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Maureen A. Onyenacho

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Walden University
2019

Abstract

Strategies Outpatient Health Care Executives Use to Reduce Physician Turnover

by

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MBA/HCM, University of Phoenix, 2005

BSN, University of Phoenix, 2003

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Business Administration

Walden University

April 2019

Abstract

Some outpatient health care executives experience high physician turnover leading to increased costs. To retain highly productive physicians, outpatient health care executives need to understand the best strategies for reducing physician turnover. Grounded in Herzberg 2-factor theory as the conceptual framework, the purpose of this multiple case study was to explore the strategies outpatient health care executives used to reduce physician turnover. Data were collected from semistructured interviews of 4 outpatient health care executives and the review of proprietary documents from 2 outpatient health care facilities in the Southern California metropolitan area. Data analysis comprised compiling and disassembling the data into common codes, reassembling the data into themes, interpreting the themes, and reporting the themes. Member checking and methodological triangulation amplified the trustworthiness of the findings. The course of thematic analysis led to identification of 4 core themes: autonomy, satisfactory work environment, effective communication, and training and growth opportunity. Implications for positive social change include the potential to increase economic growth while benefitting employees, families, and communities; increasing the continuity of patient care; and increasing patients' access to health care. Outpatient health care executives can use the results of this study to implement changes conducive to minimizing physician turnover and associated costs while enhancing the quality of health care.

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Dedication

I dedicate this study to the joy of my life, my four children, Ucheoma Tracey, Ikedi Preston, Ejike Oscar, and Urenwa Benita, Onyenacho. Titbits: Never give up! Smile always and be joyful.

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Section 1: Foundation of the Study

United States executives face the challenge of replacing 70 million experienced and skilled employees over the coming years (Oladapo, 2014). Uhl-Bien, Riggio, Lowe, and Carsten (2014) declared that executives must also decrease the rate of employee turnover. Organizations with high employee turnover have increased costs of recruiting and training new employees, as well as losses in productivity (Amankwaa & Anku-Tsede, 2015). Employee turnover disrupts a company's bottom line (Amankwaa & Anku-Tsede, 2015). Executives acknowledge that replacing employees costs more than retaining current employees (Guilding, Lamminmaki, & McManus, 2014). Business leaders can use pay, benefits, socialization, and training to increase organizational commitment and decrease employee turnover (Wijnmaalen, Heyse, & Voordijk, 2016).

Executives must focus on employee retention (Harris, Li, & Kirkman, 2014). Management must recruit and retain highly productive workers to increase organizational performance (Ryu & Lee, 2013). Most health care executives recognize employees as their most valuable assets (Beauvais, Richter, & Brezinski, 2017). Executives often find deterioration in the quality of their organization's merchandise and services when employees leave the company (Abii, Ogula, & Rose, 2013). Seventy percent of newly hired executives fail within 18 months of being hired or promoted, and numerous health care organizations are replacing those vacancies with physicians (Blanchard, 2017). Executives need to understand health care challenges and best practices for identifying, hiring, and retaining physicians (Blanchard, 2017). In this qualitative multiple case study, I explored the strategies outpatient health care executives used to reduce physician

turnover.

Background of the Problem

Physician turnover can lead to an increased need to recruit and train new physicians (Heponiemi, Kouvonen, Virtanen, Vänskä, & Elovainio, 2014). Employee turnover is defined as the rate employees leave or enter employment in an organization (Nwagbara, Smart Oruh, Ugorji, & Ennsra, 2013). Employee turnover can deplete as much as 17% of a company's pretax income (Soltis, Agneessens, Sasovova, & Labianca, 2013). Voluntary turnover is a burden to organizations resulting in separation costs, recruitment, and training costs for new personnel and lost productivity (Dysvik & Kuvaas, 2013; Goud, 2014; Hancock, Allen, Bosco, McDaniel, & Pierce, 2013; Kang, Huh, Cho, & Auh, 2015; Nyberg & Ployhart, 2013).

Voluntary turnovers can have adverse effects on organizations, especially on costs and potential loss of individual knowledge, skills, and organizational knowledge (Kessler, 2014). Turnover leads to loss of human capital of an organization and the organization loses institutional knowledge and the experience of the employee when the employee leaves (Cho & Song, 2017; Kang et al., 2015). Unfavorable conditions, such as low salaries and heavy workload, result in a high turnover (Cho & Song, 2017). In the United States, annual levels of separations have increased each year since 2010, and total separations levels increased by 21.3% between June 2009 and December 2016 (U.S. Bureau of Labor Statistics, 2016a). Increases in total separations ranged from 5.4% in the Northeastern United States to 6.4% in the Southern United States (U.S. Bureau of Labor Statistics, 2016a). Total separation includes quits and other separations (U.S.

Bureau of Labor Statistics, 2017b). The Bureau of Labor Statistics (2015) reported that the separation rate is calculated as the number of entire separations during the month, divided by the number of employees who worked completely or received income for the pay period (including the 12th of the month), then multiplied by 100. Executives should focus on a strategic cost of retaining valued employees because companies struggle with finding and retaining skilled employees.

Problem Statement

Physician turnover is costly for outpatient health care executives (Fibuch & Ahmed, 2015). Outpatient health care executives lose 2 to 3 times the physician's annual salary when replacing a physician (Shanafelt, Goh, & Sinsky, 2017; Shanafelt & Noseworthy, 2017), and lost revenue for physician replacement is $990,000 per full-time equivalent physician, with an organizational cost to replace a physician ranging from $500,000 to $1,000,000 (Shanafelt et al., 2017). The general business problem was that some outpatient health care executives experienced high physician turnover, which led to increased cost. The specific business problem was that some outpatient health care executives lacked strategies to reduce physician turnover.

Purpose Statement

The purpose of this qualitative-multiple case study was to explore the strategies outpatient health care executives used to reduce physician turnover. I selected four outpatient health care executives working in two outpatient health care facilities in the Southern California metropolitan area. The selected outpatient health care executives had a minimum of 2 years of demonstrated success in reducing physician turnover and at least

5 years of outpatient health care leadership experience. Positive social change may include outpatient health care executives gaining knowledge to reduce physician turnover and stabilizing physician health care services to the community. Also, positive social change may include an increase in economic growth while simultaneously benefitting employees, families, and communities through increasing the continuity of care, access to care, and the quality of patient health care.

Nature of the Study

Three research methods are qualitative, quantitative, and mixed methods (Pluye & Hong, 2014; Yin, 2018; Zikmund, Babin, Carr, & Griffin, 2013). I chose the qualitative method because, as Pietkiewicz and Smith (2014) and Yin (2018) identified, qualitative researchers, use open-ended questions to determine what is occurring in the environment. In contrast, quantitative researchers test hypotheses to deductively examine relationships among variables, and use statistical procedures to achieve results generalizable to the population from which the sample was drawn (Pietkiewicz & Smith, 2014). Mixed-methods researchers use both qualitative and quantitative elements (Frels & Onwuegbuzie, 2013; Pluye & Hong, 2014). I did not test for hypotheses, measure the relationships among variables, or used statistical procedures, which is a requirement for both quantitative and mixed-method studies. Thus, quantitative and mixed methods were not appropriate for this study.

I considered four qualitative research designs: ethnography, narrative research, phenomenology, and case study. Ethnographic researchers explore the feelings, beliefs, and meanings of relationships between individuals within their culture (Fusch, Fusch, &

Ness, 2017; Fusch & Ness, 2015). Researchers use a narrative design to explore memories and stories of participants (Sandelowski, 2014). Researchers use the phenomenological design to explore the meanings of lived experiences and worldviews of participants (Marshall & Rossman, 2016; Moustakas, 1994). Researchers use a case study design for in-depth inquiries to explore a complex phenomenon in its real-world context (Raeburn, Schmied, Hungerford, & Cleary, 2015; Yin, 2018). The case study design is appropriate when asking *what*, *how*, and *why* questions (Yin, 2018). I chose the case study design because I asked what, how, and why questions while I explored the strategies some outpatient health care executives used to reduce physician turnover. Researching cultural groups and capturing world-views or lived experiences were not appropriate for answering the overarching research question.

Research Question

The overarching research question for this qualitative multiple case study was: What strategies do outpatient health care executives use to reduce physician turnover?

Interview Questions

1. What strategies have you used to reduce physician turnover?
2. What were the key barriers to implementing the successful strategies for retaining physicians?
3. How did your organization address the key barriers to implementing the successful strategies for retaining physicians?
4. How did you assess the effectiveness of the strategies for reducing physician turnover?

5. What strategies have you used for the physicians to minimize turnover?
6. What further information would you like to add that I did not ask?

Conceptual Framework

Frederick Herzberg developed the two-factor theory in 1959, constructed on motivation and hygiene factors. The basis of Herzberg's (1959) two-factor theory was to explore if motivation and hygiene factors prompted employees' preferences to remain with their existing employers. Herzberg, Mausner, and Snyderman (1959) argued that motivation factors such as recognition, achievement, promotion, growth, work itself, and responsibility supported job satisfaction. In contrast, Herzberg et al. (1959) recognized organization policy, supervision, co-workers' relationships, work conditions, and salary as hygiene factors that cause job satisfaction or dissatisfaction. Herzberg's two-factor theory was relevant to my study because the premise of the theory is that employees establish their employment decisions and behaviors on two different sets of factors. Motivation-hygiene factors influence employee satisfaction. Some outpatient health care executives applied the motivation-hygiene factors and reduced employee turnover. I used the two-factor theory as a lens in answering the overarching research question and understanding the findings from the study.

Operational Definitions

Employee turnover: Employee turnover is the voluntary or involuntary separation of an employee from an establishment (U.S. Bureau of Labor Statistics, 2017a).

Health care executives: Health care executives are medical and health services managers, also called health care administrators. Health care executives plan, direct, and

coordinate medical and health services; manage an entire facility, a designated clinical area or department, or a medical practice for a group of physicians; and execute plans that conform to changes in health care laws, regulations, and technology (U.S. Bureau of Labor Statistics, 2016b, 2017b).

Job satisfaction: Job satisfaction is the employee's happiness and gratification with the job. Job satisfaction includes personal skills, rewards, and recognition received from the job (Yang & Hwang, 2014).

Job dissatisfaction: Job dissatisfaction refers to when employees experience unhappiness with their jobs (Kam & Meyer, 2015).

Motivation: Motivation is a person's desire to perform or achieve particular business goals and to avoid dissatisfaction in business decisions (Machmud & Sidharta, 2016).

Physician turnover: Physician turnover is the departure rate of a primary care provider from a health care clinical service area (Aalto et al., 2014; Al-Omari & Khader, 2015).

Turnover intention: Turnover intention is when an employee anticipates completely separating from an organization (U.S. Bureau of Labor Statistics, 2017a).

Assumptions, Limitations, and Delimitations

Assumptions

Assumptions are the unverified facts considered true of the study, but that the researcher cannot verify (Lips-Wiersma & Mills, 2013). In my study, I made two assumptions. The first assumption was that outpatient health care executives would be

open and truthful in answering the interview questions. The second assumption was that participants would be unbiased. Based on the interviews and interactions, I found that the participants were truthful and provided detailed information about the strategies used to reduce physician turnover. The participants were knowledgeable in answering the interview questions and shared their leadership experiences and verified data via member checking, which eliminated biases.

Limitations

Limitations are potential weaknesses in a study that are out of the control of the researcher (Yavchitz, Ravaud, Hopewell, Baron, & Boutron, 2014). I anticipated two limitations to the study which included the design integrity and sample type. I used a case study design with a specific number of cases. The specific number of cases was two outpatient health care organizations. Accordingly, I could not generalize the study findings.

The sample type may limit the validity of the study because the sample type should be appropriate to guarantee the collection of rich data to understand the phenomenon of interest (Morse, 2015). I used purposeful sampling, which enables researchers to gather information from those participants capable of providing rich data on the phenomenon of interest (Morse, 2015). The purposeful sampling process can contain limitations including variability and bias. The researcher cannot control both variability and bias (Acharya, Prakash, Pikee, & Nigam, 2013). From a variability perspective, I had minimal control of the outcome of the study. According to Fusch and Ness, (2015), researchers use methodological triangulation to increase validity and

expand readers' understanding to afford multiperspective, meta-interpretations using more than one option to gather data. I minimized bias using member checking, achieved methodological triangulation using multiple sources of data, and reached data saturation. The multiple sources of data included participants' (P1, P2, P3, and P4) facilities' archived physician-patient appointment logbooks and shared participants' testimonies. P1 and P2 of one facility provided short video clips of their employees' day-to-day work activities via their website. P2 shared facility email messages and communications through and from the outpatient health care executives to their physicians. P1, P2, P3, and P4 shared their physician handbooks on the complete orientation training program and facility work expectations. Although P3 and P4 work for the same facility, I interviewed each participant separately, and each participant shared the same physician handbook and described similarly how each new physician directly trained with an assigned coach for 6 weeks. P3 and P4 shared some facility documents which confirmed promotional opportunities.

Delimitations

Delimitations define the boundaries of a study (Marshall & Rossman, 2016; Yin, 2018). The first delimitation for my study consisted of a sampling size of four outpatient health care executives deemed successful who have had at least 5 years of outpatient health care leadership experience and who demonstrated a reduction in physician turnover in the past 2 years. The second delimitation was the chosen geographical location. The participants were from outpatient health care facilities in the Southern

California metropolitan area. Not within the scope of this study were physicians and clinicians of other disciplines and specialties in the health care industry.

Significance of the Study

Outpatient health care executives may use the results of this study to reduce physician turnover. Health care business leaders may also use the findings of this study to improve job satisfaction and organizational performance and reduce physician turnover and associated costs. The implications for positive social change include an increase in economic growth while benefitting employees, families, and communities through increasing the continuity of care, access to care, and the quality of health care.

A Review of the Professional and Academic Literature

The purpose of this qualitative-multiple case study was to explore the strategies outpatient health care executives use to reduce physician turnover. The content of the literature review included critical analysis and synthesis of various research resources I retrieved from Walden University's online library. The literature review included critical analysis and synthesis of the Herzberg theory. To convince my audience of the depth of inquiry, I have included a synthesis of various studies related to strategies used by outpatient health care executives to reduce physician turnover. I organized the literature review into seven topical categories: (a) literature search strategy, (b) analysis of the Herzberg two-factor motivation-hygiene theory, (c) alternative and contrasting theories to Herzberg, (d) studies guided by Herzberg theory, (e) the phenomenon of physician turnover, (f) consequences of physician turnover, and (g) strategies to reduce physician turnover.

Literature Search Strategy

I used ABI/INFORM Complete, Academic Search Complete, Business Source Complete, CINAHL Plus with Full Text, CINAHL & MEDLINE Simultaneous Search, Communication, Mass Media Complete, EBSCOhost, Emerald Management, Expanded Academic ASAP, ProQuest Central, ProQuest Health & Medical Collection, and ProQuest Nursing & Allied Health Source databases to retrieve peer-reviewed and non-peer-reviewed literature relevant to this study. Other databases sourced were PsycArticles, PsycInfo, Sage Journals, Sage Research Methods Online, ScholarWork, Science Direct, the Psychology and Behavioral Sciences Collection, Thoreau-Multi Database, and U.S. Census Bureau websites. I further researched within multidisciplinary, management, and business, and human and social services databases, such as Pubmed and MEDLINE with Full Text and any trade publications. Searches of these databases and publications led me to peer-reviewed articles on health care business and management, health care, health sciences, physicians, and physician leadership. I also searched a variety of published sources such as journals, reports, and seminal scholarly books.

I used the following terms and keywords in database searches: *Herzberg*, *motivation*, *hygiene*, *employment practices*, *physician turnover*, *outpatient health care employees*, *outpatient health care*, and *physician turnover*. I also used *HRM practices*, *causes of physician turnover*, *physician retention challenges*, *physician leadership management skills*, *physician education*, and *expertise*. I further used *physician organizational commitment*, *physician motivation* and *hygiene*, *physician benefits*, and

effects of physician turnover. I searched for *physician satisfaction, dissatisfaction, how the turnover affects the organization, the patients, the physician,* and *retention strategies*.

My literature review sources included contemporary peer-reviewed research regarding Herzberg theory. This study included 319 references with 279 peer-reviewed sources (94% of total references) with publication dates of 2014-2018. The other sources used included 6 government and organizational websites, 1 dissertation, and 11 seminal scholarly books.

Table 1

Summary of Sources by Type, Total, and Reference Percentages

Reference type	Total	< 5 years	% of total reference	> 5 years
Scholarly/peer reviewed journals/articles	301	279	94%	22
Other sources (dissertation, seminal books, book, and government reports)	18	6	6%	12
Total	319	285	100%	34

Analysis of Herzberg Two-Factor Motivation-Hygiene Theory

Herzberg (1959) developed the two-factor theory, in which he proposed two factors that can affect employee job satisfaction: motivation and hygiene. Motivational factors include intangible rewards applicable to recognition, the work itself, responsibility, achievement, and job advancement. Hygiene factors include job dissatisfiers applicable to working conditions, supervision, co-workers' relationships, organization policy, and compensation).

Herzberg et al. (1959) piloted a series of 12 studies of 203 engineers and

accountants in Pittsburgh, Pennsylvania to determine circumstances that led to job satisfaction and job dissatisfaction. Herzberg et al. found that individuals had two sets of needs: hygiene or extrinsic factors and motivators or intrinsic factors. Satisfaction and dissatisfaction were separate constructs affected by distinct purposes (Herzberg et al., 1959). Herzberg et al. noted that only motivation factors could lead to job satisfaction, while hygiene factors can cause job dissatisfaction (Herzberg et al., 1959).

Herzberg (1974) recognized that some employees prefer job satisfaction (hygiene factors), while other employees prefer job substance (motivation factors) to stay motivated at work. Motivation and job satisfaction affected an employee's decision to depart from a job (Herzberg, 1974). Herzberg claimed hygienic needs are meant to motivate the employee, and if not motivated, the employee will not be satisfied. Herzberg (1974) argued that employees' job dissatisfaction is associated with hygienic factors, while employees' job satisfaction is related to the motivation factors connected with job content. Herzberg (1987) claimed that executives achieved employee job satisfaction through monetary compensations, such as pay and fringe benefits.

In distinction, Herzberg et al. (1959) emphasized that executives must address both sets of job factors to increase job satisfaction and decrease dissatisfaction. Understanding the effects of various rewards and associated factors is worthwhile for executives. Health care executives could discover issues relevant to policies, procedures, supervision, and working conditions that may reduce dissatisfaction. At the same time, they could recognize the work itself, responsibility, and employee achievement, which could increase motivation.

Alternative and Contrasting Theories to Herzberg

Herzberg's (1959) two-factor motivation-hygiene theory aligned with Maslow's (1943) hierarchy of needs. Maslow classified an individual's basic needs into five separate categories: physiological, safety and security, belongingness, esteem, and self-actualization (Lester, 2013). Lester (2013) noted that Maslow organized the level of needs from birth through adulthood; whereas, in the two-factor theory, Herzberg organized adults' levels of needs in the workplace. Maslow (1943) emphasized how individuals increased their motivation by meeting the primary physical needs. Fisher and Royster (2016) and Alam (2015) used Maslow's theory as a framework in their studies, similar to the development of Herzberg (1959) motivation-hygiene theory.

Fisher and Royster (2016) used Maslow's theory to explore a hierarchy of needs based on the responses of four mathematics teachers. In Fisher and Royster's study, as noted from the gathered data, the participants supported Maslow's hierarchy and specified how to assist teachers in numerous career platforms efficiently. To improve employee productivity and reduce turnover, executives should develop opportunities to motivate employees and take responsibility for the job satisfaction of employees through executive strategies, job design, corporate events, and compensation packages (Al Mamun & Hasan, 2017).

Alam (2015) argued that physiological needs like lunch breaks, rest breaks, and better wages are essential to retain employees. Safety needs include a safe working environment, retirement benefits, and job security, while social needs include a sense of community, belonging to teamwork, and social events (Alam, 2015). From the same

perspective, Alam asserted that esteem needs include achievement, recognition, appreciation, and provision of job titles that express the significance of the position. Employees' self-actualization can create satisfaction, opportunities, and challenges that can enable employees to advance in their career.

Maslow (1943) emphasized that multiple factors are essential to describe an employee's level of satisfaction, from meeting the basic needs up to self-actualization. Maslow (1998) indicated that an employee's motivation to perform job duties results from the satisfaction of various needs arranged in a hierarchical order of significance. Maslow (1943) asserted two sources of employee satisfaction were health and the availability of basic needs. Executives experience success with employees by honing in on employees' physical well-being and by ensuring the availability of their basic needs. Maslow's (1943) hierarchy of needs and Herzberg's (1959) two-factor motivation-hygiene were suitable frameworks for understanding employee needs and the factors that affect whether an employee will stay or leave the workplace.

Vroom's (1964) expectancy theory is an opposing theory to Maslow's (1943) hierarchy of needs and Herzberg's (1959) two-factor theory. In Vroom's theory, workforce behavior results from practical selections meant to improve choice and reduce concern. Vroom developed the expectancy theory of motivation constructed on four assumptions: (a) people choose alternatives to enhance personal outcomes; (b) people make various demands from the organization, such as satisfactory salary and advancement; (c) people join groups to meet expectations about their needs, incentives, and skills; and (d) people perform as an outcome of an informed choice.

Vroom (1964) discussed employees' motivation and job satisfaction with a focus on two different aspects. One aspect is work activities-associated-behavior, knowledge, and skills, and the second aspect is the indicators of personal values of those items that enhance employee performance. Vroom did not describe motivated employees. Vroom advocated employees complete assigned tasks to improve performance. Financial incentives and monetary rewards motivate pleasure, increase satisfaction, and create productive workplace advancement (Vroom, 1964). Executives could use financial incentives and monetary rewards in the workplace to bring about human pleasure, leading to satisfaction (Vroom, 1964).

Vroom added factors of skills, personality, abilities, and knowledge to the idea of motivating employees in the workplace (as cited in Thomas, 2014). Chang, Hsu, and Wu (2015), Gould-Williams et al. (2014), and Shweiki et al. (2015) applied Vroom's (1964) expectancy theory in the workplace, along with the constructs of extrinsic and intrinsic rewards as motivators in employees' workplace choices. In contrast, Chaudhary (2014) applied Vroom's theory and found employees with high skill levels and experiences were more dissatisfied and demotivated if not compensated for their work. Executives should recognize employees follow practices that keep them motivated in pursuit of the achievement of their goals and desires.

Herzberg et al. (1959) outlined the value of studying motivation and job satisfaction and showed that business executives face challenges in increasing the productivity and potential of individuals on the job. Vroom's (1964) theory included factors that did not align with my study. Herzberg two-factor motivation-hygiene theory

contained the constructs that aligned with my study. It was thus the most appropriate conceptual framework for this study.

Studies Guided by Herzberg Theory

Herzberg applied to industrial businesses. Shahid (2013) surveyed work motivation and demonstrated how hygiene factors (i.e., financial incentives, performance appraisal systems, good relationships with coworkers, promotional opportunities in their present job, and employee empowerment) affected the level of employee drive and productivity. Shahid found motivation factors influenced employees and motivated executive employees; employees were happier when they received incentives for their work performance.

Lukwago, Basheka, and Odubuker (2014) used the two-factor theory to explore employee motivation in an agricultural research organization. Lukwago et al. found motivation factors increased job satisfaction. Using job satisfaction and job dissatisfaction parameters, Lukwago et al. found that job satisfaction was independent. Different from Lukwago et al., Shahid and Chien (2013) found that motivation factors such as achievement, challenging work, and personal growth led to successful employee job performance.

Wesley (2012) used the Herzberg two-factor theory to investigate employee motivation in Lincoln Manufacturing Company in Nebraska. Wesley identified the main 10 hygiene factors: salary, relationship within the company culture, achievement, recognition, work itself, relationship related to customers, work associated with varied challenges, advancement, company loyalty, and growth. Executives should recognize the

factors that affect employee motivation.

Chien (2013) used Herzberg two-factor theory to study job satisfaction among employees in a Chinese chemical fiber company. Unlike Wesley (2012), Chien found that hygiene factors did not promote employee motivation. Chien recommended to the executives areas of planning improvement including workforce, succession, and clarity of performance standards. Chien identified job rotation as an essential hygiene factor not usually applicable in agricultural research with increased professional specialization. I considered motivational factors in a setting different from the manufacturing industry.

Herzberg Applied to the Tourism Industry

Lee, Kruger, Whang, Uysal, and Sirgy (2014) used Herzberg two-factor theory identified two sets of needs: essential and growth needs applicable to tourists' motives associated with natural wildlife parks. Lee et al. (2014) categorized the two-factor theory of Herzberg (1966) into two groups: high-order need satisfaction (i.e., motivating factors) and low-order need satisfaction (i.e., hygiene factors). Lee et al. (2014) posited increased benefits enhanced strong positive feelings which influenced performance. Lee et al. considered the low-order need satisfaction (hygiene factors) as primary and "must have" benefits.

To compare, Lee et al. found that high-order need satisfaction influenced loyalty, while low-order need satisfaction influenced both loyalty and actual value. Executives should ensure satisfaction of low-order needs necessary for the work environment. Executives should ensure satisfaction of high-order needs to help develop loyalty because both high-order and low-order need satisfaction are significant in sustaining loyalty.

Executives need to monitor the low-order need satisfaction (such as the degree to which employees express their satisfaction or dissatisfaction with their various job responsibilities and services) and high-order need satisfaction, such as the degree to which the employees can achieve a variety of career advancements.

Herzberg Applied to Health Care Business Academe

Derby-Davis (2014) used Herzberg (1959) theory as the framework explored factors that predicted nursing faculty's job satisfaction and intent to stay in academe. Derby-Davis (2014) noted refining the motivation and hygiene factors in academe improved the excellence of nursing education, which led to increased sustainability and the retention of current faculty. A relationship exists between motivation and hygiene factors and the intent to stay at a job (Derby-Davis, 2014). According to Derby-Davis, the relationship was an outcome of nurses' job satisfaction.

O'keeffe, Corry, and Moser (2015) used Herzberg (1959) two-factor theory as a theoretical framework measured job satisfaction with advanced nurse practitioners and advanced midwife practitioners in the Republic of Ireland. In the study, O'Keeffe et al. (2015) demonstrated different support for the two-factor theory with the highest satisfaction scores as all intrinsic factors and the lowest satisfaction scores as extrinsic factors. O'Keeffe et al. suggested employers need to improve extrinsic factors by way of salary and fringe benefits to enhance the job satisfaction of nurse practitioners.

Babić, Kordić, and Babić (2014) investigated the differences in the motivational needs of health care professionals. Babić et al. used Herzberg (1959) and Maslow's (1943) theories of motivation. Babić et al. found Herzberg's motivation factors

synchronized with Maslow's theory of needs, excluding sociability; whereas, Herzberg identified hygiene factors as interpersonal relations by way of friendships, group workings, the desire for affiliation, status, and dependency. Although sociability is an interpersonal orientation to work and concerning other people which appeared as a significant motivator, sociability was not as important as other motivators. Babić et al. emphasized the active support of the physicians in acquiring knowledge and career advancement as motivating factors of health care professionals.

Raines (2015) applied Herzberg's (1959) theory and investigated the factors (i.e., intrinsic and extrinsic) that correlated with the perceptions of a group of fast-tracked, second-career nurses 5 years after graduation. Raines (2015) reported that participants recognized job satisfaction in their job duties and career attainment related to the financial trends of nursing, job flexibility, autonomy, and innovative opportunities. Comparatively, some participants identified positive attributes associated with the job that aligned with Herzberg's intrinsic job content.

Herzberg Applied to the Workplace

Damij, Levnajić, Skrt, and Suklan (2015) explored a group of highly educated employees from many public and private organizations. Damij et al. argued that hygienic needs associated with hygiene factors created satisfaction by fulfilling employees' needs for significance and personal growth. Damij et al. expressed that hygienic needs influenced by physical and physiological conditions at the workplace cannot motivate employees but can minimize dissatisfaction, explaining that growth needs, including motivation factors associated with the nature of the work and job satisfaction, fulfilled

employees' need for self-actualization at work. Similarly, Damij et al. found participants motivated by interdependent factors such as significance, creation, challenge, optimism, ownership, and identity.

Ncube and Samuel (2014) noted employee motivation aligned with factors Herzberg et al. (1959) considered extrinsic (hygiene) to the job. The factors must be present in the organization to make employees happy, and lack of these hygiene factors can cause dissatisfaction in employees and lead to turnover (Ncube & Samuel, 2014). In contrast, the facets of recognition, work assignments, the level of responsibility, employment conditions, organizational approach, benefits, and skills may affect employee satisfaction (Carayon et al., 2013; Klopper, Coetzee, Pretorius, & Bester, 2012; Lambrou, Merkouris, Middleton, & Papastavrou, 2014; McGlynn, Griffin, Donahue, & Fitzpatrick, 2012; Van Bogaert, Van Heusden, Timmermans, & Franck, 2014). Milyavskaya, Philippe, and Koestner (2013) claimed Herzberg (1959) two-factor theory was useful in exploring business problems associated with job satisfaction and dissatisfaction. Milyavskaya et al. (2013) advised motivation-hygiene factors in the workplace were essential to job satisfaction.

Herzberg Applied to Online Business

Lee, Yang, Lee, and Lee (2015) considered both satisfaction and dissatisfaction in their study on web portals. Lee et al. explained leaders who create a web portal must provide differentiated services, consider the preference drivers, and must inspire user participation to improve service quality. Lee et al. established four findings: an attractive web portal preference driver as vital dimensional qualities; web portals service strategies

considering users' satisfaction and dissatisfaction per preference drivers; users' interpretation of security; and when the users are not satisfied with the services of a portal, the users have a tendency to express their views without leaving the portal. Esthetics is an appearance-related attribute including visual attraction, according to Lorenzo-Romero, Constantinides, Alarcón-del-Amo (2013), and does not affect user satisfaction but might increase user dissatisfaction.

Zhou (2013) argued usefulness is a factor that affects satisfaction. Lee et al. (2015) agreed to usefulness as an attractive quality that affects user satisfaction in online services. Lee et al. suggested satisfaction is a necessary factor in building and maintaining sustainable relations between the service provider and the users. In dissimilarity, Lee et al. posited dissatisfaction occurs when customers have unfavorable emotional experiences with purchases and comparing products and services, especially if the customers perceive the product or service inadequate for the paid price; therefore, outpatient health care executives may recognize issues that affect outpatient health care physicians which trigger the physicians to leave their jobs.

Malik and Naeem (2013) recognized different sources of job satisfaction and job dissatisfaction. Malik and Naeem (2013) questioned the scope of the motivator-hygiene theory. Shipley and Kiely (1988) attempted to determine the relevance of the motivator-hygiene theory of job satisfaction. Shipley and Kiely established job security as the highly rated motivators concluding that Herzberg et al.'s model of job satisfaction was not always effective with motivator-hygiene and job satisfaction.

A relationship existed between motivation and hygiene factors and the intent to

stay at a job (Derby-Davis, 2014). Herzberg (1959) two-factor theory was useful in exploring business problems associated with job satisfaction and dissatisfaction (Milyavskaya, Philippe, & Koestner, 2013). Motivation factors increased job satisfaction (Lukwago et al., 2014) and employees were happier when they received incentives for their work performance (Shahid, 2013). Executives recognize motivated employees completed tasks faster when they were happier, even when the tasks were not pleasurable. Motivation factors such as achievement, challenging work, and individual growth led to successful employee job performance (Lukwago et al., 2014; Shahid & Chien, 2013). Outpatient health care executives can recognize the factors that affect physician motivation and job satisfaction. Improving extrinsic factors by way of salary and fringe benefits, can enhance physician job satisfaction, and reduce turnover.

The Phenomenon of Physician Turnover

The annual physician turnover rate is 12% in the United States (Mosley & Miller, 2014). Employee turnover is upscale and a disruptive phenomenon that can cost 100% of the employee's annual salary to replace the vacated position (Bryant & Allen, 2013). As reported by Hawkins (2014), physicians work 6% fewer hours from 2008, spend 20% of their time on non-clinical paperwork, see 3% fewer patients per day than in 2012.

According to the Physicians Foundation and Merritt Hawkins (2014) survey, the 6% reduction in work hours since 2008 equals a loss of 44,250 full-time employees (FTEs), 3% fewer patients seen equals over 30 million fewer patient encounters, 20% of time spent on paperwork equals a loss of over 139,000 FTE's. In the survey, female physicians see 11.7% fewer patients per day than males, physicians older than 45 see

3.5% fewer patients per day than those under age 45, 80% of physicians overextended and at full capacity, with no time to see additional patients.

Employee turnover is destructive to organizations (Goud, 2014). Employees on the average change employers every six years and every time an employee quits, executives must recruit, select, and train a replacement, and allow time on the job for the alternative to gain experience (Goud, 2014). In the context, Alam (2015) and Goud (2014) disclosed reasons for employee turnover in an organization. The disclosed reasons included hiring practices, management style, lack of recognition, lack of competitive compensation system, toxic workplace environments, lack of exciting work, lack of job security, lack of promotion, inadequate training, and advancement opportunities. Reducing employee turnover is a primary challenge for the outpatient health care executive of an organization. Employees remain actively involved in their jobs if they continue to receive training and relevant resources (Herzberg et al., 1959).

In contrast, Goud (2014) found executives lacking the knowledge to identify and adequately use intrinsic and extrinsic motivational factors yield a high turnover rate within the organizations. Executives need to recognize strategies to reduce employee turnover (Bryant & Allen, 2013). Retention strategies can be of use to lower the physician turnover rate. Similar to Bryant and Allen (2013), Vatankhah, Raoofi, and Ghobadnezhad (2017) explained executives need to understand employee needs, compensation, approaches to attract, motivate, and retain employees, manage recruitment, and performance to ensure employees stay within their organizations.

Dong, Mitchell, Lee, Holtom, and Hinkin (2012) used a dynamic multilevel

approach investigated the relationship between an employee's job satisfaction trajectory and consequent turnover. Longitudinal multilevel data collected from 5,270 employees in 175 business units of a hospitality company. Dong et al. (2012) explored turnover as increased costs associated with the recruitment, training and the retention of new employees. In the study, Dong et al. (2012) established voluntary employee turnover could negatively affect employee morale and organizational effectiveness, affecting profitability. Replacing employees requires executives to take cognizance of the costs associated with the daily business Dong et al. (2012).

Unlike Dong et al. (2012), Downes and Choi (2014) claimed to meet organizational goals with employee commitment; executives can make efforts to meet employees' expectations. Chomal and Baruah (2014) asserted understanding employee needs requires performance associated rewards that can work as motivators for employees in improving their performance. From the same perspective, Gouveia, Milfont, and Guerra (2014) determined learning the needs of the employees enables executives to enhance effective retention strategies and satisfy the needs of employees. Fitzsimmons and Stamper (2014) and Zameer, Ali, Nisar, and Amir (2014) demonstrated executives who develop, add, and improve group association in the workplace could motivate employees to work harder to meet optimal organizational performance goals.

Heponiemi, Presseau, and Elovainio (2016) used a cross-sectional questionnaire of 3324 (61.6% women) Finnish physicians and surveyed the effects of on-call duties, and pressure of work variables associated with physician turnover. They discovered physician turnover and on-call duty created concern for the health care executives. In the

study, Heponiemi et al. (2016) used analyses of covariance related to age, gender, response format, specialization status, and the employment status of physicians, and affirmed that pressure of work associated with the on-call status of physicians and physician turnover. The researchers observed maximum levels of turnover among the physician's scheduled on-call duties, who displayed high levels of work pressure, high demands, and low autonomy opportunities.

Heponiemi et al. (2016) found the lowest level of physician turnover occurred among the physicians not scheduled to be on-call, combined with low pressure, low demands, and high job autonomy. In contrast, Heponiemi et al. (2016) cautioned being on-call contributed to physicians' turnover especially in physicians with high work pressure. Heponiemi et al. indicated health care organizations can focus on working measures, scheduling an appropriate working speed, increasing physician contribution, and autonomy in the workplace to reduce turnover.

Workplace stressors such as surroundings, work itself, and activities associated with groups often exist requiring group members to make distinct accommodations for members (Shevellar, Sherwin, & Barringham, 2014). Zameer's et al. (2014) noted proximity, attraction, interest, and achieving goals as a group can satisfy the needs of some employees. Executives may adopt the motivational recommendations of Shevellar et al. (2014) and Zameer's et al. (2014) to satisfy the needs of employees while nurturing a pipeline of team-spirited employees.

Reddy, Pollack, Asch, Canamucio, and Werner (2015) surveyed patient experiences with physician turnover at a Veterans Health Administration (VHA) in

Philadelphia. The survey included outpatients and ambulatory care patients that had no physician-patient encounters for12 months. Reddy et al. (2015) expressed physician turnover is frequent and may disrupt patient continuity of care. The researchers used an external peer review program for observational purposes and a retrospective cohort study of a public sample of primary care patients in the VHA. Reddy et al. (2015) included patients signed up for primary care at the VHA between 2010 and 2012 to measure the outcome variables. In the study, 9% of patients provided low rates for physician care. Physician turnover associated with the adverse effects of highly fragmented patient care experiences but did not have a significant effect on ambulatory care quality (Reddy et al., 2015). Patients who received care from multiple physicians because of physician turnover received different therapeutic recommendations, poorly coordinated, redundant, and repeated testing (Reddy et al., 2015).

Physician turnover represents the most challenge for the majority of outpatient health care executives. Some researchers (Alam, 2015; Doug et al., 2012; Goud, 2014) expressed in their findings employee job dissatisfaction can produce turnover intentions to leave the organization; their findings were similar to the Herzberg theory. Meaningful and challenging job, coupled with advancement motivate employees (Herzberg et al., 1959). Complimenting Herzberg et al. (1959), Dong et al. (2012) established motivating the workforce increases productivity, job satisfaction, and decreases voluntary turnover.

Physician turnover is an expected occurrence in health care organizations. Outpatient health care executives face an immense challenge to reduce the physician turnover, enhance satisfaction, and commitment among physician employees in the

presence of physician work conditions and salary packages (Fibuch & Ahmed, 2015). Increased turnover affects the outcome of the quality of services (Al-Omari & Khader, 2015; Darkwa, Newman, Kawkab, & Chowdhury, 2015; Dong et al., 2012). Herzberg's dual factor theory is useful as a tool to conceptualize job satisfaction, as such, the employee can become motivated intrinsically and extrinsically (Saleem & Saleem, 2014).

Allen and Shanock (2013) conducted a quantitative study and found socialization tactics positively correlated with perceived organizational support and job duty. The findings also correlated positively with organizational commitment, and negatively to voluntary turnover. Obtaining knowledge and understanding of the issues of job satisfaction and dissatisfaction may contribute to the improvement of employee retention strategies.

Saleem and Khurshid (2014) noted the dire need to explore employee motivation factors contributing to enhanced employee outcomes. Daye, Patel, Ahn, and Nguyen (2015) used a qualitative phenomenological design and explored the physician-scientists, in-depth training in both medicine and research, and the challenges of biomedicine. Daye et al. found challenges such as difficulties in recruitment, retention of trainees, the length of training, lack of support at training transition points, were obstacles to reducing physician turnover. The challenges notwithstanding, executives need to assess the impact, and progress of the physician’s efforts with appropriate metrics and merge fundamental strategies.

Even with elaborate discussions and research on employee job satisfaction, elevated rates of workforce job dissatisfaction still exist (Herzberg et al., 1959; Schulte et

al., 2014; Shanafelt et al., 2015; Singleton & Miller, 2016). Some physician dissatisfaction relates to increased physician attrition, low morale, diminished patient outcomes and increased business expenses (Gangai, 2014; Gangai, Agrawal, & Gupta, 2015; Trusthas, 2016; Varga, 2016; Verma et al., 2016; Weiner, Shortell, & Alexander, 1997). Similarly, motivation and job dissatisfaction predispose an employee's decision to depart a job (Herzberg, 1974). If an employee lacks motivation, such employee may influence the cohesiveness of job satisfaction on the team (Herzberg et al., 1959).

Job satisfaction and dissatisfaction factors influence the physician to stay or leave a particular clinical setting. Physicians working in the outpatient health care encounter complex professional decisions, long day, after hours, altered work, modified work schedule, and physician turnover (Al-Omari & Khader, 2015; Balasubramanian, Muriel, & Wang, 2012; Heponiemi et al., 2016). Executives recognize attracting physicians to work in some clinical regions including the outpatient environment is challenging within the United States (Farmer, Kenny, McKinstry, & Huysmans, 2015).

Saleem and Saleem (2014) used a quantitative study assessed the organizational commitment of three telecom based multinational companies in Pakistan. Saleem and Saleem (2014) used 200 employees, 121 men, and 79 women working in a three distinct telecom based multinational companies and explored the role of job satisfaction, employee motivation, and normative organizational commitment. Saleem and Saleem used Herzberg two-factor theory examined factors that contributed to employee motivation, the effect of job satisfaction, and responses to current calls. Saleem and Saleem (2014) discovered the facilitating role of job satisfaction concerning customary

organizational commitment and factors of employee motivation. Saleem and Saleem (2014) identified employee satisfaction with motivator factors, such as career growth opportunities; coworker relationship; work itself; salary; and the reward system enhanced organizational commitment.

From a slightly different approach than Saleem and Saleem (2014), Sinha and Trivedi (2014) used Herzberg two-factor theory, aligned with the leader-member-exchange theory, recommended a reward system as a facilitator of job satisfaction. In the study, Sinha and Trivedi used a quantitative descriptive study and measured employee engagement in IT companies with 65 IT professionals in Baroda. The 65 participants completed a structured questionnaire. As well, Sinha and Trivedi acknowledged in IT profession, intrinsic and extrinsic rewards were considerably associated with employee eligibility and their views toward organizational rewards.

Other researchers like Briggs and Thomas (2015); Chun-Ying (2014); Huang and Cheng (2015); Sang-ug, Seungbum, and Sangwon (2014) used Herzberg's theory in their studies focused on motivational behaviors within organizations. Chun-Ying (2014) applied an exploratory quantitative study and investigated the perspectives of both buyer and supplier firms associated with vendor selection (VS) criteria. In the study, Chun-Ying used 12 participants, five functional managers of buying firms and seven of supplier firms who had 15 years of operating background in their business.

Using Herzberg's theory of empirical VS, Chun-Ying (2014) found motivator (vantage) factors patented from implied management systems, order fulfillment systems, response time, and enhancement. Chun-Ying noted the disparity, showed specific

performance indicators namely service, quality, and price of a supplier to a certain extent represented hygiene (maintenance) factors. With the study findings, Chun-Ying posited the availability of specific indicators was not enough motivation for vendor selections but, implicit motivating indicators enhanced the satisfaction for the buyers.

Using Herzberg's theory, Huang and Cheng (2015) conducted a quantitative study and investigated invention patented behaviors differentiating capability factors (hygiene) and willingness factors (motivator). In the study, Huang and Cheng (2015) used 165 CEOs and senior level executives of Taiwanese Information and Communication Technology companies, as the participants, obtained from the listings on the Taiwanese Stock Exchange. Huang and Cheng (2015) examined the distinction between the invention patenting behaviors of two distinct companies, those companies that under no circumstances had invention patented behaviors and companies that had invention patented behaviors at all times.

Based on the participants' responses to 12 items associated with invention patented behavior, Huang and Cheng recognized capability (hygiene) factors including research and development (R&D) efforts; R&D autonomy; core technology; firm size; core business; and human capital consistently motivated companies’ susceptibility to patent their inventions. Huang and Cheng (2015) noted willingness (motivator) factors including product innovation; employees new to the company; employees new to the business innovation; external R&D; and process innovation enhanced a moderating role concerning capability factors and susceptibility to patent. Structural behavior related to fringe benefits adopted by human resources intended to motivate employees does not

mirror any universal trends of international companies' personnel practices (Saleem & Khurshid, 2014).

Al-Omari and Khader (2015) investigated the high turnover of physicians in a specified area of Jordan, a country in the Mideast. Al-Omari and Khader used a cross-sectional design with a 98-Likert scale questions for the study and obtained 307 completed questionnaires. In the study, Al-Omari and Khader (2015) discovered specific factors related to physician intent to leave practice such as physicians' working more than 40 hours a week, dissatisfaction about referral policy, dissatisfaction about executives not supporting professional development, daily commute time, lack of educational and training opportunities, and social isolation; therefore, physicians could be dissatisfied because of personal, organizational, work-related and socio-cultural factors leading to a turnover.

Employee turnover leads to low productivity, the loss of organizational knowledge, and skilled resources. Employee turnover creates an opportunity for increased loss of a human capital asset. Herzberg (1966) and Herzberg et al. (1959) claimed that extrinsic factors are supervision, working conditions, co-workers, salary, policies and procedures, status, and job security. Those extrinsic factors do not help as satisfiers, but their deficiency could be a cause of dissatisfaction.

Consequences of Physician Turnover

Physician turnover is a costly concern for outpatient health care executives (Fibuch & Ahmed, 2015; Shanafelt et al., 2017). Physician turnover has financial implications for health care executives (West, Dyrbye, & Shanafelt, 2018) and the

retention of physicians is a significant challenge (Landoll, Nielsen, & Waggoner, 2018). Physician turnover is the departure rate of a primary care provider from a health care clinical service area (Aalto et al., 2014; Al-Omari & Khader, 2015). According to the U.S. Bureau of Labor Statistics (2017a), employee turnover is the separation of an employee from an organization which may be voluntary or involuntary. Galletta, Portoghese, Carta, D'aloja, and Campagna (2016) explained turnover as employees' choice to leave an organization, practice setting, unit, team, group work, or department.

Shanafelt et al. (2017) expressed the negative consequences of physician turnover effect both direct costs connected with recruitment lost revenue during recruitment, onboarding, and the time required for a new physician to reach optimal efficiency in a new system. From the same perspective, Shanafelt et al. asserted the average costs associated with recruiting a physician included recruiting agency fees, advertisements, interview costs are $88,000 before factoring in lost revenue during the recruitment and onboarding process. Physician turnover increases costs associated with recruitment, training, and the benefits packages aimed at reducing physician turnover (Dempsey & Reilly, 2016; Dong et al., 2012; Gialuisi & Coetzer, 2013; Heponiemi et al., 2014; Hofler & Thomas, 2016). Replacing a physician requires the outpatient health care executive to consider the associated costs. Failure to become accustomed to organizational norms contributes to turnover intentions which lead to voluntary turnover (Campbell & Göritz, 2014; Warren, Gaspar, & Laufer, 2014).

Dall, West, Chakrabarti, and Iacobucci (2015) from the Association of American Medical Colleges, explained the demand for physicians between 2013 and 2025 is

expected to grow by 17% as a result of the increase in population from aging and growth. Equivalent to Dall et al. (2015), Lambrou et al. (2014) declared aging populations, new therapeutic possibilities, and the rising expectations make the provision of health care much more complicated than in the past and physicians are fundamental to achieve the changes. The physicians are inclusive in the aging that can reduce the organizational performance. Dong et al. (2012), Gialuisi and Coetzer (2013), and Heponiemi et al. (2014) argued physician turnover could negatively affect the physician morale, motivation, and organizational performance thereby affecting productivity.

Executives experience turnover intention silently without any warnings. Khanin (2013) argued turnover intentions originate as the anticipation of leaving one's job while Galletta et al. (2016) recognized an organization might take an innovative step to prevent the subsequent employee intent to leave. Christian and Ellis (2014) expressed turnover intentions increase the rates at which employer's experience disruptions in daily operations on account of the loss of employees.

In the view of physician turnover, Shanafelt et al. (2017) expressed when combining recruiting costs with additional onboarding, training costs, and lost revenue from lack of productivity resulting from a physician job opening, the cost of a job opening for a physician for one year can exceed $1 million. Consequently, outpatient executives face the problem of physician turnover (Fibuch & Ahmed, 2015; Haar & White, 2013; Tsai, Huang, Chien, Chiang, & Chiou, 2016). Turnover is an inclusive challenge for outpatient health care executives. Physician burnout is positively correlated with physician turnover with revenue compromised because of fewer services performed

during the turnover period (Shanafelt et al., 2015).

Employee turnover disrupts an organization through decreased innovation, delayed services, unsuitable implementation of new programs, and reduced productivity (Goud, 2014). Employee turnover can affect the ability of an organization to prosper because of the inability to retain the right employees (Goud, 2014). On the contrary, Caillier (2014) argued the assignment of additional duties prevents remaining staff from achieving and reaching their performance goals and affects company productivity. Woolhandler and Himmelstein (2014) asserted physicians work 20 or more hours per week and administrative duties consume approximately 17% of their working hours. At the same time, Woolhandler and Himmelstein (2014) emphasized increased administrative duties contribute to a lower level of job satisfaction. However, departing employee extracts from the organization knowledge, skills, and associates which constitute a considerable loss (Goud, 2014).

Limited flexibility daunts the physician workload. Balasubramanian et al. (2012) investigated the flexibility of physicians and the effect on open access to care. Balasubramanian et al. identified flexibility as the ability of a physician to see patients of other physicians. In the study, Balasubramanian et al. surveyed how health care executives optimally managed and allocated limited physician capacities to meet the two types of clinic demand, pre-scheduled (non-urgent) and open access (urgent, as perceived by the patient). Balasubramanian et al. used unspecific systematic procedures of capacity allocation for an individual physician, a two-physician practice, and a two-stage stochastic programming approach for multi-physician practices and investigated the value

of flexibility. Flexibility in the organization daunted the physician workload, if balanced, enhanced variable physician workloads, and reduced the consequences of physician turnover.

Remaining employees must absorb the responsibilities of vacant positions and deal with the increased work duties (Hwang & Hopkins, 2012). Voluntary employee turnover leads to voluntary turnover intentions from remaining staff (Campbell, Im, & Jisu, 2014; Christian & Ellis, 2014). Van der Aa, Bloemer, and Henseler (2012) suggested a voluntary employee turnover rate of 20 to 40% implied that employee turnover every 3 to 5 years, resulting in a loss of knowledge. On the other hand, Diestel, Wegge, and Schmidt (2013) and Kuo-Chih, Tsung-Cheng, and Nieu-Su (2014) claimed job satisfaction is the most operational guard of voluntary employee turnover.

The workforce is a valuable and strategic resource that drives organizational performance assuming that the organizational mission and incentives are aligned (Wai, Dandar, Radosevich, Brubaker, & Kuo, 2014). High costs associated with physician turnover may consequently affect health care operations and patient care (Valle, Leupold, & Leupold, 2016). Based on my literature review findings, outpatient health care executives experience financial and administrative challenges from unpredictable turnover consequences. Outpatient health care executives incur increased costs recruiting a physician in areas of advertisements, interview costs, lost revenue during the recruitment, onboarding process, and recruiting agency fees (Shanafelt et al., 2017). The loss of experienced and skilled physicians related to Herzberg's theory; enables executives to identify the causes of dissatisfaction in the workplace; improve job

satisfaction, lower the physician turnover rate and increase outpatient health care (Shanafelt et al., 2017).

Job Dissatisfaction

Unhappiness reflected in the form of shortage of staffing, gossip, organizational policy, lack of promotion, and lack of pay raises contribute to job dissatisfaction (Raines, 2015). Contrary to job satisfaction; job dissatisfaction can create reduced employee morale (Bell, Sutanto, Baldwin, & Holloway, 2014; Lashley, 2018; Tucker, Jimmieson, & Jamieson, 2018). Knecht, Milone-Nuzzo, Kitko, Hupcey, and Dreachslin (2015) conducted a study on licensed practical nurses (LPNs) and found dissatisfaction associated with the work environment included excessive workload, shortage of staffing, lack of equipment; time constraints; and the concern of administrative policy changes as well as mandates.

To compare to Knecht et al. (2015), Adegoke, Atiyaye, Abubakar, Auta, and Aboda (2015), explored and examined job satisfaction and the retention of women employed with the National Midwifery Service Scheme (MSS) in Nigeria. Adegoke et al. used Herzberg two-factor theory and found inadequate supervision in irregular and late payment of employee salary and allowances. Adegoke et al. found a poor work environment and inadequate accommodation associated with the midwives' higher degree of job dissatisfaction.

Paillé (2013) and Soltis et al. (2013) applied Herzberg's theory and reported job dissatisfaction as the underlying cause for an employee to voluntarily leave the employer. In one study, Shanafelt et al. (2015) reported between 2008 and 2012, the use of

electronic health records (EHR) in physician offices increased from 17 to 72%. Physicians expressed job dissatisfaction and unhappiness with the use of EHR, the inability of the EHR to successfully interface with other technology, detraction from face-to-face patient care, and the clinical documentation (Friedberg, Van Busum, Wexler, Bowen, & Schneider, 2013). Shanafelt et al. (2015) claimed physicians also found themselves spending hours updating patient electronic medical records at the end of the day. The implications for the selection and training of physician executives provided new insights into organizational issues on physician performance and dissatisfaction (Shanafelt et al., 2015).

Job dissatisfaction is a factor of the Herzberg theory. Factors associated with job dissatisfaction included career advancement, work environment, political, and organizational surroundings, executives and their styles, and inadequate support from the executives (Somense & Marocco Duran, 2015). The physician-patient separation and inefficient scheduling system in the health care business negatively affect patient safety and physician satisfaction (Rosenberg & Finney, 2014). In effect, the turnover of qualified physicians led to lost productivity during the orientation of the new replacing physicians. Physician turnover leads to unmet expectations of the patients from the young new or unfamiliar physician. Commonly, the engaged physician is emotionally committed to one or more areas in patient care (Mache, Danzer, Klapp, & Groneberg, 2013). Engaged physician experiences workplace satisfaction as such identify with the organization's values and goals (Mache et al., 2013). Executives should care for their employees, make them happy, and apply measures to decrease job dissatisfaction.

Motivation

Motivation is a driving force in the heart of a person to perform or achieve particular business goals regarded as a plan or desire for success and to avoid dissatisfaction in business decisions (Machmud & Sidharta, 2016). Buble, Juras, and Matic (2014) motivation is establishing goal-oriented behavior. According to Herzberg (1987) and Herzberg et al. (1959) employee motivation is the drive of an individual to achieve a goal because employees achieve goals when motivated and when they are not motivated, goals are usually not met. Motivation is related to the performance of an employee; likewise, recognizing the motivation of high-performance employees can enhance the quality of their work (Dello Russo, Mascia, & Morandi, 2018; Kehoe & Wright, 2013).

Vroom's (1964) expectancy theory of motivation includes the notion individuals are motivated to achieve a goal when they believe the goal is valuable and attainable. Motivation is relevant to several primary human drives, such as obtaining personal desires, needs, and wishes. Mishra and Mishra (2014) and Misra, Jain, and Sood (2013) identified motivators as job rewards intrinsic to the employee, expressed as achievement, responsibility, and growth.

Shaju and Subhashini (2017) reported specific factors could affect employees' job satisfaction identified as intrinsic and extrinsic factors, work environment, and personal attributes. From the same perspective, executives motivate the employees providing an environment that inspires employees to contribute positively back to the organization (Uzonna, 2013; Vatankhah et al., 2017). Job satisfaction describes the inner motivation

including happiness for employee engagement in any job setting.

Employee motivation is primary to job satisfaction (Alam, 2015). Acar and Acar (2014) posited job satisfaction is complete joy derived from one's job or profession which includes autonomy, colleagues, and compensation. Intrinsic motivators regarded as the job content factors are the actual employee job assignments; their responsibilities, and achievements (Klopper et al., 2012; Lambrou et al., 2014; McGlynn et al., 2012). The motivating factors contribute to job satisfaction which the employee expresses at work. The extrinsic factors, otherwise regarded as job context factors, refer to the employee work environment which the employee cannot control (Klopper et al., 2012; Lambrou et al., 2014; McGlynn et al., 2012). Herzberg et al. (1959) established the two-factors might perhaps motivate employees for different reasons, as such motivation factors create enduring job satisfaction, and hygiene factors create momentary pleasure (Malik & Naeem, 2013).

According to Purohit and Bandyopadhyay (2014) h*ygiene*, as used by Herzberg, is not the same as the one used in the health care system; nevertheless, *hygiene* consists of the job factors believed to be the maintenance factors necessary to improve job satisfaction. Coughlan, Moolman, and Haarhoff (2014) suggested hygiene factors can have an absolute effect on employees' morale, satisfaction, and performance (Prajogo & McDermott, 2014). Similarly, Uzonna (2013) claimed the loss of employees means a loss of skills, knowledge, and experiences which create a significant economic effect and cost to businesses. Purohit and Bandyopadhyay (2014) advocated motivational or intrinsic factors such as recognition if applied in a job would improve job satisfaction.

Different employees have different motivators for the work they choose. Some employees motivated by benefits such as an adequate salary; job security; proper working conditions, have *obvious motivational needs* (Purohit & Bandyopadhyay, 2014). Some employees have *internal motivational needs* such as achievement, growth, advancement, respect and recognition, independence, and responsibility (Purohit & Bandyopadhyay, 2014). Herzberg (1987) maintained when the employees use their skills and abilities effectively, motivation is evident.

Somense and Marocco Duran (2015) used Herzberg's two-factor theory and conducted a mixed method exploratory, and descriptive study examined hygiene and motivational factors related to job satisfaction of nurses. Somense and Marocco Duran (2015) used nine nurses working in the cardiology unit in the State of Sao Paulo. The findings from the study revealed 78% of the participants were satisfied with the autonomy of work, shared governance, job duty, content, and task. Executives should motivate employees to maintain interpersonal work relationships.

The Herzberg’s theory premise was a satisfactory framework for studying motivation considering that employee motivation was behavioral. Lukwago et al. (2014) acknowledged Herzberg’s theory is appropriate for analyzing the behavior of employees. Researchers (Lukwago et al., 2014; Somense & Marocco Duran, 2015) used Herzberg's theory focused on motivation because motivation differs in workplaces and other environments. None of the studies so far was performed to learn about strategies used to reduce physician turnover in the outpatient health care research setting in the Southern California metropolitan area. Based on the conviction that no other study in Southern

California on *strategies outpatient health care executives use to reduce physician turnover* exists, I used Herzberg's theory on motivation presented my abstract to Walden University Committee and received research approval.

Employee Satisfaction

Job satisfaction is a significant factor to improve the services employees provide (Ismail, Romle, & Azmar, 2015). Executives need to understand the factors that drive employee satisfaction, motivation, compensation, commitment, and turnover (Vatankhah et al. 2017). Satisfied physicians have a higher sense of autonomy and autonomy is a necessary component of a satisfying work in an industry as complex as health care (Waddimba, Burgess Jr, Young, Beckman, & Meterko, 2013). Shanafelt et al. (2017) acknowledged reasonable workload, efficiency, flexibility, culture and values, work-life integration, the community at work, and meaning of work as examples of increasing employee satisfaction. Friedberg et al. (2013) opposed, posited excessive work volume, combined with an adequate amount of time to complete required tasks increased physician's satisfaction. Relevant to the physicians are motivating work and job satisfaction such that, executives should provide various challenging and engaging tasks (Conrad, Ghosh, & Isaacson, 2015). Sustained physician engagement and workplace satisfaction improve organizational performance, productivity, and financial performance (Fox, Bunton, & Dandar, 2011).

Knecht et al. (2015) conducted a quantitative study examined the attributes of licensed practical nurses (LPNs) job satisfaction and dissatisfaction while working in long-term care facilities. Knecht et al. used Herzberg's two-factor theory and a focus

group of 37 LPNs participants in Philadelphia. The study on job satisfaction themes for LPNs focused on value, empowerment, positive association, and growth. Knecht et al.'s findings corresponded to Holmberg, Sobis, and Carlström (2016) study. Holmberg et al. used a cross-sectional study focused on Herzberg's motivation-hygiene theory among nursing staff at a particular psychiatric university hospital clinic in Western Sweden. Holmberg et al. established salary and recognition correlated with job satisfaction as well as prevented dissatisfaction.

A lack or insufficient physician engagement can lead to physician turnover to other competitors, interruption of organizational missions, recruitment efforts, increased financial costs, and loss of revenue (Shanafelt et al., 2017; Wai et al., 2014). Wai et al. (2014) posited organizational mission success is dependent on the effectiveness of the entire workforce enhanced by the high performance of an individual physician. Employees are trustworthy when they behave in the ways expected of them (Manan, Kamaluddin, & Puteh Salin, 2013). Shin (2013) suggested organizational change process initiation and change diffusion, ignited by an employee or a team of change agents, spread change throughout the organization, implement the system within the organization, and can help the organization spread the change strategies.

Strategies to Reduce Physician Turnover

The concept of physician job satisfaction and retention strategies comprised the review of previous research, beginning with the exploration of employee turnover and subsequently job satisfaction in the workplace relevant to the Herzberg theory of 1959. The literature reviews contain strategies intended to reduce physician turnover. The

strategies varied but each aligned with the Herzberg theory of 1959. Health care executives are accountable for their role in retention, adequate knowledge of causes of turnover, and strategies to reduce turnover (Valle et al., 2016). Active employee participation during implementation in various ways strengthens employee commitment, loyalty, and increased productivity (Johannsdottir, Olafsson, & Davidsdottir, 2015). Valle et al. suggested empowering physicians with special projects, creating teams, and engaging mentors are some strategies accessible to outpatient health care executives to increase retention.

Vibha (2013) analyzed employee turnover, recruitment, and retention challenges finding that executives should ensure manageable workloads, implement employee recognition, promote teamwork and a co-worker's support environment. Vibha noted executives may also benefit from offering opportunities for growth and job advancement. Arora (2016) asserted young together with experienced employees expect on the spot recognition, ongoing career growth, happier when they achieved set goals, accomplished milestones, like to take new responsibility, happy to receive recognition in the form of cash, non-cash incentives, promotions, and travel opportunities.

Considering satisfied and highly motivated employees as valuable assets of an organization, executives may better reduce physician turnover with the help of those employees (Brock & Buckley, 2013). Shaju and Subhashini (2017) and Vatankhah et al. (2017) noted job satisfaction as a significant factor in recognizing employee motivation, retention, performance, effectiveness, and compensation. Klag et al. (2015) argued executives cope with the demands and trends of when an employee changed workplaces

and the significant costs incurred by organizations because of workplace movement. If possible, executives may ensure proximity of the workplace is conducive to employees' family life when considering employee movement. Some employees are not willing to work so far away from their families, which makes job proximity a significant factor (Dube & Verma, 2015).

Replacing departing employees is costly to the executives and critical to service delivery (Goud, 2014). Executives acknowledge replacing employees cost more than the retention (Guilding et al., 2014). Retention is a deliberate strategy by an organization to prevent the turnover of competent employees from the organization because of the adverse effect of turnover on productivity and service delivery (Goud, 2014). The trend of employee turnover poses a challenge for the executives to develop strategies to reduce turnover, maintain a productive workforce, hire the right employees, and to retain the employees for a longer duration (Arora, 2016). The health care business is rapidly changing (Lambrou et al., 2014). Klag et al. (2015) acknowledged the psychology behind individual decisions to stay in or leave organizations based on work and life transitions is complex and evolutionary.

According to the Physician's Foundation (2014), autonomy and communication are methods to establish strategies to avoid a turnover. Physician autonomy refers to having a governance or decision-making role which create control over the pace and content of clinical work associated with the physician job satisfaction (Friedberg et al., 2014). Elnaga and Imran (2014) identified autonomy as the freedom of an employee to decide what work to do, how to do the work, and a sense of control over the work.

Employees need to feel they make contributions through autonomy and their job titles, enjoy respect, and job satisfaction (Ozguner & Ozguner, 2014). Granting autonomy is a strategy some executives use when assigning responsibilities for more demanding tasks, which cultivates a collegial rather than a competitive atmosphere that foster intrinsic motivation (Herzer & Pronovost, 2015).

Protecting autonomy in a changing health care environment might reduce job dissatisfaction, enhance physician motivation, and benefit patient care (Waddimba et al., 2013). Autonomy is a job characteristic that can affect an employee's work behavior and attitude Herzberg (1968). Some executives involve physicians in decision making to increase their motivation and to give them a greater sense of ownership (Phipps-Taylor & Shortell, 2016). Executives' efforts to maintain or increase job satisfaction among physicians should focus on encouraging professional autonomy (Waddimba et al., 2013). According to Ommaya et al. (2018), physician wellbeing and job satisfaction associated with autonomy are valuable for patient care and the health care organization. Executives supporting autonomy motivate the physicians and enable them to offer choices, provide a meaningful rationale, minimize pressure, and improve patient care services (Shumway et al., 2015).

Using effective communication strategies can motivate employees (Uzonna, 2013). Two-way communication among executives and employees assures positive employee responses, support, appreciation, and commitment (Dickson-Swift, Fox, Marshall, Welch, & Willis, 2014). Manik and Hutagaol (2015) stated respectfulness is an aspect of an effective communication strategy. Executives that listen to their employees

enhance communication and retention using frequent discussions, sending email notifications, updates, host consistent staff meetings, including unscheduled meetings with their employees (Zulch, 2014). To successfully execute the strategies, executives use communication to attract employees, share information, collaborate, work in teams, listen to each other's ideas, and express their feelings (Izvercian, Potra, & Ivascu, 2016). Lambrou et al. (2014) recommended outpatient health care executives strive to reinforce system strategies, enhance organizational effectiveness, and achieve employee job satisfaction. Likewise, encourage healthy work environments associated with retention, reduced turnover, increased attraction, and job satisfaction (Lambrou et al., 2014).

An employee attempting to satisfy growth need seeks challenging work assignments that allow for creativity, opportunities for personal growth, and advancement (Ozguner & Ozguner, 2014). Executives can train physicians to improve their leadership skills, regardless of the stage of their career. Training refers to individual skills, abilities, and knowledge required in performing a specific job well including the proper use of resources to achieve organizational and personal goals (Sharma & Shirsath, 2014). Leadership is the aptitude to lead, applying different strategies to achieve executive goals while motivating for action, supporting an organization to grow, and adapting to changing environments (Buttigieg & West, 2013; DeAngelis, Wall, & Che, 2013; Raso, 2013).

Executives concerned with professional and personal growth of the employees offer employees the opportunity of a strong knowledge of their own goals and values (Konstam et al., 2015). Fawcett and Pearson (2015) posited executives allowing cross-

training, increase employee growth opportunity. Encouraging organizational flexibility to cross-train employees promotes motivation and job satisfaction (Fawcett & Pearson, 2015). Executive may equip employees with opportunities to boost their professional growth by paying for their training, thereby reducing voluntary turnover or intent to leave the job (Bianchi, 2013; Kim, 2015). Hung, Shi, Wang, Nie, and Mengm (2013) found the leading strategies for performance improvement of physicians comprised of opportunities for professional development, opportunities for training, skill improvement, working environment, raises, working conditions, and salaries.

Outpatient health care executives sought strategies to maintain physicians, their practices, reduce costs, and reduce high physician turnover. Casalino et al. (2016) examined issues related to an unstable U.S. health care environment and the details related to physicians' search for employment. Casalino et al. argued that some health care executives have the strategies to attract physicians. Casalino et al. found multispecialty physicians and independent physicians endeavored to reduce health care costs and retained high specialist physicians in their clinics. Casalino et al. concluded, some health care executives could encourage physician autonomy, small practice setting, and focus resources on value-based retention.

Hernandez (2014) highlighted the role of diversification of strategies in the recruitment process in a health care organization to improve the quality and depth of calculated outcomes. Outpatient health care executives can make efforts to transform the cost formation provision for a value-based payment with a system-wide evaluation of cost (Hill-Mischel, Morrissey, Neese, & Shoger, 2016). In a continually changing

business environment, executive success is reliant on the executives altering strategies to remain competitive and reduce voluntary turnover (Acar & Acar, 2014; Reilly, Nyberg, Maltarich, & Weller, 2014). Employee retention is critical for all organizations.

Moneke and Umeh (2013) and Wong and Laschinger (2013) found knowledgeable executives support each employee's work-life balance needs by considering the effect on employees, as well as the organizational outcomes. Executives must allocate human resource strategies to improve employee work-life balance to reduce future employee turnover (Barrett, 2014; Carayon et al., 2013). Outpatient health care executives should ensure the wellbeing of their physicians in the outpatient health care facilities. Moradi, Maghaminejad, and Azizi-Fini (2014) recommended health care executives adopt a work-life strategy or package to enhance work-life programs that may reduce employee turnover.

Exploring job satisfaction revealed strategies to recognize and reduce voluntary employee turnover (Diestel et al., 2014; Nobuo, 2014). Outpatient health care executives can reduce physician turnover when they understand physicians recognize the values of their jobs, show a passionate sense of purpose in what they do, commit to their jobs, and display a sense of responsibility to their jobs (Valle et al., 2016). Strategies to reduce employee turnover included factors that lead to job satisfaction, achievement, recognition, work itself, responsibility, advancement, and growth. Herzberg (1959) acknowledged the factors that lead to dissatisfaction included company policy, supervision, relationship with the executives, work conditions, salary, and relationship with coworkers. Knowledgeable executives perform essential roles in implementing

environmental strategies including the elements that determine employee acceptance of change when implementing environmental retention strategies (Johannsdottir et al., 2015). Executives must focus on the two sets of job factors (Herzberg et al., 1959) to reduce dissatisfaction (Alam, 2015). However, employee turnover creates problems for executives (Larkin, Brasel, & Pines, 2013). Shinde (2015) agreed and concluded, employee job satisfaction drives employee retention.

Transition

Section 1 was an overview of the qualitative multiple case study. The purpose of my study was to explore the strategies outpatient health care executives used to reduce physician turnover. In the literature review, I presented a comprehensive, critical analysis and synthesis of my conceptual framework. I used current, professional, and academic literature explored the business problem. I provided analysis on the supporting theory of Maslow's hierarchy of needs theory and the Vroom's expectancy theory as the contrasting theory. The literature review included six topics embedded in Herzberg conceptual framework, as well as the existing body of knowledge in the study.

In Section 2, I explained the research process. According to Sudheesh, Duggappa, and Nethra (2016), a well-thought out proposal forming the mainstay of the study is the most significant step in the research process. I followed Sudheesh et al.'s suggested process. I introduced the topic on the strategies outpatient health care executives used to reduce physician turnover, reiterated the purpose of my study, discussed the role of the researcher, described the selected participants and the methods

used and established a working relationship, and expanded my discussion of the research method and design.

I further justified the population and sampling method; adherence to ethical research standards; data collection instruments, technique, and organization; and data analysis techniques. I concluded Section 2 with a summary that established reliability and validity of my study which aligned with Sudheesh et al.'s recommendations. Section 3 consists of the following components, presentation of the findings, application to professional practice, implications for social change, recommendations for action, recommendations for further research, researcher reflections, and conclusion.

Section 2: The Project

In Section 2, I reiterate the purpose of my study. I describe details related to my role as researcher, and discuss the participant selection process, the research method, and the design. Section 2 also includes details on the population and sampling procedures, ethical research standards, data collection processes, the selected data analysis technique, and the steps taken to ensure the reliability and validity of this study.

Purpose Statement

The purpose of this qualitative-multiple case study was to explore the strategies outpatient health care executives used to reduce physician turnover. I selected four outpatient health care executives working in two outpatient health care facilities in the Southern California metropolitan area. The selected outpatient health care executives had a minimum of 2 years of demonstrated success in reducing physician turnover and at least 5 years of outpatient health care leadership experience. Positive social change may include outpatient health care executives gaining knowledge to reduce physician turnover and stabilizing physician health care services to the community. Also, positive social change may include an increase in economic growth while simultaneously benefitting employees, families, and communities through increasing the continuity of care, access to care, and the quality of patient health care.

Role of the Researcher

My role as the researcher in this qualitative, multiple case study was to gather data. The role of a researcher in a qualitative study is to explore social life perspectives related to experiences, attitudes, or behaviors using data involving observation, text, and

interviews (Marshall & Rossman, 2016; Yin, 2018). I used semistructured interviews to explore the strategies outpatient health care executives used to reduce physician turnover. The data collection process included face-to-face interviews where I used a semistructured interview technique. The primary role of a researcher is to collect, organize, and interpret the obtained data (Fetters, Curry, & Creswell, 2013; McCusker & Gunaydin, 2015). For this study, I recruited the participants, collected data in an unbiased fashion, explored the facts, interpreted the data, and analyzed the results.

I have past experience with strategies that outpatient health care executives used to reduce physician turnover derived from my previous and current job positions as a nurse manager with experience in retaining professionals in an outpatient health care business. The research topic related to my profession because physician turnover was a problem I faced as an outpatient health care executive; however, I have no employment relationship with any of the outpatient health care executives I selected for this study. Rapport is necessary for participants to agree to record the session (Anyan, 2013). Researchers should take field notes to outline their thoughts or comments, reflections, and views on the data (Yin, 2018). I listened, interpreted the behaviors and reflections of the participants, and ensured the gathered data represented that of the participants and not of my personal lens. The researcher is the primary data collection instrument in qualitative research (Cronin, 2014; McCusker & Gunaydin, 2015).

The role of the researcher concerning ethics and the *Belmont Report* (1979) protocol is to adhere to the three ethical principles of research delineated to protect the rights and wellbeing of the research participants (Mikesell, Bromley, & Khodyakov,

2013). The three direct ethical principles of research defined in the *Belmont Report* consist of respect of persons, beneficence, and justice. As a researcher, I protected the confidentiality of participants, treated the participants with respect, and was willing to honor participants' decisions to withdraw their offer of voluntary participation in my study.

I remembered that, intentionally or unintentionally, participants' bias and the researcher's worldview exist in all social research. A researcher must acknowledge that the potential exists for bias (Malone, Nicholl, & Tracey, 2014). A researcher should engage in the process of identifying and exposing biases that he or she cannot readily eliminate (Kam & Meyer, 2015). As the qualitative researcher, I interpreted the data; however, I did not manipulate the data. I remembered that cultural and experiential underpinnings contain biases, values, and ideologies that could have affected the interpretation of my study findings. Harriss and Atkinson (2015) emphasized that researchers must be cognizant of ethical issues that may arise during the research process.

Following Moustakas' (1994) recommendations to minimize bias, I set aside any personal experiences, knowledge, beliefs, attitudes, culture, and generational views, and I was nonjudgmental. Researchers should remain neutral and free of bias (Moustakas, 1994). I put aside my views regarding the phenomenon and achieved a deep level of understanding. I set aside any previous experiences related to physician turnover, beliefs, and national and generational views of outpatient health care businesses, which prevented the introduction of personal biases. I took field notes during the data collection process to further avoid personal biases interfering with successful data collection.

I used an interview protocol (see Appendix A) and member checking, and ensured the accuracy of interpretations and data saturation. I ensured that I did not overlook new information, which minimized bias and avoided viewing the collected data through a personal lens. Foley and O'Connor (2013) and Fusch and Ness (2015) posited that qualitative researchers use interview protocols to ascertain the consistency and reliability of the study, including data saturation.

Participants

Researchers can explore suitable strategies for exploring businesses as well as systems (Palinkas et al., 2015; Teeuw et al., 2014). The eligibility criteria for study participants required that they be outpatient health care executives in Southern California metropolitan area with at least 5 years of outpatient health care leadership experience who demonstrated a reduction in physician turnover in the past 2 years. My participant selection was founded on Palinkas et al.'s (2015) recommendation, which ensured that the potential participant had the experience to answer the research question. I gained access to the participants with a purposeful sampling technique.

Purposeful sampling is used in qualitative research for the identification and selection of information-rich cases associated with the phenomenon of the study (Palinkas et al., 2015). Yin (2018) recommended the adoption of a purposeful sample for selection of participants for a study. I gathered outpatient health care executives' names through outpatient health care executives' biographical links on the local outpatient clinic websites, the Chamber of Commerce, local outpatient clinic directories, and business and

professional networking such as LinkedIn; I used the snowball sampling technique with other local outpatient health care executives.

I established a working relationship with my participants. I called each participant, introduced myself, and described the study. I also asked each potential participant if she or he had questions or concerns; I then sent them invitations to participate in the study. A working relationship between the participants and the researcher must exist to discuss the case study protocol (Brewis, 2014; Yin, 2018). Once a participant agreed to participate, I increased my contact with the participant, gained consent to participate in the study, and explained the nature and significance of the study.

Researchers must develop trust and create healthy relationships because the participant needs to be comfortable to answer the questions truthfully (Doody & Noonan, 2013). I conducted a semistructured interview with each study participant. Siu, Hung, Lam, and Cheng (2013) recommended keeping the relationship between researchers and participants professional. After I established access to the participants, I attained a professional working relationship with the participants and followed the interview protocol (see Appendix A). Brown et al. (2013) and Platt and Skowron (2013) advocated for an interview protocol as the opportunity for researchers to ensure clarity and consistency of the interview process during the interview.

Research Method and Design

The research method and design represent a plan for conducting a study (Antwi & Hamza, 2015; Maxwell, 2015; Mayoh & Onwuegbuzie, 2013). This study involved exploring the strategies outpatient health care executives used to reduce physician

turnover. The role of the researcher in a qualitative study is to explore the social life perspectives related to experiences, attitudes, or behaviors using data involving observation, text, and interviews (Marshall & Rossman, 2016; Yin, 2018). I used a qualitative method to conduct this multiple case study.

Research Method

Three research methods are qualitative, quantitative, and mixed (Pluye & Hong, 2014; Venkatesh, Brown, & Bala, 2013; Yin, 2018; Zikmund et al., 2013). I chose the qualitative method because, as Pietkiewicz and Smith (2014) and Yin (2018) identified, qualitative researchers use open-ended questions to determine what is occurring in the environment. Qualitative researchers use subjectivity to sample strategies, collection, and analysis of data about personal experiences communicated in interviews or observations. In the qualitative method, the researcher can obtain rich and thick descriptions of the experiences of the participants; each participant's experience, stories, beliefs, and truths are unique and relative (Ryan & Sharts-Hopko, 2017). I used the qualitative method as the means of data collection necessary to answer my study's overarching research question.

Quantitative researchers test hypotheses to examine relationships among variables and use statistical procedures to generate results (Pietkiewicz & Smith, 2014). Quantitative researchers use statistics to obtain objective findings (DeLyser & Sui, 2013; Frels & Onwuegbuzie, 2013). Using a quantitative method of hypothesis testing would not be suitable for exploring human experiences (Yin, 2018). Quantitative researchers attempt to accept or negate a hypothesis using standard statistical analysis (Bettany-

Saltikov & Whittaker, 2013; Frels & Onwuegbuzie, 2013). Mixed-methods researchers use both qualitative and quantitative elements (Frels & Onwuegbuzie, 2013; Jacquin & Juhel, 2017; Pluye & Hong, 2014). I did not test hypotheses, measure the relationships among variables, or used statistical procedures, which are requirements for both quantitative and mixed-method studies; thus, quantitative and mixed methods were not appropriate for this study.

De Massis and Kotlar (2014) posited that researchers should interpret data from a practical view. I interpreted the data from my study in a real-world view, related to outpatient clinics and outpatient health care executives. Researcher and participant collaboration facilitate data analysis and themes (Li, Westbrook, Callen, Georgiou, & Braithwaite, 2013; Heale & Forbes, 2013). I collaborated with the study participants, which facilitated the data analysis and identification of themes.

Research Design

I considered four qualitative research designs: ethnography, narrative study, phenomenology, and case study. Ethnographic researchers explore the feelings, beliefs, and meanings of relationships between individuals within their culture (Fusch et al., 2017; Fusch & Ness, 2015). Researchers use narrative design to explore the memories and stories of participants (Sandelowski, 2014). Researchers use the phenomenological design to explore the meanings of lived experiences and worldviews of participants (Marshall & Rossman, 2016; Moustakas, 1994). Researchers use a case study design for in-depth inquiries to explore a complex phenomenon in its real-world context (Raeburn et al., 2015; Yin, 2018).

Yin (2018) asserted that the case study design is appropriate when asking what, how, and why questions. The case study design was appropriate for my study because the what, how, and why questions were useful for exploring the strategies some outpatient health care executives used to reduce physician turnover. Researching cultural groups, capturing world-views, or lived experiences were not appropriate for answering the overarching research question. I used data saturation in this qualitative multiple case study and ensured that I obtained accurate and valid data.

In a qualitative study, researchers use data saturation to verify whether the size of a sample could be large enough for the selected research purpose (Rigby, Bacchelli, Gousios, & Mukadam, 2015). Following Fusch and Ness's (2015) instructions, I reached data saturation when no new data, no new themes, and no new coding occurred. Rigby et al. (2015) posited that data saturation occurs when the researcher is no longer seeing, hearing, or reading new information from the participants. Robinson (2014) asserted data saturation takes place when the information becomes repetitive. I followed Rigby et al.'s process and obtained data saturation to ensure that the replication of the study can occur with new cases.

Population and Sampling

Determining the appropriate sample size for in-depth interviews is an essential step in the research process to ensure obtaining rich practical snapshots without sacrificing the equal representation of experiences among possible participants (Rosenthal, 2016). The population for this qualitative multiple case study included four outpatient health care executives in two outpatient health care facilities in the Southern

California metropolitan area. These outpatient health care executives had knowledge and experience in reducing physician turnover and met the participant criteria for this study. The four participants had at least 5 years of outpatient health care leadership experience and have demonstrated a reduction in physician turnover in the past 2 years. I used purposeful sampling as the primary technique and snowball sampling as a secondary technique recruited participants who met the criteria appropriate for this study.

The purposeful and snowball sampling align with the qualitative research method (Olsen, Orr, Bell, & Stuart, 2013; Robinson, 2014). Researchers use purposeful sampling to identify and select data-rich cases related to the phenomenon of interest (Palinkas et al., 2015; Suen, Huang, & Lee, 2014). Purposeful sampling is a procedure researchers use to select a sample of choice and purposefully identify criteria for the sample selection (Haegele & Hodge, 2015). Also, purposeful sampling is a sampling method used for exploring the cases associated with the phenomenon of the study (Palinkas et al., 2015). The participants for the research were open, honest, and amenable to share information (Robinson, 2014; Trochim, Donnelly, & Arora, 2014).

Snowball sampling is a useful sampling technique that allows the study of difficult and hidden populations, sensitive and private issues (Waters, 2015; Woodley & Lockard, 2016). Snowball sampling allows increased access to individuals and groups that may otherwise remain inaccessible (Woodley & Lockard, 2016) and enhances opportunities to select participants (Ardern, Nie, Perez, Radhu, & Ritvo, 2013; Palinkas et al., 2015). Researchers use the snowball sampling method to recruit more participants

through affiliates and participants who had previously agreed to take part in the study (Acharya et al., 2013; Waters, 2015).

Snowball sampling is used to detect cases of interest from individuals who know people who may provide rich information (Angelos, 2013). I sought help from selected participants and local outpatient health care in the metropolitan area of Southern California. I established the criterion approach, as suggested by Leedy and Ormrod (2013), selected participants who were suitable for the study. Subsequently, I used the criteria established in my study to ensure the participant criteria corresponded to the overarching research question.

Anyan (2013), Fusch and Ness (2015), and Robinson (2014) highlighted that data saturation occurs when the participant responses become repetitive. Data saturation is complete when a researcher depletes the collection of data and identifies no new themes, no new coding, and the ability to replicate the study on condition that the researcher asks the same participants with the same research questions within the same timeframe (Fusch & Ness, 2015). Fusch and Ness (2015) posited that data saturation is when the participant shares no new information. I ensured data saturation, interviewed the four participants; transcribed the interviews; e-mailed their responses back to the participants, and performed member checking until no new information emerged, and all the information were accurate according to the participant.

I ensured the participants experienced comfort while conducting each interview. Researchers can collect accurate data when the participants are familiar with the setting, and they can be open to sharing information without reservation (Hoskins & White,

2013). I ensured that I conducted the interviews in a place of convenience for the participants and ensured privacy and no distractions. Researchers should limit interviews to no more than an hour (Yin, 2018).

Ethical Research

Ethical researchers create cooperation, trust, and collaboration to maintain the integrity of the study (Beskow, Check, & Ammarell, 2014). Before I conducted the research, I obtained permission to conduct the study through Walden University's Institutional Review Board (IRB). I ensured adequate ethical protection of participants; my study participants were over 18-years-old and were not from a protected class. The informed consent forms should include information indicating the purpose of the research (Check, Wolf, Dame, & Beskow, 2014). The informed consent included background information and a description of the data collection procedure, as well as participants' required involvement and benefits of the study to the participants. I included a no compensation clause for participating in the study; my contact information; and the privacy and protection of the participants' confidentiality before, during, and after the study.

Erlich and Narayanan (2014) emphasized respect and considerations for the welfare of the research participants must remain the forerunner of all research. I ensured the ethical protection of participants was adequate. A researcher should not make any offers of monetary or material incentives to participants for participating in a study (Greenwood, 2016). Offering incentives can pressure participants to feel obligated to participate in a study (Halse & Honey, 2014), and participants who receive incentives can

unduly influence the research findings (Ardern et al., 2013; Morse & Coulehan, 2015). I provided no incentives to the participants for participating.

As the researcher, following the protocols of the *Belmont Report* (1979), I ensured that my participants had a comprehensive understanding of their part in the study. I provided the participants with a copy of the interview protocol (see appendix A) and questions (see Appendix B). In line with the *Belmont Report*, researchers must exercise the three core ethical principles of research that included respect of persons, beneficence, and justice to protect human subjects. I ensured the ethical protection of participants, followed the three ethics of research and kept to the agreement within the research documents. I followed *the Belmont Report* ensured that the participants understood that they might withdraw from my study at any time, with or without any reason, and no penalty.

Next, I explained to the participants the process on how to withdraw from participation at any time, before, during, or after the interview by contacting me via e-mail or texting to my cellular phone. Participants were free to withdraw or modify their consent and request to destroy all or part of the data they provided (Hammersley, 2014). If any participant had withdrawn from the study, I would have destroyed the participants' responses.

Yin (2018) suggested using pseudonyms as privacy control to protect research data related to the participants. I ensured the confidentiality and privacy of participants. I labeled the participant interviews with a letter and a number in the order of (P1, P2, P3, and P4). I stored and will maintain all the collected data including audio recordings,

notes, and transcriptions on an encrypted computer file, in a safe place for 5 years as required by Walden University to protect the rights of participants. I plan to destroy the data after 5 years to ensure the confidentiality of all participants. Beskow et al. (2014) posited protecting the privacy of participants is an aspect of the researchers' ethical responsibility. I protected the confidentiality of the participants, but not the anonymity of the participants, because I knew and selected the participants for the study. I shared a 1-2-page summary of the research study findings with my study participants. I will shred hard copies of interviews and worksheets and erase the data from the electronic files with available commercial software used to sanitize digital data. The Walden University's IRB approval number for this study is 11-05-18-0626785.

Data Collection Instruments

I was the primary data collection instrument for this qualitative case study. The qualitative researchers act as the primary instrument for data collection (Yin, 2018). Interviews are the standard approach used to collect research data, uncover the story related to the participant experiences, gain information about a topic, and explore responses or phenomenon findings (Bernard, 2013; Doody & Noonan, 2013). I used a semistructured interview technique, and a face-to-face approach collected information from the participants. Yin (2018) identified the case study researchers must use at least two of the six data recovery sources: (a) interviews, (b) direct observations, (c) physical objects, (d) annals, (e) participant-observation, or (f) documentation.

According to Dasgupta (2015), Pettigrew (2013), and Yin (2018), the interview is the primary data source used to explore the phenomenon of the shared perceptions and

experiences of the participants. Researchers observe, use an audio tape recorder, record the interviews with the approval of the participant, and handwrite notes in a journal during the interview process (Jamshed, 2014). Along with in-depth, face-to-face semistructured interviews and the permission of the participants, I reviewed the company's documents, such as the company's available archived documents including employment records that reflected job titles and continued tenure of physicians, company's electronic databases, and websites. I used note taking and recorded face-to-face interviews, ensured retention of information, recalled data, and analyses.

The study findings enhanced the existing research. The participants reviewed the findings. Simpson and Quigley (2016) posited member checking enhances the consistency of a study, and Birt, Scott, Cavers, Campbell, and Walter (2016) posited member checking enhances the trustworthiness of the study. Through member checking, I sent my interpretations of the participant's responses to the interview questions back to each participant for confirmation that my interpretations were correct. I enhanced the reliability and validity of the data collection process, used member checking and substantiated the credibility of the study. I used the member checking ensured the accuracy of my interpretations. The four participants agreed to my interpretation. None of the participants recommended any changes to the transcripts.

Data Collection Technique

The technique I used to collect data for this qualitative multiple case study included interviews, writing notes, audio recording, reviews of archival and additional documents, such as policies, procedures, physicians' manual, physicians' handbook, and

orientation training program. Some advantages to interviews include the opportunity for researchers to follow up on unclear responses, clarify questions, achieve a higher response rate, and obtain detailed information regarding personal feelings and perceptions (Milne, 2014). The use of a face-to-face interview allows the researcher to see, hear, and feel the participants' experiences from participant observation (Marshall & Rossman, 2016). The disadvantages of this data collection technique include the cost of travel to conduct interviews and the possibility of the participants becoming apprehensive and refraining from participating (Yin, 2018). Yin stated that the disadvantage of using the face-to-face interview is that there is a tendency for bias.

I invited four participants to participate in this study and used an informed consent, explained the confidentiality and nature of the study. I followed up with a phone call explained the purpose of the research and requested participation. I scheduled a face-to-face interview at the participants' choice of location, considered their availability, and used an interview protocol (see Appendix A). The data collection procedure commenced upon receipt of approval from Walden University's IRB. The interview technique is the primary data source for answering the how and why questions in exploring a case study topic (Yin, 2018) and collecting data where the researcher asks qualitative questions (Doody & Noonan, 2013).

I asked each participant six semistructured, open-ended interview questions (see Appendix B) related to the overarching question of the study. Conducting, recording, and transcribing semistructured interviews and document review are frequently used techniques of data gathering common in qualitative health care studies (Byrne, Brugha,

Clarke, Lavelle, & McGarvey, 2015; Madhlangobe, Chikasha, Mafa, & Kurasha, 2014). The objective of the primary data collection was to obtain the participants' responses from open-ended questions, contained within the interview protocol (see Appendix A). Interviewing and participant observation are the most popular techniques used in obtaining an in-depth understanding of a phenomenon (Jamshed, 2014; Percy, Kostere, & Kostere, 2015).

With the use of my smartphone, an Apple iPhone 8 as an audio recorder, I recorded the interviews and transcribed them using a Word processing file in which I typed the interviews word-for-word as I listened to the recordings. I conducted each interview for 1 hour in a comfortable setting and privacy, chosen by each participant. While at the site chosen by each participant, in the course of the interview, I obtained archival and additional documents with the participant's permission, such as policies, procedures, physicians' manual, and physicians' handbook as a secondary data source that aided in methodological triangulation, as Gorissen, Van Bruggen, and Jochems (2013) did. Wilson (2014) suggested that data triangulation is not a tool to validate data, but an alternative tool to aid in validating multiple forms of qualitative data.

I paraphrased the participant's responses for each question into my own words and synthesized the data obtained from the participants. Using member checking, I emailed each participant a copy of my transcribed interpretation. I asked each participant to review the material to ensure that I accurately interpreted the participant's intended message for each question. The four participants were given three days to review and respond to my transcribed interpretation. Each participant responded within three days

via email and validated that I captured the correct content of the interviews.

I reviewed the recorded and transcribed information, read the answers provided back to the participants for more clarity, as posited by Irvine, Drew, and Sainsbury (2013). My interpretations of the participant's responses were correct, because I sought the correct responses and continued the process until I obtained no new additional information from the participant, as the means for using member checking, following Coombs, Crookes, and Curtis (2013) and Perkins, Columna, Lieberman, and Bailey (2013). I concluded I had reached data saturation when no further information, themes or subthemes became apparent from the data collection process.

Data Organization Technique

I used the following systems; audio recording; pen and notebook as my reflective journal; logs; labeling systems; computer; and NVivo 10 processing software kept track of my data and emerged understandings. NVivo 10 processing software allows the researcher to collect, organize, and analyze content from interviews and audio recordings (Bytheway, 2013). The interview was in person. I used a log and notebook to record every participant interview, date, time, and the location for the duration of the study.

Researchers use a reflective journal to keep personal logs that the researcher reviews to interpret the field data (Applebaum, 2014). I transferred the digital voice recordings to my personal computer. I created a folder P1, P2, P3, and P4 for each participant's audio recordings as well as the transcription of each record. Confidentiality is important to protect the trust between the researcher and the participant (Novak, 2014). Then, I created and labeled the folders with the outpatient health care pseudo name and

location.

Next, I reviewed the transcripts for information flow according to each participant. The NVivo10 qualitative software helps in the storage, coding, creating themes, and comparing data (Zamawe, 2015). In this study, for data organization purposes, I secured the audio files, related transcripts, and all other electronic data stored on a password-protected computer. I have kept all hard copy data in a locked file cabinet at all times for confidentiality purposes, and I have sole access to the files. I protected the electronic data on a password-protected computer. After 5 years, I will shred and destroy all paper data including informed consent documentation. I will erase all electronic data from my computer.

Data Analysis

Methodological triangulation is the method of combining more than one data source (Chao, 2014). Using methodological triangulation, researchers place multiple types of data side-by-side (Fusch & Ness, 2015). Researchers use methodological triangulation to increase validity and expand readers' understanding to afford multiperspective, meta-interpretations using more than one option to gather data (Fusch & Ness, 2015; Marshall & Rossman, 2016; Modell, 2015).

The review of P1, P2, P3, and P4 facility's archived physician-patient communications logbook and the shared participants' testimonies revealed that physician autonomy increased the patient's bonding with the same physician for continuity of care, supported autonomy as a retention strategy. P1 and P2 of one facility provided short video clips of their employees' day-to-day work activities via their website which

revealed inviting and vibrant energy from their physicians participating in shared decision-making and governance. Information gathered from P2 facility documents revealed email messages and communications through and from the outpatient health care executives with their physicians. According to the four participants, two-way communication strategies increased the feeling of belonging, physician motivation, and enhanced job satisfaction, leading to retention.

A review of the physician handbooks of P1, P2, P3, and P4 revealed each physician received a complete orientation training program and facility work expectations, required to provide services. Although P3 and P4 work for the same facility, I interviewed each participant separately, and each participant shared the same physician handbook and described similarly how each new physician directly trained with an assigned coach for 6 weeks. From this study findings and review of the facility documents, P3 and P4 offered promotional opportunities as a retention strategy to their physicians from within their facility, given that, the skilled physicians showed interest.

When analyzing data, researchers organize the data, review the data, code the data, and develop themes. Yin (2018) posited the five stages of data analysis: (a) data collection, (b) separating the data into groups, (c) regrouping the data into themes, (d) assessing the information, and (e) developing conclusions. Marshall and Rossman (2016) expressed that each phase of the data analysis requires data reduction and data interpretation. A researcher should know the reason for the study done and be able to interpret the information in real-time (Baškarada, 2014).

I used a semistructured interview protocol (see Appendix A) with open-ended questions and member checking as the methodological triangulation for this qualitative, multiple case study. Cairney and St. Denny (2015) specified methodological triangulation enhances validity and fortifies the credibility of data. Elo et al. (2014) posited researchers use qualitative data analysis to offer a more direct analysis when themes become apparent. I used interview questions for this qualitative multiple case study built on Herzberg's two-factor theory of hygiene and motivation factors collected the research data. This study interview questions aligned with the overarching research question, *What strategies do outpatient health care executives use to reduce physician turnover?*

The researcher uses the conceptual framework to align the literature and the method of the study (Yazan, 2015). I used the viewpoints of Herzberg (1959) as the lens, explored and analyzed the findings of the data. Individuals increased their motivation by meeting the primary physical needs (Maslow, 1943). Employees make various demands from the organization such as advancement to improve choice and reduce concern (Vroom, 1964). Considering the Herzberg's (1959) two-factor motivation-hygiene and the findings of Vroom (1964), though opposing theory from Maslow's (1943) hierarchy of needs and Herzberg's (1959) two-factor motivation-hygiene, I found the participants' used training and growth opportunity reduced turnover and improved employee choices. For example, P2 offered suitable training and reduced barriers to implementing the successful strategies for retaining physicians. P4 said, "Some physicians express joy in learning when they receive training and updates." P2 stated, "Employees that receive

regular lateral, upward, or downward training for team building were more loyal and committed to their organization.“

Using NVivo 10, I processed the content analysis and interpretation. Integrating the qualitative data analysis software, using the process of coding and annotating, researchers include and merge visual images, words, and numbers in context for analysis justifications (Castleberry, 2014; Edwards-Jones, 2014). Zamawe (2015) postulated NVivo 10 is a software designed for analysis of qualitative data and identifying words, phrases, and ideas that may congregate themes; however, NVivo 10 does not take the role of the analyst in the coding and meaning of the data.

NVivo 10 software is valuable in managing data and ideas, query data, modeling visually, and reporting (Hilal & Alabri, 2013). I implemented the NVivo 10 software for Windows enhanced the ability to code and identify themes and patterns during the analysis of the data. To prevent disclosure of any information, I obtained organized interview data. Onwuegbuzie and Byers (2014) suggested researchers request participants to review the findings to confirm accurate data representation. Yin (2018) recognized triangulation as the coming together of collected data from various sources to verify the consistency of a finding.

Yin’s (2018) five steps of data analysis include (a) compiling, (b) dissembling, (c) reassembling, (d) interpretation, and (e) the conclusion. Baškarada (2014) asserted using the five-step process enables researchers to conduct an objective analysis of qualitative data, regardless of biases inherent to human researchers. Crowe, Inder, and Porter (2015) established analyzing data using the five-step process can lead to valid conclusions drawn

from qualitative data. Analyzing the data, I identified four core themes and 13 subthemes. The themes and subthemes related to the conceptual framework of Herzberg (1959) two-factor theory. By using the methodological triangulation of transcribed data, the analysis of data from the outpatient health care artifacts, I verified the emerged themes and subthemes.

Reliability and Validity

The criteria for qualitative studies are dependability, credibility, transferability, and confirmability (Anney, 2015; Connelly, 2016). The significance of any research depends on the level of confidence others place in the researcher's findings (Lewin et al., 2015). As discussed by Elo et al. (2014) and Marshall and Rossman (2016), measuring the reliability and validity of instruments and methods in qualitative research is difficult compared to measurements for the quantitative method.

Yin (2018) added the criterion for these qualitative terms is not measurable, and the use of multiple data sources for methodological triangulation establish an alternate component for trustworthiness and repeatability. Frels and Onwuegbuzie (2013) endorsed the premise that the researcher must use the design and data of the study as his or her ability to make accurate conclusions. Qualitative research trustworthiness includes dependability, credibility, transferability, and confirmability (Pacho, 2015).

Reliability

Dependability. Reliability of qualitative research refers to the extent to which the research is dependable (Leung, 2015). Lewis (2015) and Morse (2015) added reliability means that the results of a study are replicable under a comparable method. Connelly

(2016) posited dependability refers to the stability of the data over time and past the conditions of the study. Besides, trustworthiness or rigor of a study indicates the degree of confidence in data, interpretation, and methods used to endorse the quality of a study (Connelly, 2016; Cope, 2014). Reliability described as the degree to which the data collection is free from errors, and the findings are reliable is necessary for quality research (Hess, McNab, & Basoglu, 2014). Munn, Porritt, Lockwood, Aromataris, and Pearson (2014) posited reliability, and internal validity in quantitative research are the same as dependability and credibility in qualitative research.

Researchers should follow an interview protocol (Yin, 2018). To conduct this study interviews, I used an interview protocol (see Appendix A). Member checking is an appropriate way for qualitative researchers to underpin the dependability and credibility of their studies (Marshall & Rossman, 2016). Researchers use member checking to ask participants to verify the accuracy of interview interpretations and clarify misconstructions before the publication of the study results (Marshall & Rossman, 2016). Munn et al. (2014) posited researchers use member checking to ensure data accuracy. Member checking is a process researchers use to enhance accuracy, reliability, and dependability of the findings by enabling participants to validate the content (Harvey, 2015). I used the member checking of data interpretation enhanced the dependability of the study.

Marshall and Rossman (2016) added a researcher could ensure rigor in a qualitative study through triangulation. I collected the past outpatient health care documents, such as employment records that reflected job titles and continued tenure of

the physicians from each participant to determine data triangulation. I was not privileged to view employee termination records for confidential reasons. At the conclusion of the interviews, I e-mailed each participant my complete analysis and interpretation, allowed them the opportunity to review the accuracy of the interview interpretations and clarified any misconstructions in the data collected.

I complied with Onwuegbuzie and Byers's (2014) recommendations researchers should collaborate with participants to ensure accurate interpretation of information. I used NVivo 10 software for Windows to improve the dependability of the study. Hilal and Alabri (2013) claimed NVivo 10 is sufficient to assist in the dependability of data. Data collection ends when saturation is reached, meaning that additional sampling would not contribute to new findings (Maas et al., 2014). I reached data saturation to ensure the dependability of the findings.

Validity

Creditability. Morse (2015) claimed validity includes ensuring the trustworthiness and accuracy of the data. Credibility refers to describing the topic of study based on the participants' viewpoints (Meltzer et al., 2013; Peake-Andrasik et al., 2014; Trochim et al., 2014). The four alternatives for assessing the trustworthiness of qualitative research include credibility, dependability, conformability, and transferability (Elo et al., 2014). Trustworthiness refers to a general judgment to the entire study, whereby the reader is the judge of the quality of the report, and the researcher's responsibility is to present the report in such a way to persuade readers of its trustworthiness (Graneheim, Lindgren, & Lundman, 2017). The researcher must make

clear that the participant's voice or the researcher's interpretation is heard in the various parts of a research report to ensure trustworthiness of the study (Graneheim et al., 2017).

Qualitative researchers report from multiple sources of data and perspectives to ensure that their study results demonstrate validity through data saturation (Fusch & Ness, 2015). Heale and Forbes (2013) stated methodological triangulation enriches the credibility of the study to achieve the collection of complete data to answer the overarching research question. Failure to reach data saturation impacts the quality of the research conducted and obstructs content validity (Fusch & Ness, 2015). I recorded and transcribed the interview data, protected the accuracy and diligence of participants' answers. As Anney (2015) and Hyett, Kenny, and Dickson-Swift (2014) suggested, to enhance credibility, researchers use purposeful sampling to ensure that they obtain informed participants who have the knowledge and experiences with the subject matter. I used purposeful sampling, and member checking ensured the credibility of this study. With member checking, the participants reviewed, clarified, and made the necessary corrections, and avoided misrepresentations and misunderstandings of their viewpoints.

Peer debriefing enhances the validity of the study (Tseng, Wang, & Weng, 2013). Peer debriefing requires using an external colleague or an expert to review the methods, data, and proposed findings (Houghton, Casey, Shaw, & Murphy, 2013). Procedures for dependability include peer-debriefings with a colleague; maintenance of an audit trail of process logs, such as researcher notes of all activities that happened during the study; and decisions related to the aspects of the study, whom to interview, and what to observe (Connelly, 2016; Freysteinson et al., 2013). I submitted the study for review to my

doctoral study committee, consisting of an expert methodologist for an accurate peer appraisal and debriefing to strengthen the validity of the study.

I used NVivo 10 software for Windows, replicated data analysis until no new themes and patterns emerged or returned unmistakably clear and ascertained credibility. According to Erlingsson and Brysiewicz (2013), NVivo software assists in managing data and ideas, exploring data, visually representing, and reporting facts that may improve the quality of the study. I used member checking, and methodological triangulation enhanced credibility, e-mailed each participant my analysis and interpretation, allowed them to review for accuracy of interview interpretations and clarified any misconstructions in the data collected.

I followed Harvey's (2015) instructions for member checking certifying that the information collected was accurate. Wilson (2014) stated data triangulation is not a tool to validate data, but an alternate approach in validating multiple ways of qualitative data. Collecting data from semistructured interviews, unpublished company documents, and member checking, provide methodological triangulation and enhance the credibility of the study (Park, Chun, & Lee, 2016). I compared and contrasted collected data from the participants' responses to open-ended questions and past outpatient clinic records including employment records of the physicians. I was not privileged to view employee termination records for confidential reasons.

Transferability. Transferability refers to findings practical to other situations under diverse settings (Anney, 2015). Houghton et al. (2013) added to achieve transferability the context of the study must be described in full detail to enable

interpretations by the reader. Similarly, Connelly (2016) stated researchers support the transferability of the study with a rich, detailed description of the context, location, and individuals studied, as well as the use of transparent, relevant analysis. I provided enough data regarding the population, sample, strategy, and plan.

Trochim et al. (2014) claimed transferability is possible in qualitative studies once the study findings are general or replicable in other backgrounds and settings. Polit and Beck (2014) suggested the extent to which findings are useful to individuals in other settings vary from other aspects of a study because readers or researchers determine how applicable the findings are to their situations. Thelwell, Wagstaff, Rayner, Chapman, and Barker (2016) noted the appropriateness of the transferability of a review determines the reasonable judgments of the reader or researcher.

As the research instrument, I maintained data collection and analysis techniques in this study on the subject of the interview protocol, member checking, triangulation, and data saturation. Researchers provide a rich portrait that will inform and resonant with readers (Amankwaa, 2016). Outpatient health care executives and stakeholders of the health care industry can use the results of this study for the adoption of the strategies outpatient health care executives use to reduce physician turnover. Future researchers might use the findings of this study as a tool to explore the core themes and strategies related to physician turnover. Marshall and Rossman (2016) noted the burden of demonstrating the transferability of a set of findings to another context belongs to another researcher, not the original researcher.

Confirmability. Confirmability denotes the neutrality, or the extent findings are consistent and can be repeated (Connelly, 2016). Researchers establish validity in case study research by demonstrating credibility and confirmability (Houghton et al., 2013). The methods include practicing an audit trail of analysis and methodological memo log, keeping detailed notes of all decisions and the analysis as the research progresses (Connelly, 2016; Houghton et al., 2013). A colleague should review the notes and discuss during peer-debriefing sessions with a respected qualitative researcher to prevent biases from only one person's perspective on the research (Connelly, 2016; Houghton et al., 2013). I determined confirmability by methodological triangulation and member checking, used interviews and the outpatient health care historic employment records.

Researchers can attain confirmability using interviews and member checking (Foley & O'Connor, 2013; Munn et al., 2014). O'Reilly and Parker (2013) explained the process of purposeful sampling and member checking augments confirmability, thereby ensuring that data and analysis mirror accurate and meaningful validities of interest in the study. My study included four participants, used methodological triangulation and member checking, reached data saturation which added vigor to the credibility of the study.

Transition and Summary

In Section 2, I included an introduction, restated the purpose statement, described my role as the researcher, outlined the participant selection process, and further explained the selected research method and research design. I explained (a) population and sampling method; (b) ethical research; (c) data collection instruments, technique, and

organization; and (d) data analysis techniques, as well as discussions on the methods and techniques for guaranteeing the reliability and validity of this study. I concluded Section 2 by establishing reliability and validity of this study, the credibility, achievability, practicality, and reproducibility or repeatability of the study. In Section 3, I completed the following components, presentation of the findings, application to professional practice, implications for social change, recommendations for action, recommendations for further research, researcher reflections, and conclusion.

Section 3: Application to Professional Practice and Implications for Change

Introduction

The objective of this qualitative-multiple case study was to explore the strategies outpatient health care executives use to reduce physician turnover. The data originated from four outpatient health care executives' interviews, a review of public records, and available archived and current facility documentations at two outpatient health care facilities in the Southern California metropolitan area. I found four core themes as listed in Table 2 from responses to five of my six interview questions: autonomy, satisfactory work environment, effective communication, and training and growth opportunity. The core themes were in alignment with the themes I discussed in the literature review section.

Table 2

Literature Review Themes Versus Interview Core Themes

Literature review themes	Interview core themes
Job satisfaction	Autonomy
Employee motivation	Satisfactory work environment
Physician retention	Effective communication
Reducing physician turnover	Training and growth opportunity

A researcher should know the reason for the study and be able to interpret the information in real-time (Baškarada, 2014). In this qualitative multiple case study, I outlined and summarized the core themes regarding strategies outpatient health care executives used to reduce physician turnover. In this section, I present the findings, discuss the study's application to professional practice, implications for social change, offer recommendations for action and further research, then, reflect on and conclude the

study.

Presentation of the Findings

The overarching research question for this qualitative multiple case study was: What strategies do outpatient health care executives use to reduce physician turnover? I used an in-depth, face-to-face semistructured interview technique, and gained a detailed knowledge of the strategies outpatient health care executives use to reduce physician turnover. I conducted each interview in a private location, chosen by each participant, and at the time the participant chose with minimal distractions.

When asked Question 6 about any further information that participants would like to add, each participant replied that they did not have anything else to add. Thus, I did not gain any relevant knowledge from participants' responses to Question 6. The outpatient health care executives acknowledged that their strategies resulted in remarkable retention of their physicians. I completed each participant's interview within 1 hour as scheduled.

As I completed the entire interview, I assigned each participant a distinctive identifier consisting of a letter and a number (P1, P2, P3, and P4), ensured the privacy of each participant as well as their organization's name and anything else that could identify the participant in the study reports. I reviewed the recorded information, analyzed the data obtained from each participant, interpreted those data, and confirmed the responses via member checking. To ensure member checking, each participant reviewed their documented responses, confirmed that my interpretations were accurate, and validated that I captured the correct content of the interviews. Several answers from the

participants contained motivation and job satisfaction factors; these factors were in alignment with Herzberg's two-factor theory.

For coding, I organized the participant responses that were most consistent and similar into themes using NVivo 10 software for Windows. Immediately after coding all the data, I ensured no new themes emerged before using methodological triangulation. Next, I compared as well as differentiated the following data: participant interview responses, their facilities' policies and procedures handbook, and their facilities physician employee handbooks. I reviewed the facility's volunteered archived documents that revealed employment records, job titles, and continued tenure of physicians, the facility's electronic databases, and websites but was not privileged to view employee termination records for private reasons. Table 3 indicates the frequency of occurrence of the core themes.

Table 3

Frequency of Core Themes on Strategies for Outpatient Health Care Executives

Core Themes	Frequency of occurrence
Core Theme 1 Autonomy	68
Core Theme 2 Satisfactory work environment	63
Core Theme 3 Effective communication	51
Core Theme 4 Training and growth opportunity	35

The study findings confirmed that specific retention strategies enhance retention of physicians in the outpatient health care facilities. Regarding the review of the physician employee handbook, the study findings aligned with the strategies outpatient

health care executives used to reduce physician turnover. The study findings also aligned with the premise of Herzberg (1959) two-factor motivation-hygiene theory.

Core Theme 1: Autonomy

Autonomy is a core factor of intrinsic motivation. *Physician autonomy* refers to having a governance or decision-making role, which creates control over the pace and content of clinical work associated with physician job satisfaction (Friedberg et al., 2014). P3 expressed, "Autonomy is an individual physician action of what the physician decides to do that shows job satisfaction." P4 stated, "We freely allow physician autonomy because the physicians in our facility are trustworthy and accountable." Table 4 includes the subthemes relevant to autonomy.

Table 4

Frequency of Subthemes on Autonomy

Core Theme	Subtheme	Frequency	% of occurrence
Core Theme 1: Autonomy		68	
	Job satisfaction	18	26%
	Sense of ownership	14	21%
	Increased retention	36	53%

Participants discussed autonomy a total of 68 times. Within this core theme, the participants discussed job satisfaction, the sense of ownership, and increased retention as the outcome of their strategies. Employees are trustworthy when they behave in the ways expected of them (Manan et al., 2013).

Answering Questions 1 through 5, P1 explained that physician autonomy created a source of self-respect, job satisfaction, and fulfillment. Protecting autonomy in a changing health care environment might reduce job dissatisfaction, enhance physician

motivation, and benefit patient care (Waddimba et al., 2013). Participants 1, 2, 3, and 4 expressed that their physicians are happier and enjoy autonomy as the reason for a collegial "good job." Granting autonomy is a strategy some executives use when assigning responsibilities for more demanding tasks, which cultivates a collegial rather than a competitive atmosphere that foster intrinsic motivation (Herzer & Pronovost, 2015).

P1 emphasized offering autonomy of work to their physicians from the time of hire and "giving them a free hand." Relevant to the physicians are motivating work and job satisfaction such that executives should provide various challenging and engaging tasks (Conrad et al., 2015). Seeking clarification while engaged in member checking, P3 and P4 reported that their physicians are allowed autonomy and the physicians balance their autonomy in harmony with the outpatient health care executives and the entire organization.

P2 found "physician autonomy as perceived interest in the physician wellbeing, leading to motivation and commitment." P1 stated, "Physicians having autonomy over their time on or time off the job enhances physicians' work-life balance, motivates them, and increases their job satisfaction." Executives' efforts to maintain or increase job satisfaction among physicians should focus on encouraging professional autonomy (Waddimba et al., 2013).

The four participants shared that allowing the physicians autonomy of time to attend to patient care services increased physicians' motivation and job satisfaction. The findings supported Raines (2015) claims that employees acknowledge job satisfaction in

their job duties and career attainment related to autonomy and job flexibility opportunities. When member checking, P2 simply said, “Physicians reported that enjoying autonomy improved their work stress and burnout, encouraging retention.”

For a sense of ownership, P4 stated, “Physicians were given autonomy to serve as pioneers when implementing the key successful strategies of the organization.” Some employees gain motivation from participation factors such as ownership, significance, creation, challenge, optimism, and identity (Damij et al., 2015). Similar to P4’s view on ownership, P2 endorsed, “Physicians with longevity, autonomy, as the sole decision-makers and access to care physicians, improving the sense of ownership.”

Some executives involve physicians in decision making to increase their motivation and to give them a greater sense of ownership (Phipps-Taylor & Shortell, 2016). Herzberg (1968) viewed autonomy as a job characteristic that can affect an employee's work behavior and attitude. The four participants agreed autonomy is valuable to the physicians and their organizations because the physicians allowed autonomy of practice, receive independent consults, recommendations, and referrals from their colleagues and their patients. Empowering physicians with special projects, creating teams, and engaging mentors are some strategies accessible to outpatient health care executives to increase retention (Valle et al., 2016).

Regarding autonomy as a retention strategy, P1 said, “Patients receiving treatment from physicians with the autonomy of practice thrive with the physician care services.” P2 used autonomy as the quality of the job itself and enhanced physician retention. Employees need to feel they make contributions through autonomy and their job titles,

enjoy respect, and job satisfaction (Ozguner & Ozguner, 2014). According to Waddimba et al. (2013), satisfied physicians have a higher sense of autonomy, and autonomy is a necessary component of satisfying work in an industry as complex as health care.

The review of P1, P2, P3, and P4 facility's archived physician-patient appointment logbooks revealed consistent one-to-one same physician-patient interactions, supporting this theme. The shared participants' testimonies revealed that physician autonomy increased the patient's bonding with the same physician for continuity of care. Some health care executives encourage physician autonomy, using the strategy to attract physicians and focus resources on value-based retention (Casalino et al., 2016).

Physician wellbeing and job satisfaction associated with autonomy are valuable for patient care and the health care organization (Ommaya et al., 2018). Executives supporting autonomy motivate the physicians and enable them to offer choices, provide a meaningful rationale, minimize pressure, and improve patient care services (Shumway et al., 2015). P1's response confirmed that physician autonomy is essential for patient care and health care business. The four participants expressed similar thoughts as Casalino et al. (2016) and Ommaya et al. (2018) who emphasized how they used increased physician autonomy to ensure a variety of practice methods and to maintain retention. The findings of this study aligned with Herzberg two-factor motivation-hygiene theory with broad hints, but autonomy is an aspect of motivation and job satisfaction leading to increased retention.

Findings related to the conceptual framework. The findings noted in Core Theme 1 aligned with the findings of Herzberg (1966, 1974); autonomy is a contextual

employee experience associated with personal responsibility for work achievement. Elnaga and Imran (2014) posited autonomy as the freedom of an employee to decide what work to do and how to do the work, and the sense of control over the work. Motivation-hygiene theory holds that work behavior has attributes of satisfaction gained from enjoyable motivators such as autonomy.

The responses of the four participants confirmed Manisha's (2014) idea that intrinsic factors have positive attributes on autonomy and organizational assets. Intrinsic factors include achievement, recognition, the work itself, responsibility, and advancement (Herzberg et al., 1959). The four participants' responses aligned with the premise of the Herzberg two-factor motivation-hygiene theory, noting autonomy as an influence on intrinsic motivation. Herzberg et al. suggested that intrinsic motivation is inherent, which support productivity when jobs are surplus with the motivation factors.

The participants use autonomy as a job satisfaction strategy to (a) achieve motivation over the work performed, (b) increase aptitude experience, and (c) express pleasure when physicians accomplish a designated work. On member checking, P2 stated, "Allowing autonomy as the quality of the job itself, enhance physician retention." P2's response confirmed Somense and Marocco Duran (2015) observation that some employees are satisfied with the autonomy of work, job duty, content, and task. Health care executives with a focus on high job autonomy increased retention of the physicians (Heponiemi et al., 2016).

The Core Theme 1 findings of this study aligned with the conceptual framework of Herzberg's theory, motivation-hygiene factors influence employee satisfaction. The

participants used increased autonomy to provide more meaningful and satisfying jobs, leading to retention. P1, P2, P3, and P4 strategies noted in Core Theme 1 confirmed the findings of Heponiemi et al. (2016) that health care executives with a focus on high job autonomy increased retention of the physicians.

Core Theme 2: Satisfactory Work Environment

The four participants offered a satisfactory work environment as another strategy used for physician retention. P1 "Provided inviting workspace, access to diagnostics and laboratory reports, sufficient equipment including laptop and desktop computers, physical paper, files, printers, resource lounge, and breakrooms." P1 continued, "We eliminated daily problems of background noise, unconducive workspace, malfunctioning equipment, inadequate temperature, and dim light." P2 said, "Creating a satisfactory work environment support good working relationships, nurture participation and promote respect for the physicians." Table 5 includes the subthemes for creating a satisfactory work environment.

Table 5

Frequency of Subthemes on Satisfactory Work Environment

Core Theme	Subtheme	Frequency	% of occurrence
Core Theme 2: Satisfactory work environment		63	
	Flexibility	25	40%
	Coworker relationship	12	19%
	Work & schedules	26	41%

Those subthemes include flexibility, coworker relationship, work, and schedules all conducive to physician retention. The four participants explained that having an adequate amount of resources improved the physician everyday jobs. P2 added, "Creating job status that provides meaningful work for all the physicians increase

retention of the physicians." Work assignments, the level of responsibility, employment conditions, organizational approach, benefits, and skills may affect employee satisfaction (Lambrou et al., 2014). The four participants illustrated the value of a satisfactory work environment through recognized physician motivation and demonstration of job satisfaction.

When asked, how the organization addressed the critical barriers to implementing successful strategies for retaining physicians in their jobs, P1 stated, "Having knowledgeable outpatient executives was fundamental to the successful implementation of the strategies." Knowledgeable executives perform essential roles in implementing environmental strategies including the elements that determine employee acceptance of change when implementing environmental retention strategies (Johannsdottir et al., 2015). The four participants expressed they consulted with their physicians regarding the decision on the implementation of the successful strategies.

P3 noted, "Partnering with the physicians encouraged suggestions and participation in the strategies and reduced the barriers to implementing the physician retention strategies." Active employee participation during implementation in various ways strengthens employee commitment, loyalty, and increased productivity (Johannsdottir et al., 2015). The four participants emphasized collaboration and commitment among the physicians at all levels of the physician work positions, contributed in every aspect of the successful retention strategies.

P1 and P2 of one facility provided short video clips of their employees' day-to-day work activities via their website which revealed inviting and vibrant energy from

their physicians participating in shared decision-making and governance. P2's strategy included, "Adding environmental innovation, remodeling the physical appearances of the work area motivated the physicians." P4 reported, "We make the physicians know they are the internal wealth of the facility by offering them a regular unit of assignment, regular work rotation, an area of specialty positioning."

P4 added, "Offering a supervisory position, full-time status, established work duties, flexible schedules, less time spent at work, attractive workload, paychecks, and bonuses improve retention." While member checking, P1 reiterated "Allowing physicians to diversify their services make them happier and comfortable to the conditions surrounding their work environment, supporting retention of the physicians." P3 maintained, "We allow the physicians to feel they fit in, understand the goals of the organization, motivate the physicians to commit to their work, and become highly productive."

The four participants recognized strategies to reduce employee turnover. P1stated, "Giving the physicians choices made some physicians happier." P1 continued, "Some physicians are happier when allowed to remain in their current specialty." Executives who develop, add, and improve the relationship in the workplace motivate employees to work harder and achieve a satisfactory work environment (Fitzsimmons & Stamper, 2014; Zameer et al., 2014). P2, P3, and P4 expressed physician flexibility was a success factor to implement the satisfactory work environment, as a retention strategy in each of their organizations.

P1, P2, P3, and P4 discoursed adhering to the primary strategies and respecting the physicians, contribute to job satisfaction and reduce physician turnover. P2 said, “Outpatient health care executives and physicians’ cooperation create respect, trust, and eliminate unprofessional or embarrassing behaviors.” P3 specifically advised, “Leave room to open discussions with the physicians at all times.” Executives that harmonize the needs of the employees satisfy the needs of the employees and enhance effective retention strategies (Gouveia et al., 2014).

P1 stated the following, “Knowing the complex physician decisions, minimizing long day, after hours, physician’s altered work, and modified work schedule, as well as the physician’s workload, ensure physicians' security.” P1 continued, “Allowing flexible physician's schedule for on-call duties reduced high levels of work pressure and increased retention.” P3 posited “Improve physicians’ interest in their jobs by reducing concerns with electronic health recording, on-call status, the number of calls they are requested to take on and off work, interference with their personal and family time.” P1 and P3 strategies complimented Goud’s (2014), executives who focus on employees first, add strategic value to the organization.

Addressing coworker relationship, P1, P2, P3, and P4 advised working closely with the physicians reduces physician conflicts with their colleagues and the executives. The four participants agreed maintaining friendly coworker relationship with the physicians increase job satisfaction and physician retention. P2 established and maintained positive physician attitudes evidenced “By satisfactory work environment free of conflicts starting at the top level.”

The four participants expressed respecting the physicians, embracing the physician's ideas, nurturing their hard work, and recognizing their contributions and services support physician retention. The four participants advocated creating a satisfactory work environment suitable for physicians' skills, bonding, physician-physician workforce relationship, leading to happier physicians and retention. Executives understanding employee needs requires performance associated rewards that can motivate employees to improve their work environment (Chomal & Baruah, 2014).

Answering Questions 1, 4, and 5, P4 said, "The physicians would not leave our facility for any reason" because "it is a comfortable, serene environment." P4 continued, "The physicians have a family-like relationship with their colleagues and enjoy the high success rating of our facility." P4 revealed affective commitment of their physicians, who are satisfied with their work environment, feel valued, and recognized as assets for their facility. A relationship exists between motivation and hygiene factors and the intent to stay at a job (Derby-Davis, 2014). The four participants illustrated the most successful strategies for reducing physician turnover in their satisfactory work environment through P1's satisfactory workspace free of distractions, P2's knowledge exchange, respect, trust, and creating value for the services they provide, P3's open dialogue, and P4's cooperative interactions.

Findings related to the conceptual framework. Satisfactory work environment Core Theme 2 aligned with the conceptual framework of this study, which related to the specific reasons for employee turnover. Unsatisfactory workplace environments such as lack of exciting work, poor management style, lack of job security, lack of respect, and

lack of competitive compensation system are some specific reasons for employee turnover in an organization (Alam, 2015; Goud, 2014). Motivation factors increase job satisfaction (Lukwago et al., 2014). Herzberg et al. (1959) identified motivation factors completely different factors that lead to job satisfaction such as achievement, recognition, work itself, responsibility, and advancement.

My analysis of the literature by Goud (2014) also provided a different view, employees on the average change employers every six years and every time an employee quits, executives must recruit a replacement. One such contrasting view suggested by Herzberg et al. (1959), employees remain actively involved in their work environment if they continue to receive relevant resources. From this study findings, the four participants highlighted improving physicians' work environment, coworker relationship including supervisory practices as areas that might motivate the physicians to a satisfactory work environment.

According to the four participants, improving the physicians' work environment benefits the patients and the communities. Executives understanding employees' needs, the strategies to attract, motivate, and retain employees, ensure employees stay within their organizations (Vatankhah et al., 2017). The four participants verified motivated employees in a satisfactory work environment, complete tasks faster when they are happier, even when the tasks are not pleasurable, which help to endorse the motivation-hygiene theory.

Core Theme 3: Effective Communication

The four outpatient health care executives recognized effective communication as an essential strategy they used to reduce physician turnover. When asked what strategies have you used to reduce physician turnover, P1 stated, “Effective communication is necessary to reduce physician turnover successfully and to implement the retention strategy.” From responses to Interview Questions 1 through 5 including text and email message correspondences, effective communication became evident as a core theme. P2 noted, “Communication affects the physician’s job satisfaction, motivation, work environment, personal behaviors, and feelings.” Table 6 includes the subthemes for achieving effective communication.

Table 6

Frequency of Subthemes on Effective Communication

Core Theme	Subtheme	Frequency	% of occurrence
Core Theme 3: Effective communication		51	
	Respectful communication	11	22%
	Two-way communication	18	35%
	Physician security	22	43%

Those subthemes include respectful communication, two-way communication, and physician security. All contribute to physician retention. The four participants reported physicians appreciate respectful communication, two-way communication, and job security.

The four participants mentioned a lack of respectful communication even perception of disrespectful communication daunt the physicians and lead to job dissatisfaction. P4 explained “Respectful communication, respectful reminders, exchanging meaningful information, and engaging in meaningful conversations attract

physician motivation leading to retention." P4 strategy confirmed Steyn's (2017) findings respectful communication enhances friendly relationships.

Mishra (2015) found employees positively respond to the use of two-way communication. Two-way communication among executives and employees assures positive employee responses, support, appreciation, and commitment (Dickson-Swift et al., 2014). From the findings of this study, the four participants confirmed two-way communication enabled the physicians to voice their views, interests, and concerns. Two-way communication among executives and employees assures communication, listening, positive employee responses, support, and commitment (Herzberg, 1968).

P4 stated, "Using effective two-way open communication add value disseminating mutual information to the physicians and receiving information from the physicians." Information gathered from P2 facility documents revealed email messages and communications through and from the outpatient health care executives with their physicians. According to the four participants, two-way communication strategies increased the feeling of belonging, physician motivation, and enhanced job satisfaction, leading to retention.

Different people have different satisfying and dissatisfying factors. P4 narrated the "Worth of talking to the physicians to understand the factors they focus as satisfying or unsatisfying." P3 used "Transparent communication identified and addressed hygiene factors, improving retention of the physicians." P2 stated the following, "Listening, communicating, and addressing the physicians' personal and family life, relationship with supervisors, work conditions, equipment, work tools, status, security, and communication

with coworkers improved job satisfaction and physician retention." P3 said, "Voice enhanced physician's desires to accept, respect, and participate in shared organizational values."

According to Chernyak-Hai and Tziner (2014) and Christensen (2014), clear instructions from executives facilitate an understanding of expectations and enhance job satisfaction. P3 and P4 used face-to-face communication to convey clear instructions and inquired about the wellbeing of the physicians supporting Chernyak-Hai and Tziner (2014), and Christensen (2014). P2, "We listen to the physicians, gather their knowledgeable views, interests, desires, satisfaction, dissatisfaction, anticipated quality of services, actual services, and physician safety."

Executives that listen to their employees enhance communication and retention using frequent discussions, sending email notifications, updates, host consistent staff meetings, including unscheduled meetings with their employees (Zulch, 2014). According to P4, "Using a consistent style of communication increase physician retention." P4 confirmed they "Use meaning-making language when sharing a personal view of the facility culture with the physicians." P1 along with P4 added the physicians are receptive to organizational meaning-making stories and expressed a connection with the organization.

As P2 said, "effective communication could induce positive or negative feelings to achieve motivation or job dissatisfaction." P1 achieved "Behavior change in workplace gigs and retention" using reminders when communicating with the physicians. The four participants declared value in clear, concise, honest, open communication,

offering the physicians a sense of security. Outpatient health care executives use honest and open communication make the physicians feel welcomed, create a good sense of belonging, and reduce physician turnover.

P3 expressed "When the physician is given constructive and positive feedback, recognizing the physician for a job well done, increases a higher level of commitment, and retention." Answering Questions 2 through 5, P2 added, "Allowing the physician to dialogue often, gives the physician a great feeling of wellbeing and sense of job satisfaction." Answering the same question, P4 posited, "We start from recruitment to display the organizational views and language." The four participants agreed effective communication could relieve perceived job insecurity, reduce physician turnover, and increase physician retention.

Findings related to the conceptual framework. To successfully execute the strategies, executives use communication to attract employees, share information, collaborate, work in teams, listen to each other's ideas, and express their feelings (Izvercian et al., 2016). Following the Herzberg et al. (1959), the suggestions essential to the motivation-hygiene theory are communication, motivation, job satisfaction, dissatisfaction, and interaction. Herzberg (1987) maintained when employees use their communication skills effectively, motivation is evident.

Based on this study findings, the use of effective communication support physician retention. Respectfulness is an aspect of an effective communication strategy (Manik & Hutagaol, 2015). Using effective communication strategies can motivate employees (Uzonna, 2013). Physicians could enjoy job satisfaction or become

dissatisfied because of effective communication strategies or lack of effective communication strategies. The use of effective communication as strategic initiatives erased barriers anticipated by the four participants to implement the successful strategies for retaining physicians.

Core Theme 4: Training and Growth Opportunity

Training refers to individual skills, abilities, and knowledge required in performing a specific job well including the proper use of resources to achieve organizational and personal goals (Sharma & Shirsath, 2014). P1 stated, "Some physicians see training as an effective reward and beneficial motivation which improves physician job satisfaction." Employees make various demands from the organization such as advancement to improve choice and reduce concern (Vroom, 1964).

Considering the Herzberg's (1959) two-factor motivation-hygiene and the findings of Vroom (1964), though opposing theory from Maslow's (1943) hierarchy of needs and Herzberg's (1959) two-factor motivation-hygiene, I found the participants' use training and growth opportunity to reduce turnover and improve employee choices. For example, P2 noted offering suitable training reduced barriers to implementing the successful strategies for retaining physicians. P4 said, "Some physicians express joy in learning when they receive training and updates." P2 stated, "Employees that receive regular lateral, upward, or downward training for team building were more loyal and committed to their organization." Table 7 indicates the subthemes for successful training and growth opportunity.

Table 7

Frequency of Subthemes on Training and Growth Opportunity

Core Theme	Subtheme	Frequency	% of occurrence
Core Theme 4: Training and growth opportunity		35	
	Affirmative commitment	4	11%
	Cross training	6	17%
	Reducing cost	13	37%
	Promotional opportunity	12	34%

Those subthemes include affirmative commitment, cross training, reducing cost, and promotional opportunity, all conducive to physician retention. Affirmative commitment as a retention strategy, P1 stated, "Some physicians stayed with our facility because of obvious appreciation of training opportunities." Answering Questions 2 through 4, continuous training process offered by P1, P2, P3, and P4 before, during, and after implementing the successful strategies enhanced retention of the physicians. P3 simply said, "Continuous training and learning is an avenue of motivation for the physicians reducing physician turnover." An executive may equip employees with opportunities to boost their professional growth by paying for their training, thereby reducing voluntary turnover or intent to leave the job (Bianchi, 2013; Kim, 2015).

Addressing Questions 1 through 5, P1 and P2 recounted sending out monthly newsletters, weekly two-minute video clips for the physician training and awareness. P3 and P4 offered their physicians webinars and opportunities for feedback and suggestions. The four participants expressed their physicians attended classes and 2 weeks of face-to-face meetings before and after implementing the fundamental strategies confirming readiness, enthusiasm, and support of the strategies. Executives concerned with professional and personal growth of the employees offer employees the opportunity of a strong knowledge of their own goals and values (Konstam et al., 2015).

According to Fawcett and Pearson (2015), encouraging organizational flexibility to cross-train employees promotes motivation and job satisfaction. To gain personal growth, P1 “offered cross-training as an opportunity to aid the physician's growth.” P2 “provided opportunities for cross-training of the physicians in all job positions giving the physicians choices, motivation, and satisfaction.” P4 verbalized, “Our physicians receive praise and recognition for accomplishing cross-training.” P1, P2, P4 claims in this finding is consistent with Fawcett and Pearson (2015), confirmed executives that encourage organizational flexibility to cross-train employees promote motivation and job satisfaction. P3 stated “Allowing modeling of some experienced physicians as a coach for other physicians, especially new physician recruit to shadow those seasoned physicians, encouraged the physicians to stay with our facility and reduced turnover.”

The four participants advocated specific orientation training programs to prepare newly hired physicians, remedial training, and skills training programs to help motivate the physicians to join their facilities and enhance retention of the physicians. Analysis of physician handbooks of P1, P2, P3, and P4 revealed each physician received a complete orientation training program and facility work expectations, required to provide services. Although P3 and P4 work for the same facility, I interviewed each participant separately, and each participant shared the same physician handbook and described similarly how each new physician directly trained with an assigned coach for 6 weeks.

Reducing cost as a strategy, P3 stated, “Some of the physicians use train-the-trainer approach teach themselves the job, hold training conferences, and occasionally use pilot programs.” The four participants advised appropriate programs with appropriate

schedules can be rewarding for physician growth and development. P2 expressed "Sections of training outside of the facility were limited to only the specialty physicians that require such training to minimize training cost." According to Ozguner and Ozguner (2014) employees attempting to satisfy personal growth, request for challenging work assignments that encourage creativity and opportunities for advancement. The four participants' strategy in this finding supported Ozguner and Ozguner (2014).

The organization loses institutional knowledge and the experience of the employee when the employee leaves (Cho & Song, 2017; Kang et al., 2015). From the study findings and review of the facility documents, P3 and P4 offered promotional opportunities as a retention strategy to their physicians from within their facility, given that, the skilled physicians showed interest. P3 and P4 promotional opportunity strategy prevented the loss of institutional knowledge and the experience, approving Cho and Song (2017) and Kang et al. (2015). P2 noted, "The physicians that receive the skills training to do their jobs are more connected with their patients, quicker to provide needed and timely service to the patients and readily available to the community."

Findings related to the conceptual framework: The findings noted in Core Theme 4, training and growth opportunity aligned with the findings of Herzberg et al. (1959) employees remain actively involved in their jobs if they continue to receive training and relevant development. The four participants agreed training opportunities for their employees encourage positive job performance and satisfaction, approving Pearce and Manz (2014). Motivation factors influence job satisfaction or no job

satisfaction while hygiene factors influence dissatisfaction or no dissatisfaction (Herzberg, 1987).

Intrinsic motivation can lead to satisfaction acquired from completion of training and employees are most satisfied when well trained (Sharma & Shirsath, 2014). Knowledgeable outpatient health care executives can recognize the factors that affect employee motivation. Employees who are happier with their growth and development opportunities express increased job satisfaction, reducing employee turnover intent (Herzberg, 1974). Job satisfaction refers to the employee's happiness and gratification with their job including personal skills, growth, and development (Yang & Hwang, 2014). P1, P2, P3, and P4 improved extrinsic factors by way of training and growth development and enhanced physician retention strategy. Executives can use training to increase retention (Wijnmaalen et al., 2016). Motivation factors such as achievement, challenging work, and individual growth lead to successful employee job performance (Lukwago et al., 2014; Shahid & Chien, 2013).

Despite the motivation or job satisfaction, outpatient health care executives make every effort to retain well-trained, skilled, and specialized physicians in the outpatient health care areas identifying satisfaction in their work location (Klag et al., 2015; Perle & Nierenberg, 2013). Equally, executives benefit from offering employees valuable training and growth opportunities (Vibha, 2013). The elaborated training and growth opportunities reduced physician turnover and enhanced physician retention strategies. The four participants' evidence of training and growth opportunities showed physician motivation and increased physician job satisfaction, revealed as strong skills. From the

findings of this theme, the four participants' claims are consistent with the conceptual framework; physicians are highly motivated and productive when they receive training and growth opportunities.

Applications to Professional Practice

Health care executives are accountable for their role in retention, adequate knowledge of causes of turnover, and strategies to reduce turnover (Valle et al., 2016). The selected population from the two outpatient health care facilities in the Southern California metropolitan area offered evidence that may add to the business practice for potential outpatient health care executives to achieve success in reducing physician turnover. The findings from this study aligned with the Herzberg theory provided insight into the participants' core strategies. Intrinsic and extrinsic motivation factors increase organizational commitment and reduce employee turnover (Wijnmaalen et al., 2016).

Specifically, autonomy, satisfactory work environment, effective communication, training, and growth opportunity emerged as core themes from the study findings. Potential outpatient health care executives may gain knowledge from the core themes of this study. Those potential outpatient health care executives who learn to apply the strategies used to reduce physician turnover within their professional business practices may increase their chances of success and strategies to retain employees in their organization (Goud, 2014).

Using this study findings, I contribute to the existing business practice relevant to strategies outpatient health care executives use to reduce physician turnover. Outpatient health care executives applying the strategies within their professional environment might

improve their practices to include manageable workloads, implementation of employee recognition, promotion of effective communication, resulting in a satisfactory work environment. Applying the knowledge gained from this study findings relevant to the Herzberg theory of 1959 on the concept of motivation and job satisfaction can increase physician retention.

Job satisfaction is the employee's happiness and gratification with the job (Yang & Hwang, 2014) and increases performance, leading to optimized health care (Correia Dinis & Fronteira, 2015). Job satisfaction is a significant factor to improve the services employees provide (Ismail et al., 2015). Outpatient health care executives can reduce physician turnover when they understand physicians recognize the values of their jobs, show a passionate sense of purpose in what they do, commit to their jobs, and display a sense of responsibility to their jobs (Valle et al., 2016). Employee satisfaction requires executives to understand the factors that drive employee satisfaction, motivation, commitment, and turnover (Vatankhah et al. 2017). Applying the findings of the study can contribute to solving the specific business problem, offering some outpatient health care executives knowledge on strategies to reduce physician turnover.

Implications for Social Change

Implications for positive social change include the potential increase in the physician autonomy thereby improving job satisfaction and organizational performance while growing the economy, benefitting employees, families, and communities. As Shanafelt et al. (2017) posited, the lost revenue for physician replacement is $990,000 per full-time equivalent physician, and an organizational cost of replacing a physician ranges

from $500,000 to $1,000000. Outpatient health care executives can use the results of this study to implement satisfactory work environment strategies conducive to minimizing physician turnover and associated costs of replacing a physician while increasing the continuity of patient care and increasing patients' access to health care.

While the gained knowledge could catalyze beneficial health care practices in reducing physician turnover, understanding effective communication and the desires of the physicians may assist in overcoming ineffective communication strategies and challenges. Understanding and implementing the primary strategies of physician training and growth opportunities, may promote physician retention, enhance the quality of health care practices and services to the community. Using the findings of this study as a contributory guide, current and future outpatient health care executives can assist in developing strategies suitable for bottom-up business practices for a variety of physicians, physician executives, and stakeholders while expanding opportunities for other business executives across various industries and institutions.

Recommendations for Action

The objective of this qualitative multiple case study was to explore the strategies outpatient health care executives use to reduce physician turnover. When gaining access to the study, outpatient health care executives could use the information in this study, expand strategies used to reduce physician turnover. The best practice offered in this qualitative multiple case study may contribute to outpatient health care executives effectively reducing physician turnover and improving physician retention.

The trend of employee turnover poses a challenge for the executives to develop strategies to reduce turnover, maintain a productive workforce, hire the right employees, and to retain the employees for a longer duration (Arora, 2016). The best practice offered in this study may increase autonomy, create a satisfactory work environment, improve effective communication, foster training and growth opportunity of physicians, and facilitate economic growth. Organizational mission success is dependent on the effectiveness of the entire workforce enhanced by the high performance of an individual physician (Wai et al., 2014). The findings of this study could provide potential physician aspiring executives, with the knowledge and strategies needed to reduce physician turnover.

I recommend outpatient health care executives and other business executives review the findings of this study, understand and benefit from the strategies used to reduce physician turnover. I plan to disseminate the findings of this study via literature, conferences, training workshops for executives, community stakeholders, scholarly journals, business journals, health care journals, private and public health care businesses. Local outpatient health care, governmental agencies, and physician coaches can use a copy of this study as a resource in educating physician executives and student trainees. Accessible version of this research is available when published through ProQuest/UMI dissertation database for academia and others.

Recommendations for Further Research

The study findings add to the limited research on strategies outpatient health care executives use to reduce physician turnover. The study findings enhance existing

research. This study provides strategies for the aspiring successful physician executive, assists a coach in the operational aspects of outpatient health care systems, and increases knowledge within outpatient health care organization. In this qualitative multiple case study, I identified the limitations of sample type (purposeful) and research design (case study).

I suggest further studies using a random sample to address the sample type (purposeful) limitation. Quantitative or mixed method researchers may address the limitation, expound the research using the alternative designs on a broader scale involving a larger sample size of participants to obtain more information. Addressing the sample type limitation, I minimized bias using member checking and achieved triangulation using multiple sources of data. I applied Fusch and Ness (2015) suggestions and reached data saturation when no new themes, no new data, no additional coding, and replication of the study emerged.

The research design (case study) was another limitation. I suggest addressing the research design limitation using quantitative correlational research to test the existence of a potential relationship between variables. Researchers may conduct an experimental research design to establish the cause and effect of the phenomenon of physician turnover in the outpatient health care organizations and the entire health care industries.

Recommendations for future studies include the need to explore the steps and actions of existing successful business executives with a focus on strategies outpatient health care executives use to reduce physician turnover in the United States. Other research possibilities that illuminated while conducting this study focused on strategies

outpatient health care executives use to reduce physician turnover in a diversified location other than Southern California metropolitan area. With potential research agenda, conducting a study using executives in a large or small government health care agency, public health care organizations, county health care facilities, state and federal health care organizations outside of Southern California metropolitan area may suggest the study results are similar when applied far and wide.

Reflections

My experience as a researcher within the DBA Doctoral Study process was rigorous, challenging, but extremely valuable. Conducting this research study was overwhelming including the scope of the research process and the complexity of data analysis. The volume of work, all the required alignment throughout the research process, and the commitment dared my academic enthusiasm.

Determining the sample size of participants was one of my challenges, but, upon completion of this study process, I fully comprehended the relevance and the possible effects of the sample size in research. The comprehensive literature review increased my appraisal and understanding of research findings identifying facts, doubts, and a limbo. Being the data collection instrument in this study, I learned using the interview protocol (see Appendix A) for each participant interview, minimized any potential personal biases or preconceived ideas.

I acquired knowledge of member checking and recognized data saturation with every accomplished milestone of the data. Complying with the ethical standards of this study, enlightened the importance of obtaining appropriate permissions in research, this

enhanced my cognizance of protecting the participants and organizations in a research study. I gained insights into the significance of outpatient health care executives to recruit and retain highly productive physicians to increase organizational assets. I humbly reference my study findings as information and support to all business executives on how to increase motivation, job satisfaction, reduce employee turnover, and implement strategies outpatient health care executives use to reduce physician turnover.

Conclusion

Physician turnover is costly for outpatient health care executives (Fibuch & Ahmed, 2015). Physician turnover has financial implications for health care executives (West et al., 2018) and the retention of physicians is a significant challenge (Landoll et al., 2018). The findings of this research study support the relevance of the basis of Herzberg (1959) two-factor theory to explore if motivation and hygiene factors prompted employees' preferences to remain with their existing employers. Four core themes emerged from the data, autonomy, satisfactory work environment, effective communication, and training and growth opportunity and all enhanced physician job satisfaction and reduced physician turnover. Exploring and understanding the strategies outpatient health care executives use to retain physicians could provide potential aspiring executives, with the knowledge and strategies needed to reduce physician turnover.

I discovered strategies four outpatient health care executives used to reduce physician turnover to add to the existing research. The study data contained each participant's contributions and may serve as a business model on how other outpatient health care executives can reduce physician turnover. Acquired knowledge of these

strategies could increase economic growth while simultaneously benefitting physicians, families, and communities by increasing the continuity of care, access to health care, and the quality of patient health care. Turnover leads to loss of human capital of an organization, and the organization loses institutional knowledge and the experience of the employee when the employee leaves (Cho & Song, 2017; Kang et al., 2015).

The current and future outpatient health care executives and stakeholders of the health care industry can use the results of this study for the adoption of the strategies to reduce physician turnover and stabilize physician health care services to the community. Understanding and implementing the strategies from the study findings could improve the performance of outpatient health care businesses and contribute to the social change relevant to the United States' economic growth. Future researchers could use the findings of this study as a tool to explore the core themes and contribute to the literature shortfalls on strategies related to physician turnover.

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Appendix A: Interview Protocol

I. I will introduce myself to the participant(s).

II. Provide participant(s) a copy of the consent form

III. Explain and review the consent form, answer questions, and concerns of the participant(s).

IV. Request and obtain approval to turn on the audio recording device.

V. Power on the audio recording device.

VI. Identify participant(s) with a pseudonym and coded identification; record the date and time.

VII. Start the interview with question #1 and in the same order to the last question.

VIII. Use follow-up questions and obtain company employee handbook.

IX. Conclude interview series then follow up with member checking with the participant(s).

X. Go over my contact numbers with the participant(s) for any follow-up questions and concerns.

XI. Express gratitude to the participant(s) for participating in the study.

Appendix B: Interview Questions

1. What strategies have you used to reduce physician turnover?
2. What were the key barriers to implementing the successful strategies for retaining physicians?
3. How did your organization address the key barriers to implementing the successful strategies for retaining physicians?
4. How did you assess the effectiveness of the strategies for reducing physician turnover ?
5. What strategies have you used for the physicians to minimize turnover?
6. What further information would you like to add that I did not ask?