



# FROM CONTRACT TO CONNECTION

How Authentic  
Relationships Foster  
Early-Career Physician  
Loyalty and Retention

A new study from Jackson Physician Search  
and Medical Group Management Association

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On her first morning, Dr. Maya Ortiz pressed her badge to the reader and waited for the click. The door opened on bright light and possibility — the sanitized smell of exam rooms not yet claimed, the heft of her white coat felt heavier on her shoulders than it did on the hanger, her name embroidered on her pocket looked just how she envisioned it years ago.

**This was why she chose medicine: to be in this space, to be useful when it matters.** While the months since signing her contract were thin on connection, her excitement outpaced the doubt. After years of school and training, this felt like a new beginning.

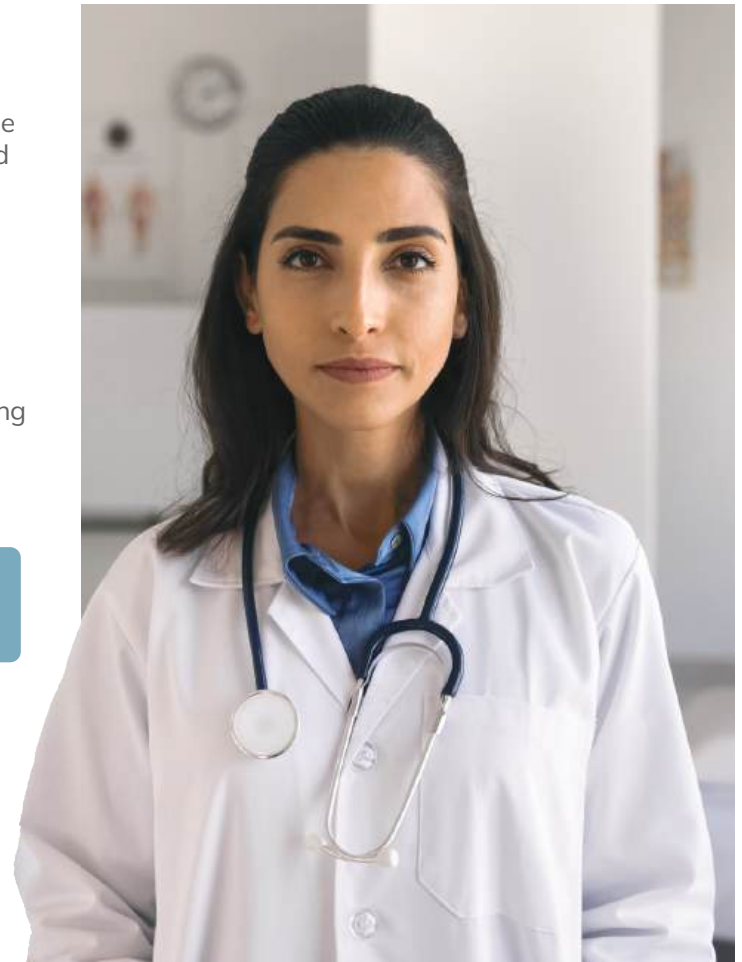
Week by week, that charge bled away. Credentialing and payer enrollments lagged; EHR access arrived in small doses. No mentor stepped in; hallway nods from other physicians never became standing conversations. Check-ins slipped, inboxes swelled, and templates pinched. Her panel grew slowly while the clinic double-booked around her. Feedback was sporadic, mostly through portals and tickets. By month eight, **the feeling that first drew her to medicine — the calling — had to fight for air.**

When she resigned, it wasn't a single moment. It was a slow pileup of small, unaddressed lapses: Quiet weeks in the months before she started, introductions that never turned into relationships, and a schedule that looked balanced but felt brittle at the end of the day.

This illustrative story blends the data and experiences of many practices. It reflects the physician, who lost the high hopes for the start of her career. The practice lost the physician it had invested months to recruit and ramp. And patients lost their new provider and access; some waited longer, some started over.

In summer 2025, Jackson Physician Search and Medical Group Management Association (MGMA) **mapped the fault lines that move early-career physicians out of their first jobs so soon:** thin pre-boarding, bureaucracy dressed as process, mentorship in name only, and skewed expectations that allow support for new physicians to slip. It also lays out the fixes within reach for healthcare organizations: Owning the pre-boarding period and using it to smooth out friction for new hires and build momentum atop the excitement physicians have for starting their careers; naming mentors and peer buddies with protected time; giving feedback in real time; and putting pay and policies in plain language to assuage any doubts that could lead to the newest member of the team looking at the offers that keep coming from competitors.

**Retention starts at recruitment and is reinforced in the early weeks and months of a physician's first job.** What follows is a blueprint to turn first days into belonging, so the calling that brought physicians into medicine can breathe and flourish where they have chosen to work.



## The research

Jackson Physician Search and MGMA enlisted Corona Insights to conduct online surveys in July and August 2025, with 525 respondents qualified and represented in these findings (284 physicians and 241 administrative leaders). The surveys took about eight minutes to complete. Follow-up interviews and questionnaires rounded out the findings presented in this report.

**Research goals:** We set out to (1) quantify the expectation gap and its drivers; (2) identify pre-boarding/onboarding practices that build belonging and readiness; (3) separate table-stakes pay from the cultural drivers of commitment; and (4) map the anchoring relationships (peers, mentors, leaders).

## Executive Summary

When a newly signed physician departs within the first few years, the impact rolls through access, continuity, costs, and morale. Schedules fray, patient panels stall, referrals wobble, and leaders re-spend time and money to refill the same seat.

**This report asks a hard, practical question: how do medical groups turn a signed contract into a durable connection that keeps early-career physicians engaged from pre-boarding through the first years?**

This pre-boarding period is pivotal with residents or fellows stepping into their first role: [A previous onboarding study](#) by Jackson Physician Search, LocumTenens.com and AAPPR found a median of 180 days between accepting a position and starting for these early-career physicians, much longer than the 100-day median for established/practicing physicians. Those extra weeks determine whether momentum builds or leaks.

## What the data surface

### Expectation gap:

Most physicians leave their first roles within three years, while leaders commonly assume a typical tenure of six or more years. This misread distorts recruiting promises and early-tenure support.

### Pre-boarding work:

Frequent, personal touchpoints — introductions, community primers, orientation artifacts — correlate with higher satisfaction, stronger culture salience, and better non-clinical readiness.

### Why exits happen:

Physicians most often cite leadership/administration issues and organizational culture — each fixable with decision ownership, authentic communication, and less bureaucracy — while leaders tend to overrate compensation's pull.

### Culture and relationships:

More than four in five physicians rated organizational culture as very or extremely important to their job satisfaction, and peer relationships loom large in stay decisions.

## Key takeaways: What to do differently, starting before day 1

### Manage pre-boarding/make it predictable.

Assign an owner, set a cadence, and script intros/check-ins so physicians feel known when they start. Don't assume contact; verify it. Done well, this signals the organization values their presence, not just their productivity.

### Design credible work-life; remove friction.

Fix the few pain points everyone names but no one owns: templates, inboxes, and approvals. Bureaucracy and clogged workflows fuel burnout and signal how little control

physicians have over their time. Making these fixes signals respect for clinical judgment.

**Operationalize relationships.** Name a mentor or peer buddy. Protect that time together and put it on a calendar. Relationships anchor physicians to the team.

**Reframe compensation.** Physicians don't reject incentives; they reject opacity. Lead with base and offer a one-page incentive explainer tied to real workflows — that clarity turns pay into trust.

## KEY QUESTIONS ANSWERED

- 1** How long do early-career physicians actually stay — and what do leaders expect?
- 2** Which pre-start practices most strengthen belonging and readiness?
- 3** Why do physicians leave their first roles, and what can leaders control?
- 4** Which cultural elements and relationships most influence staying?
- 5** How should compensation be positioned relative to daily experience?

These findings point to a loyalty system leaders can design and measure. We translate them into a practical **Loyalty Formula** that any clinic can operationalize:

- **Respect and Communication:** Visible, responsive leadership; clarity on who decides what; real-time feedback norms.
- **Fair Policies and Workload:** Credible work-life balance built into templates and coverage; a "fix list" for bureaucratic friction.
- **Compensation and Clarity:** Competitive base pay and transparent incentives that match daily reality.

The pages that follow pair national survey evidence with field stories so leaders can move from insight to implementation.

# BIG PICTURE: WHAT DRIVES EARLY-CAREER PHYSICIAN LOYALTY

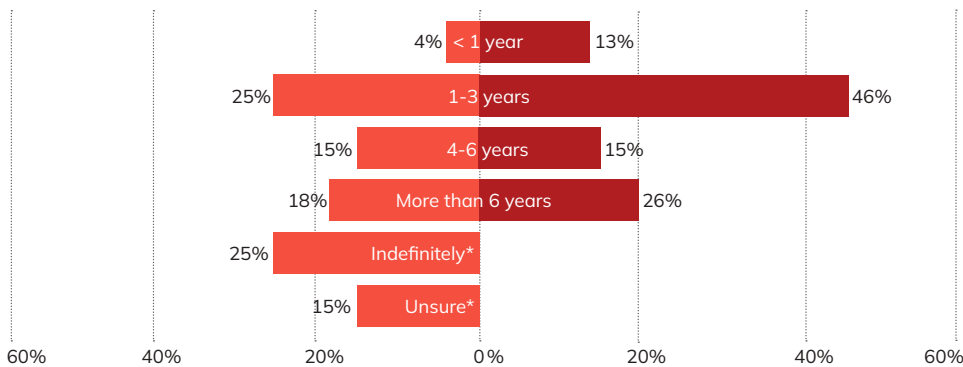
FOUR SIGNALS CUT THROUGH THE NOISE OF RECRUITMENT ANECDOTES AND EXIT INTERVIEWS.

## 1. The expectation gap

Most physicians left their first job within three years, even though fewer than one-third expected to. Meanwhile 69% of leaders believed new hires usually stay six years or more, a gap that breeds mismatched promises, unrealistic onboarding, and late interventions.

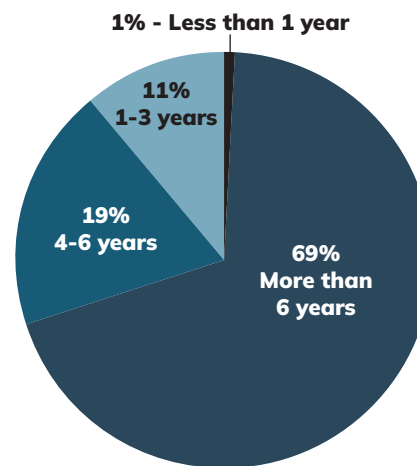
### MOST PHYSICIANS LEAVE THEIR FIRST ROLES WITHIN THREE YEARS

How long physicians anticipated staying at first role | How long physicians stayed at first role before leaving



\* These options were unique to this question.

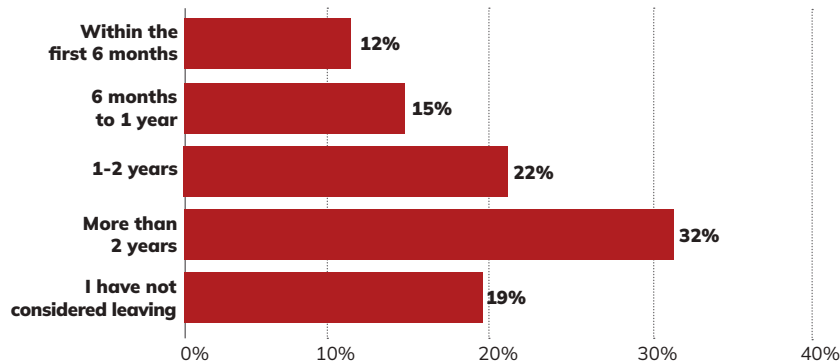
### MOST ADMINISTRATORS EXPECT NEWLY HIRED PHYSICIANS TO TYPICALLY STAY SIX YEARS OR MORE



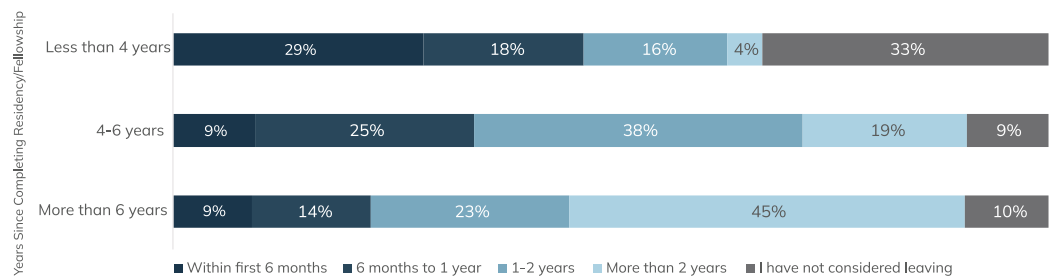
That misread is compounded by early intent-to-leave signals: more than one in four physicians considered leaving within the first year.

What is especially important for practice leaders to consider is the shift among today's early-career physicians: Those with fewer than four years since completing residency or fellowship were much more likely to anticipate spending less time at their first post-training role before moving on than physicians more than four years beyond residency or fellowship.

### MORE THAN ONE IN FOUR PHYSICIANS CONSIDERED LEAVING THEIR FIRST POST-TRAINING ROLE WITHIN THE FIRST YEAR

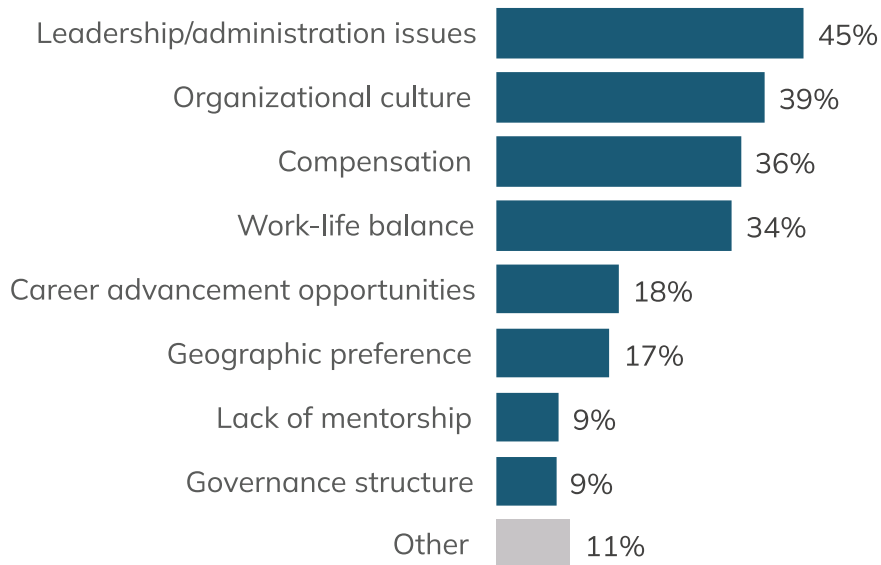


### PHYSICIANS LESS THAN FOUR YEARS OUT OF TRAINING WERE MOST LIKELY TO ANTICIPATE LEAVING THEIR FIRST ROLE WITHIN THE FIRST YEAR



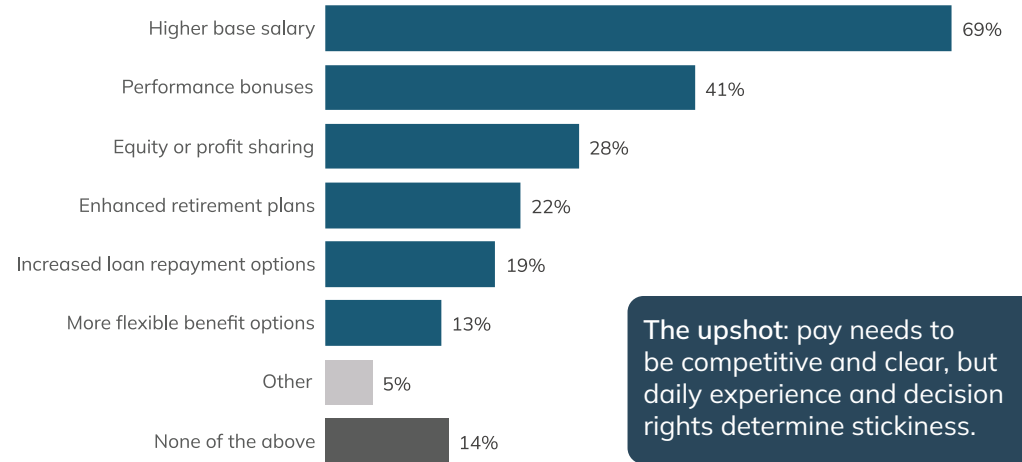
## 2. Looking beyond pay

### PHYSICIANS RANK LEADERSHIP/ADMINISTRATION ISSUES OVER COMPENSATION AS REASONS FOR LEAVING THEIR FIRST JOB



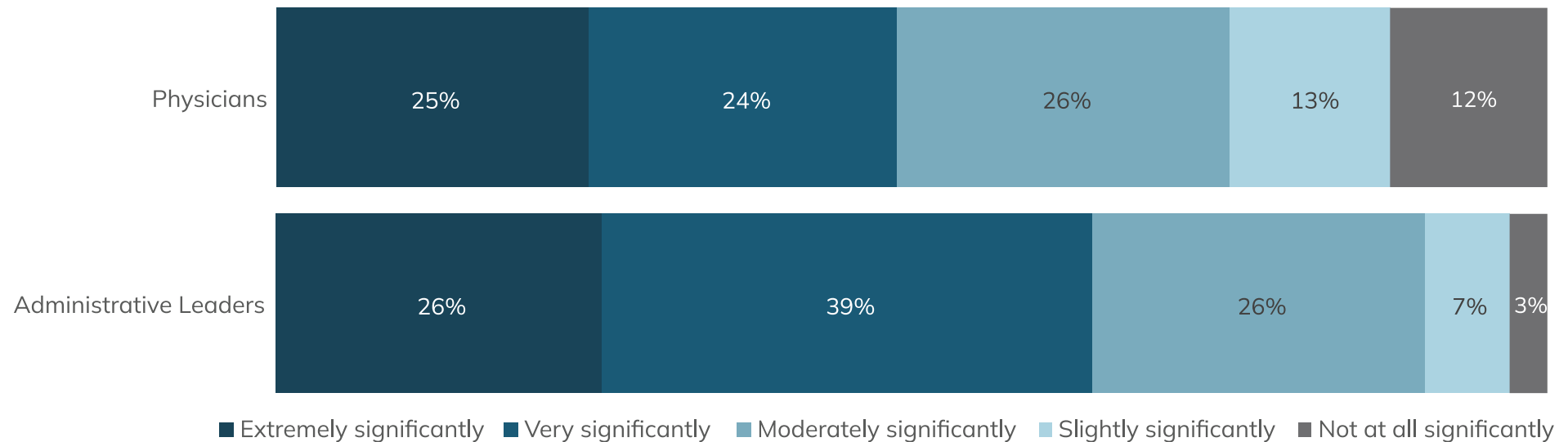
Compensation opens the door, but it doesn't fully explain departures. Physicians most often cite leadership/administration issues and organizational culture for leaving their first roles. When examining compensation-related elements, physicians do say a higher base would have been the single change most likely to keep them — table stakes, but not the full story.

### PHYSICIANS: A HIGHER BASE SALARY IS THE TOP COMPENSATION FACTOR INFLUENCING A DECISION TO STAY AT THEIR FIRST ORGANIZATION



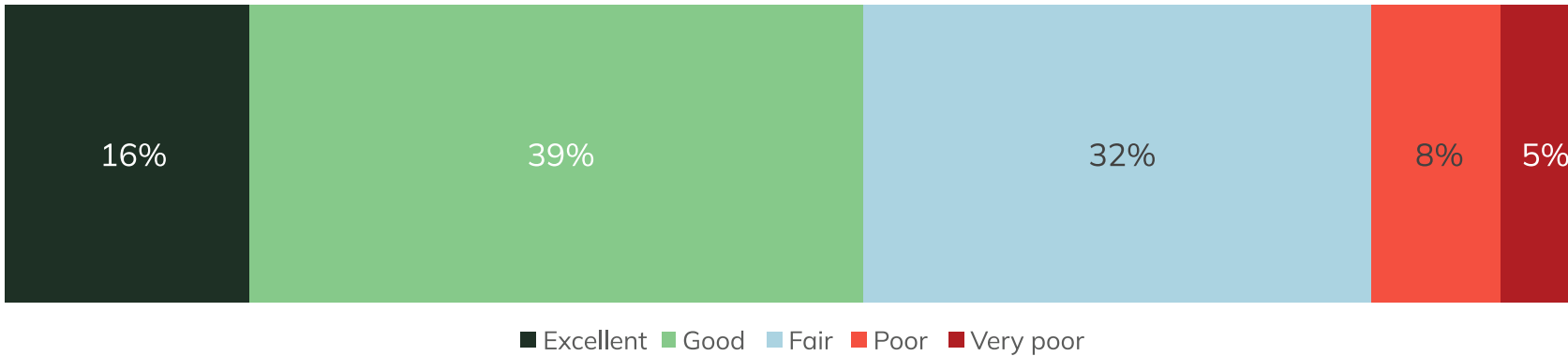
The upshot: pay needs to be competitive and clear, but daily experience and decision rights determine stickiness.

### ADMINISTRATORS ARE MORE LIKELY THAN PHYSICIANS TO BELIEVE COMPENSATION AFFECTED EARLY-CAREER PHYSICIAN RETENTION



# BIG PICTURE: WHAT DRIVES EARLY-CAREER PHYSICIAN LOYALTY (CONTINUED)

## PHYSICIANS HAD A WIDE RANGE OF RATINGS FOR THEIR PRE-BOARDING EXPERIENCES



### 3. The pre-boarding effect

The signing-to-start weeks matter, yet leaders overestimate both the frequency and effect of their efforts. Leaders reported weekly pre-start communication far more often than physicians did (48% compared to 24%); they also rated introductions (78% compared to 53%), regular check-ins (71% compared to 45%), and orientation resources (60% compared to 43%) as more impactful than physicians did.

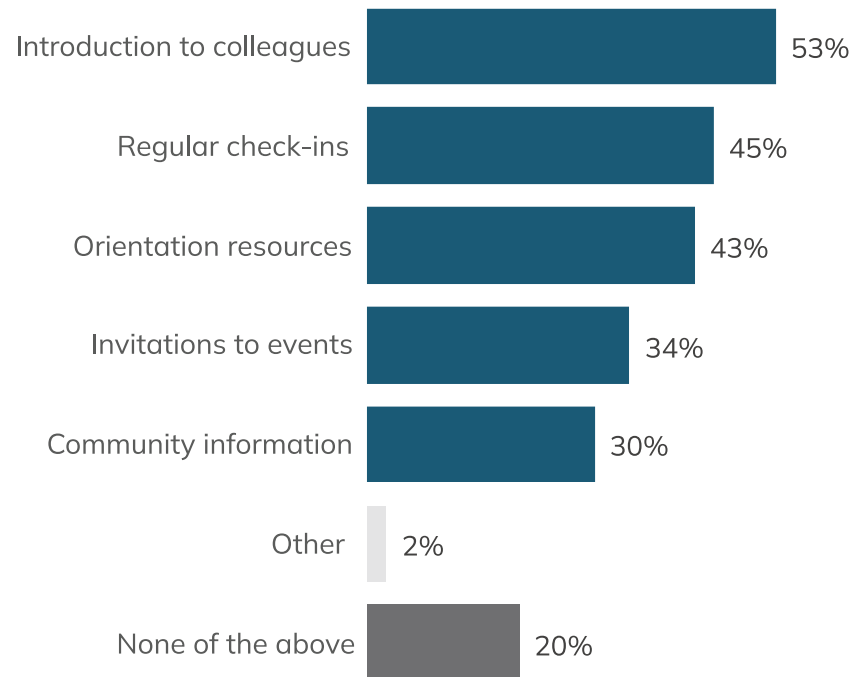
Where weekly contact did occur, physicians were more satisfied with the pre-start experience, more likely to say culture is extremely important to their job satisfaction, and more prepared for non-clinical aspects of the job (team collaboration, system operations). Conversely, those who were rarely or never contacted reported lower preparedness.

Treat pre-boarding as a crucial point in the relationship with your new physician. The American Medical Association (AMA) [“pre-orientation” checklist](#) is an excellent resource for developing a concrete plan.

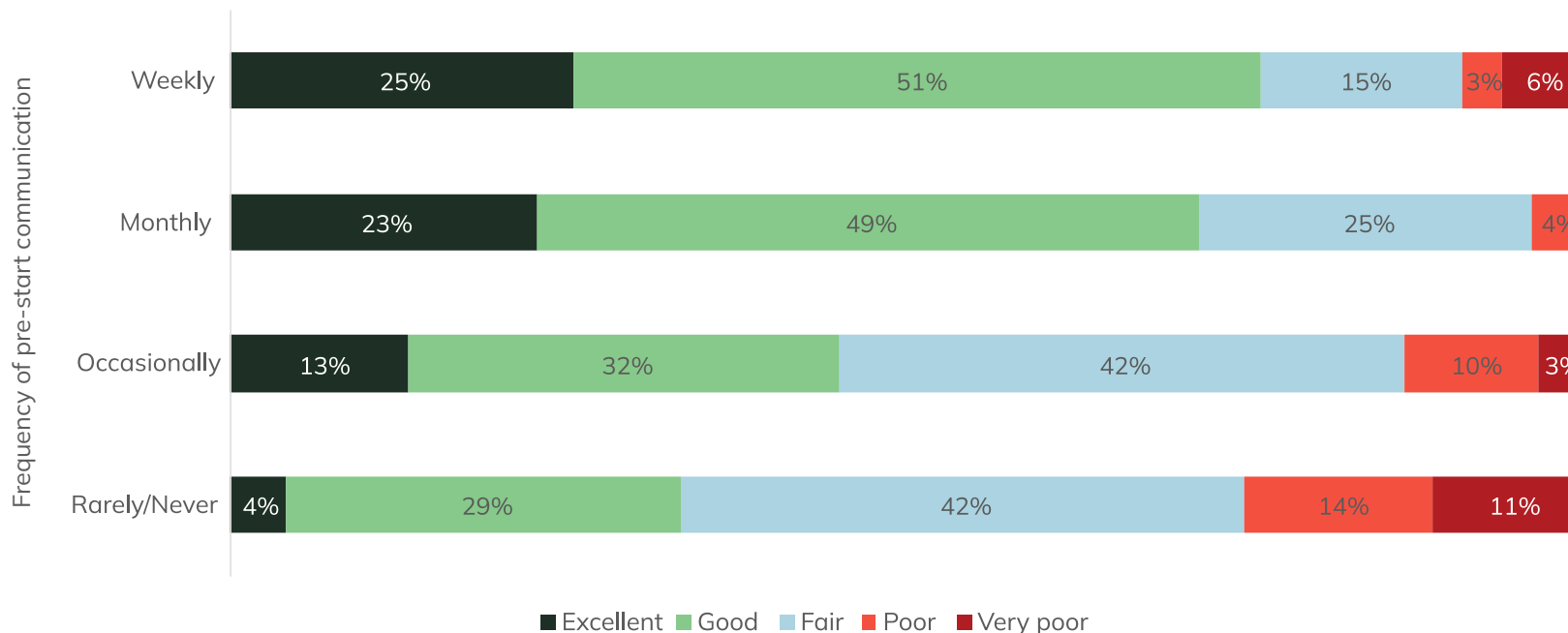
Be ready to spell out the structure and timing of pre-start onboarding elements. Sea Chen, MD, PhD, AMA’s physician director of practice sustainability, suggests physician candidates [ask directly about onboarding](#) to gauge the “organization of the organization.”

Personalizing physician onboarding can help lead to improved retention, as well. Programs should be flexible enough to [adjust timelines to better match a new hire’s preferred pace](#) or skipping redundant elements a physician doesn’t need.

### FOR PRE-BOARDING, THE FREQUENCY OF CHECK-INS MATTERS FOR PHYSICIANS ALMOST AS MUCH AS ANYTHING FOR ENHANCING A SENSE OF BELONGING



**THE HIGHER THE FREQUENCY OF PRE-BOARDING CHECK-INS, THE HIGHER SATISFACTION PHYSICIANS HAD WITH THE EXPERIENCE**



**Advice from physicians**

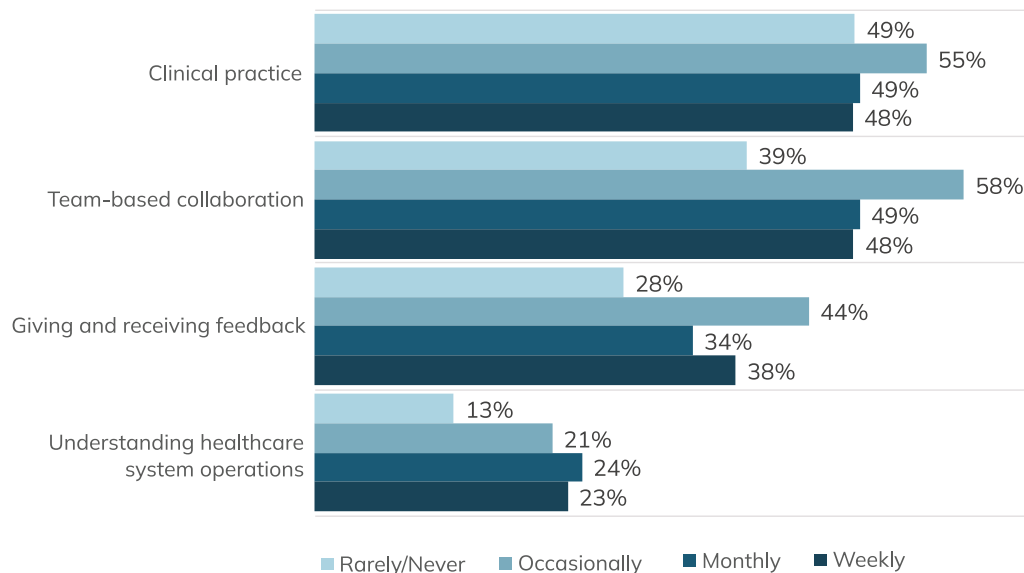
Dr. Omotola Ajibade, a practicing forensic psychiatrist, endured an onboarding process he described as “a slog” for a moonlighting experience with a large company during his residency. He recalled being frustrated by the length of the process — two to three months for in-house credentialing and then similar amounts of time for the places the organization contracted — as well as the lack of clarity.

The result: The year was almost halfway done before he saw his first patient. When credentialing and onboarding take too long, he cautioned, “it makes it much easier for physicians to walk away.”

Beyond wasted time, he noted the financial risk to the employer. If a hire never gets to work, the organization has essentially taken the money invested (as well as revenue opportunities) “and lit it on fire.” Prolonged, opaque onboarding also shapes first impressions. While “the honeymoon has to end at some point” for a newly hired physician, such early signs of issues are disconcerting.

He emphasized how residents often don’t know what to expect from onboarding. “[Physicians] who don’t do any sort of moonlighting while they’re in residency, they don’t [know] what a good onboarding experience or a typical onboarding experience might feel like.”

**PHYSICIANS WHO RARELY OR NEVER HAD PRE-BOARDING CHECK-INS WITH THEIR FIRST ORGANIZATION FELT LESS PREPARED IN AREAS SUCH AS TEAM-BASED COLLABORATION AND UNDERSTANDING OPERATIONS**



# BIG PICTURE: WHAT DRIVES EARLY-CAREER PHYSICIAN LOYALTY (CONTINUED)

## 4. Culture and relationships

Culture is decisive; bureaucracy is a deal-breaker. More than four in five physicians rated culture very or extremely important to satisfaction. The biggest “less-likely-to-stay” triggers were excessive bureaucracy, excessive workload/poor work-life balance, and poor leadership interaction.

Both physicians and administrators say personal relationships are central (especially peer colleagues), though leaders tend to overweight senior physician/administrative leader relationships.

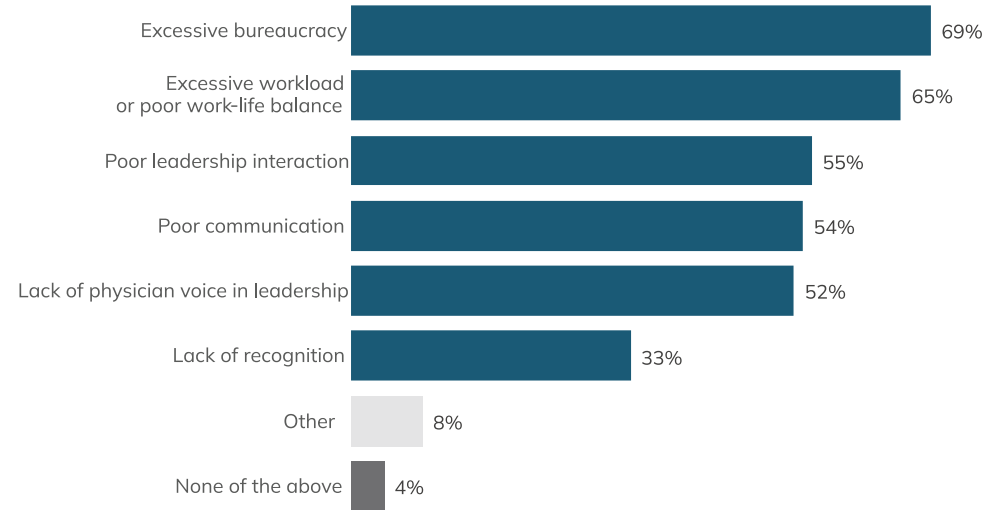
Where physicians said mentors influenced their decision to stay, they were more likely to rate relationships as “extremely important” — an actionable link between mentorship design and loyalty.

Physicians and administrators agree that team collaboration and physician voice in leadership strongly influence retention. Doctors also highlight clear communication and leadership accessibility more than recognition programs, underscoring that daily interactions and authentic voice matter more than perks.

### What this means

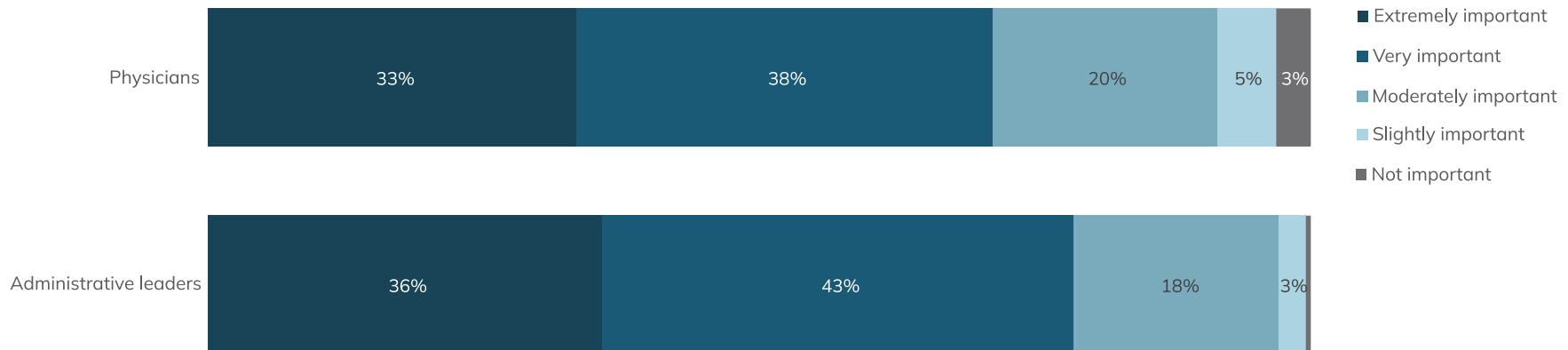
Loyalty is a designed system: competitive and transparent pay sets the floor; pre-boarding builds a sense of belonging before day 1; and culture and relationships — delivered through reduced friction, real-time feedback, visible leadership, and structured mentorship — dictate the ceiling for a physician’s success.

## EXCESSIVE BUREAUCRACY AND POOR WORK-LIFE BALANCE MAKE PHYSICIANS LESS LIKELY TO STAY AT AN ORGANIZATION

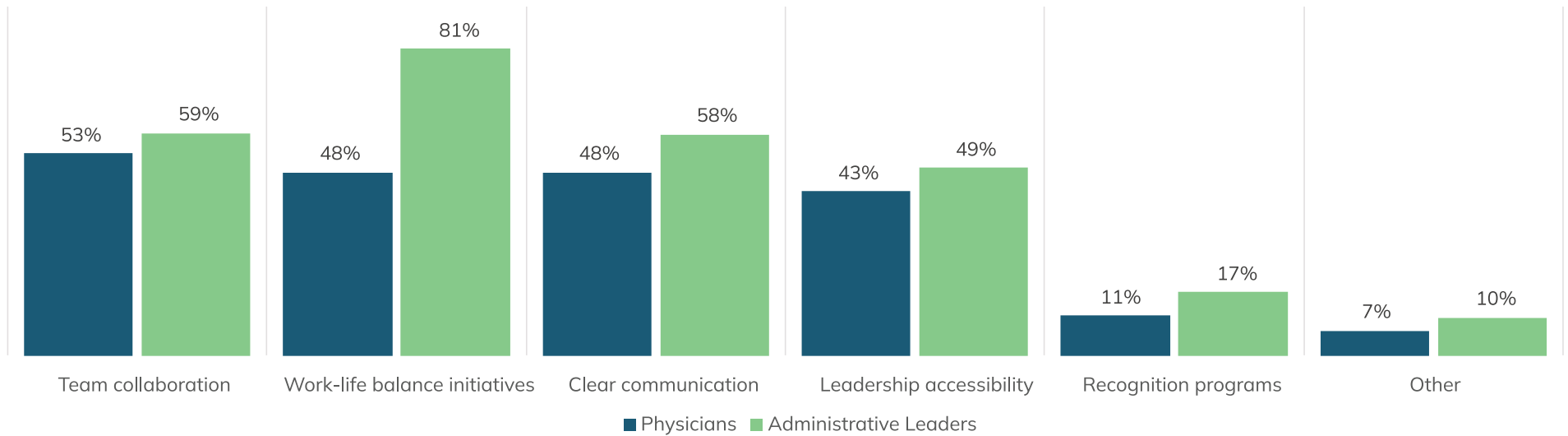


While the occasional pre-start withdrawal stings, first-year exits cut deeper: After months of introductions, onboarding, and patient handoffs, a departure leaves leaders, staff, and patients asking, “what went wrong?” It’s easier to explain someone who never fully joined, which is why engagement must be designed and sustained from offer through month 12.

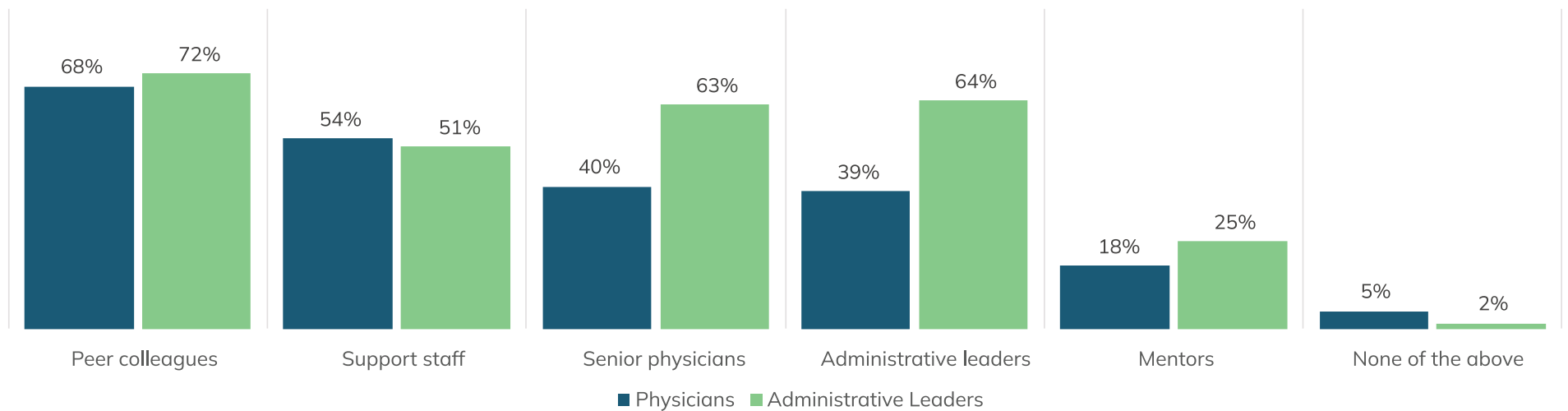
## PHYSICIANS AND ADMINISTRATORS BOTH SEE THE VALUE OF PERSONAL RELATIONSHIPS FOR FOSTERING LOYALTY/BUILDING RETENTION



**ADMINISTRATORS TEND TO RATE WORK-LIFE BALANCE INITIATIVES HIGHER THAN PHYSICIANS AS ASPECTS OF ORGANIZATIONAL CULTURE THAT POSITIVELY INFLUENCE PHYSICIAN RETENTION**



**MORE THAN TWO OUT OF THREE PHYSICIANS AND ADMINISTRATORS BELIEVE PEER COLLEAGUE RELATIONSHIPS MATTER SIGNIFICANTLY FOR PHYSICIAN RETENTION, WHILE A LARGE GAP EXISTS ON THE PERCEIVED VALUE OF ADMINISTRATIVE LEADER-PHYSICIAN RELATIONSHIPS**



The sections that follow translate these signals into levers that medical groups can pull immediately...

### 1. The psychological lens: belonging, voice, and autonomy

New physicians stay where they feel known, heard, and fairly treated. Start by making relationships tangible: assign a mentor and peer buddy with protected time and a cadence; give early-career physicians a seat (and vote) on a clinic committee; and establish real-time feedback norms between leaders and physicians.

#### Setting the stage for mentoring

Mentors for early-career physicians in particular “can give you this really incredible open feedback that you might not get the higher you get in an organization,” [according to Dea Robinson](#), PhD, MA, FACMPE, director of hospital medicine programs, Mountain Region, CommonSpirit Health. Dr. Alpesh N. Amin, MD, a board-certified internist at UCI Health in California, noted every new physician, whether early-career or mid-career, is paired with a mentor upon joining the organization.

But while many of these elements initiate on or after the start date, that is no reason to not have a plan. Recent guidance aligns with this: The AMA’s [onboarding playbook](#) expects regular check-ins from medical leadership and pre-start clarity on when online learning, EHR training, and first-patient dates occur — all of which are practical steps that signal support and belonging before day 1. Pre-arrival introductions, workspace and logistics readiness, as well as a “clinical buddy,” can be [staged during pre-boarding](#).

#### Don’t stop at developing mentor programs

While experienced mentors add tremendous value to your onboarding efforts and build authentic relationships with new physicians, achieving a more balanced, collaborative approach can be even more valuable. Learn more in MGMA’s article, “[Mentor up: How to be a great mentee and drive your own growth.](#)”

Both physicians and administrators rate relationships (especially peer connections) as central to engagement and satisfaction, and leaders rate mentorship quality higher than physicians — evidence that program structure and visibility might need to improve. Likewise, leaders and physicians both value cultural elements such as team collaboration, clear communication, and leadership accessibility — each a proxy for respect and voice.

### 2. An economic lens: compensation and clarity

Compensation is the floor for loyalty, not the ceiling. Once the contract is signed, pay is set, but clarity about how it works is still a major driver of early confidence. **A new hire who starts uncertain about incentive math, ramp timelines, or benefit triggers begins day 1 already skeptical.** The task of pre-boarding is to eliminate that ambiguity so physicians can focus on learning the system and building patient panels, not second-guessing their paycheck.

**Help new physicians [understand the full package](#), not just salary.** Spell out when and how benefits, CME funds, relocation assistance, or bonuses take effect, and clarify how the base transitions to productivity incentives. Frame these elements as a support system for their first year; absent that, it becomes a mystery for them to decode.

In our data, leaders were more likely than physicians to believe compensation significantly drives retention — yet when physicians leave, they most often cite leadership/administration and culture. Still, physicians say a higher base salary is the single improvement most likely to influence staying. The takeaway: **make pay competitive and radically clear, while fixing the day-to-day experience that actually determines stickiness.**

#### Design principles

Translate economics into time: **Share a ramp-up schedule and the first-patient date in advance so physicians see how incentives and productivity will realistically build.** If you assign any required modules or training before the official start, treat that time as [compensable work under the FLSA](#). Finally, set expectations that licensing/credentialing will add significant time for trainees making the transition, which can affect the timing of incentive eligibility.

### 3 KEYS TO ACHIEVE COMPENSATION CLARITY FOR YOUR EARLY-CAREER PHYSICIANS

- 1. Make the invisible visible.** Publish a one-page explainer with formula, metrics, examples, and timelines so there are no surprises later.
- 2. Align pay with workload reality.** If the template or OR access can’t sustain the incentive math early, say so — and show the ramp plan.
- 3. Link transparency to trust.** Leaders tend to overweight pay’s impact; clarity bridges the gap between offers and daily experience.

### 3. A generational lens: work-life and communication

Generational differences show up most in work-life expectations and communication styles. **Design credibility into balance** (templates, cross-coverage, inbox governance) and **train leaders to give frequent, in-the-moment feedback**.

Pre-boarding is where these expectations first get tested. Early-career physicians judge whether promises of balance and connection are real based on what happens between signing and start date. Are predictable check-ins scheduled? Are peers or mentors introduced over coffee or Zoom? Do they send short primers on EHR workflows, cross-coverage norms, or inbox management?

For these physicians, they don't view it as homework; it's how the organization signals, "we've got you." Our research and other reporting point to ongoing support, social connection, and predictable touchpoints as boosting satisfaction. **Even modest gestures during the ramp-up window — an invite to a team huddle, a welcome message from the division chief, or a buddy reaching out — reinforce that balance and belonging are built into your culture.** These moves answer what younger physicians say impacts their connection and how both audiences prefer feedback to work.

#### Translating responsibilities to roles

- **Chief medical officer and physician leaders:** Sponsor mentor pairs; set feedback norms; publish decision ownership and emphasize clear roles and accountability.
- **Chief operating officer or practice administrator:** Own the pre-boarding cadence; run the bureaucracy fix-list; align staffing/templates to balance.
- **Medical director:** Conduct 30-/60-/90-day check-ins/stay interviews; watch for early signals of "leave triggers;" escalate fixes as soon as possible.

### 4. A process lens: pre-boarding and operational friction

Make communications in the weeks after signing weekly and personal. Pair pre-boarding with a "bureaucracy fix-list" (approvals, licensure, privileging, payer enrollment, EHR access) so the first months feel human, not procedural.

Administrative leaders in our survey tended to overestimate the frequency and impact of these efforts. Using a pre-orientation checklist to stage credentials, IT, badges, schedule templates, and introductions before day 1 will be appreciated by physicians, who are likely to reward this reliable cadence of outreach with higher satisfaction and preparedness.

Administrative leaders can look to specialty societies for customized checklists, such as the one offered [for retina specialists](#).

## THE EXPECTATION GAP, EXPLAINED

The data surface three parts of the gap and how to close each.

### 1 Tenure: what leaders believe vs. what physicians live.

Most leaders believe new hires typically stay six or more years; only about a quarter of physicians report staying that long. Meanwhile, most physicians left their first roles within three years — despite fewer than one-third anticipating that outcome. This mismatch distorts recruiting promises ("you'll be here for years"), panel-build plans, and how resources are staged for onboarding.

Because leaders tend to overestimate tenure, they risk underinvesting in the crucial first weeks and months of a physician's pre-orientation and possibly those critical first three years — the window when loyalty is won or lost. Retention begins with recruitment and the follow-through by practice leaders thereafter. Closing the gap requires **planning recruitment, pre-boarding, orientation, and early-career support as if three years is the norm** — and earning every year beyond that as an achievement and not an assumption.

### 2 Timing: intent to leave shows up early.

More than one in four physicians considered leaving within the first year — a reminder that weeks 0 to 52 are decisive. **Treat the period from signing to start, and then again from start through month 12, as critical to loyalty.** Leaders who wait to check in until the first annual review are already too late.

### 3 Causes: why physicians leave versus what leaders assume.

Physicians point first to leadership/administration issues and organizational culture; leaders tend to overweight compensation. Align job design and leadership behavior to the true drivers: clarify decision ownership with physicians, make leaders accessible, reduce bureaucracy, and design workload balance that matches the offer. Keep pay competitive and transparent, but don't expect dollars to compensate for daily dysfunction.

When leaders misdiagnose the reason physicians leave, they double down on the wrong lever. Investing in richer contracts has some use, but doing so while ignoring leadership access or daily friction can accelerate mistrust. The exit interview may cite an exit due to "better pay," but often the dollars are just a proxy for the environment.

## PRE-BOARDING AS AN ENGAGEMENT ENGINE

Early-career loyalty doesn't start on day 1 — it starts the moment a physician signs. What you do in the long gap between acceptance and arrival is the strongest predictor of whether excitement deepens into trust or fades into doubt, or worse, regret.

### Perception gaps matter.

Our data show administrative leaders believe they are reaching out more often than physicians recall. Leaders also overrate the power of one-off gestures — a welcome call, a PDF, a lunch invite. What physicians are really measuring is reliability: Did the organization do what it said it would do, when it said it would? Volume must balance with quality.

### A cadence creates trust.

Weekly contact was strongly associated with higher satisfaction, stronger cultural salience, and better preparedness for non-clinical elements of work. Rare or irregular contact correlated with doubts about teamwork and system navigation — exactly the kinds of early friction that drive attrition. The point isn't that every message needs to be profound, but your organization should be present, dependable, and consistent.

### Design the cadence, not just the content.

With about 180 days between signing and start, a common “five weeks before start” model may be too shallow for many early-career hires. You don't need 25 consecutive weeks of programming, but you do need a visible roadmap: when outreach will happen, who owns it, and what it will cover. As much as it feels like scripting, at its core it is a promise. Setting the expectation helps along your ability to build engagement.

### Content with purpose.

Data dumps might work for some physicians, but the most effective touchpoints are the ones that create moments that translate into belonging and clarity: an introduction to the care team, a short run-through of inbox and scheduling norms, a walk-through of how mentorship or other peer connections show up on the calendar.

### Measure what matters.

Track two things: (1) did the touchpoints happen on time, and (2) how did physicians rate the overall pre-start experience? In our data, these two measures moved together, proving that reliability is a clear signal.

## SAMPLE 180-DAY PRE-BOARDING ROADMAP

### At signing (Day 0):

- Welcome call from leader + recruiter (ownership clarified: who's their go-to).
- Send custom pre-boarding roadmap so expectations are visible from the start.
- Provide checklist of credentialing, licensure, and relocation milestones.

### 120 days out (Month -6):

- Credentialing/licensure update with clear timelines.
- Light touch community primer (housing, schools, local physician networks).
- Invitation to shadow or virtually meet clinic team (optional).

### 90 days out (Month -3):

- Check-in with administrator + future mentor.
- Walkthrough of compensation model in plain language, tied to realistic ramp-up.
- Share draft schedule template with ability to flag questions.

### 60 days out (Month -2):

- Formal mentor + peer buddy assignment.
- Send calendar invites for monthly mentor/buddy check-ins (protected time).
- Short video intro from clinic staff/colleagues to build connection.

### 30 days out (Month -1):

- Confirm relocation/logistics support (if applicable).
- Send practical resources: call schedule overview, inbox policies, team norms.
- Personalized message from partner physicians or team members.

## SAMPLE 5-WEEK RUNWAY

### Week -5: Welcome + ownership

Live call (15 min) to confirm point-of-contact, review start-day logistics, and set expectations for the next 4 weeks.

Clarify decision ownership areas (what they own vs. what's shared).

### Week -4: Team connections

Structured introductions: care team, nursing leads, clinic manager. Share “who's who” one-pager with photos and roles.

### Week -2: Community + culture

Invite to community event, meet-up, or informal dinner with peers.

### Week -1: Day-1 readiness

Test logins, badge pickup, EHR sandbox access.

Mentor/buddy calendar finalized.

Short “welcome huddle” scheduled for morning of Day 1.

### Week -3: Operations primer

Walkthrough of schedule template, inbox norms, coverage/call responsibilities.

# RELATIONSHIPS AND MENTORSHIP: ANCHORS OF LOYALTY

Relationships are the glue, and peers are the strongest adhesive. Both audiences rate personal relationships as important, and more than two-thirds in each group single out peer colleagues as most influential for staying. Leaders, however, more often elevate senior/administrative relationships than physicians do, which can skew program design.

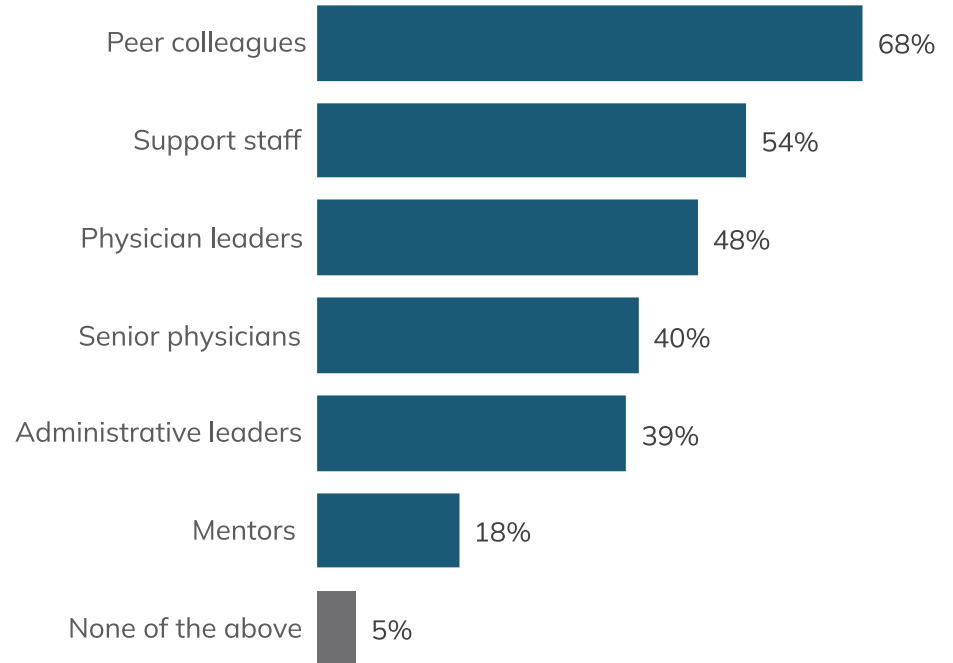
## Mentorship matters; structure matters more.

Administrative leaders rate mentorship quality higher than physicians; where physicians say mentors influenced their decision to stay, they more often rate peer relationships as “extremely important.” That’s a blueprint: formalize mentor selection, cadence, and protected time, and pair it with a peer buddy.

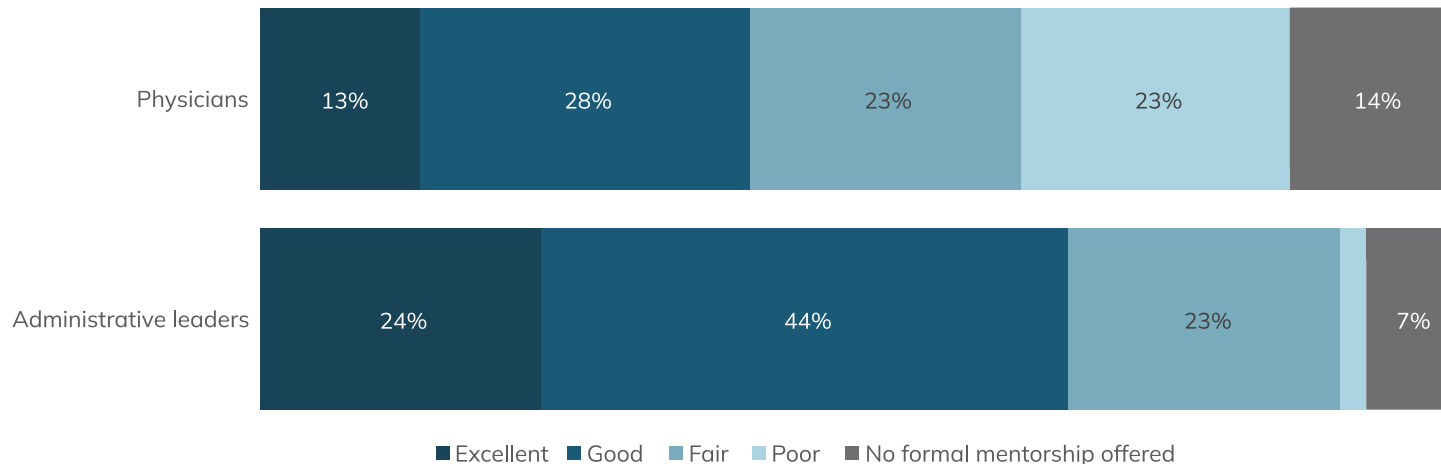
### Program design

- **Mentor:** One person focused on clinical growth and career navigation; establish a monthly 45-minute talk; two shadow sessions in the first 90 days.
- **Peer buddy:** An individual to help guide day-to-day workflows; meet weekly for 15 minutes over the first eight weeks; this person is the on-call resource for “who do I ask?” moments.
- **Medical director:** The go-to for micro-coaching in real time, as well as stay interviews at days 30/60/90.
- **Artifacts:** Written agreement, goals for first 90 days, and a punch list tied to the onboarding curriculum.

## PHYSICIANS RATE RELATIONSHIPS WITH THEIR PEERS AND SUPPORT STAFF AS SIGNIFICANTLY INFLUENCING THEIR DECISION TO STAY



## ADMINISTRATORS TEND TO RANK THE QUALITY OF MENTORSHIP HIGHER THAN PHYSICIANS



# REFRAMING PHYSICIAN RETENTION AS LOYALTY: THE POWER OF RELATIONSHIPS

**The study found 59% of physicians left their first jobs within three years, and yet, according to an MGMA Stat poll, just 15% of medical groups have formal physician retention plans. How can leaders leverage this new data to improve retention at their organizations?**



Everyone agrees retention is critical, and yet, I think many leaders don't know where to start when it comes to formal retention plans. Perhaps because it all feels very transactional — something to be measured, negotiated, and crossed off a list. But what if we reframed retention, not as a datapoint, but as the natural outcome of loyalty? And what if loyalty wasn't something we demanded, but something we earned?

Reframing physician retention as loyalty shifts the focus from simply preventing departures to actively cultivating a deep, emotional, and long-term commitment from physicians. It's the difference between asking, "How do we keep them?" and "How do we earn their loyalty?"

This isn't about adding yet another initiative to the retention strategy. It's about shifting the lens entirely and trusting that when you do the right thing, the rest will take care of itself. Loyalty isn't a metric — it's a mirror. It reflects how well we've cared for the people who care for our communities.

**What are some ways that organizations can better care for physicians and cultivate a sense of loyalty?**

Loyalty is born out of relationships based on trust, respect, and shared values. It's built gradually in both the big and small moments — when a leader remembers a physician's child's name, when a colleague shows up during a hard shift, when policy aligns with professed values, even when it's inconvenient. In order to be loyal, physicians need to

know they can trust their leaders, and all too often, this isn't happening. Nearly half of the survey respondents said they left their first jobs due to leadership/administration issues. People don't quit jobs; they quit leaders.

On the other hand, healthy relationships rooted in trust and transparency foster loyalty and commitment. When physicians feel seen, heard, and valued — not just for their clinical output but for their humanity — they stay. Not because they have to, but because they want to.

**The new data indicate the outsized role of relationships in physician retention. With that in mind, what advice do you have for leaders about building relationships with physicians at their organizations?**

It's not surprising to learn that the relationships a physician has with an organization and its members will significantly influence how long he or she stays. From that first interaction with a physician candidate, organizations lay the foundation for building a strong relationship. Once the offer is accepted, efforts to develop the relationship ramp up through pre-boarding, with an assigned owner managing weekly communication, including introductions to colleagues. Making those early connections is crucial to a smooth onboarding process. These will be the new physician's primary touchpoints during that first week and beyond, offering kindness and empathy and making physicians feel welcomed and understood.

The data reveal a misalignment between what leaders assume is communicated in those weeks leading up to the start date and what physicians are actually receiving. Assigning an owner to execute a pre-boarding roadmap may eliminate the oversight, but I caution against relying too much on automation and templates. Transactional emails

and scripted exchanges signal bureaucracy and disinterest. The words may convey the right things, but if they feel generic and impersonal, the relationship weakens.

That's not to say that being intentional with your communication plan is somehow false or inauthentic. Just don't forget that there is a very real human on the receiving end of your plan. So, send emails, schedule meetings, organize coffee dates, but do it, not with the expectation of gain, but because you value human connections and want to create a lasting bond with your newest hire.

### What is the role of culture in building authentic relationships with physicians?

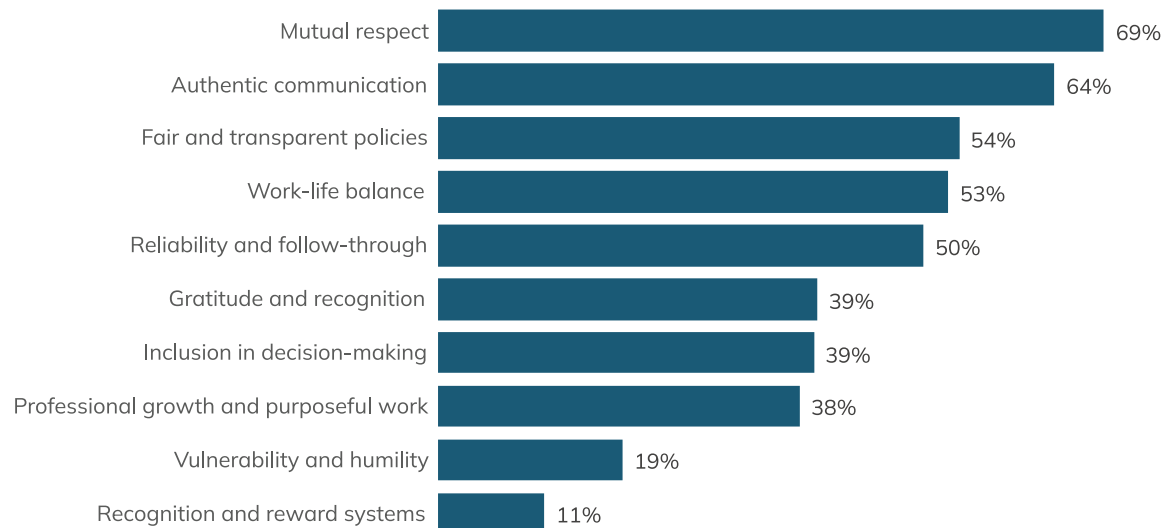
A positive culture is the soil in which authentic relationships grow. Culture is the manifestation of an organization's mission, values, and beliefs. It shows up in tangible ways such as the transparency of compensation plans, the accessibility of leadership, and ongoing efforts to minimize bureaucratic friction. It's experienced as honest feedback, open, two-way communication, formal mentorship programs, and meaningful work-life balance initiatives.

It's the big and small things that contribute to how a physician feels about the job at the end of a long, hard day. Because no physician expects the job to be easy, but they do expect — and they deserve — to have the support of peers and leaders with shared values. This is why we say retention begins with recruitment, for it is here that we identify alignment of mission, values, and beliefs.

When values are aligned, relationships are primed to grow stronger with every interaction — whether it's a casual chat, a one-on-one meeting, or a lunch date. When the intentions are genuine, physicians will feel increasingly connected to each other, to their mission, and to the patients they serve — and the resulting sense of loyalty will keep physicians at your organization for the long haul.

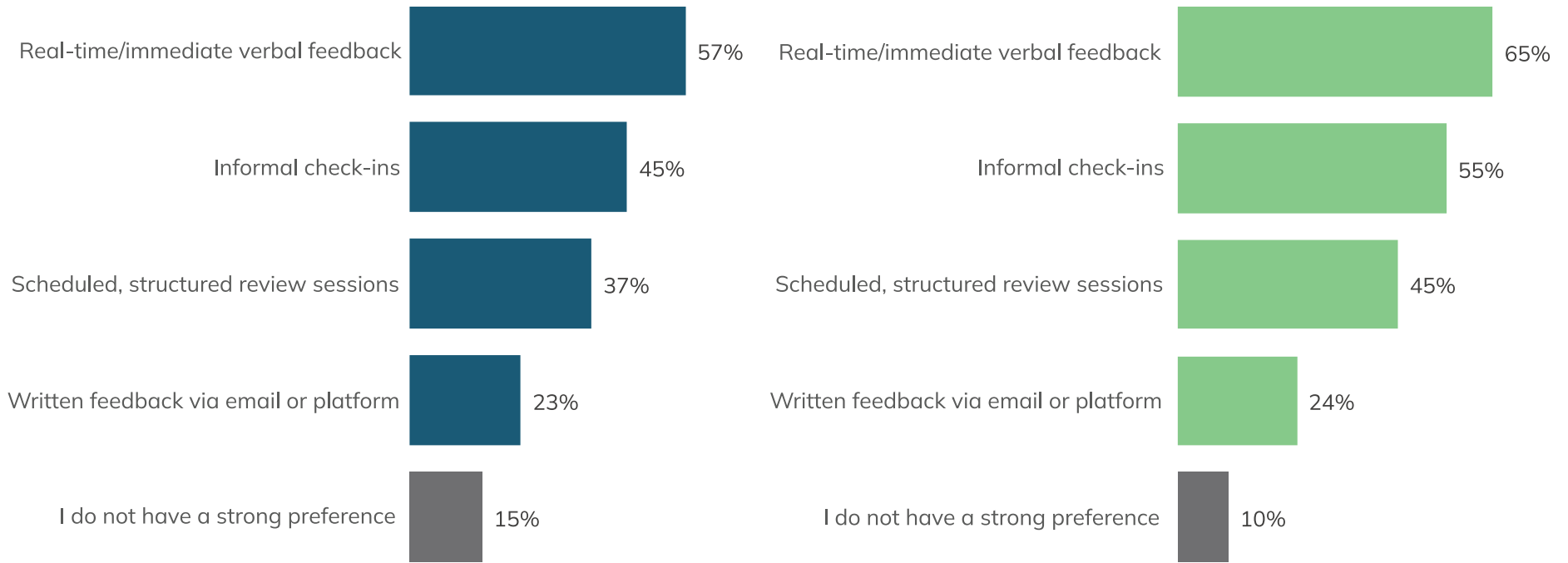


### MUTUAL RESPECT AND AUTHENTIC COMMUNICATION STAND OUT AS BEHAVIORS MOST STRONGLY CONTRIBUTING TO BUILDING LOYALTY AND LONG-TERM CONNECTIONS



# FEEDBACK AND GROWTH

## PHYSICIANS (LEFT) AND ADMINISTRATORS (RIGHT) HAVE SIMILAR PREFERENCES ON RECEIVING AND GIVING PROFESSIONAL FEEDBACK



**Real-time, immediate verbal feedback** — supported by informal check-ins — beats scheduled reviews or email alone for both physicians (to receive) and leaders (to give). The medical director, supervising physician, or designated mentor should carry the primary responsibility, but peers and team leads can reinforce it. The cadence will naturally flex with clinic volume and resources; not every encounter merits a debrief, but consistent touchpoints are what built trust.

### Make feedback habitual, not heroic

- **Right after the visit:** 60–120 seconds outside the room; one thing to keep, one thing to try.
- **End-of-day debrief:** Five minutes to surface patterns (template friction, documentation snags) and route fixes.
- **Monthly growth huddle:** 20 minutes with the medical director; review 1–2 metrics the physician helps choose; agree on one experiment for the next month.

### Equip leaders with simple scripts

- **Micro-coaching opener:** “Can I share one thing I’d keep and one I’d try?”
- **Normalize bidirectional feedback:** “What’s one thing I can do this week to make clinic flow easier for you?”

These practices align with how early-career physicians say they want to receive feedback and with leaders’ preferred way to give it.

**Close the loop with systems.** Many “performance” issues are workflow issues in disguise, and physicians cite the excessive bureaucracy in these settings as their top factor to make them likely to leave an organization. Use feedback moments to log recurring barriers (double-books, inbox overload, supply gaps) and feed them into the bureaucracy fix-list. That way, feedback becomes a two-for-one: support for the physician and the starting point for operational improvement.

**Maria Teresa Delgado, Chief Administrative Officer at Tri-Valley Orthopedics Specialists,** credits her group's ability to retain early-career physicians to **transparency, culture, and relentless communication.** “No, 100% they're still here,” Delgado said when asked about first- and third-year retention, a rate that far surpasses national survey averages.

The key, she explained, is that the practice never hires physicians simply as long-term employees. “Our newest partner made partner after a year and a half. We never hire anybody with the intention of keeping them as employed physicians and we're very transparent about that.”

That clarity starts during recruitment. Delgado screens candidates for alignment with the independent practice model. “We pass on those candidates” who only want to “show up at work and ... see patients” without interest in leadership or partnership. Instead, she looks for physicians willing to invest in the practice and pursue partnership, typically within two years depending on specialty revenue.

**Pre-boarding is equally rigorous. As soon as a physician signs, “our operations team immediately sends them an email ... a spreadsheet that's sent to them with step one, this is what we need.”**

Delgado then maintains “constant communication,” adjusting her check-in cadence based on responsiveness. “If they're being efficient ... I just check with them monthly. If ... they are creating some delays then ... I will call them or message them as needed and if that means every week, then it's going be every week.” This combination of structured process and personal attention sets expectations and keeps credentialing on track across the six to eight months before a start date.

Once physicians join, culture takes hold. Though mentoring is informal, senior partners are expected to proctor and guide new physicians. Delgado pointed to the latest hand specialist, who “frequently talks to our senior hand physician” and was supported through surgeries at the outset.

Transparency in finances also plays a role: “They have visibility to everything because we feel that that inspires them to ramp up, work hard and want to get to that point so they could make partnership and reap those same benefits.”

Challenges remain, particularly competing against large systems' salaries. Delgado acknowledged, “You have the younger physicians coming in and they want that golden handcuff immediately and you can't compete with that regardless.” Yet, many physicians who start at [big systems] ultimately come to Tri-Valley, seeking the autonomy and partnership they couldn't find elsewhere.

## THE LOYALTY FORMULA

Three pillars translate the findings into an operating system for loyalty:

**1 Respect and Communication:** Visible leadership, voice, and authentic dialogue. Physicians most often credit mutual respect and authentic communication as the behaviors that build long-term connection. Embed bidirectional feedback.

**2 Fair Policies and Workload:** Low bureaucracy, clear rules, and credible work-life design. Physicians pointed to fair/transparent policies and work-life balance as core to loyalty — and named excessive bureaucracy and poor leadership interaction as “less-likely-to-stay” triggers. Your fix-list and template governance live here.

**3 Compensation and Clarity:** Competitive base, transparent incentives, honest trade-offs. Most physicians say higher base would have influenced staying; align incentives to real workflows and publish the ramp.

## CONCLUSION

Most physicians begin with a sense of calling, but many watch it dim as the reality of medical practice diverges from what they trained for. The calling persists where work centers on meaning — time with patients and problem-solving — and fades when administrative drag and thin relationships crowd those moments.

In parallel, roughly a third are considering a move within one to three years, and many question whether they would choose medicine again — signaling that disillusion builds quickly if early experiences don't match expectations.

**Retention is by design, not luck.** It begins in recruitment and lives in the weeks from signing to start, and again in ongoing engagement in a physician's first years with the organization.

The right touchpoints — with meaningful relationships, real-time feedback, and clarity on compensation — help do more than just “welcome” a new hire. They preserve purpose by creating more patient time, more problem-solving, and less bureaucracy.

As the survey showed, **relationships anchor loyalty:** Physicians most valued relationships with peers (68%), support staff (54%), and physician leaders (48%). **Having culture drive connection** takes it a step further: Top factors for physicians were team collaboration (53%), physician voice in leadership (53%), work/life balance (48%), and clear communication (48%).

If these crucial first weeks and months are not assigned to someone to own, teams can risk living their own version of the Dr. Ortiz parable and miss out on making connections. **The blueprint is not complicated: Align promises with your practice. Fight back against the friction that everyone acknowledges. Be prepared to provide feedback.**

Most importantly, treat every year of tenure as something to be earned, not expected. In every medical group, the story of loyalty or loss begins in the same place: the moment a physician says “yes.”

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