

a VITAL WorkLife article

Early Career Physicians—the Keys to Recruiting, Onboarding and Retention

By: Robert Leschke, MD



Coming up in the article:

- Early Career Physicians: Who They Are
- How to Support Early Career Physicians
- Not Just the Early Career Physicians

You know how valuable early career physicians are to the organization. Energetic, excited about medicine, anxious to prove themselves.

For your part, you want to recruit them, retain them and help them reach their potential. For that to happen, you need to know what their attitudes, feelings and needs are. Let's take a closer look.

Early Career Physicians: Who They Are They're Anxious—But they might hesitate to tell you

Physicians beginning their careers are clinically ready, but naturally they are worried about making mistakes or “sticking out” in a negative way. They want to be team players, but are often concerned their residency training didn't prepare them well enough to be working on their own. They're worried you are going to regret having hired them.

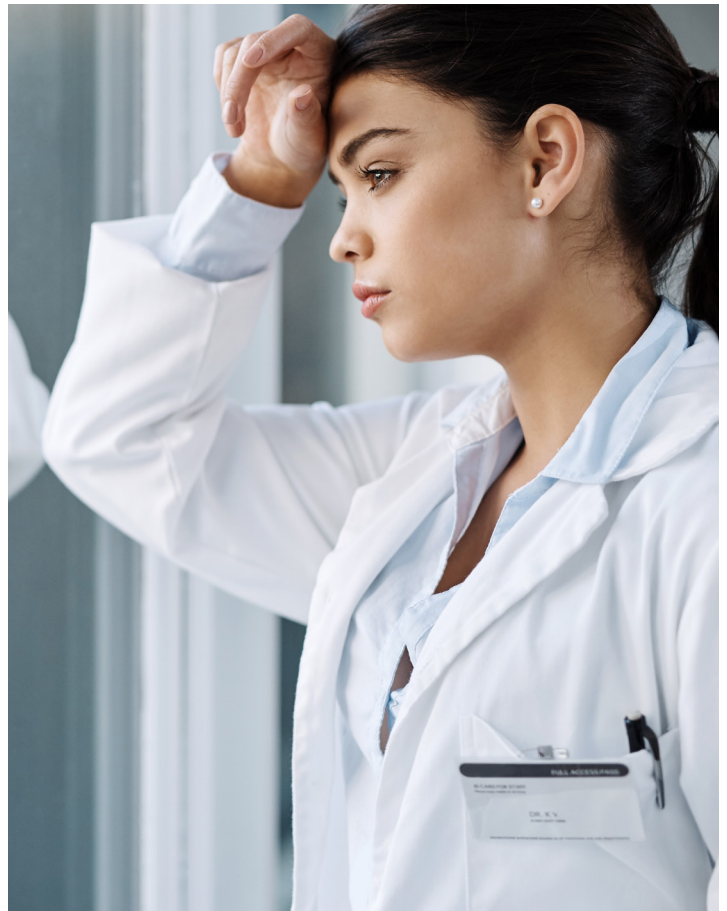
They're also worried about financial debt. The [average medical school debt was roughly \\$200,000 in 2022](#). Comparatively, in 1978 the average medical school debt was \$13,500 equating to \$60,580 when adjusted for inflation. They've accumulated significant debt and they are likely to push themselves to work a lot—often more than they should—to handle it.

However, even if they have those concerns, they might hesitate to tell you given their intense need to prove themselves. They'll typically show up to work every day saying, “I'm good. Everything's great. Don't worry about me.”

They Value Their Well-Being

They're career-minded, of course, but also more willing to adjust their career goals to maximize their well-being—including mental and emotional health and work-life balance. Residencies are spending more time addressing burnout today than in the past, so early career physicians come to their new jobs already armed with some knowledge around well-being and are excited to use what they've learned.

If your organization isn't open to strategies for supporting well-being and heading off burnout, all things equal, they will look somewhere else. When it comes to these issues, they want the organization they're joining to be open and flexible—especially in areas of scheduling of time management. If you aren't, your new employees may feel as though they won't have a voice as their careers progress in your organization.



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They're Flexible About Employment

Young practitioners have experienced change in the industry at a higher speed than previous generations and as a result have needed to be more adaptive throughout their lifetimes. Due to this increased flexibility, they are very comfortable with change and it's possible they'll consider leaving your organization for a new job if it offers better well-being options for them. In addition, a [2018 study from medical employment firm CompHealth](#) found 51% of physicians are willing to change employers if they have poor work/life balance and 45% said they'd leave due to bad management. Lisa Grabl, president of Midvale, Utah-based CompHealth notes, "The key to retention is listening to physicians to ensure their needs are being met."²



They Value Innovation

Because younger practitioners are used to innovative ideas in many spheres, they won't respond well to hearing "Well, this is how we always do it." They'll push back with: "We tried this new approach in residency and it worked really well." They may have been exposed to cutting-edge approaches to staffing patterns or patient flow, for example, and they're only going to feel at home in an organization that's willing to listen to them and to try new things in these and other areas. According to Natasha Bhuyan, M.D., family physician and regional medical director with One Medical, "We want technology that enables us to have a career that's professionally rewarding and takes out all those inefficiencies and administrative burdens in the system that tend to drive that burnout." Innovation and technology helps enable them to achieve this and is a priority for this generation.



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How to Support Early Career Physicians

1) “Normalize” Their Anxiety

As I mentioned, early career physicians are worried about performing well in a new clinical environment. The old medical paradigm was all about hiding fears and toughing-out anxiety. Today, we know better; it makes psychological sense to encourage practitioners to be honest about their fears and to “normalize” those fears by letting them know they are not alone and giving them solid support: “I hear that, and I feel like I’d be anxious in that situation too,” or “Wow. That sounds like it was really stressful and it also sounds like you handled it well.”

2) Have Strong Programs to Support Well-Being

Robust well-being programs are important examples of the innovations early career physicians appreciate. If an organization has these types of measures in place, or is simply open to having them, that tells the physician the organization is willing to think in new ways and willing to invest in its people. And who wouldn’t want to be part of an organization committed to investing in people?

For young female physicians, it can be a deal breaker if an organization doesn’t have benefits that include paid family leave or maternity leave that extends past four weeks. And those policies have the power to attract men as well, simply because they are signals of the organization’s willingness to meet the needs of all their employees.

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3) Be Proactive with Well-Being Resources

When well-being strategies were first brought into medical organizations, they were most often seen as reactive measures. Someone couldn't handle things, was failing or feeling burned out, so they needed to find out what resources were available and then perhaps meet with a coach.

Yet early career physicians who've learned about the value of these resources in their residency programs are more likely to want to connect with the resources from the start, in order to take care of themselves right away. Many will say, "I have access to a coach? Great. Where do I sign up?" But others might not be comfortable asking for these things—so you have to create an environment in which they feel safe to ask. And that means presenting the resources to them in the recruiting and hiring process and making access to them and to other kinds of aid easy during onboarding.

4) Help Them During Onboarding

The U.S. Bureau of Labor and Statistics reported in 2021 the [employee turnover rate reached 39.4%](#) in the healthcare and social assistance industries. Onboarding your early career physicians is a crucial element to help retain them in your organization and also a perfect time to provide informal well-being resources too—like introducing them to Physician Peer Coaching similar to what's offered through VITAL WorkLife. This is a credentialed coach and licensed medical professional who builds a collaborative relationship with the physician to provide guidance and support navigating difficult situations. This type of program tells a new physician, "I have somebody looking out for me."

Established leaders at your organization can, and should, adopt well-being programs, like VITAL WorkLife offers, to become proactive. A peer coaching program can be used in tandem with onboarding to give new hires peer coaching sessions with fellow physicians at those milestone moments after hiring. To learn more about this type of programming and support, visit VITAL WorkLife's [physician well-being resources page](#).

5) Help Them Avoid Overwork

When a new, early career physician arrives in a department, there's a temptation to offload an abundance of work onto them. The new physician likely won't say no because they want to be part of a team, help where it's needed and they're not good at setting boundaries yet. The result is then in six months or a year, they are beginning to feel overwhelmed, and this might translate to a decline in objective metrics like patient satisfaction. Checking in with them to keep track of how much work they're doing is a prime way to support their well-being, especially in the first couple of years.

6) Seek Out Their Successes

Another way to be proactive in your support is to find out what they're doing well and let them know. Speak with their medical director or the nurses they work with to hear firsthand what their strengths are. Then go to them with the good news: "The nurses are saying that you're doing a great job. They really like working with you. Keep it up!"

7) Find Out What They Care About and Leverage It

What are they passionate about? What do they like doing? And how can you leverage that, not only for them but for your organization? Often leadership will say to a new practitioner, "We have an opening on the patient safety committee and we're going to put you there." They say, "Okay, great," but what they don't say is that they feel their efforts could be better spent on improving the quality of stroke care, which they're fascinated by. Asking them about their point of greatest contribution allows you to match their interests to your needs, improving collaboration where everyone wins.



8) Recognize Implicit Bias

Early career physicians who belong to minority groups or who feel like they don't have a voice, face bias every day. From the assumption that they're not quite up to their responsibilities to the complaint that they're "too sensitive" or "angry" when they object to how they're treated. They've been coping with racism and misogyny all their lives, so they're accustomed to it, but it's tiring and they shouldn't have to do it.

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We can't control what their colleagues or patients say or do, but we can understand that if they are having interpersonal struggles—for example, if nurses or other colleagues complain about working with a specific physician—we have to be open to the possibility that [implicit bias](#) is at work. It's deeply concerning and something to address, as it could not only result in workplace tensions, but potential disparities in patient care.

We shouldn't think that a physician who feels harassed or discriminated against will feel comfortable enough to come to us with the complaint—that is, unless we have created an environment where it's safe to do so. We need to create that environment.

Not Just the Early Career Physicians

It may have struck you that these issues and these responses to them hold good, not just for early career physicians, but for all of your physicians. You're right! While physicians at different stages of life, in different environments and in different specialties have different needs, all of them need to have their basic needs met—food, sleep, nutrition, a healthy environment and safety and security. While that seems like a bar we easily meet, we actually often fail in that measure regularly. Residents are overworked and don't get enough rest. Doctors can be terrible at nutrition and exercise and may not have an opportunity to prioritize regular physical well-being habits. If they are working in resource poor environments, they will be worried about making mistakes that can put their careers at risk. And the list goes on.

If we're not meeting physicians' basic needs, we can't expect them to give us their best. We can't expect them to show up at a meeting with great ideas about how to solve a problem if they're falling asleep, or worried about paying off their house, or losing their [joy in medicine](#)—and that list goes on, too.

Let's take action to show how much we value our providers—young and not-so-young.



Contact us to learn more about how to foster a culture of well-being and launch a well-being program for your organization.



Contact us by phone at 877.731.3949, or online at [VITALWorkLife.com/contact-us](https://www.vitalworklife.com/contact-us)



Scan the QR Code to schedule a free consultation.

ABOUT VITAL WORKLIFE

VITAL WorkLife is the leading mental health and well-being expert for healthcare organizations and their workforce. We've focused on healthcare since 2007, and today our innovative solutions are leading the way in helping physicians, nurses and entire care teams address professional burnout, life challenges and barriers to seeking help.



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Dr. Robert Leschke has been a VITAL WorkLife Physician Peer Coach and Consulting Physician for over six years. He is a Board-Certified Emergency Medicine physician in Madison, WI with over 25 years of clinical

experience. Dr. Leschke began his career at the Level 1 Trauma Center in Milwaukee and worked as the Assistant Residency Program Director and the Director of Undergraduate Medical Education for the Department of EM. While there, he carved his niche in medical student education and career counseling. In private practice, he has served on many Multidisciplinary Peer Review Committees and works in the realm of physician coaching and performance improvement. He is an ICF Certified Professional Life Coach with nearly a decade of experience specializing in guiding physicians to find more meaning in their work, reduce conflict and anxiety, and step into their role as transformational leaders.

SOURCES

1. <https://educationdata.org/average-medical-school-debt>
2. <https://www.physicianspractice.com/view/hiring-and-keeping-young-doctors>
3. <https://www.medicaleconomics.com/view/managing-millennial-physicians>