

On the Verge of a Physician Turnover Epidemic

| Physician Retention Survey Results – February 2021

By Tony Stajduhar, President, Jackson Physician Search



The great challenge for healthcare administrators is to develop an effective physician retention program that not only reduces physician turnover, but also increases physician engagement, mitigates burnout, and contributes to a positive workplace culture.

The results of the Physician Retention Survey commissioned by Jackson Physician Search suggest that healthcare administrators are attempting to address these dimensions, but a large percentage of physicians have deemed their efforts as mostly ineffective or poorly communicated.

Additionally, COVID-19's impact on front-line healthcare staff will unfold for years to come, but it appears to have already had an effect on physicians' career plans. Responses from 400 practicing physicians indicate that a surprisingly large percentage are considering leaving the practice of medicine entirely, planning to retire early, or leaving to work for another employer.

Introduction

Jackson Physician Search surveyed physicians and administrators to understand their views on physician retention. We set out to learn which programs were currently in place, physicians' opinions about those programs, and how they influence physician turnover, long-term physician retention, physician engagement, and physician burnout.

We also wanted to learn the impact COVID-19 is having on physicians as it relates to their career decisions now and into the future.

Physician Retention

- Do physicians acknowledge a physician retention program exists? How do they rate its effectiveness?
- Are there formal orientation programs to help physicians transition into new positions?
- How prevalent are physician recognition programs?

Physician Engagement

- How engaged are physicians with their current employer?
- Is two-way communication between physicians and administrators effective?
- Do physicians have access to leadership training to advance their careers?

Physician Burnout

- Are administrators pioneering programs to dial back physician burnout?
- Will physicians stay with their current employer much longer?

The survey was fielded between October 2020 and November 2020. Physicians and administrators were invited to complete a brief 10 question survey. We received completed surveys from more than 485 healthcare professionals, including 400 actively practicing physicians and 86 administrators.

It comes as no surprise that COVID-19 has taken an extreme toll on physicians who were already reporting symptoms of burnout at alarming rates. After interpreting the results of the survey, a primary theme that emerged is physicians are prepared to make important decisions about their future as they seek a better quality of life and a more fulfilling career. With vaccines now being rolled out, mitigating physician burnout is critical to the long-term health and well-being of physicians, their patients, and the healthcare organizations for which they work.

As you review this white paper, you'll find the specific questions asked, the responses received, and practical takeaways to guide you in developing or improving your physician retention program. You'll also uncover where physicians and administrators are well-aligned, as well as key areas where improvement could prove beneficial.

Section 1: Physician Retention

Formal Physician Retention Programs Are Rare, and Physicians Have Taken Notice.

The financial realities of physician turnover are staggering. **Recruitment costs** can add up to \$250,000 or more per physician (including sourcing, relocation, and sign-on bonus). Plus, lost revenue can easily exceed \$1 million during a specialist vacancy.

There is also the matter of how long it takes a newly hired physician to build a patient base and become a profitable contributor to the facility. By some accounts, this time range may be a minimum of three years, so physician turnover before this point compounds the problem. With annual physician turnover historically between 6-7%, millions of dollars are at stake, as is the quality and viability of a patient-centered approach to healthcare.

Of the physicians we surveyed, 83% reported that their employer had no **physician retention program** in place. In contrast, 30% of administrators reported the same – indicating a significant gap. Interestingly, 55% of administrators claimed they had an informal, unwritten retention program, but it seems that physicians either aren't aware of it or don't value a program that is esoteric.

There is closer alignment between physicians and administrators when a formal, written program exists, with 5% of physicians and 15% of administrators claiming it to be the case. Although, considering it requires up to 6-12 months to recruit – and up to an additional six months (or more) for a physician to start – it's plausible to conclude that greater emphasis should be placed on developing and communicating a formal, written physician retention program.

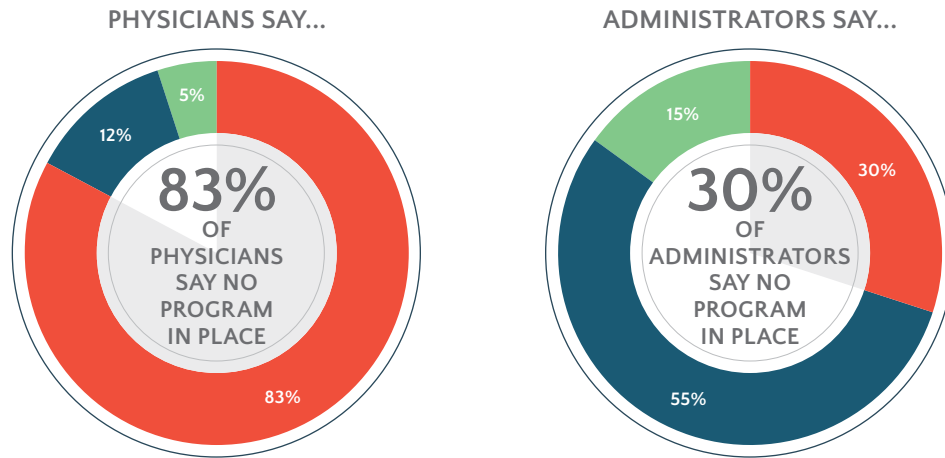
“It is mind-boggling to me to think that there might be organizations that value their physicians and try to actively retain them.”

– Physician Respondent



“Given the documented cost of physician turnover, it is amazing that most large organizations spend so little money or attention on this topic.”
 – Physician Respondent

Question: Which statement best describes your current physician retention program?



■ No Retention Program is in Place
 ■ Informal Retention Program is in Place, but Nothing is in Writing
 ■ Formal, Written Retention Program

“Aside from a survey we fill out every year (which our medical director(s) spoon feed us on what leadership wants to see), there is no focus or even discussion on physician retention. This is particularly an issue with large corporation owned groups and huge hospital systems.”
 – Physician Respondent

“It’s about time this was addressed. I’m in rural Maine where physicians come and go and that’s just accepted, even though it frustrates both sides. I’m tired of small hospitals’ poorly devised and misled attempts at ‘quality control’. I’m looking forward to retirement and I never dreamed I’d be saying that.”
 – Physician Respondent

Takeaway

If your healthcare organization has developed a formal, written physician retention program – communicate it to your physicians, seek frequent feedback to ensure it meets their needs, and monitor retention rates to assess the program’s effectiveness. If you have an informal, unwritten program – the survey results suggest that physicians are not likely to be positively influenced by it.

Administrators Report That Physician Retention Begins at the Time of Recruitment.

Hiring for both clinical and cultural fit is the foundation on which long-term physician retention is built. Put simply, organizational culture is the development and proliferation of a shared mission and vision that helps drive success. A healthy organization cultivates and rewards behaviors that are aligned with those values and strengthen the workplace culture.

Those who think culture does not make much of a difference in physician recruitment and [retention](#) are mistaken. [Research](#) from Gallup clearly shows that organizations who foster a healthy workplace culture perform better and have fewer retention issues.

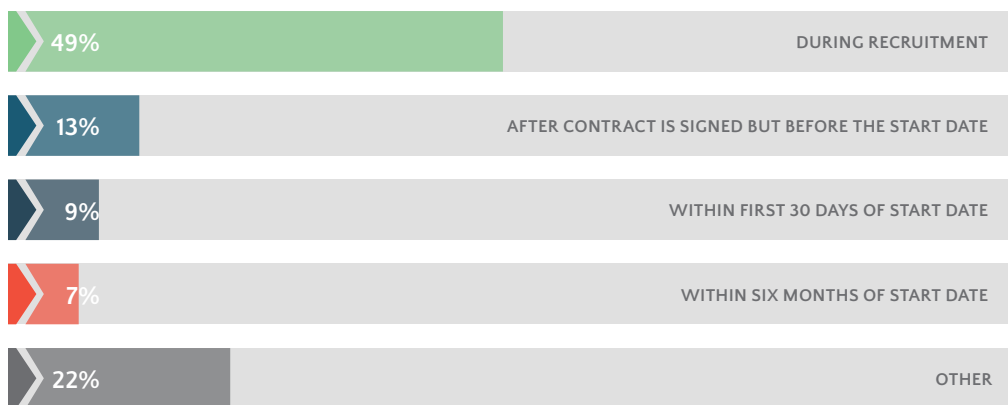
To set the stage for long-term employment, it's critical to identify physicians who share the same mission and values of your organization. Do this by involving all key stakeholders from clinical staff to the CEO in your [on-site physician interviews](#). The more feedback you receive from current employees, the more likely you are to make a good hiring decision.

Nearly half of administrators reported that their physician retention program starts during recruitment, giving them a solid opportunity to build an ongoing and mutually beneficial relationship with physicians. Alternatively, 16% wait until the physician is on staff, with some waiting as long as six months to begin thinking about retention.

“Solid mentors are rare, because most physicians are bitter due to having been through so much. It feels lonely to start out without someone.”

– Physician Respondent

Question: When does your physician retention program start?



Takeaway

While [hiring for culture fit](#) is step one to achieving long-term physician retention, the first 180 days are critical. Keep communication lines open and address concerns promptly. Consider 360-degree team assessments to identify concerns and enlist a [professional physician coach](#) if needed. Other suggestions to begin retention prior to the start date include: matching the physician with an [internal mentor](#), sending the hospital newsletter, and asking the CEO to send a welcome message.

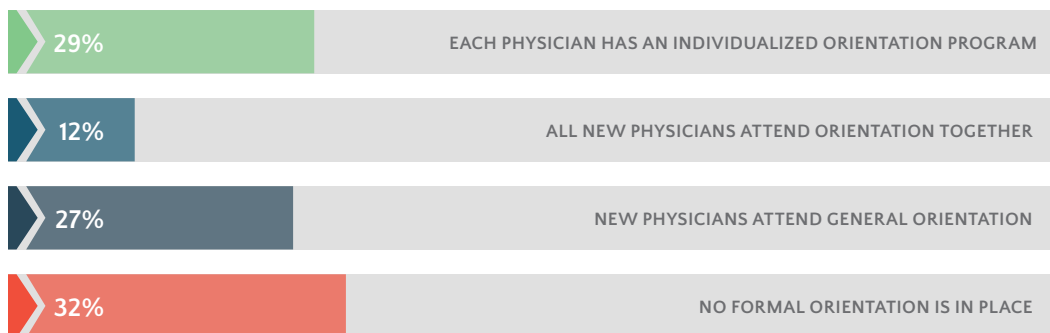
One in Three Physicians Receive No Formal Orientation Upon Joining Their Employer.

The orientation and onboarding process is fundamentally important to physician performance and retention. It covers everything from helping the physician to settle into the new community, integrate with the facility, adapt to the culture, as well as set expectations in the workplace. According to the [Society of Human Resource Management](#), the two primary goals of an employee's first day on the job should be setting expectations, in addition to getting to know the team, as quickly as possible.

The American Academy of Family Physicians (AAFP) outlines the [six key components](#) of new physician orientation, with one of the most important being to develop a reasonable ramp-up plan to help the physician gradually reach performance goals.

According to the physicians we surveyed, 29% received an individualized orientation program and another 39% received a general orientation. But, 32% received no formal orientation at all, which puts them at risk of struggling unnecessarily during the early months of employment.

| Question: Which statement best describes the physician orientation program at your current employer?



"I think more effort into orientation and introductions to the professional and lay community help a lot."
- Physician Respondent

Takeaway

A formal orientation program includes policies and procedures, sets expectations, and helps the physician to [assimilate socially](#) with other staff. Customize the orientation program to the specific needs of the physician, and be sure to include a list of internal resources for accounting, billing, credentialing, etc. Orientation checklists are helpful, too. The AAFP provides a sample [here](#).

Physicians and Administrators Mostly Agree on Which Benefits Are Influential in Retaining Physicians.

According to the physicians and administrators who responded to our survey, compensation tops the list as most beneficial in retaining physicians. Considering the high cost of a medical degree, this isn't surprising. The [median medical school debt](#) according to the Association of Medical Colleges (AAMC) is \$200,000. Providing [opportunities](#) to earn additional compensation to pay off that debt sooner can support long-term retention.

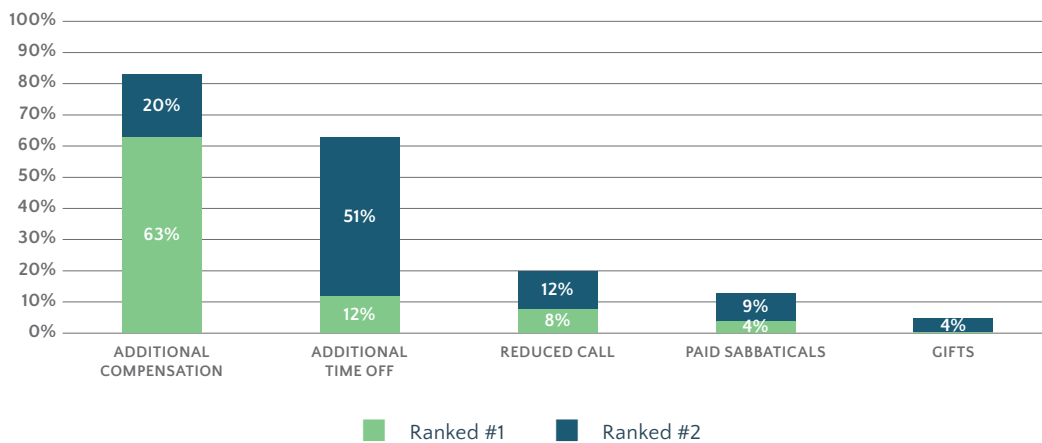
“Higher pay, less administrative burdens and flexible schedules are key.”

- Physician Respondent

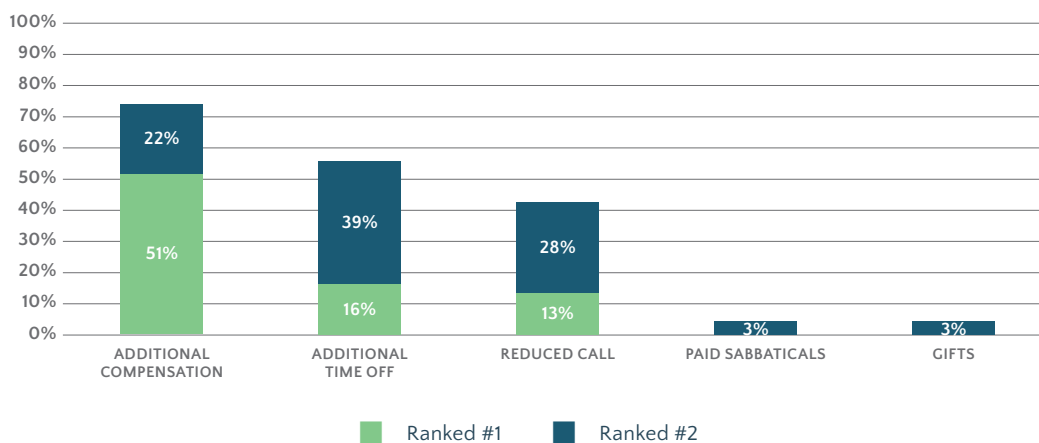
After money, physicians rank [work and life balance](#) benefits in the form of additional time off and reduced call as most appreciated, and administrators concur. Interestingly, when physicians were asked which of these benefits are currently offered by their employer, 40% of them said “none.”

Rank the following items from most to least beneficial in retaining physicians.

PHYSICIANS SAY...



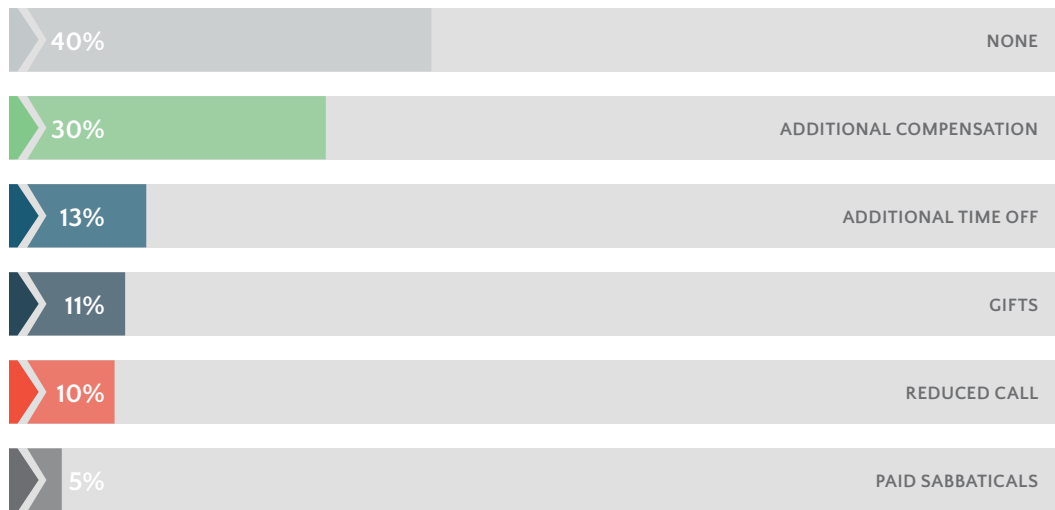
ADMINISTRATORS SAY...



“Physician development paid time off and sabbaticals sound great, but in small departments that takes time away from patient care and burdens my colleagues. This leaves compensation as the single best option and not unrealistic productivity-based bonuses, which are rarely obtainable.”

- Physician Respondent

Physicians were also asked: What benefits does your employer currently offer?



Takeaway

Physicians value top-level pay combined with time off to enjoy their lives. Based on physician comments, strive for transparency and look for realistic ways to reduce administrative burdens. Also, know your physician population and adjust benefits accordingly. For example, mid-career physicians may value a partnership track, while more tenured physicians may appreciate no call.

When a Physician Retention Program Exists, Only 2% of Physicians and 10% of Administrators Rate It Highly.

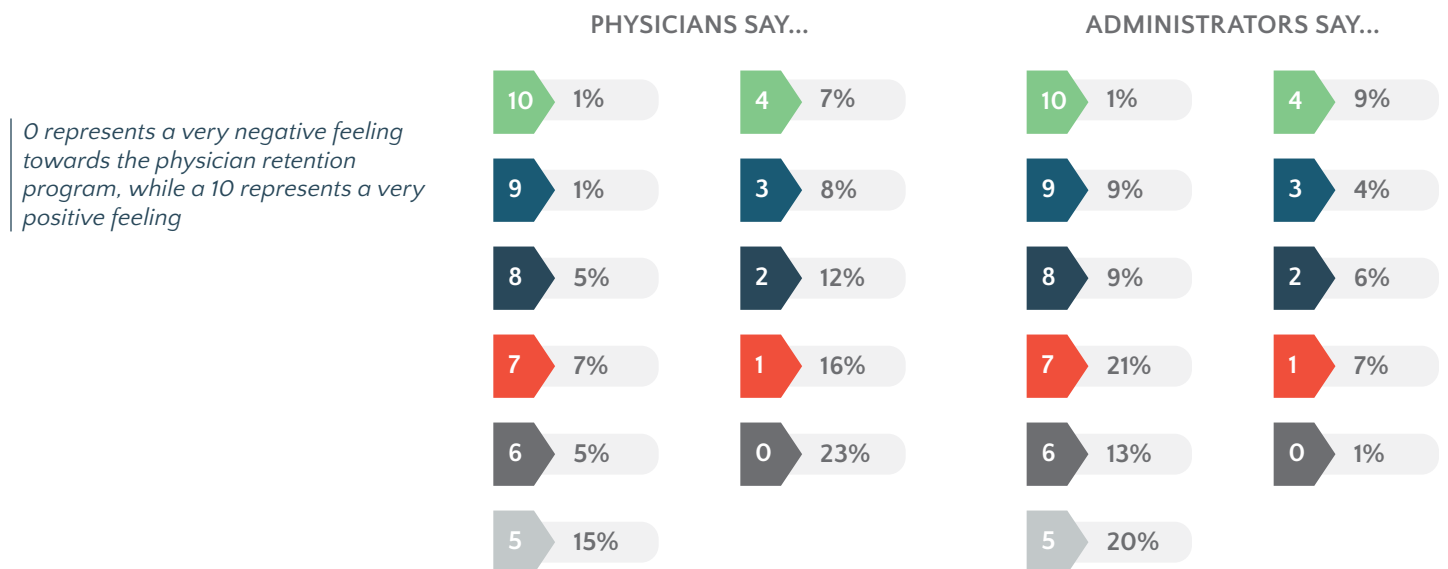
Of those who responded to the survey, 70% of administrators claim their organization has a physician retention program in place. This is in sharp contrast to what physicians said, with only 17% of them reporting the presence of a retention program. Both groups reported only a small percentage of retention programs were in a formal, written format.

The next logical question was how each group interpreted the program's effectiveness. We asked them to rate the program on a scale of 0-10, with 0 being very negative and 10 being very positive.

Only 2% of physicians rated the retention program highly (9 or 10) and were considered a promoter. Another 12% were passive promoters of the program, with a rating of 7 or 8. The remaining 86% of physicians rated the program as a 6 or lower, which are defined as detractors.

Administrators were only slightly more optimistic about their programs. Ten percent rated it as a 9 or 10, another 30% rated it as a 7 or 8, and a total of 60% rated it as a 6 or below.

Question: On a scale, how would you rate your current physician retention program?



Takeaway

On a positive note, there is only one direction to go when developing or refining your physician retention program – up! While it may be challenging, aim to develop a program that physicians value. Actively engage them in the development process by initiating open discussions about what matters most to them.

Section 2: Physician Engagement

Physicians Report Being Disengaged, While Employers Are More Optimistic.

Cultivating a highly engaged physician workforce can lead to improved quality, safety, productivity, patient satisfaction, and retention rates – all factors that ultimately influence excellence in patient care as well as a facility's financial performance.

A [report](#) published by Press Ganey Associates showed that physicians report the lowest level of engagement among the healthcare workforce. Additionally, the survey highlighted that [physician engagement](#) dips to its lowest level for physicians within the first three to five years of service – around the same time that many physicians seek a new position with another organization.

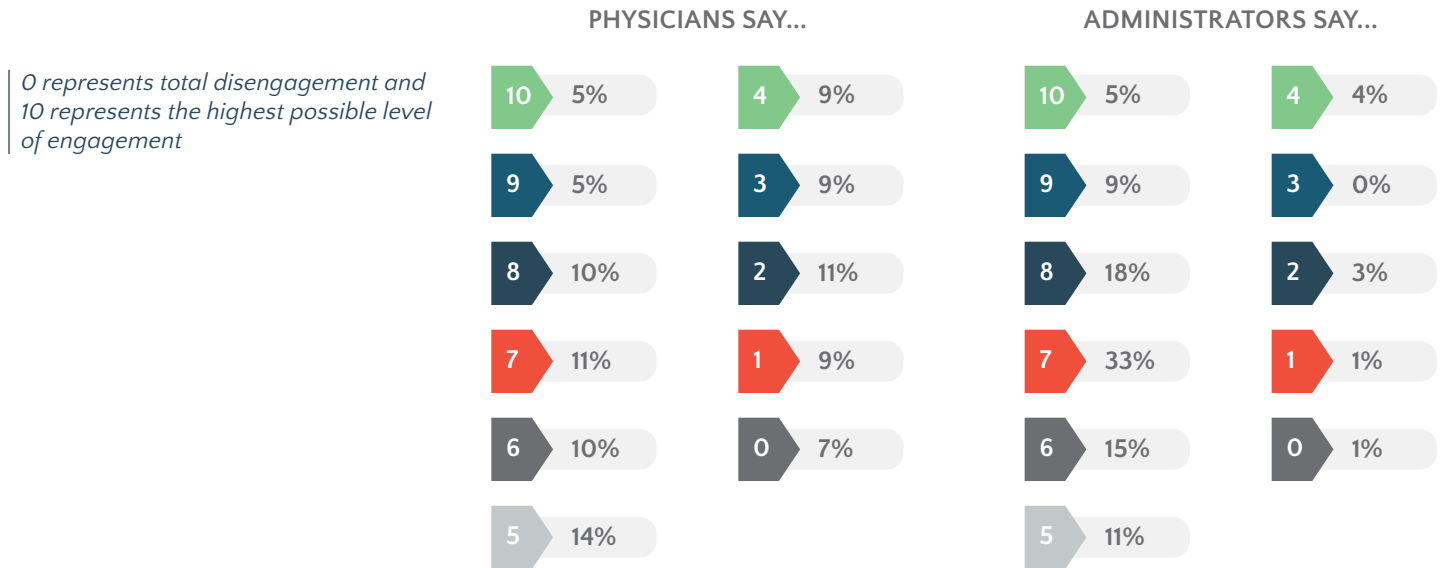
In our survey, physicians were asked to rate their level of engagement with their employers on a scale of 0-10. Sixty-nine percent of the respondents rated themselves as actively disengaged (a rating of 0-6), 21% percent rated themselves as passively engaged (7 or 8), and only 10% rated themselves as actively engaged (9 or 10).

Conversely, administrators had a more optimistic view of physician engagement. Thirty-five percent said their physicians were actively disengaged, while just over half reported their physician staff was passively engaged. This disconnect points out that healthcare administrators may not have a pulse on how their physician workforce feels about their current working conditions. Communication is key to bridging the gap.



*“Administrators always worry about patient satisfaction.
Who cares about doctors’ satisfaction?”
- Physician Respondent*

Question: On a scale of 0-10, how would you rate physician engagement?



*“Our facility is run with retaliation and fear. Doctors are checked out and are afraid to give their views.”
- Physician Respondent*

*“Physicians are tired of being seen as interchangeable. We are not factory workers.”
- Physician Respondent*

Takeaway

With 69% of physicians being actively disengaged, turnover may be expected. Improving engagement will require a multi-faceted approach, with the first step being enhanced communication. When you think about improving communication with physicians, the first question may be, “How can we better communicate our mission and objectives to our physicians?” However, the more appropriate question may be, “How can we better listen to our physicians?” or “How can we make our physicians feel heard?” Uncover what factors are contributing to low engagement. Solutions won’t likely be immediately obvious, but asking the right questions and encouraging physicians to speak freely is half the battle. Do they need more autonomy in how they practice medicine? How do they feel patient care and facility operations could be improved? Is there toxicity in your workplace culture that inhibits open communication between physicians and leadership?

Time With Key Leaders and Senior Managers is the Most Common Form of Two-way Communication, but Administrators Are Twice as Likely to Report That These Meetings Occur.

Administrators who are open to hearing what physicians have to say are best positioned to achieve long-term physician retention. Without it, a portion of the physician staff may be functioning with one foot already out the door.

Two-way communication allows physicians and administrators to understand one another's point of view, transparently discuss challenges and, ideally, result in deeper levels of trust. It's important to have frequent, two-way communication with physicians during the first 180 days of employment, as this is when they are most vulnerable to dissatisfaction. But, it should continue throughout the duration of the employment relationship.

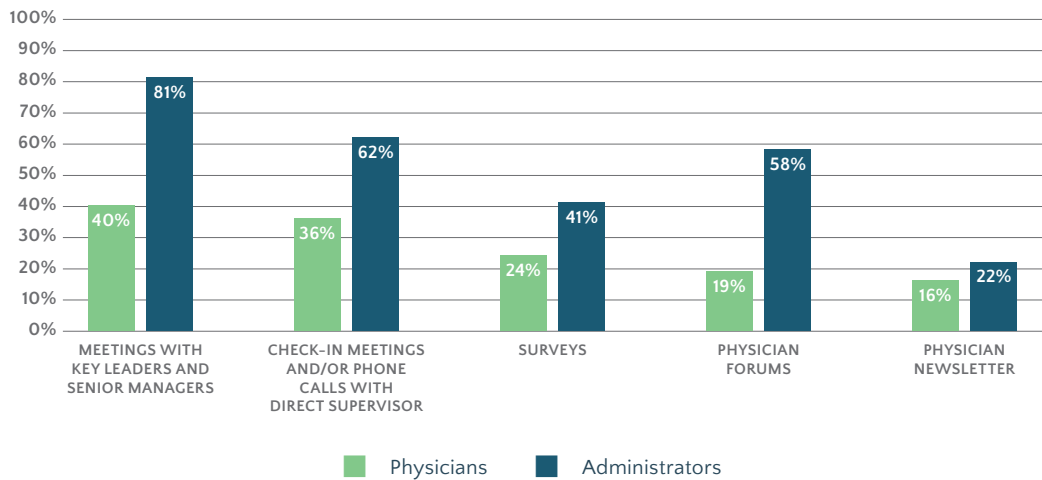
Critical questions to ask:

- Has this role lived up to your expectations? If not, how has it fallen short?
- What frustrations or concerns do you have at this point?
- What has been your experience thus far with medical staff and leadership?
- How would you describe your key priorities? Have we provided the resources and time for you to achieve them?

One key trend that emerged from the data is that administrators feel their healthcare facility fosters opportunities for two-way communication at a much higher rate than do the physicians. We learned that 81% of administrators offer meetings with key leaders and senior managers, but only 40% of physicians say the same. Also, 62% of administrators facilitate check-in meetings with direct supervisors, while just 36% of physicians indicate this is the case. The importance of two-way communication on physician retention cannot be underestimated. Fortunately, it's a relatively easy fix. Since it appears that there is a disconnect in this category, it's incumbent on administrators to promote the existence of one-on-one time with leadership. Communicating an open-door policy can also serve as a reminder that you're open to hearing what physicians have to say.



Question: What methods does the healthcare facility utilize to foster two-way communication?



“No formal process of general physician complaints. Inconsistent messages from senior managers.”
 - Physician Respondent

“Physicians have no say in decisions. Very top down – hierarchy makes all the decisions.”
 - Physician Respondent

Takeaway

Strive to achieve one-on-one conversations with your physicians frequently to learn earlier when unresolved frustrations or poor physician engagement threaten strong retention. In between these two-way communication checkpoints, use tools like newsletters to highlight a welcoming culture and open forums or surveys to communicate retention benefits. Set clear expectations, as well as invite and respond promptly to feedback. It is noteworthy to remember that physicians are the best advocates for their patients. They are experts in their service line and often have great ideas on how to improve financially and operationally, making these conversations time well spent.

Few Healthcare Organizations Offer Physicians Training in Leadership and Business.

One strategy for improving physician engagement and long-term physician retention is to provide leadership opportunities. Since these skills haven't been traditionally part of a medical education, healthcare organizations may benefit by providing **leadership training** – whether for formal leadership positions or informally as physicians are called to be the champions of care teams.

HealthLeaders **interviewed** J. Gregory Stovall, MD, Senior Vice President of Medical Affairs for Trinity Mother Frances Hospitals and Clinics in Tyler, Texas, about his organization's experience with physician leadership. He said that as a physician's sense of ownership rises so does retention. Trinity aims to build leadership among its physician staff by supporting attendance at national conferences and facilitating on-site leadership classes.

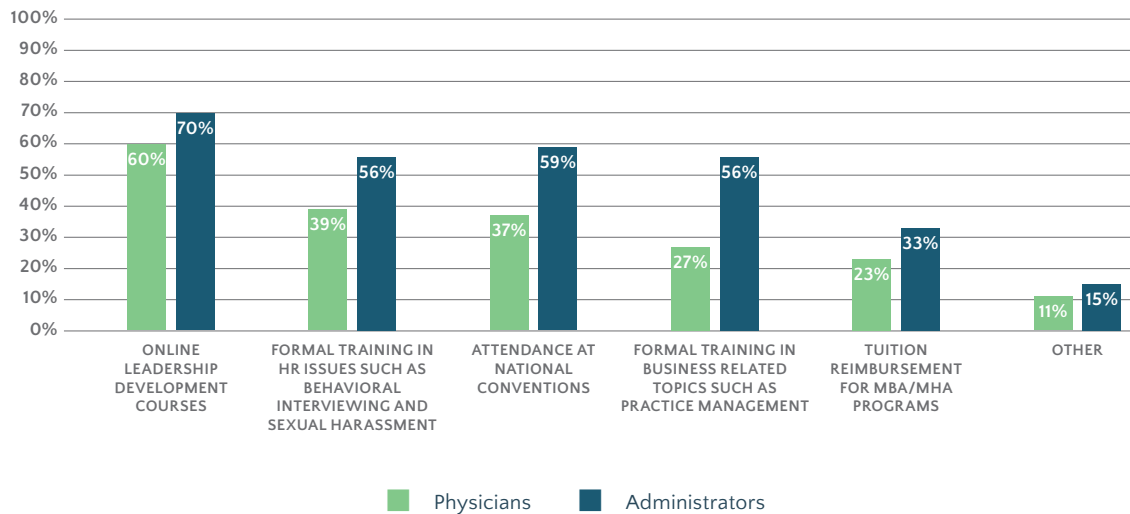
We asked physicians and administrators if there is leadership development training in place and three-quarters of physicians said no, while 67% of administrators reported the same. Very little training is offered on business related topics such as practice management, and for those physicians who wish to seek a formal MBA or MHA degree, they are largely expected to fund it themselves.



Question: Is there a leadership development program for physicians in place?



If yes, what components comprise the leadership program?



Takeaway

Formalize a leadership training program or consider supporting a mentorship program, so you can identify and develop future leaders. Invite your physician staff to be involved in designing the program, define participation eligibility, and make it voluntary. Lastly, communicate the program frequently.

Physicians Say They Get Little Formal Recognition for a Job Well Done, but Administrators Are More Optimistic.

Physicians who struggle to maintain high levels of engagement often feel overworked and underappreciated for their dedication and personal sacrifice. One strategy for counteracting the greater risk of physician turnover in this situation is to recognize and reward them for their contributions to providing excellence in patient care and leadership.

Our survey results revealed that just 23% of physicians said their organization had a formal recognition program in place. However, 43% of administrators said one existed, showing quite a disconnect.

A challenge healthcare organizations face in recognizing exemplary physician performance is understanding how important it is and finding the time to make it a top priority. Those who develop a formal, documented structure for physician recognition often have more success in celebrating the very behaviors they want their entire staff to emulate.

“Words of kindness and praise are prominently lacking. MDs are used like replaceable labor, not valued members of a decision team. We are given ridiculous and onerous ‘production targets’ that do not reward patient relations or quality of care.”

– Physician Respondent

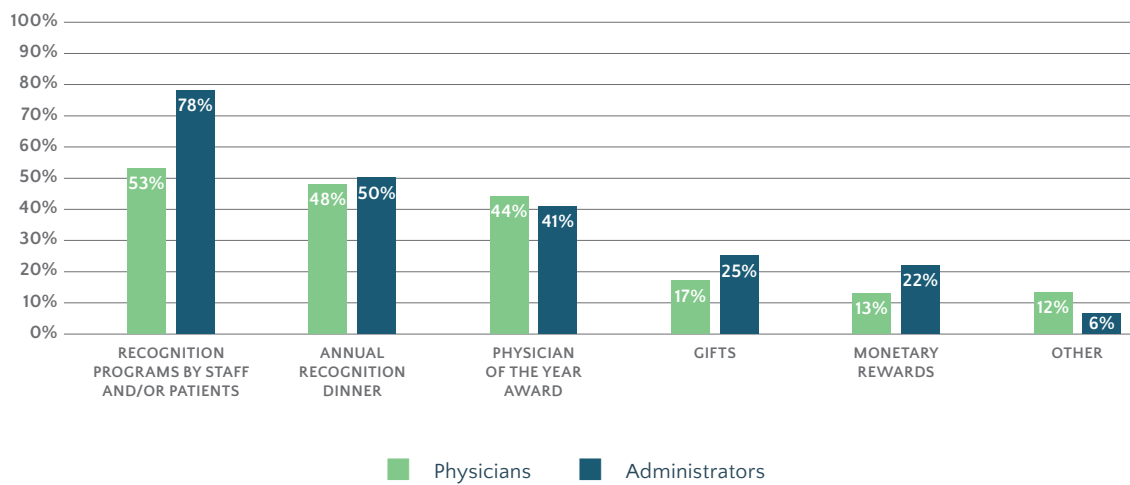


Question: Does your organization have formal recognition programs for physicians?



“There is a feeling that you are not really important and could easily be replaced. No appreciation.”
 - Physician Respondent

If yes, what comprises your recognition program?



“Older physicians stay when they feel valued, of use, and empowered. Additional money works but only short term and leads to poor long-term results.”
 - Physician Respondent

“Performance awards should recognize ability to manage complex cases and less on paperwork.”
 - Physician Respondent

Takeaway

While recognition programs are rare – when they do exist – physicians and administrators both note the prevalence of recognition events and awards over money and gifts. If you’re designing a formal recognition program, opt for what can never be purchased – an act of sincere appreciation such as a handwritten card from the c-suite.

Section 3: Physician Burnout

28% of Physicians Say There Are No Programs in Place at Their Organization to Deal With Physician Burnout.

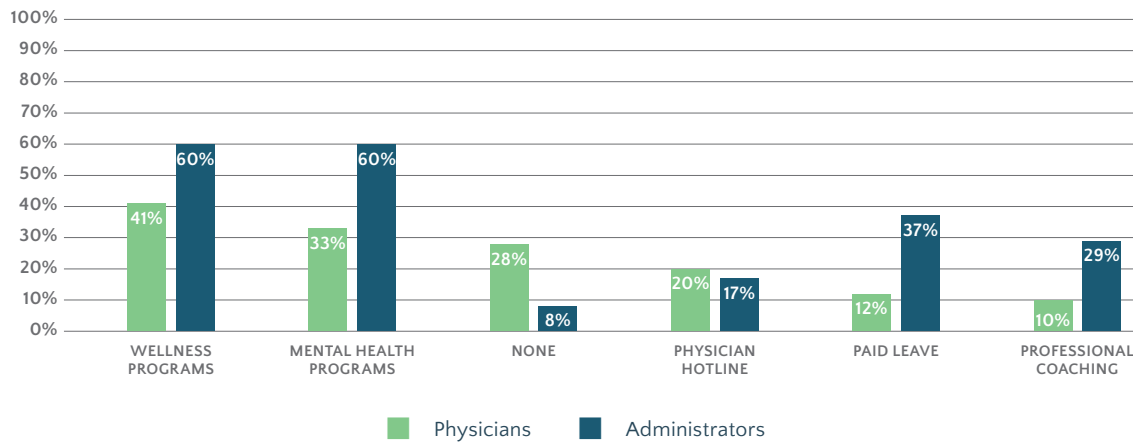
Prior to the onset of COVID-19 in the U.S., almost **half** of physicians were reporting symptoms of burnout. However, in September 2020, *Modern Healthcare* reported that it had risen to nearly 60%. Much has been written about the prevalence of **burnout**, but we wanted to learn first-hand which programs were in place to help mitigate the problem.

We have seen a consistent trend throughout this survey of administrators being more optimistic than physicians in the areas of retention, engagement, and burnout. When asked what programs were in place to deal specifically with physician burnout, 28% of physicians claimed there were none, while just 8% of administrators said the same. Alternatively, 60% of administrators offer **wellness** and mental health programs, and more than one-third of physicians acknowledge the existence of each. However, the written comments from physicians on this topic were particularly poignant. Some include:

- “Equity in workload: do not reward hard work with more work.”
- “There is no consideration. It is simply give us more and more.”
- “My primary objective is to survive the day and then take care of the patient.”
- “Managers seek quantity at the sacrifice of quality, and patients and physicians suffer.”
- “The current model of rvu based compensation encourages physicians to work longer hours and see more patients compromising physician mental and physical health. I have seen family structures break down, addiction and burnout.”



Question: What programs are in place to deal with physician burnout?



Takeaway

Based on the physicians' comments, it appears the programs in place to alleviate burnout aren't as effective as needed. Start by initiating two-way conversations with your physicians to learn how they're coping with the incredible stress of their profession. Take their feedback seriously, respond with empathy, and strive to uncover how you can eliminate some of the stressors that led to burnout in the first place. For example, a study in [Behavioral Science](#) concluded decreasing the administrative burden on physicians would go a long way toward lowering the levels of physician burnout. Meanwhile, encourage physicians to take advantage of the programs you offer, and if none are in place, dedicate resources to develop them. But, remember that these programs are meant to help physicians deal more effectively with the stress that can't be eliminated.

Covid-19 Has Already Had - and Will Continue to Have - A Troubling Impact on Physician Retention.

The added stress of COVID-19 is making it more challenging for healthcare administrators to retain their current physician staff, and will continue to do so into the future. At Jackson Physician Search, we've seen a rapid and sustained increase in the number of physicians actively looking for new jobs. Since March 2020, job applications have risen by more than 30%.

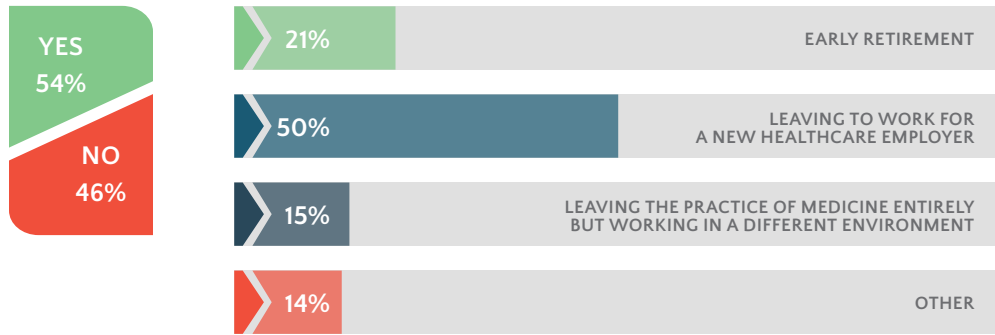
To better understand the current environment and the potential situation in a post-COVID-19 world, we asked physicians and administrators slightly different questions.

Physicians were asked if COVID-19 has changed their employment plans and, if yes, which options they're considering. An overwhelming 54% said they plan to make an employment change, with 36% of those opting for early retirement or leaving the practice of medicine altogether. Another 50% of those who said yes plan to leave their current employer for another.

Administrators, on the other hand, were asked if COVID-19 has negatively impacted their physician retention and, if yes, how. Thirty percent report losing physicians during the pandemic. Considering physicians' responses, it appears a mass exit of talent is yet to come.

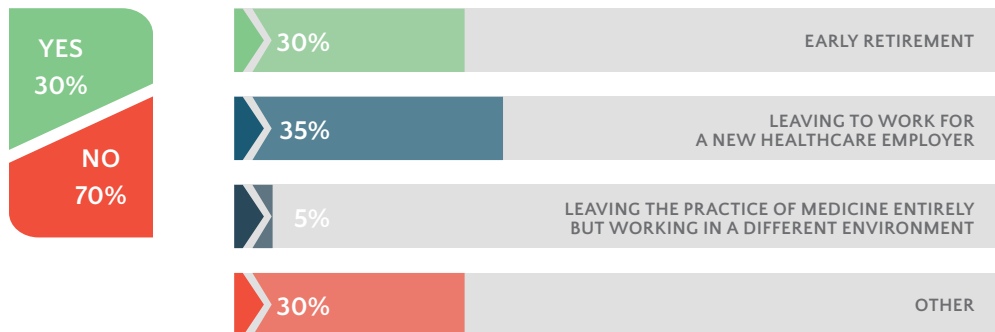


Question: Physicians, has COVID-19 changed your employment plans? If yes, which of the following options are you most seriously considering?



“You cannot ask too much of physicians in the current environment of risking their lives with COVID exposure, job insecurity, loss of income and all the initiatives we are asked to do by our employers.”
 - Physician Respondent

Question: Administrators, has COVID-19 negatively affected your physician retention? If yes, what is the predominant reason for leaving?



Takeaway

During the early months of COVID-19, the supply and demand of physicians teetered towards more of an employer’s market. But now, bargaining power is shifting back to the physicians and will become more prominent in 2021, especially with the projected uptick in physician retirements. Despite important competing priorities, it is important to build a pipeline of physician candidates and actively recruit now. All signs point to the reality that the healthcare system is likely to become even more stressed.

Summary

Effective physician retention requires a multifaceted strategy that addresses clinical and cultural fit, new-hire orientation, leadership development, formal recognition, steady engagement, as well as physician burnout. Our Physician Retention Survey results suggest that many healthcare organizations are attempting to address some of these dimensions, but a large majority of physicians have deemed their efforts as mostly ineffective or, at a minimum, poorly communicated.

Because the survey results show that a number of physicians are considering leaving the practice of medicine entirely or are planning to retire earlier than previously planned, the projected physician shortage could grow at an alarming rate. It is incumbent on healthcare organizations to consider the impact it could have on their physician staffing plans and take appropriate action.

To provide additional insight on how physician engagement specifically links to or influences some of the other dimensions of physician retention, we cross-tabbed portions of the survey data.

Our findings include:

Physicians are yearning for a voice and to be included in the decision-making process at their organization.

- A high level of physician engagement (a ranking of 9 or 10) is tied to access to key leaders and senior managers within the organization, with 63% of those highly engaged reporting this type of two-way communication.
- Open-ended comments on this topic include:
 - “More input, a voice in the organization.”
 - “Decision involvement and empowerment.”
 - “Not bonuses or pay but in making us really a part of decisions, not an afterthought to be dictated to.”
 - “Respecting physicians and listening to their concerns.”
 - “Physicians are still treated like a commodity that is replaceable. Focus is on economic bottom line. Physicians feel like unvalued widget makers, while the top of the hierarchy makes all the decisions. Physicians have no say in decisions. Very top down.”

Evidence shows that an individualized orientation process and the presence of a retention program have a positive effect on physician engagement.

- Physicians who ranked their current engagement with their employer a 9 or a 10 on a 10-point scale were more likely than those who ranked it an 8 or below to say that there is at least an informal retention plan in place (29%).
- Interestingly, 63% of the physicians who ranked their engagement a 9 or 10 still reported no retention plan, and only 8% said there was a formal, written plan in place.
- Almost half of these engaged physicians are also more likely to report that their organization has an individualized orientation plan for each physician (47%), although 40% report no formal orientation in place.

Leadership development programs have a positive impact on physician engagement.

- Physicians who ranked their engagement as a 9 or 10 are more likely (45%) to say there is a leadership development program for physicians in place at their organizations.
- Conversely, physicians who rank their engagement as a 6 or below (81%) don't have access to leadership development programs.

Unengaged physicians, in particular, report COVID-19 is driving them to look for a new position with another healthcare organization.

- Of those who rated their engagement with their employers as a 6 or below (272 physicians or 69% of the total), 83 said COVID changed their plans to look for a job with another employer.
- Physicians who felt they did not matter to the organization – where a greater emphasis is placed on production rather than quality or that they had no say in decisions – were more likely to be actively disengaged and less likely to be retained.

Recruitment and retention have always been two sides of the same coin. Hire for fit but remember that recruitment is only the first step in achieving long-term physician retention. The great challenge for all healthcare leaders is to find effective ways to keep physicians positively engaged, mitigate burnout, and create a positive workplace environment that supports a fulfilling and rewarding career.

For more information about how your healthcare organization can use the results of this survey to improve your physician retention strategy, contact Jackson Physician Search today. Our team is made up of healthcare industry professionals who have spent decades recruiting physicians, physician leaders and advanced practice providers for healthcare organizations coast-to-coast. Visit www.jacksonphysiciansearch.com to learn how we can make a difference for you.

Jackson Physician Search

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 leaders 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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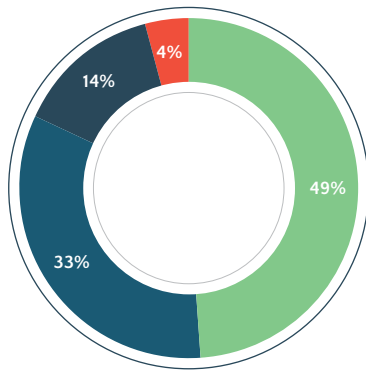
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Survey Methodology

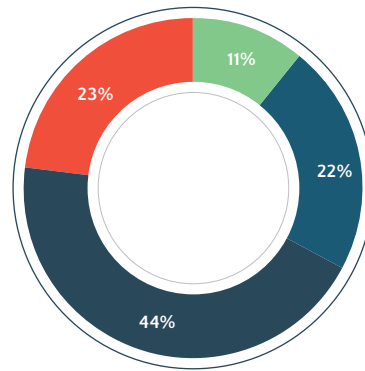
The survey was conducted between October 2020 and November 2020. Practicing physicians in our database across all specialties and all 50 states were invited by email to participate in the survey. We received a total of 400 completed surveys from physicians. Administrators of healthcare systems, hospitals, medical groups, VA medical centers, FQHCs, cancer centers, and other patient care facilities that employ physicians were also invited by email to complete the survey. We received 86 completed surveys from administrators.

Physician Respondent Demographics

YEARS WITH CURRENT EMPLOYER



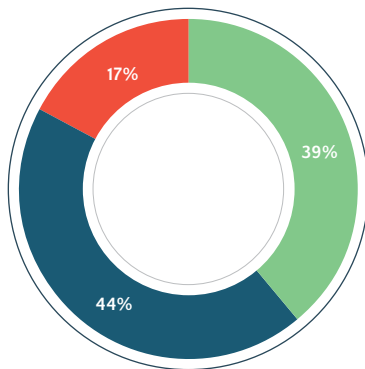
YEARS AS A PRACTICING PHYSICIAN



1-5 years 6-15 years 16-30 years 31+ years

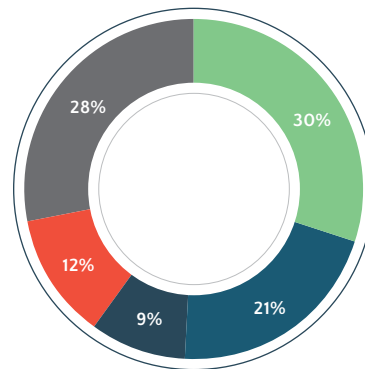
Administrator Respondent Demographics

TYPE OF ORGANIZATION



Hospital
Medical Group
Other: 17%

TITLE



Chief Executive Officer
Chief Operating Officer
Chief Medical Officer/Physician Leader
Vice President/Director
Other/HR/Recruiter