Request for Proposals

Fostering Safe and Respectful Care Environments for Physicians

1. Program Overview / Background

Ensuring that physicians can work in environments that are safe, respectful, and supportive is foundational not only for physician wellbeing but also for the broader healthcare workforce and for patient care. Increasingly, physicians face workplace threats and mistreatment that compromise their ability to provide high-quality care and experience professional fulfillment. Reports confirm an alarming rise in the incidence of verbal abuse, threats, harassment, discrimination, and physical violence targeting physicians and healthcare staff. These behaviors affect physicians across specialties and practice settings, with disproportionate impact on women, minorities, and those working in high-stress or under-resourced environments such as emergency medicine, psychiatry, primary care, and rural or community-based practices. These transgressions can contribute to burnout, moral injury, loss of professional trust, and premature departure from the workforce, while eroding healthcare workforce morale and patient safety. Despite increasing awareness, few coordinated efforts exist to systematically measure, prevent, and intervene against workplace aggression. To build resilient, trustworthy healthcare systems, organizations must create structures that proactively promote respect, track incidents effectively, and deploy interventions that prioritize both safety and professional fulfillment.

The intent of this RFP is to inspire innovative, systems-level research and interventions aimed at understanding and addressing the prevalence of, drivers, and impacts of adverse and unsafe behaviors experienced by physicians in the workplace. The overarching goal is to move beyond traditional HR or compliance frameworks and generate bold, novel approaches that foster safer, more respectful care environments. Proposals should prioritize scalable and adaptable strategies that organizations can adopt and share, with a focus on designing and testing systemic interventions in collaboration with frontline physicians, particularly those in under-resourced or high-risk settings. The RFP seeks to address not only the symptoms but also the structural and cultural drivers of mistreatment, such as inequity, administrative hierarchy, and inadequate infrastructure, while also considering the differential impacts across demographic groups and practice settings. Priority will be given to projects that introduce new frameworks for understanding and intervening in workplace mistreatment, emphasize intersectional and demographic disparities, and include rigorous, mixed-methods evaluation plans to assess impact over time. The ultimate objective is to identify effective strategies and organizational practices that protect healthcare professionals and reinforce a culture of dignity, collaboration, and psychological safety.

Objectives

- Assess the prevalence, sources, and types of mistreatment or unsafe behaviors directed at physicians across diverse settings and specialties, with attention to differential impacts by career stage and intersectional demographic group.
- Analyze the effects of workplace mistreatment, including disrespect, hostility, threats and aggressive acts, on physician performance, physical and mental health, retention, and collaboration.
- Develop and test innovative, multi-level interventions—including those leveraging technology, data, or participatory design—that move beyond traditional compliance approaches and address structural and cultural drivers of mistreatment and include rapid response strategies for impacted clinicians, peer support, and counseling.

- Collect and analyze data on the impact of interventions on physician performance, physical and mental health, retention, and collaboration as well as patient outcomes and quality of care.
- Create scalable, adaptable models, that may be implemented in a variety of clinical workplace settings, systems, and organizations.
- Develop toolkits and resources as well as education and training programs for clinicians, healthcare workers, medical students and residents, and health systems leadership.
- Create and pilot databases or registries to track workplace incidents, anticipate risks, and inform prevention strategies.
- Design community engagement initiatives to promote respect for healthcare workers and educate the public on the impact of aggression on care quality and workforce wellbeing, and the shared responsibility to create safe and effective care environments.

Expected Deliverables

- Comprehensive assessment reports documenting prevalence and sources of physician mistreatment.
- Databases or systems for tracking and analyzing incidents across specialties and settings.
- Pilot-tested organizational interventions with evidence of impact.
- Peer support or rapid-response programs for physicians affected by workplace hostility.
- Scalable best practice guidelines, toolkits, and training modules for healthcare organizations.
- Dissemination plans to share findings and resources with national stakeholders.

To maintain our focus on systemic and innovative solutions, proposals will be considered lower priority if they rely primarily on standalone compliance training without testing new methods, traditional HR policies lacking evaluation or co-design components, or employee wellness programs that do not address structural causes of workplace mistreatment. We prioritize applications that include intersectional analysis of impact across demographic groups, contain both implementation and evaluation plans, and move beyond conventional HR-only approaches to drive organizational and culture change.

2. Eligibility Criteria

Applicant organizations must be:

a. Defined by the IRS as a 501(c)(3) public charity (NOT a private foundation). This public charity status must be maintained throughout the life of the grant and applicant organization must be in the United States, OR
b. A Section 115 educational institution in the United States.

Note: The Foundation cannot award grants to organizations that do not fit these eligibility criteria. Ineligible applications will not be reviewed.

For this RFP, the Foundation is waiving its policy that limits an organization from having only one grant at a time. The Foundation currently has 2 well-being-focused RPFs available. While organizations are welcome to apply for both, only one proposal per organization will be funded at this time, so we encourage applicants to submit their strongest proposal.

3. Selection Criteria

Selection will be based on the following:

a. Alignment with priorities presented in this RFP
b. Alignment with PF goals to promote physician wellbeing and workforce sustainability
c. Demonstrated knowledge and expertise on physician wellbeing
d. Demonstrated knowledge and experience working directly with physicians
e. Demonstrated knowledge and experience conducting research in a variety of settings
f. An approach that is inclusive of diverse populations of physicians, specialties, and workplace settings
g. Opportunities for collaboration and continuous improvement
h. Presentation of a detailed plan and timeline for accomplishing the project objectives, with realistic expectations, clearly defined goals, outcomes, and assigned resources
i. Presentation of a plan for evaluation that defines desired short- and long-term outcomes and steps to collect data for measurement of progress towards those outcomes
j. A well-justified budget derived from a clear and compelling understanding of resources needed to carry out the project successfully. The project budget must include a narrative describing each line item, including new salaried positions. If existing salaried positions are included in the budget, an explanation should be provided indicating why funding from the Foundation is needed to support those positions. Demonstration of replicability at a reasonable cost in terms of dollars and efficient use of human resources should be considered and explained.

4. Grant Size

Grants are available for projects up to two years in length. The Physicians Foundation anticipates funding in the amount of up to $100,000 per grant, but ultimately proposals will be evaluated based on their merits, alignment with stated goals, and the potential impact of the proposed projects. We seek innovative and cost-effective solutions that demonstrate a clear understanding of the project's objectives and deliverables. No more than 15% of grant funds may be allocated to general administrative purposes or indirect project expenses. A limited number of grants will be made.

5. Evaluation & Monitoring

Projects should have a plan for evaluation that defines desired short- and long-term outcomes and steps to collect data for measurement of progress towards those outcomes. Evaluation plans should provide tools to assess the success of interventions and include both short and long-term evaluation parameters. Executing on evaluation plans during the project period is the sole responsibility of grantees. Grantees are expected to meet requirements for the submission of narrative and financial reports, as well as periodic information needed for overall project performance monitoring and management. They will be expected to produce scholarly products, to be presented at conferences or published in peer-reviewed literature, based on their work. Project directors may be asked to participate in telephone or in-person meetings and give progress reports on their work. In addition to the main evaluation, grantees will be asked to contribute data to a central repository of data regarding wellbeing interventions to be managed and analyzed in aggregate by the Physicians Foundation Center for Physician Experience, which is focused on approaches that enhance physician wellbeing and quality of care. It is expected that grantees would work collaboratively with this Center on any aggregate analyses arising from use of this data repository.

6. Use of Grant Funds

Grant funds may be used for the following expenses: project staff salaries and benefits, consultant fees, data collection and analysis, meetings, supplies, project-related travel and other direct project expenses. According to the Foundation's policy, grant funds may <u>not</u> be used for any of the following:

- Unrestricted general operating expenses

- Ongoing programs, or existing staff, unless their time is being redirected to a new project
- Payment for services of a fiscal agent
- Endowment funds
- Religious purposes
- Fundraising activities or events (e.g. annual fund drives, phone solicitations, benefit tickets)
- Capital expenditures by the grantee (e.g. repairs, equipment, etc.)
- Lobbying or political activities
- Activities related to litigation, arbitration or other dispute resolution
- Medical education at the undergraduate or residency training levels
- Research that is not practice-based
- Clinical research or animal research
- Research and/or development of drugs or medical devices
- Any activity inconsistent with the Foundation's status as a 501(c)(3) charitable organization

7. Payment and Reporting Schedule

Awarded grants will be provided with a clear reporting and payment schedule, which will be as follows:

Timeframe	**Event**
Execution of grant agreement	40% of grant agreement disbursed
Halfway through grant	First interim report due. The second payment of 40% will be disbursed upon submitting a satisfactory interim narrative and financial report, and if the financial report shows that at least 75% of the initial funding has been spent.
End of grant	Final report due. The final 20% of funds will be disbursed upon submitting a satisfactory final narrative and financial report. The financial report must indicate that all funds were spent on grant-approved activities. Any funds not spent according to the approved budget will not be disbursed and will need to be returned if spent from the first 80% of payments disbursed.

8. How to Apply

To apply for a grant, complete the online application form and follow the proposal instructions. Proposals must be complete and submitted with all required attachments in order to be considered for funding in this grant cycle. Please follow the proposal instructions closely and contact the Foundation's office if you have questions. An invitation to apply must come directly from the Physicians Foundation through GMA Foundations.

Please see below for instructions on accessing the application in the online system:

1. If you're new to the system, please reach out to Anna (adoggett@gmafoundations.com) to be set up with a username/password that will connect to your organization's existing account. If you're a returning user, please use your previously set up login information.
    a. If you can't remember your password, please click the "Forgot your password?" link below the username/password entries to reset it.
2. Once you've logged in, please click the "Apply" link at the top left of the window and enter access code "**wellbeing1**".

3. A link will appear below when you enter the access code. Please click the Apply button next to that text to begin the application.

8. Program Contacts

Questions about this RFP or the Foundation in general should be addressed to Rachel Rifkin (rrifkin@gmafoundations.com). Technical questions about the online application should be directed to Anna Doggett (adoggett@gmafoundations.com).

9. Timetable

RFP Release Date:	October 31, 2025
Proposals Due:	February 11, 2026 (5pm EST)
Funding Decisions:	April 15, 2026
Project Start Date:	May 4, 2026

10. About The Physicians Foundation

The Physicians Foundation is a public charity seeking to advance the work of practicing physicians and improve patient access to high-quality, cost-efficient care. As the U.S. health care system continues to evolve, The Physicians Foundation is steadfast in strengthening the physician-patient relationship, supporting medical practices' sustainability and helping physicians navigate the changing health care system. The Physicians Foundation pursues its mission through research, education and innovative grant making that improves physician wellbeing, strengthens physician leadership, addresses drivers of health and lifts physician perspectives.