

— 2024 SURVEY OF —

AMERICA'S CURRENT AND FUTURE PHYSICIANS

Examining Physician, Resident and
Student Wellbeing and Impact of the
Current Healthcare Landscape

Survey completed July 2024.
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2024 SURVEY OF AMERICA'S PHYSICIANS

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Introduction: Navigating the Future of Physician Practice

The past few years have demonstrated an urgent need to alleviate impediments to physician wellbeing. Even before the pandemic, physician wellbeing was in jeopardy. Now, as the healthcare landscape continues to evolve rapidly, it is imperative that we implement solutions to improve practice environments and professional wellbeing. The Physicians Foundation's *2024 Survey of America's Current and Future Physicians* serves as a critical compass in understanding, addressing and supporting physicians, residents and medical students across the United States.

Across the nation, the overall wellbeing of physicians has a profound impact on their professional lives and the quality of care they can provide to their patients. Physicians continue to face mounting challenges that exacerbate burnout, including significant stigma surrounding seeking mental health care, due in part to structural barriers. Additionally, as healthcare consolidation scenarios become the norm, physicians experience limited and compromised autonomy—with many noting that patients' access to high-quality, cost-efficient care is being negatively impacted.

This report is intended to shine a light on the current state of our physicians' wellbeing and offer insights that can empower physician leadership and preserve the integrity of the patient-physician relationship—and an essential piece to the future vitality of healthcare practice. At the heart of The Physicians Foundation's efforts is the belief in the primacy of strengthening physicians' ability to provide the best care for their patients. Transparency and disclosure in healthcare consolidation is foundational to achieving this goal.

The Physicians Foundation's *2024 Survey of America's Current and Future Physicians* encompasses physicians', residents' and medical students' perceptions, focusing on wellbeing trends during their educational and professional journeys. The future of medical professionals, professional morale, support for their mental and physical health and recommendations to address wellbeing are some of the highlights for this year's report.

While challenges to physician wellbeing are daunting, the solutions stemming from this report provide hope. We urge discussion, collaboration and engagement to advance these solutions, which are crucial to the wellbeing of physicians. We invite healthcare professionals and organizations, physicians, residents, medical students, academics, policymakers, journalists, advocates and all who are invested in the state of physician practice—to read, reference and share this report.

Gary Price, M.D.
President

Robert Seligson
Chief Executive Officer

KEY FINDINGS

The Physicians Foundation’s *2024 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 17 through July 16, 2024, and the data presented is based on 1,723 responses. Complete methodology is available on page 56 of the full report.

KEY FINDINGS OF THE SURVEY INCLUDE THE FOLLOWING:

While physicians’ emotional outlook shows some signs of improvement, the overall state of wellbeing for current physicians remains low.

- For the fourth year in a row, six in ten physicians often have feelings of burnout, compared to four in ten before the pandemic in 2018.
- Like their physician colleagues, six in 10 residents often have feelings of burnout.
- Significantly fewer physicians have felt hopeless or that they have no purpose (three in 10, 30%), compared to more than one third in previous years (34-35% in 2021-2023)
- Significantly fewer physicians, nearly four in ten (38%), have reported withdrawing from family, friends, or co-workers, compared to 2023 (42%) and 2021 and 2022 (both 46%).
- Four in ten residents agree that their feelings about the current state of the medical profession are positive. Their perceptions of the future of the profession are higher with nearly half reflecting positive agreement, compared to only three in 10 physicians sharing this sentiment.

Burnout and barriers to care continue to lead to tragic outcomes.

- More than half of physicians and medical students, and nearly half of residents know of a physician or colleague or peer, respectively, who has ever considered, attempted or died by suicide, ever.
- One-fifth of residents (18%) and students (22%), and 12% of physicians know a colleague/peer who has considered suicide in the past 12 months.

KEY FINDINGS

Stigma and structural barriers prevent current and future physicians from seeking mental health care.

- For the third year in a row, nearly eight in 10 physicians (77%), residents (75%) and medical students (78%) agree that there is stigma surrounding mental health and seeking mental health care among physicians.
- Approximately half of physicians (48%), residents (55%) and students (55%) said they know a physician/colleague/peer who said they would not seek mental health care.
- Four in 10 physicians, more than four in 10 (44%) residents and half (50%) of medical students were either afraid or knew another colleague fearful of seeking mental health care given questions asked in medical licensure/credentialing/insurance applications.

However, a shift is occurring among future physicians, with medical students more likely to discuss mental health with peers and classmates and seek care.

- Six in ten medical students agree physician wellbeing is a topic of conversation in medical school classes.
- In the past year, nearly half (49%) of medical students have sought medical attention for a mental health problem, substantially higher than the proportions of residents (33%) and physicians (18%).
- More than six in ten medical students have checked in with a peer who they suspected was experiencing mental health distress.



KEY FINDINGS

Additionally, residents are more likely than physicians to feel connected to resources for mental health and supported in their workplace.

- Nearly half of residents agree that suicide prevention resources for physicians exist and are easy to access, significantly higher compared to physicians at three in ten.
- Six in ten residents feel their residency program prioritizes their wellbeing, compared to only three in ten physicians having this sentiment with their workplace.
- Half of physicians or more shared that their workplace rarely or never takes action on eleven of the sixteen evidence-based wellbeing solutions identified to support physicians, as shown on page 34.

Consolidation is also dramatically changing the healthcare landscape and practice environment. Current and future physicians agree that these changes are not good for physicians, patients and the future of healthcare.

- At least three in ten physicians who have experienced a merger/acquisition report the following areas as being negatively impacted by the consolidation (worse/significant worse effect)
 - Physician job satisfaction (50%)
 - Quality of patient care (36%)
 - Independent medical judgement by physicians (35%)
 - Healthcare costs for patients (30%)
- Seven in 10 physicians (71%), and at least six in 10 residents (66%) and medical students (64%) agree that a hospital or practice's top priority is financial gain.
- Only 11-16% of physicians (14%), residents (11%) and medical students (16%) agree private equity funding is good for the future of healthcare, with 49-56% in disagreement.
- Seven in 10 physicians (68%) and medical students (70%), and at least six in 10 residents (61%) agree that consolidation is negatively impacting patient access to high-quality, cost-efficient care.

KEY FINDINGS

While healthcare consolidation is becoming increasingly common, physicians are often not included in the decision-making process.

- At least three out of 10 physicians and residents have experienced acquiring another practice/hospital over the past five years and at least one-quarter have gone through a merging with another practice/hospital.
- Among those physicians experiencing the respective consolidation scenarios, less than one-fifth have been involved in the decision process – decreasing from last year.

Current and future physicians need systems and workplaces to prioritize physician wellbeing and perspectives—and they have identified the solutions that are most beneficial.

- Physicians and residents identified the following as most helpful as safeguards for private equity involvement and consolidation in healthcare:
 - Preserving physician autonomy (90%)
 - Maintaining patient standards (87%)
 - Increasing transparency and disclosure (86%)
 - Assessing long-term impact (84%)
- The following resources and strategies were identified as being most supportive to their mental health and wellbeing, among those who have had experience with the respective resources:
 - 79% of physicians and 87% of residents found reduction of administrative burdens to be helpful.
 - 71% of residents and 59% of students found change/removal of medical licensure questions that stigmatize accessing behavioral health care to be helpful.
 - 59% of physicians and 79% of residents and medical students found confidential therapy, counseling or support phone lines to be helpful.



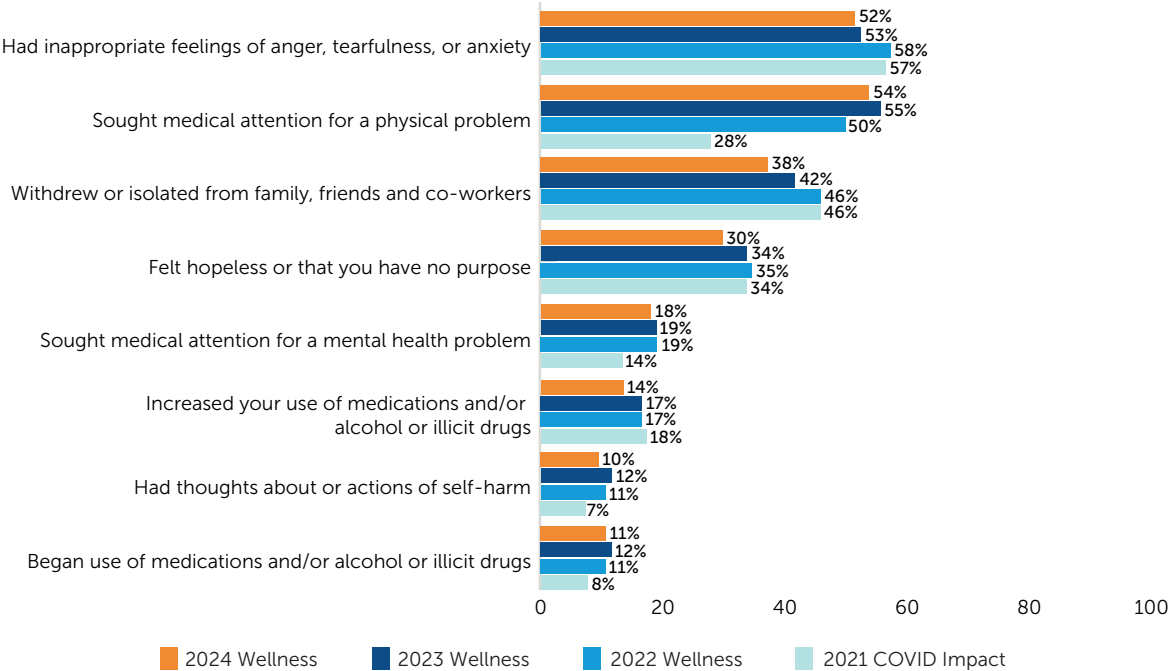
QUESTIONS ASKED AND RESPONSES RECEIVED

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

Percentage of Physicians Who Experienced the Following in the Past Year



At least half of physicians surveyed had inappropriate feelings of anger, tearfulness or anxiety (52%) and/or sought medical attention for a physical problem in the past year (54%). More than a third of physicians (38%) withdrew or isolated from family, friends, and co-workers. Three in 10 physicians (30%) reported feeling hopeless or that they have no purpose, and one in 10 (10%) reported having thoughts about or actions of self-harm. However, only 18% of physicians sought medical attention for a mental health problem.

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 - 2024 survey questions were framed as "in the past year."

Significantly fewer physicians withdrew or isolated from family, friends, and co-workers in 2024 than in 2023 (38% vs. 42%). Similarly, significantly fewer felt hopeless or that they had no purpose in 2024 than in 2023 (30% vs. 34%). The proportions of physicians who had inappropriate feelings of anger, tearfulness or anxiety; sought medical attention for a physical problem; 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 were consistent with the proportions from 2023.

More employed than independent physicians reported having inappropriate feelings of anger, tearfulness, or anxiety (54% vs. 46%) or withdrew or isolated from family, friends, and co-workers (41% vs. 30%). More primary care physicians than specialist physicians felt hopeless or felt that they have no purpose and/or sought medical attention for a physical problem.

Percentage of Physicians Who Experienced the Following in the Last Year by Specialty Practice Type

	Primary Care	Specialists
Felt hopeless or that you have no purpose	34%	28%
Sought medical attention for a physical problem	21%	16%
Began use of medication and/or alcohol or illicit drugs	8%	13%

More younger than older physicians experienced five of the eight actions (listed above).. Of the physicians who reported seeking medical attention for a physical health problem, a significantly higher proportion were older versus younger physicians. However, younger physicians were more likely to seek medical attention for a mental health problem.

A significantly higher percentage of physicians who were employed, younger, or female reported having inappropriate feelings of anger, tearfulness, or anxiety; and withdrawing or isolating from family, friends, and co-workers.

A higher proportion of physicians who increased use of medication and/or alcohol or illicit drugs were younger and from urban and suburban areas versus rural. A significantly higher proportion of physicians seeking medical attention for a mental health problem were located in rural regions versus suburban. More white (57%) than Asian (47%) physicians sought medical attention for a physical problem; more racial groups categorized as 'Other' (17%) than white (11%) began use of medications and/or alcohol or illicit drugs.



**Percentage of Physicians Who Experienced the Following
in the Last Year by Age, Gender and Geography**

	≤45 Years Old	46+ Years Old	Female	Male	Urban	Suburban	Rural
Inappropriate feelings of anger/ tearfulness/ anxiety	59%	46%	58%	49%	–	–	–
Withdrew or isolated from family, friends and co-workers	49%	28%	42%	36%	–	–	–
Increased use of medications and/or alcohol or illicit drugs	18%	10%	–	–	15%	14%	8%
Felt hopeless or that you have no purpose	34%	26%	–	–	–	–	–
Sought medical attention for a physical problem	49%	58%	59%	51%	–	–	–
Sought medical attention for a mental health problem	23%	13%	23%	15%	–	19%	24%

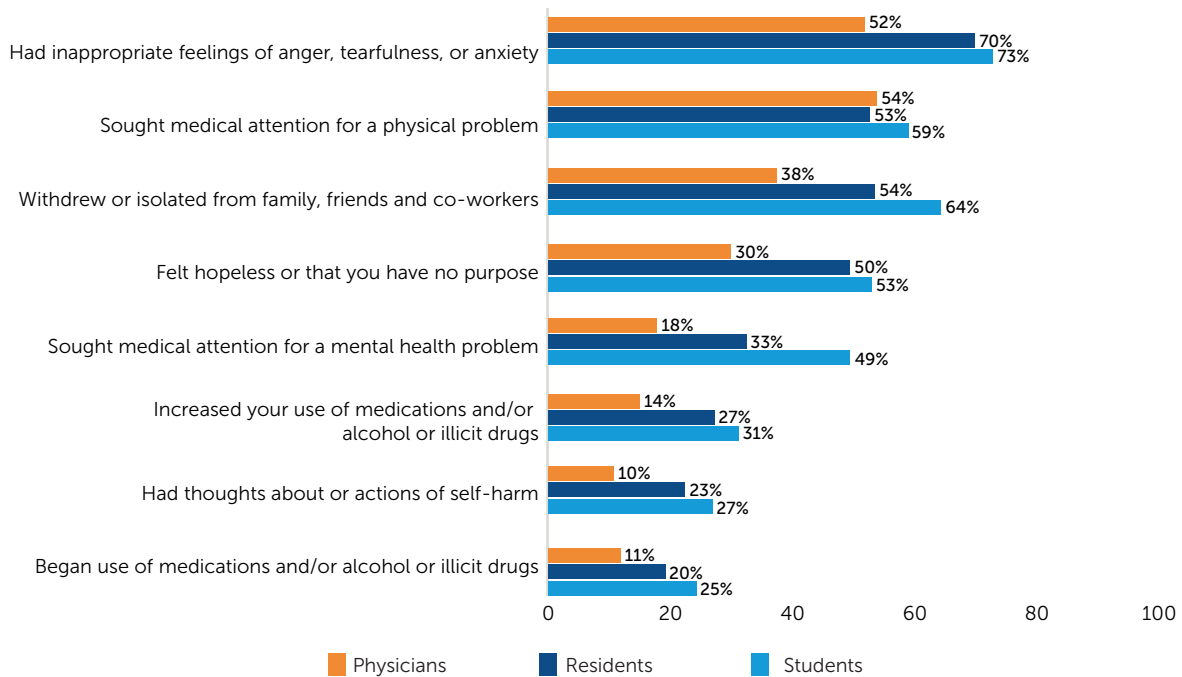
NOTE: An empty cell means there is not a statistically significant difference for that demographic.



Comparing 2023 and 2024 data for residents, with the exception of thoughts about or actions of self-harm, the results are consistent. There was a significant increase in thoughts about or actions of self-harm reported amongst residents in 2024 compared to 2023 (23% vs. 16%). For students, the data for wellness events reported in 2023 and 2024 are consistent.

Except for seeking medical attention for a physical problem and having thoughts about or actions of self-harm, students and residents are more likely than physicians to have experienced the respective wellness events in the past year with students significantly more likely than both physicians and residents to have withdrawn or isolated themselves and/or sought medical attention for a mental health problem.

Percentage of Respondents Who Experienced the Following in the Past Year



RESIDENT RESPONSES

Seven in 10 residents (70%) surveyed had inappropriate feelings of anger, tearfulness, or anxiety in the past year. Over half of residents reporting seeking medical attention for a physical problem (53%) and withdrawing or isolating from family, friends, and co-workers (54%). Half of residents surveyed felt hopeless or that they had no purpose (50%). One-third (33%) sought medical attention for a mental health problem. Nearly three in 10 residents (27%) increased use of medications and/or alcohol or illicit drugs and one in 5 (20%) began use of medication and/or alcohol or illicit drugs. Nearly one in 4 (23%) residents reported having thoughts about or actions of self-harm.

More rural (52%) than urban (28%) residents sought medical attention for a mental health problem. Additionally, more suburban (29%) than urban (19%) residents reported having thoughts about or actions of self-harm.

More female than male residents reported experiencing inappropriate feelings of anger, tearfulness, or anxiety; withdrew or isolated from family, friends and co-workers; sought medical attention for a physical problem; sought medical attention for a mental health problem; and had thoughts about or actions of self-harm.

More non-white residents reported withdrawing or isolating from family, friends and co-workers (61%) compared to white residents (49%). More Hispanic residents (67%) compared to non-Hispanic residents (53%) also reported withdrawing or isolating from family, friends, and co-workers. Compared to Asian residents, more residents in racial groups categorized as "Other" reported increased use of medication and/or alcohol or illicit drugs (Other: 36% vs. Asian: 19%), as well as seeking medical attention for a physical problem (Other: 64% vs. Asian: 42%).

Percentage of Residents Who Experienced the Following in the Last Year by Gender, Race, and Region

	Female	Male	White	Asian	Other	Urban	Suburban	Rural
Had inappropriate feelings of anger/tearfulness/ anxiety	79%	63%	–	–	–	–	–	–
Withdrew or isolate from family, friends and co-workers	62%	48%	49%	–	65%	–	–	–
Increased use of medications and/ or alcohol or illicit drugs	–	–	–	19%	36%	–	–	–
Sought medical attention for a physical problem	64%	43%	–	42%	64%	–	–	–
Sought medical attention for a mental health problem	42%	25%	–	–	–	28%	–	52%
Had thoughts about or actions of self-harm	27%	19%	–	–	–	19%	29%	–

STUDENT RESPONSES

Slightly less than three quarters of students surveyed (73%) had inappropriate feelings of anger, tearfulness, or anxiety in the past year. Almost six in 10 students sought medical attention for a physical problem (59%) or withdrew or isolated from family, friends and co-workers (64%). Nearly half of students felt hopeless or that they have no purpose (53%) or sought medical attention for a mental health problem (49%). A least a quarter of students increased use of medications and/or alcohol or illicit drugs (31%), or began use of medications and/or alcohol or illicit drugs (25%) or thoughts about or actions of self-harm (27%).



More female than male students withdrew or isolated themselves, or sought medical attention for a physical and/or mental health problem. More suburban than urban students withdrew or isolated themselves and/or sought medical attention for a mental health problem; more suburban than rural students began substance use.

Percentage of Students Who Experienced the Following in the Last Year by Gender and Region

	Female	Male	Urban	Suburban	Rural
Withdrew or isolate from family, friends and co-workers	70%	58%	58%	70%	–
Sought medical attention for a physical problem	66%	53%	–	–	–
Began use of medications and/or alcohol or illicit drugs	–	–	–	30%	11%
Sought medical attention for a mental health problem	57%	42%	44%	56%	–

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

Significantly more white (64%) than Asian (51%) students sought medical attention for a physical problem.

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 (27%) reported a reduction in income, while only about two in 10 physicians (21%) reported an increase in income. Approximately one in 5 physicians (20%) reported moving to a new employment situation or practice. One in 5 physicians reported cutting back on work hours. A significantly greater proportion of independent physicians (28%) than employed (17%) and older physicians (26%) than younger (13%) reported a cut back on work hours.

One fifth of physicians reported a reduction in staff (20%); a higher proportion of white (21%) physicians reported a reduction in staff compared to Asian physicians (13%). Only 10% of physicians reported an increase in staff in 2024.

More independent and older physicians reported experiencing a reduction in income. Conversely, more employed, younger, and urban physicians reported experiencing an increase in income. Additionally, more white (28%) and racial groups categorized as "Other" (33%) than Asian (19%) experienced a reduction in income.

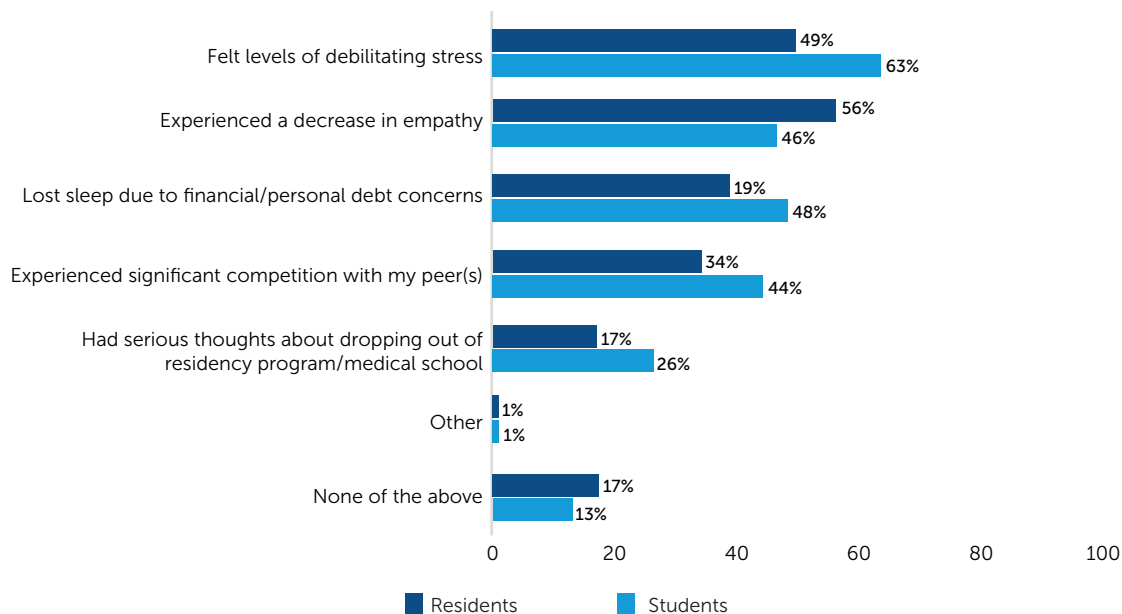
Percentage of Physicians Who Experienced the Following in the Last Year by Practice Type, Specialty, Age and Geography

	Employed	Independent	Primary Care	Specialists	≤45 Years Old	46+ Years Old	Rural	Suburban	Urban
Reduced staff	22%	14%	16%	22%	–	–	–	–	–
Experienced a reduction in income	23%	40%	–	–	18%	36%	–	–	–
Experienced an increase in income	25%	10%	–	–	32%	11%	12%	18%	26%
Cut back on work hours	17%	28%	–	–	13%	26%	–	–	–
Moved to a new employment situation/practice	22%	10%	–	–	28%	10%	–	–	–
Now employed by hospital/hospital owned	13%	2%	–	–	17%	4%	6%	7%	14%
Now employed by physician owned practice/group	–	–	–	–	7%	3%	–	–	–
Increased staff	–	–	7%	12%	12%	8%	–	–	–

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

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

More than half of residents (56%) have experienced a decrease in empathy over the past year. A greater percentage of rural (71%) and suburban (62%) residents compared to urban residents (50%) reported experiencing a decrease in empathy. Nearly half of residents (49%) have experienced debilitating levels of stress. A significantly higher proportion of female residents (60%) than male (40%) reported feeling levels of debilitating stress in the last year. About four in 10 residents (39%) have lost sleep due to debt concerns. More residents in racial groups categorized as “Other” (53%) experienced lost sleep due to financial or personal debt concerns compared to white (38%) and Asian (34%) residents. Three out of 10 residents (34%) experienced significant competition with peers; however, only about two out of 10 (17%) had serious thoughts about dropping out of residency.

STUDENT RESPONSES

More than three in five students (63%) have experienced debilitating levels of stress with about three in 10 students (26%) seriously contemplating dropping out of medical school in the past year. More than four out of 10 students (46%) have experienced a decrease in empathy. Nearly half (48%) of students have lost sleep due to debt concerns, and about four out of 10 (44%) experienced significant competition with peers.

Significantly more students than residents report having felt levels of debilitating stress, losing sleep due to financial concerns, experiencing significant competition with peers and considered dropping out of their program. Alternatively, significantly more residents experienced a decrease in empathy compared to students (56% vs. 46%).

Female students were more likely to report feeling levels of debilitating stress (72%), losing sleep due to financial or personal debt concerns (54%), and having serious thoughts about dropping out of medical school (32%) compared to male students (55%, 43% and 21%, respectively). Male students (53%) were more likely than female students (40%) to report experiencing a decrease in empathy. More Hispanic students (61%) reported experiencing significant competition with their peer(s) compared to non-Hispanic students (41%).



Percentage of Students Who Experienced the Following in the Last Year by Gender and Race/Ethnicity

	Female	Male	White	Asian	Other	Hispanic	Non-Hispanic
Experienced a decrease in empathy	40%	53%	–	–	–	–	–
Felt levels of debilitating stress	72%	55%	–	–	–	–	–
Lost sleep due to financial/personal debt concerns	54%	43%	–	39%	56%	–	–
Experienced significant competition with my peer(s)	–	–	–	–	–	61%	41%
Had serious thoughts about dropping out of medical school	32%	21%	–	–	–	–	–
None of the above	–	–	–	–	–	–	–

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 2023, statement agreement remained consistent in 2024, with six in 10 physicians expressing they would choose to be a physician again if they had to do their career over. More than half of physicians do not agree that the current and future state of the medical profession are positive.

About half of all physicians (48%) agree that their professional morale is high, and only four in 10 physicians (40%) would recommend medicine as a career option for young people. Conversely, just over three in 10 (35%) would not recommend medicine as a career to young people. About three in 10 (27%) physicians would like to retire within the next year. Similarly, three in 10 physicians (27%) agree that their workplace wellbeing culture has improved in the past year and that their feelings are positive about the current (28%) and future state of the profession (29%).

Older physicians (65%) were significantly more likely to choose medicine as a career again, than younger physicians (57%). Older and male physicians were more likely to agree that they would recommend medicine as a career to young people. Employed, younger, Asian and/or urban physicians were more likely to agree and that their feelings about the future of the medical profession are positive, while younger physicians were more likely to agree that their feelings are positive about the current state of the profession, as compared to older physicians. More independent, older or rural and suburban physicians agreed that they would like to retire within the next year. Whereas, more employed, younger and/or urban physicians agree that their workplace wellbeing has improved over the past year.

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

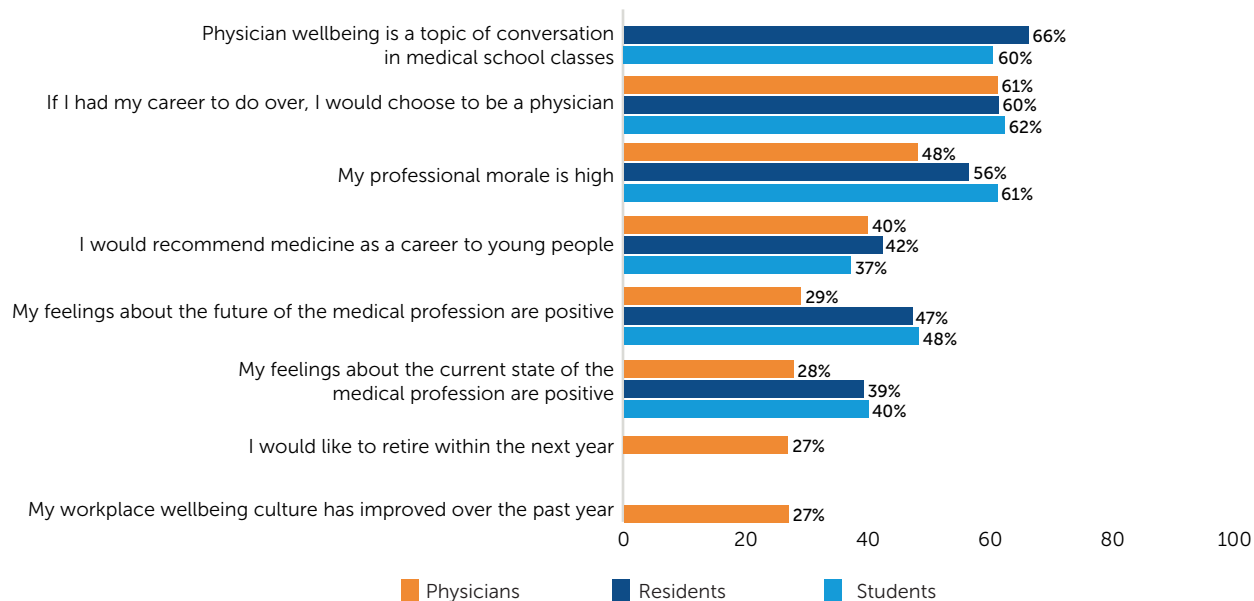
	Employed	Independent	≤45 Years Old	46+ Years Old	Female	Male
If I had my career to do over, I would choose to be a physician.	–	–	57%	65%	–	–
I would recommend medicine as a career to young people.	–	–	36%	44%	34%	43%
My feelings about the future of the medical profession are positive.	32%	20%	32%	25%	–	–
My feelings about the current state of the medical profession are positive.	–	–	31%	25%	–	–
I would like to retire within the next year.	25%	34%	17%	37%	–	–
My workplace wellbeing culture has improved over the past year.	28%	22%	35%	19%	–	–

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

In addition, more Asian physicians (33%) than those categorized as “Other” (24%) reported positive feelings about the future of the medical profession. Physicians in urban regions were more likely to report positive feelings about the future of the medical profession and that their workplace wellbeing culture has improved over the last year, compared to suburban regions. Rural and suburban physicians were more likely to report wanting to retire in the next year than urban physicians.

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

Percentage 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 (60%) and that professional morale is high (56%). However, only four in 10 (42%) residents would recommend medicine as a career to young people. Approximately four in 10 residents have positive feelings about the future (47%) and current (39%) state of the medical profession.

More male residents than female residents agreed that physician wellbeing is a topic of conversation in medical school classes; if they had to decide a career path over again, they would still study medicine; their professional morale is high; they would recommend medicine as a career to young people; and their feelings about the current state of the medical profession are positive.

More white (66%) residents than Asian (52%) and non-white (54%) would choose to study medicine if they had to decide their career path over again. Similarly, more white residents agreed that their feelings about the current state of the medical profession are positive than Asian residents. Additionally, more Hispanic residents said their feelings about the future of the medical profession are positive compared to non-Hispanic residents.

Suburban and urban residents were more likely than rural residents to agree that physician wellbeing is a topic of conversation in medical school classes.

Percentage of Residents Who Strongly/Somewhat Agree with the Following Statements by Gender and Race/Ethnicity

	Female	Male	White	Asian	Non-White	Hispanic	Non-Hispanic
Physician wellbeing is a topic of conversation in medical school classes.	60%	70%	–	–	–	–	–
If I had to decide my career path all over again, I would still choose to study medicine.	55%	66%	66%	52%	–	–	–
My professional morale is high.	50%	62%	–	–	54%	–	–
I would recommend medicine as a career to young people.	36%	48%	–	–	–	–	–
My feelings about the future of the medical profession are positive.	–	–	–	–	–	62%	45%
My feelings about the current state of the medical profession are positive.	32%	48%	44%	42%	–	–	–

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

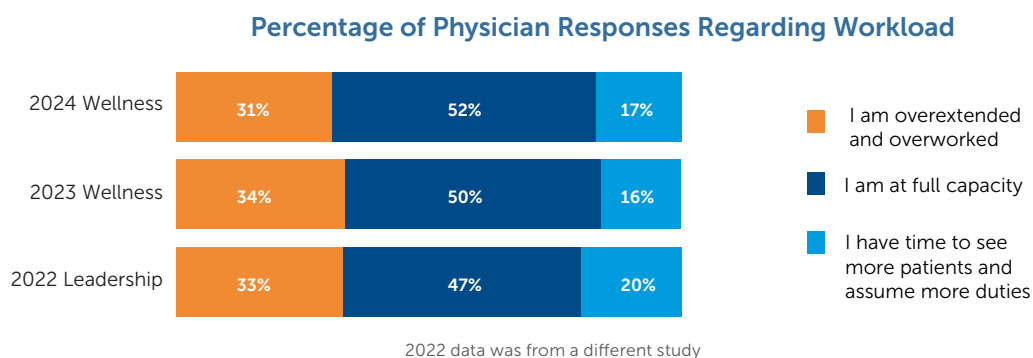
STUDENT RESPONSES

Most students agree that physician wellbeing is a topic of conversation in medical classes (60%), that they would still choose to study medicine (62%), and that their professional morale is high (61%). Less than four in 10 (37%) students would recommend a career in medicine to young people. Four in 10 students agree that their feelings about the current state of the medical profession are positive and nearly half (48%) agree that their feelings about the future of the profession are positive.

More students from rural regions (93%) than urban (62%) and suburban (55%) would still choose medicine if they could decide their career path all over again. Similarly, more students from rural (68%) than urban (44%) regions agreed that their feelings about the future of the medical profession are positive.

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

PHYSICIAN RESPONSES



A little over half of physicians (52%) still report being at full capacity in their current practice in 2024, and one in 3 physicians (31%) are overextended and overworked. More employed, female, racial groups categorized as “Other”, and Hispanic physicians report being overextended and overworked compared to independent, male, white, Asian, and non-Hispanic physicians. More Asian and white physicians report being at full capacity, versus racial groups categorized as “Other.”

Percentage of Physicians Workload by Employment, Age, Gender, and Race/Ethnicity

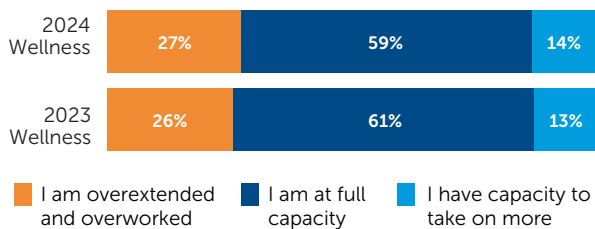
	Employed	Independent	≤45 Years Old	46+ Years Old	Female	Male	White	Asian	Other	Hispanic	Non-Hispanic
I am overextended and overworked	33%	24%	–	–	40%	26%	30%	29%	40%	41%	30%
I am at full capacity	–	–	–	–	–	–	53%	56%	44%	–	–
I have time to see more patients and assume more duties	14%	26%	13%	21%	12%	20%	–	–	–	–	–

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

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

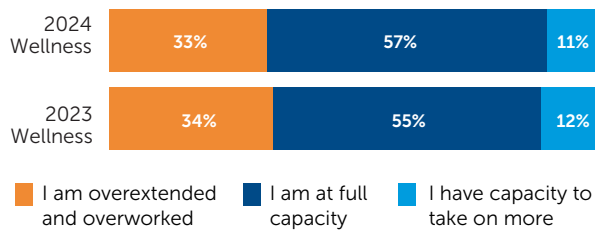
RESIDENT AND STUDENT RESPONSES

Percentage of Resident Responses Regarding Workload



Nearly six in 10 residents (59%) still report being at full capacity in their current practice and over a quarter (27%) report being overextended and overworked. A larger proportion of Hispanic (29%) compared to non-Hispanic (12%) residents report having capacity to take on more.

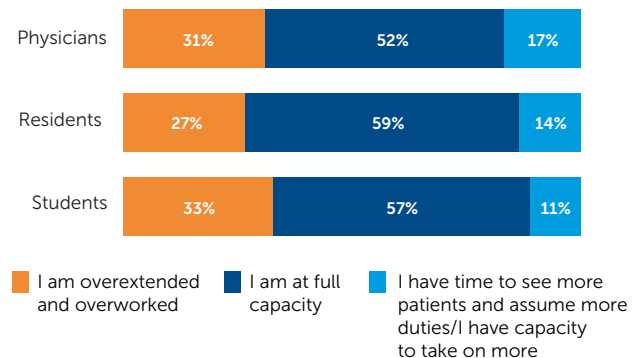
Percentage of Student Responses Regarding Workload



Similarly, nearly six in 10 students (57%) report being at full capacity in their current practice and one third (33%) report being overextended and overworked. There were no significant differences among segments for students.

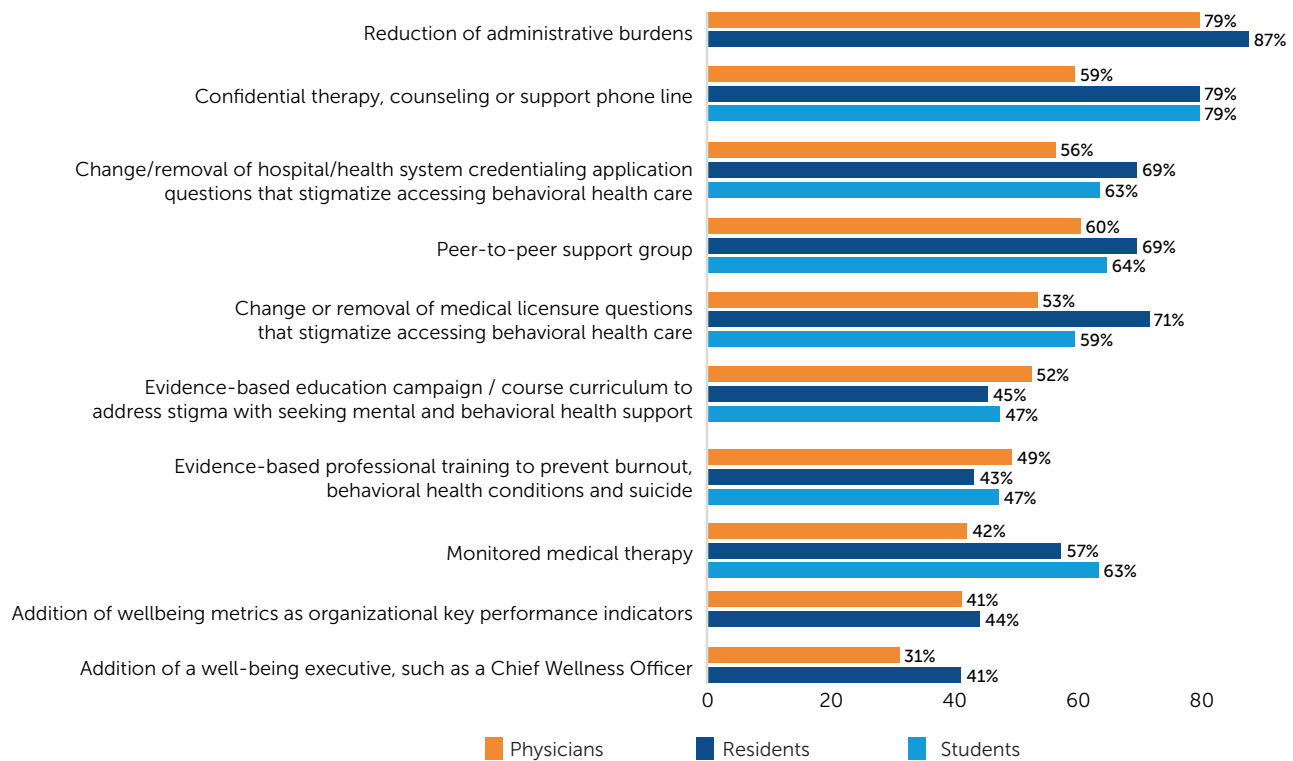
Across physicians, residents, and students, half of physicians classify themselves as being at full capacity compared to six in ten residents and students.

Percentage of Physician, Resident, and Student Responses Regarding Workload



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

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



Physicians assign lower helpfulness ratings across most of the resources and strategies compared to residents and students. There were no significant differences between 2022, 2023, and 2024 waves across physicians, residents, and students. Reduction of administrative burdens was identified as most helpful for physicians (79%) and residents (87%). The most helpful resource for students (79%) and second most helpful for residents (79%) was confidential therapy, counseling or support phone line. This question was only asked of respondents who had experience with the respective strategies/resources.

PHYSICIAN RESPONSES

Reduction of administrative burdens (79%), peer-to-peer support groups (60%), confidential therapy (59%) and change/removal of credentialing application questions (56%) were identified as the most helpful of the respective resources and strategies among physicians.

A larger proportion of primary care physicians (54%) than specialists (46%) and independent (60%) than employed (46%) physicians find helpfulness in evidence-based professional training to prevent burnout, behavioral health conditions and suicide. More urban than suburban physicians assign high ratings for change or removal of hospital or health system credentialing application questions (60% vs. 51%) and/or monitored medical therapy (49% vs. 40%). More urban (35%) than rural (19%) physicians assign high ratings for the addition of a well-being executive.

Younger physicians were more likely than older physicians to assign high helpfulness ratings for five of the ten resources/strategies. Female physicians assign higher helpfulness ratings than male physicians for confidential therapy, change or removal of credentialing or application questions and medical licensure questions that stigmatize accessing behavioral health care; male physicians assign higher ratings for evidence-based professional training to prevent burnout, behavioral health conditions and suicide.

Percentage of Physicians Agreeing that a Resource/Strategy is Helpful by Age and Gender

	≤45 Years Old	46+ Years Old	Female	Male
Reduction of administrative burdens	86%	73%	–	–
Confidential therapy, counseling or support phone line	68%	50%	69%	60%
Change/removal of hospital/health system credentialing application questions that stigmatize accessing behavioral health care	64%	48%	64%	52%
Peer-to-peer support group	64%	56%	--	
Change or removal of medical licensure questions that stigmatize accessing behavioral health care	63%	42%	60%	49%
Evidence-based professional training to prevent burnout, behavioral health conditions and suicide	–	–	44%	53%

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

Physicians who are primary care physicians, independent, male, Asian, and non-white were more likely to find evidence-based professional training to prevent burnout, behavioral health conditions and suicide helpful. More non-white than white physicians found confidential therapy/counseling/support phone line, peer-to-peer support groups, monitored medical therapy, the

addition of a well-being executive and/or well-being metrics for performance indicators to be helpful; more Asian than white physicians assign high helpfulness ratings for evidence-based professional training, addition of well-being metrics and/or addition of a wellbeing executive.

Percentage of Physicians Agreeing that a Resource/Strategy is Helpful by Race

	White	Asian	Non-white
Confidential therapy, counseling or support phone line	55%	–	64%
Peer-to-peer support group	57%	–	66%
Evidence-based professional training to prevent burnout, behavioral health conditions and suicide	47%	59%	57%
Monitored medical therapy	39%	–	48%
Addition of wellbeing metrics as organizational key performance indicators	36%	49%	46%
Addition of a well-being executive, (e.g., Chief Wellness Officer)	24%	39%	40%

NOTE: An empty cell means there is not a statistically significant difference for that demographic. Race is presented as White vs. Asian vs. Other or White vs. Non-white. In the table above, Asian is included in “Non-White.”

RESIDENT RESPONSES

Reduction of administrative burdens (87%), confidential therapy (79%), change/removal of licensing application questions (71%), peer-to-peer support groups (69%), and change/removal of credentialing application questions (69%) were identified as the most helpful of the respective resources and strategies among residents.

Almost nine in 10 (85%) female residents considered confidential therapy, counseling or support phone line as helpful, compared to seven in 10 male residents (72%). Similarly, eight in 10 female residents (79%) found the change or removal of credentialing application questions that stigmatize accessing behavioral health care as helpful, compared to roughly six in 10 male residents (58%).

Percentage of Residents Rating Resources as Helpful by Gender

	Female	Male
Confidential therapy, counseling or support phone line	85%	72%
Change/removal of hospital/health system credentialing application questions that stigmatize accessing behavioral health care	79%	58%
Change or removal of medical licensure questions that stigmatize accessing behavioral health care	80%	63%
Addition of wellbeing metrics as organizational key performance indicators	50%	37%
Addition of a well-being executive, such as a Chief Wellness Officer	50%	33%

STUDENT RESPONSES

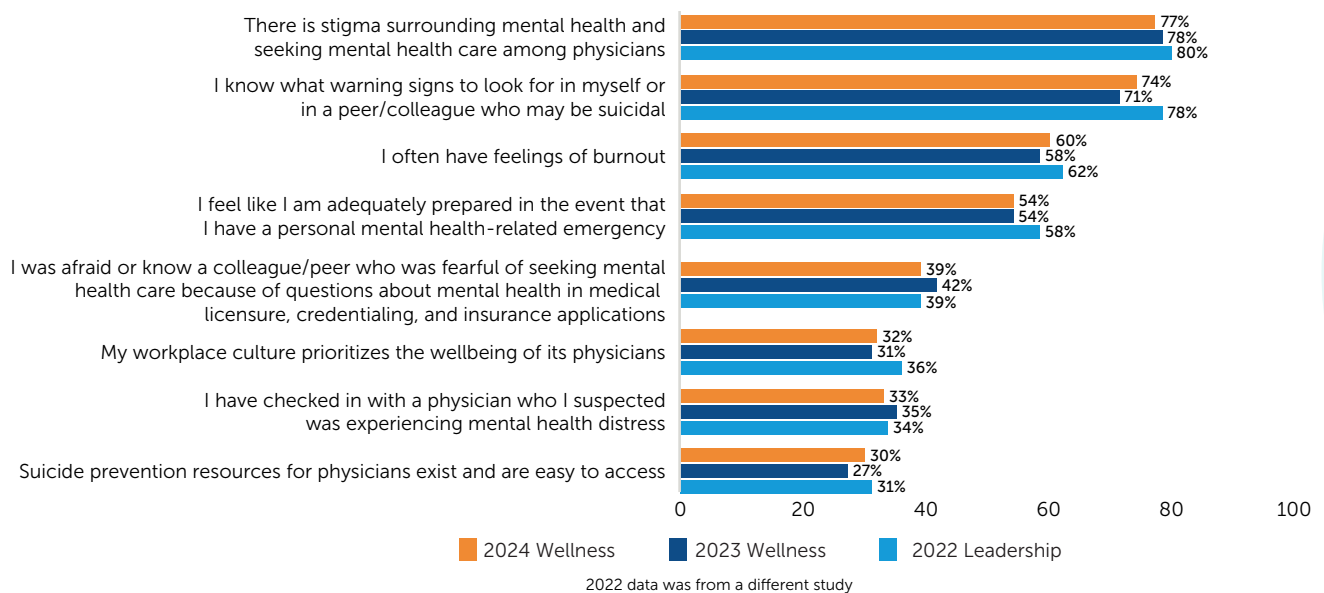
Confidential therapy (79%), peer-to-peer support groups (64%), change/removal of credentialing application questions (63%) and monitored medical therapy (63%) were identified as the most helpful of the respective resources and strategies among students.

More female students (70%) rated changing credentialing application questions that stigmatize accessing behavioral health care as helpful compared to male students (56%). Additionally, more female students (70%) rated monitored medical therapy as helpful compared to male students (55%).

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

PHYSICIAN RESPONSES

Percentage of Physicians Who Strongly/Somewhat Agree With Statements



For the third year in a row, approximately eight in 10 physicians (77%) agree there is stigma surrounding mental health and seeking mental health care among physicians; a greater proportion of younger physicians (81%) agreed that stigma existed compared to older physicians (75%).

Physicians who reported often having feelings of burnout and having checked in with a physician who they suspected was experiencing mental health distress were more likely to be primary care physicians, employed, younger, and female.

Additionally, for the third year in a row, six in 10 physicians (60%) often have feelings of burnout. Only 32% of physicians agreed that their workplace culture prioritizes the wellbeing of physicians.

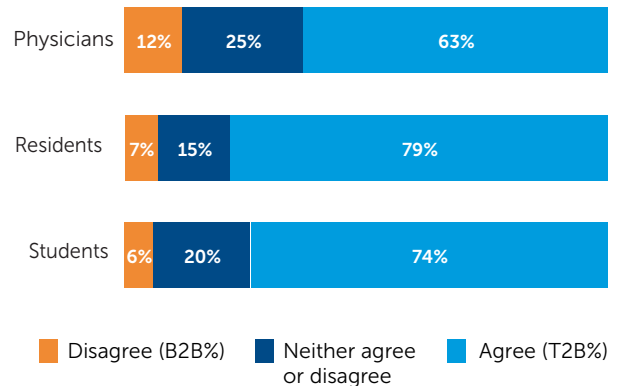
**Percentage of Physicians Who Strongly/
Somewhat Agree They Often Have Feelings
of Burnout**

Primary Care	63%
Specialists	57%
Employed	62%
Independent	53%
≤45 Years Old	64%
46+ Years Old	56%
Female	68%
Male	55%

The proportion of physicians who know the warning signs to look for in themselves or colleagues that may be suicidal (74%) was consistent with reports from last year. Of those who reported knowing the warning signs to look for in themselves and colleagues that may be suicidal, more primary care physicians and female physicians reported that they knew the signs. Furthermore, over one third (35%) of physicians do not agree that suicide prevention resources exist and are easy to access. Still, one third (33%) of physicians have checked in with a colleague they suspected was experiencing mental health distress.

Four in 10 physicians (39%) were 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.

**Percentage of Respondents Who Agree/
Disagree That Managing Patients Drivers of
Health Majorly Impacts Physician Mental Health
and Wellbeing**



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 proportion in 2024 rated that they neither agree nor disagree with this statement compared to 2023. A greater proportion of primary care physicians (69%), younger (70%), female (69%), racial categories grouped as "Other" (70%), non-white (68%), and urban (69%) physicians agreed with this major impact of managing drivers of health on wellbeing, compared to specialists (59%), older (57%), male (61%), white (60%), and suburban (58%) physicians.

There were significantly higher agreement levels among female and/or younger physicians across the statements compared to male and/or older physicians.

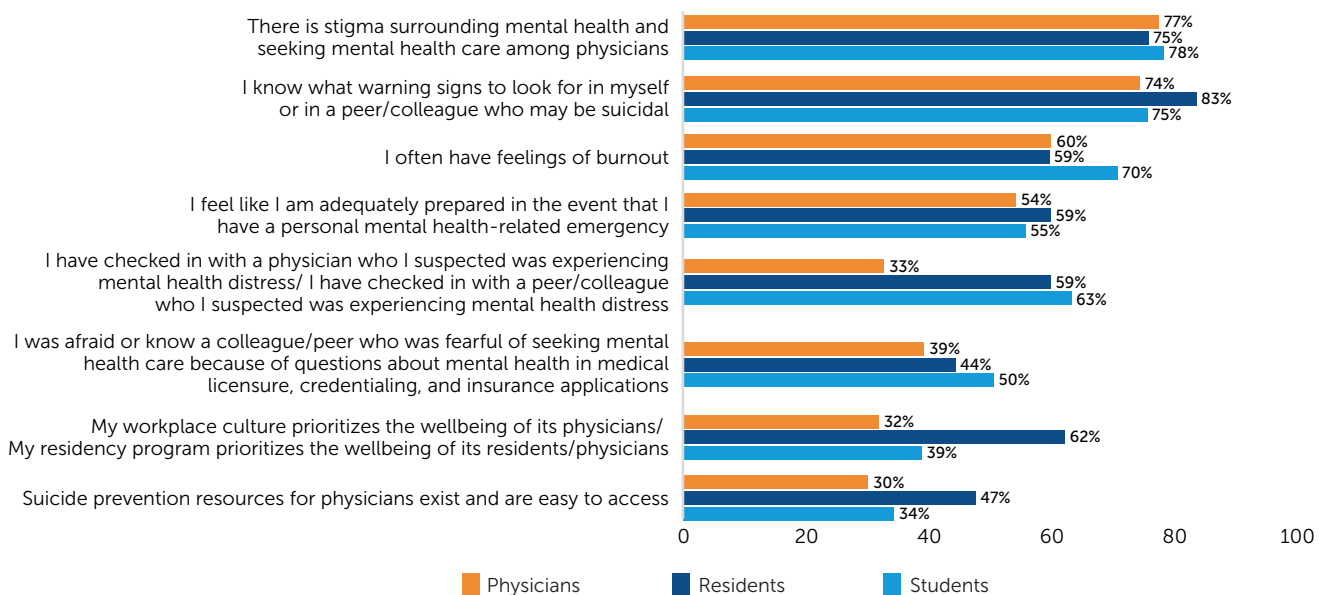
Percentage of Physicians Who Strongly/Somewhat Agree with the Following Statements by Specialty, Age and Gender

	Primary Care	Specialists	≤45 Years Old	46+ Years Old	Female	Male
I have checked in with a physician who I suspected was experiencing mental health distress.	63%	57%	64%	56%	68%	55%
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.	38%	29%	41%	25%	39%	29%
Managing patients' (drivers of health) DOH has a major impact on physician mental health and wellbeing.	–	–	45%	34%	47%	35%
Managing patients' (drivers of health) DOH has a major impact on physician mental health and wellbeing.	69%	59%	70%	57%	69%	61%

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

STUDENT AND RESIDENT RESPONSES

Percentage of Respondents Who Strongly/Somewhat Agree with Statements



Ratings among residents are significantly higher compared to physicians and medical students for knowing what suicidal warning signs to look for, agreeing suicide prevention resources for physicians are easily available and their workplace prioritizing the wellbeing of its associates. Six in ten residents (59%) and students (63%) have checked on a peer/colleague suspecting mental distress compared to only one-third (33%) of physicians. Additionally, ratings were significantly higher among residents (62%) and students (39%) who agreed that their residency program/ educational institution prioritizes the wellbeing of its residents/students than physicians (32%) who agreed that their workplace prioritizes the wellbeing of its physicians.

RESIDENT RESPONSES

Three fourths of residents agree that there is stigma surrounding mental health and seeking mental health care among physicians. Like physicians, six in 10 residents (59%) 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 (62%), that suicide prevention resources for physicians exist and are easy to access (47%) and that they know the warning signs to look for in themselves or colleagues that may be suicidal (83%). 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 and to be afraid/know someone who was fearful of seeking mental health care because of questions about mental health in licensure, credentialing and insurance applications. Male residents were more likely than female residents to agree that suicide prevention resources for physicians exist and are easy to access.

**Percentage of Residents Who Strongly/
Somewhat Agree with the Following
Statements by Gender**

	Female	Male
I often have feelings of burnout	68%	53%
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.	50%	39%
Suicide prevention resources for physicians exist and are easy to access.	39%	55%

White residents (61%) were more likely than racial groups categorized as "Other" (47%) to agree that they feel like they are adequately prepared in the event that they have a personal mental health-related emergency.

STUDENT RESPONSES

Significantly more students (70%) report that they often have feelings of burnout, compared to physicians (60%) and residents (59%), and only four in 10 students (39%) feel their institution prioritizes the wellbeing of medical students. Like physicians, three quarters of students know the warning signs to look for in themselves or colleagues who may be suicidal. Nearly two-thirds (63%) of students report that they have checked in with a peer whom they suspected was experiencing mental health distress.



Nearly three quarters (74%) of students agree that managing patients' DOH has a major impact on physician mental health and wellbeing; rural students (86%) are more likely to agree with this statement than suburban students (70%). Also, more rural students (89%) agreed that there is stigma surrounding mental health and seeking mental health care among physicians than suburban (76%) students.

More Hispanic (53%) and male (42%) students agreed that suicide prevention resources for physicians exist and are easy to access compared to non-Hispanic (33%) and female (26%) students.

More female than male students reported often having feelings of burnout (81% vs. 60%) and being afraid or knowing a colleague who was fearful of seeking mental health care because of questions about mental health in licensure (57% vs. 44%).

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

Percentage 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	94%	91%
Being encouraged to take paid leave, sick leave, and rest breaks	93%	90%
Giving physicians more flexibility and autonomy to adjust quality and patient experience goals	93%	88%
Eliminating unnecessary mandatory training requirements	93%	87%
Eliminating insurance approvals such as pre-authorization	91%	88%
Getting frontline teams the help they need by creating new types of shifts to fit care needs	88%	85%
Normalizing conversation about the use of mental health care	88%	80%
Ensuring adequate mental healthcare outside of Employee Assistance Programs (EAP)	85%	80%
Creating penalties for violence, threats, and/or discriminatory behavior against healthcare workers	80%	79%
Updating credentialing and/or medical licensing applications to remove intrusive mental health questions	78%	76%
Implementing the use of AI tools to streamline administrative or operational tasks	79%	73%
Using validated tools to regularly assess and respond to occupational burnout	65%	70%
Having wellbeing metrics included as organizational key performance indicators	59%	70%
Getting frontline teams the help they need by considering voluntary redeployment for non-clinical staff to the frontlines	59%	57%
Designating an executive with operational authority to oversee and align all clinician well-being efforts	54%	57%
Getting frontline teams the help they need by sending executives to the bedside	59%	52%

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. For both residents and medical students, the top actions rated as most helpful were removing low-value work, including reducing EHR clicks and minimizing inbox notifications; being encouraged to take paid leave, sick leave, and rest breaks; giving physicians more flexibility and autonomy to adjust quality and patient experience goals; eliminating unnecessary mandatory training requirements; eliminating insurance approvals such as pre-authorization. Residents had significantly higher ratings for giving physicians more flexibility to adjust quality and patient experience goals, eliminating unnecessary mandatory training and normalizing conversations about the use of mental health care. Students had significantly higher ratings than residents for having wellbeing metrics included as organizational KPIs.

RESIDENT RESPONSES

Nearly all residents viewed removing low-value work (94%), being encouraged to take paid leave and rest breaks (93%), giving physicians more flexibility and autonomy to adjust quality and patient experience goals (93%), and eliminating unnecessary mandatory training requirements (93%) as helpful.

Female residents more likely than male residents to perceive normalizing the conversation about mental health care, ensuring adequate care outside of EAPs and updating credentialing/medical licensing questions as helpful.



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

	Female	Male
Normalizing conversation about the use of mental health care.	94%	83%
Ensuring adequate mental healthcare outside of Employee Assistance Programs (EAP)	90%	80%
Updating credentialing and/or medical licensing applications to remove intrusive mental health questions	87%	70%

Non-white residents were more likely than white residents to find helpfulness in creating penalties for violence/discriminatory behavior against healthcare workers, updating credentialing/medical licensing questions, using validated tools to assess burnout and/or having wellbeing metrics included as KPIs. Non-Hispanic residents (94%) were more likely than Hispanic (81%) find eliminating unnecessary mandatory training requirements as helpful.

Percentage of Residents Who Found the Actions as Very/Somewhat Helpful by Race

	White	Asian	Other	Non-white
Creating penalties for violence, threats, and/or discriminatory behavior against healthcare workers	76%	–	89%	86%
Updating credentialing and/or medical licensing applications to remove intrusive mental health questions	73%	85%	84%	73%
Using validated tools to regularly assess and respond to occupational burnout	60%	64%	80%	71%
Having wellbeing metrics included as organizational key performance indicators	53%	68%	–	65%
Designating an exec. with operational auth. to oversee/align all clinician well-being efforts	51%	52%	70%	–

NOTE: An empty cell means there is not a statistically significant difference for that demographic. Race is presented as White vs. Asian vs. Other or White vs. Non-White. In the table above, Asian is included in “Non-White.”

More suburban than urban residents assign high helpful ratings to many of the potential resources/strategies.

Percentage of Residents Who Found the Actions as Very/Somewhat Helpful by Region

	Urban	Suburban	Rural
Removing low-value work, including reducing EHR clicks and minimizing inbox notifications	92%	98%	–
Eliminating insurance approvals such as pre-authorization	88%	95%	–
Getting frontline teams the help they need by creating new types of shifts to fit care needs	86%	93%	–
Updating credentialing and/or medical licensing applications to remove intrusive mental health questions	76%	85%	60%
Using validated tools to regularly assess and respond to occupational burnout	61%	74%	–
Having wellbeing metrics included as organizational key performance indicators	–	64%	38%

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

STUDENT RESPONSES

Medical students viewed removing low-value work (91%) and being encouraged to take paid leave, sick leave, and rest breaks (90%) as most helpful.

More non-Hispanic (73%) than Hispanic medical students assign high helpfulness ratings for using validated tools to regularly assess and respond to occupational burnout. Also, rural students (96%) are more likely than suburban (87%) and urban (87%) students to find eliminating insurance approvals such as pre-authorization as helpful.

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



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

	Female	Male
Eliminating insurance approvals such as pre-authorization	92%	84%
Normalizing conversation about the use of mental health care	86%	75%
Ensuring adequate mental healthcare outside of Employee Assistance Programs (EAP)	85%	75%
Creating penalties for violence, threats, and/or discriminatory behavior against healthcare workers	87%	73%
Using validated tools to regularly assess and respond to occupational burnout	76%	65%

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

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

	2022 Wellness	2023 Wellness	2024 Wellness
Eliminating unnecessary mandatory training requirements	66%	63%	65%
Eliminating insurance approvals such as pre-authorization	60%	61%	59%
Getting frontline teams the help they need by sending executives to the bedside	61%	60%	62%
Removing low-value work, including reducing EHR clicks and minimizing inbox notifications	63%	58%	58%
Using validated tools to regularly assess and respond to occupational burnout	–	54%	53%
Getting frontline teams the help they need by considering voluntary redeployment for non-clinical staff to the frontlines	50%	52%	53%
Being encouraged to take paid leave, sick leave, and rest breaks	–	52%	52%
Having wellbeing metrics included as organizational key performance indicators	–	50%	52%
Getting frontline teams the help they need by creating new types of shifts to fit care needs	50%	49%	50%
Giving physicians more flexibility and autonomy to adjust quality and patient experience goals	52%	48%	51%
Updating credentialing and/or medical licensing applications to remove intrusive mental health questions	47%	47%	46%
Designating an executive with operational authority to oversee and align all clinician well-being efforts	47%	46%	47%
Ensuring adequate mental healthcare 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%	38%
Normalizing conversation about the use of mental health care	–	36%	37%
Creating penalties for violence, threats, and/or discriminatory behavior against healthcare workers	42%	33%	33%
Implementing the use of AI tools to streamline administrative or operational tasks	–	–	57%

NOTE: An empty cell means the question was not asked in that year.

Physicians report of the extent that their practice/employer/health system takes the above actions to support physicians in the workplace were consistent between 2023 and 2024.

About six in 10 physicians report their practice/health system 'rarely/never' eliminates unnecessary training requirements (65%), eliminates insurance approvals such as pre-authorization (59%), sends executives to the bedside to get frontline teams help (62%) and/or removes low-value work (58%).

More specialists than primary care physicians indicate their practice/system rarely/never removes low-value work (62% vs. 53%), implements the use of AI tools to streamline administrative or operational tasks (61% vs. 51%), ensures adequate mental healthcare outside of EAPs (41% vs. 34%) and/or normalizes conversations about the use of mental health care (39% vs. 33%).

A significant larger proportion of employed than independent report their practice/system rarely/never takes action in eliminating unnecessary mandatory training requirements (68% vs. 56%), getting frontline teams help by sending executives to the bedside (55% vs. 47%), implementing use of AI tools to streamline administrative or operational tasks (59% vs. 51%), getting frontline teams the help they need by creating new types of shifts to fit care needs (53% vs. 42%), and/or giving physicians more flexibility and autonomy to adjust quality and patient experience goals (54% vs. 40%).



More urban than suburban physicians report their practice/system rarely/never gets frontline teams help by considering voluntary redeployment for non-clinical staff to the frontlines (57% vs. 50%); more rural than urban physicians report their practice/system rarely/never has wellbeing metrics included as organizational KPIs (61% vs. 49%).

A significant larger proportion of older than younger physicians report their practice/system rarely/never takes actions on thirteen of the sixteen listed actions.

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

	≤45 Years Old	46+ Years Old
Eliminating unnecessary mandatory training requirements	59%	70%
Eliminating insurance approvals such as pre-authorization	55%	63%
Getting frontline teams the help they need by sending executives to the bedside	57%	66%
Removing low-value work, including reducing EHR clicks and minimizing inbox notifications	53%	63%
Using validated tools to regularly assess and respond to occupational burnout	47%	59%
Getting frontline teams the help they need by considering voluntary redeployment for non-clinical staff to the frontlines	49%	56%
Being encouraged to take paid leave, sick leave, and rest breaks	49%	56%
Getting frontline teams the help they need by creating new types of shifts to fit care needs	46%	54%
Giving physicians more flexibility and autonomy to adjust quality and patient experience goals	46%	55%
Updating credentialing and/or medical licensing applications to remove intrusive mental health questions	41%	51%
Designating an executive with operational authority to oversee and align all clinician well-being efforts	40%	54%
Ensuring adequate mental healthcare outside of Employee Assistance Programs (EAP)	34%	42%
Normalizing conversation about the use of mental health care	30%	43%

More white than non-white physicians report their practice/system rarely/never eliminates unnecessary mandatory training requirements and/or designating an executive with operational authority to oversee well-being efforts; more non-white physicians indicate their practice/system rarely/never creates penalties for violence, threats, and/or discriminatory behavior against healthcare workers.



Percentage of Physicians Whose Practice/Health System Rarely/Never Takes Action by Race

	White	Asian	Other	Non-white
Eliminating unnecessary mandatory training requirements	69%	59%	61%	60%
Being encouraged to take paid leave, sick leave, and rest breaks	56%	47%	–	–
Designating an executive with operational authority to oversee and align all clinician well-being efforts	50%	41%	–	43%
Creating penalties for violence, threats, and/or discriminatory behavior against healthcare workers	31%	39%	–	37%

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?

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

		Physicians	Residents	Students
Sought mental health support	Ever	66%	83%	86%
	Past year	33%	63%	62%
Considered seeking mental health support	Ever	61%	81%	83%
	Past year	31%	59%	64%
Said they would not seek mental health support	Ever	48%	55%	55%
	Past year	18%	28%	30%
None of the above	Ever	22%	9%	10%
	Past year	54%	26%	26%



Most physicians, residents and students know a physician/colleague/peer who has sought or considered mental health support at some point. Significantly more residents and students than physicians know of a colleague/peer who has sought and/or considered seeking mental health support, as well as who said they would not seek mental health support in the past year or ever. Approximately six in 10 residents and students knew a physician/colleague/peer who has sought or considered mental health care in the past year, compared to three in 10 physicians.

Compared to physicians, a significantly higher proportion of residents and students report knowing a colleague/peer who said they would not seek mental health support in the past year (physicians: 18%; residents: 28%; students: 30%) and ever (physicians: 48%; residents: 55%; students: 55%).

PHYSICIAN RESPONSES

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

There were also significant differences based on region, 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.

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

		Employed	Independent	≤45 Years Old	46+ Years Old	Female	Male
Sought mental health support	Ever	70%	54%	78%	55%	72%	62%
	Past year	37%	23%	45%	35%	39%	31%
Considered seeking mental health support	Ever	66%	48%	76%	48%	69%	57%
	Past year	35%	21%	45%	19%	39%	27%
Said they would not seek mental health support	Ever	51%	41%	59%	39%	52%	46%
	Past year	20%	14%	26%	12%	–	–
None of the above	Ever	18%	32%	12%	31%	18%	24%
	Past year	51%	63%	42%	65%	50%	56%

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

Percentage of Physicians Who Personally Know a Physician Seeking/Discussing Mental Health Support by Region

		Urban	Suburban	Rural
Sought mental health support	Ever	70%	63%	–
	Past Year	39%	28%	29%
Considered seeking mental health support	Ever	67%	58%	52%
	Past Year	39%	25%	25%
Said they would not seek mental health support	Ever	51%	–	41%
	Past Year	22%	15%	–
None of the above	Ever	–	–	–
	Past Year	50%	58%	–

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

There were no significant differences by specialty. However, more white (56%) than non-white (50%) physicians reported “none of the above” to all response options for knowing a physician seeking or discussing mental health support in the past year.

RESIDENT AND STUDENT RESPONSES

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

Percentage of Residents Who Personally Know a Colleague/Peer Seeking/Discussing Mental Health Support by Gender

		Female	Male
Sought mental health support	Ever	90%	79%
	Past year	73%	55%
Considered seeking mental health support	Ever	87%	77%
	Past year	66%	54%
None of the above	Ever	5%	11%
	Past year	–	–

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

Additionally, non-Hispanic residents (86%) are more likely than Hispanic (71%) residents to know a colleague/peer who has ever sought mental health support.

There were no significant group differences for students.

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

Physician Responses

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

		2021		2022		2023		2024
Considered suicide	Ever	31%	Ever	31%	Ever	36%	Ever	37%
	Since COVID	14%	Past year	16%	Past year	14%	Past year	12%
Attempted suicide	Ever	19%	Ever	14%	Ever	26%	Ever	29%
	Since COVID	4%	Past year	4%	Past year	7%	Past year	5%
Died by suicide	Ever	38%	Ever	33%	Ever	37%	Ever	40%
	Since COVID	7%	Past year	5%	Past year	9%	Past year	6%
None of the above	Ever	45%	Ever	47%	Ever	49%	Ever	47%
	Since COVID	80%	Past year	80%	Past year	80%	Past year	84%

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. This is consistent with 2023 reports. The proportion of physicians who know a physician who has considered (37%) or attempted (29%) suicide is significantly greater than 2021 (considered: 31%; attempted: 19%) and 2022 (considered: 31%; attempted: 14%). The proportion of physicians who know someone who died by suicide is significantly higher in 2024 (40%) than 2022 (33%).

More younger than older physicians know a physician who has considered suicide ever (41% vs. 33%) and/or in the past 12 months (14% vs. 9%). Older physicians (87%) were more likely to report none of the above to all the options than younger physicians (81%), indicating that they did not know a physician who considered, attempted, or died by suicide in the past year. Additionally, suburban physicians (36%) are less likely than urban (43%) and rural (47%) physicians to know a physician who died by suicide.

More white than Asian physicians know a physician impacted by suicide ever. Also, non-Hispanic (6%) physicians were more likely than Hispanic physicians (2%) to know a physician who died by suicide in the past year.

Percentage of Physicians Who Personally Know a Physician Who Has Ever Considered Suicide by Race

	White	Asian	Other	Non-white
Considered suicide	40%	29%	40%	–
Attempted suicide	30%	22%	32%	–
Died by suicide	45%	32%	–	36%
None of the above	42%	55%	–	52%

NOTE: An empty cell means there is not a statistically significant difference for that demographic. Race is presented as White vs. Asian vs. Other or White vs. Non-white. In the table above, Asian is included in “Non-White.”

RESIDENT AND STUDENT RESPONSES

2024		Physicians	Residents	Students
Considered suicide	Ever	37%	44%	44%
	Past year	12%	22%	22%
Attempted Suicide	Ever	29%	25%	29%
	Past year	5%	6%	9%
Died by suicide	Ever	40%	26%	26%
	Past year	6%	7%	7%
None of the above	Ever	47%	49%	49%
	Past year	84%	80%	73%

Nearly half of students (44%) and residents (44%) report knowing a colleague or peer who has considered suicide, ever. The proportion of students who know a colleague who has ever considered suicide was significantly higher than physicians (37%). Additionally, a significantly higher proportion of students (9%) reported knowing a colleague or peer who attempted suicide in the past year compared to physicians (5%). More urban (48%) than rural (14%) students

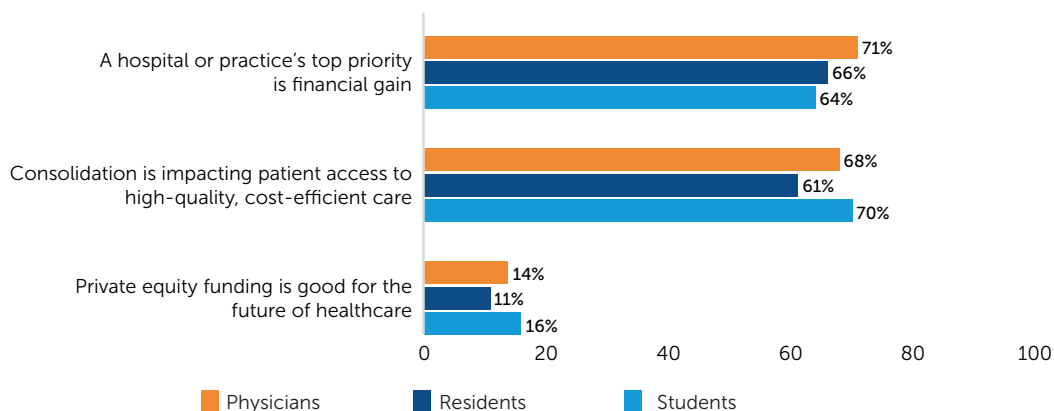
report knowing a colleague who has considered suicide; more urban (23%) and suburban (23%) than rural (7%) students know a colleague who has considered suicide in the past year.

Physicians (40%) are more likely than both residents (26%) and students (26%) to know a physician/colleague/peer who has died by suicide, ever. There were no significant group differences for residents.

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

PHYSICIAN, RESIDENT AND STUDENT RESPONSES

Percentage of Respondents Who Strongly/Somewhat Agree with the Following Statements



At least six in ten physicians (71%), residents (66%) and students (64%) agree that a hospital or practice's top priority is financial gain. More physicians and students (seven in ten) agree consolidation is impacting patient access to high-quality, cost-efficient care; this proportion is significantly lower among residents at six in ten.

Additionally, about half of physicians (56%), residents (55%) and students (49%) strongly/somewhat disagree that private equity funding is good for the future of health care. For both physicians and students, the amount of respondents that disagree with the statement that private equity funding is good for the future of health care is significantly higher in 2024 (physicians: 56%; students: 49%) than 2023 (physicians: 48%; students: 42%).

More female than male, more Hispanic than non-Hispanic and more rural than urban/suburban physicians agree a hospital or practice's top priority is financial gain. Additionally, a significantly higher proportion of white than Asian and more rural than urban

physicians agree consolidation is impacting patient access to high-quality, cost-efficient care.

For residents, more female than male residents believe a hospital or practice's top priority is financial gain. More suburban (66%) than rural (43%) of residents believe consolidation is impacting patient access to high-quality, cost-efficient care.

Percentage of Respondents Who Somewhat/Strongly Agree a Hospital/Practice's Top Priority Is Financial Gain

Physicians	Female	78%
	Male	68%
	Hispanic	82%
	Non-Hispanic	71%
	Urban	70%
	Suburban	70%
	Rural	80%
Residents	Female	74%
	Male	60%



A higher proportion of older (17%) than younger (12%) physicians believe that private equity funding is good for the future of healthcare. Also, more urban (13%) than suburban (7%) residents believe private equity funding is good for the future of healthcare. Among students, a higher proportion of those in racial categories grouped as “Other” (26%) than white (14%) and suburban (24%) than urban (12%) and rural (7%) think that private equity funding is good for the future of healthcare.

Conversely, a larger proportion of male than female, younger than older, and specialists than primary care physicians do not believe private equity funding is good for the future of healthcare. For residents, the proportion was higher among male than female residents. For students, the proportion was higher for male than female, white and Asian than “Other”, and urban than suburban students.

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

Physicians	Female	47%
	Male	61%
	≤45 Years Old	59%
	46+ Years Old	53%
	Primary Care	48%
	Specialist	61%
Residents	Female	44%
	Male	65%
Students	Female	40%
	Male	58%
	White	54%
	Asian	54%
	Other	32%
	Urban	57%
	Suburban	38%

Q11. Which of the following healthcare consolidation scenarios has your hospital/practice explored or experienced over the past five years?

Percentage of Respondents Whose Hospital/Practice Explored or Experienced the Following Healthcare Consolidation Scenarios Over the Past Five Years

2024		Physicians	Residents
Merging with another practice/hospital	Experienced	26%	28%
	Explored	20%	8%
Being acquired by another practice/hospital	Experienced	17%	14%
	Explored	16%	5%
Acquiring another practice/hospital	Experienced	34%	37%
	Explored	14%	7%
Being funded by private equity	Experienced	10%	10%
	Explored	11%	4%
Merging with corporate entity	Experienced	16%	14%
	Explored	16%	6%
Being acquired by corporate entity	Experienced	15%	14%
	Explored	15%	5%
Acquiring a corporate entity	Experienced	12%	14%
	Explored	11%	4%
Closing hospital or practice	Experienced	15%	5%
	Explored	15%	16%

Approximately three in 10 physicians and residents have experienced merging with another practice/hospital, and at least three in 10 physicians and residents experienced acquiring another practice/hospital over the past five years. Experience with being acquired or being funded by private equity is minimal. Similarly, experience with merging with, being acquired by, or acquiring a corporate entity is minimal. Significantly more physicians than residents have been part of a hospital/practice/corporate entity exploring the various consolidation scenarios over the past five years. Significantly more physicians (15%) also experienced the closing of a hospital or practice compared to residents (5%).

Compared to 2023, significantly less physicians experienced merging with another hospital or explored acquiring another practice or hospital in 2024. Amongst residents, significantly less of their hospital/practice/corporate entity explored acquiring another hospital in 2024 (7%) compared to 2023 (12%).

A greater proportion of male than female physicians have explored or experienced each of the respective consolidation scenarios except for closing hospital or practice. More specialists than primary care physicians have explored or experienced acquiring another practice or hospital (51% vs. 44%) and/or being acquired by a corporate entity (32% vs. 26%). More older than

younger physicians explored/experienced being acquired by another practice or hospital (39% vs. 27%) and/or being acquired by a corporate entity (35% vs. 24%). Additionally, more suburban than urban physicians explored/experienced being acquired by another practice or hospital (39% vs. 28%) and/or being acquired by a corporate entity (35% vs. 25%).

Percentage of Physicians Whose Hospital/Practice Explored or Experienced Consolidation Scenarios Over the Past Five Years by Employment Status and Gender

	Employed	Independent	Female	Male
Merging with another practice/hospital	–	–	41%	49%
Being acquired by another practice/hospital	30%	41%	27%	37%
Acquiring another practice/hospital	52%	38%	43%	52%
Being funded by private equity	19%	28%	16%	24%
Merging with a corporate entity	–	–	24%	35%
Being acquired by a corporate entity	26%	40%	23%	34%
Acquiring a corporate entity	–	–	19%	26%

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

More white (49%) than non-white (41%) physicians have explored/experienced merging with another practice/hospital. A significantly higher proportion of non-Hispanic than Hispanic physicians explored/experienced acquiring another practice/hospital, merging and/or being acquired by a corporate entity.

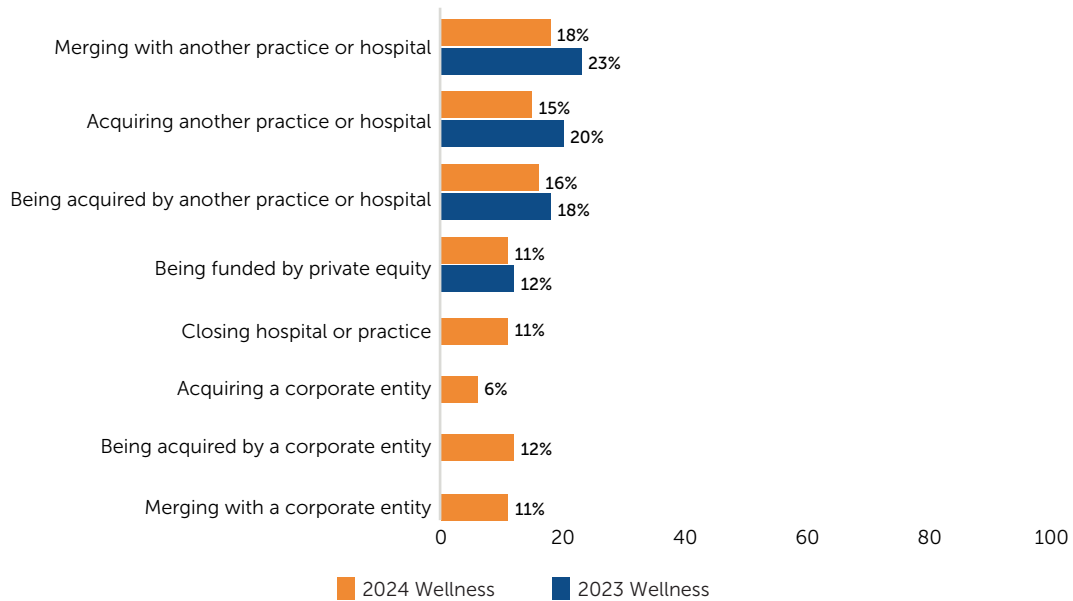
Among residents, more male (50%) than female (36%) residents explored/experienced acquiring another practice of hospital. A significantly higher proportion of male (27%) than female (16%) residents explored/experienced the closing of a hospital or practice. More racial groups categorized as “Other” (29%) than white (16%) residents explored/experienced being acquired by another practice or hospital.

Percentage of Physicians Whose Hospital/Practice Explored or Experienced Consolidation Scenarios Over the Past Five Years by Ethnicity

	Non-Hispanic	Hispanic
Acquiring another practice/hospital	49%	39%
Merging with a corporate entity	31%	22%
Being acquired by a corporate entity	30%	20%

Q12, Part 1. Have you personally been part of the decision-making process for any of these?

Percentage of Physician Who Have Personally Been a 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 for merging, acquiring, or being acquired by another practice or hospital. This proportion is lower at 11% for those experiencing being funded by private equity. Approximately one in 10 physicians have been involved in decisions related to acquiring, being acquired by, or merging with a corporate entity, or closing a hospital or practice. Physicians being involved in decision making for merging with or acquiring another practice or hospital was significantly less in 2024 compared to 2023.

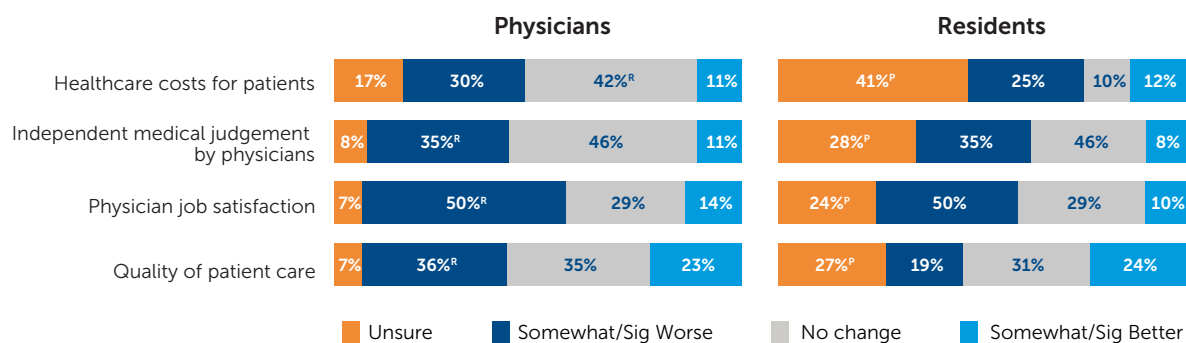
More specialists than primary care physicians have been part of the decision-making process for acquiring another practice/hospital (17% vs. 14%) and/or being funded by private equity (14% vs. 8%). Significantly more suburban than urban report being part of the decision-making process for being acquired by another practice/hospital (20% vs. 13%) and/or being funded by private equity (14% vs. 9%). Significantly more independent, older and male physicians report having decision-making input into most of the consolidation scenarios.

Percentage of Physicians Who Were Involved In the Decision-Making Process When Their Hospital/ Practice Experienced Consolidation Scenarios Over The Past Five Years By Employment, Age, and Gender

	Employed	Independent	≤45 Years Old	46+ Years Old	Female	Male
Merging with another practice/hospital	15%	26%	14%	21%	15%	21%
Being acquired by another practice/hospital	13%	27%	12%	20%	12%	18%
Acquiring another practice/hospital	8%	20%	–	–	11%	18%
Being funded by private equity	9%	21%	–	–	7%	14%
Merging with a corporate entity	–	–	8%	14%	8%	12%
Being acquired by a corporate entity	–	–	9%	15%	6%	15%
Closing hospital or practice	9%	18%	–	–	–	–

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

Q12, Part 2. You previously indicated your hospital/practice/corporate entity had a merger or acquisition in the past five years. Please indicate how this scenario has affected each of the following, if at all.



Residents are significantly less likely than physicians to be able to gauge the impact their merger/acquisition has had on the respective metrics. A greater proportion of physicians indicate a negative impact across the various metrics with half assigning low ratings for physician job satisfaction.

Significantly more white (39%) and racial categories categorized as “Other” (32%) than Asian (17%) and white (39%) than non-white (25%) physicians indicated that a merger or acquisition negatively affected independent medical judgement by physicians. More Hispanic (57%) than non-Hispanic (37%) and female (44%) than male (31%) physicians indicated a merger or acquisition would negatively impacted quality of patient care.

More independent and older than employed and younger physicians indicate their merger/ acquisition made the following somewhat worse/significantly worse: healthcare costs for patients, independent medical judgement by physicians and physician job satisfaction. There were no significant group differences for residents.



Percentage of Physicians Indicating that a Merger or Acquisition Negatively Affected the Following by Employment and Age

	Employed	Independent	≤45 Years Old	46+ Years Old
Healthcare costs for patients	26%	45%	24%	35%
Independent medical judgement by physicians	31%	47%	24%	44%
Physician job satisfaction	47%	59%	40%	59%

Q13 (VarQ14), Part 1. 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 healthcare consolidation?

This was an open-ended question, and the responses were coded to highlight overarching themes. Of these responses, approximately one in 7 respondents mention oversight and leadership and wellness programs or initiatives.

“Professional development programs, focusing on adaptive leadership, stress management, and collaborative care practices along with access to mental health resources and networking opportunities, could be most helpful to doctors work in hospitals, negatively impacted by healthcare consolidation.”

– Student Response

“Consolidation can often mean changing the way that a physician practices. Among other examples, this could mean that EHR is different, guidelines for treatment could be different, workflow could be different, etc. As such, having some direct information given about what the consolidation means and training if appropriate would be helpful. This training should NOT happen outside of work hours but within it while also not expecting the physicians to do their normal work during that day / those hours.”

– Physician Response

“Patient care as a whole suffers because we are paying attention to the bottom line and not the actual quality of care that we provide.”

– Physician Response



“Establishment of a physician-led team to identify and address burdens created and/or exacerbated by healthcare consolidations/mergers would help with this issue. The physician-led team should receive additional compensation for service to said team as well. Provision of staff to reduce the burden of prior authorizations and other administrative tasks of physicians would be helpful to physicians working in practices and hospitals that have been negatively impacted by healthcare consolidation.”

– Physician Response



Types of Programs, Services and/or Resources Respondents Think Would be Helpful to Physicians in Practices/Hospitals That Have Been Negatively Impacted By Healthcare Consolidation

Coded Open-end Responses	Total	Physicians	Residents	Students
OVERSIGHT/LEADERSHIP (NET)	14%	15%	14%	11%
More autonomy/independence/opportunity to individualize care	6%	6%	6%	6%
Physicians in leadership/decision-making roles	5%	5%	6%	2%
WELLNESS PROGRAMS/INITIATIVES (NET)	13%	14%	10%	15%
Mental health/therapy access/benefits	5%	5%	5%	7%
Wellness/prevent burnout programs	3%	3%	1%	5%
BENEFITS (NET)	10%	10%	10%	11%
Better compensation/wages	5%	5%	5%	5%
SUPPORT STAFF [NET]	10%	11%	8%	8%
WORKLOAD/RESPONSIBILITIES (NET)	11%	11%	10%	13%
Workload/reduced workload/patient volume	4%	4%	4%	5%
Less administrative tasks/paperwork	4%	4%	3%	5%

Q13 (VarQ14), Part 2. Please rate how helpful, if at all, each of the following actions would be to provide safeguards for private equity involvement and consolidation in healthcare.

Percentage of Respondents Assigning High Helpfulness Rating to Actions to Provide Safeguards for Private Equity Involvement and Consolidation In Healthcare

2024	Physicians	Residents
Preserving physician autonomy	90%	90%
Maintaining patient standards	86%	88%
Increasing transparency and disclosure	85%	89%
Assessing long-term impact	84%	86%
Monitoring financial practices	77%	80%
Increasing regulatory oversight	46%	50%

More than eight in 10 physicians and residents assign high helpfulness ratings to preserving physician autonomy, maintaining patient standards, increasing transparency and disclosure and assessing long-term impact to provide safeguards for private equity involvement and consolidation in healthcare. Less than half of physicians and half of residents thought increasing regulatory oversight would be helpful.

More male (78%) than female (75%) physicians thought monitoring financial practices would be helpful for providing safeguards for private equity involvement and consolidation in healthcare. More Asian than white physicians believe increasing transparency and disclosure (89% vs. 84%) and/or increasing regulatory oversight (54% vs. 42%) would be helpful; more non-white (51%) vs. white (42%) physicians find increasing regulatory oversight to be helpful. More rural (93%) than urban (88%) and suburban (83%) physicians agree maintaining patient standards would be helpful while more urban (88%) than suburban (83%) believe increasing transparency and disclosure would be helpful.



Among residents, more non-white (59%) than white (47%), especially Asian (60%), and more urban (56%) than suburban (42%) residents agree increasing regulatory oversight would be helpful to provide safeguards for private equity involvement and consolidation in healthcare.

CONCLUSION

The Physicians Foundation's 2024 Survey of America's Current and Future Physicians tracked the landscape of physician, resident and medical student wellbeing. The survey assessed mental, emotional, and physical health and wellbeing, as well as the current level of support implementation in healthcare practices and systems. It also evaluated potential resources and strategies that may be considered beneficial in support of the profession, particularly in context of the impact of healthcare consolidation. This report delves into understanding the experiences, challenges, potential outcomes and needs of current and future physicians, and identifies potential actionable solutions to enhance system level, regulatory and healthcare practices in order to benefit our nations' physicians, their patients, and the health of the country at large.

Since the pandemic, the state of physician wellbeing remains alarmingly low—the wellbeing of residents and medical students is even lower. For the fourth year in a row, an overwhelming six in 10 physicians reported often feeling burnout, compared to four in 10 before the pandemic. Further, six in 10 residents and seven in 10 medical students reported often having feelings of burnout. Burnout is leading to challenges and tragic outcomes affecting mental health. More than half of physicians know of a physician



who has ever considered, attempted, or died by suicide, with 16% reporting on this specifically for the last 12 months—down from 20% in 2023. This year, tragically, 18% of physicians report they know of a physician who would not seek mental health support, a significant decline compared to 23% in 2023. Residents and medical students are more likely to personally know a peer impacted by suicide in the past year, however they are also more likely to have had a conversation about seeking mental health support.

Other factors affecting mental health and wellbeing are indicated in the report. Feelings of anger, tearfulness and anxiety were high for physicians (52%), and even higher for residents (70%) and students (73%). Half or more of medical students (53%) and residents (50%) have felt hopeless or without purpose, significantly higher compared to physicians (30%). Nearly two-thirds of medical students report withdrawing socially, significantly higher when compared to residents (54%) and physicians (38%).

Current and future physicians alike report factors that exacerbate burnout, including stigma surrounding mental health and seeking mental care (nearly eight in 10 for all groups), and structural barriers such as fear of seeking care due to questions asked in medical licensure, credentialing or insurance applications (four in 10 physicians and residents, half of students). Further, a majority of physicians (six in 10) and residents (eight in 10) agree that managing patients' drivers of health has significant impact on their mental health and wellbeing.

There is hope for the future of the healthcare profession, through a generational shift which is continuing to occur, with more medical students (49%) than residents (33%) and physicians (18%) having sought medical attention for a mental health problem. Also, four in 10 residents and students agree that they feel positively about the current state of the medical profession. Their perception of the future of the profession is higher, with nearly half reflecting positive agreement.

There is agreement amongst current and future physicians that systems and workplaces prioritizing physician wellbeing and perspectives, are necessary to sustain quality healthcare for the future. However, most physicians, residents and medical students agree that a hospital or practice's top priority is financial gain and/or that consolidation is impacting patient access to high-quality, cost-efficient care. Physicians and residents, respectively, aligned on several strategies to support their mental health and wellbeing including reduction of administrative burdens, peer-to-peer support groups, confidential therapy or support phone lines, and the change or removal of stigmatizing credentialing application questions. This latter strategy is one that has seen significant progress in the past year due to the actions of The Dr. Lorna Breen Heroes Foundation, which continues to champion and provide resources for the removal of intrusive mental health questions from licensure and credentialing applications throughout the United States.

Healthcare consolidation is also causing a drastic shift in the healthcare practice environment and less than one-fifth of physicians experiencing consolidation scenarios were involved in the decision process. The proportions of decision-making involvement among those merging with another practice/hospital and acquiring another practice/hospital are lower than last year (18% vs. 23% and 15% vs. 20%, respectively). At least three in 10 physicians who experienced a merger/ acquisition reported negative impact on quality of patient care, independent medical judgment and patient healthcare costs, with half of physicians noting a negative impact on job satisfaction.

Physicians and residents identified helpful safeguards for private equity involvement and consolidation in healthcare, such as preserving physician autonomy (90%), maintaining patient standards (87%), increasing transparency and disclosure (86%), assessing long-term impact (84%), and monitoring financial practices (78%).

These findings highlight the urgent need for systemic and structural changes in order to enhance the support and wellbeing of current and future physicians. Addressing these issues through targeted interventions can potentially improve the overall health and effectiveness of the healthcare workforce. Future surveys will continue to provide a gauge to the dynamic field of healthcare practice and offer insights into navigating the ongoing changes in the profession. 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 healthcare system—and we must ensure their perspectives are central to how we improve healthcare delivery in our country, so our healthcare system is strong and sustainable in providing high-quality, cost-efficient healthcare to all.



Methodology

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

Total	Physicians (n=1,020)		Residents (n=353)	Medical Students (n=350)
By segment	Specialty <ul style="list-style-type: none"> Primary Care (n=408) Specialists (n=612) Gender <ul style="list-style-type: none"> Male (n=632) Female (n=363) Trans/other (n=4) Declined (n=21) Practice Status <ul style="list-style-type: none"> Independent (n=270) Employed (n=750) 	Age <ul style="list-style-type: none"> ≤45 years old (n=478) 46+ years old (n=542) Race <ul style="list-style-type: none"> White (n=579) Non-white (n=361) Declined (n=80) Ethnicity <ul style="list-style-type: none"> Hisp. (n=88) Non-Hisp. (n=841) Declined (n=91) Region <ul style="list-style-type: none"> Urban (n=451) Suburban (n=453) Rural (n=116) 	Gender <ul style="list-style-type: none"> Male (n=183) Female (n=164) Trans/other (n=0) Declined (n=6) Race <ul style="list-style-type: none"> MWhite (n=186) Non-white (n=149) Declined (n=18) Ethnicity <ul style="list-style-type: none"> Hisp. (n=42) Non-Hisp. (n=294) Declined (n=17) Region <ul style="list-style-type: none"> Urban (n=215) Suburban (n=117) Rural (n=21) 	Gender <ul style="list-style-type: none"> Male (n=179) Female (n=167) Trans/other (n=0) Declined (n=4) Race <ul style="list-style-type: none"> White (n=166) Non-white (n=162) Declined (n=22) Ethnicity <ul style="list-style-type: none"> Hisp. (n=38) Non-Hisp. (n=290) Declined (n=22) Region <ul style="list-style-type: none"> Urban (n=187) Suburban (n=135) Rural (n=28)



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 61. Notably, the proportions within the segments for the physicians' group for this 2024 survey are comparable to the proportions of physicians in the 2023 and 2022 Survey of America's Physicians.

Responses by Specialty Type

	Practice	2024
Physicians	Primary Care	40%
	Specialists	60%

Forty percent of physicians who responded to the survey practice primary care, while the remaining sixty percent are identified as specialists.

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	2024
Physicians	Female	36%
	Male	62%
	Other/Prefer not to answer	2%
Residents	Female	46%
	Male	52%
	Other/Prefer not to answer	2%
Students	Female	48%
	Male	51%
	Other/Prefer not to answer	1%

Sixty-two percent of physicians who responded to the survey are male, 36% are female. Fifty-two percent of residents are male, 46% are female. Fifty-one percent of medical students are male, 48% are female.

Responses by Race/Ethnicity

	Race/ethnicity	2024
Physicians		
Race	White	57%
	Asian	18%
	Other race [^]	17%
	Non-white [#]	35%
	Prefer not to answer	8%
Ethnicity	Hispanic	9%
	Non-Hispanic	82%
	Prefer not to answer	9%
Residents		
Race	White	53%
	Asian	24%
	Other race [^]	19%
	Non-white [#]	42%
	Prefer not to answer	5%
Ethnicity	Hispanic	12%
	Non-Hispanic	83%
	Prefer not to answer	15%
Students		
Race	White	47%
	Asian	24%
	Other race [^]	22%
	Non-white [#]	46%
	Prefer not to answer	7%
Ethnicity	Hispanic	11%
	Non-Hispanic	83%
	Prefer not to answer	6%

[^]Sample sizes too small to separately compare races grouped into "Other race" (Black/AA /Native Hawaiian/Pacific Islander /Middle Eastern/North African /Other).

[#]Non-white races rolled-up to allow for broader comparison of white vs. non-white race categories (Asian + Black/AA /Native Hawaiian/Pacific Islander /Middle Eastern/North African /Other).

Fifty-seven percent of physicians who responded to the survey are white, 35% are non-white, 18% are Asian, 17% are "Other", and 9% are Hispanic. Fifty-three percent of residents are white, 42% are non-white, 24% are Asian, 19% are "Other", and 12% are Hispanic. Forty-seven percent of students are white, 46% are non-white, 24% are Asian, 22% are "Other."

The representation in the survey is relative with active physicians' demographic breakdown; according to American Association of Medical Colleges, 56% of physicians are White, 17% 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 Region

	Region	2024
Physicians	Rural	11%
	Suburban	44%
	Urban	44%
Residents	Rural	6%
	Suburban	33%
	Urban	61%
Students	Rural	8%
	Suburban	39%
	Urban	53%

Forty-four percent of physicians who responded practice in a suburban area, 44% practice in an urban area, and 11% practice in a rural area. Sixty-one percent of residents reside in an urban area, 33% in a suburban area, and 6% in a rural area. Fifty-three percent of students reside in an urban area, 39% in a suburban area, and 8% in a rural area.

Physician Responses by Practice Status

Practice status	2024
Independent	26%
Employed	74%

Seventy-four percent of physicians who responded to the survey are employed and 26% are independent.

Physician Responses by Age

Age	2024
18-35 years old	20%
36-45 years old	27%
46-55 years old	22%
56-64 years old	17%
65+ years old	14%

Forty-seven percent of physicians are 45 years old or younger and 53% are 46 years old or older.

Demographic Breakdown

Physician Demographics

	Total	Primary Care	Specialists	Indep.	Employed	≤45 yrs. Old	46+ yrs. Old	Male	Female
Base	(N=1020)	(N=408)	(N=612)	(N=270)	(N=750)	(N=478)	(N=542)	(N=632)	(N=363)
Specialty									
Specialists	60%	–	100%	64%	59%	60%	60%	68%	47%
Primary Care	40%	100%	–	36%	41%	40%	40%	32%	G 53%
Practice Type									
Independent	26%	24%	28%	100%	–	12%	39%	32%	17%
Employed	74%	76%	72%	–	100%	88%	61%	68%	83%
Age									
≤45 yrs. old	47%	47%	47%	22%	56%	100%	–	41%	56%
46+ yrs. old	53%	53%	53%	78%	44%	–	100%	59%	44%
Gender									
Male	62%	50%	70%	75%	57%	54%	69%	100%	–
Female	36%	47%	28%	23%	40%	43%	29%	–	100%
Race/Ethnicity									
White	57%	51%	60%	63%	55%	50%	63%	61%	52%
Non-white	35%	40%	32%	31%	37%	42%	29%	33%	42%
Region									
Urban	44%	37%	49%	32%	49%	53%	37%	42%	50%
Suburban	44%	48%	42%	55%	41%	39%	49%	47%	39%
Rural	11%	15%	9%	13%	11%	9%	14%	11%	12%

Physician Demographics

	Total	White	Asian	Other	Non-White	Hispanic	Non-Hispanic	Urban	Suburban	Rural
Base	(N=1020)	(N=579)	(N=188)	(N=173)	(N=361)	(N=88)	(N=841)	(N=451)	(N=453)	(N=116)
Specialty										
Primary Care	60%	36%	44%	47%	46%	48%	39%	34%	43%	53%
Specialists	40%	64%	56%	53%	54%	52%	61%	66%	57%	47%
Practice Type										
Independent	26%	29%	23%	24%	23%	24%	27%	19%	33%	31%
Employed	74%	71%	77%	76%	77%	76%	73%	81%	67%	69%
Age										
≤45 yrs. old	47%	41%	60%	53%	56%	47%	46%	56%	41%	35%
46+ yrs. old	53%	59%	40%	47%	44%	53%	54%	44%	59%	65%
Gender										
Male	62%	67%	61%	54%	57%	58%	63%	59%	66%	60%
Female	36%	33%	39%	45%	42%	41%	36%	40%	31%	36%
Race/Ethnicity										
White	57%	100%	–	–	–	22%	64%	55%	56%	67%
Non-white	35%	–	100%	100%	100%	78%	33%	39%	35%	22%
Region										
Urban	44%	43%	45%	53%	48%	57%	44%	100%	–	–
Suburban	44%	44%	49%	39%	44%	35%	45%	–	100%	–
Rural	11%	13%	6%	9%	7%	8%	11%	–	–	100%

Resident Demographics

	Total	White	Asian	Other	Non-White	Hispanic	Non-Hispanic	Urban	Subur.	Rural	Male	Female
Base	(N=353)	(N=186)	(N=83)	(N=66)	(N=149)	(N=42)	(N=294)	(N=215)	(N=117)	(N=21)	(N=183)	(N=164)
Gender												
Male	52%	59%	46%	45%	46%	40%	53%	53%	48%	62%	100%	–
Female	46%	41%	54%	55%	54%	60%	46%	46%	50%	38%	–	100%
Race/Ethnicity												
White	53%	100%	–	–	–	33%	57%	48%	61%	57%	60%	46%
Non-white	42%	–	100%	100%	100%	67%	40%	47%	33%	38%	37%	49%
Region												
Urban	61%	55%	69%	68%	68%	79%	59%	100%	–	–	62%	60%
Suburban	33%	38%	28%	24%	26%	14%	35%	–	100%	–	31%	35%
Rural	6%	6%	4%	8%	5%	7%	6%	–	–	100%	7%	5%

Student Demographics

	Total	White	Asian	Other	Non-White	Hispanic	Non-Hispanic	Urban	Subur.	Rural	Male	Female
Base	(N=350)	(N=166)	(N=85)	(N=77)	(N=162)	(N=38)	(N=290)	(N=187)	(N=135)	(N=28)	(N=179)	(N=167)
Gender												
Male	51%	52%	59%	43%	51%	53%	51%	55%	50%	32%	100%	–
Female	48%	58%	41%	57%	49%	47%	49%	43%	50%	68%	–	100%
Race/Ethnicity												
White	47%	100%	–	–	–	21%	53%	44%	50%	57%	48%	47%
Non-white	46%	–	100%	100%	100%	74%	45%	49%	45%	36%	46%	47%
Region												
Urban	53%	49%	58%	55%	55%	66%	51%	100%	–	–	57%	49%
Suburban	39%	41%	33%	43%	38%	34%	40%	–	100%	–	38%	40%
Rural	8%	10%	9%	3%	6%	0%	9%	–	–	100%	5%	11%

Margin of Error Assessment

The sample for this study of N=1723 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.

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- Vermont Medical Society
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