

40% of doctors eye exits. What can organizations do to keep them?



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While many physicians retire due to age, others have chosen early retirement due to the current state of the U.S. health system. And too many young or midcareer physicians intend to leave their organizations within two years. With the ongoing physician shortage in medicine, finding ways to identify and address doctors' intent to leave a health care organization is vital—and it may require smarter uses of technology.

Between 2021 and 2022, when asked about the likelihood of leaving their current organization within two years, 40% of physicians said they had moderate interest in leaving, that they were likely to do so, or that they would definitely do so.

That finding comes from an exclusive survey by the AMA, which also showed 46% of physicians expressed feeling valued by their organization to a great extent or to a moderate extent. By contrast, 18% did not feel valued at all by their organization. That is important because as the sense of feeling valued drops, physicians' intent to leave rises. It is a key data point for many health systems concerned about retention.

One big way that physician practices and health systems can make physicians feel valued is by addressing the factors driving burnout. Among the most important of these is the well-documented clerical burden that forces doctors to spend two hours with keyboards for every one they spend with patients, according to AMA member Tina Shah, MD, MPH, a pulmonary and critical care physician who advises companies on how to address burnout and served as senior adviser to U.S. Surgeon General Vice Adm. Vivek Murthy, MD.

In that role, Dr. Shah was chief architect of the national strategy on how to address burnout across the workforce and she detailed what she sees as some ways that health care organizations can reduce doctors' clerical burdens, prioritize clinical care and make physicians feel valued.



Reducing physician burnout is a critical component of the AMA Recovery Plan for America's Physicians.

Far too many American physicians experience burnout. That's why the AMA develops resources that prioritize well-being and highlight workflow changes so physicians can focus on what matters—patient care.

Be smart with tech use

In her work with the U.S. surgeon general's office, Dr. Shah said one thing she “noticed is that we have a lot of evidence-based tactics, but we're really underutilizing technology.”

One way to beat back EHR burdens is to deploy new tech to help ease the burdens, said Dr. Shah, who also is chief clinical officer for Abridge—a technology company that uses augmented intelligence (AI) to convert a patient-physician conversation into a structured clinical EHR note draft in real time.

“It really comes down to what's the top pain point for doctors that leads them to burnout,” Dr. Shah said. “We have to do something differently. We have this golden opportunity—especially with generative AI—to knock out all of the low-value paperwork that we are forcing our prized physicians to do.”

One way to deploy generative AI, Dr. Shah said, is “for the things that we do again and again that really don't require the level of training of a physician in practice ... to get down to brass tacks.”

Aside from note-writing, another big EHR burden is the in-basket, Dr. Shah said, noting “there's been significant work of which the AMA has spearheaded with STEPS Forward[®] to manage the inbox.”

“But imagine if generative AI completely took things off the plate not only of the physician, but off the plate of the medical assistant, the nurse,” she said. “That's what the capability is if it's designed in a way that's trustworthy, where I as a physician feel like I know when AI is being used and I know when it's not.”

Find out why generative AI like ChatGPT cannot replace physicians.

Let doctors be doctors



The “2022 Healthcare Workforce Rescue Package,” which Dr. Shah helped with, lists five tactics that can be used to make a difference to the front lines within three months.

“One of the tactics is getting rid of stupid stuff, which is where I would put technology. It’s letting doctors be doctors,” she said. “And my one key point would be to say, we have solutions that work in burnout. This is about if you’re ready and ready to creatively implement them or not.”

Work together as a team

“If you feel threatened at work and if you’ve experienced any psychological, physical or other harm, it’s not a safe place. It makes a huge difference,” Dr. Shah said. “Physicians experience it, and our nursing colleagues experience it even more.

“But we can’t doctor alone. We need every single member of the team,” she added. “As far as what we can do about it, that’s an area of active discussion right now, but I’m so pleased to see that we have Congress, we have The Joint Commission releasing updated standards on workplace violence. ... These are all very positive signs.”