PRISM
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Findings Snapshot
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How physicians' anticipated retention within urban and rural HPSA practices varies with their assessments of their work and jobs.

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Job turnover for physicians is prompted by many things they can experience in their work and jobs: poor administration, poor work/life balance, unfair compensation, feeling undervalued, non-collegial work environment, and more. Not enough is known about the job factors specifically affecting turnover or its converse, retention, for physicians working in urban and rural Health Professional Shortage Areas (HPSAs), where turnover is particularly costly for patients and practices.

This study identifies physicians' assessments of various aspects of their work and jobs in urban and rural HPSAs that differ for those who do versus do not anticipate remaining in their practices beyond another two years. It also asks if these work factors affecting retention differ for physicians in urban versus rural HPSAs.

Data: from 1,102 physicians working in HPSAs at the time their support from a National Health Service Corps ended, from 2014 to 2024.

Respondents were:

- 747 physicians in urban HPSAs, 351 in rural HPSAs; in 33 states
- Practice types:
  - Federally Qualified Health Centers
  - Rural Health Clinics
  - Hospital-based sites
  - IHS or tribal Sites
  - Other outpatient practices
- Specialties of respondents included:
  - Family Medicine
  - Pediatrics
  - Psychiatry
  - Internal Medicine
  - Other
- 663 women; 412 men
- Ages 31-68; median, 41

In questionnaires, physicians rated their agreement with 16 positive statements about their work and jobs, for example "Work rarely encroaches on my personal time" and "The administrator of my practice is effective." Responses to these statements were combined into six scales of satisfaction with six broad aspects of work. Physicians also reported how many more years they anticipate working at their current practices.

Findings

Approximately three-quarters of physicians both in urban and rural HPSAs anticipated they will remain in their current practices more than two years (Table 1).

Satisfaction scores (1-low to 5-high) were similar for the urban and rural HPSA physicians for 4 of the 6 aspects of physicians' work and jobs tested. But as a group, rural HPSA physicians were more satisfied both with having a good practice administration and feeling well and fairly compensated.

Table 1. Two-year anticipated retention and average satisfaction ratings for urban and rural HPSA physicians

	Urban HPSA physicians (n=747)	Rural HPSA physicians (n=355)	p-value
Anticipates remaining more than two years	71.4%	75.8%	.12
Satisfaction with:			
Having good administration	3.50	3.67	.01
Feeling connected and supported	4.01	4.03	.62
Finding work meaningful	4.45	4.48	.46
Having a good work-life balance	2.98	3.00	.069
Feeling well and fairly compensated	3.33	3.59	<.001
Being able to provide all services desired	4.10	4.11	.82

After controlling for other factors, physicians in both urban and rural HPSAs who anticipated remaining in their practices beyond two more years differed from physicians who anticipated leaving in their satisfaction with their practice administration, feeling connected and supported at work, finding their work meaningful, and being able to provide the full range of services they desired.

For rural HPSA physicians but not urban HPSA physicians, having a good work-life balance was also associated with anticipated retention.

For neither the urban nor rural HPSA physicians was anticipated retention associated with feeling well and fairly compensated.

Table 2. Controlled associations between satisfaction with six aspects of work and jobs and anticipating more than two years of practice retention*

Areas of work and job satisfaction:	Urban HPSA physicians (n=747)		Rural HPSA physicians (n=355)		z-test for urban-rural difference
	Odds ratio	*p*	Odds ratio	*p*	*p*
Having good administration	2.39	<.001	1.91	.039	.55
Feeling connected and supported	1.54	.047	2.46	.007	.24
Finding work meaningful	2.22	.025	4.52	.003	.26
Having good work-life balance	1.39	.13	2.93	.005	.09
Feeling well, fairly compensated	1.24	.28	.92	.79	.41
Being able to provide all services	1.61	.04	1.72	.16	.89

* Findings from hierarchical logistic regression, adjusting also for various features of physicians, their debt, and the practices and counties where they work

Conclusions and Recommendations

- Three-quarters of these physicians working in both urban and rural HPSAs anticipate they will remain in their practices for more than another two years.
- Whether or not these HPSA physicians anticipate remaining in their practices is related to how they feel about some but not all aspects of their work, and these aspects are generally but not always the same for those working in urban versus rural HPSAs:
- In both urban and rural HPSAs, anticipated retention is more likely when physicians are satisfied with the practice administration, feel connected and supported at work, find their work meaningful, and are able to provide all services they want.
- For physicians in rural HPSAs but not urban HPSAs, anticipated retention is also more likely when physicians have a good work-life balance.
- For neither urban nor rural HPSA physicians is anticipated retention associated with feeling well and fairly compensated.
- Based on these findings, we learn that HPSA practices generally have control over many of the things in physicians' work and jobs that appear to affect their retention. Practices can ensure the administration is effective and attentive to physicians' needs, help physicians feel their work's importance, and support physicians in their needs as people to have a supportive work environment and, in rural HPSAs, a sustainable balance between their personal and professional lives.
- Although in other studies salary levels have demonstrated their importance to attracting physicians to HPSA practices, pay in this study is found to be unimportant to retaining them there. When pay is adequate enough to attract the typically mission-driven physicians seeking work in underserved areas, their later decision whether to leave the underserved area practice is due to other issues about their work and jobs, and not their pay.

About PRISM

PRISM is a collaborative of state Primary Care Offices and other state clinician workforce offices in 36 states. Since 2012, PRISM participating states have partnered to collect data to identify issues, document outcomes, and learn how to strengthen loan repayment and related programs and support participating clinicians.

PRISM surveys clinicians when they begin, each year, and when they complete loan repayment contracts, and then every second year thereafter. PRISM currently holds data from more than 94,000 completed questionnaires.

More information from PRISM, a program provided by 3RNET in partnership with the Cecil G. Sheps Research Center of the University of North Carolina at Chapel Hill, including this and other PRISM publications, can be found at https://3rnet.org/Prism/Resources