OCTOBER 2022

Back from Burnout: Confronting the Post-Pandemic Physician Turnover Crisis

PHYSICIAN BURNOUT, ENGAGEMENT, AND RETENTION SURVEY RESULTS

While the world saw tremendous gains in the fight against COVID-19 in the past year, challenges faced by the physician workforce — amid continuing staffing shortages — remain just as intense, pushing their levels of stress and burnout to new highs and worsening a turnover epidemic.

Before the pandemic and its myriad changes to healthcare, it was commonplace to see 6% to 7% of the physician workforce — approximately 50,000 doctors — change jobs or location. But with the rising toll of stress during the pandemic and staffing shortages, burnout is fueling physician turnover. MGMA *Stat* polling from August 2022 finds that **four in 10 medical practices (40%) had a physician resign or retire early in the past year due to burnout.**

To continue the connections we've forged with patients and communities, healthcare administrators must recognize the extent of this crisis, its sources, and proven strategies for remediation. **"In this new normal, the demand for a shrinking supply of physicians will persist, making it crucial for practices to limit the damage via concerted efforts to reduce burnout and to strive for a positive work-life balance,"** said Tony Stajduhar, president of Jackson Physician Search.

The results of the *Physician Burnout, Engagement, and Retention Survey*, commissioned by Jackson Physician Search in partnership with Medical Group Management Association (MGMA), point to **an immediate need for healthcare leaders to redouble their efforts to address physician burnout** after nearly three years of pandemic pressure compounded by staffing shortages and other challenges.

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Introduction

Jackson Physician Search and MGMA surveyed physicians and administrators to understand their unique views on physician issues following the COVID-19 pandemic and recent staffing challenges. This survey sought to understand how healthcare organizations are trying to influence better physician recruitment, engagement, retention and mitigation of burnout, and how the clinical and administrative sides perceive these efforts.

This survey follows the 2021 Jackson Physician Search whitepaper, *Getting Ahead of Physician Turnover in Medical Practices*, with questions for physicians and administrators, such as:

- What is the current level of physician burnout?
- What is causing physician burnout?
- What is the current level of physician engagement?
- What is the current level of physician satisfaction with employers?
- What matters most in physician retention?
- What drives physician satisfaction with employers?

The survey was fielded in August 2022. Physicians and healthcare administrators were invited to complete an approximately five-minute survey. After qualitative interviews with administrators and physicians, key themes emerged:

- **Administrators acknowledge worsening levels of burnout in physicians, but physicians often don't perceive enough is being done to mitigate that burnout or engage them.**
- **Genuine, two-way communication between management/administration and physicians remains a top desire among physicians.**
- **Administrators vary their approaches to retention and engagement, often with informal efforts rather than structured, strategic programs.**
- **Organizations with physician retention programs found them effective in engaging doctors and preventing turnover.**

This report presents the full findings from hundreds of healthcare leaders, shared in the hopes of amplifying the understanding between physicians and administrative leaders of the burnout crisis, the need for better engagement, and effective retention strategies that resuscitate the spirit and energy that brought so many hardworking clinicians into the field of healthcare.

Physician burnout

What is the current level of physician burnout?

Confronting a major challenge such as burnout among physicians and their decisions to stay with their current organization — or possibly to resign or even retire early — begins with defining and identifying the problem.

Physician burnout — **the long-term, cumulative stress and depersonalization that doctors experience amid growing burdens in the practice of medicine** — continues to pose a major threat to a healthcare industry that remains in dire need of clinical leaders. The World Health Organization (WHO), in its definition of burnout as a syndrome, points to three key components that contribute to chronic stress associated with work:

1. Emotional exhaustion, leading to easily becoming irritable or downhearted
2. Replacement of usual empathy with cynicism, negativity, and feeling emotionally numb (depersonalization)
3. A low sense of professional effectiveness.

Even before the COVID-19 pandemic, the awareness and study of burnout grew so rapidly that it spurred new descriptions. In 2019, the National Academy of Medicine (NAM) proclaimed that it was an "epidemic."

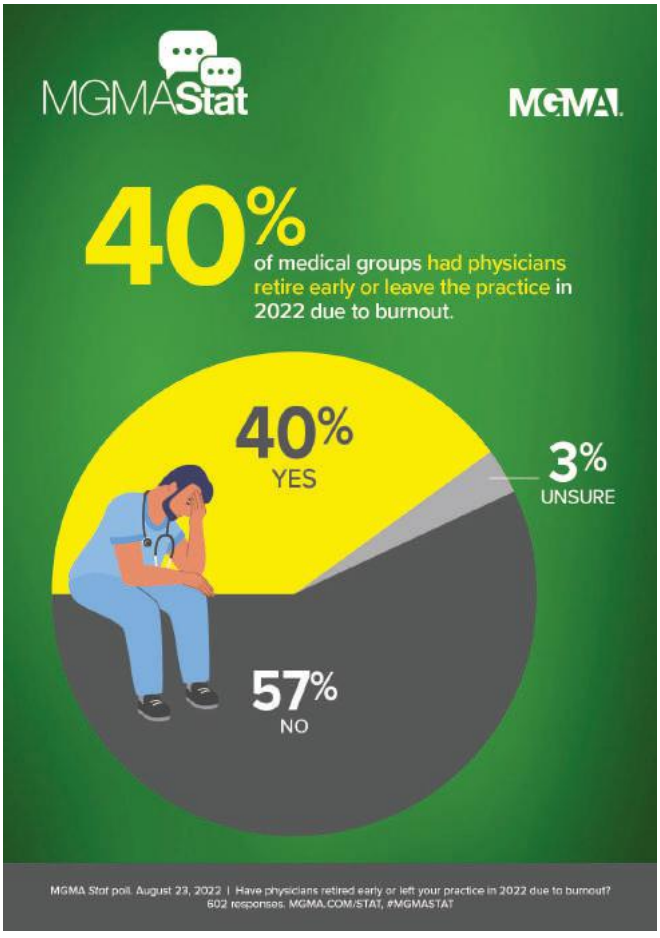
The most common alternative framing of burnout, perhaps, is "moral injury" — a phrase that many suggest accurately reframes the issue to not be about a problem with an individual. Rather, moral injury "describes the challenge of simultaneously knowing what care patients need but being unable to provide it due to constraints" beyond a doctor's control — systemic issues that can impact all doctors.

The impacts

Whatever you choose to call it, successive studies and surveys all point to these factors prompting more physicians to leave their jobs and, in some cases, the profession entirely before their planned retirement. Earlier this year, a study published in *Mayo Clinic Proceedings* estimated that **primary care physician turnover, fueled partially by burnout, leads to nearly $1 billion in excess healthcare spending each year**.

An Aug. 23, 2022, MGMA *Stat* poll found that **40% of medical groups reported that a physician had retired early or left the organization due to burnout this year**, while 57% did not and another 3% were unsure. The poll had 602 applicable responses.

These results come almost a year after a similar MGMA *Stat* poll found that **one in three (33%) medical practices had physicians retire early or leave due to burnout in 2021** — a rate that grew from 28% in a March 2, 2021, MGMA *Stat* poll that asked about physicians retiring unexpectedly from the organization.



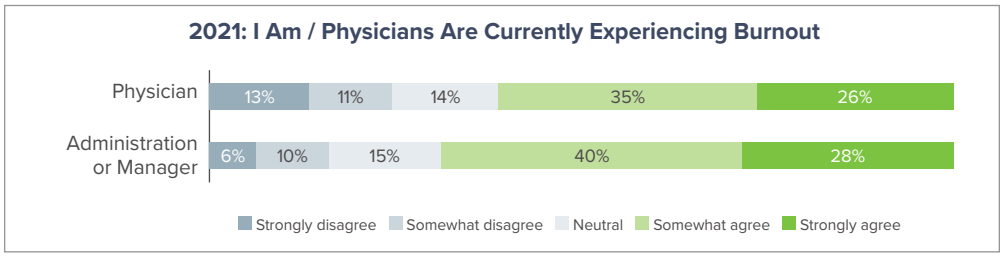
Recognizing the problem

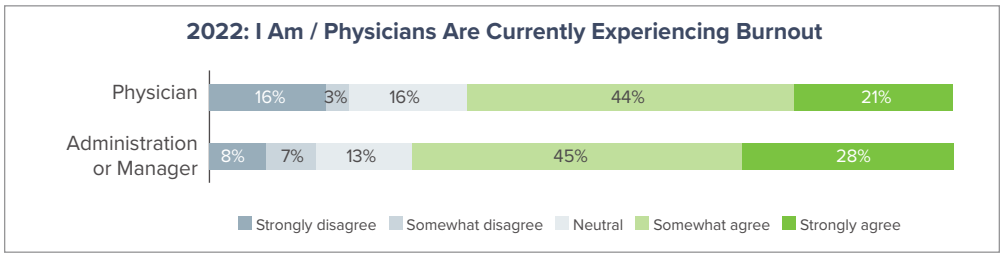
While there was a time when healthcare workers did not recognize or avoided acknowledging their own burnout, an increasing focus on personal well-being — along with the added stresses of the COVID-19 pandemic and resulting staffing shortage in healthcare — has forced the issue of burnout to the forefront.

Previous research efforts by Jackson Physician Search — as published in the whitepapers, *On the Verge of a Physician Turnover Epidemic: Physician Retention Survey Results* (February 2021) and *Getting Ahead of Physician Turnover in Medical Practices* (2021) — quantified the state of several issues impacting physician burnout, engagement and recruitment issues.

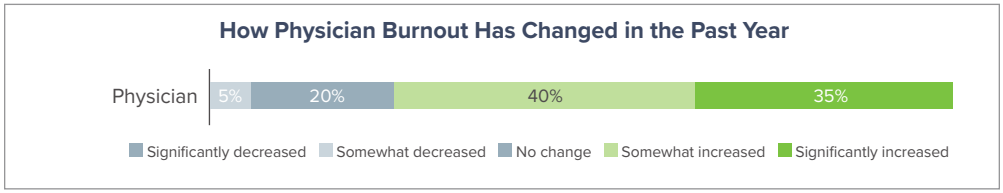
The latest findings in joint JPS-MGMA research point to a worsening of the burnout crisis and broader acknowledgment of it by healthcare leaders:

- The percentage of physicians who say they are experiencing burnout rose four percentage points in the past year, from 61% in 2021 to 65% in 2022.
- Administrators' perceptions of physician burnout also grew by five percentage points in that period, from 68% in 2021 to 73% in 2022.



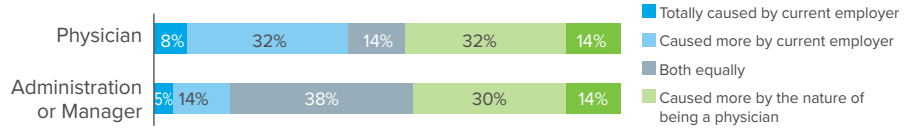


When physicians were asked to assess how much their levels of burnout changed from 2021 to 2022, more than one in three (35%) said it was a significant increase, while another 40% reported it increased somewhat — and **only 5% of physicians said they experienced a decrease in burnout in the past year.**

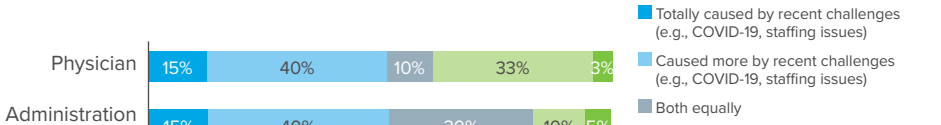


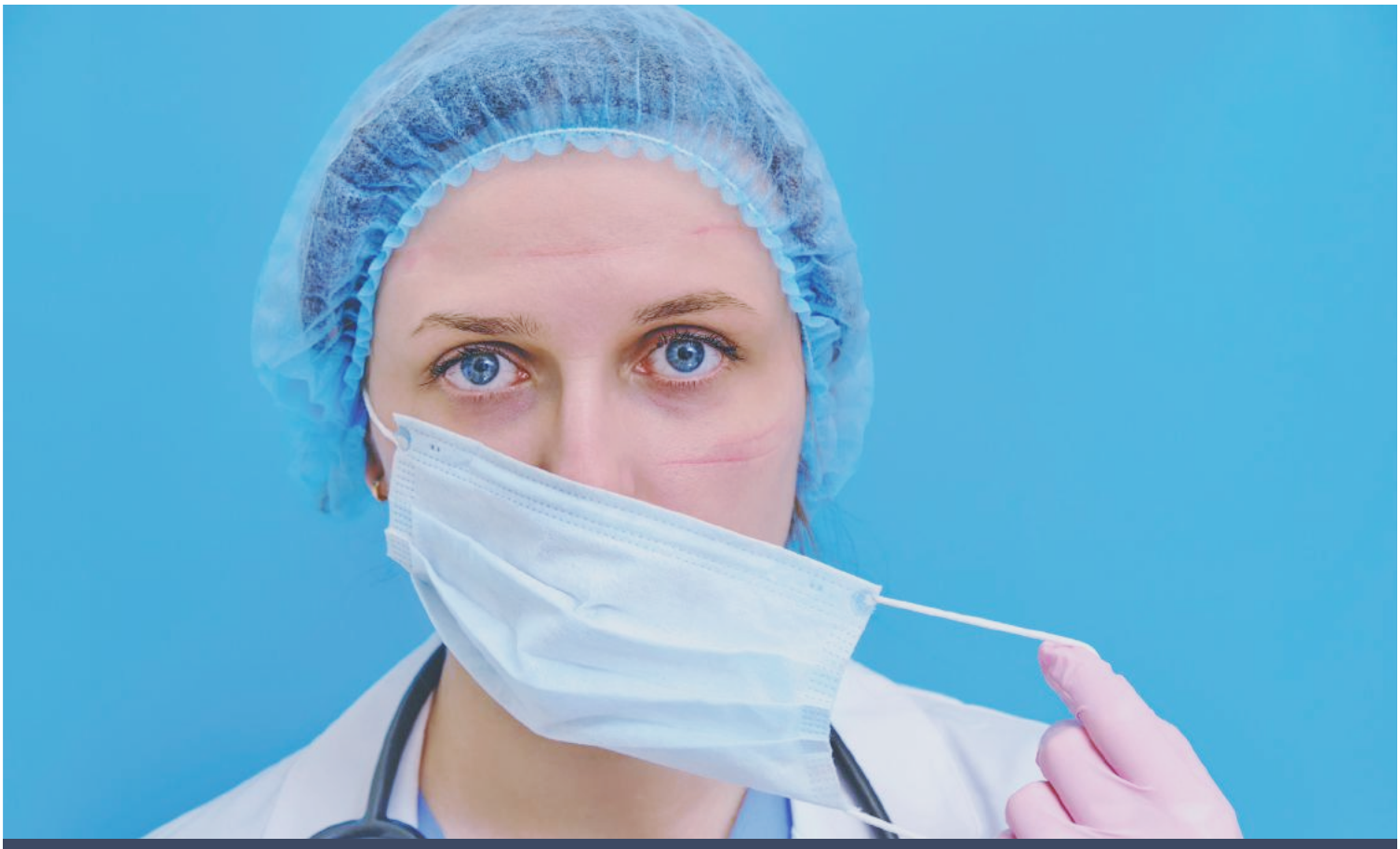
Looking beyond the extent of burnout, the 2022 JPS-MGMA research gave further credence to previous findings about the sources of the burnout: **Physicians were more likely than administrators to point to how the administration handles the organization as the source of burnout**, as opposed to the nature of a physician's work.

Burnout Cause Perception: Current Employer versus Nature of Being a Physician



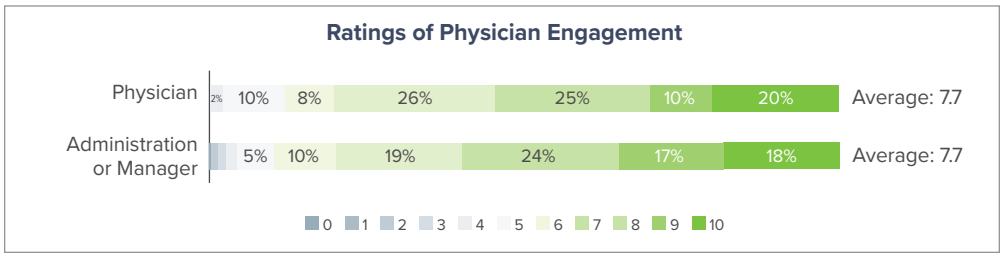
Burnout Cause Perception: Recent Challenges versus General Experience of a Physician



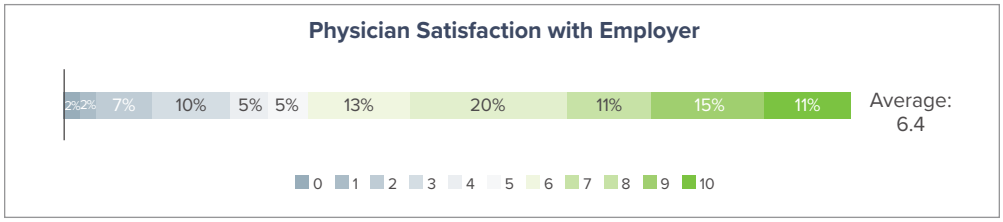


Physician engagement

A source of hope amid the 2022 JPS-MGMA findings is that physicians and administrators are closely aligned with their feelings on physician engagement, as both sides report an average of 7.7 in the latest survey.

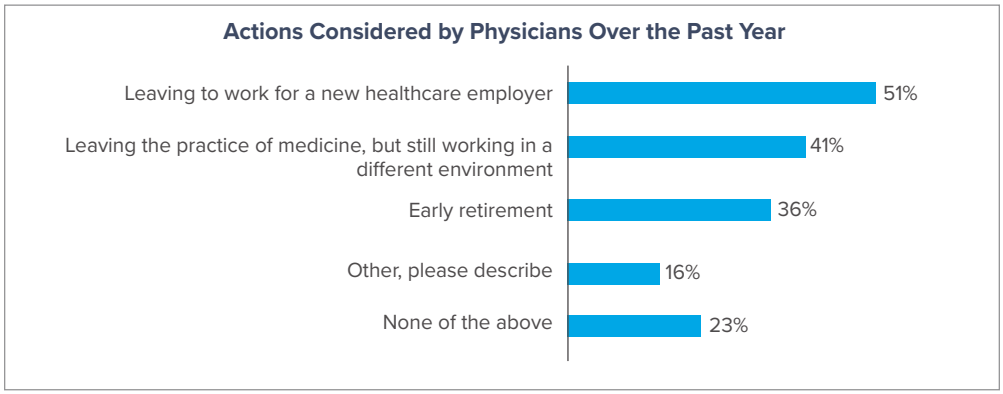


However, there remains a gap between physicians' self-assessments of their own engagement and their overall satisfaction with an employer: The same survey found an average score of 6.4 on physicians' satisfaction with their employers.



Despite these somewhat encouraging statistics, physicians responding to the 2022 survey have considered changing their status in the past year, as:

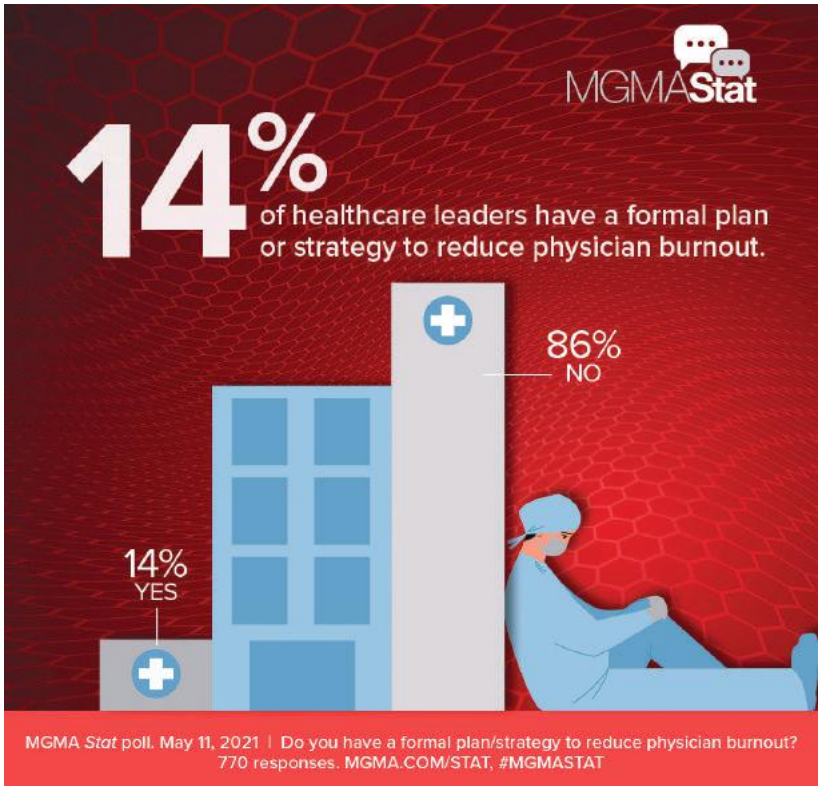
- **More than half (51%) have considered leaving for a different job in healthcare**
- **More than 4 in 10 (41%) considered leaving the practice of medicine**
- **More than one-third (36%) considered early retirement.**



Physician retention

What's being done

Despite the pervasive awareness of physician burnout and the business imperative to mitigate its contributing factors, efforts across the industry vary. In a May 11, 2021, MGMA *Stat* poll, **nearly nine in 10 (86%) healthcare leaders reported that they did not have a formal plan or strategy to reduce physician burnout.**



Responses varied whether it was about the causes of burnout or potential solutions:

- In many cases, respondents who said they had **no formal strategy or plan** pointed to lots of discussion and informal efforts to monitor burnout among physicians and staff.
- One practice leader pointed to pain points in the EHR for clinicians: "All the extra clicks suck the life out of everyone."
- Other respondents noted they **invested in specialty-specific EHRs** that are more intuitive for clinicians to use, as well as providing more functionality to help the team follow up on outstanding labs and other items that can prove stressful if left unchecked.
- Many healthcare leaders say they have adopted **formal physician wellness committees** to inquire about key issues and provide guidance in efforts to address them.
- Developing a **one-on-one coaching/mentoring system** is another common strategy many healthcare leaders have adopted, sometimes as part of a provider leadership academy. A March 30, 2021, MGMA *Stat* poll found **almost half of practice leaders said they provide leadership coaching or mentoring to clinicians**.
- To assess physicians' well-being, one respondent said the practice takes a weekly pulse survey to find out how to help providers alleviate various types of stress they encounter, especially if it can be addressed via staff training or knowledge sharing.

A resource touted by one medical practice leader is the Well-Being Toolkit and Happiness Strategies from the Duke Center for Healthcare Safety and Quality, which is designed to help healthcare leaders develop champions for well-being in their organizations.

How much is the EHR to blame?

At the time, the August 2022 MGMA poll noted that many healthcare leaders had informal efforts and discussions to monitor and address burnout among physicians and staff, while others looked specifically at the issue of their organizations' EHRs and investing in adding functionalities specific to their specialties to make them more intuitive and less cumbersome for physicians and other clinicians to use.

Studies prior to COVID-19 also link higher levels of clinician burnout to dissatisfaction with the EHRs they use: A 2019 study published in *Mayo Clinic Proceedings* showed a strong relationship between the odds of burnout and EHR usability — and the usability of EHR systems at the time received an "F" grade from physician users.

A recent American Medical Association (AMA) playbook for saving time within a physician practice highlights the ongoing need to eliminate "stupid stuff" from the workflows of physicians and others, based on a program from Hawaii Pacific Health that highlighted more than 300 time-wasting EHR activities that could be removed.

Frontline insights

Jessica Dudley, MD, chief clinical officer, Press Ganey, previously served as chief medical officer at Brigham and Women's Hospital in Boston, where she was responsible for teaching development and oversight of physician-led efforts to improve the quality and efficiency of healthcare.

When asked about how physician executives and practice leaders can minimize the effect of burnout in their organizations, she emphasized the concept of psychological safety and creating a culture where everybody on the team feels comfortable sharing their thoughts. "We need people to be honest and transparent about where the challenges are if we're ever going to be able to fix them," Dudley said.

In her time at Brigham and Women's, Dudley pointed to three main programs that were important in addressing burnout:

1. **Addressing EHR pain points**. "We saw the pain that our physicians were experiencing with the EHR and … leaned into that," Dudley said. "We used the data to see who was struggling, and then delivered at-the-elbow support with experts who could make individual doctors faster in their ability to navigate and become more efficient in using the EHR as the tool."

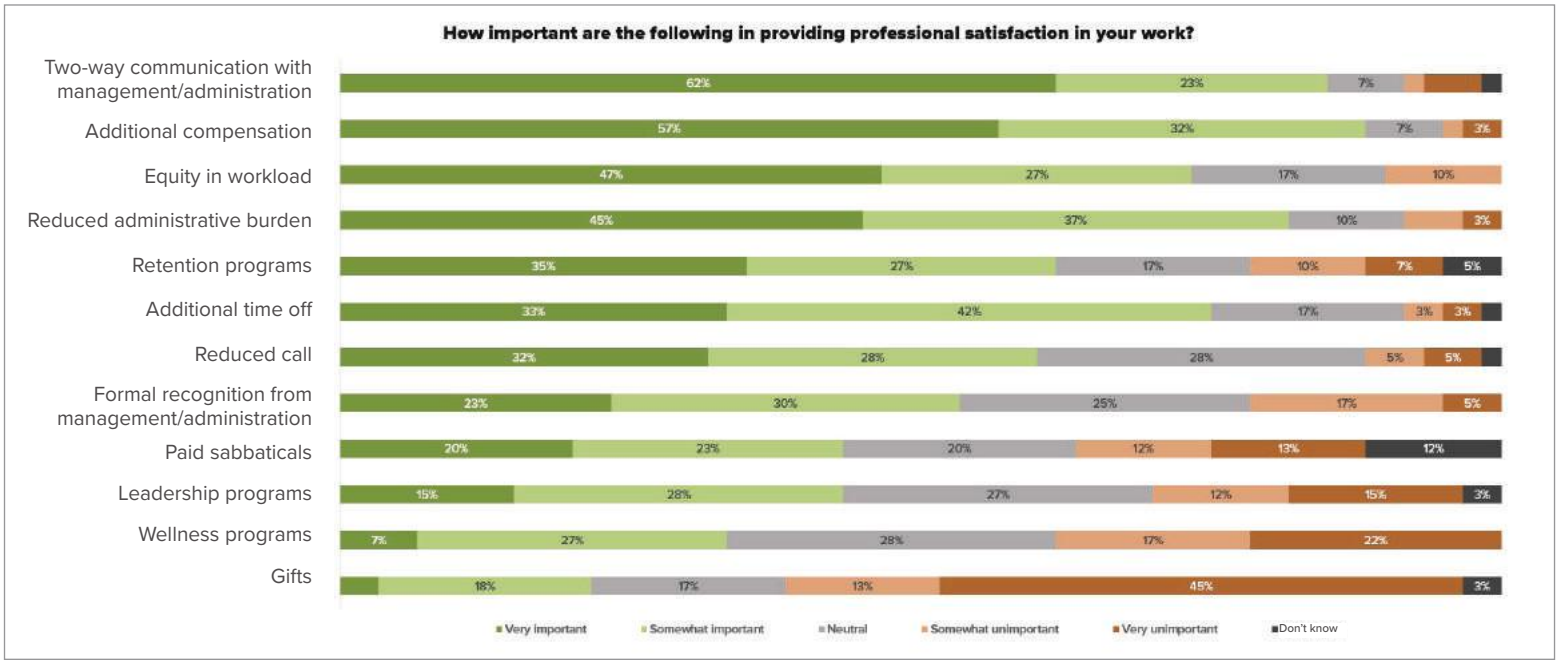
2. **Mental health support**. Dudley said it was crucial to help struggling physicians to access mental health support "in a very confidential, destigmatized way."

   "We built a faculty training mental health program, so that when a physician was struggling, they could go directly — self-referral only — to a dedicated email and protected phone line that physicians could call and then have a consultation with a psychiatrist or a psychologist and then determine what was necessary to support that physician better," Dudley noted. "There wasn't a huge percentage of physicians who needed ongoing mental health support but being able to have an entry point triage and then work to support their emotional and mental health needs was critical."

3. **Create the camaraderie and team collegiality that gives physicians joy**. "Besides taking care of patients, we rely on our colleagues, we connect with them," Dudley said, pointing to a project that enabled doctors to get together for dinner or other social activities. "We had a script that they could use if they wanted to guide conversation. It was an opportunity to reconnect with colleagues, share the challenges, but also remember the kind of joy, respect and fun that we have when we're with each other. This camaraderie and collegiality often gets lost when people are so busy."

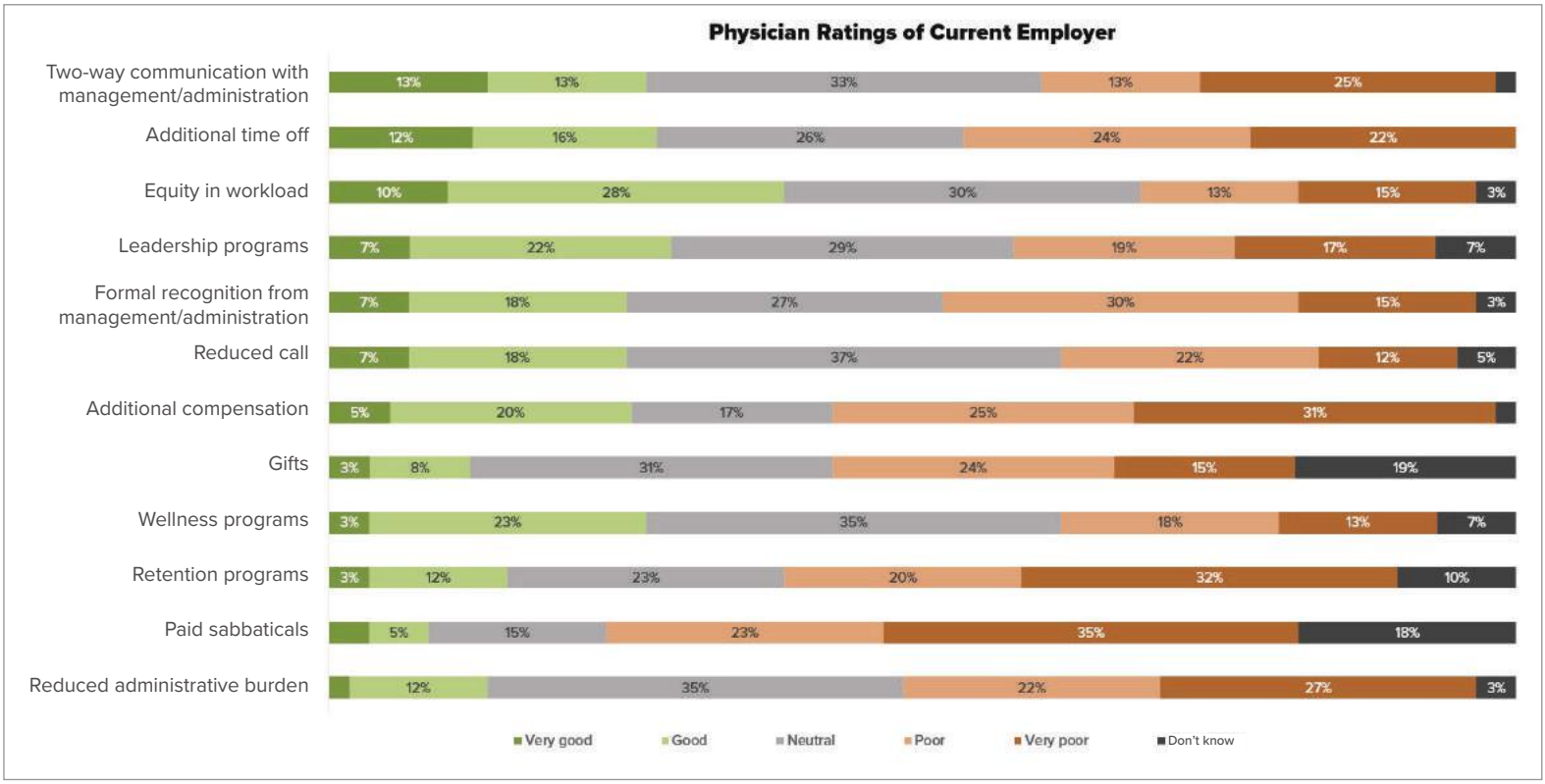
What do physicians want?

While compensation for the increasing workloads of physicians was the second-highest-rated factor in improving physicians' work satisfaction, **the majority of factors all pertain to how the work gets done and finding work-life balance**:



- Two-way communication with management — the top factor of work satisfaction in last year's research — again topped the list in 2022.
- Achieving equity in workload, ranked fifth in 2021, jumped to third in the latest survey findings, a full 10 percentage points higher among physicians rating it "very important."
- Reduced administrative burden and additional time off — ranked fourth and fifth in 2021, respectively — were still near the top of the list in 2022.
- Formal recognition from management/administration for their work dropped 11 percentage points as a "very important" factor in work satisfaction in the past year.
- A growing share of physicians (62%) pointed to retention programs as somewhat or very important to their satisfaction, up from 59% in 2021.

In line with the 2021 findings, physicians were more likely to rate their current employer as "poor" than "good" on most of the factors.

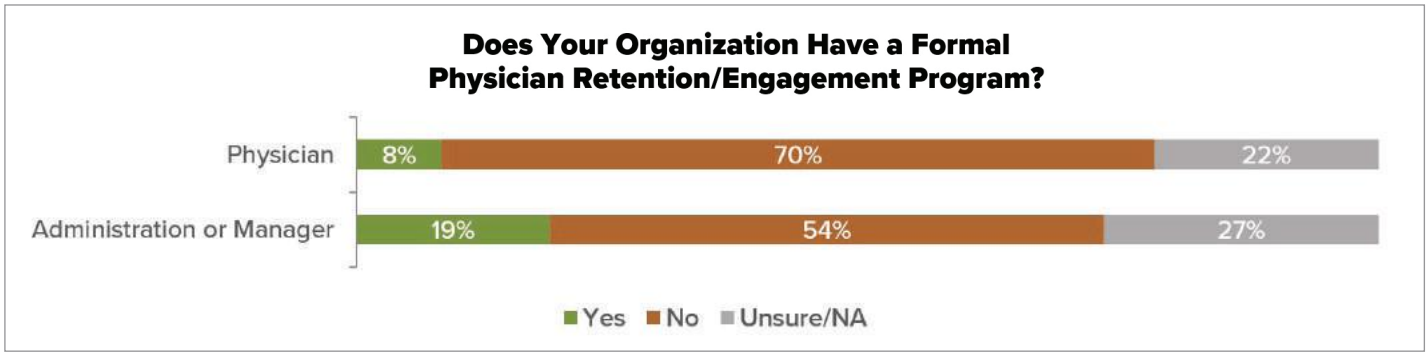


The need for physician retention programs

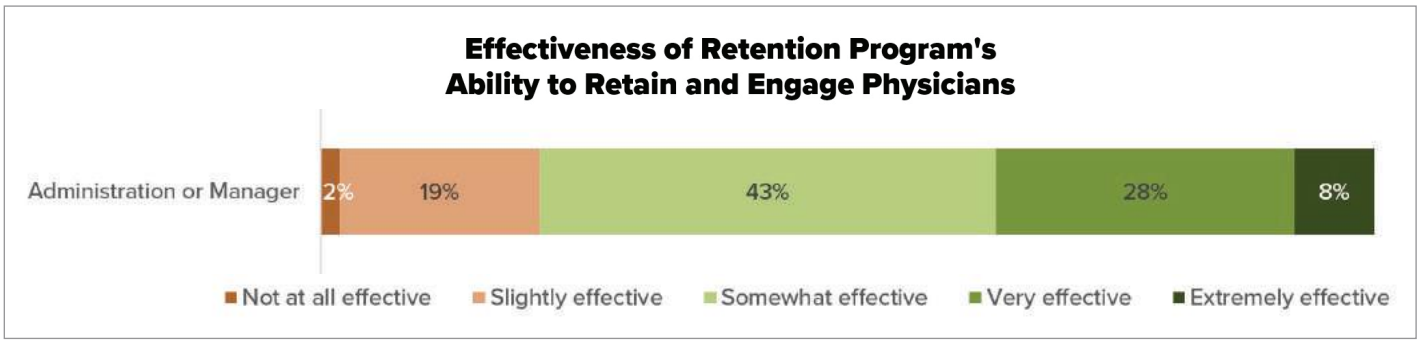
A recent MGMA *Stat* poll shows that more organizations are starting to formalize their efforts as opposed to simply "planning to have a plan." Among medical group leaders responding to the Aug. 23, 2022, poll, **more than one in three (34%) said they have a formal plan or program to address physician burnout**, compared to 66% who did not. Some of the top efforts that practice leaders shared with MGMA were:

- Addition of scribes to aid with documentation
- Ongoing recruitment of new physicians to address panel sizes and improve call coverage
- Efforts to address disruptive or violent patient behavior
- Regular check-ins with physicians and ensuring they get adequate leave time or formal sabbatical periods
- New wellness initiatives, EAP availability, malpractice carrier-provided resources, and app-based programs to help improve work-life balance
- Increased flexibility in employment packages
- Improvements to EHR workflows to minimize administrative burdens for physicians.

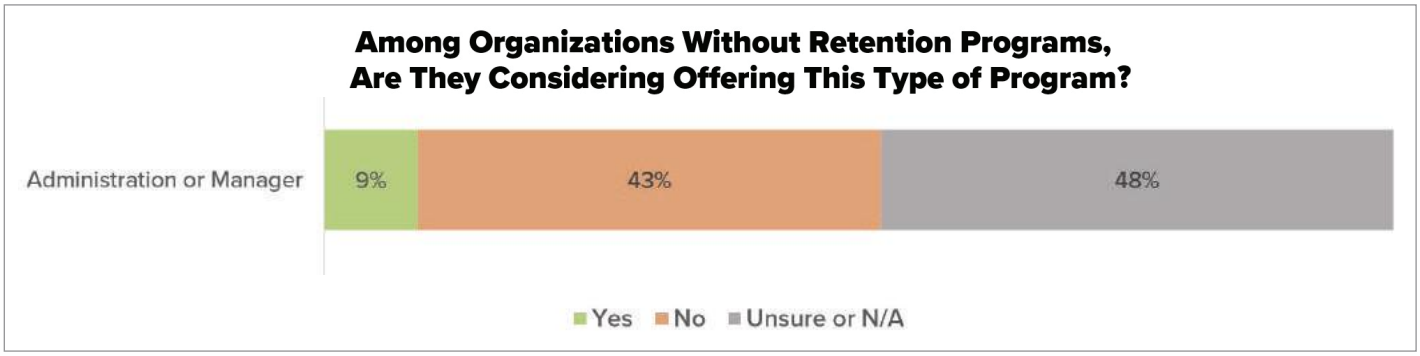
However, these figures contrast when broken down by physicians and administrators. The latest JPS-MGMA survey findings show that physicians are far less likely to have awareness of a formal physician retention or engagement program.



Among the administrators who have formal physician retention programs, nearly 8 in 10 (79%) rate them as at least somewhat effective.



Despite the perceived advantages, very few administrators in organizations without formal physician retention programs said they were actively considering creating or offering one:



Building psychological safety

Recognizing the continued importance of two-way communication between physicians and administrators, creating a workplace with psychological safety — where team members can voice ideas and speak freely — is a foundational element to any physician retention program. The following five behaviors by practice leaders[1] can cultivate psychological safety:

Leader behavior	Cultivating psychological safety	Signs the work environment is psychologically safe
Be accessible	▪ Be present and approachable through word and action. ▪ Intentionally make yourself visible to the team. ▪ Deepen the emotional connection by getting to know your team members. ▪ Designate office hours for drop-in discussions and keep the commitment to be there and be present.	• As a leader you are frequently approached for curbside consultations by colleagues and your team members. • Team members know how to contact you and aren't afraid to do so. • Leaders are seen frequently in their work area; e.g., rounding. • Team members know your values and you know theirs.
Invite participation	▪ Establish a supportive environment where face-to-face, phone or virtual interaction is expected. ▪ Set expectations that everyone will contribute verbally with or without an invitation to speak. ▪ Initiate daily huddles that cover personal anecdotes (to build relationships) and work-related metrics. ▪ Get curious when it comes to problem-solving by inviting each member's input. ▪ Challenge beliefs and assumptions that may be preventing people from speaking up. ▪ Thank those who speak up and tell them the impact of their willingness to do so.	▪ Curiosity is the driver versus a culture of silence. Team members ask open-ended questions of each other to understand a decision, challenge a belief or assumption or get clarity on their role. ▪ All team members speak up and are equally comfortable leading as well as participating. ▪ Team members know what strengths their colleagues possess and routinely tap each other for those strengths to get the work done. ▪ Trust between team members and leader is palpable. Visitors to the work area/unit note that "something is different." ▪ No one is punished or humiliated for speaking up.
Display fallibility and acknowledge limits	▪ Be willing to share that you don't know everything. ▪ Admit when you are wrong. Self-disclosure of limitations demonstrates grace, humility and vulnerability. ▪ Share your story — what you hoped would happen and what actually did.	• Team members feel free to admit their mistakes. • When a team member has concerns about an idea or proposal, they are able to bring it up for discussion and the dialogue centers on the idea, not the person.
Highlight failures as learning opportunities	▪ Actively address failures when they occur without judgment. ▪ Establish a regular cadence of measurement and analysis using small tests of change to highlight problem-solving and the continuous improvement cycle. Talk about these at a daily huddle or during rounding.	• Team members understand and can verbalize that failures are treated as learning opportunities in their work area. • Team members conduct small tests of change allowing the team to experiment and take calculated risks to identify practical solutions for local problems. • The team demonstrates confidence and agility in change and engages everyone in identifying sustainable solutions.
Set boundaries and hold people accountable	▪ Initiate discussion on team norms and expectations for behavior and work with agreements and commitment from the team. Hold yourself to these same norms and expectations. Regularly revisit these agreements in projects, team meetings or one-on-one discussions, ensuring alignment and commitment. ▪ When transgressions to norms and agreements occur, address these immediately and directly to stop the undesired behavior. ▪ Help all team members set goals for their individual growth and engage them in discussion around goals for the work area.	• "I" statements are used frequently by the leader and the team members, indicating ownership of next steps or taking accountability. • There is consistency in word and action among the leader and team members. • When a team member is not demonstrating their values in action, there is enough trust present that peer-to-peer discussion occurs. • Team members know there are clear boundaries and any transgressions will be addressed. • Team members go above and beyond normal expectations. They are excited to do the work and the work is aligned with organizational goals.

1. Adapted from France TJ, Matt-Hensrud NN, Menaker R, Peters MT. "Cultivating psychological safety: Activating humanness in healthcare." *MGMA Connection*, July 2020, and Edmondson AC. "The three pillars of a Teaming Culture." *Harvard Business Review*. Dec. 12, 2013.

Physician recruitment

Frontline insights

Susan J. Kressly, MD, FAAP, knew she was ready to step away from clinical work at her pediatric private practice in Bucks County, Pa., years ago. In fact, she gave her partners five years of notice before her planned retirement.

The only issue was trying to hire that new physician amid the COVID-19 pandemic and concurrent pressing issues that come along with running a practice — not to mention searching for talent in an area with competing practices and hospital systems.

"As an independent small practice, there's just no way we could compete with the salaries that they were offering employed physicians," including new physicians just out of residency or fellowship. When the group did find an ideal physician — someone "wanting to get off the hamster wheel of working for a bigger organization" — restrictive covenants and non-compete clauses often got in the way. Clearing those hurdles required a clear focus on the practice's culture and flexibility when interviewing candidates:

- With many candidates having young families, the group found ways to **give physicians flexible schedules to spend time with their family** (for example, taking an hour to attend a holiday parade with their young kids).
- To help signal a newly hired physician's value to the group, the physician partners agreed to provide **an immediate bump in her salary upon becoming board certified**.

During the interview process, candidates were asked to spend a day in the office, shadowing other physicians, and allowing that candidate to get comfortable with the idea of working there. "That was very valuable. … At the end of the day, you got to know what it really looks like," Kressly noted. During that time, the founding partner was able to have a conversation with the candidate about what to expect as a member of the team.

Despite Kressly's substantial amount of lead time, she said if she had to do it all again, she would find even more time to search for the right person, as it took longer than anticipated. Additionally, Kressly touted the idea of **producing a video or other media to help a candidate imagine themselves working at the group** and help the practice stand out.

Kressly also emphasized how important it was to know what you're looking for in a new physician. "If you are just drowning in too many patients to see" and need an experienced physician who might not need as much onboarding as a physician fresh out of training, it will make a huge difference in your efforts. She also **warned against just hiring anyone to take the load off other physicians and team members**: "That almost always backfires. …. You've got to know what you're looking for and then recognize it when it's in front of you."

In the end, taking these steps and building formal onboarding programs can yield real engagement, not just treating it as a buzzword. "To me, it really means that physicians are involved and invested in both the success of the practice and the delivery of care that the practice aspires to provide," Kressly said. "You have to be invested and involved, not just putting in time."

When you achieve that, physicians won't just complain when problems occur — **they will share their voice and come up with ideas to improve the practice**. That degree of openness allows conversations to happen to help each physician work through major challenges.

"I think it's a misnomer … to say there's work-life balance," Kressly said. "There are micro-decisions that you make every day" about prioritizing work over other parts of life as a physician. "If you're feeling like you're stuck and you're out of balance, raise your hand and let's figure out how we can creatively" fix the imbalance.

As Kressly recounted, a physician hired in 2020 decided after maternity leave that she could not come back full time and wanted to try working half-days. "We sat down and figured out what would a schedule look like that still works to serve our patient population," Kressly said. "I think being flexible makes a huge difference."

At the same time, it's important to **know what your deal-breakers are with a candidate or new hire**. "Cut ties early," Kressly said. "Even for physicians' 90-day trial period, if this is clearly not a good fit, don't hang onto the wrong person" simply to keep them working. "It will affect the well-being of the entire practice, and it's not fair to that person if it's not a good fit."

10 key areas to address burnout, according to administrators

These areas, identified in the previous whitepaper, remain significant drivers of burnout among physicians and can be vital starting points in your efforts to mitigate burnout, better engage physicians and reduce turnover:

1. **Lowering administrative burdens.** Optimizing EHRs, improving ease of charting, and using nurse practitioners (NPs) and physician assistants (PAs) to help with doctors' electronic in-baskets reduces a significant amount of paperwork. Other efforts to ensure faster resolution of small operational issues are also cited as ways to allow physicians to focus on patient care and not feel bogged down by administrative issues. Also consider revising the number of meetings physicians must attend.
2. **More effective communication.** As you limit how much time physicians spend in meetings, make sure the communications between administrators and physicians is concise and impactful, tailored to physicians' concerns. Make efforts to get input from physicians and acknowledge their feedback and that it is being considered in decision-making. "People who feel alone don't do as well as people who feel part of a valued team," one administrator said.
3. **Improved autonomy/strong dyad partnership.** More control over their work lives benefits physicians' sense of purpose and can minimize feelings of moral injury that contribute to burnout. The boost in communication between physicians and administrative leaders mentioned earlier can be the first step to improved dyad leadership that leads to overall improvement of issues affecting the entire organization.
4. **Better clinical support.** Finding ways in which care teams can improve their performance to lighten the burden on physicians include:
   - Use of scribes
   - Hiring more PAs or NPs
   - Ensuring advanced practice providers (APPs) and other staff are working at top of licensure.
5. **Flexible/updated work schedules.** The four-day work schedule is now the new standard to ensure physicians can take more time off. Others report either reducing physicians' call responsibilities or ensuring they get a day off after call. A growing share of administrators say they are creating part-time positions for physicians who no longer wanted a full schedule but were not ready to retire or leave the profession.
6. **More paid time off.** Some administrators added new opportunities for vacations, sabbaticals or other time away from the practice without adapting overall work schedules in terms of call coverage and days in a standard work week.
7. **Dedicated wellness/training/counseling resources.** In addition to wellness committees to plan and manage organized efforts to address physician work-life balance, administrators pushed to get more mental health resources, peer-to-peer counseling and life coaching. Other efforts include training in time management.
8. **Improving patient scheduling.** Physicians' sense of lost influence over clinical matters extends to which types of patient visits are seen and when.
9. **Hiring more physicians.** The feelings of overwork contributing to burnout can be addressed by bringing in another doctor to ensure patient panel size is manageable.
10. **Boosting compensation.** The old saying tells us money doesn't necessarily buy happiness, but for physicians who closely track their productivity and contributions to the organization, a boost in take-home pay can serve as acknowledgment of their hard work.

Summary

Awareness alone will not prevent physicians from exiting the profession in the coming years; it will require empathy and organizational efforts to restore professional relationships that make high-quality care delivery a sustainable reality, producing healthier outcomes and margins in the process.

Like most issues in medical practices across the country, physician stress and burnout can be tackled when positive, two-way communication between physicians and administrative leaders is in place to reach understandings around the significant challenges everyone faces within the organization.

While the continuing burnout epidemic among physicians has been continuously discussed, there are a growing number of healthcare leaders who are taking the next steps to formalize their efforts into well-being initiatives and retention programs based on best practices.

As the demographics of the country continue to shift and patient care needs continue to intensify, the efforts to recruit and retain top physician talent will continue to be of the utmost importance to the bottom line of the business and the culture of the organization.

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.**

Survey methodology

The survey was conducted in August 2022 by Corona Insights. Physicians and healthcare administrators from Medical Group Management Association's database were invited to participate in the survey via an email invitation and two subsequent reminders. Participating respondents were incentivized with entry into a sweepstakes to win one of two $200 gift cards. In total, 354 administrators and 66 physicians participated in the survey, yielding 326 completed surveys. The survey took about five minutes to complete for each participant.

Respondent information

Organization Type	Administration or Manager	Physician
Medical Group Practice	62%	36%
Hospital	9%	27%
University Hospital	5%	17%
Integrated Health System (IHS) or Integrated Delivery System (IDS)	2%	2%
Management Services Organization (MSO)	2%	2%
Physician Practice Management Company (PPMC)	1%	2%
Independent Practice Association (IPA)	2%	0%
Health Maintenance Organization (HMO)	1%	0%
Freestanding Ambulatory Surgery Center (ASC)	1%	0%
Physician Hospital Organization (PHO)	0%	3%
Medical School Administration (University level)	1%	0%
Medical School Faculty Practice Plan	1%	8%
Medical School Clinical Science Department (Department level)	1%	0%
Medical School (School of Medicine level)	1%	0%
Consulting Firm	1%	0%
Recruitment Services Firm	0%	0%
Other	11%	5%

Practice Majority Owner	Administration or Manager	Physician
Physicians	58%	36%
Hospital	16%	29%
University or Medical School	8%	15%
Private Investor(s)	7%	3%
Integrated Health System (IHS) or Integrated Delivery System (IDS)	4%	12%
Government	3%	0%
Management Services Organization (MSO)	2%	2%
Physician Practice Management Company (PPMC)	1%	2%
Advanced Practice Providers	1%	0%
Insurance Company or Health Maintenance Organization (HMO)	0%	2%
Telehealth	0%	0%

Practice Specialty	Administration or Manager	Physician
Single specialty	47%	58%
Multispecialty with primary and specialty care	29%	34%
Multispecialty with specialty care only	15%	8%
Multispecialty with primary care only	8%	0%

Full-time-equivalent Physician Counts	Administration or Manager	Physician
1-14	58%	54%
15-50	16%	14%
51-100	9%	10%
More than 100	16%	22%
Not applicable	2%	0%

Region	Administration or Manager	Physician
South	45%	48%
West	23%	21%
Northeast	12%	14%
Midwest	20%	17%

2022 MGMA Physician Burnout, Engagement and Retention Survey

Practice information

1. **What type of organization do you work for?** *
   a. Medical Group Practice
   b. Hospital
   c. University Hospital
   d. Integrated Health System (IHS) or Integrated Delivery System (IDS)
   e. Management Services Organization (MSO)
   f. Physician Practice Management Company (PPMC)
   g. Independent Practice Association (IPA)
   h. Health Maintenance Organization (HMO)
   i. Freestanding Ambulatory Surgery Center (ASC)
   j. Physician Hospital Organization (PHO)
   k. Medical School Administration (University level)
   l. Medical School Faculty Practice Plan
   m. Medical School Clinical Science Department (Department level)
   n. Medical School (School of Medicine level)
   o. Consulting Firm
   p. Recruitment Services Firm
   q. Other

2. **Who is your practice's majority owner?** *
   a. Physicians
   b. Advanced Practice Providers
   c. Hospital
   d. Integrated Health System (IHS) or Integrated Delivery System (IDS)
   e. Management Services Organization (MSO)
   f. Physician Practice Management Company (PPMC)
   g. Insurance Company or Health Maintenance Organization (HMO)
   h. University or Medical School
   i. Government
   j. Private Investor(s)
   k. Telehealth

3. **What is your practice's specialty?** *
   a. Multispecialty with primary and specialty care
   b. Multispecialty with primary care only
   c. Multispecialty with specialty care only
   d. Single specialty

4. What is your practice's single specialty? *

- Allergy/Immunology
- Anesthesiology
- Anesthesiology: Pain Management
- Anesthesiology: Pain Management Only
- Audiology
- Bariatrics (Nonsurgical)
- Cardiology
- Critical Care: Intensivist
- Dentistry
- Dermatology
- Dermatology: Mohs Surgery
- Emergency Medicine
- Endocrinology/Metabolism
- Family Medicine
- Gastroenterology
- Genetics
- Geriatrics
- Hematology/Oncology
- Hospice
- Hospital Medicine
- Hyperbaric Medicine/Wound Care
- Infectious Disease
- Internal Medicine
- Neonatal Medicine
- Nephrology
- Neurology
- Obesity Medicine
- OB/GYN
- OB/GYN: Gynecological Oncology
- OB/GYN: Maternal and Fetal Medicine
- OB/GYN: Reproductive Endocrinology
- Occupational Medicine
- Ophthalmology
- Ophthalmology: Corneal and Refractive Surgery
- Ophthalmology: Retina
- Orthopedics (Nonsurgical)
- Orthopedic Surgery
- Otorhinolaryngology
- Palliative Care
- Pathology
- Pediatrics
- Pediatrics: Allergy/ Immunology
- Pediatrics: Cardiology
- Pediatrics: Child Development
- Pediatrics: Clinical and Lab Immunology
- Pediatrics: Critical Care/ Intensivist
- Pediatrics: Emergency Medicine
- Pediatrics: Endocrinology
- Pediatrics: Gastroenterology
- Pediatrics: Genetics
- Pediatrics: Hematology/ Oncology
- Pediatrics: Hospitalist
- Pediatrics: Infectious Disease
- Pediatrics: Nephrology
- Pediatrics: Neurology
- Pediatrics: Pulmonology
- Pediatrics: Rheumatology
- Pediatrics: Sports Medicine
- Pediatrics: Surgery
- Physiatry
- Physical Therapy
- Podiatry
- Podiatry: Surgery
- Psychiatry
- Pulmonary Medicine
- Radiation Oncology
- Radiology
- Radiology: Nuclear Medicine
- Rheumatology
- Sleep Medicine
- Surgery: Bariatric
- Surgery: Breast
- Surgery: Cardiovascular
- Surgery: Colon and Rectal
- Surgery: General
- Surgery: Neurological
- Surgery: Oncology
- Surgery: Oral
- Surgery: Plastic and Reconstruction
- Surgery: Thoracic
- Surgery: Transplant
- Surgery: Trauma
- Surgery: Vascular
- Urgent Care
- Urology

5. **How many full-time equivalent (FTE) physicians are in your practice?** *
   a. 1-14
   b. 15-50
   c. 51-100
   d. More than 100
   e. Not applicable

6. **Where is your organization located?** *

- Alabama
- Alaska
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- Florida
- Georgia
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada
- New Hampshire
- New Jersey
- New Mexico
- New York
- North Carolina
- North Dakota
- Ohio
- Oklahoma
- Oregon
- Pennsylvania
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas
- Utah
- Vermont
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming
- Dubai
- Guam

Physician section

7. **How strongly do you agree or disagree with the following statement?**
   "I am currently experiencing burnout (feeling overwhelmed and/or emotionally drained) as a physician."
   a. Strongly disagree
   b. Somewhat disagree
   c. Neutral
   d. Somewhat agree
   e. Strongly agree

8. ***(If somewhat or strongly agree to #7)*** **How has your degree of burnout changed in the past year?**
   a. Significantly decreased
   b. Somewhat decreased
   c. No change
   d. Somewhat increased
   e. Significantly increased

9. ***(If somewhat or strongly agree to #7)*** **Which of the following areas have caused you to experience burnout?**

			Both Equally			
My current employer	❍	❍	❍	❍	❍	The nature of being a physician
Recent challenges (e.g., COVID-19, staffing issues)	❍	❍	❍	❍	❍	The general experience of being a physician

10. **On a scale of 0-10 (0 representing total disengagement and 10 representing the highest possible level of engagement), how would you describe your current level of engagement with your work?**

11. **On a scale of 0-10 (0 representing total dissatisfaction and 10 representing the highest possible level of satisfaction), how would you describe your current level of satisfaction with your employer?**

12. **Thinking about your current employment situation, which of the following have you considered over the last year? Please check all that apply.**
    a. Early retirement
    b. Leaving to work for a new healthcare employer
    c. Leaving the practice of medicine, but still working in a different environment
    d. Other, please describe _____
    e. None of the above

13. How important are the following in providing professional satisfaction in your work?

	Very important	Somewhat important	Neutral	Somewhat unimportant	Very unimportant	Don't know
Additional compensation	❍	❍	❍	❍	❍	❍
Additional work schedule flexibility	❍	❍	❍	❍	❍	❍
Additional time off	❍	❍	❍	❍	❍	❍
Reduced call	❍	❍	❍	❍	❍	❍
Paid sabbaticals	❍	❍	❍	❍	❍	❍
Gifts	❍	❍	❍	❍	❍	❍
Reduced administrative burden	❍	❍	❍	❍	❍	❍
Two-way communication with management/administration	❍	❍	❍	❍	❍	❍
Formal recognition from management/administration	❍	❍	❍	❍	❍	❍
Equity in workload	❍	❍	❍	❍	❍	❍
Wellness programs	❍	❍	❍	❍	❍	❍
Leadership programs	❍	❍	❍	❍	❍	❍
Retention programs	❍	❍	❍	❍	❍	❍

14. How would you rate your current employer on the following?

	Very good	Good	Neutral	Poor	Very poor	Don't know
Additional compensation	❍	❍	❍	❍	❍	❍
Additional work schedule flexibility	❍	❍	❍	❍	❍	❍
Additional time off	❍	❍	❍	❍	❍	❍
Reduced call	❍	❍	❍	❍	❍	❍
Paid sabbaticals	❍	❍	❍	❍	❍	❍
Gifts	❍	❍	❍	❍	❍	❍
Reduced administrative burden	❍	❍	❍	❍	❍	❍
Two-way communication with management/administration	❍	❍	❍	❍	❍	❍
Formal recognition from management/administration	❍	❍	❍	❍	❍	❍
Equity in workload	❍	❍	❍	❍	❍	❍
Wellness programs	❍	❍	❍	❍	❍	❍
Leadership programs	❍	❍	❍	❍	❍	❍
Retention programs	❍	❍	❍	❍	❍	❍

15. What is the number one factor that keeps you at your job?

16. **How long do you intend to stay at your current position?**
    a. Not more than 6 months
    b. At least 6 months, but not more than 12 months
    c. At least 12 months, but not more than 18 months
    d. At least 18 months, but not more than 24 months
    e. At least 24 more months

17. **What would make you leave your job?**

18. **Does your organization currently have a formal physician retention/engagement program?**
    a. Yes
    b. No
    c. Unsure
    d. N/A

19. ***(If yes to #18)*** **Please provide a brief description of the program.**

20. ***(If yes to #18)*** **How would you rate the program's effectiveness in retaining and engaging physicians?**
    a. Not at all effective
    b. Slightly effective
    c. Somewhat effective
    d. Very effective
    e. Extremely effective

Administrator section

21. **How strongly do you agree or disagree with the following statement?**
    "Physicians are currently experiencing burnout (feeling overwhelmed and/or emotionally drained)."
    a. Strongly disagree
    b. Somewhat disagree
    c. Neutral
    d. Somewhat agree
    e. Strongly agree

22. ***(If agree to #21)*** **Which of the following areas have caused physician burnout?**

			Both Equally			
Their current employer	❍	❍	❍	❍	❍	The nature of being a physician
Recent challenges (e.g., COVID-19, staffing issues)	❍	❍	❍	❍	❍	The general experience of being a physician

23. ***(If yes to #21)*** **Have you found any interventions that have been effective at mitigating physician burnout?**
    a. Yes
    b. No

24. ***(If yes to #23)*** **What has been effective at mitigating physician burnout?**

25. **Does your organization currently have a formal physician retention/engagement program?**
    a. Yes
    b. No
    c. Unsure
    d. N/A

26. ***(If yes to #25)*** **Please provide a brief description of the program.**

27. ***(If yes to #25)*** **How would you rate the program's effectiveness in retaining and engaging physicians?**
    a. Not at all effective
    b. Slightly effective
    c. Somewhat effective
    d. Very effective
    e. Extremely effective

28. ***(If no to #25)*** **Is your organization considering offering this type of program?**
    a. Yes
    b. No
    c. Unsure
    d. N/A

29. **On a scale of 0-10 (0 representing total disengagement and 10 representing the highest possible level of engagement) how would you describe physicians' current level of engagement with their work?**

30. **On a scale of 0-10 (0 representing total dissatisfaction and 10 representing the highest possible level of satisfaction), how would you describe your physicians' current level of satisfaction with your organization?**

31. **What is the number one factor that keeps physicians in their current positions?**

32. **What would make physicians leave their current positions?**