

2023 SURVEY OF

# AMERICA'S CURRENT AND FUTURE PHYSICIANS

**Amplifying Physician, Resident and  
Student Voices to Drive Wellbeing  
and Care Delivery Solutions**

Survey completed June 2023.  
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# 2023 SURVEY OF AMERICA’S PHYSICIANS

Amplifying Physician, Resident and Student Voices to Drive Wellbeing and Care Delivery Solutions

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# INTRODUCTION: SHAPING PHYSICIAN PRACTICE FOR GENERATIONS TO COME

Throughout the immense challenges of the past few years, The Physicians Foundation's *Survey of America's Physicians* has become an annual barometer to gauge the experiences, struggles and aspirations of physicians across the United States. Our country is aware that physicians continue to experience burnout at record-high levels, but our survey shows that the stigma persists surrounding physician mental health. Additionally, numerous systemic factors and regulations continue to negatively impact physicians' wellbeing and impede their autonomy to deliver care. As you read this report, you will be reminded that being a physician today is challenging—but also remember that the future of the profession does not have to be.

To best ensure physicians remain the bedrock of our health care system, The Physicians Foundation is engaging the next generation of physician leaders. In 2023, we have reached a pivotal milestone by expanding our survey's scope to encompass not only physician perspectives but also those of residents and medical students. As a worsening physician shortage casts a shadow on the future of health care, incoming physicians are poised to fill an increasingly invaluable role. As the architects of our health care future, residents and students will shape the future of medicine. The Physicians Foundation strives to support future physician leaders in creating a health care system that is strong and sustainable in providing high-quality, cost-efficient health care to all.

Built on the conviction that a healthier health care system starts with healthier medical students and residents, The Physicians Foundation's *2023 Survey of America's Current and Future Physicians* delves into the wellbeing trends among current and future physicians throughout their educational and professional journey. We also examine factors that hinder physicians as they work to deliver care to patients and save lives. This report transcends data; it is a call to action. We aim to highlight challenges, and also ignite actionable solutions that resonate across the profession. We extend an urgent invitation to health care professionals, academics, students, policymakers, journalists, advocates and anyone interested in the state of physician practice today—and tomorrow, to read, share and engage with this report.

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**Gary Price, M.D.**  
*President*

**Robert Seligson**  
*Chief Executive Officer*

## KEY FINDINGS:

The Physicians Foundation's *2023 Survey of America's Current and Future Physicians* focuses on the state of physician, resident and medical student wellbeing as well as physician practice environments—and the solutions needed to improve both. The survey was conducted from June 8 through June 28, 2023, and the data presented is based on 2,114 responses. Complete methodology is available on page 64 of the full report.

Key findings of the survey include the following:



### **The state of physician wellbeing—for both current and future physicians—remains low.**

- For the third year in a row, six in 10 physicians often have feelings of burnout, compared to four in 10 before the pandemic in 2018.
- Like their physician colleagues, six in 10 residents often have feelings of burnout.
- Whereas, seven in 10 medical students report often have feelings of burnout.

### **Medical students' overall wellbeing is lower than both residents and physicians.**

- Three-quarters of medical students have felt inappropriate feelings of anger, tearfulness or anxiety, much more compared to residents (68%) and physicians (53%).
- More than half of medical students (55%) have felt hopeless or that they have no purpose, greater compared to residents (43%) and physicians (34%).
- More than two-thirds of medical students report withdrawing from family/friends/co-workers, significantly higher compared to residents (52%) and physicians (42%).
- Nearly two-thirds of medical students have felt levels of debilitating stress, much more compared to residents at 45%.

### **Additionally, current and future physicians alike report stigma and structural barriers negatively affect their overall wellbeing and mental health.**

- Nearly eight in 10 physicians (78%), residents (79%) and medical students (76%) agree that there is stigma surrounding mental health and seeking mental health care among physicians.
- Approximately half of physicians (48%), residents (48%), and students (55%) said they know a physician/colleague/peer who said they would not seek mental health care.
- Four in 10 physicians were either afraid or knew another physician fearful of seeking mental health care given questions asked in medical licensure/credentialing/insurance applications.
- Nearly five in 10 residents and medical students were either afraid or knew another colleague fearful of seeking mental health care given questions asked in medical licensure/credentialing/insurance applications.

### **This burnout is leading to tragic outcomes.**

- More than half of physicians know of a physician who has ever considered, attempted or died by suicide, increasing in comparison to 2022 and 2021.
- One-fifth of physicians know someone that has either considered, attempted or died by suicide specifically in the past 12 months, increasing in comparison to physicians in 2022 and 2021.
- Nearly four in 10 residents (38%) know a colleague/peer who has ever considered suicide.
- Almost half of students (45%) know a colleague/peer who has considered suicide ever and one-quarter know of a colleague/peer who has considered suicide in the past 12 months, which is significantly higher compared to residents and physicians.

### **However, a generational shift is happening where medical students are seeking mental health care and talking about it with peers and in classes.**

- Nearly half (47%) of medical students have sought medical attention for a mental health problem, substantially higher than the proportions of residents (29%) and physicians (19%).
- Six in 10 medical students agree physician wellbeing is a topic of conversation in medical school classes.
- Nearly seven in 10 medical students have checked in with a peer who they suspected was experiencing mental health distress.



### **Current and future physicians need systems and workplaces to prioritize physician wellbeing and perspectives.**

- Only 31% of physicians agree that their workplace culture prioritizes physician wellbeing, declining from 36% a year ago.
- Half of physicians or more shared that their workplace rarely or never takes action on eight of the sixteen evidence-based wellbeing solutions identified to support physicians, as shown on page 36.
- At least half of physicians and residents report third-party involvement, including insurance requirements, documentation protocols, regulatory policies and mandatory training requirements, consistently hinder their autonomy to deliver high-quality and cost-efficient care.

**Health care consolidation is also causing a drastic shift in the health care practice environment, and physicians are often not involved in the decision-making process.**

- At least three in 10 physicians and residents have experienced merging with another practice/hospital or acquiring another practice/hospital over the past five years.
- Among those physicians experiencing the respective merging/acquisition scenarios, only one-fifth have been involved in the decision process.
- Half of residents and more than four in 10 physicians expect their hospital/practice will acquire another hospital/practice within the next five years.
- One third of physicians and more than one-quarter of residents anticipate merging with another practice/hospital.

**Current and future physicians agree that these changes to the health care practice environment are not good for the future of health care and impact patient access to high-quality, cost-efficient care.**

- Most physicians (71%), residents (66%) and medical students (65%) agree that a hospital/practice's top priority is financial gain.
- Furthermore, most physicians (67%), residents (63%) and students (58%) also agree that consolidation is impacting patient access to high-quality, cost-efficient care.
- Only 11-16% of physicians, residents and students agree private equity funding is good for the future of health care, with 42-53% in disagreement.



**The future of medicine is dependent on change to offer the right resources and eliminate barriers impacting physicians' wellbeing and autonomy to deliver high-quality and cost-efficient care.**

- Among those who had experience with the following strategies and resources:
  - 80% of physicians and 85% of residents found reduction of administrative burdens to be helpful.
  - 64% of physicians and 80% of residents found confidential therapy, counseling or support phone lines to be helpful.
  - 59% of physicians and 64% of residents found change/removal of credentialing application questions to be helpful.
  - 64% of residents and 63% of students found change/removal of medical licensure questions to be helpful.
  - 57% of physicians and 72% of residents found peer-to-peer support groups to be helpful.
- At least half of physicians and residents report insurance requirements, documentation protocols, regulatory policies and mandatory training requirements as often or always hindering their autonomy to deliver high-quality and cost-efficient care.

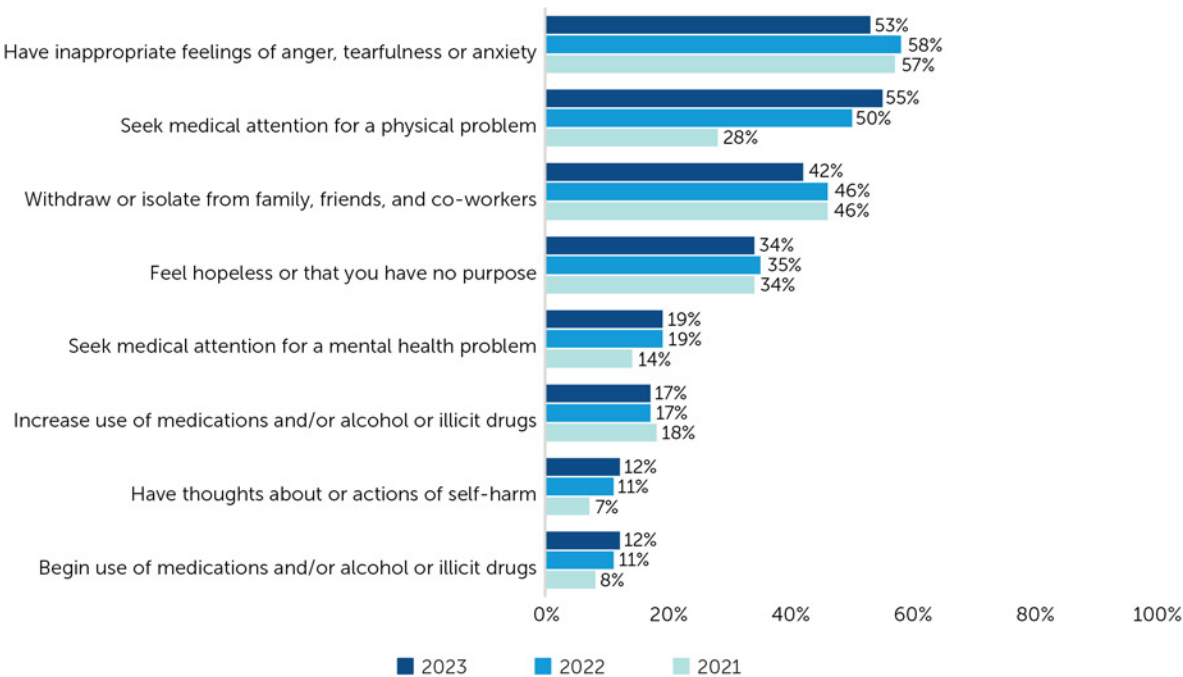
# QUESTIONS ASKED AND RESPONSES RECEIVED

Detailed questions asked and responses received include the following:

**Q1: In the past year, how often have you done any of the following?**

## Physician Responses

Percent Experiencing Ever in the Past Year



*Results from the 2021 study are not directly comparable/able to be trended, because the 2021 survey questions were asked in a framework of "since/during COVID" while the 2022 and 2023 survey questions were framed as "in the past year."*

Nearly six in 10 physicians surveyed (55%) sought medical attention for a physical problem, and half of physicians surveyed (53%) had inappropriate feelings of anger, tearfulness or anxiety in the past year. Approximately four in 10 physicians surveyed (42%) withdrew or isolated from family, friends and coworkers. More than a third of physicians (34%) felt hopeless or that they have no purpose, and one in 10 physicians had thoughts about or actions of self-harm. Even so, only 19% of physicians sought medical attention for a mental health problem.

Significantly fewer physicians had inappropriate feelings of anger, tearfulness or anxiety in 2023 than in 2022 (53% vs. 58%), while significantly more physicians sought medical attention for a physical problem in 2023 than in 2022 (55% vs. 50%). The proportion of physicians who felt hopeless or that they have no purpose; sought medical attention for a mental health problem; increased use of medications and/or alcohol or illicit drugs; had thoughts about actions of self-harm; and began the use of medications and/or alcohol or illicit drugs was consistent with the proportion from 2022.

Of the physicians who reported seeking medical attention for a physical health problem, a significantly higher proportion were older physicians versus younger physicians. However, younger physicians were more likely to report seeking help for a mental health problem. A significantly higher percentage of physicians who were employed, young or female reported having inappropriate feelings of anger, tearfulness or anxiety in the past year; withdrawing or isolating from family friends and coworkers; and feeling hopeless or that they have no purpose. A greater proportion of female physicians also sought medical attention for a physical problem, as well as for a mental health problem.

### Proportion of Physicians Who Experienced the Following in the Last Year by Practice Type, Age and Gender

	Employed Physicians	Independent Physicians	Physicians ≤45 Years Old	Physicians 46+ Years Old	Female Physicians	Male Physicians
Inappropriate feelings of anger/ tearfulness/ anxiety	57%	39%	60%	45%	63%	48%
Withdraw or isolate from family, friends and co-workers	45%	34%	51%	34%	48%	39%
Increase use of medications and/or alcohol or illicit drugs	–	–	20%	12%	–	–
Feel hopeless or that you have no purpose	37%	26%	41%	27%	40%	31%
Seek medical attention for a physical problem	–	–	52%	60%	63%	52%
Seek medical attention for a mental health problem	–	–	23%	15%	26%	15%

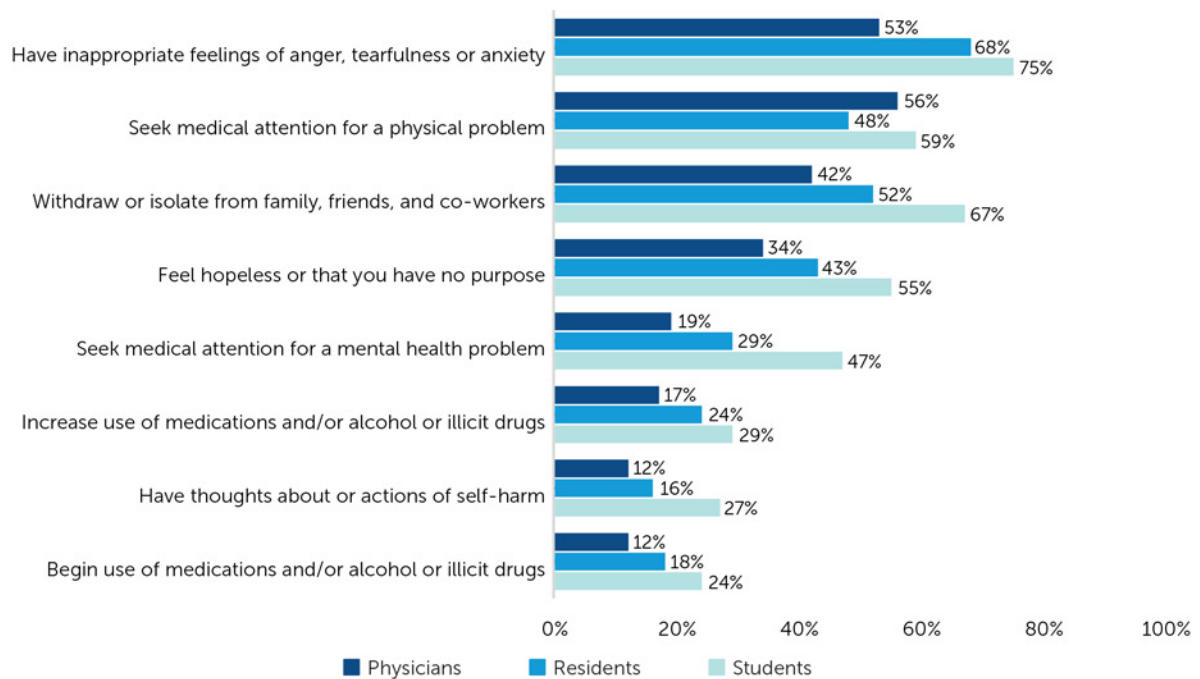
NOTE: An empty cell means there is not a statistically significant difference for that demographic.

Additionally, 20% of urban physicians reported increased use of medications, alcohol or illicit drugs, compared 14% of suburban physicians.



Except for seeking medical attention for a physical problem, students are significantly more likely to have experienced the respective wellness events in the past year with residents significantly more likely than physicians to have experienced each.

**Percent Experiencing Ever in Past Year**



**Resident Responses**

Nearly seven in 10 residents (68%) surveyed had inappropriate feelings of anger, tearfulness or anxiety in the past year. Approximately half of residents reported seeking medical attention for a physical problem (48%), as well as withdrawing or isolating from family, friends and coworkers (52%). Four in 10 residents (43%) felt hopeless or that they have no purpose, and 16% of residents had thoughts about or actions of self-harm. About three in 10 residents (29%) sought medical attention for a mental health problem.

More urban (22%) than suburban (12%) residents began use of medications, alcohol or illicit drugs. Additionally, more urban (31%) than rural (11%) residents reported seeking medical attention for a mental health problem.



More female than male residents reported experiencing four of the eight actions, including inappropriate feelings of anger, tearfulness or anxiety; feeling hopeless or that they have no purpose; seeking medical attention for a physical problem; and seeking medical attention for a mental health problem.

### Proportion of Residents Who Experienced the Following in the Last Year by Gender

	Female Residents	Male Residents
<b>Inappropriate feelings of anger / tearfulness / anxiety</b>	77%	59%
<b>Feel hopeless or that you have no purpose</b>	49%	36%
<b>Seek medical attention for a physical problem</b>	57%	40%
<b>Seek medical attention for a mental health problem</b>	37%	21%

### Student Responses

Three quarters of students surveyed (75%) had inappropriate feelings of anger, tearfulness or anxiety in the past year. Nearly six in 10 students (59%) reported seeking medical attention for a physical problem, and nearly seven in 10 withdrew or isolated from family, friends and coworkers (67%). More than half (55%) felt hopeless or that they have no purpose, and more than a quarter (27%) had thoughts about or actions of self-harm. Almost half of students (47%) sought medical attention for a mental health problem.



More female than male students experienced seven of the eight actions, including inappropriate feelings of anger, tearfulness or anxiety; feeling hopeless or that they have no purpose; seeking medical attention for a physical problem; beginning use of medications and/or alcohol or illicit drugs; seeking medical attention for a mental health problem; and having thoughts about or actions of self-harm.

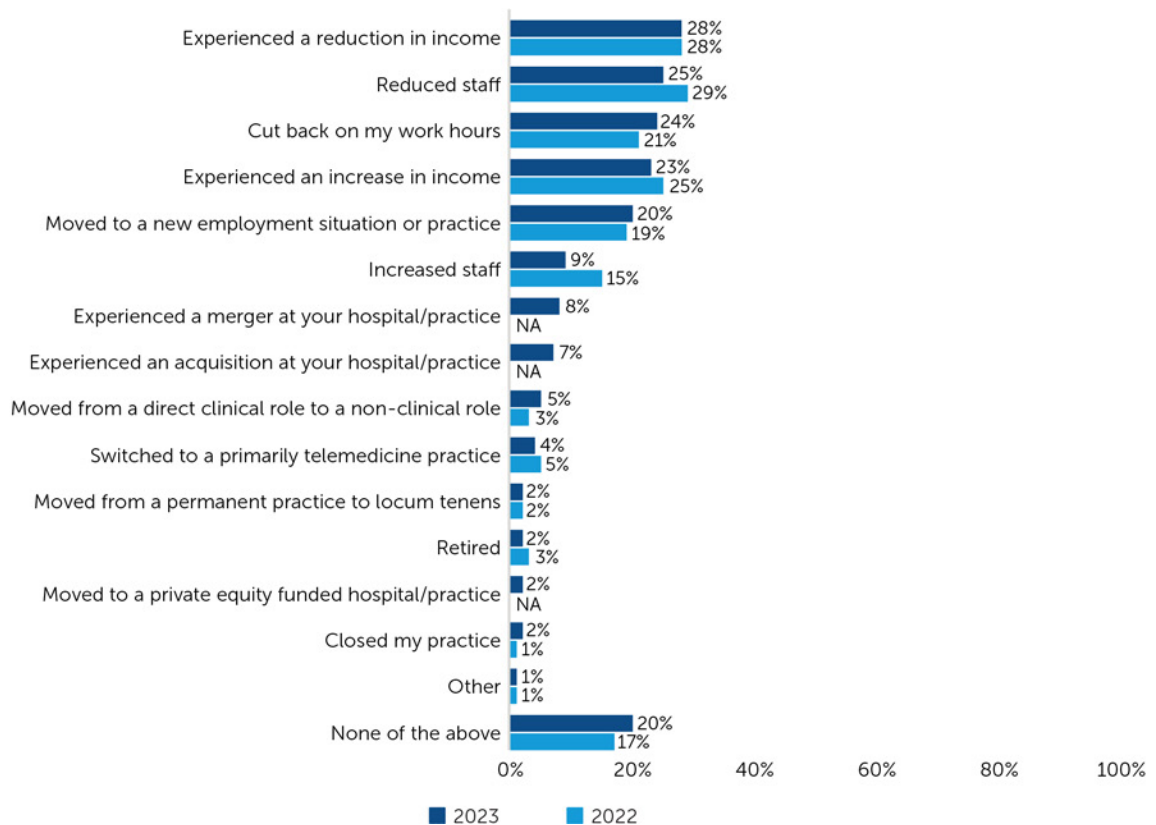
### Proportion of Students Who Experienced the Following in the Last Year by Gender

	Female Students	Male Students
<b>Inappropriate feelings of anger / tearfulness / anxiety</b>	81%	67%
<b>Withdraw or isolate from family, friends and co-workers</b>	72%	59%
<b>Feel hopeless or that you have no purpose</b>	59%	48%
<b>Seek medical attention for a physical problem</b>	68%	47%
<b>Begin use of medications and/or alcohol or illicit drugs</b>	28%	20%
<b>Seek medical attention for a mental health problem</b>	58%	33%
<b>Have thoughts about or actions of self-harm</b>	31%	23%

**Q2: Have you done or experienced any of the following over the past year?**

**Physician Responses**

**Percentage of Physicians Experiencing the Following Actions Over the Past Year**



In the past year, about three in 10 physicians (28%) reported a reduction in income, while only about two in 10 physicians (23%) reported an increase in income. One in five physicians reported moving to a new employment situation or practice (20%). Approximately a quarter of physicians reported cutting back on their work hours (24%); a significantly greater proportion of female physicians (27%) than male physicians (21%) reported a cut back on work hours.

A quarter of physicians also reported a reduction in staff (25%); a higher proportion of Hispanic (36%) physicians reported a reduction in staff, compared to white physicians (22%). Only 9% of physicians surveyed reported an increase in staff in 2023, compared to 15% of physicians in 2022.

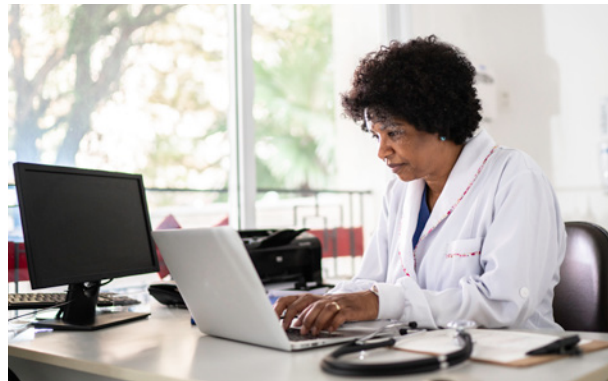
More independent, older and suburban physicians reported experiencing a reduction in income; conversely, more employed, younger and urban physicians reported experiencing an increase in income.

### Proportion of Physicians Who Experienced the Following in the Last Year by Practice Type, Age and Geography

	Employed Physicians	Independent Physicians	Physicians ≤45 Years Old	Physicians 46+ Years Old	Rural Physicians	Suburban Physicians	Urban Physicians
Experienced a reduction in income	23%	44%	20%	37%	35%	32%	23%
Experienced an increase in income	26%	14%	33%	13%	–	20%	27%
Cut back on work hours	20%	34%	17%	31%	32%	26%	20%
Moved to a new employment situation/practice	22%	14%	27%	13%	15%	18%	24%

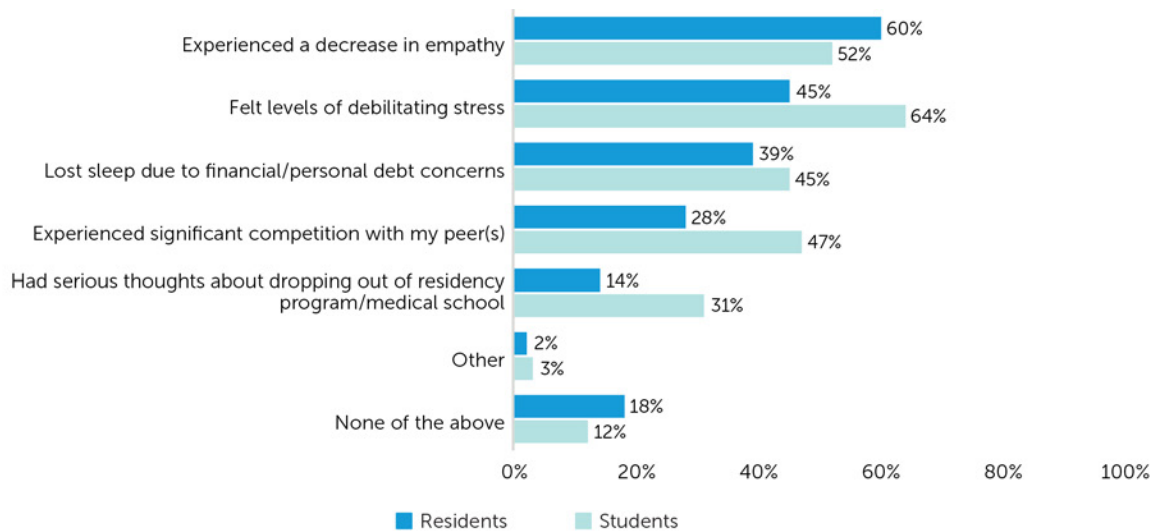
*NOTE: An empty cell means there is not a statistically significant difference for that demographic.*

Additionally, more Black physicians (34%) than white physicians (22%) reported an increase in income; there were no other statistically significant differences related to an increase in income based on race/ethnicity.



For relevance of professional experiences, the actions measured for residents and medical students in this question differed from the actions measured for physicians and they report the following:

### Percentage of Residents and Students Experiencing the Following Actions Over the Past Year



#### Resident Responses

Most residents (60%) have experienced a decrease in empathy over the past year. Nearly half of residents (45%) have experienced debilitating levels of stress, and about four in 10 residents (39%) have lost sleep due to debt concerns. More than a quarter of residents (28%) experienced significant competition with peers; however, only 14% report thoughts about dropping out of residency.

A significantly higher proportion of female residents (54%) than male residents (37%) reported feeling levels of debilitating stress in the past year. Also, a greater percentage of female residents (17%) than male residents (11%) reported serious thoughts about dropping out of their residency program.

A larger proportion of Hispanic residents (56%) than Asian residents (32%) reported losing sleep due to financial/personal debt concerns. Additionally, more Black residents (30%) than Asian residents (10%) had serious thoughts about dropping out of their residency program.

#### Student Responses

Over half of students (52%) have experienced a decrease in empathy over the past year. More than three in five students (64%) have experienced debilitating levels of stress with three in 10 students (31%) seriously contemplating dropping out of medical school. Forty-five percent of students have lost sleep due to debt concerns, and nearly half (47%) experienced significant competition with peers.

Primary care and female students were more likely to report having felt levels of debilitating stress or serious thoughts about dropping out of medical school; female students also more frequently reported having experienced significant competition with my peers.

### Proportion of Students Who Experienced the Following in the Last Year by Specialty and Gender

	Primary Care Students	Specialty Students	Female Students	Male Students
Felt levels of debilitating stress	71%	62%	75%	51%
Experienced significant competition with my peer(s)	–	–	53%	39%
Had serious thoughts about dropping out of medical school	40%	28%	36%	23%

NOTE: An empty cell means there is not a statistically significant difference for that demographic.



A significantly greater proportion of Black students than Asian students lost sleep due to financial/ personal debt concerns, while more Asian students than white students experienced significant competition with peers.

### Proportion of Students Who Experienced the Following in the Last Year by Race/Ethnicity

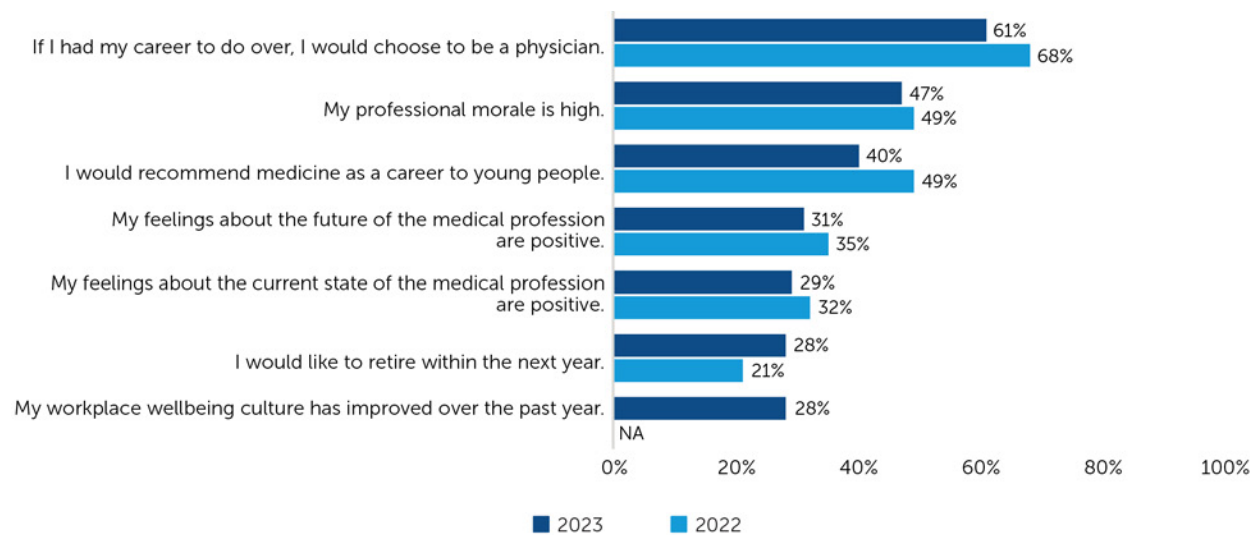
	Asian Students	Black Students	White Students
Lost sleep due to financial/personal debt concerns	40%	60%	–
Experienced significant competition with my peer(s)	56%	–	44%

NOTE: An empty cell means there is not a statistically significant difference for that demographic.

**Q3: To what extent do you agree with each of the following statements?**

**Physician Responses**

**Percentage of Physicians Who Strongly/Somewhat Agree with the Following Statements**



Compared to 2022, there was a decline in 2023 in the proportions of physicians indicating that they would do their career over again and would recommend medicine as a career to young people; furthermore, fewer physicians have positive feelings about the current and future states of the medical profession. Additionally, 28% of physicians would like to retire within the next year, compared to 21% of physicians in 2022.

In 2023, most physicians (61%) would still choose to be a physician if they had their career to do over again. Furthermore, less than half of all physicians (47%) agree that their professional morale is high, and only four in 10 physicians (40%) would recommend medicine as a career option for young people. Older physicians (45%) were more likely to recommend medicine as a career, than physicians who were age 45 or younger (35%). About three in 10 physicians agree that their workplace wellbeing culture has improved in the past year and that their feelings are positive about the current and future state of the profession.

Male and rural physicians were more likely to agree that they would recommend medicine as a career and that their feelings are positive about the current state of the profession. More male physicians agreed that morale was high than female physicians. Additionally, urban physicians agreed more that their feelings about the future of the medical profession are positive, compared to suburban physicians.

### Proportion of Physicians Who Strongly/Somewhat Agree with the Following Statements by Gender and Geography

	Female Physicians	Male Physicians	Rural Physicians	Suburban Physicians	Urban Physicians
My professional morale is high	42%	51%	–	–	–
I would recommend medicine as a career to young people	34%	45%	49%	36%	43%
My feelings about the future of the medical profession are positive	–	–	–	27%	33%
My feelings about the current state of the medical profession are positive	24%	32%	35%	24%	32%

NOTE: An empty cell means there is not a statistically significant difference for that demographic.

Several statistically significant differences also emerged based on race/ethnicity. White physicians were more likely to agree to do their career over and to recommend their career to young people, compared to Hispanic physicians. More Asian and white physicians also agreed morale was high, compared to Black physicians. Asian and white physicians also were more likely to report having positive feelings about the current state of the profession, compared to Hispanic physicians. Furthermore, Asian physicians were more likely to report positive feelings about the future of medicine, compared to Hispanic physicians.

### Proportion of Physicians Who Strongly/Somewhat Agree with the Following Statements by Race/Ethnicity

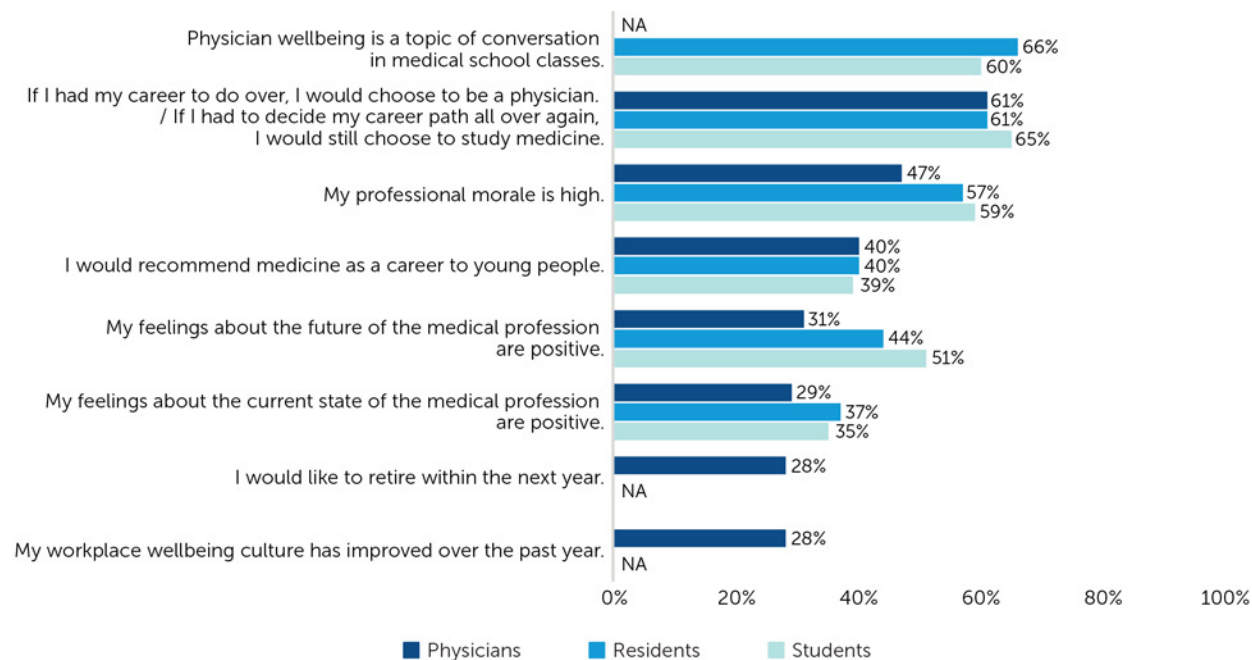
	Asian Physicians	Black Physicians	Hispanic Physicians	White Physicians
If I had my career to do over, I would choose to be a physician	–	–	50%	65%
My professional morale is high	49%	36%	–	50%
I would recommend medicine as a career to young people	–	–	29%	43%
My feelings about the future of the medical profession are positive	37%	–	22%	–
My feelings about the current state of the medical profession are positive	33%	–	17%	29%

NOTE: An empty cell means there is not a statistically significant difference for that demographic.



**Q3: To what extent do you agree with each of the following statements? (Continued)**

**Percent of Respondents Who Strongly/Somewhat Agree with the Following Statements**



Compared to their physician counterparts, residents and students reflect higher agreement when it comes to having high professional morale, as well as having positive feelings about the current and future states of the medical profession. Like physicians, most residents and students would still choose to study medicine/become a physician, though only four in 10 would recommend medicine as a career to young people.



**Resident Responses**

Most residents agree that physician wellbeing is a topic of conversation in medical classes (66%), that they would still choose to study medicine (61%) and that professional morale is high (57%). While only four in 10 residents (40%) would recommend medicine as a career to young people, a greater proportion of residents on a primary care path (49%) than on a specialty path (37%) would recommend medicine as a career. Approximately four in 10 residents agree their feelings about the current (37%) and future (44%) of the medical profession are positive.

More white residents (61%) than non-white residents (51%) agree their professional morale is high.

Furthermore, white and Hispanic residents were significantly more likely to say morale was high, compared to Black residents. More Black and white residents agree physician wellbeing is a topic of conversation in medical school classes, compared to Hispanic residents. Additionally, more Hispanic and white residents would recommend medicine as a career to young people, compared to Asian residents.

**Proportion of Residents Who Strongly/Somewhat Agree with the Following Statements by Race/Ethnicity**

	Asian Residents	Black Residents	Hispanic Residents	White Residents
Physician wellbeing is a topic of conversation in medical school classes	–	74%	44%	69%
My professional morale is high	–	39%	67%	61%
I would recommend medicine as a career to young people	31%	–	52%	43%

*NOTE: An empty cell means there is not a statistically significant difference for that demographic.*

**Student Responses**

Most students agree that physician wellbeing is a topic of conversation in medical classes (60%), that they would still choose to study medicine (65%) and that professional morale is high (59%). While only four in 10 students (39%) would recommend medicine as a career to young people, a greater proportion of suburban students (46%) would recommend medicine as a career, compared to urban students (35%). Though the proportion of students who feel positive about the current state of the medical profession is only 35%, more than half of students (51%) had positive feelings about the future of the profession, which is significantly more than the proportion of physicians (31%) and residents (44%) who felt positive about the future.

More white students (70%) than non-white students (57%) would still choose to study medicine if they had their career path to choose over again.



Furthermore, significantly more Asian and white students reported high professional morale, than Black students. A greater portion of both Hispanic and white students have more positive feelings about the current state of the medical profession, compared to Black students. Additionally, more white students than Black have positive feelings about the future of the medical profession.



### Proportion of Students Who Strongly/Somewhat Agree with the Following Statements by Race/Ethnicity

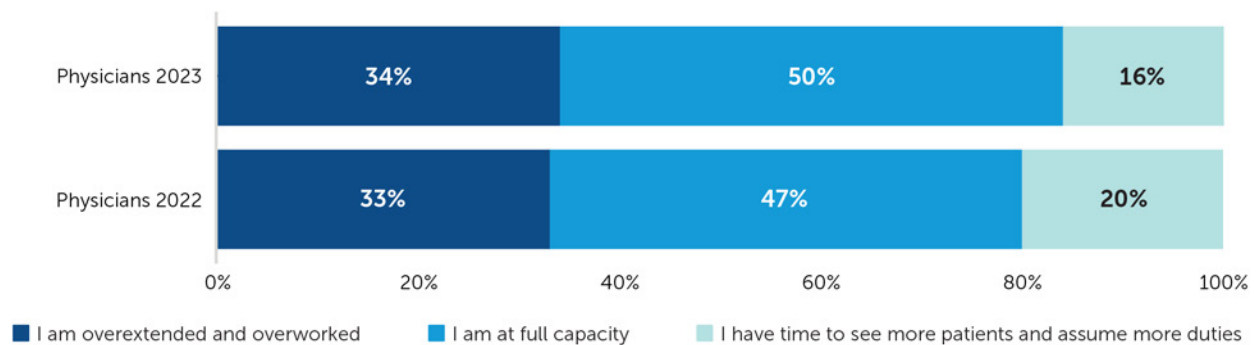
	Asian Students	Black Students	Hispanic Students	White Students
<b>If I had to decide my career path all over again, I would still choose to study medicine</b>	59%	50%	–	70%
<b>My professional morale is high</b>	65%	40%	–	59%
<b>My feelings about the future of the medical profession are positive</b>	–	33%	–	54%
<b>My feelings about the current state of the medical profession are positive</b>	–	17%	39%	37%

*NOTE: An empty cell means there is not a statistically significant difference for that demographic.*

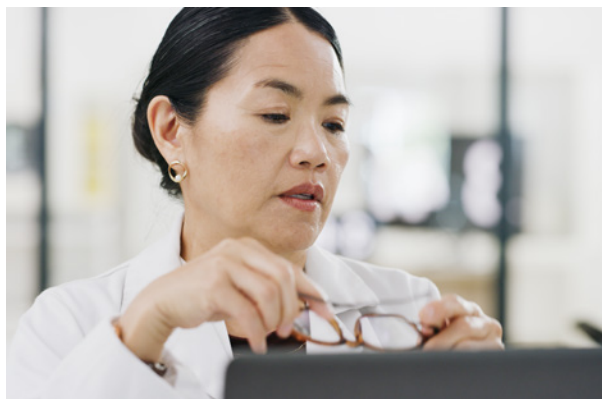
**Q4: Which of the following best describes your current practice/workload?**

**Physician Responses**

**Percent of Physicians Responses Regarding Workload**



About half of physicians (47%) still report being at full capacity in their current practice in 2023, and one in three physicians (33%) are overextended and overworked. More younger physicians (38%) report feeling overextended and overworked, compared to older physicians (29%). Additionally, more non-white (38%) physicians report feeling overextended and overworked, compared to white physicians (30%).



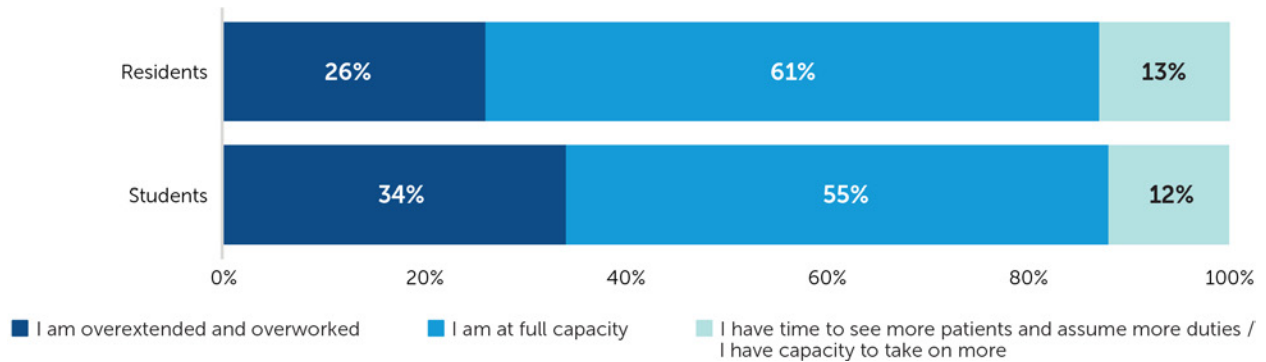
Significantly larger proportions of physicians who are independent, older, male, white, Asian or suburban report having time to see more patients and assume more duties compared to employed, younger, female, Hispanic and urban physicians.

**Proportion of Physicians Who Selected That They Have Time to See More Patients and Assume More Duties**

	2023
Independent Physicians	23%
Employed Physicians	14%
Physicians ≤45 Years Old	13%
Physicians 46+ Years Old	20%
Female Physicians	13%
Male Physicians	18%
Asian Physicians	17%
Hispanic Physicians	7%
White Physicians	18%
Suburban Physicians	20%
Urban Physicians	13%

## Student and Resident Responses

### Percent of Student and Resident Responses Regarding Workload



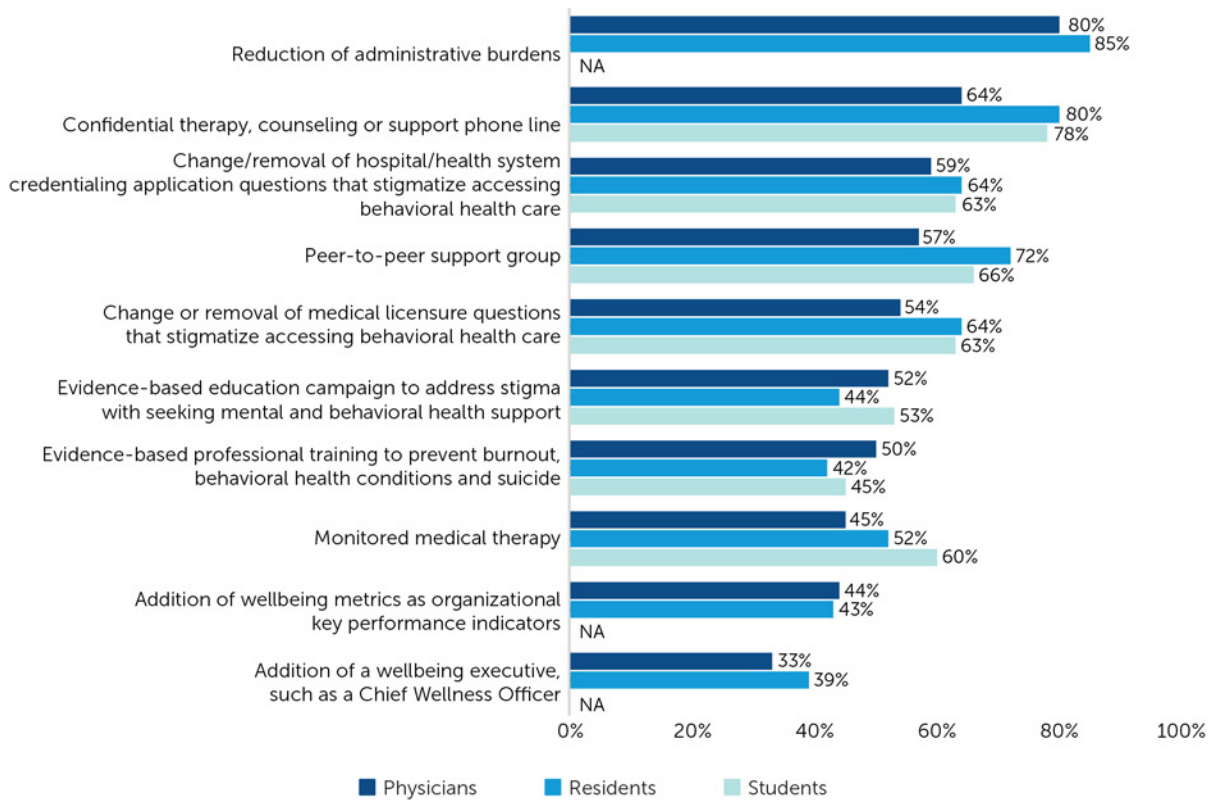
Like physicians, a third of students (34%) report that they are overextended and overworked. Additionally, a fourth of residents (26%) report that they are overextended and overworked. More residents (61%) report being at full capacity, compared to students (55%). Only about one in 10 residents (13%) or students (12%) have the capacity to do more.

Compared to suburban residents (20%), significantly more urban residents (28%) report that they are overextended and overworked. Additionally, more male residents (16%) report capacity to take on more duties, compared to female residents (10%).



**Q5: Please rate how helpful each of the following strategies and resources have been to your mental health and wellbeing during the past year.**

**Percent of Respondents Rating the Following Strategies and Resources as Very/Somewhat Helpful**



While most physicians assign high ratings, residents and students who have experience assign even higher ratings for confidential therapy, change/removal of credentialing application questions and peer-to-peer support groups. This question was only asked of respondents who had experience with the respective strategies/resources.

**Physician Responses**

Reduction of administrative burdens (80%), confidential therapy (64%), change/removal of credentialing application questions (59%) and peer-to-peer support groups (57%) were identified as the most helpful of the respective resources and strategies among physicians. Physicians who are ages 45 and younger (63%) were significantly more likely to consider change/removal of credentialing application questions as helpful, compared to older physicians ages 46 and above (54%).

Younger physicians, as well as Asian, Hispanic and white physicians, were more likely to find reduction of administrative burdens helpful compared to older or Black physicians.

### Proportion of Physicians Rating Reduction of Administrative Burden as Very/Somewhat Helpful

	2023
Physicians ≤45 Years Old	83%
Physicians 46+ Years Old	77%
Asian Physicians	82%
Black Physicians	64%
Hispanic Physicians	87%
White Physicians	80%

More specialists, younger and female physicians found confidential therapy, counseling or a support phone line as helpful, compared to older, primary care and male physicians.

### Proportion of Physicians Rating Confidential Therapy, Counseling or Support Phone Line as Very/Somewhat Helpful

	2023
Primary Care Physicians	59%
Specialty Physicians	67%
Physicians ≤45 Years Old	71%
Physicians 46+ Years Old	55%
Female Physicians	69%
Male Physicians	61%



### Resident Responses

Reduction of administrative burdens (85%), confidential therapy (80%), peer-to-peer support groups (72%), change/removal of credentialing application questions (64%) and change/removal of licensing application questions (64%) were identified as the most helpful of the respective resources and strategies among residents.

Almost nine in 10 female residents (87%) considered confidential therapy, counseling or a support phone line as helpful, compared to seven in 10 male residents (74%). Additionally, 80% of female residents found peer-to-peer support groups as helpful, while 65% of male residents regarded these as helpful.



### ***Student Responses***

Confidential therapy (78%), peer-to-peer support groups (66%), change/removal of credentialing application questions (63%) and change/removal of licensing application questions (63%) were identified as the most helpful of the respective resources and strategies among students.

Female students, Black students and urban students found confidential therapy, counseling or a support phone line more helpful than male, Asian students and rural students.

### **Proportion of Students Rating Confidential Therapy, Counseling or Support Phone Line as Very/Somewhat Helpful**

	2023
Female Students	82%
Male Students	71%
Black Students	90%
Asian Students	71%
Rural Students	83%
Urban Students	59%

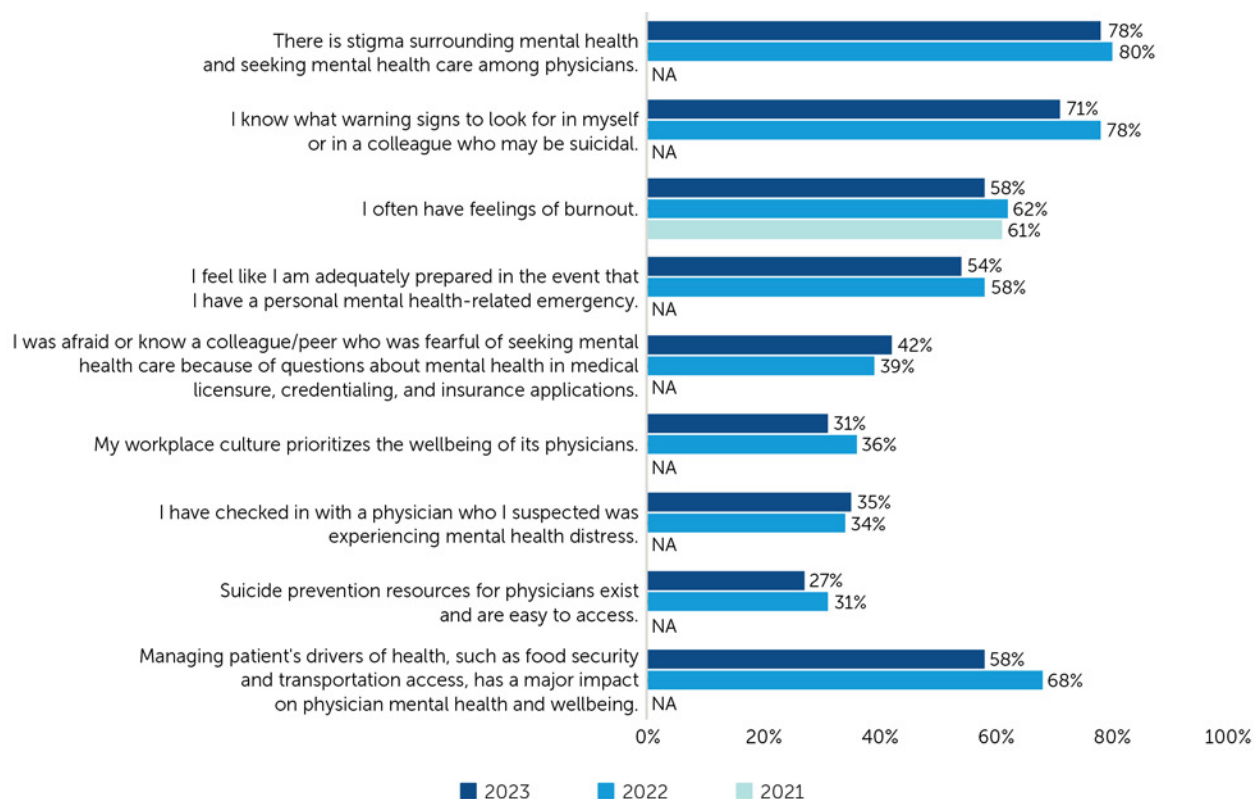
Additionally, three in four female students (75%) considered change/removal of credentialing application questions as helpful, compared to just less than half of male students (47%). More suburban (68%) and urban (68%) students found peer-to-peer support groups more helpful than rural students (42%).



**Q6: To what extent do you agree with each of the following statements?**

**Physician Responses**

**Percent of Physicians Who Strongly/Somewhat Agree With Statements**



For the second year in a row, approximately eight in 10 physicians (78%) agree there is stigma surrounding mental health and seeking mental health care among physicians; a greater proportion of female physicians (83%) agreed that this stigma existed compared to male physicians (76%).

The portion of physicians who know the warning signs to look for in themselves or colleagues that may be suicidal also decreased with 71% of physicians knowing the signs, compared to 78% in 2022.

For the third year in a row, approximately six in 10 physicians (58%) often have feelings of burnout. Also, only 31% of physicians agree that their workplace culture prioritizes physician wellbeing, declining from 36% a year ago. A greater percentage of primary care physicians (34%) reported that their workplace culture prioritizes physician wellbeing, compared to specialist physicians (29%).

Of the physicians who reported they know the warning signs to look for in themselves or colleagues that may be suicidal, more primary care physicians, white physicians and rural physicians reported feeling that they know the signs.

**Proportion of Physicians Who Strongly/ Somewhat Agree They Know the Warning Signs in Themselves or a Peer/Colleague Who May Be Suicidal**

	2023
Primary Care Physicians	76%
Specialists Physicians	68%
Non-white Physicians	67%
White Physicians	75%
Rural Physicians	81%
Suburban Physicians	71%
Urban Physicians	70%

Furthermore, four in 10 physicians (38%) do *not* agree that suicide prevention resources for physicians exist and are easy to access. Still, more than one-third of physicians (35%) have checked in with a colleague they suspected was experiencing mental health distress.

Four in 10 physicians (39%) were either afraid or knew another physician fearful of seeking mental health care because of questions asked in medical licensure, credentialing and insurance applications. Additionally, nearly one in four physicians (23%) do *not* agree that they are adequately prepared if they have a personal mental health-related emergency.



Most physicians still agree that managing patients’ drivers of health, such as food security and transportation access, has a major impact on physician mental health and wellbeing; however, a smaller portion of physicians (58%) in 2023 agree with this statement, compared to physicians in 2022 (68%). For 2023, a greater proportion of urban physicians (62%) and non-white physicians (64%) agreed about this major impact of managing drivers of health on wellbeing, compared to suburban physicians (53%) and white physicians (54%).

Additionally, there are significantly higher agreement levels among employed, younger and female physicians across many of the mental health statements, compared to independent, older and male physicians.

### Proportion of Physicians Who Strongly/Somewhat Agree with the Following Statements by Practice Type, Age and Gender

	Employed Physicians	Independent Physicians	Physicians ≤45 Years Old	Physicians 46+ Years Old	Female Physicians	Male Physicians
I often have feelings of burnout	–	–	62%	55%	68%	54%
I have checked in with a physician who I suspected was experiencing mental health distress	37%	29%	42%	28%	41%	31%
I was afraid or know a colleague who was fearful of seeking mental health care because of questions about mental health in medical licensure, credentialing and insurance applications	43%	36%	47%	36%	47%	37%
My workplace culture prioritizes the wellbeing of its physicians	34%	30%	35%	27%	–	–
Managing patients' drivers of health (DOH) has a major impact on physician mental health and wellbeing	60%	50%	62%	22%	64%	53%

NOTE: An empty cell means there is not a statistically significant difference for that demographic.

More non-white than white physicians report often having feelings of burnout and agree that managing patients' drivers of health has a major impact on physician mental health and wellbeing. Compared to Asian physicians and white physicians, Hispanic physicians are more likely to report being afraid or knowing someone who was afraid of seeking mental health care because of questions in medical licensure, credentialing and insurance applications.

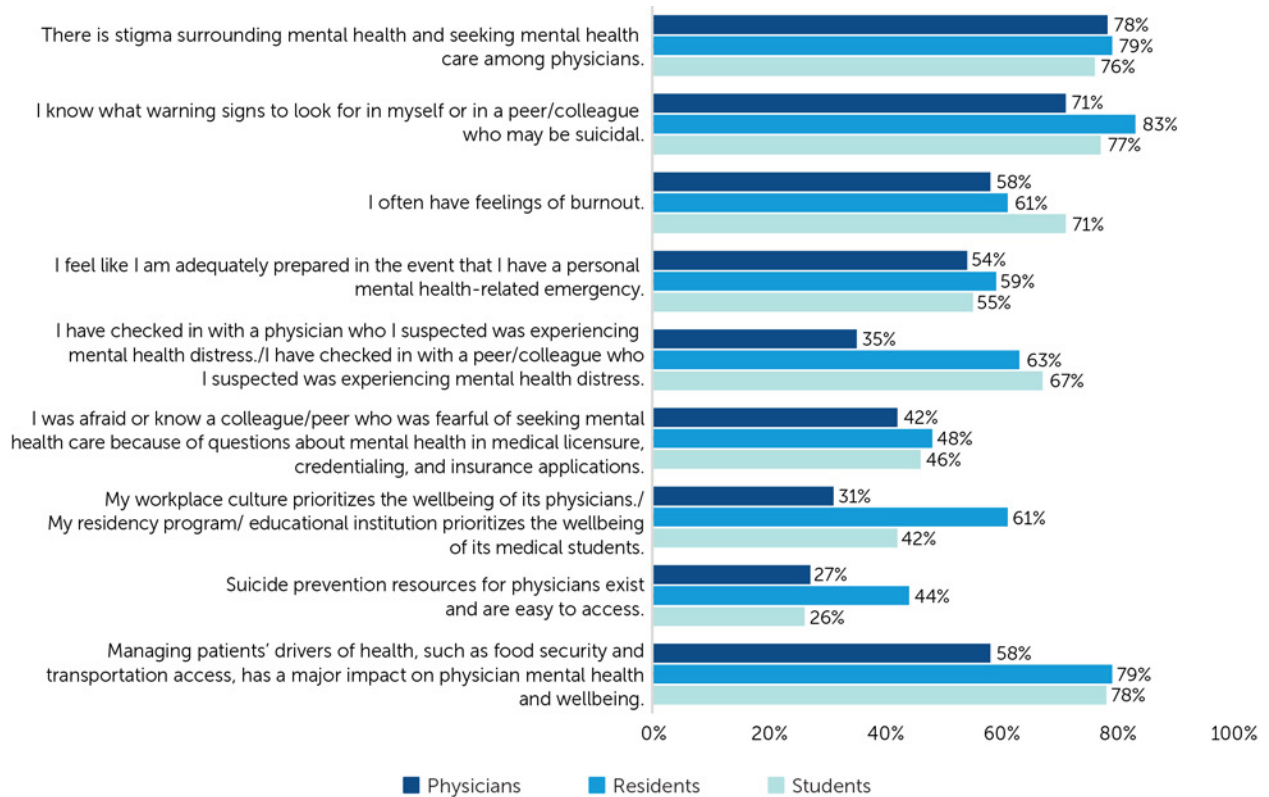
### Proportion of Physicians Who Strongly/Somewhat Agree with the Following Statements by Race/Ethnicity

	Asian Physicians	Black Physicians	Hispanic Physicians	White Physicians
I often have feelings of burnout	59%	–	72%	56%
I was afraid or know a colleague who was fearful of seeking mental health care because of questions about mental health in medical licensure, credentialing and insurance applications	41%	–	56%	39%
Managing patients' DOH has a major impact on physician mental health and wellbeing	64%	69%	56%	54%

NOTE: An empty cell means there is not a statistically significant difference for that demographic.

## Student and Resident Responses

### Percent of Respondents Who Strongly/Somewhat Agree With Statements



Agreement is significantly higher among residents and medical students compared to physicians for reporting that they know suicidal warning signs; have checked in with a colleague experiencing mental distress; their workplace, residency program or educational institution prioritizes their wellbeing; and managing patients' drivers of health having a major impact on physician mental health and wellbeing.

### Resident Responses

Eight in 10 residents (79%) agree that there is stigma surrounding mental health and seeking mental health care among physicians. Like physicians, six in 10 residents (61%) report they often have feelings of burnout. Compared to both physicians and students, a higher proportion of residents report that their workplace, program or institution prioritizes their wellbeing (61%), that suicide prevention resources for physicians exist and are easy to access (44%) and that they know the warning signs to look for in themselves or colleagues that may be suicidal (83%). More than six in 10 residents (63%) report checking in with a colleague whom they suspected was experiencing mental health distress. Approximately eight in 10 residents (79%) agree that managing patients' drivers of health (DOH) has a major impact on physician mental health and wellbeing.



Female residents are more likely than male residents to often have feelings of burnout, have checked in with a colleague who they suspected was experiencing mental health distress and were afraid/know someone who was fearful of seeking mental health care because of questions about mental health in licensure, credentialing and insurance applications.

### Proportion of Residents Who Strongly/Somewhat Agree with the Following Statements by Gender

	Female Residents	Male Residents
<b>I often have feelings of burnout</b>	67%	55%
<b>I have checked in with a peer/colleague who I suspected was experiencing mental health distress</b>	68%	58%
<b>I was afraid or know a colleague who was fearful of seeking mental health care because of questions about mental health in medical licensure, credentialing and insurance applications</b>	56%	41%

White residents (87%) are more likely than non-white residents (77%) to agree they know what warning signs to look for in themselves or a peer/colleague who may be suicidal. Additionally, white residents (65%) are more likely to report feeling adequately prepared in the event they have a personal mental health-related emergency, compared to non-white residents (52%).

Black residents are more likely to often have feelings of burnout, have checked in with a colleague or be afraid or knew a colleague who was fearful of seeking mental health care because of questions about mental health in licensure, credentialing and insurance applications.

### Proportion of Residents Who Strongly/Somewhat Agree with the Following Statements by Race/Ethnicity

	Asian Residents	Black Residents	Hispanic Residents	White Residents
I often have feelings of burnout	63%	87%	52%	57%
I have checked in with a peer/colleague who I suspected was experiencing mental health distress	57%	83%	–	63%
I was afraid or know a colleague who was fearful of seeking mental health care because of questions about mental health in medical licensure, credentialing and insurance applications	–	65%	26%	48%

NOTE: An empty cell means there is not a statistically significant difference for that demographic.



#### Student Responses

Significantly more students (71%) report that they often have feelings of burnout, compared to physicians (58%) and residents (61%), and only four in 10 of students feel their institution prioritizes the wellbeing of medical students. Like residents, eight in 10 students (77%) know the warning signs to look for in themselves or colleagues that may be suicidal. Nearly seven in 10 students (67%) report checking in with a peer whom they suspected was experiencing mental health distress, and nearly eight in 10 students (76%) agree that there is stigma surrounding mental health and seeking mental health care among physicians.

Like residents, approximately eight in 10 students (78%) agree that managing patients' DOH has a major impact on physician mental health and wellbeing; urban students (81%) are more likely to agree with this statement than suburban students (73%).

Additionally, a lower proportion of Black students agree that their educational institution prioritizes their wellbeing and that suicide prevention resources for physicians exist and are easy to access, compared to white students.

#### Proportion of Students Who Strongly/Somewhat Agree with the Following Statements by Race/Ethnicity

	Black Students	White Students
My educational institution prioritizes the wellbeing of its medical students	27%	45%
Suicide prevention resources for physicians exist and are easy to access	13%	30%



A greater portion of female students agree with four of the wellbeing statements, compared to male students; however, male students are more likely to feel that their educational institution prioritizes the wellbeing of its medical students and that suicide prevention resources for physicians exist and are easy to access.

### Proportion of Students Who Strongly/ Somewhat Agree with the Following Statements by Gender

	Female Students	Male Students
<b>There is stigma surrounding mental health and seeking mental health care among physicians</b>	80%	70%
<b>I often have feelings of burnout</b>	79%	63%
<b>I have checked in with a peer/colleague who I suspected was experiencing mental health distress</b>	73%	61%
<b>My educational institution prioritizes the wellbeing of its medical students</b>	38%	48%
<b>Suicide prevention resources for physicians exist and are easy to access</b>	22%	33%
<b>Managing patients' DOH has a major impact on physician mental health and wellbeing</b>	85%	69%

**Q7: Please rate how helpful, if at all, each of the following actions would be in supporting physicians in the workplace.**

**Proportion of Residents and Students Who Found the Actions as Very/Somewhat Helpful**

	Residents	Students
Removing low-value work, including reducing EHR clicks and minimizing inbox notifications	97%	92%
Being encouraged to take paid leave, sick leave, and rest breaks	94%	94%
Giving physicians more flexibility and autonomy to adjust quality and patient experience goals	93%	93%
Eliminating unnecessary mandatory training requirements	95%	91%
Eliminating insurance approvals such as pre-authorization	91%	90%
Normalizing conversation about the use of mental health care	90%	87%
Getting frontline teams the help they need by creating new types of shifts to fit care needs	89%	88%
Ensuring adequate mental health care outside of Employee Assistance Programs (EAP)	85%	85%
Creating penalties for violence, threats, and/or discriminatory behavior against health care workers	83%	83%
Updating credentialing and/or medical licensing applications to remove intrusive mental health questions	78%	77%
Using validated tools to regularly assess and respond to occupational burnout	62%	72%
Having wellbeing metrics included as organizational key performance indicators	62%	64%
Getting frontline teams the help they need by considering voluntary redeployment for non-clinical staff to the frontlines	60%	62%
Designating an executive with operational authority to oversee and align all clinician well-being efforts	56%	61%
Getting frontline teams the help they need by sending executives to the bedside	55%	58%

This question was only posed to residents and medical students, and nearly all the proposed actions to support physicians are viewed as helpful by most of the residents and medical students. Rising to the top of the list was removing low value work, encouraging using PTO and rest breaks, giving physicians more flexibility to adjust quality and patient experience goals, eliminating insurance approvals and eliminating unnecessary mandatory training. A significantly greater proportion of medical students (72%) saw usefulness in using validated tools to regularly assess and respond to occupational burnout, compared to residents (62%).



## Resident Responses

Nearly all residents viewed removing low value work (97%) and eliminating unnecessary mandatory training (95%) as helpful.

Female residents perceive many of the respective proposed resources/strategies as more helpful compared to their male counterparts.

### Proportion of Residents Who Found the Actions as Very/Somewhat Helpful by Gender

	Female Residents	Male Residents
Being encouraged to take paid leave, sick leave, and rest breaks	97%	92%
Normalizing conversation about the use of mental health care	93%	84%
Getting frontline teams the help they need by creating new types of shifts to fit care needs	93%	84%
Ensuring adequate mental health care outside of Employee Assistance Programs (EAP)	90%	81%
Creating penalties for violence, threats, and/or discriminatory behavior against health care workers	87%	79%
Updating credentialing and/or medical licensing applications to remove intrusive mental health questions	82%	75%
Using validated tools to regularly assess and respond to occupational burnout	69%	57%

Non-white residents (87%) are more likely to find creating penalties for violence, threats and discriminatory behavior against health care workers as helpful for physicians, compared to white residents (80%).



Additionally, Black residents more than white residents perceive more value in ensuring adequate mental health care outside of EAPs, having wellbeing metrics included as organizational key performance indicators and designating an executive with operational authority to oversee/align all clinician wellbeing efforts. Significantly more Asian residents than Hispanic residents perceive helpfulness in updating credentialing and/or medical licensing applications to remove intrusive mental health questions.

### Proportion of Residents Who Found the Actions as Very/Somewhat Helpful by Race/Ethnicity

	Asian Residents	Black Residents	Hispanic Residents	White Residents
Ensuring adequate mental health care outside of Employee Assistance Programs (EAP)	85%	100%	77%	85%
Creating penalties for violence, threats, and/or discriminatory behavior against health care workers	89%	96%	–	80%
Updating credentialing and/or medical licensing applications to remove intrusive mental health questions	84%	–	58%	–
Having wellbeing metrics included as organizational key performance indicators	–	82%	–	61%
Designating an executive with operational authority to oversee/align all clinician well-being efforts	–	78%	–	54%

NOTE: An empty cell means there is not a statistically significant difference for that demographic.

Additionally, more urban residents (96%) find eliminating unnecessary mandatory training requirements helpful, compared to rural residents (83%). A greater proportion of urban residents (92%) also find getting frontline teams the help they need by creating new types of shifts to fit care needs helpful, compared to suburban residents (83%).

#### Student Responses

Students viewed encouraging using PTO and rest breaks (94%) and giving physicians more flexibility to adjust quality and patient experience goals (93%) as most helpful. Students on the primary care path find ensuring adequate mental health care outside of EAPs (91%) and using validated tools to regularly assess and respond to occupational burnout (82%) more helpful, compared to those on the specialist path (57% and 69%).

Female students perceive many of the respective proposed resources/strategies as more helpful compared to their male counterparts.

### Proportion of Students Who Found the Actions as Very/Somewhat Helpful by Gender

	Female Students	Male Students
Being encouraged to take paid leave, sick leave, and rest breaks	97%	90%
Normalizing conversation about the use of mental health care	91%	82%
Getting frontline teams the help they need by creating new types of shifts to fit care needs	93%	83%
Ensuring adequate mental health care outside of Employee Assistance Programs (EAP)	89%	80%
Creating penalties for violence, threats, and/or discriminatory behavior against health care workers	87%	79%
Updating credentialing and/or medical licensing applications to remove intrusive mental health questions	83%	71%

White medical students (95%) are more likely than non-white students (87%) to assign high value in removing low-value work. White students more than Black students find value in eliminating unnecessary mandatory training requirements and getting frontline teams the help that they need by sending executives to the bedside. Hispanic students are more likely than white students to find updating credentialing/medical licensing applications and designating an executive with operational authority to oversee/align all clinician well-being efforts as helpful.



### Proportion of Students Who Found the Actions as Very/Somewhat Helpful by Race/Ethnicity

	Asian Students	Black Students	Hispanic Students	White Students
Removing low-value work, including reducing EHR clicks and minimizing inbox notifications	85%	–	–	95%
Eliminating unnecessary mandatory training requirements	–	75%	–	92%
Updating credentialing and/or medical licensing applications to remove intrusive mental health questions	–	–	88%	75%
Using validated tools to regularly assess and respond to occupational burnout	66%	83%	–	–
Designating an executive with operational authority to oversee/align all clinician well-being efforts	56%	–	79%	61%
Getting frontline teams the help they need by sending executives to the bedside	–	37%	–	58%

NOTE: An empty cell means there is not a statistically significant difference for that demographic.

**Q8: To what extent is your practice/employer/health system taking the following actions to support physicians in the workplace?**

**Proportion of Physicians Responding Their Practice/Employer/Health System Rarely/Never Takes the Following Actions**

	2022	2023
Eliminating unnecessary mandatory training requirements	66%	63%
Eliminating insurance approvals such as pre-authorization	60%	61%
Getting frontline teams the help they need by sending executives to the bedside	61%	60%
Removing low-value work, including reducing EHR clicks and minimizing inbox notifications	63%	58%
Using validated tools to regularly assess and respond to occupational burnout	–	54%
Getting frontline teams the help they need by considering voluntary redeployment for non-clinical staff to the frontlines	50%	52%
Being encouraged to take paid leave, sick leave, and rest breaks	–	52%
Having wellbeing metrics included as organizational key performance indicators	–	50%
Getting frontline teams the help they need by creating new types of shifts to fit care needs	50%	49%
Giving physicians more flexibility and autonomy to adjust quality and patient experience goals	52%	48%
Updating credentialing and/or medical licensing applications to remove intrusive mental health questions	47%	47%
Designating an executive with operational authority to oversee and align all clinician well-being efforts	47%	46%
Ensuring adequate mental health care outside of Employee Assistance Programs (EAP), including providing counseling, creating a peer support program, and/or offering psychological first aid training for all people leaders	38%	37%
Normalizing conversation about the use of mental health care	–	36%
Creating penalties for violence, threats, and/or discriminatory behavior against health care workers	42%	33%

*NOTE: An empty cell means the question was not asked in 2022.*

In 2023, a significantly greater proportion of physicians (28%) affirm that their practice/employer/health system has created penalties for violence, threats, and/or discriminatory behavior against health care workers, compared to 2022 (22%). Fewer physicians in 2023 (58%) report that their practice rarely/never removes low-value work, including reducing EHR clicks and minimizing inbox notifications, compared to 2022 (63%).

For 2023, a greater proportion of primary care physicians (65%) report that their workplace rarely/never eliminates insurance approvals, such as pre-authorization, compared to specialist physicians (59%).



A significantly larger proportion of employed physicians than independent physicians report their practice/system rarely/never takes six of the fifteen listed above actions, compared to independent physicians.

### Proportion of Physicians Whose Practice/Health System Rarely/Never Takes Action by Practice Type

	Employed Physicians	Independent Physicians
Eliminating unnecessary mandatory training requirements	66%	54%
Getting frontline teams the help they need by sending executives to the bedside	63%	52%
Removing low-value work, including reducing EHR clicks and minimizing inbox notifications	60%	50%
Getting frontline teams the help they need by considering voluntary redeployment for non-clinical staff to the frontlines	54%	45%
Being encouraged to take paid leave, sick leave, and rest breaks	54%	44%
Giving physicians more flexibility and autonomy to adjust quality and patient experience goals	51%	38%

A significantly larger proportion of physicians ages 46 and older report that their workplace rarely/never takes eight of the fifteen listed actions, compared to younger physicians.

### Proportion of Physicians Whose Practice/Health System Rarely/Never Takes Action by Age

	Physicians ≤45 Years Old	Physicians 46+ Years Old
Eliminating unnecessary mandatory training requirements	60%	67%
Using validated tools to regularly assess and respond to occupational burnout	50%	58%
Getting frontline teams the help they need by creating new types of shifts to fit care needs	46%	52%
Giving physicians more flexibility and autonomy to adjust quality and patient experience goals	44%	52%
Updating credentialing and/or medical licensing applications to remove intrusive mental health questions	43%	52%
Designating an executive with operational authority to oversee and align all clinician well-being efforts	39%	52%
Ensuring adequate mental health care outside of Employee Assistance Programs (EAP)	33%	41%
Normalizing conversation about the use of mental health care	31%	41%

There are also significant differences between urban and rural physicians across most of the actions.

### Proportion of Physicians Whose Practice/Health System Rarely/Never Takes Action by Geography

	Rural Physicians	Suburban Physicians	Urban Physicians
Eliminating unnecessary mandatory training requirements	–	59%	67%
Getting frontline teams the help they need by sending executives to the bedside	–	55%	65%
Removing low-value work, including reducing EHR clicks and minimizing inbox notifications	66%	53%	61%
Getting frontline teams the help they need by considering voluntary redeployment for non-clinical staff to the frontlines	–	47%	55%
Having wellbeing metrics included as organizational key performance indicators	–	24%	31%
Getting frontline teams the help they need by creating new types of shifts to fit care needs	–	45%	52%
Giving physicians more flexibility and autonomy to adjust quality and patient experience goals	56%	45%	–
Updating credentialing and/or medical licensing applications to remove intrusive mental health questions	58%	45%	–
Designating an executive with operational authority to oversee and align all clinician well-being efforts	59%	43%	46%
Ensuring adequate mental health care outside of Employee Assistance Programs (EAP)	49%	–	33%
Normalizing conversation about the use of mental health care	48%	36%	33%

NOTE: An empty cell means there is not a statistically significant difference for that demographic.

**Q9, Part 1: Do you know a physician/colleague/peer who has ever, versus in the past 12 months, done the following?**

**Percent of Respondents Who Personally Know a Physician/Colleague/Peer Seeking/Discussing Mental Health Support**

		Physicians	Residents	Students
Sought mental health support	Ever	68%	87%	88%
	Past Year	41%	64%	72%
Considered seeking mental health support	Ever	64%	84%	83%
	Past Year	42%	64%	67%
Said they would not seek mental health support	Ever	48%	48%	55%
	Past Year	24%	26%	31%
None of the above	Ever	22%	10%	8%
	Past Year	46%	27%	21%



Most physicians, residents and students know a physician/colleague/peer who has sought or considered mental health support at some point. Approximately seven in 10 students know a physician/colleague/peer who has sought or considered mental health care in the past year, compared to about six in 10 residents and four in 10 physicians.

Approximately half of physicians (48%), residents (48%) and students (55%) said they know a physician/colleague/peer who said they would not seek mental health care. Furthermore, about a quarter of physicians (24%) and residents (26%) know a physician/colleague/peer who said they would not seek mental health care in the past year, as did nearly a third of students (31%).



## Physician Responses

Employed physicians, younger physicians and female physicians are more likely to know a physician who has sought mental health support, considered seeking mental health support or said they would not seek mental health support.

### Percent of Physicians Who Personally Know a Physician Seeking/Discussing Mental Health Support by Practice Type, Age and Gender

		Employed Physicians	Independent Physicians	Physicians ≤45 Years Old	Physicians 46+ Years Old	Female Physicians	Male Physicians
Sought mental health support	Ever	68%	55%	72%	57%	69%	63%
	Past Year	42%	26%	49%	27%	47%	33%
Considered seeking mental health support	Ever	64%	51%	70%	51%	67%	58%
	Past Year	43%	25%	51%	26%	48%	34%
Said they would not seek mental health support	Ever	50%	40%	52%	42%	–	–
	Past Year	25%	15%	28%	17%	–	–
None of the above	Ever	21%	34%	17%	31%	20%	26%
	Past Year	63%	43%	35%	61%	–	–

NOTE: An empty cell means there is not a statistically significant difference for that demographic.

There were also significant differences based on geography, with urban physicians more likely to know a physician who has sought mental health support, considered seeking mental health support or said they would not seek mental health support.

### Percent of Physicians Who Personally Know a Physician Seeking/Discussing Mental Health Support by Geography

		Rural Physicians	Suburban Physicians	Urban Physicians
Sought mental health support	Ever	56%	60%	71%
	Past Year	–	31%	45%
Considered seeking mental health support	Ever	47%	56%	67%
	Past Year	29%	33%	47%
None of the above	Ever	–	28%	19%
	Past Year	53%	55%	40%

NOTE: An empty cell means there is not a statistically significant difference for that demographic.

## Resident Responses

Female residents and urban residents are more likely to know a colleague or peer who has sought mental health support or considered seeking mental health support.

### Percent of Residents Who Personally Know a Colleague/Peer Seeking/Discussing Mental Health Support by Gender and Geography

		Female Residents	Male Residents	Suburban Residents	Urban Residents
Sought mental health support	Ever	91%	84%	–	–
	Past Year	69%	58%	54%	68%
Considered seeking mental health support	Ever	90%	79%	–	–
	Past Year	72%	57%	51%	71%
None of the above	Ever	6%	12%	–	–
	Past Year	20%	33%	36%	23%

NOTE: An empty cell means there is not a statistically significant difference for that demographic.

## Student Responses

Female students are more likely than male students to know a colleague or peer who has sought mental health support ever and in the past 12 months. Greater proportions of female students also know someone considering seeking mental health support or someone saying they would not seek mental health support in the past year. Hispanic students are more likely to know a colleague or peer seeking or discussing mental health support, especially compared to Asian students.

### Percent of Students Who Personally Know a Colleague/Peer Seeking/Discussing Mental Health Support by Gender and Race/Ethnicity

		Female Students	Male Students	Asian Students	Black Students	Hispanic Students	White Students
Sought mental health support	Ever	92%	84%	83%	–	96%	–
	Past Year	77%	65%	–	–	–	–
Considered seeking mental health support	Ever	–	–	–	–	–	–
	Past Year	74%	60%	61%	–	77%	–
Said they would not seek mental health support	Ever	–	–	–	43%	71%	55%
	Past Year	34%	26%	26%	23%	52%	30%
None of the above	Ever	5%	12%	–	–	–	–
	Past Year	–	–	26%	–	11%	–

NOTE: An empty cell means there is not a statistically significant difference for that demographic.

**Q9, Part 2: Do you know a physician/colleague/peer who has ever, versus in the past 12 months, done the following?**

**Physician Responses**

**Percent of Physicians Who Personally Know a Physician Who Has Considered, Attempted or Died by Suicide**

	2021		2022		2023	
Considered suicide	Ever	31%	Ever	31%	Ever	36%
	Since COVID	14%	Since COVID	16%	Since COVID	14%
Attempted suicide	Ever	19%	Ever	14%	Ever	26%
	Since COVID	4%	Since COVID	4%	Since COVID	7%
Died by suicide	Ever	38%	Ever	33%	Ever	37%
	Since COVID	7%	Since COVID	5%	Since COVID	9%
None of the above	Ever	45%	Ever	47%	Ever	49%
	Since COVID	80%	Since COVID	80%	Since COVID	80%

More than half of physicians know of a physician who has either considered, attempted or died by suicide ever; one-fifth know someone that has either considered, attempted or died by suicide specifically in the past 12 months. The proportion of physicians who know a physician who has considered suicide was significantly greater in 2023 (36%), compared to both 2021 (31%) and 2022 (31%). Additionally, more physicians report knowing a physician who has attempted suicide in 2023 (26%), compared to physicians in 2021 (19%) and 2022 (14%).

A greater proportion of employed physicians than independent physicians know a physician who has considered suicide in the past year. Likewise, more younger physicians also know a physician who has considered suicide ever and in the past 12 months, compared to physicians 46 and older. Additionally, white physicians were significantly more likely to know a physician who has ever considered suicide, than Asian physicians.

### Proportion of Physicians Who Personally Know a Physician Who Has Ever Considered Suicide

	2023
Physicians ≤45 Years Old	39%
Physicians 46+ Years Old	33%
White Physicians	37%
Asian Physicians	29%

NOTE: The proportion of Black physicians and Hispanic physicians was not significantly different from other race/ethnicity categories.

### Proportion of Physicians Who Personally Know a Physician Who Has Considered Suicide in the Past Year

	2023
Employed Physicians	15%
Independent Physicians	10%
Physicians ≤45 Years Old	18%
Physicians 46+ Years Old	10%

### Resident and Student Responses

		Physicians	Residents	Students
Considered suicide	Ever	36%	38%	45%
	Past Year	14%	19%	25%
Attempted Suicide	Ever	26%	21%	27%
	Past Year	7%	6%	8%
Died by suicide	Ever	37%	26%	25%
	Past Year	9%	8%	7%
None of the above	Ever	49%	53%	47%
	Past Year	80%	77%	71%

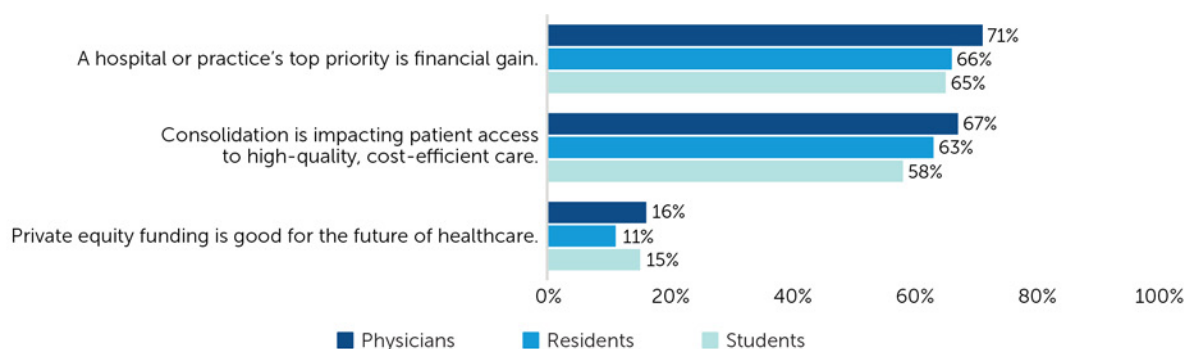
Nearly half of students (45%) report knowing a colleague or peer who has considered suicide ever. About four in 10 physicians (36%) and residents (38%) know a colleague or peer who has consider suicide; furthermore, a greater portion of female residents (42%) than male residents (37%) report knowing a colleague or peer who has considered suicide ever.

Physicians (37%) are more likely than both residents (26%) and students (25%) to know a physician/colleague/peer who has died by suicide ever. Additionally, more rural students (21%) have lost a colleague or peer to suicide in the past year, compared to both suburban students (8%) and urban students (5%).

**Q10: To what extent do you agree with each of the following statements?**

**Physician, Resident and Student Responses**

**Percent of Respondents Who Strongly/Somewhat Agree with the Following Statements**



Approximately seven in 10 physicians, residents and medical students agree that a hospital/practice's top priority is financial gain and that consolidation is impacting patient access to high-quality, cost-efficient care. Only 11%-16% agree private equity funding is good for the future of health care.

More female than male physicians, residents and students agree a hospital or practice's top priority is financial gain. Additionally, a significantly higher portion of white residents (70%) believed this statement to be true, compared to Asian residents (59%).

**Percent of Respondents Who Somewhat/Strongly Agree a Hospital/Practice's Top Priority Is Financial Gain by Gender**

		2023
Physicians	Female Physicians	77%
	Male Physicians	69%
Residents	Female Residents	72%
	Male Residents	62%
Students	Female Students	73%
	Male Students	66%



While more than half of all students (58%) agree that consolidation is impacting patient access to high-quality, cost-efficient care, this belief was held by more white students (66%) than non-white students (62%); furthermore, more white students (66%) and Asian students (62%) agreed with this belief, compared to Black students (53%).



Approximately half of physicians (48%) and residents (53%), *disagree* that private equity funding is good for the future of health care, along with four in 10 students (42%).

### Percent of Respondents Who Somewhat/ Strongly *Disagree* Private Equity Funding Is Good for The Future of Health Care

		2023
Physicians	Primary Care Physicians	43%
	Specialist Physicians	52%
	Female Physicians	39%
	Male Physicians	54%
Residents	Primary Care Residents	46%
	Specialist Residents	56%
	Female Residents	44%
	Male Residents	62%
	Rural Residents	33%
	Suburban Residents	47%
Students	Urban Residents	58%
	Female Students	39%
	Male Students	55%

**Q11: Which of the following health care consolidation scenarios has your hospital/practice explored or experienced over the past five years?**

**Percent of Respondents Whose Hospital/Practice Explored or Experienced the Following Health care Consolidation Scenarios Over the Past Five Years**

		Total	Physicians	Residents
Merging with another practice/hospital	Experienced	30%	30%	28%
	Explored	18%	21%	11%
	Unsure/don't know	53%	49%	61%
Being acquired by another practice/hospital	Experienced	18%	20%	13%
	Explored	15%	18%	8%
	Unsure/don't know	67%	62%	79%
Acquiring another practice/hospital	Experienced	35%	35%	35%
	Explored	16%	19%	12%
	Unsure/don't know	48%	46%	54%
Being funded by private equity	Experienced	10%	10%	9%
	Explored	11%	13%	5%
	Unsure/don't know	79%	76%	86%

At least three in 10 physicians and residents have experienced merging with another practice/hospital or acquiring another practice/hospital over the past five years. Experience with being acquired or being funded by private equity is minimal. Approximately, half of respondents or more were unsure of whether these scenarios occurred, with most residents being unsure of all scenarios.

A greater proportion of suburban physicians (54%) and male residents (44%) have explored or experienced merging with another practice/hospital, compared to urban physicians (48%) and female residents (32%).

More independent physicians, older physicians, rural and suburban physicians have explored or experienced being acquired by another practice/hospital, while more employed physicians and white physicians have had experience with acquiring another practice/hospital.

**Percent of Respondents Whose Hospital/Practice Explored or Experienced Being Acquired by Another Practice/Hospital Over the Past Five Years**

		2023
Physicians	Employed Physicians	35%
	Independent Physicians	49%
	Physicians ≤45 Years Old	34%
	Physicians 46+ Years Old	43%
	Rural Physicians	47%
	Suburban Physicians	41%
	Urban Physicians	34%
Residents	Asian Residents	24%
	Black Residents	9%

NOTE: The proportion of additional race/ethnicity categories was not significantly different from others.

**Percent of Respondents Whose Hospital/Practice Explored or Experienced Acquiring Another Practice/Hospital Over the Past Five Years**

		2023
Physicians	Employed Physicians	56%
	Independent Physicians	49%
	Asian Physicians	48%
	White Physicians	56%
Residents	Primary Care Residents	36%
	Specialty Residents	50%

NOTE: The proportion of additional race/ethnicity categories was not significantly different from others.



A greater proportion of specialty physicians, independent physicians, male physicians and suburban physicians have explored or experienced being funded by private equity.

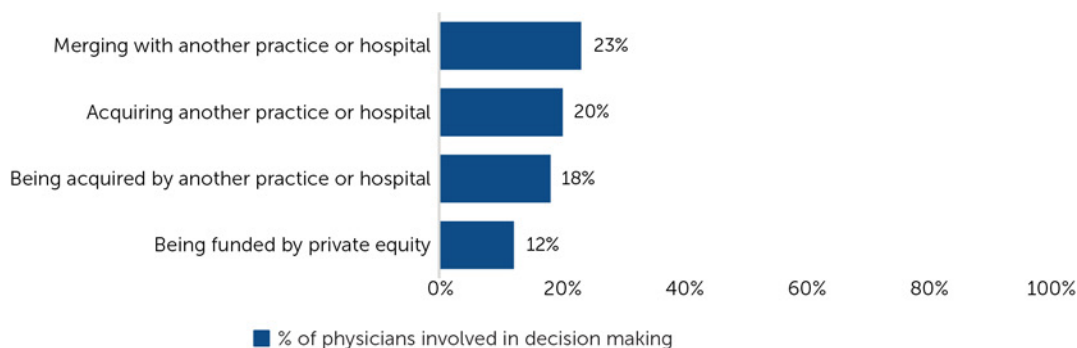
**Percent of Physicians Whose Hospital/Practice Explored or Experienced Being Funded by Private Equity Over the Past Five Years**

	2023
Primary Care Physicians	19%
Specialist Physicians	27%
Employed Physicians	20%
Independent Physicians	34%
Female Physicians	19%
Male Physicians	27%
Suburban Physicians	27%
Urban Physicians	21%



**Q12: Have you personally been part of the decision-making process for any of these?**

**Percentage of Physicians Who Have Personally Been Part of the Decision-Making Process**



This question was only asked of physicians experiencing the respective merging/acquisition scenarios over the past five years. Of these physicians, approximately one-fifth have been involved in the decision process. This proportion is lower at 12% for those experiencing being funded by private equity.

A greater proportion of independent physicians, physicians who are age 46 and older, male physicians and suburban physicians report having decision-making input into most of the consolidation scenarios. Additionally, more specialist physicians (23%) than primary care physicians (16%) report having been part of the decision-making process for acquiring another practice/hospital.

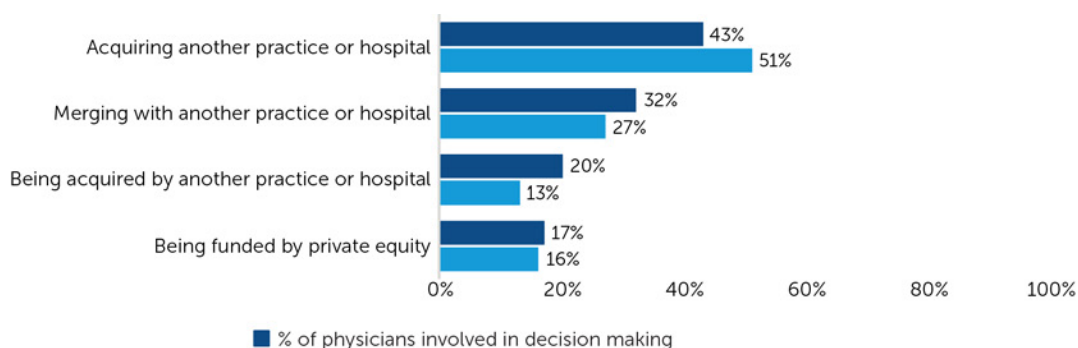
**Percentage of Physicians Who Have Personally Been Part of the Decision-Making Process by Practice Type, Age, Gender and Geography**

	Employed Physicians	Independent Physicians	Physicians ≤45 Years Old	Physicians 46+ Years Old	Female Physicians	Male Physicians	Suburban Physicians	Urban Physicians
Merging with another practice/hospital	20%	32%	18%	27%	16%	25%	27%	17%
Being acquired by another practice/hospital	15%	24%	12%	23%	13%	19%	20%	14%
Acquiring another practice/hospital	17%	30%	17%	24%	14%	23%	23%	16%
Being funded by private equity	9%	21%	–	–	8%	13%	14%	8%

NOTE: An empty cell means there is not a statistically significant difference for that demographic.

**Q13: What do you believe the likelihood is of your hospital/practice exploring each of the following consolidation scenarios over the next five years?**

**Percentage of Respondents Who Believe Their Hospital/Practice Will Very/Somewhat Likely Explore the Scenarios Over the Next Five Years**



Half of residents (51%) and more than four in 10 physicians (43%) expect their hospital/practice will explore acquiring another hospital/practice within the next five years. One third of physicians (32%) and more than one-quarter of residents (27%) anticipate exploring a merger with another practice/hospital. A fifth of physicians expect exploring an acquisition by another hospital or practice, compared to just 13% of residents. Less than two in 10 physicians (17%) and residents (16%) expect their hospital or practice to explore private equity funding.



A greater proportion of white and Hispanic physicians are likely to expect to merge with another hospital/health system, compared to Asian physicians. Additionally, more rural and suburban physicians are expecting to merge compared to urban.

**Percent of Physicians Who Believe It Is Very/Somewhat Likely Their Hospital/Practice Will Explore Merging with Another Hospital/Practice Over the Next Five Years**

	2023
Asian Physicians	25%
Hispanic Physicians	40%
White Physicians	34%
Suburban Physicians	35%
Urban Physicians	29%

*NOTE: The proportion of Black physicians was not significantly different from other race/ethnicity categories.*



A greater proportion of independent physicians, rural physicians, suburban physicians, primary care residents and rural residents expect being acquired by another hospital/health system; meanwhile, more specialty physicians, employed physicians, physicians who are ages 45 and under, suburban physicians and specialty residents are more likely to expect to acquire another hospital/practice. Furthermore, white physicians (45%) are more likely to expect to acquire another hospital/practice than non-white physicians (39%).

**Percent of Respondents Who Believe It Is Very/ Somewhat Likely Their Hospital/Practice Will Be Acquired by Another Practice/Hospital Over the Next Five Years**

		2023
Physicians	Employed Physicians	18%
	Independent Physicians	24%
	Rural Physicians	26%
	Suburban Physicians	24%
	Urban Physicians	14%
Residents	Primary Care Residents	19%
	Specialty Residents	11%
	Rural Residents	31%
	Suburban Residents	12%
	Urban Residents	12%

**Percent of Respondents Who Believe It Is Very/ Somewhat Likely Their Hospital/Practice Will Acquire Another Practice/Hospital Over the Next Five Years**

		2023
Physicians	Primary Care Physicians	39%
	Specialty Physicians	45%
	Employed Physicians	47%
	Independent Physicians	30%
	Physicians ≤45 Years Old	48%
	Physicians 46+ Years Old	37%
	Black Physicians	42%
	White Physicians	45%
	Suburban Physicians	40%
	Urban Physicians	46%
Residents	Primary Care Residents	40%
	Specialty Residents	56%

Black physicians and suburban physicians are significantly more likely to expect their hospital/ practice will explore private equity, compared to white, Asian, urban and rural physicians.

**Percent of Physicians Who Believe It Is Very/ Somewhat Likely Their Hospital/Practice Will Explore Being Funded by Private Equity Over the Next Five Years**

	2023
Asian Physicians	15%
Black Physicians	27%
White Physicians	15%
Rural Physicians	11%
Suburban Physicians	21%
Urban Physicians	14%

NOTE: The proportion of Hispanic physicians was not significantly different from other race/ethnicity categories.

**Q14: What types of programs, services and/or resources do you think would be most helpful to physicians working in practices/hospitals that have been negatively impacted by health care consolidation?**

**Percentage of Respondents Mentioning Programs/Services/Resources Helpful to Physicians Negatively Impacted by Health care Consolidation**

This was an open-ended question, the responses to which have been codified. Of the responses, approximately one in 10 respondents mention mental health resources and support, as well as benefits. Additionally, about one in 10 residents (9%) mention staffing.

Coded Open-end Responses	Total	Physicians	Residents	Students
<b>Mental health resources/support (NET)</b>	11%	13%	9%	10%
<b>More/better counseling options/mental health services</b>	6%	8%	4%	6%
<i>Net also includes mentions of support groups, resources to help with/reduce burnout, free access to mental health care, more focus on work-life balance</i>				
<b>Benefits (NET)</b>	12%	12%	13%	11%
<b>Better compensation/wages</b>	5%	5%	6%	4%
<i>Net also includes mentions of more time off/IPTO, EAP, early retirement package</i>				
<b>Staffing (NET)</b>	7%	6%	9%	7%
<b>More staff/ancillary/nursing staff</b>	5%	5%	7%	5%
<i>Net also includes mentions of more physicians/providers/residents</i>				
<b>Administrative/non-medical tasks (NET)</b>	7%	8%	6%	5%
<i>Net includes mentions of reduce/assist with paperwork/administrative, reduce/simplify/help with EMR/EHR, reduce unnecessary training</i>				
<b>Schedule/workload (NET)</b>	7%	7%	5%	8%
<i>Net includes mentions of decrease workload/patient load, better/fewer work hours/hour caps, flexible hours/schedules, reduce/remove goals/metrics</i>				
<b>Patient care/support (NET)</b>	6%	6%	5%	9%
<i>Net includes maintaining/improving quality of care, allow more time with patients</i>				
<b>Administration/bureaucracy (NET)</b>	6%	7%	6%	5%
<i>Net includes regular discussions/updates/town halls, more transparency, reduce bureaucracy/red tape, more physicians/fewer executives making decisions, more administrative support</i>				
<b>More physician autonomy/independence/autonomy in decision making</b>	5%	5%	4%	5%

***“Health care consolidation ends up with big behemoth entities controlling everything and there is no attention paid to the struggles of the frontline workers. There is no one to talk to about concerns of overwork, burnout, mental health support needs, scheduling issues, pay equity, cost of living increases, reducing EHR burden, etc.”***

– Physician Response



***“Leadership can access via focus groups how consolidation may impact their physicians’ and health care staff’s wellbeing, workflow and burnout. They should also research and address how consolidation may impact patients’ access to medical care so that no patients are left behind without a provider’.”***

– Resident Response

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***“Physicians should know exactly where they stand in an organization and that they are integral and not just a pawn that gets moved around.”***

– Physician Response

**Q15: How often would you say each of the following types of third-party involvement in medical practice hinders your autonomy to deliver high-quality, cost-efficient care, if at all?**

**Percentage of Respondents Saying Types of Third-Party Involvement in Medical Practice Often/Always Hinders Autonomy to Deliver High-Quality, Cost-Efficient Care**

	Physicians	Residents
Insurance requirements	76%	77%
Documentation protocols	71%	67%
Regulatory policies	60%	50%
Mandatory training requirements	53%	54%
Judicial verdicts	31%	23%

Except for judicial verdicts, at least half of physicians and residents report the respective types of third-party involvement regularly hinders their autonomy to deliver high-quality, cost-efficient care. Insurance requirements and documentation protocols round out the top two barriers. Three-quarters of physicians (76%) and residents (77%) say insurance requirements hinder their autonomy to deliver high-quality, cost-efficient care. Additionally, about seven in 10 physicians (71%) and residents (67%) say documentation protocols hinder autonomy.

Independent physicians, physicians who are ages 46 and older, and Hispanic physicians are more likely to feel more hindered by regulatory policies compared to employed physicians, younger physicians, and white and Black physicians.

**Percentage of Physicians Saying Regulatory Policies in Medical Practice Often/Always Hinders Autonomy to Deliver High-Quality, Cost-Efficient Care**

	2023
Employed Physicians	58%
Independent Physicians	65%
Physicians ≤45 Years Old	54%
Physicians 46+ Years Old	63%
Black Physicians	49%
Hispanic Physicians	71%
White Physicians	58%

*NOTE: The proportion of Asian physicians was not significantly different from other race/ethnicity categories.*

More specialists feel mandatory training requirements and judicial verdicts hinder delivering care, compared to primary care physicians. Furthermore, Hispanic physicians are more likely to feel hindered by documentation protocols, mandatory training requirements and judicial verdicts.

### Percentage of Physicians Saying Types of Third-Party Involvement in Medical Practice Hinders Autonomy To Deliver High-Quality, Cost-Efficient Care by Practice Type and Race/Ethnicity

	Primary Care Physicians	Specialty Physicians	Asian Physicians	Black Physicians	Hispanic Physicians	White Physicians
Documentation protocols	–	–	70%	69%	76%	69%
Mandatory training requirements	48%	56%	54%	55%	71%	48%
Judicial verdicts	27%	34%	28%	–	44%	30%

NOTE: An empty cell means there is not a statistically significant difference for that demographic.

Rural physicians are more likely to feel insurance requirements hinder autonomy, while urban physicians feel more hindered by mandatory training requirements.

### Percentage of Physicians Saying Types of Third-Party Involvement in Medical Practice Hinders Autonomy To Deliver High-Quality, Cost-Efficient Care by Geography

	Rural Physicians	Suburban Physicians	Urban Physicians
Insurance requirements	83%	75%	76%
Mandatory training requirements	43%	–	55%

NOTE: An empty cell means there is not a statistically significant difference for that demographic.

While there were fewer significant demographic differences for residents, white residents (27%) and Asian residents (19%) did feel more hindered by judicial verdicts, compared to Hispanic residents (5%).

**Q16: Please share with us any additional thoughts and ideas you may have to help further understand the state of physician wellbeing, identify unmet needs, and inform solutions to address it.**

This was an open-ended question, the responses to which have been codified below.

### Percentage of Respondents Mentioning Thoughts and Ideas About the Current State of Physician Wellbeing

	Total	Physicians	Residents	Students
<b>Mental health resources/support (NET)</b>	23%	20%	24%	27%
<b>High burnout/need to address burnout</b>	17%	14%	17%	21%
<i>Net includes other mentions of stress/anxiety/stigma regarding mental health, need more mental health resources/ accessibility, high risk of suicide, high rates of depression</i>				
<b>Schedule/workload (NET)</b>	18%	15%	21%	23%
<b>Overworked/need to decrease workload/patient load</b>	15%	13%	18%	19%
<i>Net also includes mentions of fewer/shorter work hours, hour caps, breaks/days off not encouraged/allowed, need scheduling flexibility, need mental health/personal days</i>				
<b>Current state of wellbeing is poor/bad/terrible</b>	15%	15%	16%	15%
<b>Administrative/non-medical tasks (NET)</b>	14%	15%	15%	12%
<b>Excessive paperwork/administrative burden/need administrative support</b>	7%	7%	7%	5%
<b>Issues with insurance companies/need for prior authorizations</b>	4%	5%	6%	3%
<i>Net also includes other mentions of reduce/simplify/provide help with EMR/EHR, unnecessary meetings/trainings, too many non-medical tasks</i>				
<b>Underpaid/need better pay/compensation</b>	8%	7%	11%	7%
<b>Staffing (NET)</b>	8%	8%	8%	7%
<i>Net includes mentions of physician shortage, retirement rates, people leaving medicine, short-staffed, need more support staff/nurses</i>				
<b>Patient care/support (NET)</b>	7%	7%	7%	6%
<i>Net includes mentions of lack of time for patient care, need to spend more time with patients</i>				
<b>Current state of wellbeing is not good/not great</b>	5%	4%	5%	7%
<b>Improving/still a way to go</b>	4%	2%	7%	5%

Within the responses, at least one in five physicians, residents and students discussed mental health resources or support. Additionally, 15% or more physicians, residents and students discussed schedules/workload, as well as described the current state of wellbeing as poor, bad or terrible.



***“I still think even in today’s world, there is stigma about physicians not needing mental health resources because we are too strong for that. It is hard for doctors to admit they need help for fear of being looked down on.”***

– Physician Response

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***“Physician burnout is real. Most physicians feel undercompensated and unheard while non-physician administrators constantly make ridiculous rules and lower compensation.”***

– Resident Response



***“Nearly every physician I know has told me to get out while I can and that they would never wish this life on anyone.”***

– Student Response

## Percentage of Respondents Mentioning Thoughts and Ideas Regarding Identification of Unmet Needs

	Total	Physicians	Residents	Students
<b>Benefits (NET)</b>	18%	12%	23%	25%
Need for more time off/vacation time	8%	5%	10%	13%
Underpaid/need better pay/compensation	8%	6%	11%	9%
<i>Net also includes allow more sick time/ensure proper coverage when off</i>				
<b>Administrative/non-medical tasks (NET)</b>	15%	18%	15%	10%
Excessive paperwork/administrative burden/need administrative help	9%	10%	9%	5%
Issues with insurance companies/need for prior authorizations	4%	5%	4%	2%
<i>Net also includes reduce/simplify/help with EMR/EHR, reduce mandatory/unnecessary meetings/trainings</i>				
<b>Schedule/workload (NET)</b>	15%	11%	18%	20%
Overworked/need to decrease workload/patient load	7%	6%	7%	8%
Work hours/need to work fewer hours/shorter hours/have hour caps	5%	2%	7%	8%
<b>Mental health resources/support (NET)</b>	13%	12%	13%	14%
Need more mental health resources/counseling/time to access counseling	5%	5%	4%	6%
<i>Net also includes mentions of high burnout/need to address burnout/need less stigma regarding mental health issues, too much stress/anxiety</i>				
<b>Staffing (NET)</b>	8%	7%	10%	8%
Short-staffed/need more support staff/nurses	4%	4%	5%	4%
<i>Net also includes need more physicians/providers/residents, physician shortage/retirement rates</i>				
<b>Patient care/support (NET)</b>	6%	6%	5%	7%
<i>Net includes lack of time for patient care/need more time with patients, more control needed over patient care</i>				
<b>Administration/bureaucracy (NET)</b>	6%	7%	6%	4%
<i>Net includes need to talk/listen to physicians, excessive bureaucracy, corporate medicine mentality</i>				
<b>Work/life balance</b>	5%	3%	7%	7%

When discussing unmet needs, the top three trending topics were benefits, administrative/non-medical tasks and schedules/workloads, which were discussed by 15% or more of total respondents.

***“Physicians are overworked and face unnecessary excess workload from documentation and insurance requirements. It’s not sustainable looking into the future needs of the health care workforce.”***

– Physician Response

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***“While mental health is being destigmatized and help is more readily available, the causes of poor physician wellbeing have not been addressed. The causes being short staffing, being overworked, stagnant salary, difficult schedules with night shifts and calls, abusive patients, rise of mid-levels, etc. The health care system is broken, so physicians will continue to develop depression, anxiety and poor mental health.”***

– Resident Response



***“There is too much busy work and too many hoops to jump through that leads to burnout. Much of the time is not spent at the bedside tangibly improving lives. Let doctors be doctors.”***

– Student Response

## Percentage of Respondents Mentioning Thoughts and Ideas Regarding Proposed Solutions

	Total	Physicians	Residents	Students
<b>Benefits (NET)</b>	26%	19%	32%	33%
<b>Better compensation/more pay</b>	10%	7%	14%	11%
<b>More time off/better PTO</b>	9%	7%	11%	13%
<i>Net also includes mental health checks/events/days off, more mandatory breaks/downtime/time to sleep, loan/debt forgiveness/help, mandatory time off</i>				
<b>Schedule/workload (NET)</b>	18%	15%	18%	22%
<b>Decrease workload/patient load</b>	6%	5%	6%	7%
<b>Better/fewer work hours</b>	5%	3%	5%	10%
<i>Net also includes more time to spend with patients, flexible work hours/work schedules</i>				
<b>Mental health (NET)</b>	17%	15%	19%	21%
<b>More/better counseling options/mental health services</b>	5%	4%	6%	7%
<i>Net also includes encourage/educate/promote self care, support groups/peer-to-peer support, less mental health stigma, address/reduce burnout, confidential/anonymous therapy</i>				
<b>Administrative tasks (NET)</b>	17%	19%	18%	14%
<b>Decrease/simplify/have more support for EHR/EMR</b>	5%	6%	5%	4%
<b>Less paperwork/documentation requirements</b>	4%	5%	6%	2%
<i>Net also includes reduce administrative tasks/burdens, assign non-medical work to staff, more scribes/allied health professionals, reduce non-patient work</i>				
<b>Administrative/bureaucracy (NET)</b>	12%	14%	11%	9%
<i>Net includes remove/improve/fix insurance issues, allow physicians to be part of decision-making process, less administrative oversight, reduce bureaucracy</i>				
<b>Staffing (NET)</b>	11%	9%	12%	15%
<b>More staff support/nursing staff</b>	6%	5%	6%	7%
<b>More physicians/train more physicians</b>	3%	1%	4%	6%
<i>Net also includes mentions of more ancillary staff/support, regulate mid-levels, better trained/experienced staff</i>				

When discussing solutions for wellbeing and unmet needs, the top trending topics were benefits, schedules/workloads, mental health and administrative tasks, which were discussed by 17% or more total respondents. Approximately a third of residents and students mentioned benefits. Additionally, one in 10 total respondents mentioned better compensation/more pay.

***“Reduce administrative burden of EMR and documentation. Remove barriers to physician reimbursement and offer incentives for more time spent with patients that obtaining documentation measures.”***

– Physician Response



***“Overhaul the entire structure of the health care system. Reduce waste including hospital, insurance, and pharma middlemen. Get rid of fee-for-service business models. Eliminate strict EHR requirements. Hire more staff to reduce provider patient burden. Reduce work hours to a normal 40-hour work week. Invest in preventative medicine and provide value-based care.”***

– Resident Response

***“Reduce the extra work that is not actually required for health care, such as arguing with insurance companies or excessive billing. Hire more staff so that everyone can sleep. Hire enough support staff so that doctors are not also filling those roles.”***

– Student Response



## CONCLUSION

The Physicians Foundation's *2023 Survey of America's Current and Future Physicians* finds that the state of physician wellbeing—for both current and future physicians—remains low. For the third year in a row, approximately six in 10 physicians often have feelings of burnout. Most physicians (78%) still agree that there is stigma surrounding mental health care for physicians, while the proportion of physicians who report seeking medical attention for a mental health problem (19%) has remained stagnant since 2022. Within the past year, nearly one-quarter (24%) of physicians know a colleague who has said they would not seek mental health support. Additionally, less than a third of physicians (31%) agree that their workplace culture prioritizes physician wellbeing, declining from 36% a year ago.

More than half of physicians (51%) know of a physician who has ever considered, attempted or died by suicide, remaining consistent since 2021. One-fifth (20%) know a colleague who has either considered, attempted or died by suicide specifically in just the past 12 months. Meanwhile, the portion of physicians who know the warning signs to look for in themselves or colleagues that may be suicidal (71%) decreased compared to 2022 (78%).

Not only must we do better for today's physicians, but we must also help create a better reality for the physicians of tomorrow. Residents also report a low state of wellbeing—while medical students report an even lower state of wellbeing, compared to both physicians and residents. More than six in 10 residents (61%) and seven in 10 students (71%) report experiencing feelings of burnout. Though just starting their careers, a shocking proportion of students (45%) know a colleague or peer who has considered suicide, compared to residents (38%) and physicians (36%).

Residents and medical students are striving to support themselves and each other. Agreement is significantly higher among residents and medical students compared to physicians for reporting that they know suicidal warning signs and that they have checked in with a colleague experiencing mental distress. Residents (29%) and students (47%) are also significantly more likely to have sought medical attention for mental health in the past year, compared to physicians (19%). So how can we better support these future physicians, as well as our current workforce?

Nearly all the evidence-based, proposed actions to support physicians are viewed as helpful by most of residents and students with removing low value work, encouraging using PTO and breaks, giving physicians more flexibility to adjust quality and patient experience goals, eliminating insurance approvals and eliminating unnecessary mandatory training rising to the top of the list. We must also ensure physicians remain involved in the decision-making process when it comes to health care consolidation and changes to their practice environment that will ultimately impact their ability to deliver care to patients.

Additionally, action is still required to address physician wellbeing. While most physicians assign high ratings, residents and students assign even higher ratings for confidential therapy, peer-to-peer support groups and the change or removal of credentialing application questions. This latter strategy is one that has seen significant progress in the past year due to the actions of ALL IN: WellBeing First for Healthcare and The Dr. Lorna Breen Heroes' Foundation, which continue to champion and provide resources for the removal of intrusive mental health questions from licensure and credentialing applications throughout the United States.

The future of medicine is dependent on change that will foster wellbeing, offer the right resources and eliminate barriers that impact physicians' autonomy to care. Current and future physicians are the foundation of our health care system—and we must ensure their perspectives are central to how we improve health care delivery in our country, so our health care system is strong and sustainable in providing high-quality, cost-efficient health care to all.

# METHODOLOGY

The 2023 survey was conducted online among U.S. physicians, medical residents and clerkship/clinical rotation medical students, who were derived from Medscape’s proprietary database. The survey was fielded from June 8 through June 28, 2023.

All percentages in the report are shown as whole numbers, and therefore may not add up to 100% due to rounding or because more than one answer is allowed.

The data presented in the survey is based on the following number of responses.

	Physicians (n=1,113)		Residents (n=501)	Medical Students (n=500)
<b>By segment</b>	Specialty	Age	Specialty path	Specialty path
	<ul style="list-style-type: none"> <li>• PCPs (n=455)</li> <li>• Specialists (n=658)</li> </ul>	<ul style="list-style-type: none"> <li>• ≤ 45 years old (n=568)</li> <li>• 46+ years old (n=545)</li> </ul>	<ul style="list-style-type: none"> <li>• Primary care (n=139)</li> <li>• Specialist (n=362)</li> </ul>	<ul style="list-style-type: none"> <li>• Primary care (n=110)</li> <li>• Specialist (n=373)</li> </ul>
	Gender	Race/ethnicity	Gender	Gender
	<ul style="list-style-type: none"> <li>• Male (n=684)</li> <li>• Female (n=389)</li> <li>• Trans/other (n=3)</li> </ul>	<ul style="list-style-type: none"> <li>• White (n=605)</li> <li>• Non-white (n=400)</li> <li>• Declined (n=108)</li> </ul>	<ul style="list-style-type: none"> <li>• Male (n=264)</li> <li>• Female (n=225)</li> </ul>	<ul style="list-style-type: none"> <li>• Male (n=214)</li> <li>• Female (n=276)</li> <li>• Trans/other (n=1)</li> </ul>
Practice Status	Geography	Race/ethnicity	Race/ethnicity	
<ul style="list-style-type: none"> <li>• Independent (n=267)</li> <li>• Employed (n=846)</li> </ul>	<ul style="list-style-type: none"> <li>• Urban (n=510)</li> <li>• Suburban (n=518)</li> <li>• Rural (n=85)</li> </ul>	<ul style="list-style-type: none"> <li>• White (n=287)</li> <li>• Non-white (n=180)</li> <li>• Declined (n=34)</li> </ul>	<ul style="list-style-type: none"> <li>• White (n=248)</li> <li>• Non-white (n=215)</li> <li>• Declined (n=37)</li> </ul>	
		Geography	Geography	
		<ul style="list-style-type: none"> <li>• Urban (n=319)</li> <li>• Suburban (n=146)</li> <li>• Rural (n=36)</li> </ul>	<ul style="list-style-type: none"> <li>• Urban (n=275)</li> <li>• Suburban (n=182)</li> <li>• Rural (n=43)</li> </ul>	

For the purposes of this survey report, responses addressing gender demographics are identified using the binary terms male and female. For detailed demographic breakdown of respondents, see page 68. Notably, the proportions within the segments for the physicians’ group for this 2023 survey are comparable to the proportions of physicians in the 2022 Survey of America’s Physicians.



### Responses by Specialty Type

	Specialty	2023
Physicians	Primary Care	41%
	Specialty	59%
Residents	Primary Care	28%
	Specialty	72%
Students	Primary Care	22%
	Specialty	75%
	Undecided	3%

Fifty-nine percent of physicians who responded to the survey practice primary care, while the remaining 41% are identified as specialists. Twenty-two percent of medical students are studying primary care with 75% on a specialty career path; the remaining 3% are undecided. Twenty-eight percent of residents are studying primary care and 72% are in a specialty area of study.

Primary care is defined in this survey as practicing in/area of study being within family medicine, general practice, internal medicine or pediatrics; specialty is defined in this survey as practicing in/area of study being within: addiction medicine, allergy/immunology, cardiology, dermatology, endocrinology/diabetes, gastroenterology, gynecology oncology, HIV/AIDS specialist, infectious disease, interventional cardiology, intensive care/critical care, medical oncology, nephrology, neurology, OB/GYN, oncology/hematology, orthopedics/orthopedic surgery, otolaryngology/ENT, pain management/pain medicine, pathology, pediatrics sub-specialty, radiation oncology, rheumatology, surgeon or urology.

### Responses by Gender

	Gender	2023
Physicians	Female	35%
	Male	61%
	Other/Prefer not to answer	4%
Residents	Female	45%
	Male	53%
	Other/Prefer not to answer	2%
Students	Female	55%
	Male	43%
	Other/Prefer not to answer	2%

Sixty-one percent of physicians who responded to the survey are male, 35% are female and 4% indicated they are other or preferred to not designate a gender. Fifty-five percent of medical students are female, 43% are male and two percent indicated they are other or preferred to not designate a gender. Fifty-three percent of residents are male, 45% are female and 2% self-assigned their gender as other or did not designate a gender.

### Responses by Race/Ethnicity

	Race/ethnicity	2023
Physicians	Asian	21%
	Black	6%
	Hispanic	7%
	White	54%
	Other/Prefer not to answer	12%
Residents	Asian	23%
	Black	5%
	Hispanic	5%
	White	57%
	Other/Prefer not to answer	10%
Students	Asian	25%
	Black	6%
	Hispanic	9%
	White	50%
	Other/Prefer not to answer	10%

Fifty-four percent of physicians who responded to the survey are white, 21% are Asian, 7% are Hispanic and 6% are Black. Twelve percent of physicians indicated they are other or chose not to disclose their race/ethnicity. Fifty-seven percent of residents are white, 23% are Asian, 5% are Hispanic and 5% are Black. Ten percent of residents indicated they are other or chose not to disclose their race/ethnicity. Half (50%) of students are white, one-quarter (25%) are Asian, 9% are Hispanic and 6% are Black. Ten percent indicated they are other or chose not to disclose their race/ethnicity.

The representation in the survey is relative with active physicians' demographic breakdown; according to American Association of Medical Colleges, 56% of physicians are white, 14% are Asian, 5.8% are Hispanic and 5% are Black. The ages of survey respondents generally correspond to the ages of all physicians.

### Responses by Geography

	Geography	2023
Physicians	Rural	7%
	Suburban	47%
	Urban	46%
Residents	Rural	9%
	Suburban	36%
	Urban	55%
Students	Rural	9%
	Suburban	36%
	Urban	55%

Forty-seven percent of physicians who responded to the survey practice in a suburban area, 46% practice in an urban area and 7% practice in a rural area. Fifty-five percent of students reside in an urban area, 36% in a suburban area and 9% are in a rural area. Fifty-five percent of residents are in an urban area, 36% in a suburban area and the remaining 9% are rural.

### Physician Responses by Practice Status

Practice status	2023
Independent	24%
Employed by hospital or hospital-owned medical group	50%
Employed by a physician-owned medical group	20%
Other	5%

Fifty percent of physicians who responded to the survey are employed by a hospital or hospital-owned medical group, 24% are independently employed (practice owner or partner), 20% are employed by a physician-owned medical group and 5% indicated other for their practice status.

### Physician Responses by Age

Age	2023
18-35 years old	25%
36-45 years old	26%
46-55 years old	22%
56-64 years old	14%
65+ years old	13%

# DEMOGRAPHIC BREAKDOWN

## Physician Demographics

	Total	PCPs (A)	Specialist (B)	Independent (C)	Employed (D)	≤45 Yrs. Old (E)	46+ Yrs. Old (F)	Male (G)	Female (H)
<b>Base</b>	(n= 1,113)	(n=455)	(n=658)	(n=267)	(n=846)	(n=568)	(n=545)	(n=684)	(n=389)
<b>Specialty</b>									
<i>Specialists</i>	41%	–	100%	37%	42%	40%	41%	33%	54% <sup>G</sup>
<i>PCPs</i>	59%	100%	–	63%	58%	60%	59%	67% <sup>H</sup>	46%
<b>Practice Type</b>									
<i>Independent</i>	24%	22%	26%	100%	–	11%	38% <sup>E</sup>	28% <sup>H</sup>	16%
<i>Employed</i>	76%	78%	74%	–	100%	89% <sup>F</sup>	62%	72%	84% <sup>G</sup>
<b>Age</b>									
<i>≤45 Yrs. Old</i>	51%	50%	52%	23%	60%	100%	–	47%	59%
<i>46+ Yrs. Old</i>	49%	50%	48%	77%	40%	–	100%	53%	41%
<b>Gender</b>									
<i>Male</i>	61%	50%	69%	72% <sup>D</sup>	58%	57%	67% <sup>E</sup>	100%	–
<i>Female</i>	35%	46% <sup>B</sup>	27%	24%	39% <sup>C</sup>	40% <sup>F</sup>	29%	–	100%
<b>Race/Ethnicity</b>									
<i>White</i>	54%	48%	59% <sup>A</sup>	62% <sup>D</sup>	52%	48%	61% <sup>E</sup>	60%	50%
<i>Non-white</i>	36%	41% <sup>B</sup>	33%	28%	38% <sup>C</sup>	41% <sup>F</sup>	30%	32%	44%
<b>Geography</b>									
<i>Urban</i>	46%	36%	52% <sup>A</sup>	33%	50% <sup>C</sup>	57% <sup>F</sup>	35%	45%	48%
<i>Suburban</i>	47%	51% <sup>B</sup>	43%	59% <sup>D</sup>	43%	38%	56% <sup>E</sup>	48%	44%
<i>Rural</i>	8%	12% <sup>B</sup>	4%	8%	7%	6%	9% <sup>E</sup>	7%	8%

# DEMOGRAPHIC BREAKDOWN

	Total	White (A)	Black (B)	Asian (C)	Hispanic (D)	Other (E)	White (F)	Non-White (G)	Urban (H)	Suburban (I)	Rural (J)
<b>Base</b>	(n=1,113)	(n=605)	(n=67)	(n=239)	(n=72)	(n=22)	(n=605)	(n=400)	(n=510)	(n=518)	(n=85)
<b>Specialty</b>											
<i>Specialists</i>	41%	36%	54%	45% <sup>A</sup>	44% <sup>A</sup>	50%	36%	47% <sup>F</sup>	32%	45% <sup>H</sup>	66% <sup>HI</sup>
<i>PCPs</i>	59%	64% <sup>BC</sup>	46%	55%	56%	50%	64% <sup>G</sup>	54%	68% <sup>IJ</sup>	55% <sup>J</sup>	34%
<b>Practice Type</b>											
<i>Independent</i>	24%	27% <sup>C</sup>	24%	15%	26%	23%	27% <sup>G</sup>	19%	17%	30% <sup>H</sup>	26%
<i>Employed</i>	76%	73%	76%	85% <sup>AD</sup>	74%	77%	73%	81% <sup>F</sup>	83% <sup>I</sup>	70%	74%
<b>Age</b>											
<i>≤45 Yrs. Old</i>	51%	45%	64%	58%	58%	55%	45%	59%	63%	41%	40%
<i>46+ Yrs. Old</i>	49%	55%	36%	42%	42%	45%	55%	41%	37%	59%	60%
<b>Gender</b>											
<i>Male</i>	61%	67% <sup>BCD</sup>	45%	58%	54%	59%	67% <sup>G</sup>	55%	60%	63%	60%
<i>Female</i>	35%	32%	51%	41%	44%	41%	32%	43% <sup>F</sup>	37%	33%	35%
<b>Race/Ethnicity</b>											
<i>White</i>	54%	100%	–	–	–	–	100%	–	50%	57%	60%
<i>Non-white</i>	36%	–	100%	100%	100%	100%	–	100%	39%	33%	32%
<b>Geography</b>											
<i>Urban</i>	46%	42%	54%	50% <sup>A</sup>	47%	45%	42%	50% <sup>F</sup>	100%	–	–
<i>Suburban</i>	47%	49%	39%	44%	46%	45%	49%	43%	–	100%	–
<i>Rural</i>	8%	8%	7%	6%	7%	9%	8%	7%	–	–	100%

# DEMOGRAPHIC BREAKDOWN

## Resident Demographics

	Total	White (A)	Black (B)	Asian (C)	Hispanic (D)	Other (E)	White (F)	Non-White (G)	Urban (H)	Suburban (I)	Rural (J)	Male (K)	Female (L)	Primary Care (M)	Spec. (N)
<b>Base</b>	(n=501)	(n=287)	(n=23)	(n=117)	(n=27)	(n=13)	(n=287)	(n=180)	(n=319)	(n=146)	(n=36)	(n=36)	(n=36)	(n=36)	(n=36)
<b>Gender</b>															
<i>Male</i>	53%	56%	39%	54%	52%	31%	56%	50%	53%	53%	53%	100%	–	53%	53%
<i>Female</i>	45%	44%	61%	45%	48%	69%	44%	49%	45%	45%	47%	–	100%	45%	45%
<b>Race/Ethnicity</b>															
<i>White</i>	50%	100%	–	–	–	–	100%	–	44%	55% <sup>H</sup>	65% <sup>H</sup>	57% <sup>L</sup>	46%	51%	60%
<i>Non-white</i>	43%	–	100%	100%	100%	100%	–	100%	48% <sup>J</sup>	39%	28%	35%	50% <sup>K</sup>	45% <sup>N</sup>	32%
<b>Geography</b>															
<i>Urban</i>	55%	48%	57%	63% <sup>A</sup>	66% <sup>A</sup>	40%	48%	61% <sup>F</sup>	100%	–	–	51%	58%	49%	69% <sup>M</sup>
<i>Suburban</i>	36%	40% <sup>D</sup>	40%	33%	23%	53%	40%	33%	–	100%	–	38%	36%	39% <sup>N</sup>	25%
<i>Rural</i>	9%	11% <sup>BC</sup>	3%	4%	11%	7%	11% <sup>G</sup>	6%	–	–	100%	10%	7%	12% <sup>N</sup>	5%

## Student Demographics

	Total	White (A)	Black (B)	Asian (C)	Hispanic (D)	Other (E)	White (F)	Non-White (G)	Urban (H)	Suburban (I)	Rural (J)	Male (K)	Female (L)	Primary Care (M)	Spec. (N)	Undec. (O)
<b>Base</b>	(n=500)	(n=248)	(n=30)	(n=126)	(n=44)	(n=15)	(n=248)	(n=215)	(n=275)	(n=182)	(n=43)	(n=214)	(n=276)	(n=110)	(n=373)	(n=17)
<b>Gender</b>																
<i>Male</i>	43%	49% <sup>BC</sup>	17%	36% <sup>B</sup>	43% <sup>B</sup>	33%	49% <sup>G</sup>	34%	40%	45%	51%	100%	–	33%	46% <sup>M</sup>	35%
<i>Female</i>	55%	51%	83% <sup>ACD</sup>	63% <sup>A</sup>	55%	67%	51%	65% <sup>F</sup>	58% <sup>J</sup>	54%	42%	–	100%	–	–	–
<b>Race/Ethnicity</b>																
<i>White</i>	50%	100%	–	–	–	–	100%	–	44%	55% <sup>H</sup>	65% <sup>H</sup>	57% <sup>L</sup>	46%	41%	52% <sup>M</sup>	47%
<i>Non-white</i>	43%	–	100%	100%	100%	100%	–	100%	48% <sup>I</sup>	39%	28%	35%	50% <sup>K</sup>	50%	42%	29%
<b>Geography</b>																
<i>Urban</i>	55%	48%	57%	63% <sup>A</sup>	66% <sup>A</sup>	40%	48%	61%	100%	–	–	51%	58%	54%	55%	59%
<i>Suburban</i>	36%	40%	40% <sup>D</sup>	33%	23%	53%	40%	33%	–	100%	–	38%	36%	36%	37%	29%
<i>Rural</i>	9%	11% <sup>BC</sup>	3%	4%	11%	7%	11% <sup>G</sup>	6%	–	–	100%	10%	7%	10%	8%	12%

# MARGIN OF ERROR ASSESSMENT

The sample for this study of N=2114 represents the Medscape online population with a margin of error of  $\pm 2.12\%$ , at a 95% confidence level. The survey used a point estimate (a statistic) of 50%, given a binomial distribution.

## ABOUT THE PHYSICIANS FOUNDATION

The Physicians Foundation is a nonprofit seeking to advance the work of practicing physicians and help them facilitate the delivery of high-quality health care to patients. 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.

For more information, visit [www.physiciansfoundation.org](http://www.physiciansfoundation.org).

### Signatory Medical Societies of The Physicians Foundation include:

- Alaska State Medical Association
- California Medical Association
- Connecticut State Medical Society
- Denton County Medical Society (Texas)
- El Paso County Medical Society (Colorado)
- Florida Medical Association
- Hawaii Medical Association
- Louisiana State Medical Society
- Medical Association of Georgia
- Medical Society of New Jersey
- Medical Society of the State of New York
- Nebraska Medical Association
- New Hampshire Medical Society
- North Carolina Medical Society
- Medical Society of Northern Virginia
- South Carolina Medical Association
- Tennessee Medical Association
- Texas Medical Association
- Vermont Medical Society
- Washington State Medical Association

For further information about this survey, contact:



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