthcare organizations to adapt to these changes and attract and retain a diverse and skilled physician workforce. The strategies that influence physicians' career decisions, including work-life balance, compensation, job flexibility, and professional fulfillment. They also highlight the growing importance of the work environment, organizational culture, and support for physician well-being as critical factors in recruiting and retaining physicians. Additionally, the researchers emphasize the need for healthcare organizations to recognize and adapt to physicians' changing motivations and preferences to recruit and retain them effectively.

Health systems and physicians must invest in developing physician leadership skills as healthcare transformation continues to seek physician leaders to engage in clinical reform, lowering costs and improving access to care. Angood (2022c) explored

the evolution of physician leadership skills and competencies to lead healthcare through divergent change to improve clinical quality, value-based medicine, and create safe and efficient environments. Angood argues that physician leadership is multidimensional and includes essential skills and competencies such as change management, servant leadership, trust building, team building, visioning, communication, collaboration, team-based approach, and social change. Additionally, Huikko-Tarvainen (2022) conducted a qualitative study to explore elements of good physician leadership perceived by physicians and physician followers and the correlation to leadership theory. The study posited that the traditional leadership definition did not define good physician leadership. Huikko-Tarvainen (2022) found a relationship between the participant's perceived elements and multiple theories, including shared/collective and collaborative, transformational, ethical, servant, contingency, and situational theories. Huikko-Tarvainen also concluded in the thematic analysis that the essential skills were medical expertise combined with trust, fairness, empathy, social skills, two-way communication, regular feedback, collegial respect, and emotional intelligence.

Mitigating Physician Burnout

In the healthcare environment, the physical and mental wellbeing of the people delivering care is vital. Physician burnout is high emotional exhaustion and depersonalization (Dyrbye et al., 2021). According to the 2022 Physician Burnout and Depression Report, physician burnout has risen from 42% to 47%, with a range of 24% to as high as 60% since 2021 (Lane, 2022). Ivey and Setji (2022) explored strategies that senior and middle-level managers use to engage physicians to reduce physician burnout.

The researcher concluded that critical themes that involved developing meaningful relationships, encouraging career progression and development opportunities, and fostering a culture of understanding despite bureaucratic obstacles were common among leaders who have successfully engaged physicians.

The risk of physician burnout during a crisis can lead to workforce shortages in high demand periods, impact the quality of care, and cause harm to the caregiver. Ivey and Setji explored physician leaders' use of phone interviews to improve the wellness of their teams during the COVID-19 pandemic and to help new team members become more acquainted with each other. Ivey and Setji concluded that the physicians were highly engaged in the phone interviews and appreciated the format of reading their colleague's interview answers via email. Additionally, they felt the leadership engagement was meaningful and 47% noted feeling less burnt out after reading interview response emails. Sawyer and Sloan (2022) explored the degree of physician burnout based on personality types and potential approaches physician leaders can take to address the issues. Sawyer & Sloan utilized the conceptual framework developed by Ochsner Health called the professional experience program, which focuses on the personality types most at risk for burnout (a) over-engaged, (b) people-pleaser, (c) perfectionists, and (d) the problem finder/cynic. The researchers posit that physician leaders must approach everyone according to their needs to build trust and show empathy and responsiveness. Additionally, Shanafelt et al. (2019) emphasized that leaders must be adroit at recognizing burnout symptoms in their team, which may be exhibited differently according to their personality type. This evidence highlights the need for physician

leaders to not only recognize signs and symptoms of physician burnout but the need to execute strategies to improve the well-being of their physicians.

Impact on Quality & Operational Efficiency

Physician leadership is crucial in driving quality improvement and operational efficiency within healthcare organizations. When leading change management in healthcare, using a champion is the best practice (Aburmishan & Baum, 2022; George et al., 2022). Healthcare champions are influential supporters and leaders of change management in healthcare and are often physician stakeholders (Aburmishan & Baum, 2022; George et al., 2022; Slonim, 2022b). George et al. explored the effectiveness of healthcare "champions" or change agents and what their key characteristics and skills were from the perspective of the "champion" and the involved stakeholders. George et al. concluded that successful champions for change initiatives often humbly rated themselves. In contrast, their colleagues and impacted stakeholders rated them as highly able to facilitate and build trust, encourage motivation, be empathetic, curious, approachable, and solicit feedback. Additionally, Lloyd-Kuzik et al. (2023) explore the existing literature to understand the impact physician leaders have on quality improvement and systems transformation and the factors that affect physicians' abilities to lead specifically through a rural lens. Lloyd-Kuzik et al. argue that physician leaders in both formal and informal leadership roles must be involved in quality improvement and transformation and can leverage their clinical expertise and legitimacy. The non-clinical skills needed were communication, change management, conflict resolution, negotiation, strategic planning, business acumen, team building, visioning, networking, project

management, information technology, data analysis, systems theory, and analysis. Additionally, the researchers highlighted the critical health system infrastructure must support physician leaders with protected time, an administrative dyad, and must involve physicians as co-creators of quality improvement and systems transformation. Supporting physician leaders' self-efficacy, fostering an environment of aligned incentives, and human resource management is essential to organizational and job satisfaction.

Organization and Job Satisfaction

Physicians are the healthcare system's core and serve as informal and formal leaders. Physician organization and job satisfaction are closely intertwined, as the structure, culture, and support within healthcare organizations significantly impact physicians' overall satisfaction with their work. Those who lead them greatly influence their ability to develop as leaders. Additionally, satisfaction with the organization and its leaders is vital when implementing healthcare transformation (Couser et al., 2022; Slonim, 2022b). Dyrbye et al. (2021) conducted a longitudinal quantitative study to examine the relationship between physicians' ratings of their supervisor's leadership behaviors and physicians' burnout and satisfaction with the organization. Dyrbye et al. (2021) concluded that poor leadership qualities predict the risks of physician burnout and physician dissatisfaction with the organization. By addressing the factors of poor supervisor ratings, healthcare systems can enhance physician satisfaction, improve retention and ultimately, provide better patient care.

Reducing The Effects of Imposter Syndrome

Building an environment of intrinsic motivation is fundamental in healthcare. The

impact on a physician's professional growth, job satisfaction, quality of care, and mental wellbeing are of significant interest to all stakeholders. Lazarus (2021) explored the prevalence and impact of imposter syndrome in physicians: a sense of self-doubt in their accomplishments and abilities. Lazarus found that 22% to 60% of physicians in training or practice have suffered or suffer from imposter syndrome and that there is a critical need to build a greater sense of self-efficacy among medical students and post-graduate physicians longitudinally through their careers to enable strong physician leadership skills and competencies. The trauma experienced by imposter syndrome must be recognized. Lazarus concludes that combating imposter syndrome will demand physician leaders help bring awareness and remove barriers to seeking help through mentorship, clinical professionals, or administrative dyads to ease the way and protect the physician workforce. Addressing imposter syndrome in physicians requires a multifaceted approach that health systems and leaders must strategically invest in.

Strategies for Developing Physician Leadership Skills

Physician leadership remains at the forefront of healthcare management and workforce sustainability. Exploring leadership development strategies employed by current physician leaders is critical to understand how to mentor or guide future leaders. The complex nature of physician leaders' expectations, duties, accountabilities, and responsibilities has led to an ambiguous discernment of how physicians can proactively develop their skills and leadership styles through formal or informal methods (Enestvedt et al., 2020; Sharma et al., 2020). Although the consensus is that physician leaders are critical in healthcare, more is needed to learn how to foster and mentor physician leaders

successfully.

Fostering High-Functioning Teams

Leading complex, high-functioning teams is a crucial function of physician leadership, and there are significant gaps in strategies to develop physician leaders' skills and competencies to do so. American Association for Physician Leadership (2022) explored a framework for improving the performance of highly complex teams. American Association for Physician Leadership suggested the establishment of four key attributes, which are (a) clearly articulating what the super-ordinate goal or transcendent function of the group is, (b) fostering shared leadership so that the group becomes interdependent and not dependent on one leader, (c) diversifying the cognitive abilities of the team to avoid groupthink, and (d) recognition of mutual accountability through a sense of fair contribution. Zielinski and Lurye (2023) explore the importance of physician leadership in multidisciplinary team-based management models, such as dyads and triads. Zielinski and Lurye argue that effective leadership is critical for achieving success in these models and offer several tactics for physicians who want to develop their leadership skills, such as, modeling accountability, acting from principal, and identifying their authentic values, and elevating others and demonstrating humility and a willingness to help others. Additionally, they highlight physician leaders' challenges, such as balancing clinical and administrative responsibilities, and offer strategies for overcoming them.

Visionary Mindset and Business Acumen

There is a significant need for physicians to have experience in healthcare administrative functions. Zismer and Schwartz (2022) explored a leadership framework

for physicians considering a leadership role and the process of evaluating the job expectations, the organizational culture, and the desired strategic direction. Zismer and Schwartz codify the essential pearls and pitfalls physicians encounter when stepping into a leadership position, such as self-serving, not asking the right questions, and assuming they have all the right skills and competencies. Zismer and Schwartz suggest that new physician leaders enter their roles with high situational awareness, emotional intelligence, and an adaptable leadership style. Likewise, Reed et al. (2022) explored the necessary skills and competencies physicians needed to lead transformation in a large multispecialty practice. Reed et al. argued that physician leaders were critical to successfully implementing an evolving business model to achieve clinical value and cost-efficient care. Reed et al. also noted the critical tactic of investing in physicians and advanced practice providers so that they attended leadership courses in anticipation of advancing into leadership roles. Additionally, Butcher (2023) explored physicians' decision-making process when pursuing additional degrees or certifications beyond their primary medical education and various factors that physicians should consider when making this decision, including the potential benefits and drawbacks of obtaining extra degrees or certifications, the relevance of the additional education to their current or future practice, and the impact on their career advancement. Butcher provides practical guidance on how physicians can effectively evaluate their options and make informed decisions. This includes (a) conducting thorough research on the available options, (b) considering the time and financial commitment required for additional education, and (c) assessing the potential return on investment in terms of career advancement and improved patient care.

Butcher also argues the importance of aligning additional degrees or certifications with the physician's personal and professional goals and the need for physicians to carefully assess their own interests, strengths, and career aspirations when deciding whether to pursue extra education. Lastly, the essential administrative dyad partnership combines business acumen with clinical expertise to collaboratively build an appropriate operational model that leads to effective operational transformation.

Human Resource Management

There are significant benefits to physician leaders managing physician performance, behavior, and wellbeing. Angood (2022a) explored physician burnout and the systemic challenges in healthcare that will need physician engagement to improve the work environment and how acts of gratitude can influence mental wellbeing and concluded that when physician burnout levels rise, civility, empathy, and kindness are at risk. Consequently, the rates of anxiety and suicidality are more prevalent. Additionally, strategies to support physicians suffering from burnout include peer-to-peer support groups, recognition of burnout, and enabling an environment where physicians feel safe seeking professional mental health care (Angood, 2022a). Moreover, Mazurek (2022) explored how physician leaders address unprofessional conduct and the severe consequences if neglected. Mazurek states that the critical steps to managing poor physician behavior are timeliness, appropriate stage setting, prep work to gather facts, awareness of prior violations, and proper, timely follow-up. Additionally, Mazurek emphasized that physician leaders acknowledge that they are setting precedence when addressing or not addressing behavior that may enable poor performers or create

dissatisfaction for high performers. Understanding individual motivations, expectations, and capabilities are key to enhancing followership effectiveness (Bolton, 2023). When it comes to human resource management the leader must inspire and engage followers at the individual level to enhance overall team environment.

Leadership Styles to Lead Transformation

Healthcare is a conglomeration of highly complex healthcare teams. A physician's leadership style is monumental to developing and successfully engaging a team to transcend their abilities, driven by a high degree of intrinsic motivation. Fareed et al. (2021) explored leadership characteristics and their impact on project success and the relationship between emotional intelligence, intellectual intelligence, and TL. Fareed et al. concluded that emotional intelligence, intellectual intelligence, and TL all had statistically significant positive effects on project success. They elaborated that emotional intelligence developed thoughtfulness, intellectual intelligence traits inspired better decision-making and innovation, and TL invoked motivation, meeting the needs of the team, inspiration among team members, vision setting, trust, enthusiasm, and coordination of mutual goals. Additionally, Butcher (2022) explored the lack of transformation in healthcare to implement shared decision-making aids for patients and physicians. This process engages the patient to become directly involved in the treatment plan based on their values and quality of life goals.

Butcher argued that the shared-decision making process has not been broadly executed in clinical practice and that administrative and physician leaders must embrace the revolutionary concept of shared-decision making, which includes alignment of

organizational culture, accountability, and overall transformation of how physicians are incentivized. These findings are evidence that physician leaders are critical to transformation in healthcare and that there is a gap in strategies to develop physician leadership skills.

Transition

TL is ideal for successfully transforming healthcare to navigate a post-pandemic era with a crucial need for value-based performance. However, leaders must employ strategies to motivate their workforce, set clear direction, enable trust and respect, and instill strong organizational commitment, leading to a transformed healthcare delivery system. Additionally, physician leadership is crucial to healthcare transformation, and leaders must explore strategies to develop physician leadership skills that lead to effective operational transformation in the healthcare environment. Healthcare transformation is the accountability and responsibility of our nation and its citizens. Systemic structural change must occur at the level of federal, state, and local communities. However, physician leaders are inherently the champions of elevating care delivery for our communities and must be supported and developed as leaders. Slonim (2022a) explored the research components needed to improve the development of physician leadership skill and posited two significant elements that need more evidence-based management research: how they lead and develop their teams in mentoring, human resource management, teaching performance evaluation, and competency development of their team members. Secondly, triangulating how physicians lead with the health outcomes of the patients and populations they serve.

Further research is needed to identify effective strategies to develop physician leadership skills to lead effective operational transformation in the healthcare environment. Within section 2, a comprehensive analysis of TL theory and literature contributed to critical issues and themes related to the gaps in physician leadership strategies. Section 3 will comprise components of the research project methodology. These components are project ethics, nature of the project, population, sampling and study participants, data collection activities, interview questions, data organization and analysis techniques, reliability and validity, and transition and summary. Section 4 will include the presentation of findings, business contributions and recommendations for professional practice, implications for social change, recommendations for further research, and the conclusion of this pragmatic inquiry.

Section 3: Research Project Methodology

Section 3 will comprise components of the research project methodology. These components are project ethics, nature of the project, and population sampling and study participants. Additional components include data collection activities, interview questions, data organization and analysis techniques, reliability and validity, and transition and summary.

Project Ethics

Project ethics play a crucial role in ensuring the success and sustainability of research. The role of the researcher in their study is to recruit study participants, collect data, analyze data, report findings, and ensure that the data collected are sufficient and valid to meet the study's objectives (Cairns-Lee et al., 2022). My role as the primary researcher and data collection instrument was to design a qualitative pragmatic inquiry through an established methodical process to collect data, establish fair and constructive analysis, and present results with rigor in a scholarly and ethical manner (Saunders et al., 2015). For my qualitative pragmatic inquiry an in-depth semistructured interview process and corroboration of documents provided by the study participants and data available on public websites was used to identify and explore the effective strategies some physician leaders used to develop their leadership skills that lead to effective operational transformation in the healthcare environment. Bougie and Sekaran (2019) stated that exploratory questions are derived when (a) there is a gap in research or literature, (b) research is ambiguous or has limitations, (c) the research topic is multifaceted, or (d) lacks theory to develop a specific theoretical framework. As the researcher, I followed an

interview protocol (Appendix B) to achieve consistency in my line of inquiry to achieve rigor and objectivity by employing validity and reliability in my research. A researcher must apply the highest ethical standard when conducting research.

The ability of a researcher to establish trust with study participants is necessary to achieve deep and meaningful responses during the data collection process. Cultivating a strong rapport with study participants represents a vital responsibility for a researcher, and a thorough comprehension of the research subjects enhances the data collection process (Cairns-Lee et al., 2022; Castillo-Montoya, 2016; R. Roberts, 2020). Throughout the data collection phase, it is crucial for the researcher to create a conducive setting that ensures informed interviews while maintaining complete confidentiality and privacy of study participants information (Castillo-Montoya, 2016; Dunwoodie et al., 2023; Saunders et al., 2015). I established trust to gain honest and authentic insights by introducing myself, answering any question study participants had for me, and ensuring their confidentiality. Further, I followed Yin's (2018) suggestions of asking relevant questions, being a good listener, not interrupting the participant, and staying adaptive through clarifying or follow-up questions.

I have 20 years of experience in healthcare serving in various clinical and healthcare executive roles. As a leader in healthcare, I have routinely worked with physician leaders, and as partners, I lead programmatic operations, strategic planning, quality improvement, and team development. I had no previous relationship with the study participants of this study. As the researcher, I maintained an objective lens and established credibility with the study participants as a subject matter expert and qualified

researcher.

I also incorporated member checking and confirmed my interpretation of the project participant's responses through member checking. Lastly, I established rigor and trustworthiness through the validity and reliability of my data collection and analytic methods. Profound validity is demonstrated by how the research represents the phenomenon and reliability is the capacity to repeat or generalize the study design to achieve the same results in future research (Morse, 2015). I mitigated my personal bias by employing a neutral stance and avoiding personal opinions, value-laden expectations, and value-laden theory or implicitly sharing my own experiences on the research topic. Morse (2015) emphasized the risks of researchers' tendency to anticipate a situation or chrematistics creates bias and therefore may be value-laden if they are expecting predetermined outcomes. Given that the verbal report is my primary evidence, I audio recorded the interview through Zoom and Microsoft Teams (voice only), and I used a digital recording device when the study participant agreed. This audio recording of the account allowed me to have a more informed recall rather than potentially applying implicit bias in my handwritten notes.

Protecting the rights of research study participants is a fundamental aspect of conducting ethical research in any field. Ethical standards are implicit in protecting the rights of research study participants, especially vulnerable populations (Moriña, 2020; Reich, 2021; Yin, 2018). As the researcher, I followed the Walden University's ethical standards of research practice, as well as the ethical principles and guidelines of the Belmont Report to ensure the protection of the study participants. The *Belmont Report*

has significantly influenced the deployed ethical principles in biomedical research and has served as a fundamental document for federal regulatory bodies that govern human subject's research (Schupmann & Moreno, 2020). The philosophical framework of the *Belmont Report* includes (a) respecting for autonomy through informed consent, (b) protecting study participants from harm or the use of deception in the study protocol, (c) protecting the privacy and confidentiality of study participants, (d) employing special precautions to protect highly vulnerable groups, and (e) equitable selection of study participants as to not unfairly exclude or include from the research (U.S. Department of Health, Education, and Welfare, 1979). As the researcher, I was responsible for applying ethical practices in studying the contemporary phenomena like those of biomedical research. I complied with the *Belmont Report* ethical principles. Gaining approval from an ethics or institutional review board is also a standard method for ensuring the research design and objectives comply with ethical standards and practices (Yin, 2018). However, study approval is only one component of ethical research; a researcher must also practice ethically when actively conducting the research (Moriña, 2020).

As the researcher, I ensured ethical practice by gaining voluntary informed consent, which included (a) applying a consistent interview procedure, (b) ensuring the voluntary nature of the study, (c) minimizing the risks and increasing the benefits of participation (d) applying measures to maintain privacy and confidentiality, and (e) providing contact information for the Walden University IRB office to escalate any questions, issues, or concerns. In accordance with the IRB protocol, all required documents were submitted for approval before data collection commenced. If a project

participant wanted to withdraw from the pragmatic inquiry, they would have been instructed to send an email or call me to withdraw. I would have destroyed all data collected and ensured that no data would be used in the pragmatic inquiry. I did not have any study participants withdraw from the study.

I did not offer incentives for participating in this pragmatic inquiry. Although offering incentives may enhance participation for some researchers, Larsen et al. (2024) found that in a study 90% of the respondents to a survey listed time as a constraint to their participation in research studies. Thus, this article was helpful to justify my rationale for not offering incentives for participating in this pragmatic inquiry.

Moreover, confidentiality is significant to protecting the identity of study participants (Moriña, 2020; Yin, 2018). Protecting both the participant and the participating institution is crucial to preventing harm and that standard practice involves assigning unique identifiers and pseudonyms and changing the institution's names if necessary (Moriña, 2020). As the researcher, I established safeguards to maintain the confidentiality of each project participant. Each project participant was assigned an alphanumeric code, such as P1, P2, P3… to ensure confidentiality and protect the gathered data by not disclosing sensitive information and storing the data in a secured location with a passcode for the required 5-year duration. Additionally, data were de-identified and categorized with unique assigned identifiers and included the IRB approval number, 04-19-24-1107263.

Nature of the Project

I chose the qualitative pragmatic inquiry design to explore strategies physician

leaders use to develop leadership skills to lead effective operational transformation in the healthcare environment. Qualitative researchers use this methodology when the aim is to explore the depth and complexity of human experiences, behaviors, and social phenomena (Allemang et al., 2022; Kelly & Cordeiro, 2020; Saunders et al., 2015). Qualitative pragmatic inquiry is a research approach that combines elements of both qualitative research and pragmatism, a philosophy that emphasizes actionable knowledge; recognition of the interconnectedness between experience, knowing, and acting; and inquiry as an experiential process (Allemang et al., 2022; Kelly & Cordeiro, 2020). This approach is useful for addressing real-world problems and gaining insights into practical aspects of a given phenomenon which is why this design was appropriate for me to identify and explore strategies physicians use to develop leadership skills to lead effective transformation in the healthcare environment.

Population, Sampling, and Study Participants

Data for my pragmatic inquiry were collected from six physicians currently in a leadership role who had successfully led effective operational transformation in the healthcare environment and who were employed or affiliated with a healthcare organization in the United States. The criteria the study participants met included (a) being over 18 years of age, (b) holding an active physician leadership role, (c) being successful in leading effective operational transformation in the healthcare environment, and (d) being actively affiliated or employed in an organization located in the United States.

Gaining primary or secondary data sources relies on gaining access to the

appropriate and relevant data sources required to achieve your research objective. Saunders et al. (2015) stated that a researcher must clearly define the type of access, such as (a) face-to-face interviews, questionnaires, telephone interviews, or accessing data archives, (b) internet-mediated access, which involves intranet or company emails (c) levels of access, like physical access or entry to offices or buildings, (d) continual access which is the need to have more than one interaction, and (e) cognitive access which is gaining trust and consenting study participants from within the organization.

I initially gained access to potential participant through purposeful sampling via an emailed invitation distributed to an informal network via my LinkedIn social network, and afterwards, I used the snowball sampling process to reach other potential study participants. I communicated to those who referred others to not exert any pressure on anyone who may report to them. Purposeful sampling was best suited in this qualitative pragmatic inquiry because it encouraged targeting a specific population best suited to provide the necessary data. When using purposeful sampling, the criteria must be defined to gather rich and diverse information to achieve data saturation (Bougie & Sekaran, 2019). Snowball sampling is a process some researchers use to gain access to hard-to-reach populations (Raifman et al., 2022).

In the process of conducting research, the researcher must make several critical decisions. These decisions encompass selecting the right number of study participants for the project, determining the suitable sampling method, and computing the sample size required. One pivotal aspect to consider is the ethical dimension associated with the size of the study cohort, as both excessively large and excessively small studies can present

ethical dilemmas. These ethical implications must be carefully examined to guide researchers balancing between liberal or conservative sample sizes (Vasileiou et al., 2018). The approach to determine the number of study participants must be rigorously discerned and depends on study aspects such as epistemological, methodological, and practical factors (Vasileiou et al., 2018). It is important to acknowledge that sample size concerns can vary across studies, and the significance of this aspect remains constant regardless of the research context (Hennink & Kaiser, 2022). According to Walden University, ensuring that the sample size of study participants aligns with the requirements of a qualitative pragmatic inquiry is of the greatest importance. I used a sample size of six study participants.

Study participants were interviewed on a virtual meeting platform via Zoom, and Microsoft Teams using semistructured interview questions to draw upon the strategies they used to lead effective operational transformation in the healthcare environment. I reviewed documents provided by the study participants and data available on public websites to capture relevant nominal information. Triangulating multiple data sources aided in gaining rigorous perspective and details to achieve data saturation (Bougie & Sekaran, 2019). I audio recorded each participant's response to the interview questions, transcribed their interview responses, interpreted them, and analyzed their documents and websites to corroborate their responses to the supplemental documents and sent my interpretations to them for accuracy. This process is called member checking. I continued this process until no new information was found and each participant confirmed the accuracy of my interpretation. This confirmed that I had reached data

saturation. When data retrieved contains no new information, the researcher has reached data saturation (Glaser & Strauss, 1967).

Data Collection Activities

Data collection methods are critical to achieving rigor in a research design. Interviews are a standard primary data collection method in qualitative business research and are conducted in unstructured or semistructured formats (Bougie & Sekaran, 2019). As the data collection instrument, researchers must employ careful measures to ensure validity and reliability in the collection process to achieve data saturation, thick description, and rigor (Hamilton, 2020). As the researcher, I acted as the primary data collection instrument using a semistructured interview process to identify and explore the strategies used by physician leaders to lead effective operational transformation in the healthcare environment. Yin (2018) and Fisher and Hamer (2020) argued that qualitative research methods gain rigor when using multiple sources of evidence. Therefore, I also used various sources of data collection, such as public documents provided by the study participants and data from public access websites. Moreover, using an interview protocol for a qualitative pragmatic inquiry involves a systematic and structured approach to conducting interviews to collect rich and meaningful data that could be analyzed to answer the research question and gain insights into a particular phenomenon.

I used the interview protocol to ensure consistency and reproducibility. An interview protocol ensures that all study participants are asked the same set of questions or provided with the same prompts, reducing the risk of bias or variability in data collection (Castillo-Montoya, 2016; Resnik & Elliott, 2019; R. Roberts, 2020).

Additionally, the interview protocol ensured that the questions aimed to achieve the research objectives and that there was a clear consistent data collection process. A well-designed interview protocol helps researchers stay on track and includes guidelines for how to introduce the study, obtaining informed consent, and following ethical practices (Resnik & Elliott, 2019; Saunders et al., 2015). Clarity of the data collection process is particularly important in pragmatic inquiry to maintain ethical standards and ensure participant comfort and understanding.

Reliability and validity are two important concepts in research that help assess the quality and accuracy of measurement instruments and research findings. Validity is the extent to which a data collection instrument can measure the intended evidence (Bougie & Sekaran, 2019). Reliability is a data collection instrument's ability to measure a concept consistently and unbiasedly (Bougie & Sekaran, 2019). To ensure validity and reliability in my data collection, I followed the interview protocol (Appendix B) to maintain consistency in the questions and the stepwise process I used to engage the study participants in the interview. The Informed Consent Form included the interview procedures, voluntary nature of the study, risk and benefits of participation, privacy, and confidentiality methods, contact information for the Walden University Research Participant advocate to raise questions or concerns about the research. Additionally, as I conducted the audio-only virtual platform interview, I actively listened, clarified questions when needed, and took note of the tone of the participant's responses. After that, I conducted member checking to mitigate bias or false interpretation of the evidence in my analysis. Member checking meant I interpreted each participant's responses to the

interview questions. I emailed my interpretations to confirm the accuracy and continued this process until no new information was shared. Once my interpretation was accurate, I achieved data validation.

The development of a high-quality research design involves achieving construct validity, internal validity, external validity, and reliability (Yin, 2018). To accomplish high reliability, the researcher, as the primary data collection instrument, must develop a thorough study protocol that describes the data collection techniques that will demonstrate consistency and replicability in gathering evidence (Resnik & Elliott, 2019; Yin, 2018). For my qualitative pragmatic inquiry, data collection techniques included audio-recorded semistructured interviews directed by pre-designed open-ended questions outlined in the interview protocol (Appendix B), handwritten notes, resumes, articles, and LinkedIn profiles provided by the study participants. The evidence from the data collected helped me answer the overarching question: What effective strategies do some physician leaders use to develop their leadership skills that lead to effective operational transformation in the healthcare environment?

It is critical to conduct ethical research practices while gathering evidence. Thus, the researcher must provide transparency to the general procedures and rules that will be followed. The invitation to participate in the study (Appendix A) consisted of the following elements: (a) the nature of the research, (b) time commitment, (c) how the study will take place, (c) the requirements of taking part in the research, (d) my name and contact information, and (e) the expected time frame for when the study will take place. In addition, the consent form included the interview procedures, voluntary nature of the

study, risk and benefits of participation, privacy, and confidentiality methods, contact information for the Walden University Research Participant advocate to raise questions or concerns about the research.

I sent an electronic invite to prepare the study participants for the interview day, including the virtual conference information. The study participants included six physician leaders who met the criteria for my study. A reminder with the date and time was sent the day before via text or email, depending on the preferred contact method, to confirm their participation availability and ensure they could be in a quiet, undisturbed environment. Before collecting data, I emailed the participant a copy of the informed consent form. I referenced the informed consent form provided on the interview day and asked for a verbal reply, “I consent” or “I do not consent” for the audio-recorded interview session. Each participant was also reminded that if they did not wish to answer a question or continue the interview, they could do so at any time. I audio recorded the interview to capture it verbatim and conducted member checking to mitigate interpretation bias. Additionally, I advised the study participants to ask clarifying questions if needed and left time in the end for them to add anything I may not have addressed in my questions.

The advantages of semistructured interviews when pragmatically exploring social phenomena include the ability of the researcher to understand a participant’s experiences, decisions, perceptions, and attitudes (Yin, 2018). The open-ended questions also give the researchers flexibility to probe into themes elucidated by the participant, providing more depth and rigor to the evidence (Ruslin et al., 2022).

The disadvantages of semistructured interviews consist of the researcher's ability to remove interviewer bias, gain the participant's trust, maintain reliability and dependability, cultural differences, participant bias, generalizability and transferability, credibility, maintaining anonymity, timeliness, small sample sizes, and the inability to observe all verbal and physical responses from the participant (Knott et al., 2022; Saunders et al., 2015). Therefore, as the primary data collection instrument, to achieve the objective of my study and enhance the reliability and validity of the data collection process, I conducted member checking. To mitigate interviewer and participant bias, and gain the participant's trust; I thoroughly articulated (a) the research design and data collection methods, (b) understood any cultural reflexivity, (c) conducted an in-depth and meaningful interview, (d) developed a high degree of knowledge on my study topic, (e) ensured the most appropriate location and method for the interview, (f) actively listened, and (g) was mindful of how I approached the study participants.

Interview Questions

1. How do you define transformational leadership?
2. What strategies did you use to develop leadership skills that led to effective transformation in the healthcare environment?
3. What transformational leadership skills do you demonstrate that you expect other physicians to exhibit?
4. In your career, how have you led transformation?
5. What skills did you find necessary to lead the transformation?
6. How have your past experiences influenced your strategies to develop

leadership skills?

7. How do you measure your leadership effectiveness?
8. What key barriers, if any, did you experience when implementing your strategies to develop leadership skills?
9. Is there anything I did not ask that you would like to provide me?

Data Organization and Analysis Techniques

A researcher must develop a general analytic strategy that inspires internal and external validity in the study process and results. An analytic strategy is a roadmap to how the researcher converges the study evidence to the proposed analytical technique (Yin, 2018). Analytic techniques include theoretical propositions, grounded theory, developing case descriptions, and rival explanations (Yin, 2018). Once an analytical technique is determined, the researcher can begin planning the method to organize the study evidence (Saunders et al., 2015). For my qualitative pragmatic inquiry, I used the deductive approach of grounding TL as the conceptual framework. The sources of evidence included my interpretation of each participant's transcript from audio-recorded semistructured interviews, resumes, articles, and LinkedIn profiles provided by the study participants.

The data analysis and preparation strategy must be determined in the research design phase of the study to achieve optimal evidence, data saturation, reliability, validity, rigor, and mitigate bias (Yin, 2018). Thus, I used thematic analysis, methodological triangulation, and member checking to develop my interpretation and study results. Member checking allows the participant to confirm or correct the interpretation (Saunders

et al., 2015). Triangulation is when a researcher uses multiple sources of evidence to validate their interpretation further (Saunders et al., 2015). A researcher uses thematic analysis and coding strategies to develop, analyze, and interpret patterns across data (Knott et al., 2022). I used a digital recording device that allowed me to transcribe the interview verbatim using Go Transcribe. I then coded the data using the NVivo software and assigned developing codes to the transcription. All recordings, documents, and transcriptions were saved on an external USB device, and hardcopy files were stored in a secured locked cabinet. Files are labeled with unique identifiers to anonymize participant information. These methods ensured the accuracy, validity, and reliability of my study results. I did not conduct a pilot study.

Qualitative pragmatic inquiry is associated with an interpretivist philosophy because the evidence is often subjective and constructed through social interaction to gather the in-depth meaning of a phenomenon through lived experiences (Saunders et al., 2015). In qualitative pragmatic research, meanings are derived through words, images, and interpretation of the pluralist understanding of multiple truths; therefore, it is critical to determine the most appropriate analytical method to achieve the researcher's objective of the study (Kelly & Cordeiro, 2020; Saunders et al., 2015). Therefore, to organize my data for thematic analysis, I used Go Transcribe, to transcribe the audio recording verbatim and saved each interview in a Microsoft Word document format under a unique participant identifier to preserve study participants' confidentiality. I reviewed each transcription and interpreted each participant's responses to the interview questions. To ensure the accuracy of my interpretation, I thoroughly cross referenced the audio

recording with the interpretation document and made the necessary corrections. Additionally, I kept an Excel spreadsheet to inventory the specific data gathered on each participant, emerging themes, rival explanations, member checking edits, and self-reflection.

Qualitative data produces rich findings and meanings and must be appropriately managed to embody validity and reliability in the analysis. Once the data is organized, the researcher can code the data sets to begin the analysis, draw conclusions, and methodically triangulate other data sources (Dhakal, 2022). Coding means labeling or creating categories for sections or large portions of the data set derived from the chosen conceptual framework and may also include rival explanations (Dhakal, 2022). I used NVivo, a computer-assisted qualitative data analysis software (CAQDAS), to code my data and categorize the interview results. All electronic files are stored in a password protected file. Audio recordings were verbally labeled with a unique participant identifier at the beginning of the interview. Each participant was assigned an alphanumeric code, such as P1, P2, P3… to ensure confidentiality. Hardcopies were kept in a locked file cabinet under the assigned unique alphanumeric identifiers that omit the participant's personal information to maintain confidentiality and anonymity. After the required 5-year retention period, I will purge all hardcopy, electronic, and recorded material.

To ensure reliability and validity in qualitative analysis, the researcher must have a solid plan to collect, organize, and analyze thick and rich data (Yin, 2018). Rich data is gathered when evidence saturation occurs, and no new meanings or themes materialize (Saunders et al., 2015). At the saturation point, the researcher begins their data analysis

(Dhakal, 2022). For my multiple case studies, I used the deductive approach to ground my study with the conceptual framework of TL theory (TLT).

Saunders et al. (2015) described qualitative data collection, analysis development, and verification of proposition as an interrelated and interactive set of processes. The TLT drove the collection method through semistructured interviews. The data analysis involved thematic organizing through coding to highlight critical themes, patterns, relationships, or rival concepts during and after data collection. This interactive approach during data collection analysis development benefits concurrent reflection and self-memo documentation of each participant interview to achieve a thick and rich description (Dhakal, 2022; Saunders et al., 2015).

Once the evidence collection was complete, I instilled integrity in the data interpretation through member checking. Member checking allows the participant to comment on or correct the narrative evidence (Saunders et al., 2015). Study participants received via email (a) a copy of my interpretations of the interview, (b) any provided documents, and (c) gathered publicly available data.

Additionally, I incorporated Yin's (2018) five steps of analyzing interview data, which include (a) compiling the data, (b) disassembling the data, (c) reassembling the data, (d) interpreting the meaning of the data, and (e) concluding the data interpretation. To explore the strategies physicians, use to develop leadership skills, I created themes to code the essential characteristics of TLT using the NVivo software. Computer-assisted qualitative analysis software (CAQDAS) improves the researcher's ability to apply a structured interpretation by creating codes and using themes to identify groupings and

sub-groupings in narrative data (Dhakal, 2022; Yin, 2018). I used color coding to promote an in-depth organization to differentiate negative and positive sentiments or relationships. In addition to the thematic analysis, I used methodological triangulation against my literature findings and resumes and articles provided by the study participants or publicly available data on their LinkedIn profile. Triangulation involves using multiple data sources to enhance research the validity, credibility, and authenticity of research (Dhakal, 2022; Saunders et al., 2015).

To conclude a high-quality analysis, I employed the following Yin's (2018) principles: (1) ensure that I have addressed all the evidence, (2) thoroughly investigate all potential rival explanations, (3) ensured my analysis addressed the objectives of my study, and (4) demonstrated a high degree of understanding of my chosen study topic of what strategies physicians use to develop leadership skills to lead operational transformation in the healthcare environment.

Reliability and Validity

Reliability

Reliability and validity are two crucial concepts in research that help assess the quality and accuracy of measurement instruments and research findings. Reliability refers to the consistency and stability of measurements (Bougie & Sekaran, 2019). It is the extent to which a measurement tool produces consistent and dependable results when used repeatedly under similar conditions (Bougie & Sekaran, 2019; Yin, 2018). In other words, if a measurement instrument is reliable, it should yield consistent results when applied to the same subjects or phenomena multiple times. Reliability can be affected by

various factors, such as the instrument's precision, the measurement procedure's consistency, and the stability of the phenomenon being measured (Yin, 2018).

Ensuring reliability in qualitative pragmatic research can be challenging since qualitative methods often involve subjective judgments and interpretations (Yin, 2018). However, there are several strategies researchers can employ to enhance the reliability and dependability of their qualitative studies. To ensure reliability in my research, I removed personal biases, developed a rigorous research design, established data gathering protocols, employed triangulation of multiple data sources, kept organized notes and records of my research process, and conducted member checking.

Researchers should critically reflect on their biases, assumptions, and values that may influence data collection, analysis, and interpretation (Lo et al., 2020; Resnik & Elliott, 2019; Saunders et al., 2015). By being aware of personal perspectives, researchers can minimize potential biases and enhance the reliability of their findings. I used semistructured interview research questions, data collection methods, and analysis procedures to ensure consistency in the research process. Providing clear guidelines and protocols for data collection and analysis enhances transferability.

Standardized protocols and procedures for data collection are essential to achieving reliability (Resnik & Elliott, 2019; Saunders et al., 2015). Protocols and procedures included an interview protocol (Appendix B), detailed field notes, or coding schemes to ensure consistency across multiple data collection sessions. Furthermore, employing multiple data sources, methods, or perspectives can enhance reliability. Triangulation involves using different data sources to endorse the validity and credibility

of the data, analysis, and interpretation (Saunders et al., 2015). I used semistructured interviews, resumes, LinkedIn profiles, and articles provided by the study participants, as multiple data sources. Lastly, maintaining thorough research process documentation, including detailed notes, memos, and decisions made during analysis, can enhance transparency and reliability (Yin, 2018). Documentation allowed for auditability and ensured that the research process could be replicated or checked by others. I also involved member checking in the research process by allowing study participants to review and validate the findings. Member checking can enhance the credibility and reliability of the research (Saunders et al., 2015; Yin, 2018). Member checking helps ensure that interpretations accurately represent study participants' perspectives. While complete objectivity is challenging in qualitative pragmatic research, employing these strategies can help improve the reliability and rigor of qualitative pragmatic studies, thereby increasing confidence in the research findings.

Validity

Validity refers to the accuracy and meaningfulness of the inferences, interpretations, and conclusions drawn from research findings (Saunders et al., 2015). It concerns whether a measurement instrument genuinely measures what it intends to measure (Saunders et al., 2015). Validity is essential because even a highly reliable instrument may produce consistent, incorrect, or irrelevant results. Therefore, I ensured rigorous construct and external validity. Construct validity helps researchers examine the degree to which a measurement instrument accurately captures the theoretical construct it intends to measure. Construct validity involves examining relationships with other

variables and assessing whether the instrument behaves as expected based on existing theories or hypotheses (Saunders et al., 2015). External validity is the ability to generalize research findings (Yin, 2018). I supported construct and external validity with multiple scholarly peer-reviewed journals and seminal research.

Additionally, ensuring validity in qualitative pragmatic research involves establishing external validity through the credibility, transferability, dependability, and confirmability of the research findings (Saunders et al., 2015; Yin, 2018). The strategies I employed to enhance construct and external validity in my qualitative pragmatic inquiry included triangulation, thick description, sampling strategy, and maintaining an audit trail of my research process.

To establish credibility, I employed triangulation of multiple data sources and methods to gather data to strengthen the credibility of my findings. By comparing different sources of data, researchers can establish converging evidence (Lo et al., 2020). I ensured transferability by providing a thick description. Providing rich and detailed descriptions of the research context, study participants, and data collection procedures helps readers assess the applicability and transferability of the findings to other contexts or settings (Saunders et al., 2015; Yin, 2018). Additionally, employing purposeful or theoretical sampling methods and providing a clear rationale for participant selection enhances the transferability of the findings to similar populations or contexts (Saunders et al., 2015; Yin, 2018).

Validity in qualitative pragmatic inquiry is a multifaceted and ongoing process rather than a single determination. Researchers should use these strategies to enhance the

validity of their qualitative research findings and provide a clear and transparent account of their research process. Researchers strive to establish reliability and validity to ensure that their measurements are consistent, accurate, and meaningful. Researchers can increase confidence in their findings using reliable and valid measurement instruments and drawing more robust conclusions. Triangulating multiple data sources will aid in gaining rigorous perspective and details to achieve data saturation (Bougie & Sekaran, 2019). I recorded each participant's response to the interview questions, transcribed their interview responses, interpreted them, and sent my interpretation to them for accuracy. This process is called member checking. I continued this process until no new information was found and the accuracy of my interpretations were confirmed by each participant. I also analyzed resumes, articles, and LinkedIn profiles provided by the study participants to corroborate their responses. The data triangulation process confirmed that I had reached data saturation. Glaser and Strauss (1967) created the concept of data saturation and suggested that when data retrieved contains no new information the researcher has reached data saturation.

Transition and Summary

Section 3 contained components of the research project methodology. These components were project ethics, nature of the project, population, sampling and study participants, data collection activities, interview questions, data organization and analysis techniques, reliability and validity and transition and summary. Section 4 will include the presentation of findings, business contributions and recommendations for professional practice, implications for social change, recommendations for further research and the

conclusion of this pragmatic inquiry.

Section 4: Findings and Conclusions

Presentation of the Findings

Six experienced physicians currently in leadership roles from health systems in the United States participated in this study. The overarching research question for my study was "What effective strategies do physicians use to develop leadership skills that lead to effective operational transformation in the healthcare environment?" Healthcare systems have increasingly demonstrated a lack of strategies to develop physician leaders (C. R. Stoner & J. S. Stoner, 2022). Without effective strategies to develop physician leaders, healthcare organizations will continue to struggle with transforming healthcare operations and strategic initiatives.

Study participants were asked to respond to eight open-ended interview questions (Appendix B) to provide the strategies they used to develop leadership skills that lead to effective operational transformations in their healthcare environments. Study participant demographics are summarized in Table 2, which highlight, (a) 50% of the participants were female, (b) the average experience was 24 years, and (c) they represented a mix of physician specialties. I used triangulation to combine data collected from semistructured interviews, resumes, articles, and LinkedIn profile data provided by the study participants. Upon completing the sixth interview no new codes were generated during data analysis indicating that I had reached data saturation.

Table 2

Participant Demographic Summary

Participants	Years Experience	Gender	Specialty	Designation	Organization

P1	21 years	Male	Internal Medicine	Medical Director	Health System
P2	30 years	Female	Pediatrician	Executive Medical Director	Health System
P3	28 years	Male	Anesthesiologist	Chief Executive Officer	Health System
P4	8 years	Male	Interventional Cardiologist	Medical Director	Health System
P5	28 years	Female	Ortho Surgeon	Chief Medical Officer	Health System
P6	30 years	Female	Pediatrician	Chief Health Equity & Innovation Officer	Health System

I organized the study data and conducted the thematic analysis using the NVivo (Version 14) software to identify emerging themes and trends for data analysis and interpretation. Additionally, I incorporated Yin's (2018) five steps of analyzing interview data, which include (a) compiling the data, (b) disassembling the data, (c) reassembling the data, (d) interpreting the meaning of the data, and (e) concluding the data interpretation. To explore the strategies physicians used to develop leadership skills, I created themes to code the essential characteristics of TLT using the NVivo software. Three themes were identified based on the study participants responses to the interview questions. The themes and frequencies are summarized in Table 3. The first theme that emerged was strategies for developing TL skills and experience. The second theme TL and organizational culture. The third theme was TL skills and values.

Table 3

Emerging Themes and Frequencies: Strategies Physicians Use to Develop Leadership Skills

Themes	Frequency	Percentage of Total
Strategies for Developing Transformational Leadership Skills	174	37.9%

Transformational Leadership and Organizational Culture	72	15.7%
Transformational Leadership Skills and Values	213	46.4%
Total	459	100%

Theme 1: Strategies for Developing Transformational Leadership Skills

Understanding the Gaps in Leadership Training

The physician leaders interviewed each expressed the need for healthcare systems to instill more intentionality in how they set and articulate expectations for physician leadership roles and how they create an environment that fosters leadership development, and success. Physicians are not inherently exposed to the administrative functions of healthcare, yet they are expected to influence and align other physicians with the goals of the organization. The literature supports the escalating need for physicians to lead the way in transforming healthcare. Scholars suggested that by co-creating a new culture that embraces a renewed sense of emotional connection between all stakeholders which include their peers, healthcare leaders, and non-clinical and clinical care teams, and patients can transform healthcare (Angood, 2022c; Huikko-Tarvainen, 2022; O'Reilly, 2021). Therefore, traditional ways of appointing and developing physicians in leadership roles must adapt and become more purposeful and aligned with the necessary skills to lead teams, inspire, motivate, communicate effectively, and create a vision for the future.

P2, P3, and P4 shared their experiences with a gap in intentional leadership training at the start of their careers which included an understanding of administrative functions, human resource management, building teams, managing conflict, and having

difficult conversations. P2 said, “so they don’t teach you anything about business in your training.” P3 stated, “physicians do not have a perspective, and a background of what leadership really is or what leading a team is or what management is.” P4 said, “you’re so focused on acquiring a skill set to provide patient care that we do a bad job of even making physicians aware of leadership opportunities.”

However, P5 and P6 expressed having robust intentional leadership development opportunities prior and post graduating medical school. P5 had support from their organization and stated, “I feel very lucky that I started my career there because they’ve been an integrated health system for over 100 years, and they were very focused on physician leadership and physician leadership development.” P2 and P6 experiences were more formal and self-driven. They sought formal higher education which led to leadership opportunities. P6 stated, “I came to the states to do a master’s in public health and worked for a couple years in public health before doing a residency in pediatrics, so from the beginning of my career I’ve always had leadership roles.”

Lastly, P4 shared that while physicians might have a leadership role there are some instances that those physicians may not possess the adequate skills which is a result of a lack of purposeful education, development, and mentorship of leadership skills. P4 said, “I think too much in medicine physician leaders have been people who have just been around for a long time and are looking for something else, or maybe they are burnt out from patient care.”

These findings confirmed the overarching challenge of the gap in strategies to develop physician leaders. While some organizations prioritize leadership development

most of the study participants did not get this experience. All the study participants shared that there are more assumptions that physicians should inherently possess administrative and leadership skills and values. In a longitudinal quantitative study Dyrbye et al. (2021), argued that poor leadership qualities were a predictor of physician burnout and dissatisfaction with the organization. For example, P6 stated, "physicians are dealing with so much change and the change management, nobody is managing and helping them. People assume that you should know, but that's not what we learned in medical school." Consequently, some physician leaders have found ways to overcome the gap in leadership training, however, the observation is that healthcare systems must also prioritize physician leadership development to lead effective operational transformation in the healthcare environment.

Self-Development

When a leader or an individual aims for leadership development, it is essential that they actively pursue self-development. Some scholars found the act of self-development gives an individual the opportunity to reflect on their skills, knowledge, emotional intelligence, and intrinsic motivation to enable a mindset of life-long development (Reed et al., 2022; Zismer & Schwartz, 2022). The data analysis of this study depicted evidence that new leaders developed their own leadership style overtime. Being in their own private practice or leading programs through medical directorships has taught them that (a) listening without reacting was important, (b) effective communication was essential, (c) mitigating their opinion and judgements when people come to them helped the individual feel comfortable, (d) organizational cultural

awareness was key, (e) listening and not immediately reacting often enabled better resolution to the problem, (f) having subject matter expertise was influential, and (g) being respectful to individuals at every level of the organization was crucial. Participants P2, P5, and P6 spent a significant amount of intentional time and effort to develop their leadership skills and finding resources, such as, physician led professional societies dedicated to physician leadership, leadership training courses, executive coaching and mentoring, and formal higher education. Having served in leadership roles early in their career, they needed to learn and develop their leadership skills continuously. P6 described that in addition to their higher education, they had the opportunity of executive coaching, which they found was a powerful strategy to strengthen their skills. Participants P1, P3, and P4 all described their leadership self-development as progressive post-medical school graduation and did not engage in formal training but rather learned through on-the-job experiences.

When leaders embrace a long-term commitment to self-development, they further enhance their effectiveness as leaders. Self-development encourages confidence and motivation and fosters a high degree of prosocial behavior and the desire to grow and develop others and establish high functioning teams (Zielinski & Lurye, 2023). Ultimately, self-development is essential for personal empowerment and positively influencing and inspiring others. Additionally, through self-development another skill often developed is communication.

Communication Skills. Good communication skills allow leaders to listen intently to their team, understand their needs and concerns, solicit ideas, address conflict

and give productive feedback. Angood (2022b) confirmed the findings of this study. Angood also found that leaders need a strong ability to express diplomacy, motivate and inspire, and clearly articulate expectations, as a means of demonstrating good communication skills. Some participants took personal initiative to draw upon past experiences and through observation of leadership skills they wished to emulate and those they wished to avoid that served as an effective way to develop communication skills. For example, P4 and P1 described learning communication skills from leaders they found motivating, and inspiring. P4 said,

> I found a couple of mentors who I observed how they communicated. So, I think communication is one of our hardest duties, 90% of our problems is people don't communicate or we communicate in a bad way. And so, watching how the best people communicated was very helpful.

Communication skills are critical for leaders to clearly articulate their vision, build trusting relationships, and achieve organizational alignment.

Situational Awareness Skills. Situational awareness is critical because it enables leaders to proficiently assess and respond to the constantly changing dynamics of their environment. Leaders who are situationally aware have a strong ability to communicate effectively, foster clarity, gain alignment, understand needs and prioritize and execute actions (Pock & Pangaro, 2023). All the study participants described scenarios where situational awareness helped them develop as a leader by enhancing their ability to make informed decisions by understanding the current conditions, challenges, and opportunities. P5 shared an experience when they were managing a joint venture between

a private practice and a large academic center and had to address negative biases that had been experienced with academic centers by the private group. Therefore, they encouraged strong relationship building between the academic physicians and the private group to build trust and demonstrate goodwill. In this scenario situational awareness enabled their adaptability by recognizing shifts in the environment and team dynamics which enabled them to adjust their strategies, goals, or tactics.

When leaders demonstrate understanding of team capabilities, needs, and the broader situation, it fosters trust and confidence, leading to improved morale and team cohesion. P4 described a transformative experience where they had to rebuild a research team and started holding weekly research meetings where they had open discussion about needs and opportunities. P4 said,

> I was able to build trust within these people and show that there are brighter days. We've created an environment with excellent people who can do really good stuff, that enjoy what they do, that feel a true part of what we're doing. And without that shared commitment, we would be nothing.

Situational awareness enables leaders to remain proactive, flexible, and effective in guiding their teams, especially in complex or rapidly changing environments.

When an individual wants to develop as a leader, they must take accountability to invest in the necessary skills which may involve didactic learning to understand healthcare business fundamentals, regulatory and compliance management, human resource management, or healthcare laws and ethics (Angood, 2022b). P2 stated "it is equally important to engage in collaborative learning." Therefore, seeking out

opportunities to engage with physician peers, community leaders, healthcare leaders, or healthcare governing societies and groups is a is a great way to develop a professional learning network, gain mentorship, and obtain sponsorship for leadership opportunities.

On the Job Experience. Developing skills through real world experiences is an effective and practical way to learn. On the job experience reinforces knowledge and promotes skill development through practice (Lloyd-Kuzik et al., 2023). Transformation in healthcare is expressed in efforts such as implementing high-reliability organizations that influence organizational culture. P5 found that transformation is also observed as an outcome of culture change, such as obtaining workforce expectations and maintaining electronic medical records. P5 also emphasized how transformation is still needed in how the healthcare industry delivers patient care. P5 shared that continuing to surrender to the tactic of paying more to do more or to do things differently will not lead to genuine changes in how care is delivered. Therefore, leveraging the opportunity for on-the-job training as a strategy for developing physician leadership skills is crucial, given the insights and credibility of the physician workforce.

All study participants described a strong desire to bring talented, diverse teams together. However, the organization must influence the leadership tactics of cognitive diversity, inclusion in decision-making, execution of ideas, and gaining consensus. Moreover, all study participants felt the best tactic was hands-on experience leading change and problem-solving. All study participants shared that having great leaders to learn from was a tremendous benefit and allotted the opportunity to learn from different leadership styles. Additionally, being open and curious fostered the confidence to

understand and tackle new situations. P5 said “time can be a barrier to developing as a leader at different times of your career, but I kept going and understood that finding proper balance may not be achieved. There will always be some form of sacrifice.” Transformation in healthcare can be an intentional response to change or an outcome of unintended consequences. Physician leaders must be prepared to respond to changes retroactively and proactively in healthcare. Therefore, developing change management skills can be achieved through hands-on experience and may inspire physician leaders to rise to the occasion. Additionally, having the appropriate culture and setting expectations for coaching, are effective strategies used by physician leaders seeking to develop their own or other leaders’ change management skills.

Organizational Culture and Setting Expectations Through Coaching

Onboarding physicians to an organization is critical. Involving physicians in a culture of high reliability encourages the development of personal accountability (Gillingham & Applehans, 2022). P3 mentioned coaching as a strategy to develop physicians’ leadership skills and which also included the physician’s administrative dyad to promote a team approach. P3 stated, “culture is crucial in the organization as it sets the tone for how people treat each other.” Coaching, mentoring, active evaluations and feedback are essential for an organization. As a physician leader, it is vital to hold physician behavior accountable (Angood, 2022a). P3 stated “double standards can create toxicity and set the wrong expectations for others.”

Furthermore, P6 emphasized that the strategy to learn through experience consisted of listening, coaching, encouraging, and motivating people which are essential

skills for leading transformation and emphasized that the team needs to know they are supported. The experience of empowering the team to work towards solutions was a way of growing them professionally. P6 also described the strategy of intentionally learning from their mistakes. Recognizing that they may not consistently achieve the desired outcome, and the importance of spending time reflecting on what they did and what they would do differently. P5 emphasized reflecting on their experiences were essential to their growth as a leader." P5 and P6 also shared that time can often be a barrier or deterrent for leadership development; however, the strategy to prioritized time was essential to their success.

All study participants highly recommend that physician leaders consider the strategy of executive coaching. In their experiences and observations, physicians are not trained in change management and would benefit from coaching. They described different coaching models (i.e., team building, problem solving, building emotional intelligence, and goal orientation) some of which are for early career, mid-career, and physicians in transition. However, being willing and curious to take on leadership roles is something physician leaders must intrinsically embrace and confirmed by the study participants has allotted invaluable leadership experience and development. Lastly, as a physician leader it is essential to acquire as much organizational knowledge by actively engaging with other leaders and participating in process improvement or decision-making activities. Doing so instigates the explorative strategies to navigate culture, lead change management, mitigate politics, build relationships, and foster authenticity and transformation in their leadership approach.

Inspirational Influences

Some study participants did not experience acknowledgment for the need to develop leadership skills at the onset of their careers as a physician. However, some shared their exposure to the culture of leadership through different avenues, such as, an athletic career in college, professional peers, growing up in a military family, having siblings, and being encouraged by spouses, parents, or grandparents. Inspirational influences served as a foundation for leadership development and all study participants made efforts to bring those experiences forward in their roles as physician leaders. The core components one can learn through inspirational influences, are the ability to have crucial conversations, being direct in a positive way, and not ignoring the need for resolution.

Leading by Example. Leading by example is one of the most powerful and effective leadership approaches. Leading by example as described by the study participants, involves demonstrating the behaviors, values, and work ethic that a leader expects from their team. Being observant of how people lead and behave have also influenced the development of leadership skills. All study participants shared, leading by example is important and demonstrating a strong work ethic and setting the bar for what they expect as a member of the team and a leader. Additionally, the importance of being at the table and not just being involved but being engaged and active in the process of decision-making. P3 stated,

> as a physician there is great satisfaction and confidence with the systematic thinking of medicine and the situational control when handling complex clinical

> situations. However, physician leaders in healthcare need to develop the skill of patience when dealing with complex and matrixed healthcare systems that tend to be riddled with ambiguity and indecision.
>
> P2 stated,
>
> I feel like as a physician leader, I have to live what it is I expect of my physicians. I expect them to be empathetic. I expect them to ask questions. I expect them to be curious. I expect them to put patients first. I expect them to be kind to their colleagues and kind to themselves, and I must demonstrate those skills.

Leading by example also creates a positive and motivating work environment. When employees observe their leader's commitment, they feel inspired to contribute at the same level, resulting in higher productivity, collaboration, and morale. Therefore, when physicians participate in administrative processes and decision-making, the style of leadership behavior reinforces a culture of accountability, as it shows that no task is beneath the leader, and everyone is responsible for the organization's success.

P2 expressed that at certain points it's important to be in practice as a physician leader and critical to not put your patients second. P2 stated, "however, as your responsibilities as a physician leader grow, responsibilities may demand more time and further sacrifice of your clinical practice to make change at a broader scope." When asked about expectations of other physician leaders and physicians they lead, P2 shared the importance of demonstrating to their team the practice of empathy, asking questions, being curious, putting their patients first, being kind to themselves and others. Thus, leading by example promotes harmony, reliability, a shared sense of purposefulness, and

helping teams achieve their goals with integrity and commitment.

Authenticity. Leading with authenticity is vital because it fosters trust, credibility, and strong relationships with teams and organizations. Zielinski and Lurye (2023) argue that physicians must model accountability, and authentic values. P3 described having completed medical school at the age of 35 and serving in several executive roles throughout their career. P3 stated, "physicians who come out of medical school have not been exposed to the administrative and organizational hierarchy in healthcare systems and, therefore, have minimal perspective of leadership, how to lead teams and the depth of healthcare management." P3 also shared that motivating people to want to follow you is essential versus trying to make them follow you. P3 reflected on an experience at the beginning of their career when a colleague shared some personal feedback that sparked their "learning journey about physician leadership." P3's mother was a nurse who always encouraged them to be kind. Therefore, how we show up as leaders is crucial, and P3 proposed that leaders are subjected to the following: (1) how a leader visibly appears, (2) a leader's title, (3) credentials/expertise and knowledge, and (4) who we are as a human being. In their experience, most leaders make the mistake of leading with the first three points which does not demonstrate a leader's true authentic self. Additionally, they emphasized that building trust can mistakenly imply a false sense of a transactional or quid pro quo relationship that is already broken rather than establishing an expectation of transparent objectives, honesty, and authenticity.

P3's testimony highlights the value of being straightforward and authentic as a leader. Physicians need to be exposed to leadership development as a journey, not just a

didactic experience but rather one that is filled with real world experience and context. Human expression and how individuals treat each other within an organization will set the tone for culture and long-term success.

Findings demonstrated a key strategy to developing as a physician leader is to engage in opportunities to lead. On the job learning opportunities can reduce the cognitive dissonance between what physicians understand about influencing change in healthcare and improve organizational alignment and culture. While some on the job opportunities seem inherent and opportunistic and, in certain situations, “lucky” but nonetheless demonstrate the critical nature of sacrifice, persistence, and curiosity. Additionally, the findings demonstrate that leadership skills can be inherent and intentionally learned through observing inspirational and admired leaders, observing what the organization needs, understanding the culture, and demonstrating respect for all. By exemplifying these skills in everyday actions, the study participants were able to lead change and inspire others.

Consequently, some physicians will experience the need to seek skill development on their own. Drawing upon past experiences and observing leadership styles to emulate and avoid can serve as effective influences to develop leadership skills. Furthermore, it is important to consider the differences in decision-making in a clinical situation versus the administrative environment. As a physician leader it is essential to garner as much organizational knowledge to navigate culture, lead change management, mitigate politics, build relationships, and foster authenticity and transformation in their leadership approach. Thus, the organization must set expectations and establish high

reliability to achieve the highest degree of accountability and civility. In healthcare, a team-based environment is the ideal state to foster safety, quality, and innovation (Zielinski & Lurye, 2023). Physician's professional and personal development are crucial to investing in respect, integrity, and prosocial skills.

Theme 2: Transformational Leadership and Organizational Culture

Sense of Purpose

Intrinsic motivation in leaders is the internal drive to lead and succeed based on personal satisfaction, passion, and a sense of purpose, rather than external rewards like money or status. Leaders who are intrinsically motivated are driven by a deep sense of fulfillment from the work itself, the desire to make a positive impact and the alignment of their actions with their core values (Morf & Bakker, 2024). P2 stated, "having strong work ethic, family support, empathy, courage, and self-discipline is essential to overcoming challenges and adversities along the way." P2's experience highlighted that becoming a leader can occur in both traditional and non-traditional ways, therefore, how an individual steps up to a situation can put them in different trajectories of opportunities for formal leadership roles. How one develops leadership skills can come from within or by intentionally seeking out opportunities.

Curiosity

Being curious as a leader means having a genuine interest in exploring new ideas, understanding different perspectives, and intentionally seeking to learn and grow. Angood (2023b) stated, "today's environment presents outstanding opportunities for physicians to develop lasting improvements in care delivery." All study participants described the skill

of being open-minded and inquisitive, constantly asking questions to gain deeper insights into their organization, industry, and team. P3 shared, “What makes a person successful is it’s a person who who’s curious and who asks questions.” The curious mindset of the study participants drove innovation, as they described an extreme dissatisfaction with the status quo and were persistently looking for ways to improve processes, culture, and strategies. P6 underlined that a high degree of willingness and curiosity inspires the desire to take on leadership roles and shared that a leader must continuously learn and seek resources to develop and grow as a leader, which can be accomplished formally and informally. P6 also emphasized that pro-social behavior is a vital skill to develop, focusing on how leaders lead through emotional connection and the desire to motivate others to transcend their abilities.

P3 described a position they held with their state health plan and how they gained knowledge about administrative processes and other clinical specialties. P3 said,

> It was the most interesting thing I ever did, because they would talk about things that I had no experience at as a pediatrician. I’ll never forget what this guy did, this presentation on ventricular assist devices. It was the most fascinating thing to listen to. I think that was really when I realized that I really like learning about things that are kind of outside of my comfort zone and outside of my professional arena.

P6 began their leadership journey from the first day of their career, and said:

> what I tell people is that there are some of us who always look, you know, you go into work, and you grind. You’re just grinding and doing the work. But then some

> of us who raise up our heads and ask, is there a way that it can be done better? And if you are one who raises your head, just own it and be a leader and have your voice at the table. And I think that's who I've been my entire career.

The study findings support key strategies to employ as a leader are being inquisitive and promoting continuous learning, personal growth, and the ability to motivate others to think critically, creatively innovate, and stay ahead in a constantly evolving healthcare environment. Thus, having a strong intrinsic desire to reflect on one's growth and willingness to grow are critical.

Willingness to Lead

Willingness to lead refers to a leader's readiness and desire to take on responsibility, guide others, and influence positive outcomes. The study participants described how this willingness comes from a genuine motivation to make a difference, drive change, and support others in achieving their goals. Becoming a physician leader can start at any point in their career. However, the motivation to try new things and engage in roles that will develop leadership skills depends on the individual and the degree of exposure to those opportunities.

When physician leadership is prioritized early in their career, it can expose interest and motivation to take on leadership responsibilities. P5 stated, "physicians must adopt some degree of leadership in their careers as they will ultimately lead clinical teams or must express some business acumen when advocating for their programs, teams, or compensation interests." Therefore, having a willingness to understand governance, organizational culture, and operating models are essential business skills and must be

complemented by leading with fairness, equity, and transparency. Such leaders are driven by a sense of purpose and a desire to contribute implicitly.

In summary, the study participants expressed the willingness to lead is about having courage, commitment, and desire to guide others, and take on the challenges of leadership, and always striving to make a meaningful impact.

Instilling Justice

Instilling justice in the work environment is crucial for promoting fairness, trust, and a positive organizational culture. When employees perceive that they are treated with fairness and equity in terms of opportunities, recognition, and decision-making, they are more likely to feel valued and respected. A sense of justice fosters greater job satisfaction, higher morale, and increased loyalty to the organization (Angood, 2022a). Moreover, a fair workplace reduces instances of conflict, resentment, burnout, and discrimination, creating a more harmonious and productive work environment (Mazurek, 2022). The study participants recognized that some leaders come into their positions through a variety of methods, such as, formal professional growth pathways, intentionally seeking leadership opportunities, or rising to the occasion. Furthermore, all study participants demonstrated a shared value and desire to lead change to improve the work environment for their teams, patients, and physician colleagues. However, each described some form of adversity or challenge they had to overcome and by reflecting on those situations became stronger as leaders. For example, P2 shared some challenges that being a woman physician leader, and a general pediatrician came with some implicit judgement and while adversities may not have been directly related to gender, the specialty of a

physician can also influence the degree of consideration to take on a leadership role. P2 found themselves in an environment with systemic issues and bias cultures that did not consider women physicians in positions of influence and did not foster a respectful environment, especially for women. P2 overcame these challenges with a courageous voice and a self-driven responsibility to speak up for others who may not have felt as much psychological safety to express their concerns. Thus, justice in the workplace supports a culture of accountability and transparency. When leaders make decisions based on clear, equitable principals and consistently hold individuals accountable, it builds trust between leaders and their team. Trust is fundamental for effective collaboration, open communication, and team cohesion (Avolio & Bass, 1995). Employees are more likely to contribute their best work and engage meaningfully when they believe that their efforts are fairly evaluated and rewarded.

Self-Reflective. When developing as a leader it is important to consistently learn and examine how our experiences have influenced our behavior and reactions. Self-reflection is the process of examining and evaluating one's thoughts, actions, and experiences to gain deeper self-awareness and personal growth (Pock & Pangaro, 2023). The process involves taking time to consider how one has responded to situations, what motivates their behavior, and how their decisions align with their values and goals (Pock & Pangaro, 2023). P6 shared that leadership is a new way of being and guiding people and that there are two lenses through which they define leadership: (a) being a transformational leader is a commitment to reflect on self-leadership, finding your purpose, and transcending your skills, and not just the glamor of a title, and (b) how this

approach enables a leader to focus on how they lead people and how they empower and grow their teams as professionals.

The findings demonstrate that intrinsically motivated leaders are more likely to inspire and empower others, as their passion is contagious, and their leadership style often focuses on personal growth, team development, and the overall success of the organization. Finally, intrinsic motivation in leaders leads to greater satisfaction, sustainability, and effectiveness in their roles.

Theme 3: Transformational Leadership Skills & Values

Individualized Consideration

Individualized consideration is a key component of TL that involves providing personalized attention and support to each team member based on their unique needs, strengths, and aspirations. Bass (1985) posited that leaders who practice individualized consideration recognize that every individual is different and requires a tailored approach to development, guidance, and motivation. Therefore, it is necessary for leaders to develop the skill of individualized consideration to create a supportive and personalized leadership style that drives physician leadership development, motivation, and loyalty while building stronger, more dynamic teams. Individualized consideration helps leaders develop a deeper understanding of their people, leading to better results for both individuals and the organization.

The Practice of Self-Leadership

Self-leadership is fundamental because it involves leaders taking responsibility for their actions, behaviors, and personal development, which are foundational for

effectively leading others. All study participants observed that leaders who practice self-leadership set an example of accountability, discipline, and self-motivation, demonstrating the importance of personal mastery in achieving goals. For example, P2 emphasized the important of maintaining intellectual stimulation as they developed as a leader because demands as a leader will require some sacrifice. P2 said, “to grow a visionary mindset, a leader must be engaged and committed to the bigger picture.” Bass (1985), stresses the critical necessity for leaders to demonstrate how to inspire and motivate others to transcend their abilities in a turbulent environment to achieve their goals. For example, as P2 reflected on their professional growth they noted that they mostly had male mentors. While grateful, they would have also appreciated some women mentors. As a woman leader, P2 focused on development of women physicians who aspired to be leaders. P2 intentionally ensured they had access to leadership skills training and opportunities.

Individual Differences

Recognition of unique talent is essential when a leader must harness engagement and commitment to achieve organizational goals. Leaders who practice individualized consideration are adept at identifying each person’s unique talents and contributions, allowing them to delegate tasks more effectively and creating a team where everyone plays to their strengths (Burns, 1978). P3 observed that by valuing everyone’s unique background and viewpoint, leaders foster a culture of inclusivity and creativity, where diverse ideas are embraced and leveraged for better decision-making. P3 described listening as a critical leadership skill, mainly because of the ambiguity of being a

physician leader. P3 also expressed that medicine is binary in thinking and decision-making. Therefore, ambiguity can be challenging for some physicians because they are primarily data driven. However, most physicians have a great sense of purpose and are motivated by an inherent "North Star." P3's observation is that to successfully align physicians with an objective, it's essential to tap into what motivates them and to clearly articulate how the organization's "why" aligns with theirs. P3 shared an experience when they started a medical school at their organization and inspired their team by demonstrating their specific role and purpose in the mission. P3 said, "when describing operational transformation, a leader must clearly articulate the vision and steps to execute successfully, and the team must be heard and allowed to provide input, ultimately creating ownership and accountability." When leaders show genuine interest in each person's well-being and career, it fosters a sense of value and belonging, which increases motivation, job satisfaction, and commitment to the organization (Burns, 1978). The findings support that individualized consideration ensures that team members receive the right kind of support and feedback to overcome challenges and improve their performance, which leads to higher productivity and overall team effectiveness. Lastly, leaders must inspire at an individual level. Motivating teams towards a goal or mission requires understanding challenges from interdependent parts of the organization. Encouraging diverse perspectives will amplify creativity, innovation, and sustainability

Psychological Safety

Creating psychological safety in the healthcare work environment is essential for fostering open communication, collaboration, and ensuring patient safety. In a

psychologically safe workplace individuals feel comfortable expressing their ideas concerns and mistakes without fear of judgment punishment or ridicule (Sawyer & Sloan, 2022). Psychological safety is particularly important in healthcare where clear communication can directly impact patient outcomes. P5 quickly recognized that as a leader, they must work as a team and understood they will not accomplish anything entirely alone. Therefore, a leader must know how to engage key stakeholders and sponsors. Whenever they experienced resistance, they found that the skill of being a good listener was instrumental to building trust. P5 said, "I understood that most physicians want to care for their patients and desire an environment with the least hurdles." When healthcare professionals feel safe to speak up, they are more likely to share critical information, report potential errors, and seek clarification, which helps prevent mistakes and improve patient safety.

Psychological safety also enhances team collaboration, as it allows healthcare professionals from various disciplines to work together more effectively promoting innovation and creative problem solving. Ivey and Setji (2022) and Kim et al. (2021) argued that in such environments team members feel supported which reduces stress and burnout leading to better job satisfaction and retention of staff. Leaders play a crucial role in building this culture by encouraging open dialogue modeling vulnerability and responding to concerns with empathy and a focus on learning rather than blame.

Providing communication and teamwork training, fostering inclusivity, and recognizing team contributions are also key strategies for reinforcing psychological safety. By creating a respectful, non-judgmental environment where all voices are heard,

health care organizations can improve both the well-being of their staff, and the quality of care delivered to patients (Aburmishan & Baum, 2022; George et al., 2022). P6 shared that as a leader, they also recognized that teamwork is necessary in the healthcare environment. Being an intentional listener and getting their team's perspective was critical and a required skill for physicians. P6 stated, "sharing accountability is a different experience because, as a physician, you carry a high degree of liability and responsibility when caring for a patient." Therefore, they described the need to find other leaders to teach them the skill of engaging intentionally as a leader and harnessing the team's voice as opposed to solving issues on their own. P6 shared a situation where they were charged with bringing groups together in a joint venture and encouraged the group to express their voice constructively. Using the start, stop, and continue method, they demonstrated that everyone's voice mattered and garnered genuine engagement. P6 strongly believed creating a safe environment for individuals to speak and be heard was vital and providing the team with a future vision was essential, and imperative to give the team something to look forward to. In summary, learning to navigate healthcare systems and organizational structures can fall outside what is expected of physicians but has nonetheless proven necessary. It is essential for healthcare systems to recognize that to remove barriers and transform care delivery, they must foster an environment of psychological safety and invest in developing physician leaders as partners and advocates.

Correlation to Transformational Leadership

The core tenets of TL consistently aligned with the necessary strategies and skills needed for physician leaders to successfully lead effective operational transformation. TL

tenets are: (a) idealized influence, (b) inspirational motivation, (c) individualized consideration, and (d) intellectual stimulation (Bass, 1985). The study participants emphasized the need to demonstrate desired behaviors and dedication to their work. They all stated that credibility was drawn most from their patient facing work as it represented the core values of also "doing the work" and dedication to their profession. When leaders act as role models and show authentic interest in their team, they demonstrate intellectual motivation and idealized influence (Avolio & Bass, 1995; Pock & Pangaro, 2023). However, to be an effective leader, self-care is critical, including rest, self-reflection, and getting support from a mentor or coach. Physician leaders must reflect on what they want to achieve in their role or risk burnout, stress, and losing goodwill.

Furthermore, the findings highlighted that both formal strategies such as higher education and coaching, and informal strategies, such as engaging professional leadership societies or seeking mentorship to develop leadership skills are effective and the construct of TL is apparent to becoming an effective leader. The findings confirm that TL principles and values are inherent in the motivations of the study participants to become leaders, and therefore represents a construct for identifying effective leaders who foster empathy, situational awareness, and compassion. Physicians who intentionally seek leadership roles will reflect on their opportunities for improvement and seek resources and strategies to close the gap.

Strengthening leadership skills improves the ability to invest in others and develop a positive team culture. Therefore, representing the tenet of idealized influence by acting as a role model, providing a clear vision, and gaining alignment. A culture of

psychological safety is vital to creating vision and inspiring action through authentic engagement from the leader and the team (Nguyen et al., 2023). Giving an individual the opportunity to have focused time with their leader demonstrates genuine interest in investing in who they are as a professional and a person. Moreover, as a leader builds trust with the team it is important to do so at a group and individual level. Intellectual stimulation and individualized consideration are transformative strategies for leaders who start with encouraging individual's understanding of their contribution to the broader mission and their sense of value in the organization.

All the study participants were enthusiastic and optimistic about the future of healthcare and having the opportunity to be at the table. While physician and administrative leaders face many challenges, it is imperative they have a voice and the chance to influence change. Physician leaders must effectively consider the needs of their team and the environment to achieve success. Passion and commitment are not indefinite and require nurturing through strategies to develop TL skills. Transformational leaders demonstrate empathy for others and aim to create a culture of pro-social behavior that contributes to the greater good.

Connection to Literature

TL is suitable for the healthcare environment because it encourages team empowerment, innovation, belongingness, and trust. These elements are crucial to patient and employee safety, clinical quality and overall operational performance (Bolton, 2023). The findings of this qualitative pragmatic study contribute to the literature by identifying strategies for developing physician leaders that go beyond formal education, mentorship,

or leadership training. The literature is rich in suggesting the types of skills that leaders should possess such as being effective communicators, having political savviness, or adroit business acumen, and the importance of physician leadership in healthcare (Angood, 2022b; Butcher, 2023; Enestvedt et al., 2020). However, this study's findings also suggest that individual characteristics develop from inspirational influences in childhood and even early adulthood. Furthermore, the lived experiences during the journey to becoming a physician also had a significant influential role on the intrinsic motivation of the study participants to lead and the style of leadership with which to lead.

Overall, the three themes of the study were consistent with the constructs of TL in the healthcare environment and the effectiveness of application to physician leadership styles and ways to develop leadership skills. Conversely, Pock and Pangaro (2023) posit that depending on the individual, situation, and organizational culture there are multiple applicable leadership models that would benefit physician leaders and organizations such as trait theory, situational leadership, leader-member exchange theory, path goal leadership, and critical race theory. Each of the theories propose different tenets, strengths, and limitations.

Business Contributions and Recommendations for Professional Practice

Developing physician leaders is essential for advancing both healthcare organizations and patient care. A comprehensive strategy begins with providing education and training through leadership development programs, mentorship opportunities, and formal education, such as healthcare management or higher education degrees, as described by the study participants. Formal education programs can help physicians build

a foundation in organizational behavior, strategic planning, and effective team leadership. In addition to education, fostering key skills like emotional intelligence, communication skills, and evidence-based decision-making is crucial. Physicians need to develop self-awareness, empathy and relationship management to effectively lead diverse teams (Kim et al., 2021). Regular on-the-job training in decision-making and conflict resolution ensures that leaders are prepared to handle complex situations while balancing clinical and administrative demands.

Furthermore, creating clear pathways to leadership is another key component. Defined roles such as department chairs or chief medical officers, along with structured succession planning, allow organizations to identify and groom future leaders early in their careers. Offering leadership programs also provide aspiring leaders with diverse experiences, strengthening their capacity across different areas. A supportive organizational culture is critical and is one that demonstrates appreciation for leadership at all levels and promotes interprofessional collaboration and recognizes leadership contributions (Aburmishan & Baum, 2022; Cammarano et al., 2016). Adequate support not only ensures continuous improvement but also fosters a sense of teamwork and shared vision across the organization.

Providing dedicated time and resources for leadership is also essential. Physician leaders should have allocated time to focus on administrative tasks. Additionally, physician leaders should have access to the necessary tools and data to make informed decisions, provide regular feedback, and obtain leadership coaching to help them grow in their roles and refine their skills. Physician leaders in turn contribute to improved patient

outcomes by promoting evidence-based practices and driving quality of care (Clark et al., 2022; Durfey et al., 2022). They also enhance team performance by modelling best practices and facilitating better communication and collaboration within multidisciplinary teams.

Physician leaders play a vital role in managing organizational change whether it's the adoption of new technologies, the integration of value-based care models, or policy shifts. Their ability to bridge the gap between clinical and administrative priorities ensures that healthcare organizations are both financially sustainable and patient centered (Rafique et al., 2022). Moreover, physician leaders often drive innovation in healthcare delivery, advocate for better healthcare policies, and improve access to care (Lloyd-Kuzik et al., 2023). To fully realize the potential of physician leaders, organizations should prioritize early leadership training during residency and offer ongoing development opportunities throughout a physician's career. Ensuring diversity in leadership roles and aligning leadership development with the organization's mission and values further enhances the impact of physician leaders on the healthcare system (Morf & Bakker, 2024). By focusing on these strategies healthcare organizations can cultivate physician leaders who are well equipped to navigate the complexities of health care while improving patient care and driving organizational success

Implications for Social Change

The development of physician leaders has significant implications for social change predominantly in advancing healthcare equity, quality, reducing costs, and improving access to community healthcare, particularly benefiting underserved

populations and communities in need. Physician leaders are well positioned to serve as clinical champions to advocate for underserved populations and reduce health disparities by promoting health care practices that focus on marginalized communities. By prioritizing equitable care and addressing social determinants of health they can lead systemic efforts that improve health outcomes for disadvantaged groups (Boden et al., 2021). This work is vital to creating a more inclusive healthcare system that addresses the needs of all individuals regardless of their socioeconomic status or background, moreover, physician leaders play a crucial role in influencing healthcare policy at local and national levels (Angood, 2023a, 2023b; Steinbock et al., 2022).

Physician leader's clinical expertise and leadership skills allow them to advocate for public health policies that expand access to care, lower healthcare costs, and emphasize preventative care. In this capacity, physician leaders contribute to broader societal reforms that foster a healthier and more equitable society. Although findings for this study confirmed the TL theory as an appropriate choice for answering the research question: What effective strategies do physicians use to develop leadership skills that lead to effective operational transformation in the healthcare environment; recommendations for further research are necessary.

Recommendations for Further Research

Future research should aim to understand the challenges to develop leadership skills with respect to the physician's specialty. This could involve a nationwide study to provide a more comprehensive understanding of effective strategies by specialty and gender. This may address the limitations related to sample size and the variability of

challenges between specialties and gender. Different findings may emerge that may augment the strategies identified in this study or may vary based on physician specialty.

Given the uniqueness between healthcare organizations it would be ideal to understand why some organizations culturally invest in developing physician leaders. This could involve a multi organizational study to expound on the challenges in different environments such as for-profit, not-for-profit, and academic healthcare systems.

Lastly, this study presents an opportunity to explore where the effectiveness of physician leaders originates and the potential of development at any stage in life and that there are multiplicative leadership styles that are applicable to informal and formal strategies to develop physician leaders. This approach would develop an understanding of how effective physician leaders are identified in an organization and incentivized to take on the responsibilities of leadership.

Conclusion

In this qualitative pragmatic inquiry study, I aimed to identify and explore strategies physicians use to develop leadership skills to lead effective operational transformation in the healthcare environment. The research question addressed was what effective strategies do some physician leaders use to develop their leadership skills that lead to effective operational transformation in the healthcare environment? Data were collected from six study participants through semistructured interviews and open-ended questions, revealing three key themes: (a) strategies for developing TL skills and experience, (b) TL and organizational culture, and (c) TL skills and values. These themes

underscore the diverse strategies organizations and physician leaders can employ to develop physician leadership skills.

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Appendix A: Invitation to Study Participants

There is a new study about strategies physicians use to develop leadership skills to lead effective operational transformation in the healthcare environment that could help business leaders better understand the benefits and challenges of using strategies to develop physician leadership skills. For this study, you are invited to describe your experiences in developing your physician leadership skills.

About the study:

- One 30-60 minute virtual interview that will be audio recorded (no videorecording)
- To protect your privacy, the published study will not share any names or details that identify you.

Volunteers must meet these requirements:

- Must be over 18 years of age
- Hold an active physician leadership role
- Successful in leading effective operational transformation in the healthcare environment
- Actively affiliated or employed in an organization located in the United States

This interview is part of the doctoral study for Judy Ducsik, a DBA student at Walden University. Interviews will take place during the month of June 2024.

Please reach out via email at judy.ducsik@waldenu.edu to let the researcher know of your interest. You are welcome to forward it to others who might be interested.

Appendix B: Interview Protocol

Interview Topic: Strategies physicians use to develop leadership skills to lead effective operational transformation.

Interview Protocol	
Researcher Actions	**Researcher Scripts**
Interview Preparation: • Find study participants. • Get participant consent form signed. • Set up interview meeting via in-person, phone, or video/conference call (Zoom or MS Teams). • Email Interview Protocol to study participants.	
Start recording.	
Introduce participant with their assigned pseudonym identifier.	This interview is being conducted on (Date) at (Time) via (Method) at (Location if in-person). The interview participant is IP (#) from Organization (#).
Introduce the interview and set the stage via inperson, phone, or video/conference call (Zoom or MS Teams), depending on the participant's preference and travel distance.	Good morning/afternoon. My name is Judy Ducsik, and I am a doctoral student at Walden University. Thank you for agreeing to participate in this study. The goal of this research study is to identify strategies physicians use to develop leadership skill. Your participation in this interview is completely voluntary, and you have the option to withdraw from participation at any point during the research study process. I provided you with the research topic and interview questions in a previous email. This interview has been allotted one hour for those interview questions provided as well as any follow-up questions that might arise; however, feel free to stop for questions, concerns, or further explanations as needed. I also want to take this moment to verify that I have your permission to record this interview for the sole purpose of ensuring proper transcription for data analysis.
Introduction:	1. Can you provide me with a brief introduction about yourself and your journey to becoming a physician?
Interview:	1. How do you define transformational leadership?

• Watch for non-verbal cues. • Paraphrase as needed. • Ask follow-up probing questions to get more in depth.	2. What strategies did you use to develop leadership skills that led to effective transformation in the healthcare environment?
	3. What transformational leadership skills do you demonstrate that you expect other physicians to exhibit?
	4. In your career, how have you led transformation?
	5. What skills did you find necessary to lead the transformation?
	6. How have your past experiences influenced your strategies to develop leadership skills?
	7. What key barriers, if any, did you experience when implementing your strategies to develop leadership skills?
	8. Is there anything I did not ask that you would like to provide me?
Wrap up interview thanking participant.	I thank you for taking the time out of your busy schedule to participate in this research study. You have provided me with excellent information and data focused on answering the research question.
Request for supporting documents.	Is there any publicly available supporting documentation that you might share with me as part of the data collection process that supports your efforts in improving your leadership skills? These documents could include handbooks, resume, policies, procedures, recruiting material, leadership guides, and coaching materials.
Schedule follow-up member checking interview.	As I described in the consent email, after I have transcribed this interview and had a chance to interpret your responses to each question, I would like to send you my summarizations of those interpretations to validate that they align with your intended responses. This process is called member checking. Are you willing to review my interpretations and send back whether they confirm with your intentions or with corrections within 5 business days via email?
Ask for recommendations of other study participants (Snowball technique).	Do you have any recommendations on who else I may talk to that may be able to share their strategies to develop leadership skills
Stop recording.	