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Effective Business Strategies to Reduce Rural Hospital Closures

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This is to certify that the doctoral study by

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Abstract

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Abstract

Rural hospital closures disproportionately impact the lives of rural residents across the United States, directly affecting health outcomes for rural communities and the overall financial viability of rural health institutions. Policymakers, healthcare leaders, and community stakeholders are concerned about these closures because they threaten access to care and contribute to health disparities. Grounded in Fiedler's contingency theory, the purpose of this qualitative pragmatic inquiry was to explore business strategies rural hospital administrators use to prevent rural hospital closures. The participants were five rural hospital administrators who successfully prevented the closure of their rural hospitals. Data were collected through semistructured interviews and a review of organizational documents. Through thematic analysis, 12 themes emerged: (a) quality of care, (b) community engagement, (c) financial viability, (d) policy advocacy, (e) telemedicine, (f) networking, (g) medical reimbursement, (h) innovative services, (i) workforce health, (j) services based on needs, (k) patient travel, and (l) certifications. A key recommendation is for policymakers, healthcare leaders, and community stakeholders to use these identified innovative strategies to improve budgeting, staffing, and service delivery. The implications for positive social change include the potential for rural hospitals to enhance financial outcomes, advance critical health services, and improve quality of care for rural communities.

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Section 1: Foundation of the Project

Background of the Problem

Rural hospitals are closing at an alarming rate, significantly impacting care to rural residents in the form of financial distress, difficulty accessing care due to long travel times, rural workforce shortages, and a disproportionate amount of uninsured rural residents (Frakt, 2019; Hoskins et al., 2021; McCarthy et al., 2021; Mills et al., 2023; Weeks et al., 2024). Frakt (2019) found that in 2016, rural hospitals accounted for 15 of the 21 hospital closures. With fewer hospitals available, the price of healthcare services increased due to reduced competition. Bai et al. (2020) further indicated that the financial viability of rural hospitals remains a significant issue, contributing to their closures. These closures have a profound impact not only on healthcare delivery but also on the broader community (Li et al., 2023; Weeks et al., 2024). When rural hospitals shut down, the effects ripple through various sectors—healthcare workers lose jobs, rural residents face diminished access to essential care, and local economies suffer from the loss of critical infrastructure. Moreover, Frakt noted that the disruption to healthcare services and the escalation of healthcare costs place additional strain on already underserved populations. (Frakt, 2019; Hoskins et al., 2021; Li et al., 2023; McCarthy et al., 2021; Mills et al., 2023; Weeks et al., 2024). Addressing the financial struggles of rural hospitals is crucial to sustaining these vital institutions and ensuring that rural communities continue to have access to affordable healthcare.

Business Problem Focus and Project Purpose

Rural hospitals face significant sustainability challenges due to financial disparities and resource limitations. These challenges impact the availability of services, patient volumes, healthcare workforce recruitment, and reimbursement structures, ultimately threatening hospital viability (Lemont et al., 2023; Williams et al., 2020). The financial instability of rural hospitals creates a cycle that exacerbates healthcare access issues and economic strain within these communities. Several studies highlight key disparities affecting rural hospitals. Lemont et al. (2023) and Williams et al. (2020) identified factors such as lower patient volumes, difficulties in recruiting healthcare professionals, and inadequate medical reimbursements as critical concerns. These issues contribute to low-profit margins, making it difficult for rural hospitals to sustain operations. Additionally, reduced revenue streams further limit the hospitals' ability to provide care, reinforcing financial instability (Lemont et al., 2023; Williams et al., 2020). As a result, hospitals are often forced to close, leaving rural populations without access to essential healthcare services. The financial struggles of rural hospitals necessitate strategic interventions to enhance sustainability. Addressing these disparities requires targeted approaches that improve financial viability, workforce retention, and service availability (Lemont et al., 2023; Williams et al., 2020). By exploring and implementing successful strategies, rural hospital leaders can mitigate closure risks and ensure long-term operational stability. Potential solutions include optimizing reimbursement structures, enhancing recruitment efforts, and adopting innovative healthcare delivery models.

Through research, this study aimed to gather data from rural healthcare leaders who have successfully implemented strategies to sustain hospital operations. The research focused on rural hospital administrators in the southern and midwestern United States, utilizing purposive and snowball sampling methods to identify participants. The study sought to provide valuable insights into practical sustainability strategies by capturing diverse experiences and leadership perspectives. Findings will contribute to a broader understanding of effective rural hospital management and inform future strategies to mitigate closures in underserved areas. The research involved qualitative data collection through interviews and document analysis. Hospital administrators were recruited through professional networks, including LinkedIn, Facebook, and Google searches linking to hospital websites.

Data was analyzed using the qualitative research tool MAXQDA to ensure comprehensive thematic analysis. A semi-structured questionnaire with open-ended questions was used to gain insights into how administrators sustain hospital operations and navigate financial challenges. By focusing on rural hospitals in regions where closures are most prevalent, this research aligned with the broader objective of enhancing financial sustainability and ensuring healthcare accessibility in rural communities. The study aimed to contribute valuable knowledge on effective strategies for rural hospital sustainability while emphasizing the significance of healthcare access in underserved regions.

Research Question

What strategies have rural hospital leaders used to prevent rural hospital closures?

Assumptions and Limitations

Assumptions and limitations in research provide both context and boundaries for research findings. Assumptions are accepted as factual without presenting evidence, while limitations are constraints within the study that the researcher has no control over. I highlighted the assumptions and limitations pertaining to this study's topic.

Assumptions

Assumptions can be found throughout any research and is defined as issues, ideas, or viewpoints that can be widely accepted as true (Dimitrios & Antigoni, 2018; Kane, 2020; Laguerre, 2023; Wright, 2023). Key assumptions relevant to the study of rural hospital closures include the presumption that hospital leaders influence operational decisions and possess the autonomy to implement resource allocation frameworks. Examples of such frameworks include reallocating resources, adjusting service offerings, and adopting innovative practices. Furthermore, rural hospitals are assumed to face consistent challenges like limited funding, staff shortages, and low patient volumes, which collectively influence sustainability.

These assumptions are integral to framing research objectives. By addressing operational challenges and acknowledging the decision-making authority of hospital administrators, the study focused on exploring flexible solutions tailored to specific rural healthcare contexts. This focus enabled the identification of strategies that mitigate sustainability concerns like resource optimization and staff management, which directly contribute to preventing hospital closures. The assumptions outlined form the foundation

for investigating operational strategies, aligning with the study's goal of addressing challenges that impact rural healthcare sustainability.

Limitations

Research limitations can affect the study's relevance and feasibility of its recommendations. Fetzer (2022) and Zhou and Jiang (2023) defined limitations within research as constraints that researchers have identified in their analysis. Rural hospitals often experience severe resource constraints, including financial limitations, workforce shortages, and lack of access to advanced medical technology. These constraints can limit the ability of hospital leaders to implement recommended strategies or invest in necessary changes, affecting the study's relevance and the feasibility of its recommendations.

Another limitation could be that rural hospital leaders may have biases based on their experiences, which can affect the objectivity of the findings. Rural hospital leaders' views might reflect personal interpretations of why closures occurred, which may not fully account for external factors or broader trends in healthcare. Recognizing these limitations is crucial for developing realistic and actionable strategies to support the sustainability of rural hospitals.

Transition

The first section introduced the research topic, providing a justification for further exploration. This justification established the significance of the study and its necessity in addressing gaps in existing literature. Ensuring that the research is both relevant and valid is crucial for producing meaningful findings that can inform policy and practice. Ethical considerations are a fundamental aspect of conducting research. The second section of

this research project contains ethical concerns, including measures to protect research participants' identities and adherence to Institutional Review Board (IRB) requirements. Ethical research practices ensure participant confidentiality and compliance with regulatory guidelines, fostering trust and credibility in the study's outcomes.

The third section of this research project focused on the research methodology. This includes an overview of the chosen research design, criteria for participant selection, and data collection techniques. A well-defined methodology enhances the reliability and validity of the study, ensuring that findings are based on systematic and replicable processes. The final section contains research findings, emphasizing the identification of recurring themes and their implications for rural hospital sustainability. These findings provide actionable insights that can inform rural hospital administrators on best business practices and policy recommendations for hospitals at risk of closure across the United States. By highlighting these critical elements, I aim to contribute to positive social change by promoting evidence-based strategies that improve healthcare access and financial sustainability in rural communities.

Section 2: A Review of the Professional and Academic Literature

Literature Review Opening Narrative

This literature review was organized in a manner that highlights the fragile balance between rural healthcare and its viability within rural communities. In addition, sources in this literature review underscored the needed strategic interventions and successful strategies rural hospital administrators have used to prevent rural hospital closures. In highlighting successful strategies, this literature review contains a critical examination and synthesis of key findings from past and present scholarly articles, as well as government reports on rural hospital closures. Additionally, the review is founded upon the contingency theory, which provides a structured framework for understanding how external conditions influence organizational adaptability and sustainability. By exploring various aspects, specifically, financial instability, policy impacts, and operational challenges, the review highlighted the complex factors contributing to the sustainability of rural hospitals. The findings emphasized the importance of strategic interventions, including adequate resource management and policy advocacy, to enhance the operational viability of rural hospitals.

The literature review was organized systematically to comprehensively understand the challenges and strategies associated with rural hospital closures. To aid in understanding the unique challenges of rural hospitals, I ensured the use of current, peer-reviewed sources like articles, government websites, seminal works by theorists, and medical journals. Additionally, more dated sources, specifically, seminal works of

theorists, were used to briefly introduce the theory used in this research. Table 1 provides keywords and databases used in the research.

Table 1

Databases and Keywords

Databases	Keywords
Sage Journals, ProQuest, EBSCO, NEJM, Journal of Medical Ethics, Elsevier, ERIC, Science Direct, ABI/INFORM Collection, Academic Search Complete, Education Source, JAMA Health Forum	*rural hospitals, rural hospital closures, rural hospital closures, rural hospital administrators, rural health challenges, rural healthcare, healthcare accessibility, contingency theory, rural health strategies*

Using these keywords aided in developing a comprehensive understanding of the challenges and solutions in the sustainability of rural hospitals. Overall, this solid research base allowed for an in-depth review of rural healthcare, setting the stage for further analysis of strategic interventions and policy recommendations.

Next, the review contains various strategies proposed in the literature to mitigate rural hospitals' challenges. The literature was critically analyzed to identify the most effective approaches for enhancing rural hospital sustainability. Finally, the review concluded with my synthesis of key insights from thorough research and identified gaps in the literature that could not be addressed. The rigorous selection of sources, including those published within the last 5 years and seminal works, ensured that the review was

grounded in the most current and relevant research. Overall, the organization and evaluation of the literature review ensured a logical flow from understanding the problem to exploring potential solutions, thereby providing a solid foundation for the study.

Application to the Applied Business Problem

The purpose of this qualitative, pragmatic inquiry study was to explore effective strategies to prevent rural hospital closures. Using an exhaustive review of the professional and academic literature provided, I aimed to highlight ways in which rural hospital administrators can prevent closure of their rural hospitals through strategic and innovative means, thereby, achieving sustainability. I chose a qualitative, pragmatic inquiry approach due to the approach's ability to help me gain a thorough understanding of successful business strategies that can not only prevent closures, but also contribute to positive social change for rural populations within the United Sates and possibly around the world.

Rural hospital closures represent a growing crisis in the healthcare landscape, threatening the health and well-being of millions of residents in rural communities across the United States (Bell et al., 2022; Button et al., 2022; Callaghan et al., 2023). These closures reduce access to essential healthcare services, exacerbate health disparities, and weaken the economic stability of rural regions (Bell et al., 2022; Button et al., 2022; Callaghan et al., 2023). Despite efforts to address closures, rural hospitals face significant challenges that jeopardize their ability to remain operational, including financial instability, workforce shortages, and evolving regulatory requirements (Callaghan et al., 2023; Carroll et al., 2023).

Hence, I aimed to explore the underlying factors contributing to rural hospital closures and identify effective strategies to help sustain these critical healthcare institutions. Applying a pragmatic inquiry to the contingency theory framework, I analyzed how rural hospitals can adapt their organizational structures and management practices to navigate their unique challenges. The ultimate goal was to provide actionable insights that can support the long-term viability of rural hospitals, ensuring that rural communities continue to have access to vital healthcare services.

Using a qualitative pragmatic inquiry, I explored strategies rural hospital leaders have used to sustain their hospitals and avoid closure. The contingency theory for organizational change is the leading theory that was used as the conceptual framework for this study. This theory related to the current research problem of hospital sustainability and organizational change, providing an appropriate lens through which the phenomenon can be studied. As the chosen conceptual framework, the contingency theory for organizational change offered constructs that rural hospital leaders may view as considerations essential to their survivability and sustainability.

Conceptual Framework

Contingency Theory

Leadership effectiveness varies across different organizational contexts, requiring models that account for situational factors. In 1967, Fred Fiedler, a psychologist, introduced *A Theory of Leadership Effectiveness*, which redefined how organizations assess leadership styles through the Contingency Model (Fiedler, 1967; Reams, 2023). This model was designed to evaluate an individual's leadership effectiveness within an

organization by aligning leadership styles with specific situations. Fiedler developed the contingency model in response to the limitations of preexisting leadership theories, which failed to consider the diverse challenges leaders face when managing organizations and leading employees (Fiedler, 1967; Reams, 2023).

The contingency model emphasized that leadership effectiveness is context-dependent. Unlike fixed leadership models, Fiedler's approach highlighted the importance of aligning leadership styles with specific situations. His model allowed organizations to better understand how to apply contingency-based strategies to address leadership challenges. By implementing this framework, organizations can adapt leadership strategies to respond effectively to varying managerial demands (Reams, 2023). Ultimately, the contingency model provides a structured approach for organizations to assess and develop leadership capabilities that suit specific operational environments.

Opposing Theories to Fiedler's Contingency Theory

While Fiedler's contingency model asserted that leadership effectiveness depends on situational factors, other theories proposed alternative perspectives. The situational leadership theory, introduced in 1970 by Paul Hersey and Kenneth Blanchard, suggests that leaders should adapt their leadership style based on their subordinates' abilities and willingness (Boyar et al., 2022; Chuang, 2024; Dhamija et al., 2021). This theory is driven by key factors, including employee maturity, task-related behaviors, and relationship dynamics between leaders and subordinates (Boyar et al., 2022; Chuang, 2024; Dhamija et al., 2021). Unlike Fiedler's model, which assumes a more fixed

leadership style, the situational leadership theory advocated for a flexible approach where leaders adjust their management techniques depending on employee readiness and the nature of the task.

The main principle of the situational leadership theory is that no single leadership style is universally effective. Leaders must assess their team's needs and modify their leadership approach accordingly (Boyar et al., 2022; Chuang, 2024; Dhamija et al., 2021). In contrast, Fiedler's model suggests that leaders operate within their inherent leadership style, and instead of adapting their style, organizations should modify the situation to fit the leader's approach (Fiedler, 1967; Reams, 2023). The primary difference between the two theories is that while Fiedler's model focuses on matching leaders to the right environment, Hersey and Blanchard's model argues that leaders should be flexible and adjust their behaviors based on the evolving needs of their subordinates.

Fiedler's contingency model remains a foundational leadership theory that highlights the importance of situational alignment in leadership effectiveness (Fiedler, 1967; Reams, 2023). While it provides a structured approach to leadership assessment, it contrasts with models such as the situational leadership theory, which promotes adaptability and flexibility in leadership styles. Understanding these differences allows organizations to implement leadership strategies that best align with their operational needs. By applying the appropriate leadership framework, organizations can enhance managerial effectiveness and ensure optimal decision-making in diverse contexts.

Servant Leadership Theory

Effective leadership theories emphasize different aspects of leader-follower dynamics, with some focusing on situational adaptability and others prioritizing the well-being of subordinates. The servant leadership theory, first introduced in 1970 by Robert K. Greenleaf, presents leadership as a service-oriented model. Greenleaf outlined this concept in three foundational essays: *The Servant as Leader (1970)*, *The Institution as Servant (1972a)*, and *Trustees as Servants (1972b)* in which he defined servant leadership not merely as a management technique but as a way of life. According to Greenleaf, servant leadership begins with ‘‘the natural feeling that one wants to serve, to serve first’’ (Awasthi & Walumbwa, 2022; Meech & Koehler, 2023; Parris & Peachey, 2012). The core principle of servant leadership is that leaders prioritize the needs, goals, development, and well-being of their followers over organizational objectives. This leadership style fosters increased employee engagement, satisfaction, and performance (Awasthi & Walumbwa, 2022; Meech & Koehler, 2023; Parris & Peachey, 2012). Unlike traditional leadership models, which often emphasize authority and hierarchical decision-making, servant leadership empowers employees by fostering a supportive and ethical work environment. Leaders who adopt this approach create a culture of trust and collaboration, which ultimately benefits organizational success.

Greenleaf’s 1970 servant leadership theory contrasts with Fiedler’s 1967 contingency theory, which focuses on aligning leadership styles with specific situational factors (Fiedler, 1967; Meech & Koehler, 2023; Reams, 2023). While Fiedler’s model asserts that leadership effectiveness is contingent on external conditions, Greenleaf’s

theory emphasizes the intrinsic motivation of leaders to prioritize their followers' needs. In other words, Fiedler's approach suggests that leaders must be placed in the right environment to be effective, whereas Greenleaf argues that leadership is defined by service and ethical responsibility rather than situational constraints. By focusing on employee satisfaction and ethical leadership, the servant leadership theory presents a compelling alternative to contingency-based models. Organizations that adopt servant leadership principles may experience higher employee morale and engagement, leading to long-term organizational success. Understanding these contrasting theories allows leaders to select and apply leadership models that best align with their organizational culture and strategic goals.

In rural areas of the United States, hospitals face barriers to care delivery, including low patient volumes and access to care due to traveling distances (Coates et al., 2025; Carroll et al., 2022; Coombs et al., 2022; Maganty et al., 2023; 2021; Xu & Wang, 2021). These barriers contribute to an oversupply of hospital beds with few patients to fill them, creating inefficiencies in hospital operations (Carroll et al., 2022; Maganty et al., 2023; Xu & Wang, 2021). Lawrence and Lorsch's (1967) theory suggested that organizations in unstable and uncertain environments, particularly rural hospitals, may need to prioritize restrictive strategies to adapt to these conditions, potentially increasing hospital revenue by focusing on efficient resource allocation. This supports the argument that rural hospitals must be flexible and adaptable to survive in challenging environments, as the contingency theory emphasizes.

The contingency theory, often called the crisis communication theory, provides a framework for leaders to make informed and strategic decisions during challenging circumstances. Central tenets of this theory emphasized the uniqueness of circumstances, situation-specific solutions, structural contingencies, and the need for adaptation and flexibility (Glavan & Mateja, 2022; Mazzei et al., 2022; Pluwak et al., 2023). Scholars like Burnes (1996) and Woodward (1965) asserted that there is no universal or one-size-fits-all solution to organizational problems. Instead, effective decision-making requires leaders to assess their organization's conditions and respond with tailored strategies (Battilana & Casciaro, 2012; Burnes, 1996). This perspective underscores the necessity for organizational leaders to cultivate an adaptive mindset. By acknowledging the variability of organizational environments, leaders can better identify appropriate strategies that align with situational demands (Joseph & Sengul, 2024; Parast, 2022). Furthermore, research by past scholars has contributed to a robust body of literature that explores how organizations navigate change effectively. This literature informs the contingency theory's continued refinement and application in addressing organizational challenges. The contingency theory of organizational change remains a critical framework for understanding how leaders can manage and adapt to evolving circumstances in dynamic environments (Joseph & Sengul, 2024; Parast, 2022).

The contingency theory offers a valuable framework for improving healthcare delivery and management, particularly for hospital leaders seeking to implement organizational change. Nartey et al. (2020) examined the operational performance of hospitals in Ghana, demonstrating that management-controlled strategies significantly

enhanced cost-effectiveness, flexibility, and quality. Although based on a single developing country, Nartey et al.'s findings provided insights into the practical applicability of the contingency theory in healthcare settings. Additionally, Ng's (2022) and Leeman et al.'s (2019) research mirrored Nartey et al.'s research view that the adaptability of management strategies underscores the importance of tailoring organizational approaches to specific contexts. This adaptability supports improved operational performance and aligns with the contingency theory's core principles, which emphasize situational responses and structural flexibility. (Joseph & Sengul, 2024; Parast, 2022). While Nartey et al.'s geographical focus limited its generalizability, the findings serve as a foundation for broader applications of the theory in other healthcare environments, including rural hospitals in the United States. These research results reinforce the argument that the contingency theory can guide rural hospital leaders in the U.S. to design effective organizational structures and implement adaptive strategies to manage operational challenges effectively.

The contingency theory provides a framework for understanding how hospitals can adapt to environmental challenges by leveraging organizational features illustrating connectivity, knowledge, and formalization. Victer (2020) explored the application of the contingency theory in New York and New Jersey healthcare organizations. Victer's study revealed a significant relationship between organizational connectivity, knowledge, and the degree of formalization, demonstrating that hospitals with higher connectivity are better positioned to adapt to changing circumstances. Furthermore, Engelseth et al. (2020) and Victer (2020) noted that the effectiveness of a hospital's organizational

features depends on the specific contingencies or circumstances the organization faces. Engelseth et al.'s and Victer's findings align with the core principles of the contingency theory, which emphasizes tailoring organizational strategies to particular situations. Hospitals with more excellent connectivity and formalization are better equipped to respond effectively to their operational environments, as these features enable flexibility and informed decision-making. Engelseth et al.'s and Victer's study highlighted how contingency-based approaches can address organizational challenges, contributing to long-term sustainability and operational efficiency in the healthcare sector. Consequently, the evidence supports the notion that applying the contingency theory to hospital management can guide healthcare organizations in designing structures that promote adaptability and sustainability.

The contingency theory is a valuable framework for understanding and addressing the challenges associated with rural hospital closures. It provides a foundation for leaders to adapt their organizations to both external and internal factors that influence hospital operations (Mahmud et al., 2021; Mazzei et al., 2022; Pang et al., 2023). Research highlights that rural hospitals face distinct challenges, like changing healthcare policies, demographic shifts, and restricted access to healthcare funding (McCarthy et al., 2021; Vaughan & Edwards, 2020). Leaders utilizing the contingency theory can effectively respond to these factors, restructuring their organizations to better align with environmental demands (Mahmud et al., 2021; Mazzei et al., 2022; Pang et al., 2023). By applying contingency theory, rural hospital administrators can pinpoint specific challenges and implement necessary organizational changes to sustain operations. This

approach ensures adaptability by addressing evolving conditions and supporting long-term viability in healthcare delivery. In this context, adopting a contingency theory framework is critical for rural hospital leaders to mitigate the risks of closure and maintain essential health services for underserved communities.

Opposing Viewpoints of the Contingency Theory

The contingency theory has been criticized for its lack of clarity and difficulty in modeling theoretical solutions for complex organizational environments (Mitchell et al., 1970; Van de Ven et al., 2013; Vidal et al., 2017). For example, organizations often face multiple conflicting environmental demands, internal design tradeoffs, and diverse performance expectations, which complicate the application of the theory. Studies have highlighted these challenges, with Mitchell et al. (1970) and Van de Ven et al. (2013) noting that only two studies tested all eight octants of the model, and one did not produce the predicted results. These findings suggested that contingency theory struggled to provide a universally applicable framework for organizing and decision-making. The reliance on lenient statistical criteria, due to the small sample sizes in some studies, further diminishes its validity (Mitchell et al., 1970; Van de Ven et al., 2013). This indicates that the theory may not fully capture the complexities of organizational environments or reliably predict outcomes (Mitchell et al., 1970); Van de Ven et al., 2013; Vidal et al., 2017). Ultimately, these critiques underscore the need for further research to clarify some areas of the theory that may not be universally understood.

Contingency Theory and Organization-Public Relationships

The contingency theory provides a valuable framework for understanding how rural hospitals, navigate complex relationships with their stakeholders during crises, including closures. Coombs and Tachkova (2022), Mahmud et al. (2021) and Pang et al., (2023) described the contingency theory as a tool that integrates conflict and strategy to manage organization-public relationships effectively. This approach is especially relevant for rural hospitals, which often face competing priorities, namely maintaining financial viability while addressing community health needs (Coombs &Tachkova, 2022; Mahmud et al., 2021; Pang et al., 2023). Furthermore, the contingency theory emphasizes balancing advocacy, focusing on the rural hospital administrators' goals, and accommodation, which prioritizes stakeholder concerns. In addition, Coombs and Tachkova noted that the strategy used depends on internal and external factors, like staff availability, funding, and community expectations. Due to relevant research identifying that rural hospitals undergoing closure often encounter significant challenges in maintaining trust and transparency with their communities, applying the contingency theory can help hospital leaders tailor their communication and management strategies to meet these pressing demands (Coombs & Tachkova, 2022; Mahmud et al., 2021; Pang et al., 2023). For example, advocacy might be necessary to communicate the financial reasons for closure, while accommodation can guide outreach efforts to connect displaced patients with alternative care providers. By adopting the contingency theory, rural hospital leaders can make informed decisions to balance conflicting priorities during

closure crises, maintaining their credibility with stakeholders while mitigating the impact of the transition (Coombs & Tachkova, 2022; Mahmud et al., 2021; Pang et al., 2023).

Threats and Crises

Internal and external threats significantly shape organizational responses to crises, particularly in the context of rural hospital closures. Coombs and Tachkova (2022) and Mazzei et al. (2022) emphasized that threats mirroring financial instability and reputational damage directly influence organizational decision-making. The authors further highlighted that external threats, including policy changes, reduced reimbursements, and declining patient volumes, can exacerbate financial strain, while internal threats related to workforce shortages, operational inefficiencies, and low employee morale, complicate crisis management (Mazzei et al., 2022; Pang & Jin, 2024). These threats are multidimensional, varying in type, duration, and severity, and place substantial emotional and resource demands on leadership. Coombs and Tachkova and Mazzei et al. underscored that rural hospitals facing prolonged external threats often experience heightened operational strain, necessitating adaptive and context-specific strategies. Applying contingency theory in this context becomes critical, as it provides a framework for organizations to tailor their responses based on the specific challenges they face (Mazzei et al., 2022; Pang & Jin, 2024). This approach addresses immediate resource demands and ensures long-term sustainability by mitigating harm to the organization and the surrounding community. Understanding the multidimensional nature of threats enables rural hospital leaders to develop adaptive strategies grounded in

contingency theory, which are essential for navigating closure challenges while minimizing their impact on organizational and community well-being.

Crisis Response Stances

Rural hospital closures can adopt accommodative strategies to align their responses with public expectations and improve crisis management. Coombs and Tachkova (2022) and Pang et al. (2020) explained that crisis response strategies include Action Accommodation (AA), which involves meeting public demands, and Qualified Rhetoric-Mixed Accommodation (QRA), which combines acknowledgment, collaboration, and regret. Past research indicated that external, long-term crises often drive organizations to adopt more accommodative approaches (Childs et al., 2022; Lehoux et al., 2021). For rural hospitals, accommodative strategies may involve collaborating with local healthcare providers to ensure continued access to care for the affected community (Coombs & Tachkova, 2022; Pang et al., 2020). Employing QRA during closure announcements, expressing regret for the decision, and offering solutions can preserve the hospital's reputation and strengthen public trust (Coombs & Tachkova, 2022). Overall, through accommodative strategies, rural hospitals can effectively manage the closure process, reducing public backlash and maintaining their legacy of community care.

Strategic Adaptation in Rural Hospitals

The contingency theory supports that business strategies must be developed to match an organization's needs and conditions. Each rural hospital operates within a distinct context, varying in organizational structure, leadership styles, resources, and

capabilities (Csaszar & Ostler, 2020; Gifford et al., 2022; Vaughan & Edwards, 2020). Factors like the hospital's infrastructure, leadership capacity, and workforce capabilities play a significant role in determining appropriate strategies for organizational change (Childs et al., 2022; Gifford et al., 2022). Customizing strategies to meet unique rural challenges allows hospital leaders to develop practical solutions for success. For example, strategic organizational restructuring, process redesign, or workforce training can help rural hospital administrators navigate external pressures and improve efficiency (Begun & Jiang, 2020; Chen et al., 2021). Tailored strategies are essential for rural hospital administrators to effectively address their distinct organizational contingencies and remain sustainable in a changing healthcare landscape.

Flexibility in Response to External Pressures

Rural hospital administrators must remain flexible and adapt to external challenges to survive. Financial difficulties and other external pressures often require hospital leaders to continuously assess their business strategies and adapt to them accordingly (Begun & Jiang, 2020; Slonim et al., 2020). In addition, hospital administrators must assess their business strategies and adapt to their environment accordingly, continuously restructuring and forming strategic alliances (Chen et al., 2021; Coates et al., 2025). The flexibility to implement these strategies is critical for rural hospitals, as external challenges can significantly impact their operations. Furthermore, continuous assessment of the business structure allows hospital leaders to adjust and stay aligned with evolving conditions, minimizing the risk of failure or closure (Coates et al., 2025; Gruessner, 2025).

As a result, rural hospital administrators must maintain adaptability in their strategic planning to mitigate external threats and sustain their rural hospitals' operations. Through the application of the contingency theory, rural hospital administrators can develop strategies that ensure their rural hospitals' long-term sustainability. This approach allows hospital leaders to create more nuanced and relevant strategies that consider external pressures and internal organizational factors, which are key to hospital viability (Gruessner, 2025; Slonim et al., 2020; Xu & Wang, 2021). The principles of contingency theory enable rural hospitals to adjust accordingly in response to evolving conditions, ensuring their survival. Continuous assessment and adjustment based on these principles foster the hospital's ability to meet changing demands while maintaining operational efficiency (Gruessner, 2025; Slonim et al., 2020; Xu & Wang, 2021). Ultimately, applying the contingency theory can help rural hospital leaders navigate complex challenges, leading to improved sustainability and reduced risk of hospital closure.

Potential Themes and Phenomena

Thematic analysis provides a robust framework for qualitative research, particularly in exploring complex phenomena of rural hospital closures and prevention strategies. Naeem et al. (2023), Jowsey et al. (2021), and Sundler et al. (2019) outlined six critical steps involved in thematic analysis: transcript creation and data familiarization, keyword identification, code selection, theme development, conceptualization through the interpretation of keywords and codes, and finally, the development of a conceptual model. These steps serve as a systematic blueprint for dissecting qualitative data and generating meaningful research findings (Naeem et al.,

2023; Jowsey et al., 2021; Sundler et al., 2019). Additionally, potential themes within the scope of rural hospital closures include leadership, financial sustainability, and healthcare accessibility.

Leadership involves hospital administrators engaging in strategic decision-making and resource allocation. Financial sustainability focuses on implementing reimbursement models and telemedicine to mitigate financial constraints, while healthcare accessibility addresses overcoming geographical barriers and employing mobile clinics to serve underserved populations. These thematic elements underscore the multidimensional nature of rural hospital closures, highlighting the interconnected challenges faced by these institutions (Jowsey et al., 2021; Sundler et al., 2019). For example, by focusing on leadership adaptability and financial sustainability, researchers and administrators can identify systemic strategies to address resource deficiencies and improve organizational resilience. Moreover, examining healthcare accessibility highlights the critical need to reduce disparities in underserved communities, ensuring long-term viability and equitable health outcomes. By addressing these themes systematically, thematic analysis facilitates a deeper understanding of rural hospital operations, offering actionable insights into strengthening institutional resilience and promoting sustainable healthcare systems.

Understanding key phenomena related to rural hospital closures further illustrates the complexities of these challenges and their broader impact on rural communities (DeJonckheere et al., 2024; Sundler et al., 2019). Several phenomena reflect the intricacies of rural hospital closures, including the financial collapse of hospitals due to patterns of instability and identifiable warning signs. Another key phenomenon is the

emergence of healthcare deserts, where closures lead to reduced healthcare access and poorer health outcomes (DeJonckheere et al., 2024; Sundler et al., 2019). Additionally, the socioeconomic effects of hospital closures—particularly employment loss and declining local economies—warrant closer exploration (DeJonckheere et al., 2024; Sundler et al., 2019). These phenomena reveal the cascading consequences of rural hospital closures, both for healthcare systems and their surrounding communities.

Financial instability often creates a vicious cycle, as declining revenue streams reduce operational capacity, leading to further patient and staff losses. The emergence of healthcare deserts compounds these challenges, disproportionately affecting vulnerable populations and widening health disparities. Furthermore, the socioeconomic repercussions, including job loss and economic decline, underscore the critical role rural hospitals play as both healthcare providers and community anchors (DeJonckheere et al., 2024; Sundler et al., 2019). Understanding these phenomena provides a critical foundation for developing targeted interventions that address the root causes and mitigate the adverse consequences of rural hospital closures, ultimately fostering community and healthcare system resilience.

Introduction to Resource Allocation

Rural hospital leaders are disproportionately challenged to sustain their rural hospitals and avoid closure. Keesee et al. (2023) noted that the financial viability of rural healthcare is in dire need of attention since 18 hospitals closed in 2019, followed by 19 closures in 2020. Furthermore, failure to address these challenges could increase health disparities, underscoring the need to focus on rural hospitals' viability (Bai et al., 2020;

Coates et al., 2025). The financial strain on rural hospitals, as highlighted by Bai et al. (2020), Coates et al. (2025), and Keesee et al. (2023) emphasized that addressing these challenges is critical to sustaining rural hospitals and reducing financial strain, which is vital in ensuring healthcare access in underserved areas. Understanding rural hospitals' challenging factors can help develop successful strategies to support hospital operations and boost long-term sustainability.

Resource Allocation

Resource allocation is a significant challenge for healthcare workers in rural hospitals. Coombs et al. (2022), Daverio (2020), and Meng et al. (2024) stated that healthcare workers in rural hospitals commonly face resource allocation challenges. This is especially true for rural health institutions, where hospital leaders face even more significant disparities in garnering resources that rural populations need more than their urban counterparts (Coombs et al., 2022; Daverio 2020; Meng et al., 2024). Because rural hospital leaders must adopt practical strategies to provide continuous critical care in resource-limited settings, they must approach resource allocation challenges pragmatically. The resource disparity between rural and urban hospitals highlights the necessity of optimizing existing resources to meet patient needs and improve operational efficiency, ultimately leading to better health outcomes (Coombs et al., 2022; Daverio 2020; Meng et al., 2024).).

Optimizing resource allocation and increasing staff productivity can improve health outcomes in rural hospitals. Researchers like Butler et al. (2022) and Guidolin et al. (2021) underscored the need to approach rural hospitals' challenges pragmatically by

utilizing resource allocation strategies, as these strategies may help reduce disparities within rural health. Additionally, implementing practical resource allocation strategies can alleviate the strain on rural hospitals, helping to maximize efficiency and provide higher-quality care (Cyr et al., 2019; Meng et al., 2024). This is especially important given the limited resources available to rural healthcare institutions. Optimizing resources and increasing staff productivity can improve health outcomes, as Yinusa and Faeziopour (2023) indicated.

Resource Allocation Strategies

Resource allocation strategies are vital for improving healthcare outcomes, particularly during crises, enabling healthcare leaders to manage limited resources effectively. (Cyr et al., 2019; Guidolin et al., 2021; Meng et al., 2024). Guidolin et al. (2021), in their study *Ethical Decision-making during a Healthcare Crisis: A Resource Allocation Framework*, analyzed the impact of the COVID-19 pandemic on resource allocation in healthcare. Guidolin et al.'s (2021) findings emphasized the importance of prioritizing services for acutely ill patients while periodically reassessing the management of patients' care settings. Guidolin et al. proposed a seven-step protocol to enhance transparency, solidarity, and stakeholder involvement in decision-making. Similarly, Meng et al. (2024), Butler et al. (2022), Guidolin et al., Cyr et al. (2019), and Butler et al. (2022) explored resource allocation strategies in trauma centers and stressed the need to maximize limited resources by prioritizing critical care for patients with the highest chances of survival. Guidolin et al.'s pragmatic framework highlights the ethical dimensions of resource allocation, underscoring the importance of stakeholder

engagement and consistent evaluations to optimize patient care during crises. Butler et al. extended this understanding by demonstrating how balanced approaches to resource allocation, integrating life-saving interventions and immediate care, can improve outcomes in resource-limited settings. Both studies underscored that timely decision-making and adaptive strategies are essential in healthcare management to address staffing shortages and resource constraints effectively. These research findings collectively highlight the need for healthcare institutions to adopt comprehensive resource allocation policies that balance ethical considerations, immediate care needs, and long-term sustainability. By implementing such strategies, healthcare leaders can ensure improved health outcomes while addressing the challenges of crises and resource limitations (Butler et al., 2022; Cyr et al., 2019; Guidolin et al., 2021; Meng et al., 2024).

Access to Care

Rural hospitals face significant challenges in providing access to care due to financial instability and geographic barriers, but innovative solutions are helping to bridge these gaps. Rural hospitals account for approximately 40% of acute care facilities in the U.S., yet they possess only 20% of the total hospital beds (Harrington et al., 2020). Additionally, these facilities are smaller and operate at lower volumes than urban hospitals, exacerbating financial difficulties due to reduced patient volumes and increased uncompensated care (Bai et al., 2020; Buck, 2021; Zahnd et al., 2024). Over 130 rural hospitals have closed since 2010, highlighting the urgency of addressing these financial challenges (Buck, 2021). Geographic factors further limit healthcare access, as rural residents live an average of 10.5 miles from a hospital, compared to 4.4 miles for urban

residents (Bai et al., 2020; Buck, 2021; Lam et al., 2018; Zahnd et al., 2024). Also, transportation barriers increase disparities, contributing to untreated conditions and poorer health outcomes (Coughlin et al., 2019; Zahnd et al., 2024). The compounded challenges of financial and geographic obstacles significantly strain rural hospitals and their ability to deliver equitable care. Furthermore, financial instability limits operational capacity and jeopardizes the sustainability of rural healthcare systems (Bai et al., 2020; Buck, 2021; Lam et al., 2018; Zahnd et al., 2024). Additionally, geographic barriers like long travel distances further exacerbate disparities, reducing healthcare utilization and worsening health outcomes for rural populations (Bai et al., 2020; Buck, 2021; Zahnd et al., 2024). These findings underscore the importance of addressing systemic resource allocation and transportation issues to improve access to care for underserved communities. Innovative strategies like telehealth, have proven effective in combating these challenges. For example, Fairview Park Hospital in Dublin, Georgia, has implemented telehealth services to reduce the need for travel and increase access to care (Fairview Park Hospital, n.d.). Hence, by leveraging technology, rural hospitals can overcome traditional barriers, improve health outcomes, and serve as a model for institutions facing similar challenges.

Critical access hospitals (CAHs) play an essential role in providing healthcare in rural areas, yet they face significant challenges to their financial sustainability and operational viability. By January 2022, approximately 900 CAHs were at risk of immediate closure due to financial instability and an inability to remain profitable (Simpson et al., 2023). CAHs are typically small-scale operations with fewer than 25

inpatient beds and are often situated far from other hospitals, with limited access roads (Bai et al., 2020; Hoskins et al., 2021). Moreover, CAHs offer fewer intensive care and inpatient rehabilitation services than larger, non-CAH facilities, making them more vulnerable to financial pressures (Harrington et al., 2020; Hoskins et al., 2021). The small scale and geographic isolation of CAHs amplify their financial challenges, as limited patient volumes and fewer specialized services make it difficult for them to compete with larger, centralized institutions (Hoskins et al., 2021; McCarthy et al., 2021; Mills et al., 2023). This situation exacerbates their reliance on smaller patient populations, which may not generate sufficient revenue to sustain operations. As a result, CAHs are particularly susceptible to closure, jeopardizing access to essential healthcare services in rural communities (Hoskins et al., 2021; McCarthy et al., 2021; Mills et al., 2023).The financial vulnerability of these hospitals underscores the importance of targeted support and interventions to ensure their continued operation. Strategic measures to bolster the financial viability of CAHs are critical, as these facilities are indispensable in maintaining healthcare access for underserved rural populations. Addressing the unique challenges CAHs face through policy and funding initiatives will help safeguard their essential role in rural healthcare systems.

The financial challenges faced by CAHs have significant implications for rural healthcare delivery. Pai et al. (2023) and Pai and Pakdil, (2022) studied the financial performance of CAHs in Pennsylvania and found that CAHs consistently lagged behind non-CAHs in total margin. The researchers analyzed 1,444 hospital-year observations from 2000 to 2020, discovering that the median cost per patient stay at CAHs increased

significantly during this period (Pai et al., 2023; Pai & Pakdil, 2022). This cost increase has led to mounting financial pressure, particularly due to higher daily patient costs. While CAH status does not directly impact total margin, it is linked to higher per-patient costs, exacerbating financial difficulties (Hoskins et al., 2021; McCarthy et al., 2021). These increased costs and the smaller financial margins of CAHs make it challenging for rural hospitals to remain financially sustainable, particularly compared to their non-CAH counterparts. As operating costs rise, the strain on these hospitals grows, underscoring the need for effective financial management to ensure they can continue serving rural communities (Hoskins et al., 2021; McCarthy et al., 2021; Mills et al., 2023).These findings highlight the critical importance of addressing the unique financial challenges CAHs face, as their financial viability is crucial for maintaining healthcare access in rural areas (Harrington et al., 2020; Pai et al., 2023; Pai & Pakdil, 2022).

Workforce Retention

Workforce retention is a continuous challenge for rural hospital leaders, as rural healthcare workers are critical to maintaining healthcare services in underserved areas. According to the National Institute for Health Care Management (NIHCM) (2023), 80% of rural communities in America are considered medically underserved, with high infant mortality rates, poverty, and a high elderly population. Also, rural hospitals struggle to attract healthcare professionals due to low patient volume and non-competitive compensation compared to urban hospitals (Kelly et al., 2022; NIHCM, 2023). These factors make it difficult for rural hospitals to retain healthcare workers, resulting in a continuous staffing shortage that compromises care. Recruitment and retention programs

facilitated by non-profit organizations and governmental initiatives, are essential to addressing this issue (Kelly et al., 2022; NIHCM, 2023). Hence, allocating resources that attract healthcare workers is essential to meet the needs of rural populations and strengthen healthcare delivery in these areas.

Recruitment and retention programs have been developed to address the shortage of rural healthcare workforces. Programs mirroring the National Health Service Corps and the Area Health Education Centers have helped increase the healthcare workforce in rural communities (Holland et al., 2019). Additionally, the National Rural Recruitment and Retention Network (3RNET) connects non-profit workers with rural health employers to help train healthcare professionals (Rural Health Information Hub, n.d.). These programs are critical in helping rural hospitals attract healthcare workers by providing necessary support and training to potential recruits. This directly addresses the workforce retention issue and enhances the overall quality of care. Rural health institutions can mitigate staffing challenges and strengthen rural economies by supporting rural hospitals' workforce retention initiatives.

Financial Challenges

Rural hospitals faced significant financial challenges during the COVID-19 pandemic. Federal healthcare programs like Medicare helped rural hospitals continue to care for residents, but these government-funded programs have since expired, leaving rural hospitals in financial distress (MacKinney et al., 2023; Rhoades et al., 2022). With the expiration of these programs, many rural hospitals are left to navigate the financial strain on their own. In addition, the defunding of health programs has left many hospitals

vulnerable, increasing the risk of closure (MacKinney et al., 2023; Rhoades et al., 2022). To remain resilient during unprecedented times, rural hospital administrators must adopt innovative strategies that promote financial viability without relying solely on government assistance.

Some rural hospitals have managed to thrive despite financial challenges by utilizing resource allocation strategies. South Baldwin Medical Center in Alabama, for example, received state approval for a $186 million expansion project, which will improve the quality of care and service (South Baldwin Regional Medical Center, n.d.). The hospital's CEO, Eric Roach, emphasized that engaging with stakeholders and accessing financial grants helped the hospital succeed. This case demonstrates that rural hospitals can overcome financial constraints by advocating for financial support and engaging with stakeholders. By expanding facilities and improving care, rural hospitals can increase their capacity to serve the community despite broader financial challenges. Hospital leaders who are proactive in seeking financial assistance and improving resource allocation can ensure the continued success of rural hospitals.

Financial difficulties are the primary reason for rural hospital closures, significantly impacting rural communities. According to Stansberry et al. (2022), rural hospitals only receive 5% of hospital funding despite providing critical healthcare services to rural communities. The economic fallout from closures results in a loss of revenue and jobs in rural areas (Carroll et al., 2022; O'Hanlon et al., 2019; Rosko et al., 2023). The lack of sufficient funding for rural hospitals is a major driver of closures, which has far-reaching effects on the healthcare system and the economy of rural areas.

Rural communities face long-term disadvantages due to the loss of jobs and healthcare access (Carroll et al., 2022; O'Hanlon et al., 2019; Rosko et al., 2023). These findings highlight the significant importance of securing more financial resources for rural hospitals to prevent closures and sustain the well-being of rural populations.

Seeking Funding

For rural hospitals to remain sustainable and provide quality care, seeking additional funding is essential. Studies have shown that increased funding helps improve healthcare worker recruitment and retention and access to care (Berini et al., 2022; Prina, 2019). Furthermore, profitable hospitals have a reduced risk of closing by seeking additional funding, compared to financially struggling hospitals (Carroll et al., 2023; Williams Jr et al., 2020). Also, rural hospital leaders who can secure sufficient funding are better positioned to manage their healthcare expenses and attract healthcare professionals, which is imperative for sustaining rural hospital operations and improving patient outcomes. Rural hospital leaders must prioritize seeking funding through various means to ensure financial stability and quality healthcare delivery.

The rural healthcare workforce is inadequate, contributing to significant challenges in rural health services (Gillespie et al., 2022). Prina (2019) and Arredondo and Touchett (2024) identified that the Health Resources and Services Administration (HRSA) provide monetary assistance to rural hospitals to establish residency and accreditation programs that can attract graduates to practice in rural locations. By establishing residency programs in rural areas, healthcare institutions can address the shortage of healthcare workers, which is critical in providing quality healthcare to

underserved populations (Arredondo & Touchett, 2024; Gillespie et al., 2022; Prina, 2019). These programs incentivize graduates to work in rural areas, ensuring these communities receive the necessary healthcare services. Hence, increasing efforts to recruit and retain healthcare workers in rural hospitals can help mitigate the healthcare access disparity between rural and urban populations.

Community health workers (CHWs) have proven to be vital in improving healthcare delivery in rural areas. Incorporating CHWs into rural hospitals positively impacted rural hospital leaders' goals of providing access to health information through community workshops (Berini et al., 2022; Bridges et al., 2023; Kaseje et al., 2024). The implementation of CHWs not only increases healthcare access but also fosters positive behavioral changes in residents' lifestyle choices after CHW initiatives (Berini et al., 2022; Bridges et al., 2023; Kaseje et al., 2024). Incentivizing CHWs can significantly enhance healthcare delivery and the rural workforce.

Financial instability is a major factor influencing rural hospital closures or mergers. Bai et al. (2020) and Williams Jr et al. (2020) argued that rural hospitals with poor performance are more likely to merge or close as they struggle to cover existing debts. Financial difficulties illustrating low profitability, significant operational inefficiencies, and aging infrastructure increase the likelihood of rural hospitals merging or closing (Carroll et al., 2023; Karim et al., 2023; Mariani et al., 2022). Although mergers can provide some financial stability for some rural hospitals, mergers can also reduce access to healthcare in rural communities when facilities close due to such mergers (Carroll et al., 2023; Karim et al., 2023; Mariani et al., 2022). Addressing

financial instability through strategic planning and resource management is crucial for sustaining rural hospitals and ensuring healthcare access for rural populations.

The financial instability of rural hospitals has led to a significant increase in hospital mergers, which can impact access to healthcare in rural communities. Since 2011, the incidence of rural hospital mergers has risen substantially, with over two-thirds of rural hospitals opting for mergers, particularly those struggling to cover debts or remain profitable (Carroll et al., 2023; Williams Jr et al., 2020). These mergers are often pursued as a strategy for financial survival. However, frequently reduce access to healthcare services in rural areas, especially when hospitals are absorbed into larger systems or shut down altogether (Jiang et al., 2021; Williams Jr et al., 2020). The trend of increasing mergers highlights the precarious financial position of many rural hospitals.

Furthermore, while mergers may provide short-term financial relief, they often lead to long-term consequences for rural healthcare accessibility (Jiang et al., 2021; Williams Jr et al., 2020). Additionally, communities may face challenges consisting of longer travel distances to care facilities or reduced specialized services. Ensuring rural hospitals' financial independence and viability is crucial to maintaining access to quality healthcare for underserved populations. Overall, promoting financial stability for rural hospitals can reduce the need for mergers, preserve healthcare services in rural areas, and protect communities from disruptions in service delivery, ultimately supporting better health outcomes in these regions (Carroll et al., 2023; Jiang et al., 2021; Williams Jr et al., 2020).

Uncompensated Care and Medicaid Expansion

Financial challenges in rural hospitals, particularly due to uncompensated care, exacerbate operational difficulties and threaten their viability. According to Keesee et al. (2023) and Williams Jr et al. (2020), uncompensated medical expenses financially burden rural hospitals. Medicaid expansion under the Affordable Care Act (ACA) has been promoted as a potential solution (Buchmueller et al., 2020; Lindrooth et al., 2018; Xiao et al., 2025). Data indicated that rural hospitals with higher levels of uncompensated care face heightened financial pressures, increasing the risk of closure (Buchmueller et al., 2020; Lindrooth et al., 2018). The critical role of policy interventions like Medicaid expansion in ensuring the sustainability of rural hospitals is critical to address uncompensated care among rural hospitals.

Medicaid expansion significantly impacts the financial health of hospitals, particularly those in rural areas. Medicaid expansion under the ACA had long-term effects on hospital profitability, with positive fiscal outcomes persisting over time in states that expanded Medicaid (Buchmueller et al., 2020; Lindrooth et al., 2018; Xiao et al., 2025; Zhang & Zhu, 2021). While Medicaid expansion improves financial outcomes in many hospitals, the effect varies depending on the hospital's organizational structure and geographic location, suggesting that expansion does not uniformly benefit all hospitals (Xiao et al., 2025; Zhang & Zhu, 2021). Further research is needed to explore how different hospital types benefit from Medicaid expansion to ensure financial stability in rural healthcare systems.

Medicaid expansion under the ACA significantly reduces the financial burden of uncompensated care for rural hospitals, improving their financial sustainability. Empirical studies by Harrington et al. (2020) and Keesee et al. (2023) highlighted that rural hospitals in Medicaid expansion states experienced a notable reduction in uncompensated care compared to non-expansion states. Specifically, rural hospitals in expansion states had a lower burden of uncompensated care (2.55%) than those in non-expansion states (6.28%) (Harrington et al., 2020; Keesee et al., 2023). Additionally, rural hospitals generally had a higher rate of uncompensated care than urban hospitals (3.81% vs. 3.12%; Harrington et al., 2020; Keesee et al., 2023). The reduction in uncompensated care due to Medicaid expansion alleviates the financial strain on rural hospitals, particularly those serving economically disadvantaged areas (Camilleri & Diebold, 2019; Jindal et al., 2023; Lin et al., 2021). These disparities in rural hospital operations highlight the critical role of Medicaid in improving the financial sustainability of rural healthcare providers. Without Medicaid expansion, rural hospitals in non-expansion states continue to face a disproportionate financial burden, putting them at a greater risk of closure and limiting healthcare access for vulnerable populations (Camilleri & Diebold, 2019; Jindal et al., 2023; Lin et al., 2021). Hence, these findings underscore the importance of Medicaid expansion as a strategy to support rural hospitals, reduce uncompensated care, and improve healthcare access in underserved regions, particularly in states that have not yet expanded Medicaid.

Rural hospitals in non-expansion states face heightened financial strain due to increased levels of uncompensated care. Studies by Harrington et al. (2020) and Keesee

et al. (2023) have shown that non-expansion states experience higher levels of uncompensated care, while expansion states saw a significant decrease. The financial strain is exacerbated by the absence of Medicaid expansion, which increases uncompensated care and threatens hospital viability (Camilleri & Diebold, 2019; Jindal et al., 2023; Lin et al., 2021). Medicaid expansion has proven to mitigate this burden, highlighting the importance of healthcare policies that extend Medicaid coverage. Consequently, expanding Medicaid is crucial for maintaining the financial health of rural hospitals and ensuring continued access to healthcare for underserved populations.

While Medicaid expansion has shown benefits, some scholars argue its impact on hospital profitability remains modest. Dihwa et al. (2022) and Rosko (2020) found that despite Medicaid expansion, the positive effects on hospital profitability were limited. Rosko examined rural hospitals and showed that variations in profitability were influenced by factors involving hospital size, location in expansion states, and Medicare programs. These factors suggest that although Medicaid expansion may reduce uncompensated care, its effect on overall profitability remains minimal. As a result, rural hospitals still face financial challenges due to other influencing factors, including hospital ownership, government programs, and the socioeconomic status of the regions they serve (Dihwa et al., 2022; Rosko, 2020). While Medicaid expansion addresses uncompensated care, additional strategies are needed to improve the long-term financial stability of rural hospitals.

Specialized Medicare programs have provided some support to rural hospitals, but they fall short of fully addressing financial challenges. Rosko (2020) showed that

programs like CAHs, Medicare Dependent Hospital status, and Sole Community Hospital status offered limited financial assistance. Additionally, McBride and Mueller (2002) and Rosko (2020) found that the effects of these programs on improving rural hospital profitability were either small or statistically insignificant. Rosko's findings indicated that while Medicare programs offer some help, they cannot solve rural hospitals' broader financial issues. Further reforms are needed to safeguard rural hospitals' financial viability, extending beyond current Medicare and Medicaid programs.

Medicaid expansion alone is not enough to resolve rural hospitals' financial challenges. Moghtaderi et al. (2020) found that declines in revenue from commercial insurance counterbalanced the relative increase in Medicaid revenue. Revenue declination limited the overall financial gains for rural hospitals, especially smaller urban hospitals (McBride & Mueller, 2002; Moghtaderi et al., 2020; Rosko, 2020). The research underscored that while Medicaid expansion can boost revenue, it does not fully address the decline in other revenue streams from commercial insurance. While Medicaid expansion is necessary, it must be part of a broader strategy that addresses all sources of hospital revenue to ensure the sustainability of rural (McBride & Mueller, 2002; Moghtaderi et al., 2020; Rosko, 2020).

Medicare special programs have shown minimal impact on improving the financial performance of rural hospitals. Rosko et al. (2023) analyzed data from 2,214 rural hospitals and found that rural hospitals had significantly lower operating margins (-7.40%) compared to urban hospitals (-1.35%). The study also revealed a steady decline in rural hospital margins over the 8-year study period (Rosko et al., 2023). This evidence

illustrated rural hospitals' persistent financial struggles despite targeted Medicare programs. Furthermore, the gap in operating margins between rural and urban hospitals underscores the need for more effective financial strategies and reimbursement mechanisms that are tailored to the unique challenges faced by rural healthcare providers. Given the limited impact of existing Medicare programs, further research is necessary to develop better financial models for sustaining rural hospitals.

Current Medicare special programs have not significantly improved the financial viability of rural hospitals. Moghtaderi et al. (2020) and Rosko (2020) found that Medicare programs have only offered modest assistance, failing to address rural hospitals' broader financial challenges. These findings imply that while Medicare special programs provide some support, they are insufficient to mitigate the deeper financial issues that rural hospitals contend with (Moghtaderi et al., 2020; Rosko, 2020). As these hospitals continue to struggle, there is a clear need for more robust, innovative approaches beyond the existing Medicare framework. Addressing rural hospitals' financial sustainability requires a combination of policy reforms and tailored financial strategies aimed at these healthcare institutions' unique needs.

High-Cost Expenditures and Low Margins

High-cost expenditures and low margins further exacerbate the financial instability of rural hospitals. High costs of medical care and outdated reimbursement models make it difficult for rural hospitals to maintain favorable financial margins, especially in comparison to urban hospitals (Buck, 2021; Dutta et al., 2020; Higgins et al., 2025; Shrank et al., 2021). Additionally, rural hospitals' unique challenges, including

high-cost services and low-margin care, contribute to their financial instability (Buck, 2021; Dutta et al., 2020; Higgins et al., 2025; Shrank et al., 2021). The fee-for-service model, unpredictable medical needs, and lack of economies of scale place rural hospitals at a significant disadvantage, further complicating their ability to remain operational (Li et al., 2022; Magill, 2016). This financial vulnerability necessitates reevaluating reimbursement structures and implementing more sustainable healthcare funding models for rural hospitals.

Low Occupancy Rates

Low occupancy rates and charge markups contribute to the financial struggles of rural hospitals. Bai et al. (2020) found that rural hospitals with low occupancy rates had a median operating margin of just 0.1%, compared to 4.7% for hospitals with high occupancy rates. Similarly, hospitals with low charge markups had a median margin of 1.8%, while those with high markups had 3.5%. This analysis indicates that rural hospitals with lower occupancy rates and markups face significant financial difficulties (Chatterjee, 2022; Whitacre et al., 2024). These factors, along with high operational costs and limited high-margin services, make it harder for rural hospitals to achieve the financial stability necessary to continue serving their communities. Rural hospitals must focus on increasing occupancy rates, strategically managing charge markups, and leveraging policy support to improve financial viability.

The COVID-19 pandemic exacerbated the financial challenges faced by rural hospitals. Due to their smaller size, lower occupancy rates, and thin profit margins, rural hospitals were more vulnerable to financial strain during the pandemic (Bai & Anderson,

2020; Bai et al., 2020). Although rural hospitals may not have treated as many COVID-19 patients as urban hospitals, they experienced declines in service volume, revenue reduction, and increased medical spending (Bai et al., 2020; Chatterjee, 2022; Whitacre et al., 2024). While the pandemic had less of a direct patient load on rural hospitals, the reduced service volume and rising costs increased their financial pressures, highlighting their vulnerability in times of crisis (Bai & Anderson, 2020; Bai et al., 2020). The conclusion is that there is a need for targeted financial and operational strategies to ensure rural hospitals' resilience during similar healthcare crises.

Rural hospitals continue to encounter significant challenges despite policy interventions. Studies conducted by the American Hospital Association (2022) and Harrington et al. (2020) highlighted that rural hospitals operate at lower volumes and are smaller than their urban counterparts. External factors consisting of low margins, rising expenditures, and higher uncompensated care rates, also contribute to their ongoing financial vulnerability (Chatterjee, 2022; Harrington et al., 2020; Whitacre et al., 2024). Additionally, the financial struggles of rural hospitals are compounded by external factors that make it harder for them to compete and remain viable (Chatterjee, 2022; Harrington et al., 2020; Whitacre et al., 2024). Also, low patient volumes and insufficient reimbursement structures make them more susceptible to closures despite policy interventions (Chatterjee, 2022; Harrington et al., 2020). Addressing these challenges requires a comprehensive approach that includes both policy reforms and internal operational changes.

Proactive strategies are necessary to improve the resilience and sustainability of rural hospitals. Harrington et al. (2020) and Moghtaderi et al. (2020) argued that rural hospitals must adapt to changing regulatory and market environments to remain viable. Adaptation includes addressing complex factors, specifically external regulations, internal organizational dynamics, and the economic pressures specific to rural regions (Harrington et al., 2020). Furthermore, the ability of rural hospitals to survive in an ever-changing healthcare landscape depends on their adaptability. In addition, implementing proactive strategies to enhance their financial health, operational efficiencies, and workforce sustainability is crucial to ensuring their continued existence. Future research should focus on understanding rural hospitals' multifaceted challenges and develop multifaceted programs to support their long-term sustainability.

Financial difficulties are the primary driver of rural hospital closures. Keesee et al. (2023), Stansberry et al. (2022), and Williams Jr. et al. (2020) agreed that financial strain due to limited resources and low patient volumes is a significant factor in rural hospital closures. The financial distress faced by rural hospitals limits their ability to remain operational. As a result, many are forced to close or merge, further reducing healthcare access in rural communities. The importance of financial viability for the survival of rural hospitals cannot be overstated. Strategies must be developed to address rural hospitals' financial and operational challenges to mitigate closures.

Existing literature on rural hospital closures exists, providing different views about why rural hospitals close from different researchers. For example, Bai et al. (2020) conducted research that provided broad perspectives on rural hospital finances,

contrasting with more focused research. Bai et al.'s (2020) study examined 1,004 rural hospitals nationwide. Other studies like Moghtaderi et al. (2020) and Rosko's (2020) work also took a broader view, unlike Keesee et al. (2023), whose research focused on Medicaid expansion's specific impact on individual states. While broader studies offer a comprehensive view of rural hospital challenges, they may overlook localized issues that more focused studies capture. Keesee et al.'s targeted approach allows for a clearer understanding of the geographical and policy impacts on rural healthcare. Overall, the contrast between broad and focused studies highlights the importance of considering both perspectives in assessing the financial viability of rural hospitals.

Outdated reimbursement models and persistent financial difficulties continue to plague rural hospitals (Bai et al., 2020; Chatterjee, 2022; Harrington et al., 2020; Keesee et al., 2023). Findings suggest that Medicaid expansion, although beneficial, only addresses part of the problem. Also, structural challenges involving reimbursement issues must be addressed to improve the financial health of rural hospitals (Bai et al., 2020; Chatterjee, 2022; Harrington et al., 2020). By understanding the limitations of Medicaid expansion, rural hospital administrators can advocate for favorable reforms to support rural hospitals effectively.

Transition

This literature review highlighted rural hospitals' pressing challenges, including financial instability, low patient volumes, and operational difficulties, all of which contribute to closures and limit access to healthcare in rural communities. Addressing these issues is critical to sustaining rural healthcare systems and requires strategic

interventions tailored to the unique needs of rural hospitals. Building on this foundation, the subsequent section contained a critical analysis and synthesis of related literature pertaining to the conceptual framework and scrutinized specific strategies proposed to mitigate rural hospitals' challenges by focusing on financial sustainability, rural workforce shortages, and operational adaptations.

The final section of the literature review addressed the ethical dimensions of conducting research within the domain of rural hospitals closures. Amundsen and Msoroka (2021), Awal (2023), Correia (2023), and Miteu (2024) referred to ethics as good, right, wrong, or bad and relate this to our views on morality in decision-making. Amundsen and Msoroka, Awal, Correia, and Miteu's findings support the need to inform participants about the research's goals and risks, ensuring transparency and adherence to ethical standards. In Section 4 of this research project. I will address research validity, data collection techniques, and specific interview questions, scrutinizing the research topic in-depth. By focusing on these research components, I will ensure that ethical principles guide the research process and that research findings are repeatable.

Project Ethics

Research ethics play a pivotal role in ensuring the integrity and credibility of the research process and fostering trust among participants. As such, this research's IRB approval number is 04-11-25-1173318. Ethical considerations ensure that participants' rights and welfare are protected, data is collected and handled responsibly, and findings are disseminated transparently. According to Schweinsberg et al. (2023), there are four types of validity within research: internal validity, external validity, construct validity,

and statistical conclusion validity. These forms of validity validate the researcher's findings and identify imprecise information (Arslan, 2022; Schweinsberg et al. 2023). By adhering to ethical principles and validating research findings, scholars can enhance the reliability of their studies. Rigorous and systematic processes should be adopted to maintain high research standards and foster meaningful contributions to knowledge (Arslan, 2022; Schweinsberg et al., 2023). Incorporating ethical practices and validity measures strengthens the overall research process and ensures the dissemination of credible academic findings.

Role of the Researcher

The researcher plays a crucial role in ensuring the trustworthiness and transparency of the research process. It is important that researchers are mindful of personal biases and ensuring that the research process remains as reliable as possible (Collins & Stockton, 2022; Goundar, 2025; Saunders et al., 2019). Avoiding biases includes concerted efforts to remain objective and verify the credibility of the collected data (Collins & Stockton, 2022; Goundar, 2025; Saunders et al., 2019). By actively avoiding biases and maintaining transparency throughout the research, the researcher helps to ensure the study's credibility. This focus on objectivity is particularly important in healthcare-related research, where accurate data is essential for making valid conclusions that can lead to meaningful contributions to the field. The researcher's understanding of the organization being studied supports this process, allowing for more reliable data collection and interpretation (Collins & Stockton, 2022; Goundar, 2025; Saunders et al., 2019). The researcher's commitment to objectivity and transparency is

vital in producing valid, trustworthy data that can positively impact healthcare practices and policies.

Relationship to Research Topic

I have no personal life experience related to the research topic. However, I possess a passion for ensuring everyone, regardless of socioeconomic status. My life long goal is to become a rural hospital administrator so that I may one day be able to advocate and provide critical health services to communities that often get overlooked. In doing so, I hope that rural communities' health and economic status significantly and permanently improve.

Ensuring ethical research practices is fundamental to maintaining the trustworthiness of the research process, especially through informed consent and respect for participant rights. The Belmont Report (U.S. Department of Health and Human Services, 2022) emphasized protecting participants by obtaining informed consent before data collection begins. Informed consent ensures that participants fully understand the research objectives, any potential risks, and the importance of their welfare throughout the study (Collins & Stockton, 2022; Goundar, 2025). By securing informed consent, researchers protect participants and uphold the ethical standards crucial to credible and transparent research. This process helps prevent potential harm to participants, promotes their autonomy, and strengthens the validity of the findings by ensuring that participants voluntarily agree to participate in the study with a clear understanding of what is involved (Collins & Stockton, 2022; Goundar, 2025). Ethical considerations, like informed

consent, are critical to maintaining the trustworthiness and integrity of the research, contributing to its overall validity.

Researcher's Role in Ethics

Maintaining participant anonymity in digital research is challenging due to platform policies and legal obligations. Lundie (2024) noted that many online platforms require users to provide identifiable information, complicating efforts to ensure privacy. Additionally, Lundie noted that participants' perceptions of privacy in digital spaces are often inaccurate, and researchers may face legal obligations to report illicit activities, compromising anonymity. These highlight the ethical complexities researchers face in protecting participant anonymity. Furthermore, Lundie underscored that platform policies and legal requirements often conflict with participants' expectations, making it essential for researchers to address these gaps transparently. To mitigate these issues, researchers must clearly communicate data usage policies and implement robust confidentiality measures to safeguard participants' trust (Drolet et al., 2022; Wa-Mbaleka, 2019).

Respecting participants' right to withdraw from research at any point is a fundamental ethical requirement. Douglas et al. (2021) found that many participants do not fully understand their consent forms or the purpose of the research, which can lead to significant ethical challenges. Informing participants about their right to withdraw at any time is essential for maintaining ethical research standards and respecting participant autonomy (Nii Laryeafio & Ogbewe, 2023; Olmos-Vega et al., 2022). Providing clear information about the right to withdraw from research prevents ethical issues and ensures that participants retain control over their involvement. By emphasizing this right,

researchers uphold the integrity of the study and build trust with participants, reinforcing the transparency and ethical framework necessary for high-quality research (Nii Laryeafio & Ogbewe, 2023; Olmos-Vega et al., 2022). Ensuring participants are fully aware of their right to withdraw is critical in maintaining ethical practices and protecting participant trust throughout the research process.

Informed Consent

Informed consent is critical in ensuring ethical standards are maintained in research by guaranteeing that participants fully understand their rights and the study's objectives. Informed consent remains a crucial step in maintaining research validity, as it ensures that participants grasp their rights, including the ability to withdraw at any time (Nii Laryeafio & Ogbewe, 2023; Wa-Mbaleka, 2019). Additionally, many participants do not thoroughly read or comprehend consent forms, leading to potential ethical violations (Lim, 2024). Participants' misunderstanding or neglect of consent forms jeopardizes the study's ethical integrity and the data's validity. Ensuring that participants are fully informed through the consent process safeguards their rights and upholds the ethical standards provided by Walden. Without this assurance, the accuracy and ethical responsibility of the study can be compromised (Douglas et al., 2021; Taquette & Borges da Matta Souza, 2022). The clarity and understanding of informed consent are paramount to protecting participants from harm and maintaining the voluntary nature of their involvement in the research process. Furthermore, providing participants with the assurance that incentives will not unduly influence their participation reinforces the autonomy required for ethical research practices (Olmos-Vega et al., 2022). Adhering to

strict informed consent protocols is essential in upholding the ethical standards of research, ensuring that participants' rights are protected while enhancing the validity of the data collected.

Protecting the identity of research participants is equally important in preserving ethical research standards, and several measures ensure participant privacy and confidentiality. Key strategies to safeguard participant identity include anonymization, pseudonymization, and data encryption (Douglas et al., 2021; Taquette & Borges da Matta Souza, 2022). Anonymization removes identifying details, while pseudonymization replaces them with codes, making it challenging to trace data back to individual participants. Douglas et al. emphasized that encryption further safeguards sensitive information during data storage and transmission, and secure data storage protocols, like password protection, prevent unauthorized access. These measures protect participant identity and foster trust between researchers and participants. In addition, encryption and anonymization significantly reduce the risk of breaches or unauthorized disclosures, enhancing the security of sensitive information (Douglas et al., 2021; Taquette & Borges da Matta Souza, 2022). The ethical integrity of the research is maintained through these protections, ensuring that data collected from participants is handled responsibly. Additionally, the oversight of ethical review boards (IRBs) ensures that these measures are rigorously enforced, further safeguarding participants' privacy and confidentiality throughout the research process. Employing anonymization, encryption, and other confidentiality safeguards is essential in maintaining ethical compliance and research integrity involving human participants.

Research Withdrawal

The right to withdraw from research is a fundamental ethical principle that safeguards participants' autonomy and protects their rights (Nii Laryeafio & Ogbewe, 2023; Taquette & Borges da Matta Souza, 2022). Participants can withdraw from the study at any point, either by providing verbal or written notice, like a handwritten letter or email. Upon withdrawal, participants are assured that their data will no longer be used for current or future research purposes. This measure reinforces participants' control over their involvement in the research process, minimizing any potential coercion or discomfort. By honoring withdrawal requests, researchers demonstrate respect for individual autonomy and ethical compliance, thereby maintaining the integrity of the study. Providing participants with the right to withdraw protects their rights and promotes trust and transparency in the research process, ensuring adherence to ethical standards.

Anonymity and Data Protection

To maintain participant anonymity, names and organizational affiliations will not be disclosed during the research. According to Walden University (n.d.), identifying human or organizational participants is strictly discouraged unless nondisclosure would cause harm to individuals or organizations. Protecting participants' right to withdraw is essential for maintaining the ethical integrity of the research (Schmid et al., 2024; Wa-Mbaleka, 2019). By ensuring anonymity and confidentiality, researchers can safeguard participants' privacy while preserving the study's integrity. Additionally, storing data securely for five years guarantees that participants' information remains confidential and protected throughout and after the research process. Research data will be protected by

using an encryption that is password protected. Overall, adhering to these procedures ensures that the withdrawal process is handled ethically, maintaining participant trust and the credibility of the research.

Ethical Measures to Protect Research Participants

Protecting research participants requires ethical measures prioritizing their well-being, autonomy, and cultural considerations. According to Kristensen (2023), potential harm to participants or organizations may occur during or after research by disclosing sensitive information. Strategies like maintaining open communication about changes in the study, sharing findings when appropriate, and addressing participant concerns are essential to minimizing harm (Jadallah, 2024; Lim, 2024). Debriefing participants after the study also helps clarify findings and address any misconceptions or discomfort caused during the research process. Researchers reinforce trust and transparency in their work by applying these ethical measures (Jadallah, 2024; Lim, 2024). Respecting participants' cultural values, beliefs, and norms avoids offending individuals and fosters an inclusive environment. Furthermore, adapting communication styles to participants' cultural backgrounds, schedules, and preferences ensures meaningful and effective engagement Jadallah, 2024; Kristensen, 2023; Lim, 2024). Integrating these practices fosters ethical research that upholds participants' dignity and safety while enhancing the credibility and integrity of the study.

Data Collection

Transparency and ethical considerations are critical for ensuring responsible data collection and participant protection in research. According toSchmid et al. (2024) and

Schweinsberg et al. (2023), researchers must take note of the four categories of validity—internal, external, construct, and statistical validity. Awareness of these measures ensures that the data collected remains credible and precise. Additionally, ethical research practices safeguard participants' rights and contribute to the integrity of research findings (Lim, 2024; Wa-Mbaleka, 2019). By implementing these ethical practices, researchers reinforce their work's credibility and uphold the research process's quality. The responsible handling of data further ensures that findings are trustworthy and aligned with academic standards. Integrating ethical practices into data collection strengthens both the validity of the data and the overall quality of the research, contributing to meaningful scholarly contributions.

Section 3: Research Project Methodology

Qualitative research focuses on understanding and interpreting the world around us (McMullin, 2023; Snyder, 2019). In addition, McMullin (2023) stated that approximately 40-80% of researchers use qualitative methods in the form of interviews and focus groups to collect meaningful data for research. Furthermore, according to Lester et al. (2020), qualitative data collection can be presented in several forms, including documentation, archival records, interviews, direct observations, participant observations, and physical artifacts. Qualitative data collection sources can be used to increase the validity and depth of the study.

Nature of the Project

Qualitative research focuses on understanding the depth and complexity of a subject rather than predicting outcomes. Qualitative research operates within interpretivist and constructivist paradigms, emphasizing exploring lived experiences (Neubauer et al., 2019; Tomaszewski et al., 2020). This study adopts a phenomenological approach to investigate rural hospital administrators' experiences in rural communities in relation to hospital closures. Data will be gathered through in-depth interviews and analyzed thematically to uncover recurring patterns and themes. By employing a phenomenological framework, this research aims to provide a nuanced understanding of reduced healthcare access's social and emotional consequences. Such insights are crucial for identifying the broader implications of hospital closures on affected communities (Neubauer et al., 2019; Tomaszewski et al., 2020). Ultimately, the findings will contribute

to developing more effective policy interventions addressing healthcare disparities in rural areas.

Qualitative Pragmatic Inquiry

A qualitative pragmatic inquiry is the most suitable approach for this research as it allows for collecting relevant and reliable data that addresses real-world issues like rural hospital closures. Chafe (2024), Coombs et al. (2022), and Kelly and Cordeiro (2020) emphasized the flexibility of pragmatic qualitative research, which enables multiple data collection methods. Also, qualitative research helps to address practical challenges by integrating strategic outcomes into actionable practices (Chafe, 2024; Coombs et al., 2022; Kelly & Cordeiro, 2020; Saunders et al., 2019). The adaptability of qualitative research makes it particularly valuable for this study, as it allows for adjustments based on new insights and offers a more flexible approach compared to the rigid structures of quantitative research (Chafe, 2024; Coombs et al., 2022; Kelly & Cordeiro, 2020; Saunders et al., 2019). This flexibility enables a deeper exploration of the complex issues faced by rural hospital leaders. By focusing on the real-world application of findings, the pragmatic qualitative approach ensures that the research outcomes are insightful, practical, and actionable. Using a pragmatic qualitative approach allows me to effectively address the challenges faced by rural hospitals and contributes to developing viable solutions that can be implemented in practice.

Population and Sample

Choosing the correct population sample and geographical location is critical in maintaining research ethics and validity, especially in rural hospital studies. Rural areas

differ significantly from urban regions in terms of socioeconomic status, demographic composition, and healthcare resources. These differences must be taken into consideration when selecting the sample for research. Representing the broader population ensures the generalizability of the findings (Andrade, 2020; Willie, 2024). Research must capture the diversity within rural areas to address specific healthcare challenges.

Selecting an appropriate population and sample ensures research validity and applicability in addressing rural healthcare challenges. Willie (2024) and Casteel and Bridier (2021) emphasized that a research population consists of individuals, groups, or organizations the researcher seeks to understand. For this study, the sample population will be rural hospital administrators in southern and midwestern U.S. regions, where hospital closures are prevalent. Targeting this population ensures firsthand insights into the challenges of healthcare access in rural areas and the strategies employed to sustain rural hospitals. Rural hospital administrators bring valuable knowledge of the operational and systemic issues contributing to closures and are familiar with successful strategies for maintaining hospital viability. Their input will enhance the relevance and applicability of the research findings, addressing critical gaps in understanding the impact of rural healthcare disparities. By selecting this sample population, the study ensures practical, actionable findings while fostering meaningful collaboration with participants through gratitude, shared results, and the protection of their privacy (Andrade, 2020; Casteel & Bridier, 2021; Willie, 2024).

Gaining Access to Participants

Gaining access to rural hospital administrators requires strategic approaches that respect their time, establish trust, and ensure ethical compliance. One effective method is to contact rural hospitals via email, phone, or mail, providing a professional introduction explaining the research's purpose and how their insights could contribute to addressing critical healthcare issues. Platforms like LinkedIn can also be utilized to connect with hospital administrators or join healthcare forums for engagement. Flexible meeting options like virtual interviews or after-hours sessions help accommodate administrators' busy schedules. Additionally, obtaining IRB approval assures participants of the study's ethical rigor and confidentiality standards. These strategies not only make the process accessible but also demonstrate respect for the administrators' valuable time and expertise. Highlighting how their input influences policy development can motivate participation, while ethical measures like IRB approval build trust and credibility. I can foster collaboration and gather meaningful insights from rural hospital administrators by employing these approaches, ensuring research success and applicability.

Participant's Research Alignment

Selecting hospital administrators who work in rural hospitals and have firsthand experience with hospital closures aligns their characteristics with the project purpose. Including participants who lack rural administration experience would weaken the relevance of the data and the research. Overall, choosing participants who align with my research will ensure that the research is efficiently focused and produces findings directly applicable to the problem or question being studied.

Characteristics of rural hospital administrators interviewed will consist of a degree in healthcare administration, business, or public health, certifications like Healthcare Executive (CHE) or Fellow of the American College of Healthcare Executives (FACHE) and responsible for managing hospital operations to include budgeting, staffing, quality improvement, and compliance. Also, the research participants must serve populations that face socioeconomic disparities like access to care and poverty and have a keen knowledge of both state and government regulations regarding healthcare. In meeting these specific criteria, my research findings will be more credible and align with the overarching project's purpose.

Sampling Methods

Selecting the appropriate sampling method is crucial for ensuring the quality and relevance of research findings, particularly in studies involving participants' experiences. Chita (2022) asserted that the experiences of research participants are among the most critical factors in determining the success of a study. The choice of sampling method can significantly impact whether research generates meaningful insights that contribute to organizational and societal improvements or results in surface-level conclusions that waste resources (Berndt, 2020; Makwana et al., 2023). For this study, purposive and snowball sampling methods are ideal as they allow the researcher to focus on specific participants with the knowledge and experience needed to address the research questions. Purposive sampling ensures that only relevant rural hospital leaders are included, while snowball sampling helps to identify additional participants through referrals. These methods enable a deeper understanding of rural hospital leaders' strategies to sustain their

institutions, making the findings actionable and relevant. By employing these targeted sampling methods, the study can produce high-quality, insightful data to help rural hospital leaders identify effective strategies for sustaining their hospitals.

Purposive Sampling

Purposive and snowball sampling methods are critical for enhancing the quality and relevance of data collection in qualitative research, particularly when targeting niche populations. Qualitative researchers prioritize information richness over representativeness, with sampling guided by the study's discipline, methodology, topic, and population (Berndt, 2020; Makwana et al., 2023; Staller, 2021). Purposive sampling allows researchers to select participants based on their specialized knowledge and expertise (Ahmed, 2024; Campbell, 2020; Makwana et al., 2023), ensuring the inclusion of individuals most relevant to the research objectives. Similarly, Leighton et al. (2022) highlighted snowball sampling as an effective technique for accessing participants who may be difficult to reach, particularly in studies requiring insights from niche populations. Combining these methods allows for a comprehensive and in-depth collection of data, as purposive sampling ensures the involvement of participants with the necessary experience, while snowball sampling identifies additional key informants who might not otherwise be accessible (Ahmed, 2024; Cash et al., 2022; Kennedy-Shaffer et al., 2021). This dual approach is particularly advantageous for engaging rural healthcare professionals, whose insights are essential for addressing challenges in healthcare delivery and hospital sustainability. By integrating purposive and snowball sampling, I

will gather meaningful perspectives from rural healthcare administrators, ultimately contributing to addressing critical rural healthcare challenges.

Data Saturation

Achieving data saturation is essential for ensuring the reliability and comprehensiveness of qualitative research findings, particularly in studies involving rural healthcare settings. Ahmed (2025), Naeem et al. (2024) and Hennink and Kaiser (2022) emphasized that data saturation occurs when no new information or themes emerge, indicating that the research has sufficiently explored the subject. Data saturation ensures the research findings are both trustworthy and complete (Hennink & Kaiser, 2022). Wong et al. (2023) and Ruslin et al. (2022) added that semi-structured interviews are particularly effective in reaching data saturation because they allow for follow-up questions and detailed participants' insights. This study will consist of interviews with five participants from diverse geographical regions to capture various perspectives. By using semi-structured interviews, the research allows for flexibility while maintaining structure, facilitating deeper insights into the experiences and viewpoints of rural hospital leaders. The diversity of the participants enhances the generalizability of the findings across different rural healthcare settings, reducing bias. Reaching data saturation confirms the validity of the research by ensuring that new themes do not emerge after repeated interviews, strengthening the study's robustness and relevance (Ahmed, 2025; Hennink & Kaiser, 2022; Naeem et al., 2024; Ruslin et al., 2022). By utilizing semi-structured interviews and ensuring data saturation, the research can offer comprehensive insights that are applicable and useful for understanding challenges faced by rural

hospitals across various regions, thereby improving the reliability and relevance of the findings.

Data Collection

Efficient qualitative data analysis is crucial for organizing and interpreting large volumes of information, and advanced tools like Colibri, A.I., and MAXQDA will support this process. These tools allow researchers to categorize interview responses, annotate key findings, and retrieve critical data. Additionally, they can generate visual representations of the data, making analysis more accessible and clearer. Utilizing these tools ensures a more systematic approach to handling qualitative data. They help categorize responses accurately, ensuring that the most relevant insights are not overlooked. Furthermore, these research tools enhance the accuracy of the data interpretation, reducing the risk of missing essential information. Repeating participants' responses during interviews also helps clarify ambiguous answers, improving the collected data's validity and reliability. By leveraging advanced data analysis tools and adopting rigorous measures to ensure clarity and accuracy, the research process will maintain high standards, resulting in thorough and reliable findings that contribute meaningfully to rural hospital closures.

Mobile Health in Data Collection

Mobile health (mHealth) technologies provide a flexible and accessible method for collecting research data, particularly enhancing participant autonomy and access to underserved populations. Tu et al. (2024), Weeks et al. (2024), and Gelinas et al. (2021) emphasized that mHealth platforms allow participants greater control and flexibility in

research compared to traditional in-person methods. By using mobile tools, researchers can reach individuals in low-resource areas, especially those in lower- and middle-income countries, making research participation more accessible (Gelinas et al., 2021; Tu et al., 2024; Weeks et al., 2024). Additionally, mHealth technologies are valuable for collecting and managing data efficiently, even in challenging environments. By utilizing mHealth technologies, researchers can broaden their reach and include participants who would otherwise be excluded due to geographical or financial constraints.

mHealth tools are particularly effective for reaching under-served populations in remote or resource-poor settings where traditional research methods might not be feasible. Moreover, Tu et al. (2024), Weeks et al. (2024), and Gelinas et al. (2021) highlighted that mHealth technologies are practical tools for data management and offer the potential to improve research quality by providing validated methods for collecting, storing, and analyzing data. mHealth tools ensure more robust and reliable research outcomes (Gelinas et al., 2021; Tu et al., 2024; Weeks et al., 2024). mHealth technologies not only empower participants by offering flexibility but also present an effective solution for expanding the scope and quality of research, especially in healthcare settings where access to participants is limited.

Techniques Used for Data Collection

The use of phenomenology prioritizes understanding participants' lived experiences, making interviews a primary tool for data collection, supported by additional techniques like observations and personal journal entries. According to Tomaszewski et al. (2020), phenomenological research aims to explore the perspectives

of those directly experiencing the phenomenon under study. For this research, one-on-one semi-structured interviews will be conducted via video conferencing and teleconference to accommodate participants' schedules. Each interview will be recorded using a secure platform, and key points will be documented through detailed notes. Taherdoost (2022), the protocol establishes a structured framework for conducting interviews, ensuring clarity and consistency while allowing flexibility for follow-up questions. (Badache et al., 2023; Ruslin et al., 2022; Taherdoost, 2022),

Semi-structured interviews align with the research's purpose, facilitating a deeper understanding of organizational characteristics, leadership approaches, and societal contributions (Badache et al., 2023; Ruslin et al., 2022). Member-checking will enhance credibility by allowing participants to review synthesized responses, ensuring the accuracy and validity of the data collected. Triangulation with secondary data sources, namely hospital reports and archival documents, will further validate the findings and support the research's rigor (Badache et al., 2023; Ruslin et al., 2022). By using these techniques, the research will provide reliable and comprehensive insights into rural healthcare challenges. Supporting documents, including the interview protocol and consent forms, are available in Appendices A and B for further reference.

Enhancing Research Reliability and Validity

Research that employs trustworthy methods is more likely to produce reliable results and contribute meaningfully to the field. Studies implementing standardized methods and clearly defining variables enhance reliability (Kouam Arthur William, 2024; Noble & Smith, 2025; Rose & Johnson 2020). By using validated instruments or

protocols, researchers can minimize variability caused by inconsistent measurement techniques. Additionally, ensuring all variables are understood and measured consistently throughout the study reduces ambiguity, further improving reliability (Kouam Arthur William, 2024; Noble & Smith, 2025; Rose & Johnson 2020). Maintaining consistency in how, when, and where data is collected is essential for minimizing measurement errors. For instance, asking participants the same questions during interviews helps avoid variability that could negatively affect reliability. Using appropriate and consistent data analysis methods also ensures that results are interpreted accurately reliability (Kouam Arthur William, 2024; Noble & Smith, 2025; Rose & Johnson 2020). Furthermore, post-research debriefing sessions or soliciting participant feedback can help identify misunderstandings or inconsistencies, allowing researchers to make necessary adjustments and enhance future reliability (Kouam Arthur William, 2024; Noble & Smith, 2025; Rose & Johnson 2020. By employing standardized methods, clearly defining variables, and ensuring consistency in data collection and analysis, researchers can improve the reliability of their findings and contribute more robustly to their fields of study.

Interview Questions

1. How have you implemented long-term strategies in your hospital to ensure financial stability and prevent closure? How do you adapt these strategies in response to changing healthcare landscapes?

2. How has your hospital adapted or expanded its services to meet the unique healthcare needs of the rural community it serves? Please give examples of new services or programs that have been particularly successful.
3. How does your hospital engage with the local community to understand their healthcare needs and garner support? How has community involvement influenced your hospital's operations and services?
4. What innovative approaches has your hospital taken to improve financial health and generate additional revenue streams, considering the limited resources available in rural settings?
5. What partnerships or collaborations with other healthcare providers, government agencies, or non-profit organizations have been instrumental in sustaining your hospital's operations?
6. How does your hospital engage in policy advocacy to secure better support and funding from the government and other stakeholders? Please share an instance where such advocacy efforts led to tangible benefits for your hospital.
7. How has your hospital incorporated technology and telemedicine to enhance healthcare delivery and access for the rural population? What challenges and successes have you encountered in implementing these technologies?
8. What strategies do you employ to attract and retain skilled healthcare professionals in a rural setting that might be more challenging than urban areas?

9. How do you ensure the delivery of high-quality care and maintain patient safety standards, particularly when facing resource constraints and other rural healthcare challenges?
10. Please share a significant challenge your hospital has faced in the past related to the risk of closure. How did you address this challenge, and what lessons did you learn that might benefit other rural hospitals facing similar threats?

Data Organization and Analysis Techniques

Tracking Data

Effective data organization and analysis are essential for generating valuable knowledge and ensuring robust research outcomes. Bingham, (2023), Shabbir and Gardezi (2020), Tomaszewski et al. (2020), Aguinis et al. (2019), and Raskind et al. (2018) highlighted that data collected through structured, semi-structured, and unstructured sources, when properly analyzed, can contribute to meaningful insights in research. For this study, research logs will be maintained to document interviews, observations, and key findings in real-time, creating a chronological record of data collection. Additionally, reflective journals will be used to capture thoughts, observations, and emerging insights during data collection and analysis. Research logs ensure consistency and traceability in data collection, while reflective journals support a deeper understanding and interpretation of qualitative data, particularly from rural hospital administrators (Bingham, 2023; Shabbir & Gardezi, 2020; Tomaszewski et al., 2020; Aguinis et al., 2019; Raskind et al., 2018). Furthermore, a coding system will be developed to categorize data into key themes—in particular, financial sustainability,

community impact, policy interventions, facilitating efficient retrieval and thematic analysis. By employing these strategies, the study will ensure organized and accessible data, ultimately enhancing the quality and reliability of the findings (Bingham, 2023; Shabbir & Gardezi, 2020; Tomaszewski et al., 2020; Aguinis et al., 2019; Raskind et al., 2018).

Identifying the Appropriate Data Analysis Process

Thematic analysis is a widely utilized research method for identifying and interpreting patterns or themes within qualitative data, providing valuable insights into complex phenomena. Naeem et al. (2023), Lochmiller (2021), and Castleberry and Nolen (2018) emphasized that thematic analysis facilitates a deeper understanding of data by systematically uncovering recurring themes. Naeem et al. (2023) and Braun and Clarke (2022) cautioned researchers to avoid letting personal biases or preconceptions interfere with accurately identifying themes. This process is particularly relevant for analyzing interviews with rural hospital administrators to identify patterns related to funding challenges, leadership strategies, and the influence of government policies (Braun & Clarke, 2022; Naeem et al., 2023). Key steps in thematic analysis include coding data to highlight meaningful themes and using qualitative analysis tools to organize and structure large volumes of data (Castleberry & Nolen, 2018; Lochmiller, 2021; Naeem et al., 2023).This systematic approach ensures that recurring insights are effectively captured, aiding in the organization and interpretation of data while minimizing the impact of researcher subjectivity. By employing thematic analysis, this research will generate meaningful patterns and themes, providing actionable insights into strategies for

preventing rural hospital closures (Lochmiller, 2021; Castleberry & Nolen, 2018; Naeem et al., 2023).

Detailing a Logical and Sequential Process for Data Analysis

A structured and sequential process for data analysis ensures thorough examination and reliable interpretation of qualitative data (Braun & Clarke, 2022; Naeem et al., 2023). For this study, the analysis will begin with transcription, where interviews will be converted into textual format for review. Following this, coding will be applied to identify recurring concepts or phrases, for example, *financial challenges* or *telemedicine.* Mind-mapping techniques will be used to visualize relationships between emerging themes, connecting ideas like *staffing shortages* with *access to care.* The final step, theme identification, will group related codes into broader themes, for example, *sustainability strategies* or *community health outcomes*. Software tools like NVivo or Atlas.ti will facilitate the coding process and ensure consistency and accuracy in data analysis. Key themes derived from participant responses involving effective financial strategies, leadership roles, and the impact of hospital closures on rural communities—will be aligned with existing literature to ensure relevance and coherence with the study's conceptual framework. This systematic approach will provide a strong foundation for findings and recommendations (Castleberry & Nolen, 2018; Lochmiller, 2021). To maintain ethical compliance and protect participant confidentiality, all raw data, including transcripts and recordings, will be securely stored on encrypted platforms with restricted access for five years. In the end, securely storing data ensures adherence to Institutional

Review Board (IRB) requirements while allowing for future verification or secondary analysis.

Reliability and Validity

Validity and reliability are essential components of rigorous research, ensuring the quality and credibility of findings. According to Karnia (2024), Olmsted (2024) and Padilla et al. (2022), validity refers to the extent to which inferences about findings are supported by evidence, while reliability ensures that results remain consistent across time, settings, and researchers. These elements work together to establish the trustworthiness of research (Karnia, 2024; Olmsted; 2024; Padilla et al., 2022). By ensuring that findings are accurate and repeatable, validity and reliability enable researchers to draw meaningful conclusions and support the application of results in diverse real-world contexts. Incorporating validity and reliability into research design is critical for producing reliable evidence to guide decision-making and advance knowledge across disciplines.

Reliability and validity are critical for establishing the credibility and applicability of research findings. Padilla et al. (2022) emphasized that reliability is a prerequisite for validity in research, as it demonstrates the consistency of results regardless of differences in settings, timeframes, or researchers. This consistency ensures that findings remain dependable and reproducible across various conditions (Karnia, 2024; Olmsted; 2024; Padilla et al., 2022). Additionally, Karnia (2024), Olmsted (2024) and Padilla et al. noted that reliability is particularly important in addressing complex issues, namely rural hospital closures, where consistent data collection and analysis are essential for

generating actionable insights. By emphasizing reliability, this study ensures its findings can be trusted and applied confidently to inform strategies for preventing rural hospital closures. Additionally, as Padilla et al. noted, validity ensures that findings are accurately interpreted across diverse contexts, enhancing their utility and relevance. Incorporating both reliability and validity strengthens the study's ability to contribute meaningful solutions to rural healthcare challenges, providing a robust foundation for decision-making (Karnia, 2024; Olmsted; 2024; Padilla et al., 2022).

Ensuring Dependability, Credibility, and Confirmability

Establishing dependability, credibility, and confirmability is crucial for producing reliable and trustworthy research findings addressing rural hospital closures (Ahmed, 2023; Korstjens & Moser, 2017; Stenfors et al., 2020). To ensure dependability, participants will review transcripts and preliminary findings to verify the accuracy of their experiences and perspectives. Claims and decisions about strategies to prevent rural hospital closures will be substantiated by referencing peer-reviewed studies and seminal works on healthcare sustainability and rural health disparities. Credibility will be established through triangulation by comparing data from interviews, hospital reports, and government policies to identify consistent themes and insights. Performing triangulation regarding participants' transcript reviews will further validate the accuracy of findings.

Documenting findings in detail ensures their relevance and applicability to other rural hospitals facing similar challenges (Ahmed, 2023; Korstjens & Moser, 2017; Stenfors et al., 2020). Detailed descriptions of the research context allow findings to be

generalized to comparable settings. Confirmability will be enhanced by maintaining an audit trail of decisions made during data collection and analysis, including notes on coding, thematic development, and interpretations. Data saturation will be achieved by continuing to collect interviews until no new themes or insights emerge, ensuring that the findings fully reflect the challenges and strategies for preventing rural hospital closures. By incorporating these strategies, this research will produce reliable, credible, and actionable findings that contribute meaningfully to addressing rural healthcare disparities.

Transition and Summary

Reliability and validity are fundamental to analyzing rural hospital challenges and generating actionable recommendations to promote positive social change (Bull et al., 2019; Spoto et al., 2023). In Section 3 of this project, I emphasized the importance of ensuring reliability and validity in research. Ethical and organized research methodologies are essential for producing credible findings and actionable strategies addressing rural hospital closures' complexities (Bull et al., 2019; Spoto et al., 2023). By incorporating reliable data collection and analysis methods, this research highlighted strategies that support the sustainability of rural hospitals while contributing to the broader goal of social change. These efforts will help ensure the development of practical and impactful recommendations for rural healthcare systems. By adhering to Walden's rigorous processes, the research's contributions were strengthened to address healthcare disparities. Building on these research methods, in Section 4 of my research project, I focused on findings and their implications for creating practical solutions to rural hospital challenges.

Section 4: Findings and Conclusions

Presentation of Findings

The purpose of this qualitative research was to explore effective business strategies that rural hospital administrators could use to prevent closures and remain viable. Using a thematic analysis, twelve thematic codes and two sub-codes have been identified. The thematic codes are as follows and are listed in order by the number of times the themes occurred during the semi-structured interviews: quality of care, community engagement, financial viability, policy advocacy, patient travel, telemedicine, services based on community needs, networking with other organizations, rural workforce health, medical reimbursement, innovative services, and recognition for quality services provided. The themes identified in the interviews were essential to the sustainability of rural hospitals, as they are all interconnected. One accomplishment cannot be achieved without the other. Thus, prioritizing the themes may enable rural hospital administrators to achieve and maintain hospital viability.

Theme 1: Quality of Care

Stansberry et al. (2023) and Carroll et al. (2023) noted that the closure of rural hospitals, which are known for providing quality care, would have an adverse impact on rural communities. The quality-of-care theme appeared the most throughout the data collection process and rightfully so. All five rural hospital administrators highlighted that quality of care is a top priority for them and should be for any hospital. Additionally, quality of care involves knowing what services patients want and delivering them, ensuring the right healthcare staff is available to take care of patients, conducting hospital

renovations to meet the needs of patients, and ensuring equipment used for services is current.

Some direct quotes related to the theme *quality of care*, are as follows: Hospital Administrator 1 stated, “Patients would sometimes say ‘Why can’t I do it at my home hospital? You guys take care of me.’” Hospital Administrator 1 replied, “So it was those conversations that led us to pursue the infusion center.” Hospital Administrator 2 stated,

> “People have become more comfortable now with coming back into the hospital and physician offices. I had two goals when I started: one was to be the best hospital possible. I think quality care is something we cannot skimp on. There is absolutely only one way to do things in health care, and that’s the right way.”

Hospital Administrator 3 stated, “We’ve received community feedback that the hospital is hard to navigate due to expansion over the decades. In response, we implemented extensive signage, which significantly reduced complaints.”

Each hospital administrator implements the listed strategies into their organization, to significantly improve their overall patient satisfaction, increases foot traffic, and earns the hospital recognition for quality care. Findings for this theme highlighted the importance of quality care in rural healthcare settings and the need to prioritize it above all else to achieve success.

Theme 2: Community Engagement

According to Nasir et al. (2024), Shrestha et al. (2023), and Tugendhaft et al. (2023), leaders should engage with their community, especially those in rural locations to understand what services residents desire from their rural hospitals. Especially since

rurality differs from one facility to the next. Nasir et al., Shrestha et al., and Tugendhaft et al.'s findings are parallel to Fred Fielder's contingency theory which emphasizes that one size does not fit all.

Some direct quotes related to the theme *community engagement* are as follows: Hospital Administrator 3 stated, "We also support a wide variety of events in the community, such as scholarships for High School Students, the local rodeo, holiday events and others. At these events we often have a representative who discusses our services with the public and listen to their feedback." Hospital Administrator 4 stated, "Um, we do a variety of different things. We pay for research every three years to make sure we're meeting our community's needs." Hospital Administrator 5 stated, "Even if it's you know, non-health care related, we try to make sure that we're involved with all the local civic organizations like the city council."

All five rural hospital leaders noted that community engagement plays a role in their organization's viability. Additionally, all agreed that while it is not feasible to provide every medical service to their rural areas, knowing the services that the community is in critical need of and desires most, is pivotal to their hospital's success and overall patient satisfaction.

Theme 3: Financial Viability

Rural hospitals across the United States face persistent financial challenges that threaten their operational viability and community health outcomes. These institutions often operate under severe financial pressure due to declining average daily census, structural reimbursement limitations, and the strategic reduction of services such as

obstetric care (Carroll et al., 2022; Pai & Dissanayake, 2022). For example, the removal of obstetric services, while intended to alleviate budgetary stress, often exacerbates long-term financial instability and reduces access to essential healthcare services (Center for Healthcare Quality & Payment Reform, 2024; Kozhimannil et al., 2020).

Moreover, 181 widespread rural hospital closures that occurred between 2005 and 2022 exacerbate how insufficient operating margins and inflexible Medicare and Medicaid reimbursement frameworks perpetuate systemic vulnerability (Oyeka et al., 2022). These financial pressures increase disparities of rural hospitals' ability to remain sustainable and provide access to care in underserved communities. Therefore, policy-level interventions coupled with sustainable reimbursement models must be a priority to enrich financial resilience and prevent future closures in rural healthcare.

Some direct quotes related to the theme *financial viability* are as follows: Hospital Administrator 1 stated, "You know, our patients having to travel for services, is that something that we can save them the travel and, and have the services provided and the revenue stay in our community?" Hospital Administrator 3 stated, "We currently use telehealth in almost every department of the hospital to safely provide services for our patients and reduce transfers and costs." Hospital Administrator 4 stated, "We try to evaluate what services we could bundle to have bigger buying power, then we can reduce our cost on the things that we buy."

Throughout the data collection process, it was evident that financial viability is a priority for hospital leaders. The data collection process uncovered that financial viability

is a priority for hospital leaders. Therefore, ensuring affordable services are offered can enhance a rural hospital's viability.

Sub-Theme: Ways to Ensure Financial Viability

All rural hospital administrators interviewed noted different ways in which they achieve financial viability for their institution. These ways include offering critical services such as labor and delivery to keep revenue within the community instead of transferring patients out to other larger hospitals that will reap the benefits, expanding outpatient services and expanding primary care services, working with legislators and stakeholders to ensure Medicaid reimbursement and monitoring costs, seeking alternative revenue streams and increasing buying power to reduce costs for supplies, and being conscious of the hospital's budget, ensuring that waste is reduced.

Theme 4: Policy Advocacy

Policy advocacy is a slow and necessary process to sustain rural hospitals. Goldberg (2024) noted that legislative changes in healthcare require negotiation and compromise among stakeholders and legislators, requiring consistency to navigate the challenging rural health landscape. Federal programs like the Medicare Rural Hospital Flexibility (Flex) Program, established under the Balanced Budget Act of 1997, show how policy implementation can maintain rural health systems by designating some facilities as CAHs and targeted funding (Gale, 2023). As of October 2022, 45 states are known to receive approximately $27 million of funding annually through the Flex Program to support emergency services and infrastructure. At state level, many governments adopted "limited-service" hospital models reducing financial strain and

preserving core services, engaging reforms that reflect local demographic and economic realities (Gale, 2023). These multi-level efforts underscore present and future strategic advocacy, consistent funding, and adaptable, repeatable policy models vital to preserving rural hospital access and responding effectively to systemic healthcare pressures.

Furthermore, advocating policy changes can help rural hospital administrators improve their community's overall health as underscored by Khatoon Ahmad Sharaf et al. (2024). A tedious yet necessary process, rural hospital administrators must continue to advocate for better healthcare for rural residents to meet their community's needs.

Some direct quotes related to the theme *policy advocacy* are as follows: Hospital Administrator 1 stated, "I traveled to Austin, uh, to the Capitol to testify on behalf of House Bill which is about protections for 340 B." Hospital Administrator 2 stated, " The political piece of my job is going and talking to lawmakers and trying to get certain bills passed or asking for state and federal funding. This year, with a more orchestrated concerted effort we were able to get a bill passed by the house representatives and then it went to the senate committee and then it went to the senate floor for their vote, and they passed it unanimously so we're very happy. It'll be an opportunity for all of us individuals or businesses to receive a tax credit for donations made to a rural hospital." Hospital Administrator 3 stated,

> "We join other rural health hospitals and hospital associations to ensure a greater voice for advocacy. We work with legislators to ensure appropriate Medicaid reimbursement. Show the value and necessity of rural hospitals. Continue

educating legislators and involving them in rural health leadership and constituents."

Data collection and coding efforts uncovered that all administrators were involved with policy advocacy efforts and two out of five recently had bills passed by the Senate that they advocated for regarding medical reimbursement and improving rural healthcare delivery for residents. Policy advocacy allows hospital administrators to bring the plight of rural health to lawmakers, ensuring that rural residents are not forgotten in an ever-changing healthcare landscape.

Theme 5: Patient Travel

Transportation barriers and geographic isolation continue to impede healthcare access for rural populations, particularly older adults and Medicare beneficiaries. Many rural residents struggle to reach healthcare services due to limited transit options, long travel distances, and fear of burdening caregivers, resulting in delays in care and poorer health outcomes (Pai & Dissanayake, 2022; NRHA, 2025). Although policy initiatives such as the Affordable Care Act have improved coverage, rural areas still face significant disparities in provider availability and service access, with nearly a 7,000 primary care providers shortage and over 140 rural hospital closures since 2010 (Callaghan et al., 2023). These unfortunate limitations not only reduce continuity of care but also impose financial and psychological strain on patients and families. Addressing these persistent gaps require continued policy innovation and alternative care delivery models, such as telehealth and mobile units, to ensure equitable, timely care in rural regions.

Many rural residents travel exponentially to receive services not offered by their local rural hospital or due to quality of care. This length of travel not only adds to the barrier of access to care but takes a financial toll on both residents and physicians as residents spend money seeking treatment elsewhere and hospitals miss out on funds from being reimbursed. However, from data collected by my research participants, the access to care via patient travel is not unnoticed. Thus, participants have implemented systems which cater to only the necessary needs of their communities and transferring out services that are not commonly used, too expensive, and do not make sense financially, to remain providing them.

Some direct quotes related to the theme *patient travel* are as follows: Hospital Administrator 1 stated, “That was something that we heard from the community, um, several times that, hey, it’s so hard to travel for chemo. It is so hard, you know, to drive every week to get my medication infusion.” Hospital Administrator 2 stated,

> “You know, this is where we do some of our easy infusion meds for um, osteoporosis and things of that nature. So no longer do you have to go to Montgomery or somewhere like that to have those services. You can have those services here for a regional and stay close to home.”

Theme 6: Telemedicine

Telehealth has emerged as a vital strategy to address the longstanding healthcare access barriers faced by rural communities. Limited provider availability, long travel distances, and geographic isolation often prevent rural residents from receiving timely care, leading to adverse health outcomes and increased financial burdens (Butzner &

Cuffee, 2021). Telehealth effectively mitigates these issues by enabling remote consultations, reducing travel-related costs, and improving continuity of care. Empirical evidence highlights the cost-efficiency and broad acceptance of telehealth technologies among rural populations, further enhancing provider retention and access to continuing education for clinicians (Butzner & Cuffee, 2021). Additionally, telehealth supports access to specialized services such as cardiology or endocrinology, which are typically concentrated in urban centers. According to the National Rural Health Association (2025) and Kolluri et al. (2022), telehealth reduces referral delays, bridges workforce shortages, and addresses the geographic misdistribution of providers. In this context, telehealth is not merely a convenient alternative but a critical infrastructure element for ensuring equitable healthcare delivery in rural settings.

Some direct quotes related to the theme *telemedicine* are as follows: Hospital Administrator 1 stated,

> "Yeah, we have tried telemedicine off and on for probably 15 years. Um, some of it works better than others. Um, you know, wireless network and AT&T struggles, um, have been an issue in our rural setting. Um, but I think we're over the last year or two years, we've, um, spent half $1 million in networking upgrades to our campus. Um, and that so far has been helpful."

Hospital Administrator 3 stated, "We currently use telehealth in departments such as NICU, telecardiology, tele stroke and mental health. "Hospital Administrator 4 stated, "Well, we implemented telehealth during COVID, and it is available even if some people don't use it."

All five participants utilize telemedicine in their hospitals to provide better patient care, reduce waiting times, and deliver specialized services that would otherwise require distant travel. Not only does telemedicine reduce operational costs, but it also improves patient safety and satisfaction since many would rather remain in their communities or local hospitals during treatment.

Theme 7: Services Based on Community Needs

In rural healthcare systems, service provision is often driven by financial viability and inpatient volume metrics rather than by actual patient needs, contributing to systemic inefficiencies and unmet health demands. Hospital administrators increasingly reduce or eliminate low-profit services and reallocate resources based on declining average daily census, resulting in limited access to specialized care for rural populations (Pai & Dissanayake, 2022). While this approach may enhance operational efficiency, it can also exacerbate healthcare disparities by prioritizing higher-volume sites and ignoring the contextual needs of underserved communities. Shee et al. (2023) noted that inefficiencies in service delivery, unnecessary variation, and geographic isolation further complicate rural healthcare planning. Without intentional, equity-focused strategies, resource limitations will continue to hinder access to essential services, leaving vulnerable populations without adequate care. Therefore, addressing inefficiencies through coordinated care models and balanced planning approaches that consider both financial constraints and community-specific needs is essential for improving rural health outcomes.

The need for the community served at rural hospitals is critical for a hospital's survivability. Community engagement may be the single most effective way to bring new patients in, retain current patients, attract new healthcare workers, and by word of mouth, increase awareness of community service and quality of care experienced. Through data collection, I recognized that all five research participants actively engage their community in different ways to reach the common goal; improve overall health of their community. Some direct quotes related to the theme *services based on community needs* are as follows: Hospital Administrator 1 stated,

> "And so we had patients in our community that we were hearing from that they needed a neurologist, uh, an endocrinologist or a rheumatologist, mainly rheumatology, that they did not have. Um, they could not get in for an appointment for 8 to 12 months. And then they were going to have to drive 300 to 450 miles round trip. Um, so with the partnering hospital, we have a telemedicine room set up over in our rural health clinic next door to the hospital."

Hospital Administrator 2 stated, "Um, I guess you know I, would say, you know being a small rural hospital and not providing every service for every person we have to rely on some of the tertiary care centers and larger centers for our transfers." Hospital Administrator 3 stated, "Services are added based on studying patient transfers and community health outcomes. Based on our review of the community we have added, mental health, pediatrics, podiatry, cardiology, and other specialty services."

Participant 2 highlighted that civic involvement, requiring senior leaders to participate in local organizations to both advertise services and receive feedback plays a

vital role in meeting the needs of patients. Such civic involvements include Rotary club, Exchange Club, and the Johnson Center for the Arts. Participant 3 noted that they support a wide variety of events in the community, such as scholarships for high school students, the local rodeo, community holiday events, and other community events. Additionally, Participant 3 ensures hospital representatives are at every event to discuss with the public and listen to their needs. Participant 4 highlighted that they conduct extensive research to ensure they are meeting the needs of the community as well as donating to local organizations. Finally, Participant 5 noted that healthcare is a small world, and it is imperative to build strong relations with patients so that they know and feel that their care is closely monitored, that if transferred, their care is entrusted to a competent physician, and that whichever center their care comes from is an accredited institution.

Theme 8: Networking With Other Organizations

There may not be an organization on the planet that does not network or collaborate for one reason or another. Additionally, partnerships with organizations aligned with similar goals and vision can strengthen a rural hospital's standing within not only their community but the community that the partnering organization serves as well. Participant 1 underscored that they partnered with Texas Organization of Rural and Community Hospitals (TORCH) which involves all 168 rural hospitals in Texas which have been instrumental. Furthermore, Participant 1 noted that hey partner with the Texas Hospital Association for the latest developments in healthcare. These partnerships have been vital in allocating resources for their community.

Some direct quotes related to the theme *networking with other organizations* are as follows: Hospital Administrator 3 stated,

> "We partner with county health and Indian Health services to assist in providing care. Mental health has been a significant need for the region, and we have partnered with a mental health specialty provider in a larger community to assist in admissions and consultation."

Hospital Administrator 4 stated,

> "I mean non-profits, smaller hospitals have to be able to do things jointly um together, to get that price reduction or just make sure our services are together, UM, and also our local health department, we work with them closely on different services."

Theme 9: Rural Workforce Health

Strengthening the rural healthcare workforce and aligning services with community needs are essential to improving health equity and sustainability. Nurse staffing remains a critical concern, as rural hospitals face high turnover rates—particularly within the first two years of practice—disrupting continuity of care and increasing operational costs (Pai & Dissanayake, 2022; Cadavero et al., 2025). Therefore, addressing workforce retention challenges through educational programs can be vital in building trust and ensuring effective service delivery to rural communities. All research participants have implemented ways in which they try to attract new talent to the rural health workforce. Some direct quotes related to the theme *rural workforce health* are as follows: Hospital Administrator 1 stated,

> "Right, we tell them, come work with us. We're like a family because we truly are. Um, we care about each other. We know each other by name. In the hallway, we talk to each other. Um, we know our patients. Um, and it's just a very family-oriented place to work. Uh, we tell them to put their family first, and this family comes second. Um, we can compete with the, you know, it's a better way of life. Many students find it attractive to stay in the community in which they were raised. This provides us the resources. Retaining these talented providers requires diligence and effort in providing an environment of listening, excellence, competitive wages and investing in their education and career growth. That's something that we struggle with, it is something that we work with the local medical school about."

Hospital Administrator 3 stated,

> "We are fortunate to have several nursing and ancillary programs provided by the State University right here in our community. Many students find it attractive to stay in the community in which they were raised. This provides us the resources. Retaining these talented providers requires diligence and effort in providing an environment of listening, excellence, competitive wages and investing in their education and career growth. That's something that we struggle with, it is something that we work with the local medical school about."

Hospital Administrator 5 stated,

> "It is challenging a lot of times in rural areas where I've been involved, um, you know, if, if they're not actually from the area, um, it's hard to, you know, kind of

> recruit and retain them. Um, a lot of young individuals coming out of college that are from local community colleges and rural areas, they like to venture out and be on their own."

Sub-Theme: Incentive to Remain Rural

Some incentives that the research participants have put in place are as follows: partnering with state and local community universities to provide nursing and ancillary programs that retain residents after program completion, recruitment by advertising as award-winning, family workplace culture, competing with rural wages of other states and rural communities, improve workplace culture to attract professionals.

Theme 10: Medical Reimbursements

Strengthening the rural healthcare workforce and aligning services with community needs are essential to improving health equity and sustainability. Nurse staffing remains a critical concern, as rural hospitals face high turnover rates—particularly within the first 2 years of practice—disrupting continuity of care and increasing operational costs (Pai & Dissanayake, 2022; Cadavero et al., 2025). Addressing these issues through workforce retention strategies and mentorship programs is vital to building trust and ensuring effective service delivery. At the same time, hospital systems often design service offerings based on financial viability rather than patient needs, leading to the elimination of costly or duplicated services (Gale, 2023). This system-level prioritization limits access to specialized care and disproportionately impacts rural communities that require consistent and comprehensive services. To combat these inequities, hospitals must adopt patient-centered planning that reflects the unique

health demands of their populations. Reconsidering service distribution through the lens of local need—rather than profitability—can enhance access, improve health outcomes, and support long-term community well-being.

Some direct quotes related to the theme *medical reimbursements* are as follows: Hospital Administrator 1 stated,

> "So the state actually allocated an additional $1,500, um, for every Medicaid delivery. And probably 85% of our deliveries are Medicaid. Um, and so that $1,500, we passed it straight through to the physicians that deliver babies, um, to keep them delivering babies. Um, so that's been a big challenge."

Hospital Administrator 3 stated,

> "Our hospital has not been at risk for closure due to the favorable reimbursement provided by the state in Medicaid inpatient services. The appropriate reimbursement has helped rural hospitals in the state continue to provide the services needed. Learning from other hospitals, uniting with local and state governments, being financially efficient and providing exceptional care continues to provide an operating environment where rural health care continues to thrive and provide the necessary care for our communities."

Theme 11: Innovative Services

Innovative service models and interdisciplinary collaborations are essential for strengthening healthcare systems in under-resourced areas. Technological innovation—such as digital tools, AI-supported diagnostics, and integrated care models—has been increasingly adopted to improve efficiency, streamline care delivery, and address provider

shortages in rural and underserved communities (Ravindran et al., 2024; Tlemçani et al., 2025). These strategies enable healthcare providers to meet growing demands despite fiscal constraints by offering scalable, patient-centered, and cost-effective solutions. At the same time, collaborative frameworks like medical-legal partnerships address the social determinants of health by linking healthcare providers with legal professionals to resolve issues such as housing instability and wrongful evictions (DePolo et al., 2025). The sustainability of such models is reinforced through capacity building, relationship development, and knowledge sharing (Herber-Valdez et al., 2023). Together, these innovations and partnerships form a strategic foundation for advancing access, equity, and outcomes in healthcare systems challenged by systemic barriers and limited resources.

Some direct quotes related to the theme *innovative services* are as follows: Hospital Administrator 1 stated,

> "The infusion center, which we started with two chairs. Um. It grew. Um, it's grown to four chairs. And right now, we're actually building a new infusion center wing in our hospital. Um, it's outpatient infusions, and it's going to be 10 chairs."

Hospital Administrator 2 stated,

> "We've added, the Fusion Center, the senior unit, the medical Detox, all those are, I think, innovative. Um. And you know, the success rate of that, of the people, the completion rate, if you will, for where the impatient detox program is, is about 90%."

Innovative health services are what sets rural hospitals apart from their competition. Services such as introducing new mental health and addiction rehabilitation programs, or acquiring new state-of-the-art equipment to increase efficiency and effective treatment are what research participants have viewed as instrumental in setting themselves apart and providing one-of-a-kind services not found anywhere else in the surrounding rural or urban areas they reside in. Participant 1 stated that they look at the pros and cons of participating in different projects, whether it be federal or state, to see it makes sense for their facility and community, look at grant opportunities, utilizes surveys to record travel distance and identify services that can reduce travel times and provide services that allows the patient and revenue to remain in the community.

Participant 2 noted that they are the only hospital to offer a fusion center, a senior unit, and a medical detox center within their area. Participant 3 highlighted that they utilize telehealth in almost every department of their hospital such as tele Neonatal Intensive Care Unit (NICU), tele stroke, and mental health. Each service is implemented to safely provide services for their patients and reduce transfers and costs. Participant 4 continues to work with other organizations to evaluate what resources to purchase, analyze coverage regarding health benefits, and what services can be combined to gain a larger buying power and reduce costs. Participant 5 noted that a local competitor cannot provide dialysis treatment, so they have found a way to provide dialysis treatment. Also, participant 5 noted that they have experienced physician shortages, particularly in primary care. Therefore, they allow nurse practitioners and physician assistants to assist with care and cover those specialty services.

Theme 12: Recognition for Quality Services Provided

Finally, the last theme identified is not founded on vanity but as proof of dedication to improved health outcomes in rural communities despite challenges faced by rural hospitals. All research participants have award-winning institutions and are a part of Chartis' top 100 rural hospitals list, an organization that recognizes the commitment and improvement that leaders possess and make to the betterment of their rural communities through their rural hospitals. The accolades awarded to these hospitals serve as testament to the hard work, dedication, and resiliency that organizational leaders of these institutions have portrayed in striving to provide the best service possible with the resources available.

Some direct quotes related to the theme *recognition for quality services provided* are as follows: Hospital Administrator 1 stated, "Right. So probably our selling point is we were an awarded hospital in the state for rural and community hospitals." Hospital Administrator 2 stated, "We were just named one of the top 100 rural hospitals in the country." Hospital Administrator 3 stated, "Our hospital has worked diligently to achieve excellence and is currently an "A" Rated hospital by Leapfrog, NQP Qualified hospital and we are also a top 100 Rural Hospital in the nation."

Conclusion and Recommendations

Introduction

The findings of this research confirmed Chapman et al. (2025), Krone-Hjertstrøm et al. (2025), Pankaj (2024), and Carroll et al.'s (2023) studies that to improve the odds of viability, rural hospital administrators should implement, in a pragmatic manner feasible

for their organization, themes found and analyzed within this study. Furthermore, practicality and feasibility are used to underscore the corresponding nature of Fred Fielder's contingency theory with real-world expectations, thereby reiterating that one size does not fit all and there is no best way to lead; that hospital leaders must create and implement strategies that are conducive to the needs of both their communities and their financial needs. Additionally, based on themes identified in this research, there is clear evidence that there is more than one way to reach a common goal utilizing different tactics. Hence, the overall strategy is clear, prioritizing patient needs and not wants, can allow rural hospitals to provide much-needed healthcare services that can improve community health and thereby, financial viability.

Relevance to the Conceptual Framework: Fred Fiedler's Contingency Theory

Fred Fiedler's contingency theory underscores that leadership effectiveness is dependent on the fit between a leader's style (task-oriented vs. relationship-oriented) and the situational context defined by three factors: leader-member relations, task structure, and position power (Fiedler, 1967). Fiedler's theoretical framework is extremely relevant in rural healthcare settings, where organizational variability requires leaders to adapt their approach to rapidly shifting, and complex demands. The following sections aligned 11 out of the 12 rural healthcare themes found through thematic analysis in this research with Fiedler's model. The twelfth theme, though a result of the evident resiliency and superb leadership possessed by the research participants, does not correlate with Fielder's theoretical lens of leadership.

Contingency Theory Applications in Rural Healthcare Leadership

Telemedicine

Effective application of telemedicine implementation requires leadership to navigate using a low task structure and limited technological control. With the ever-growing technological advances, rural hospital leaders must coordinate system integration and staff training despite constrained resources or risk impending closure. According to Fielder (1967), the contingency theory's task-oriented leadership is valuable in ensuring successful technology adoption and operational consistency. By focusing on structured processes and measurable outcomes, hospital leaders can support sustainable telehealth expansion in rural settings despite limited resources.

Insurance/Medicare

Facing significant challenges due to external control and ambiguous financial planning caused by varying Medicare reimbursements. Rural hospital leaders must skillfully manage regulatory constraints while sustaining internal expectations by and for patients. In relation to the theory, relationship-oriented leadership supports team morale and resilience. This approach can enhance communication and help teams remain focused through periods of fiscal unsurety.

Innovative Services

Implementing innovative services in rural healthcare settings often involves uncertainty and high risk. Hospital leaders must balance task-oriented and relationship-oriented styles to facilitate such innovations while maintaining quality care. Where task-oriented strategies help structure the innovation process, relationship-oriented approaches

ensure staff engagement and trust. This balance encourages successful implementation of services and helps sustain service adoption.

Networking/Collaboration

Strong leader-member relations are vital to collaborate with external partners in rural healthcare. There is no denying that trust and communication are central to organizational success and relationship-oriented leadership is well-suited for connecting links between organizations to enhance collaborative capacity and foster sustainable partnerships that extend healthcare accessibility.

Workforce Health

High turnover rates by physicians, nurses, and other rural workforce staff threaten team cohesion and healthcare quality in rural hospitals. In response, rural hospital leaders must prioritize environments that encourage staff retention and invest in programs to attract new graduates. Fielder's theoretical lens regarding relationship-oriented leadership is especially effective in building and maintaining trust and engagement, essential components in workforce stability and morale.

Services Based on Needs

Rural hospital leaders rely on data to make service allocation decisions amid challenges and resource constraints. Task-oriented leadership ensures services are provided efficiently and equitably, ensuring alignment in delivery of care with a rural community's needs. Such leadership supports strategic planning grounded in both resource availability, resource allocation, and service demand.

Financial Viability

In the wake of shrinking margins, rural hospital leaders must apply influence despite reduced position of power and constrained task structures. Here, task-oriented leadership can guide strategic financial decision-making, while relationship-oriented leadership can promote stakeholder synergy. Together, these approaches can assist sustainment of operational viability and foster collaborative adaptation to financial challenges.

Quality of Care

As healthcare systems transition to value-based models, rural health leadership must focus on unifying teams with new performance goals. A proportional leadership style that integrates task clarity with a measurable outcome is essential for accountability and staff motivation. Incorporating this dual approach can support the delivery of high-quality care while navigating organizational alignment.

Community Engagement

In rural healthcare, successful community engagement relies heavily on strong leader-member relations and the community's trust. Relationship-oriented leaders hone community buy-in through transparency and consistent communication. This approach builds partnerships, allowing health programs to be more effectively designed and implemented within local communities.

Policy Advocacy

Although rural hospital leaders have minimal control over legislative processes, they can shape policy through robust advocacy. In these contexts, relationship-oriented

leadership proves effective for building alliances and engaging stakeholders. Overall, advocacy efforts are more impactful when embedded in trust and strong inter-organizational relationships.

Patient Travel

Geographic barriers and accessibility challenges present ongoing leadership tribulations in rural healthcare. Leaders must creatively navigate logistical issues using adaptive and proactive leadership styles. By applying flexible approaches, leaders can introduce solutions such as telehealth to reduce care delays, reduce patient transfers, and enhance access for rural residents.

Fred Fielder's contingency theory is built on the foundation that there is no right way to lead and that there is no one-size-fits-all when it comes to ensuring an organization's success (Fielder, 1967). Taking Fielder's theory and modernizing it to today's standards, one can conclude that everyone is not fit to lead in certain challenging arenas. In other words, rural hospital administrators may not achieve sustainability within their organization not because of rurality itself, but because the overall needs of the hospital are not being met from lack of establishing and implementing an effective leadership style. Again, these needs include patient-centered care, providing necessary services, improving the rural workforce, policy advocacy, and more. Perhaps Fielder would see the closure of rural hospitals today as a lack of competent leadership and missed strategic opportunities. However, with Fielder's theory, rural hospital administrators, even those without a natural leadership quality, can acquire the necessary

tools to improve the overall success of their rural hospital and therefore, achieve sustainability.

Business Contributions and Recommendations

Rural hospital administrators face momentous pressure from their communities, stakeholders, and workforce to provide the tools, resources, and changes needed to sustain themselves. However, without proper planning, an understanding of the fragile nature of rural hospitals, and the tenacity it takes to improve the outcome of rural health, sustainability, and financial viability are unattainable. Therefore, by implementing strategies that support patients, healthcare workers, and the overall longevity of rural health facilities, rural hospitals may not need to close, merge, or be acquired. Taking into consideration the twelve themes identified in this research and placing them into challenging rural areas within the United States, there is a strong possibility that closures may become a notion of the past.

Increasing critical care requirements, growing volumes in elective services, and struggles with reimbursements from services rendered have put some hospitals in a financial bind, causing rural hospitals to struggle to meet their bottom line (Simone, 2023; Abdussalam et al., 2021). Also, innovative services to meet patient demands increases a hospital's operating costs and the healthcare landscape now demands leaders to adapt to such radical changes (Lemak et al., 2024; Ekiz Kavukoğlu & İşci, 2023; Abdussalam et al., 2021). Rural health leaders should pay special attention to services not frequently used, can be transferred out to other health systems yet does not completely omit revenue gain, and can be combined to form a better pay mixer for reimbursements.

Business-to-business (B2B) relationships exist in healthcare because one health system cannot stand alone and survive without collaboration (Madanaguli et al., 2021). For example, to combat some challenges such as workforce shortages which makes it difficult to provide some critical care services in rural health, B2B relationships can be established to attract and retain the rural workforce by partnering with the local colleges, high school, offering government funded programs to help pay for schooling beneficial to the organization's needs (Daniels, 2025; Madanaguli et al., 2021). Through strategic collaboration, leaders can allocate resources and distribute resources that solidify their standing in the community and increase financial viability. The B2B aspect of rural health is an important component of a successful organization where effective implementation is critical to the overall bottom line of rural health systems (Koipillai et al., 2024; Natanov et al., 2024; Ungaro et al., 2024). Therefore, medical schools should invest and promote a curriculum of B2B fundamentals for students to ensure that when they relieve current leaders of healthcare, they will possess the aptitude to continue providing quality care services while improving fiscal sustainability (Koipillai et al., 2024; Natanov et al., 2024; Ungaro et al., 2024).

Implications for Social Change

As difficult as it was to separate and discern business strategies from social implications throughout this research, there is no doubt that many disparities within rural health are attributed to social determinants of health (SDOH). Thus, social implications of change related to this research include reduced barriers to healthcare for rural patients, improving the rural workforce, and improving economic policies. Services such as

obstetrics which the patient is often transferred should be available in rural hospitals since providing such services reduces unnecessary stress on expectant mothers. However, rural communities are also known for aging an aging population. So, rural hospital administrators must use discernment when vying for sustainability and low operating margins to provide services most used. When we think about rural health, we do not think about it much at all, if any. Therein lies the issue. More access to healthcare equates to improved population health, longevity of life, and increased revenue for rural hospitals. Shuttles for patients to travel to and from for free between healthcare systems, mobile clinics to those who are bed-ridden, health fairs at local schools, and career days that involve those who have benefitted from utilizing the rural hospital's tuition free programs can all contribute to improved rural health.

Recommendations for Further Research

Based on the findings in this research, gaps within the literature include the lack of research from a personal point of view, types of incentives that those newly entering the workforce would want as an incentive to work in rural health settings. The second gap is the unknown criteria by which patients measure their rural hospital as providing quality care. Third, what cannot be proven with just this research is the number of rural hospital administrators who do not possess the leadership qualities needed to manage a delicate organization such as a rural hospital. Perhaps an evaluation of leadership qualifications may help put the most qualified into challenging rural settings. Lastly, there is a gap in measuring trust erosion in rural healthcare systems due to the loss of a rural hospital, the lack of services provided, and diminished quality of care.

This study's limitations are geographic in nature as only rural hospital leaders in southern and midwestern states were the target audience. Also, this research contains only rural hospitals who can be found on Chartis's top 100 rural hospitals list. Insights from rural hospital leaders not on the list or in CAHs are not taken into consideration. Though this research provides insight into the fragile ecosystem of rural health, more research is needed on the gaps found within and expound upon the limitations of this research accordingly.

Conclusion

This research's contents provide an exploration into the fragile nature of rural hospitals and how some successful hospital administrators, dedicated to improved rural healthcare settings, were resourceful in finding ways for their organization to remain sustainable. Utilizing a qualitative method and a thematic analysis to collect and analyze data, Fielder's contingency theory remained relevant through evidence of effective strategies that research participants used, though not the same, the overall goal was financial viability and sustainability to improve rural health. I considered the lived experiences of five award-winning, successful rural hospital administrators who all acknowledged that although they cannot provide every healthcare service that their urban counterparts can provide, the services that they do render are needed by the rural community that relies upon them and above all else, quality of care is first and foremost.

This research also proved that when quality of care is prioritized above all else, sustainability and financial viability are to follow, given that networking, policy advocacy, community engagement, workforce health, innovative services that

surrounding hospitals do not offer, and Medicaid reimbursements are prioritized to follow thereafter. The findings within this research may serve as a valuable resource for those struggling to prevent the enclosure of their rural hospital by identifying what their current priorities are and what their priorities need to be for sustainability. In doing so, more rural hospital administrators may be able to achieve financial viability, thereby contributing to the reduction of rural hospital closures.

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