



Stronger Together:

Leveraging Triad Leadership for Healthcare's Biggest Challenges

An industry pulse report from Jackson Physician Search and Kirby Bates Associates examines the current state of triad leadership and offers a path forward for increased effectiveness.

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► Introduction

Jackson Physician Search and Kirby Bates Associates, both leading search firms and part of the Jackson Healthcare family of companies, explore the prevalence and effectiveness of shared leadership models, specifically triads, in healthcare leadership. Among survey respondents, the models are pervasive and highly effective at moving the needle in areas directly related to patient care and clinical outcomes. However, when it comes to tackling healthcare's most significant challenges — financial and workforce issues — the models don't perform quite as well. Fortunately, the research identifies the key characteristics and habits of the most successful partnerships, providing a roadmap for building triads that can more effectively address the industry's biggest hurdles.



▶ Table of Contents

Executive Summary	4
The Rise of Shared Leadership	6
The Effectiveness Paradox	8
Barriers to Success	12
Key Elements for Optimal Impact	16
A Path Forward: Leveraging the Triad	20
Q&A with a High-functioning Triad	22



Executive Summary ▶

Healthcare leaders have never been under more pressure. In the current environment of ongoing uncertainty, leaders are tasked with meeting increased demand for care while improving margins, despite a worsening workforce shortage, declining reimbursements, and shifting healthcare policy. The many challenges are increasingly connected, and yet organizational structures often prevent leaders from working together, casting each into a silo in which little collaboration or consideration of other departments occurs.

Shared leadership models arose to break down these silos. The dyad leadership model, a partnership between an administrator and a physician, originated at the Mayo Clinic more than 100 years ago, and its success has been widely documented.

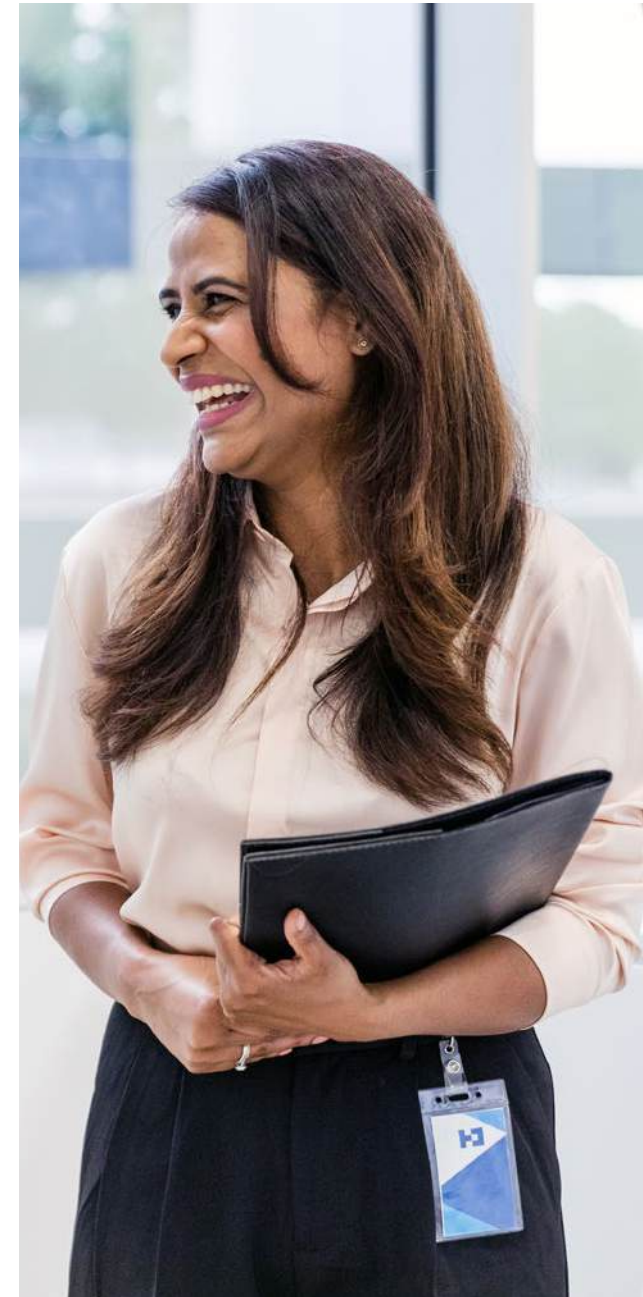
"The idea that physicians should have a voice in leadership is not new," says Helen Falkner, president of Jackson Physician Search. "They bridge the gap between medical expertise and administrative decision-making, ensuring administrators understand the potential impact of their policies on clinical staff and patients. Dyad leadership furthers this aspect of the organization's mission, but of course, a crucial perspective was still missing."

Enter the triad leadership model — a governance structure that brings together administrative, physician, and nursing leaders as equal partners in organizational decision-making.

"Care delivery realities are often hardest to assess from a distance," says Melissa A. Fitzpatrick, MSN, RN, FAAN, president of Kirby Bates Associates. "Across hospital executive leadership and governance roles I've held, including as a chief nurse executive and a hospital board member, I've seen firsthand how decisions about patient care, staffing, and operations are more effective when informed by leaders who understand how those choices play out at the bedside. Our survey findings reflect this reality, indicating that leadership models are viewed as performing best when clinical, operational, and financial perspectives are clearly defined, integrated, and aligned around shared accountability."

Born from the recognition that healthcare's complex problems benefit from blended expertise, the triad model has spread across the industry over the past decade. But does the approach actually deliver on its promise? And more importantly, can triad leadership effectively address the existential threats facing healthcare today?

In late 2025, Jackson Physician Search and Kirby Bates Associates conducted an industry pulse survey to answer these very questions. With comprehensive responses from 179 healthcare c-suite executives, the study captures current perceptions of how triad and dyad leadership models are performing in the field.



Key Findings Include:

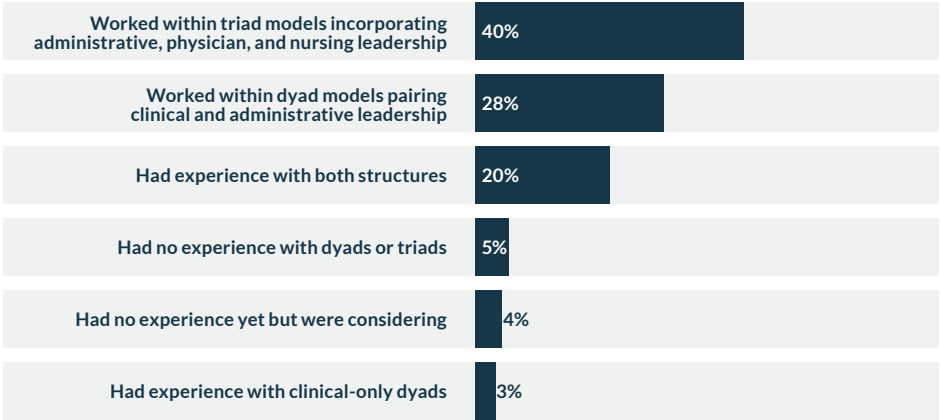
- **Dyads and triads are pervasive.** 90% of survey respondents have experience with shared leadership models.
- **Perspectives are positive.** Seven in 10 view shared leadership models as essential or strong when implemented intentionally.
- **Triads are effective.** Respondents see the most significant impact on patient safety and clinical outcomes. They report less impact on financial and workforce challenges.
- **Shared vision and regular communication** are the most critical components for success.
- **Barriers to effectiveness** stem not from the triad structure but from how the triad is implemented and supported.

The biggest takeaway is the realization that these partnerships are achieving significant success in some areas but are less effective with some of the most critical challenges. Understanding this divergence — and addressing it — may be the key to helping organizations navigate the storms ahead.

The Rise of Shared Leadership: An Industry Snapshot ▶

The survey data mirrors what many in healthcare have observed anecdotally: Shared leadership models are increasingly common in healthcare governance. Among respondents — a diverse group of CEOs, CMOs, CNOs, and COOs from hospitals, health systems, and medical groups — an overwhelming 90% reported experience with either triad or dyad leadership structures. Of course, we recognize that those most likely to take a survey about triads and dyads are those who have experience with shared leadership, but the results still appear to be indicative of the broader trend.

Shared Leadership Experience



Traditional models, with a single administrative leader issuing top-down orders, have given way to an approach that recognizes the importance of diverse perspectives in an increasingly complex healthcare ecosystem. Organizations must simultaneously optimize clinical quality, operational efficiency, financial sustainability, and workforce recruitment and retention — objectives that at times conflict. Shared leadership models are critical to balancing these competing objectives.



The specific reasons for establishing triads vary across organizations. Survey respondents most frequently said the triad leadership model was implemented to support a culture of collaboration, accountability, and shared leadership. Other common reasons for establishing the partnership were to proactively align with strategic goals and reduce silos between clinical and administrative teams.

Primary Reasons for Triad Establishment

(Select up to 3)



Though less common, organizations also establish triad leadership to address specific operational challenges or respond to a crisis. Interestingly, triads were three and four times as likely as dyads to be established for such reasons, respectively. This suggests that organizations recognize the advantages of having multiple perspectives — and more hands on deck — when solving a problem.

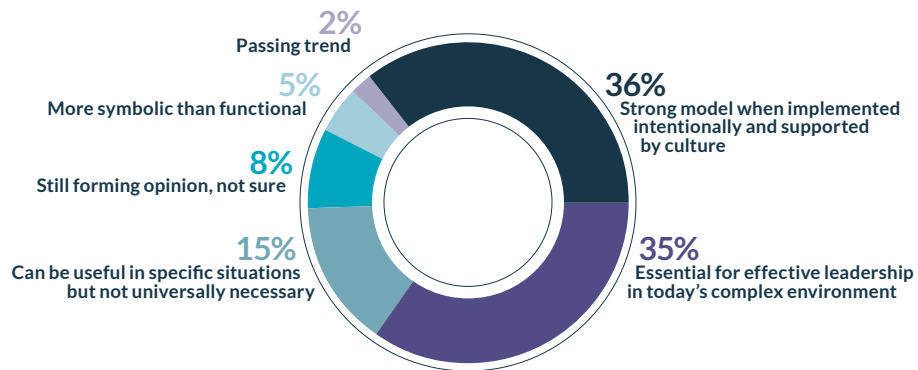
Takeaway:

To break down silos and address complex, often-competing objectives, triad leadership that blends clinical and administrative expertise has emerged as the new standard for leadership in healthcare organizations.

The Effectiveness Paradox

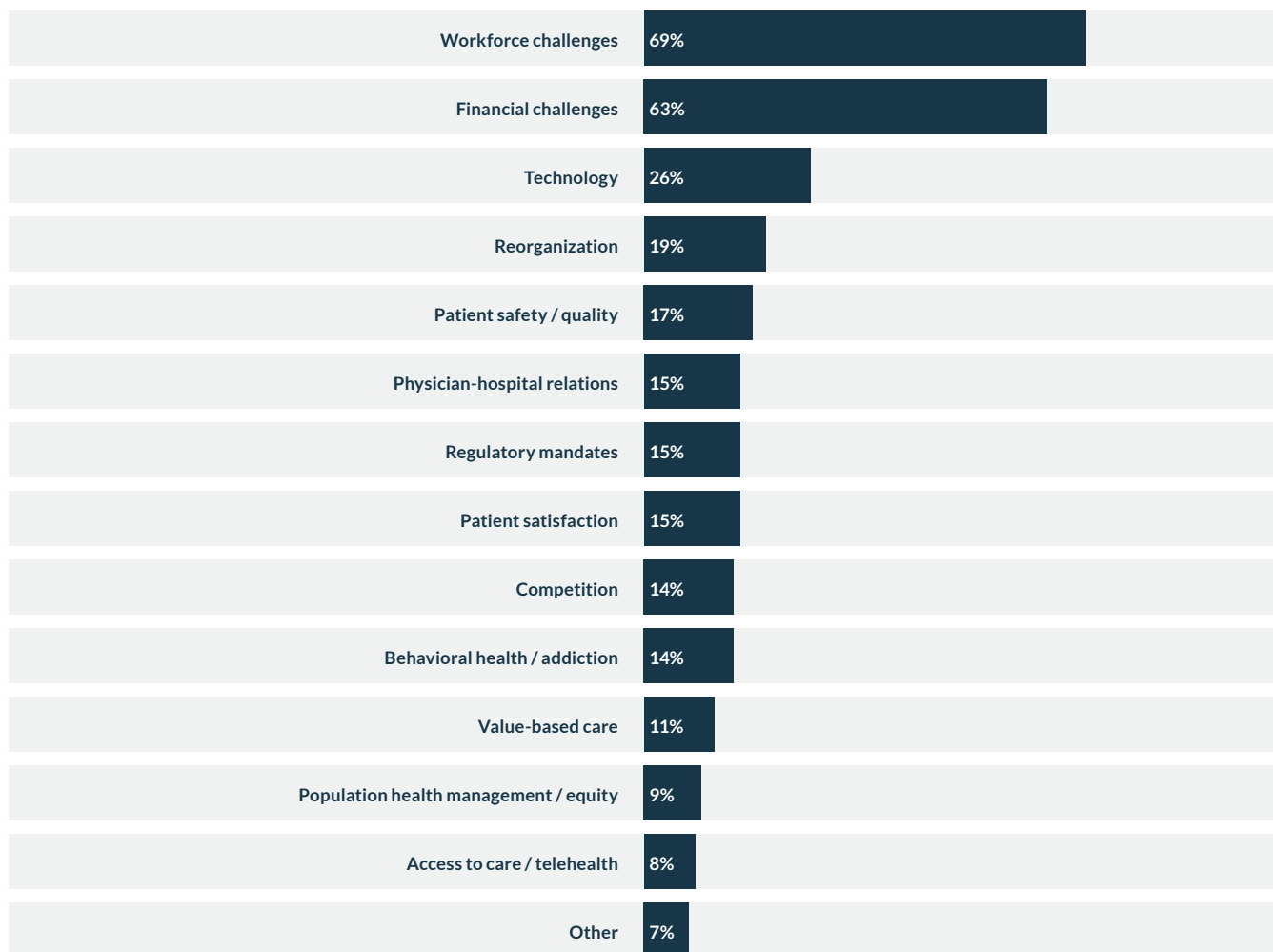
The theory behind dyad and triad leadership — that including different experts and points of view will improve the decision-making process — has merit, but how effective are these partnerships in practice? Survey respondents were overwhelmingly positive on this point. Seven in 10 view these models as either essential for effective leadership (35%) or strong when implemented intentionally and supported by culture (36%).

Perspectives Are Positive



Before evaluating perceptions of triad leadership's effectiveness across various domains, survey respondents were asked to share their organizations' top three challenges. Workforce challenges (69%) and financial challenges (63%) were selected far more frequently than any other on the list, with technology rounding out the top three with just 26% of respondents. These figures aren't surprising, given the worsening physician and provider shortage, declining reimbursements, and increasing costs.

Top 3 Organizational Challenges



Where Triads Excel: Top 3 Areas of Impact

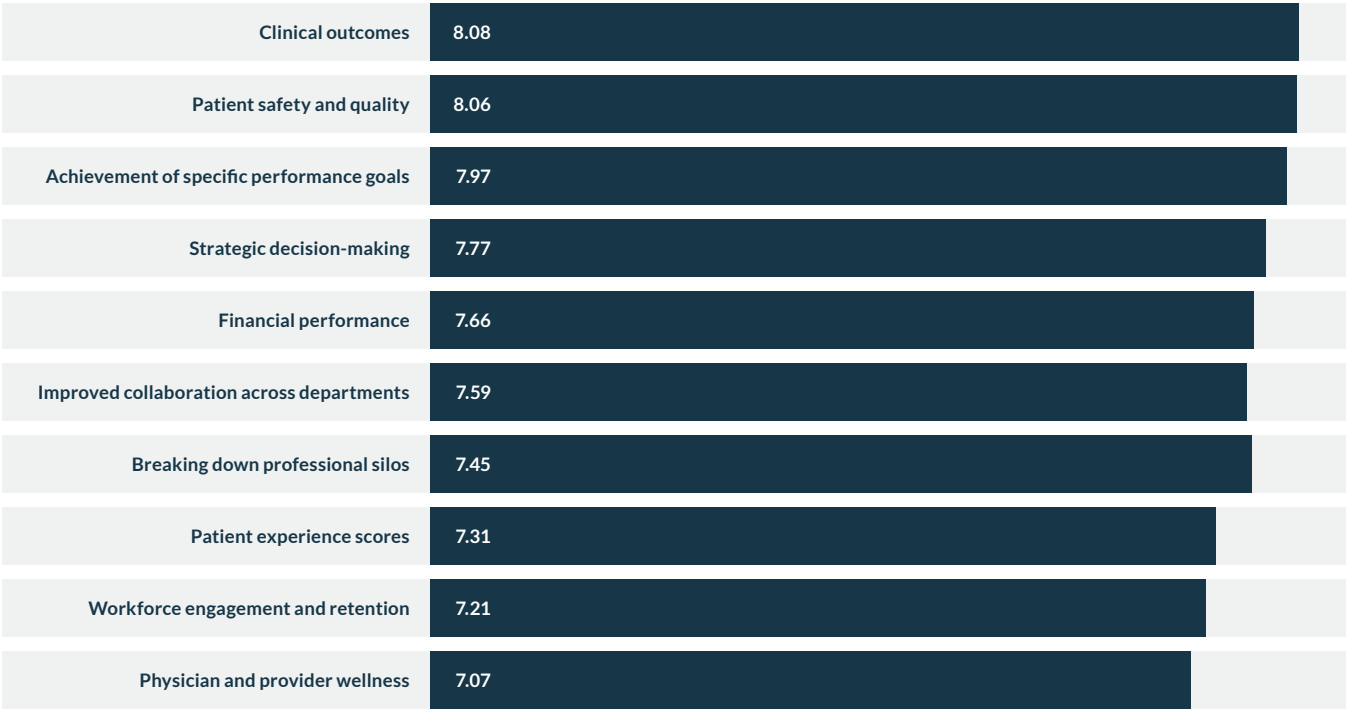
Not surprisingly, the strongest performance areas align closely with the core competencies that brought clinical leaders into governance roles in the first place:

Clinical outcomes are rated as benefiting most from the triad structure, as one might expect. Given that every healthcare organization’s primary function is improving the health of the community, it follows that the triad would prioritize clinical outcomes and thus believe this is where they have the greatest impact.

Patient safety and quality are also areas where triad leadership is considered most effective. This makes intuitive sense — bringing physician and nursing perspectives into leadership ensures that every decision is made with the patient’s safety in mind.

Achievement of specific performance goals also fell into the top three, which points to the importance of setting concrete objectives for the partnership. Seeing as many triads are established to focus on a specified objective or challenge, it follows that they would rank well in this category.

Effectiveness of Triad: Mean Score



Areas of Lower Impact

When asked about the top challenges organizations face, respondents noted two areas of concern far more frequently than other issues: financial challenges and workforce challenges. Neither issue ranked in the top three in terms of the triad's ability to impact, suggesting there is room for improvement in how triads address healthcare's biggest challenges.

Other areas where triad leadership is viewed as less effective:



Physician and provider wellness ranked last in terms of the triad's ability to affect. This finding is concerning, given the ongoing crisis in clinician burnout. While the [American Medical Association](#) reports that the percentage of physicians experiencing burnout symptoms has decreased in recent years, physicians are still at higher risk of burnout than professionals in other industries¹. Nursing faces similarly dire statistics, with the [American Nurses Foundation](#) documenting high levels of burnout, emotional exhaustion, and stress².

With triads having less of an impact in this area, it likely contributes to their limited impact on workforce engagement and retention, since burned-out clinicians are unlikely to stay with their employers for very long. With healthcare facing a projected workforce shortage of ten million workers by 2030³, effectively addressing these workforce issues requires immediate attention.



Patient experience scores ranked near the bottom of the list, suggesting that improving patient safety and quality does not necessarily translate into higher patient ratings. As these scores may be less likely to be a high-priority issue, the triad's reduced impact may simply be due to inattention.



Breaking down professional silos also ranked lower than other areas, despite being a common reason organizations establish the triad model. Interestingly, administrative leaders consistently rated their effectiveness in this area higher than their clinical counterparts. This gap suggests that the silos may be less visible to those benefiting from traditional structures.

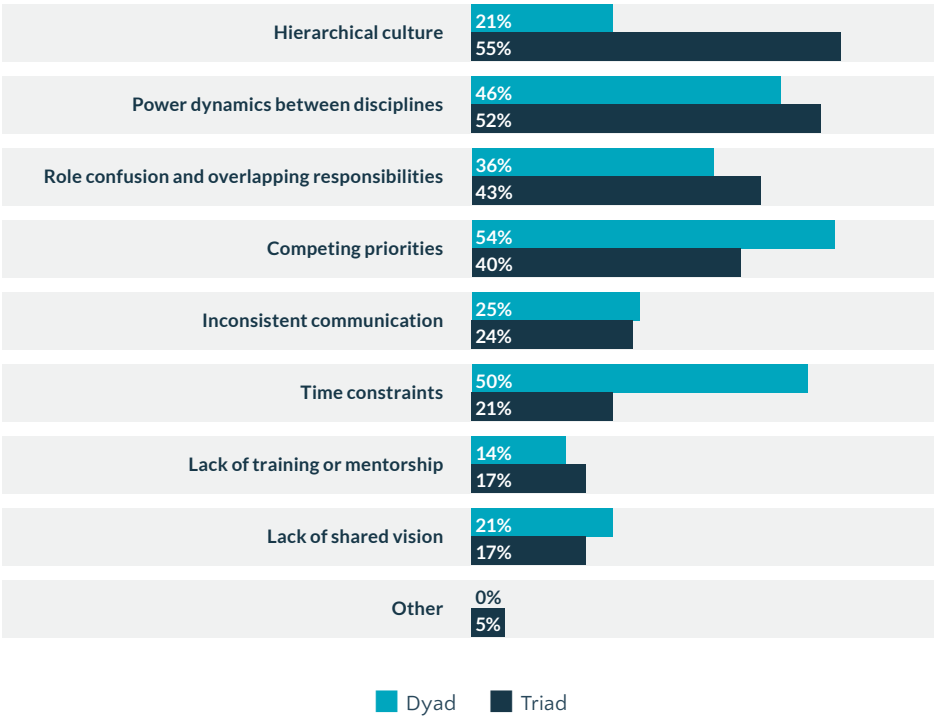
Takeaway:

While triads and dyads are viewed positively, their perceived effectiveness on various organizational domains varies somewhat. Triad leadership's impact on clinical outcomes and patient safety is viewed to be greater than its impact on critical areas such as workforce engagement and retention and financial performance. It is unclear whether this reflects limitations in capability or simply in where the triad's collective attention is directed. Pre-existing biases may unintentionally steer triads toward clinical priorities, leaving financial and operational issues for the non-clinical administrator to handle alone.

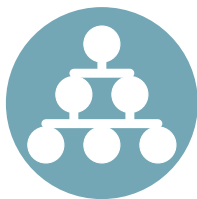
Barriers to Success ▶

The survey's open-ended responses shed light on why shared leadership models may succeed in some organizations and struggle in others. The answer lies not in the triad concept itself but in how organizations implement and support these structures. As one respondent put it, "Culture eats strategy for breakfast...if the culture doesn't support [the triad], it won't work."

Top 3 Barriers to Implementing or Sustaining



Cultural Barriers to Triad Success Include:



Hierarchical Culture

“Hierarchical culture” emerged as the biggest barrier to implementing or sustaining effective triads. The fact that triad members were more than twice as likely as dyad members to cite this as a barrier (55% vs 21%) is worth noting. This suggests that, despite the triad’s intended structure, persistent power imbalances remain. This seems to be especially true when the administrator is one of three rather than one of two.



Power Dynamics and Psychological Safety

Closely related to hierarchy, more than half (52%) of triad members identified “power dynamics between disciplines” as a major barrier. This occurs when each partner views their department’s needs and objectives as paramount, or more important, than those of other departments.

Physicians may dismiss administrative input as disconnected from clinical realities. Administrators may view nursing concerns as operationally naive. Nurses may see both physician and administrative priorities as not always putting the patient first. Without intentional effort to value each perspective equally, these dynamics recreate silos within the triad itself and create an environment that does not promote “psychological safety” — the belief that a member can speak up with ideas, questions, concerns, or mistakes without fear of negative consequences⁴.

The partner ratings on psychological safety suggest this could be a weakness and likely contributes to perceived problems with power dynamics. Triad members rated psychological safety lowest among all partnership measures, with one in four triad members rating their partners a six or below. Approximately half of triad members (51%) rated their partners a nine or ten.

Trust and competence ratings fared better, but when partners are rated six or lower in any category, the partnership is at risk of being ineffective. Dissenting views go unvoiced, critical information stays hidden, and the group’s decision-making suffers. To avoid this, teams must explicitly discuss psychological safety and regularly assess whether their behaviors align with it.

Ratings of Triad Partners





Role Confusion and Overlapping Responsibilities

“Role confusion and overlapping responsibilities” emerged as another significant barrier. This issue reflects inadequate organizational clarity about how triads should function. For a triad to succeed, it must have clear answers to the following questions:

- Are the three leaders coequal in all domains?
- Does each leader retain decision rights in their domain?
- How will disagreements be resolved?

Without concrete answers, triads often default to whoever has traditionally held authority in each domain rather than fully considering perspectives from all parties. This undermines the collaborative model and creates frustration as leaders invest time in the partnership without seeing meaningful change in decision-making patterns.



Competing Priorities

The survey identified “competing priorities” as a major barrier to effectiveness. Perhaps not surprising in that “competing priorities” is in part the catalyst for establishing these partnerships. To be successful, healthcare organizations must simultaneously pursue objectives that at times conflict: clinical quality, operational efficiency, and, of course, financial sustainability. While the specific reasons for establishing triads and dyads vary, the broader goal comes back to balancing these competing priorities for the benefit of the organization’s mission.



Inconsistent Communication and Time Constraints

“Inconsistent communication” and “time constraints” were also frequently listed as barriers. Day-to-day issues and urgent demands can leave little capacity for the deeper work of building collaborative relationships and addressing complex challenges. However, time and consistent communication are precisely what these teams need to be more successful.

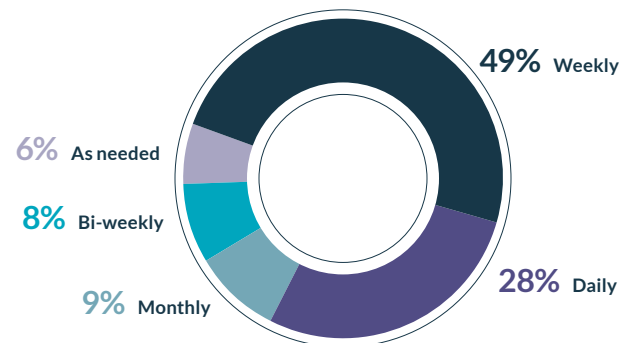
The finding that daily triad meetings correlate strongly with better outcomes provides crucial context here. Teams meeting daily showed:

- Higher competence ratings (9-10 on a 10-point scale)
- Higher trust levels in partners
- Better strategic decision-making effectiveness
- More effective silo-breaking
- Higher psychological safety scores

Meanwhile, triads meeting weekly or less frequently showed lower psychological safety scores (1-6 range). This pattern suggests that effective collaboration requires sustained, regular interaction — which, of course, time-pressed leaders struggle to provide.

Making time is imperative, however. Trust, respect, and psychological safety develop through repeated positive interactions. When triad members meet infrequently, they lack the foundation necessary to navigate disagreements constructively or challenge each other's assumptions safely.

Frequency of Triad Meetings



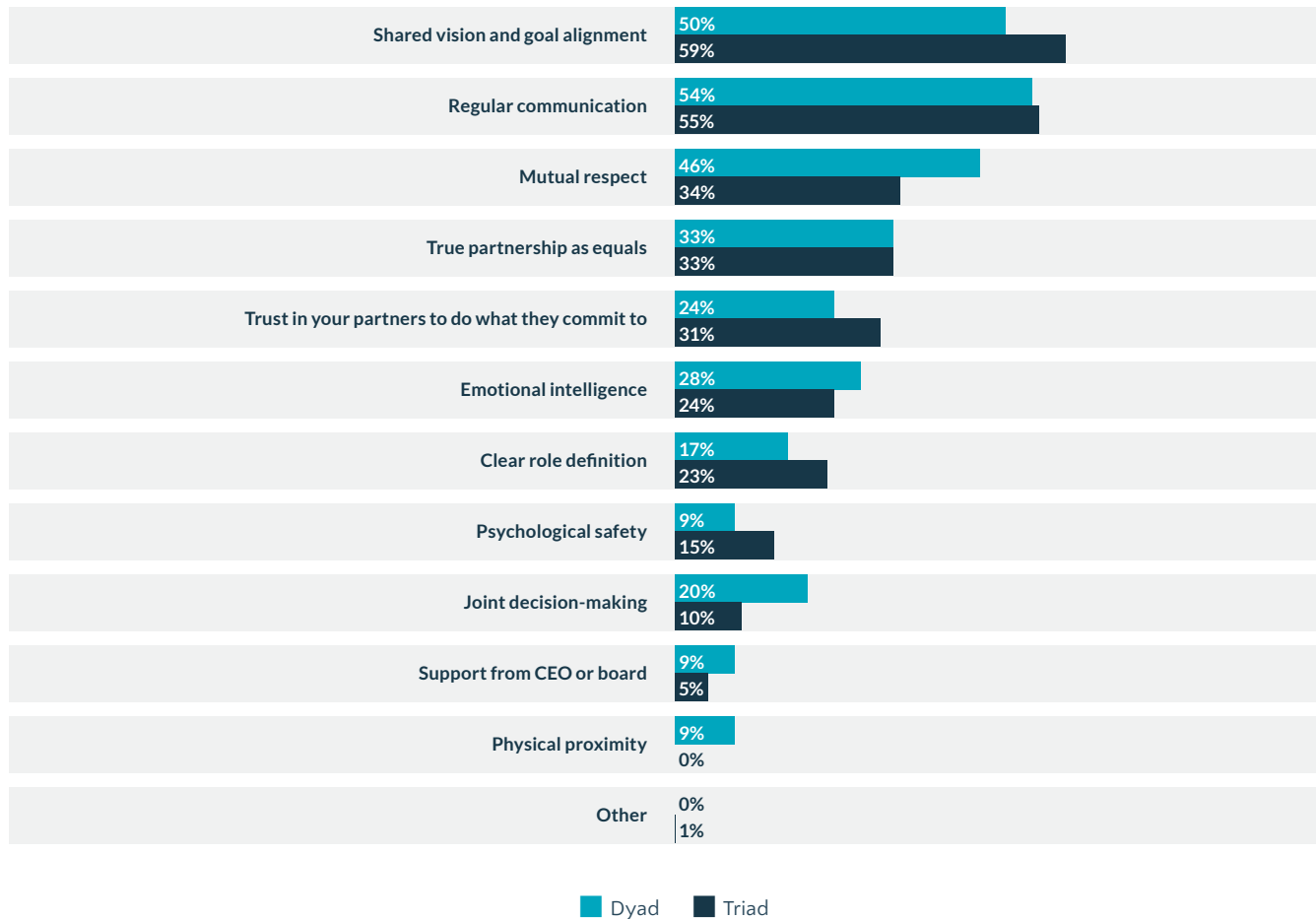
Takeaway:

Triads have enormous potential for impact, but not without organizational support. A hierarchical culture and power dynamics that undermine psychological safety puts triads at risk of failure. Role confusion, competing priorities, and inconsistent communication also decrease the effectiveness of triads.

Key Elements for Optimal Impact

While the survey reveals significant challenges, it also points to concrete actions that improve triad effectiveness. Respondents who reported strong triad performance consistently identified several critical success factors.

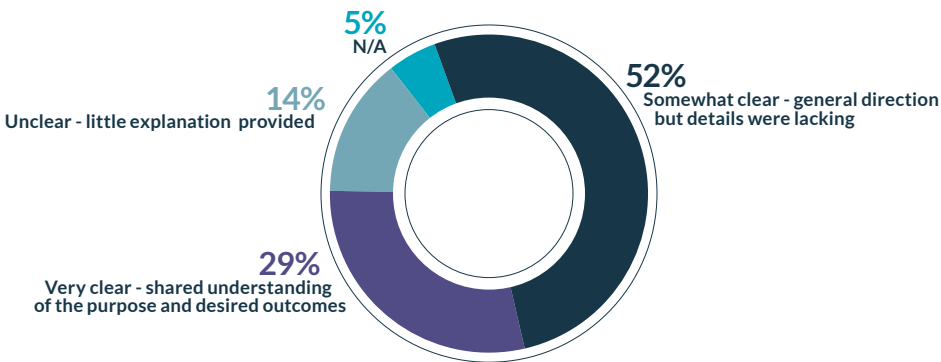
Top 3 Elements for Shared Leadership Success



Shared Vision and Goal Alignment

The most frequently cited factor for triad success is “shared vision and goal alignment.” Effective triads don’t simply bring three leaders together; they invest significant time ensuring all partners understand and commit to common objectives. However, the data suggest this may be easier said than done. Fewer than a third of triad members reported initially having a “very clear” shared understanding of the triad’s purpose and desired outcomes.

Initial Clarity of Triad’s Objectives



Without common objectives, collaboration devolves into negotiation — each party advocating for their constituency’s interests. With shared goals, the triad can focus collective efforts on optimal paths forward. Practically, this means triads must regularly revisit their strategic priorities to ensure alignment persists as circumstances change. One respondent highlighted this as a must-have, responding to the question, “What practice strengthens triads?” with: “Dedicated triad meeting time and strategic alignment frequently.”

From the Source: Practices That Strengthen the Triad

“.....
A commitment to honor and respect each role and how they are part of the whole. Ensuring that there is mutual flex and trust.”

“.....
Regular triad huddles, shared metrics, and clear role delineation have helped strengthen collaboration in our organization. We focus on shared accountability, transparent data, and relationship-building beyond immediate problem-solving.”

“.....
Visibility of the triad. Speaking with and about each other with respect. Valuing the opinions and work products of each other.”

“.....
Give grace, show humility — the win/win is greater than the individual.”

Regular Communication

“Regular communication” also ranked as highly important. This connects directly to the data on meeting frequency — daily interactions build communication and foster transparency.

But frequency alone isn't sufficient. The quality of communication matters, which ties back to the importance of psychological safety. While triad members were less likely to select “psychological safety” as an essential component, its importance cannot be overstated. Leaders must feel comfortable enough to admit uncertainty, acknowledge mistakes, and surface concerns without defensive reactions. Only then can partnerships effectively address the complex issues they face.

When asked about practices that strengthen the triad, one respondent emphasized the importance of psychological safety: “Working on our psychological safety and connections. Building and mentoring this from our executive leaders to our middle management.”

Mutual Respect and Trust as Equal Partners

“Mutual respect,” “true partnership as equals,” and “trust in your partners to do what they commit to” are intertwined and ranked similarly as essential success factors. These requirements may seem obvious, but they can prove surprisingly difficult in practice, given the hierarchical conditioning discussed earlier.

Effective triads establish norms that reinforce equality, respect, and trust. They may rotate who leads the meeting and/or sets the agenda. Some have rules requiring unanimous consent on major strategic choices, preventing any single leader from steamrolling the others. More importantly, they are committed to honoring and respecting each member of the partnership. They seek to understand where each member is coming from — to see things from the other's point of view.

One respondent explains this as: “Taking the time to educate each other about the ‘why’ behind our perspectives and decisions. 1) How they impact each of our teams, and 2) why we personally support decisions.”

Intentionality and Organizational Culture Support

Although not explicitly mentioned on the list of essential elements, the open-ended responses indicate that intentionality and organizational support are also critical to effective triads. The survey found that triads formed strategically performed significantly better than those established in reaction to a problem. This intentionality extends beyond formation to the ongoing development of the partnership.

Effective triads benefit from executive coaching and ongoing team development sessions. The broader organization demonstrates support for collaborative leadership. They also select triad members specifically for collaborative competencies rather than defaulting to whoever holds a given title.

The survey respondents indicate they prefer to hire triad members internally, using “peer feedback, panel interviews, and internal succession planning” to identify quality candidates, with key selection criteria including emotional intelligence, team orientation, collaboration skills, and respect for others. Organizations that rigorously apply these criteria — even when it means passing over clinically or administratively talented candidates who lack collaborative capacity — build more effective triads.

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As one respondent explained: “When implementing a triad leadership model, one of the most critical success factors is hiring the right individuals for each role within the triad. This leadership approach relies heavily on shared responsibilities, mutual trust, and complementary skill sets, so it’s essential to ensure that each leader brings a balanced combination of strengths to the team ... Triad leadership isn’t just about three leaders working together; it’s about three leaders functioning as a cohesive unit, playing to each other’s strengths, and supporting a shared mission. Thoughtful recruitment and intentional team composition lay the foundation for success.”

.....

Takeaway:

The data is clear on what is needed for a successful triad: shared vision and alignment, regular communication, mutual respect and trust, and intentionality and organizational support. Building an effective triad takes time, patience, and persistence, but when done well, it creates a leadership structure that is better equipped to meet healthcare’s most complex challenges.

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A Path Forward: Leveraging the Triad to Address Healthcare's Greatest Challenges ▶

The survey findings chart a clear path forward. Triads can address healthcare's most pressing challenges, but only if organizations address the structural and cultural barriers reducing their effectiveness.



Start with Intentional Alignment

At the outset, triad members must define organizational goals and priorities, avoiding the tendency to focus solely on clinical outcomes and patient-related objectives. Identify success metrics across clinical, workforce, and financial domains. Document how decisions will be made and each member's responsibilities to prevent role confusion and power imbalances.



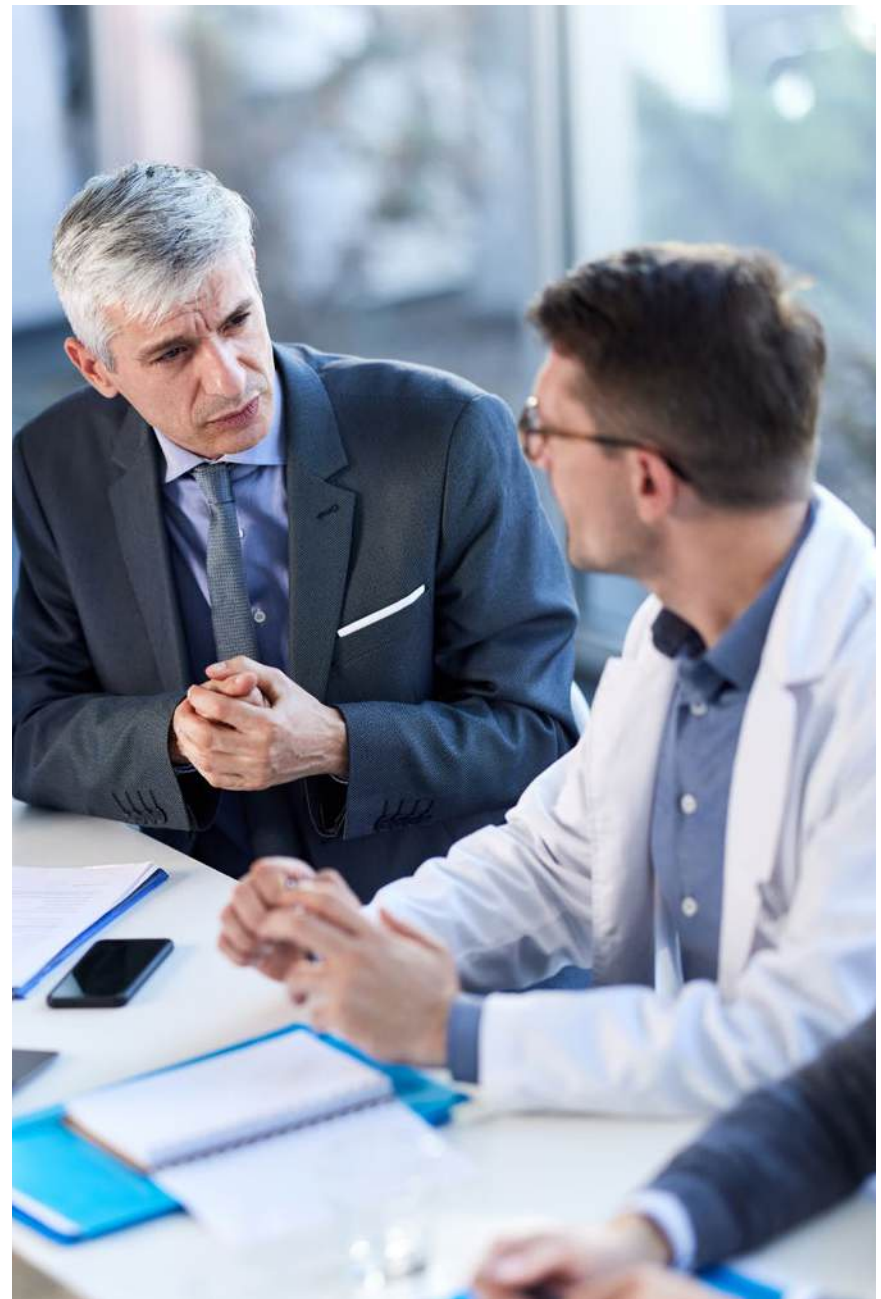
Commit to Regular Communication

Effective triads require more than formal monthly meetings. At a minimum, triads should conduct weekly meetings with built-in time for open discussion, not just agenda items and status updates. Additionally, informal daily check-ins will help build relationships and ensure nothing slips through the cracks. Use shared software tools to track action items, decisions, and metrics in real time. Assign ownership for follow-up to ensure accountability.



Create Psychological Safety by Design

In a successful triad, members must feel comfortable with each other and confident that they can speak freely without judgment. Each member should commit to basic norms that build trust and encourage openness. Set expectations for respectful discussion and encourage differing opinions. Leaders can reinforce this by being transparent, acknowledging mistakes, and raising concerns early. When people feel safe to speak up and challenge assumptions, decisions improve, and risks are identified sooner.





Tie Goals to Shared Accountability

Strategic priorities should translate into clear, practical action plans. Responsibilities must be shared across the triad rather than assigned strictly by role or title. Use shared dashboards that reflect metrics for clinical issues, workforce engagement and retention, and financial performance. Review results together, stay grounded in the data, and adjust course as needed.



Invest in Relationships, Not Just Meetings

Trust develops through regular interaction and follow-through. Informal check-ins, physical proximity (when possible), and an understanding of each other's leadership styles all help strengthen alignment. Strong relationships make it easier for triads to stay focused and collaborative, especially during periods of stress or rapid change.



Commit to Ongoing Learning and Development

High-functioning triads are developed, not declared. Ongoing training can help leaders better understand one another's perspectives and constraints. Cross-functional education, leadership development, behavioral assessments, and learning from peer organizations all contribute to stronger collaboration and better decision-making.



Be Patient and Stay Adaptable

Schedule regular debriefs to reflect on what's working, identify issues, and gather feedback. As conditions change, be willing to adjust approaches and responsibilities. Persistence, flexibility, and a shared commitment to leading together make the model sustainable.

What Comes Next?

The current environment makes clear that healthcare's complexity is well beyond any individual leader's capacity. This is not because individual leaders lack talent, but because the challenges exceed what any single perspective can comprehend — even if that perspective is a physician-CEO. The triad is critical not just for the combination of administrative and clinical perspectives but also because two (or, in the case of the triad, three) heads are better than one.

Healthcare organizations that understand this truth and invest in building truly collaborative triads will find themselves better equipped to navigate uncertainty and more capable of delivering on healthcare's fundamental promise: excellent care for all who need it.

Q&A with a High-functioning Triad

- President Kristi Olson
- Chief Medical Officer Kristin Mascotti, MD, MS-HQSM, CPE, FAAPL
- Chief Nursing Officer Allen Overturf, MSN-L, RN, FACHE, NEA-BC, CHFP

What do successful triads look like in action? For this, we look to the team at Penrose Hospital, part of CommonSpirit Health in Colorado. The formation of the triad was not part of a structured leadership plan within CommonSpirit Health, but rather a natural development to fill gaps and approach challenges from different perspectives. The unique partnership formed organically between three individuals to drive forward the organization's goals.

. How do you measure the success of the triad?

Our collaboration has led to improved organizational outcomes, better decision-making, and enhanced team resilience. This is evidenced in metrics such as improved retention (including no leadership positions open at our hospital), advancing employee satisfaction metrics, and ultimately increasingly effective teams, which positively impact quality and finance. Success as a triad can certainly be highlighted in crisis situations, such as managing substantial census surges or navigating multidisciplinary/departmental events to successful and collaborative solutions.

. What are the most important factors for an effective triad?

There are several crucial factors, but the most important would be psychological safety, trust, and flattened hierarchy. This includes feeling safe to share your perspective openly and valuing the perspectives and feedback of others, even if they may differ from one's own. There is also great value in managing each other up and consistently and reliably sharing critical information from our different venues. An effective triad actively desires the individual success of each triad team member. They focus and actively work to ensure the other triad team members shine.



Q. What do you see as barriers to effectiveness? (And how do you overcome them?)

Within an individual triad, a critical barrier can be if the hierarchy is not flattened. Transparently, CMOs don't consistently see CNOs as a true peer, which leads to dynamics that erode or limit a triad. An unwillingness to hear or bend one's ego to truly listen and gain and value other perspectives would be a significant barrier. The key to preventing or overcoming this barrier lies with the CEO, who can require a specific culture within the triad.

In matrixed organizations, an executive may have multiple triads outside of their core team. If decision-making capacity is not well defined (who has the final decision), triads can spin in their discussion without effective change/movement occurring.

Q. What advice do you have for an organization establishing a new triad?

Recruiting for an excellent fit is crucial. This includes being extremely clear in expectations and vision while recruiting. Also, triad members must be very introspective and honest about their strengths and weaknesses, and hire members that build on each other's talents including filling gaps of existing member's weaknesses.

Q. Can you provide an example of the triad's impact?

We had a multi-disciplinary department event that resulted in the various specialties turning against each other, blaming the other departments for the issue. This scenario was rapidly spiraling. The triad became quickly involved to ensure all perspectives were heard, remove hierarchy, and level set the cultural expectations of each team. The CMO/CNO partnership (an example of a mutually respectful relationship), while being visibly supported by the President, was crucial in knocking down silos and pivoting the focus to an opportunity for the team to collaborate to develop new and highly successful processes together.

The partnership between Olson, Mascotti, and Overturf serves as an excellent example of what a successful triad can achieve when functioning at the highest level. The triad model offers tremendous potential to break down silos and drive meaningful change, but only when leaders commit to doing the difficult relational work that makes true partnership possible. This level of commitment is what transforms three capable executives into something far more powerful: a partnership capable of navigating any challenge.

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⁴ *About Psychological Safety*. Psych Safety. psychsafety.com/about-psychological-safety/



Jackson Physician Search is an established industry leader in physician recruitment and pioneered the recruitment methodologies standard in the industry today. The firm specializes in the permanent recruitment of physicians, physician executives and advanced practice providers for hospitals, health systems, academic medical centers and medical groups across the United States. Headquartered in Alpharetta, Ga., the company is recognized for its track record of results built on client trust and transparency of processes and fees. Jackson Physician Search is part of the Jackson Healthcare® family of companies. For more information, visit www.jacksonphysiciansearch.com.



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