ON BEHALF OF THE ASSOCIATION,

We are pleased to present the 2020-2021 Physician and Provider Job Satisfaction and Search Report. AAPPR would like to give special recognition and express sincere appreciation for the contributions of The Medicus Firm and M3 Global Research who were both instrumental in the development of this research.
INTRODUCTION

The Association for Advancing Physician and Provider Recruitment (AAPPR) is a professional organization exclusively for health care professionals who influence the recruitment to retention continuum and are committed to quality health care for their communities. AAPPR is the leading authority on physician and provider recruitment, onboarding, and retention, and is dedicated to transforming healthcare by empowering industry experts through education, research, and engagement.

AAPPR is composed of nearly 2,000 professionals employed directly by hospitals, clinics, physician practices, medical groups, telehealth providers, academic medical centers, retail health clinics, and managed care organizations.

DISCLAIMER

The statistical information contained in this report is believed to be broadly representative of physicians and advanced practice providers. All reasonable efforts were taken to ensure data comparability within the limitations of basic reporting procedures. However, the findings are based on those who chose to participate in the survey, and the sample was not adjusted to reflect any pre-determined profile expectations. AAPPR, therefore, makes no representations or warranties with respect to the results of this study and shall not be liable for any information inaccuracies, errors or omissions in contents, regardless of the cause of such inaccuracy, error or omission. In no event shall AAPPR be liable for any consequential damages.

Note: Figures may not precisely total 100 percent, due to rounding.
OBJECTIVES
This survey was completed by US physicians and advanced practice provider professionals.

The purpose of the survey was to assess preferences of health-care providers in job searching, interviewing, and placement during a highly virtual COVID-19 environment.

METHODOLOGY
An online survey was distributed by M3 Global Research to US healthcare providers with responses collected from 2,627 candidates.

Topics covered include:
- Early retirement decisions
- Desire for employer change
- Feedback on job search process and tools
- Satisfaction with recruitment staff
- Awareness surrounding upcoming CMS changes
Participant Demographics

Respondents were well distributed across specialties, with representation from over 37 specialties. Where available, respondents were classified according to AMA specialty groups, though there is diversity on scope of function within categories. The top 10 specialties covered in the survey are summarized in Table 1.

The respondents’ years in practice ranged from 0 to 53. Mean value was 13.94 years, while median duration in practice was 10 years. Distribution is shown in Figure 2. Based on data from the Association of American Medical Colleges (AAMC), this distribution is slightly skewed toward younger physician audiences. AAMC reports from 2017, asserted that 55.9% of physicians are under age 55, while 44.1% were age 55 or older. As well, average age at residency completion is around 31 years.

Table 1: Top 10 respondent specialties.

<table>
<thead>
<tr>
<th>Specialty</th>
<th># Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internal Medicine</td>
<td>384</td>
</tr>
<tr>
<td>Advanced Practice Registered Nurse</td>
<td>263</td>
</tr>
<tr>
<td>Family / General Practice</td>
<td>244</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>204</td>
</tr>
<tr>
<td>Physician Assistant</td>
<td>193</td>
</tr>
<tr>
<td>Resident or Fellow</td>
<td>166</td>
</tr>
<tr>
<td>Anesthesiology</td>
<td>137</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>113</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>103</td>
</tr>
<tr>
<td>Obstetrics &amp; Gynecology</td>
<td>100</td>
</tr>
</tbody>
</table>

Figure 1: Distribution of respondent years in practice.
RESULTS:

Due to the pandemic, those in health care and recruitment leadership are paying attention to early retirements. By and large most physicians said no, but instances where physicians did decide to retire early or may still be contemplating creates added uncertainty. The survey asked if respondents decided to retire early specifically due to practice changes caused by the COVID-19 Pandemic. Of respondents, 87.97% said “No”, 7.73% were “Unsure”, and 4.30% said “Yes”.

There were variances in the distribution of years in practice for each response. According to the AMA Insurance Agency, Inc., a subsidiary of the American Medical Association, nearly 30% of physicians retire between the ages of 60 and 65, while 12% retire before the age of 60. In this survey respondents who did not retire early due to practice changes caused by COVID-19 were earlier in their career and had a mean of 13.22 years in practice, and median of 10 years in practice.
RESULTS:

Respondents who were uncertain of early retirement had a mean of 17.81 years in practice, with a median of 18 years. (Figure 4)

In contrast, respondents who did retire early due to COVID-19 had a mean of 21.70 years in practice, with a median of 22 years, or about 30% sooner than when most physicians traditionally retire. (Figure 5)

Figure 4: Distribution of practice duration for those Uncertain About Retiring from COVID-19

Figure 5: Distribution of practice duration for those retiring early from COVID-19
According to the survey, there were diverse reasons for early retirement:

- Over 1/3 of respondents (34.78%) considered burnout a primary factor of early retirement
- 21.26% of respondents attributed an increasingly difficult technology and administrative workload to causes for early retirement
- 19.32% of respondents selected financial markets
- 14.49% selected workforce shortage as contributing factors

Other frequently reported reasons included career change from healthcare, direct COVID-19 risks or issues, culture, family or health reasons, or politics. When grouped by years in practice, respondents ranked primary reasons for retirement slightly differently.

| Table 2: Top Reasons for Early Retirement by Years in Practice |
|---------------------------------|---------------------------------|---------------------------------|
| **Less than 15 years in practice** | **15-30 years in practice** | **Over 30 years in practice** |
| 1. Burnout | 1. Burnout | 1. Increasingly difficult technology and administrative work |
| 2. Increasingly difficult technology and administrative work | 2. Increasingly difficult technology and administrative work | 2. Workforce shortage |

This data shows a trend towards earlier retirement in an unstable healthcare market. This trend is confirmed in literature. According to AAMC, “Growing concerns about physician burnout, [...] suggest physicians will be more likely to accelerate than delay retirement.” \(^3\) Respondents to this survey, rank burnout and increasing technological or administrative burden as primary reasons for retirement. These motivations were highly affected by impacts of COVID-19 throughout 2020 and early 2021. According to Becker’s Hospital CFO Report, hundreds of hospitals throughout the nation furloughed healthcare workers in response to decreases in revenue, while increased need for pandemic prevention and treatment, plus non-pandemic emergency care affected hours, role complexity, and scope. \(^4\) Recent evaluation by Medical Economics also confirms administrative and technological burden as primary reasons of physician workplace displeasure. Since the launch of the electronic health record (EHR), the healthcare community has seen a proliferation of quality metrics for evaluation and documentation. \(^5\) With increased mandatory reporting, documentation, and electronic data interchange issues due to changes to care workflows impacted by COVID-19, the administrative and technological burden has increased. Finally, according to a 2009 study by Peisah, Latif, Wilhelm, and Williams, “older, more experienced doctors report lower psychological distress and burnout than younger doctors which the older doctors attributed to lessons learned over their years of training and practice.” \(^6\)
RESULTS:

In the last 12 months, it was common for respondents to consider changing employers. Over half of respondents, 56.72% are considering or considered changing employers.

There was minor variance between duration in practice for respondents considering changing employers. Those who did consider changing employers in the last 12 months had a mean of 13.76 years in practice and a median of 10 years. Those who did not consider a change had a mean of 13.36 years and a median of 10 years in practice.

There were many reasons respondents considered a change in employer with burnout and lack of support as the top two reasons. Counts of motivations for change are shown in Figure 7.
RESULTS:

When looking for a new position, respondents reported that they are most interested in a position that offers an incentive pay model that focuses on:

- Quality of Care
- Volume / Panel
- Quality of Life
- Location
- Salary / Incentives
- Practice Financials

Overall, respondents are motivated by quality of care (54.29%) and volume or panel size (29.02%) over all other incentive sources.

When looking for new career opportunities, physicians use a diverse set of search tools. Respondents primarily used the following sources:

- Direct Employer Recruitment Pages
- Network or Internal Referrals
- Professional Association Career Centers
- Physician Job Boards (such as PracticeMatch, PracticeLink, Doximity and HealthcareJobFinder)
- Social Media
- Search Aggregator sites (such as Indeed or Google)
- Other Job Boards

As shown in Figure 9, methods used fluctuated by years in practice.
RESULTS:

The respondents also rated their opinions on the effectiveness of virtual interviewing in their job search process. Of all respondents, only 8.05% found virtual interviewing to be “Not Effective”, while nearly half of physicians said virtual interviewing was “Somewhat Effective” and 32.27% categorized it as “Effective”. Furthermore, 9.64% of respondents found virtual interviewing to be “Very Effective”.

Years in practice did motivate some differences in perceived effectiveness of virtual interviewing. It is also important to note that there were significantly more responses from earlier career audiences for having experienced a virtual interview. For those who thought virtual interviewing was somewhat effective, effective, or very effective, mean years in practice was 22.49 years, while median was 12.1 years. Distribution of practice duration is shown in Figure 11.

For those who found virtual interviewing to be not effective, mean years in practice was 16.99 years, while median was 15 years. Distribution of practice duration is shown in Figure 12.
RESULTS:

Incredibly, over half of respondents (53.94%) said they would accept a position that they only virtually interviewed for. An additional 22.91% were unsure if they would accept, while 23.15% would not accept a job without an in-person interview. For those who marked virtual interviewing as “Effective” or “Very effective”, 77.86% would accept a job that they only virtually interviewed for.

Clearly, in-person experience of the environment is often desirable to respondent audiences, but virtual interviewing has been a successful tactic. In context of recent data and developments, AAPPR asserts that “It is likely that virtual interviewing will continue to be a critical vector for physician recruitment, particularly in early interview rounds. Investing in good practices, technology, and strategies around virtual interviewing has the potential to save organizations and health care providers, alike, time, money, and uncertainty for many years to come. However, we do recognize the importance of in-person experiences during the recruitment process to best understand long term fit.”

After offer, when negotiating compensation and benefits, 64.12% respondents reported that they prefer to work with the hiring organization directly, followed by 18.36% who preferred to work with an intermediary group, such as a firm, negotiating on their behalf. 17.51% did not have a preference on who was negotiating for salary and benefits. In a survey by Negotiaid, only 9% of physicians feel prepared to negotiate, while 72% have negative feelings about salary negotiation. Salary negotiations seem to be a stressful piece of many physician’s jobs placement process, regardless of point of contact.
RESULTS:

Respondents were asked to select the top 5 most important benefits offered by a new employer. Top ranked benefits are shown in Table 3.

Respondents interact with a variety of support roles during the job search process. This survey evaluated respondent experience with the following roles:

- In-house physician or provider recruiter
- Recruitment firm, utilized for permanent placement or long-term opportunities. Also considered 3rd party or outside recruiter.
- Locums recruiter, utilized for short-term, assignment-based opportunity
- Physician leaders
- Organizational c-suite or senior leadership

Distribution of their satisfaction with key players is portrayed in Figures 15-19. In summary, physicians preferred to work with in-house recruiters (77.65% satisfaction rate) or physician leaders (72.55% satisfaction rate).

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Combined compensation and benefits</td>
<td>1744</td>
<td>13.87%</td>
</tr>
<tr>
<td>Relocation coverage</td>
<td>1491</td>
<td>11.86%</td>
</tr>
<tr>
<td>Reduced or negligible on-call time</td>
<td>1475</td>
<td>11.73%</td>
</tr>
<tr>
<td>Ability to serve in a leadership role</td>
<td>1293</td>
<td>10.29%</td>
</tr>
<tr>
<td>Schedule flexibility</td>
<td>1192</td>
<td>9.48%</td>
</tr>
<tr>
<td>Amount of and ability to take time off</td>
<td>1041</td>
<td>8.28%</td>
</tr>
<tr>
<td>Tuition reimbursement</td>
<td>933</td>
<td>7.42%</td>
</tr>
<tr>
<td>Loan forgiveness or repayment</td>
<td>873</td>
<td>6.95%</td>
</tr>
<tr>
<td>Autonomy</td>
<td>765</td>
<td>6.09%</td>
</tr>
<tr>
<td>A work culture that aligns with my values</td>
<td>624</td>
<td>4.96%</td>
</tr>
<tr>
<td>Ideal location of the job</td>
<td>440</td>
<td>3.50%</td>
</tr>
<tr>
<td>Leadership support and investment</td>
<td>297</td>
<td>2.36%</td>
</tr>
<tr>
<td>Visa Support</td>
<td>244</td>
<td>1.94%</td>
</tr>
<tr>
<td>Practice support (e.g., medical assistants, RNs)</td>
<td>88</td>
<td>0.70%</td>
</tr>
<tr>
<td>Colleagues/medical staff community</td>
<td>70</td>
<td>0.56%</td>
</tr>
</tbody>
</table>

Figure 15: Group Satisfaction with In-House Recruiters

Figure 16: Group Satisfaction with Recruitment Firm
Figure 17: Group Satisfaction with Locums Recruiter

Figure 18: Group Satisfaction with Physician Leaders

Figure 19: Group Satisfaction with Senior Leadership
RESULTS:

We then aggregated total satisfaction across roles to understand overall process experience. By user, we weighted scores for satisfaction with each recruitment staff member from highly dissatisfied to highly satisfied. We then categorized overall user experience from very negative to very positive for all interviewer experiences. More positive satisfaction scores indicate higher satisfaction across experience with each recruitment support role, while more negative satisfaction scores show dissatisfaction across experience with multiple roles. Distribution of overall user satisfaction is depicted in Figure 20.

Overall, respondents have a positive experience across support roles within recruitment. They are most satisfied with in-house recruiters, recruitment firms, and physician leaders.

Finally, with the dynamic 2020 job market, we surveyed respondents on if they made or considered a career change because of receiving a new opportunity through a recruitment firm in the past 12 months. Of all respondents, 27.26% said they did consider or make a career change through an opportunity presented by a recruitment firm.
RESULTS:

Finally, we surveyed healthcare providers about awareness of recent changes in healthcare policy. Specifically, the Centers for Medicare & Medicaid Services (CMS) released proposed annual Physician Fee Schedule and Quality Payment Program rule. These updates impact payment rates across healthcare services. Respondents were asked to measure their level of awareness of impending CMS changes. Almost half of respondents (45.68%) were slightly aware, while 29.23% were aware and 25.09% were not aware of CMS changes.

Furthermore, 48.88% of respondents were “Slightly aware” of the impacts CMS changes would have on their compensation, while 37.04% were “Aware”. 14.08% of respondents said that they were “Not aware” of how CMS changes would impact compensation.
2020 was a difficult year in healthcare. Survey respondent trends include:

- Propensity for early retirement as a direct result of the impacts of COVID-19
  - Burnout, increasingly difficult technology and administrative workload, and financial markets were primary causes for early retirement
- Over half of survey respondents considered or completed an employer change
  - Burnout, lack of care delivery support and organizational financial status were primary reasons for employer change
- Employer websites, network referrals, search aggregator sites, and association career centers were predominant tools for job searching
- Over 90% of respondents said virtual interviewing was at least somewhat effective and over half of respondents would accept a job with only a virtual interview
- Respondents prefer to negotiate directly with hiring organizations for compensation and benefits
  - Top 5 important benefits included
    - Combined compensation and benefits
    - Relocation coverage
    - Reduced or negligible on-call time
    - Ability to serve in a leadership role
    - Schedule flexibility
- Respondents were generally satisfied with recruitment staff
  - Respondents prefer to work with in house recruiters, recruitment firms, and physician leaders
  - More than 25% considered or took an opportunity presented through a recruitment firm in the last 12 months
- Roughly 75% of physicians are aware of upcoming CMS changes and how this impacts compensation opportunity
1. Have you decided to retire early specifically due to practice changes caused by the COVID-19 Pandemic?
   - Yes
     » If yes which factors apply?
       • financial markets,
       • workforce shortage,
       • burnout,
       • increasingly difficulty of technology and administrative work
       (regardless of answer, skip to question #7)
   - No
   - Unsure

2. Have you considered changing employers in the last 12 months?
   - Yes
     » If yes, was it due to any of the following?
       • Lack of care-delivery support
       • Organizations’ financial status
       • Productivity
       • Engagement
       • Burnout
       • Needing to relocate
       • None of the above
     » In your job search, which platforms have you used to learn about open positions? (select all that apply)
       • Direct Employer Recruitment Page
       • Internal Referral/Networking
       • Professional Association Career Centers
       • PracticeMatch
       • PracticeLink
       • Doximity
       • Healthcarejobfinder
       • Social media
       • Search aggregator sites such as Indeed or Google Jobs
     » Rate your opinon of the effectiveness of virtual interviewing
       • Not effective
       • Somewhat effective
       • Effective
       • Very effective
       • N/A
   - No
3. If and when looking for a new position, I am most interested in a position that offers an incentive pay model that focuses on:

- Volume / Panel Size
- Quality Outcomes
- Other Key Performance Indicators

4. Would you consider accepting a position that you have only virtually interviewed for?

- Yes
- No
- Unsure

5. If offered a new position, who do you prefer to negotiate your compensation and benefits with?

- Hiring organization directly
- An intermediary such as a firm negotiating on your behalf
- Unsure
- Doesn’t matter

6. Please select the top five benefits important in a new position

- Combined compensation and benefits
- Relocation coverage
- Reduced or negligible on call time
- Ability to serve in a leadership role
- Schedule flexibility
- Amount of and ability to take time off
- Tuition reimbursement
- Loan forgiveness or repayment
- Autonomy
- A work culture that aligns with my values
- Ideal location of the job
- Leadership support and investment
- Visa support
- Practice support (i.e. medical assistants, RNs)
- Colleagues/medical staff community
7. I am aware of the major changes coming from Centers for Medicare & Medicaid Services (CMS).
   - Aware
   - Slightly aware
   » If yes to aware or slightly aware:
     • I am aware of how that may impact my compensation in future contracts
     • Aware
     • Slightly aware
     • Not aware
   - Not aware

8. My level of satisfaction working with the following hiring and recruitment professionals

Columns

• Highly satisfied
• Satisfied
• Dissatisfied
• Highly dissatisfied
• N/A

Rows

• In-house physician/provider recruiter
• Agency recruiter (utilized for permanent placement or long-term opportunities - also considered 3rd party or outside recruiter)
• Locums recruiter (utilized for short-term, assignment-based opportunity)
• Physician leaders
• Organizational c-suite or senior leadership