THE FUTURE OF WORK:
REDEFINING THE ROLE OF PHYSICIANS IN THE GIG ECONOMY
ON THE VERGE OF A NEW HEALTHCARE LANDSCAPE

While it’s true that gig economies existed and even thrived before 2020, the global pandemic certainly threw them into a phase of turbulent growth to meet demand. Most people associate gig-based labor with groceries, food delivery, and transportation, but since COVID-19, healthcare providers have started to reevaluate how they want to work. Suddenly, as the vulnerabilities of the healthcare industry began to loom, more clinicians began to see the value in shorter, more flexible work that helped them meet their personal, financial, and career goals.

The healthcare industry is not sufficiently meeting the needs of its workforce. The increase in demand and the rigors of providing care are wearing down care providers and leading to burnout. As a result, they are exiting the workforce at a pace that must not be ignored, and at younger ages.

At a time when hospitals and medical practices are looking to boost access to care, this is an alarming development. With recent external catalysts, the healthcare industry is beginning to shift toward new types of work. Physicians are redefining their roles and making noticeable changes to the way care is delivered.

It is my hope that you will make use of the insights that follow and incorporate them into a strategy that is right for your facility and creates a resilient care model that benefits clinicians, patients, and communities.

CHRIS FRANKLIN
President, LocumTenens.com

In healthcare, a new definition of work is evolving, one that moves beyond traditional patient care roles. The gig economy is catching up with healthcare and shaping the future of work.

There is no denying that the pandemic exacerbated burnout, leading to early retirement in healthcare. However, the rapid growth of the gig economy is not merely a response to the pandemic. It is the culmination of significant changes in the healthcare industry.

PHYSICIANS ARE STRAINED
Physicians are leaving traditional full-time, employed roles in large numbers. They report increasing levels of frustration and burnout, leading them to seek other opportunities.

DESIRE FOR FLEXIBILITY
Physicians cite patient load and schedule inflexibility as their most common dissatisfiers. By empowering physicians to own their schedule, health administrators may be able to stem the tide of burnout.

NEW OPPORTUNITIES
The innovation that’s occurred in recent years is providing new career paths for physicians, including non-clinical and locum tenens roles.
PHYSICIAN MARKET AT A GLANCE

Physicians are the driving force in healthcare, but over the past decade, their departure from direct patient care has had significant impacts on the labor market.

The physician shortage is not a new concept. For years, hospital and practice administrators have dealt with the consequences of physician shortages, particularly in highly sought-after specialties. These shortages have led to broad-ranging challenges across the care continuum.

Today, the shortage and its effects are exacerbated by the early retirement trends. Physicians are retiring or stepping away from direct patient care at a faster rate than ever before. This will have a marked impact on the healthcare industry and patient care.

Eighty-one percent of surveyed physicians are currently practicing medicine and providing direct patient care. Of those physicians, only half are employed full time. Now, more than ever before, clinicians have many opportunities beyond traditional patient care roles.

CLINICIAN AGE

<table>
<thead>
<tr>
<th>Age</th>
<th>Employment Status</th>
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<tbody>
<tr>
<td>Under 40</td>
<td>11% Licensed to practice medicine, not practicing (providing direct patient care) at this time</td>
</tr>
<tr>
<td>Between 40-49</td>
<td>12% Retired from the practice of medicine</td>
</tr>
<tr>
<td>Between 50-59</td>
<td>15% Currently practicing medicine and providing direct patient care</td>
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EMPLOYMENT STATUS

<table>
<thead>
<tr>
<th>Employment Status</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Currently practicing medicine and providing direct patient care</td>
<td>81%</td>
</tr>
<tr>
<td>Licensed to practice medicine, not practicing (providing direct patient care) at this time</td>
<td>14%</td>
</tr>
<tr>
<td>Retired from the practice of medicine</td>
<td>3%</td>
</tr>
<tr>
<td>Never had a medical career</td>
<td>3%</td>
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TYPES OF ROLES

<table>
<thead>
<tr>
<th>Role</th>
<th>Percentage</th>
</tr>
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<tbody>
<tr>
<td>Resident or completing fellowship</td>
<td>2%</td>
</tr>
<tr>
<td>Own or retain practice ownership stake</td>
<td>5%</td>
</tr>
<tr>
<td>Single employer, multiple locations</td>
<td>8%</td>
</tr>
<tr>
<td>Single location</td>
<td>13%</td>
</tr>
<tr>
<td>Part-time, employed, permanent</td>
<td>13%</td>
</tr>
<tr>
<td>Self employed</td>
<td>17%</td>
</tr>
<tr>
<td>Traveling locum tenens in a variety of locations &amp; settings</td>
<td>22%</td>
</tr>
<tr>
<td>Contractor or locum tenens in the area in which I live</td>
<td>23%</td>
</tr>
<tr>
<td>Full-time, employed, permanent</td>
<td>50%</td>
</tr>
</tbody>
</table>
LEAVING THE WORKFORCE EARLY AND OFTEN

Healthcare practitioners are getting older and leaving the industry at a staggering rate, in many cases well before traditional retirement age. With an industry that is already dealing with staffing shortages and difficulties in meeting access goals, the demographics are not encouraging.

A worrying percentage of younger clinicians are not currently practicing. Of those clinicians not practicing, **11% are under 40; 12% are in their 40s; and 15% are in their 50s.** These age ranges are traditionally seen as peak earning periods for physicians, but the data show a growing reluctance to practice medicine in a traditional setting, despite a significant educational and financial investment.

Clinicians in their 40s are retiring early. The retirement rate, as expected, increases significantly as the clinician ages. Once in their 60s (even early in the decade), more clinicians are retired than practicing.

It will be interesting to watch this trend over the coming years. In addition, we will be monitoring to see if economic factors, notably inflation and a falling stock market, will impact physician practicing rates and even bring some clinicians out of retirement.

WORK STATUS

![Graph showing work status by age group.](Image)
Over the past decade, hospital systems have placed a premium on the patient experience, investing in process improvements to boost satisfaction and results for patients. More recently, the provider experience has become the cornerstone of a successful staffing strategy.

When looking at physician job satisfaction, it is important to keep the type of employment in mind. Of the physicians surveyed who are currently practicing, 50% were employed full-time by a hospital or medical practice, 23% worked locum tenens, and 17% were self-employed. The remainder constituted part-time or other areas of employment.

Overall, 70% of physicians currently practicing reported to be satisfied with their current position. The highest areas contributing to job satisfaction include:

- **Compensation**: 24%
- **Schedule**: 21%
- **Co-workers**: 15%
- **Flexibility**: 14%

On the flip side, 19% of respondents claimed to be dissatisfied with their current position. The contributing factors speak volumes to the current state of physician workloads in today’s healthcare environment. Top areas of dissatisfaction:

- **Underpaid**: 33%
- **Practice/Hospital Leadership**: 28%
- **Schedule**: 21%
- **Understaffed**: 20%
- **Patient Load**: 19%
- **Not Valued**: 11%

Some of the issues listed here are seen as both positives and negatives, depending on the individual physician’s situation. This may be a result of varied pay scales or compensation differences between specialties. Additionally, it’s notable that the second most common complaint involves medical practice and hospital leadership, which provides an opportunity to make inroads between leadership and clinicians.
DOWN, NOT OUT

Many physicians are discontent and it’s happening at younger ages.

It is surprising to see the percentage of younger practitioners who are licensed but not currently practicing medicine. Many of them citing they are not practicing because they left medicine for another career. This includes: 21% of those under 40, 34% of those in their 40s, and 24% in their 50s.

When looking at the factors that led physicians to leave the profession, survey respondents pointed to burnout as the primary factor. Additionally, COVID-19 and the surrounding circumstances were also factors contributing to the decision to not practice medicine. The survey found that a large percentage of respondents are leaving the profession altogether whether for retirement, a non-clinical role or another profession entirely.

While it may be discouraging for hospital administrators to see an exodus of physicians from the workforce, it serves as a reminder about the importance of physician job satisfaction and finding ways to engage with this critical audience to ensure a resilient staffing strategy.
Battling Burnout

Burnout is a real problem for practice managers and hospital administrators and determining whether a clinician is struggling with burnout is not a simple ‘yes’ or ‘no’ question. There are levels of burnout that determine the likelihood of deciding to step away from the profession.

When asked, 40% of clinicians self-reported that they were at least moderately burned out. With 17% of respondents saying, “significantly or completely burned out.”

As expected, the type of employment plays a role in the level of burnout. Permanent, full-time, employed physicians are the most likely segment to report being “significantly or completely burned out.” Part-time or full-time contract physicians experience a lower rate of burnout. Per survey respondents, 71% of contractors and locum tenens clinicians reported “little to no burnout.”

Medical specialty impacts burnout rate. The lowest burnout rates occur in physicians practicing behavioral health and anesthesiology, while those who practice hospital-based medicine saw the highest levels of burnout.

Time has proven that solving burnout is not an easy undertaking. Numerous studies show that burnout stems from many different factors. When physicians who reported to be at least a little burned out were asked if the ability to manage their schedule would help, 88% agreed that alleviating scheduling pressures would make a positive impact on their level of burnout.
With physician job satisfaction rates historically low and levels of burnout high, we are seeing more physicians look for new opportunities. Of those physicians who are currently practicing, 61% said they are likely to look for a new position within the next year.

For hospital and practice administrators, this is a sobering statistic. Overall, 27% of physicians who said they will look for a job next year reported being dissatisfied with their current position in general. Twenty four percent of those physicians cited dissatisfaction with their current level of flexibility.

**LOOKING FOR NEW OPPORTUNITIES WITHIN A YEAR**

- **11%** Extremely unlikely
- **34%** Extremely likely
- **11%** Somewhat likely
- **17%** Neither
- **27%** Somewhat likely
What Physicians Want

Like the gig workers in other sectors of business, physicians are looking for flexibility. The current state of the healthcare industry has them entertaining options and looking for new ways to build a career that fits their desired lifestyle.

Employed physicians are more likely to be dissatisfied with their current level of flexibility, while contract or locums physicians report higher levels of satisfaction with scheduling. In all, 24% rated their schedule as a key factor contributing to dissatisfaction with their current role. Nineteen percent cited overwhelming patient loads.

Physicians went into medicine to care for patients, but overwhelming workloads are diminishing their ability to successfully do that. Physicians want the tools and flexibility to do their jobs well, instead of feeling rushed to see more patients.

The data around salaries/compensation is seemingly contradictory, but in truth, demonstrates the range of compensation between locations, job types and practice structures. Salary is ranked as both the highest satisfier and dissatisfier among physicians currently practicing. It is important to note that compensation will remain a key component of physician satisfaction and be paramount in developing a recruitment and retention strategy.

The second most named dissatisfier involves hospital and practice administration. Twenty eight percent of respondents are not happy with leadership and the direction of the organization. Additionally, 11% feel disrespected or not valued. These are concerning statistics, but they are easily actionable with additional training for leadership, communication and emphasis on the physician experience.
NEW OPPORTUNITIES, NEW TYPES OF EMPLOYMENT

Over time, little has changed about how the world views the role of a physician, until now.

Physicians are changing the conversation and creating new roles that fit within a new understanding of work. The gig economy has shifted work for millions of people across the country and world. Healthcare is an extremely conservative industry that is slow to make large scale change, but physicians are taking the reins and creating new opportunities.

Technology and industry disruptors have led to non-clinical and non-patient facing careers for many physicians. By looking beyond traditional patient-care roles, physicians are redefining what it means to be a doctor. When asked, only 20% of practicing clinicians said they would not consider non-clinical work. That leaves the vast majority of respondents either interested in or actively looking for new roles beyond conventional, employed positions.

There is an ever-growing list of opportunities physicians can take advantage of. They are exploring the world of technology, academia, entrepreneurship, coaching and recruiting. The gig economy is proving to be a major disruptor to traditional physician staffing and employment models by providing more opportunities outside direct patient care.

TYPES OF ROLES PHYSICIANS ARE INTERESTED IN

- Consulting Firm: 47%
- Medical Device/Pharma Consulting: 42%
- Academia/Education: 39%
- Entrepreneurship: 32%
- Executive Leadership: 30%
- Medicare Evaluations: 30%
- Public Health: 29%
- Medical Writing and Communications: 28%
- Insurance/Managed Care Administration: 27%
- Physician Coaching: 26%
- Research: 25%
- Physician Recruiting: 22%
GROWTH OF NON-TRADITIONAL CLINICAL ROLES

Even physicians who want to stay in a direct patient-care role have more options in today’s healthcare environment. Technology has opened the landscape to treat patients virtually or travel to new locals and communities.

Telehealth has long been heralded by the healthcare industry but adoption has been slow. COVID-19 expedited patients’ and clinicians’ acceptance of virtual medicine. Most physicians (55%) said they would like to pursue opportunities to work more hours virtually via telemedicine. When asked what makes telehealth appealing, 39% cited the ability to work from home and 30% cited flexibility.

Age is a major factor in telehealth interest with older physicians being less likely to take a virtual opportunity. When asked, 36% said they prefer hands on contact with patients and 29% said telehealth is impossible in their specialty.

More physicians are open to working locum tenens than ever before. When physicians who are not currently working locum tenens were asked, 73% said they would be interested in local contract work, while 63% said they would be interested in a locums position that required travel.

<table>
<thead>
<tr>
<th>WOULD LIKE TO PURSUE OPPORTUNITIES TO WORK MORE HOURS VIRTUALLY VIA TELEHEALTH</th>
<th>REASONS FOR INTEREST IN TELEHEALTH</th>
<th>HAVE INTEREST IN LOCAL CONTRACT WORK*</th>
<th>HAVE INTEREST IN TRAVEL LOCUM TENENS WORK*</th>
</tr>
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<tbody>
<tr>
<td><strong>Would like to pursue opportunities to work more hours virtually via telehealth</strong>&lt;br&gt;55% Strongly agree&lt;br&gt;30% Somewhat agree&lt;br&gt;22% Neither&lt;br&gt;10% Somewhat disagree&lt;br&gt;13% Strongly disagree</td>
<td><strong>Reasons for interest in telehealth</strong>&lt;br&gt;Work from home/work remotely/work from anywhere 39%&lt;br&gt;Flexibility 30%&lt;br&gt;No commute 16%&lt;br&gt;No travel 8%&lt;br&gt;Easy/Convenient 7%&lt;br&gt;Control schedule 6%&lt;br&gt;Be there for family/pets 5%&lt;br&gt;Increase access to care 5%&lt;br&gt;Efficient/Time management 5%&lt;br&gt;Comfortable work environment 3%</td>
<td><strong>Have interest in local contract work</strong>&lt;br&gt;73% Very interested&lt;br&gt;4% Not at all interested&lt;br&gt;10% Not very interested&lt;br&gt;14% Neither</td>
<td><strong>Have interest in travel locum tenens work</strong>&lt;br&gt;36% Somewhat interested&lt;br&gt;14% Neither&lt;br&gt;18% Not very interested&lt;br&gt;20% Very interested</td>
</tr>
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*Percentages may not total 100% due to rounding
APPs: DIFFERENT GOALS, DIFFERENT CAREER PATHS

With differing educational backgrounds, experience levels and roles within the care team, the expectations and options in the gig economy vary for Advanced Practice Providers (APPs).

APPs are less likely to be interested in non-clinical roles. In many cases, APPs are half as likely to pursue non-clinical roles like consulting or managed care administration. Additionally, they are less interested in administration roles that limit patient care, with only 7% interested in executive leadership.

When we look at direct patient care roles, APPs are more closely aligned with physicians on expectations and career steps, but there are some differences. Overall, APPs are more likely to be looking for new practice opportunities or positions. In addition, APPs are more likely to be interested in working locum tenens locally in the area where they live.

APPs have become a critical component of the care continuum. It is important to create strategies that support their needs in order to boost recruitment and retention strategies to ultimately drive more access and better outcomes for patients.

In the past few years, we have seen tremendous growth in advanced practice providers, and this trend has been observed to be impactful in closing gaps in coverage and improving both access to patient care and patient satisfaction.

APP VS. PHYSICIAN INTEREST IN NON-CLINICAL ROLES

- CONSULTING FIRM (24% VS. 44%)
- INSURANCE/MANAGED CARE ADMINISTRATION (14% VS. 27%)
- EXECUTIVE LEADERSHIP (7% VS. 27%)

APP VS. PHYSICIAN INTEREST IN NEW PRACTICE OPPORTUNITIES OR POSITIONS

- APPS: 65%
- PHYSICIANS: 58%
RISING INTEREST IN LOCUM TENENS

With a growing interest in locum tenens work, it is interesting to look at what specialties are gaining the most interest for locums work.

Behavioral health is a key area of need for many hospitals. Telehealth has made behavioral health services more accessible for practices and hospitals of all sizes. In many cases, patients have said they prefer psychiatry services in a virtual setting. Fittingly, the vast majority of behavioral health clinicians reported interest in locums work.

Women’s health is another area worthy of a closer look. Interestingly, 56% of women’s health physicians report an interest in traveling locum tenens opportunities. This is a critical area of healthcare that is receiving significant attention nationally. With more physicians willing to travel, locum tenens clinicians have the opportunity to improve access to care and positively impact the health of entire communities.

INTEREST IN LOCAL CONTRACT WORK

INTEREST IN TRAVELING LOCUM TENENS WORK
**CHANGING PERCEPTIONS OF LOCUM TENENS**

Historically, there has been a stigma against locum tenens staffing. That stigma has been debunked and tossed aside. With more clinicians looking for flexibility and other opportunities, they are turning to locum tenens assignments to build the type of career and life they desire. Additionally, hospitals and medical practices have experienced the quality of locums clinicians and have come to rely on their services as part of a comprehensive staffing strategy.

**IN THEIR OWN WORDS**

- “Initially, I considered it to be declassed, but have learned that it provides much needed services, while allowing better management of my quality of life.”
- “I like the freedom of controlling how much/when/where I work.”
- “Mostly favorable. Potentially challenging due to working in different systems and electronic health records and variable degree work volumes and collegial support.”
- “Absolutely essential to run services and will be more needed in future as there seems to be a scarcity of physicians.”
- “It’s a good way of getting to know a place or a practice before moving/joining.”
- “Good transition for older physicians before retiring. Also helpful for younger docs to check out a practice situation before committing to a permanent position.”
- “I think overall the quality of locum tenens performances have improved significantly over the years. Ten years ago, you thought of locums as people who might not be able to find jobs elsewhere. Now they are seen as competent providers who are trying to navigate their career in a way that works best for them.”

**PERCEIVED VALUE OF LOCUM TENENS CLINICIANS IN YOUR WORKPLACE**

- A great deal of value: 46%
- A moderate degree of value: 35%
- Some value: 15%
- Little to no value: 4%
With the rise in the gig economy, workers have found new levels of flexibility with varying career options and remote work. Healthcare has been slow to adapt to this model, but the pandemic has expedited the industry’s move to a more flexible staffing model.

Physicians have experienced numerous challenges in recent years which have left many burned out and disenfranchised with the traditional physician role. As a result, they have looked beyond the way things have been done to new career opportunities, including non-clinical work and locum tenens.

Hospitals and medical practices must adapt to the new environment to ensure they have the clinician workforce to meet the needs of their communities. That requires taking a hard look at the current staffing model and finding innovative ways to impact the care continuum.

When looking at the data, these key takeaways can put the challenge in perspective and provide a basis for a resilient staffing strategy going forward.

The healthcare landscape is shifting and physicians are moving with it. By redefining their roles, physicians are setting the tone for the industry and laying the framework for what healthcare will look like in the future.
The gig economy offers a sustainable staffing solution for healthcare leaders and clinicians. To effectively support this new economy, healthcare leaders must adapt and transform their approach to workforce planning and management, and consider strategies that include hybrid staffing, flexible workforce models and a robust approach to integrating telehealth.

**PRIORITIZE FLEXIBLE SCHEDULING** - Physicians want control over their schedule. As part of this, they are asking for greater flexibility that will allow them more freedom in their personal life. With a need to emphasize the physician experience, we need to listen to this criticism and develop new processes that embrace flexible scheduling.

**EMBRACE TELEHEALTH** - Increasing patient volumes are creating an unsustainable schedule for many clinicians. Integrating telehealth solutions has the potential to lessen patient volumes, particularly in the Emergency Department, which will have a significant impact on job satisfaction and workloads for clinicians.

**INCENTIVIZE OUTCOMES FOR CLINICIANS** - Much of reimbursements are tied to outcomes. We must incentivize positive outcomes. This means looking at the pay scale for clinicians and developing a system that rewards results, not just volume.

**CLEAR COMMUNICATION & SEEK INPUT** - It can be difficult to communicate with physicians. Health systems are always looking for new ways to reach this audience. Even with the challenges, it is worth extra emphasis. We must seek input from physicians, allowing them to impact the process. Then communicate back the changes they have impacted.

**BE FLEXIBLE WITH STAFFING MODEL** - Don’t create a rigid staffing model that can not shift to a changing environment. There are too many things that can alter clinician scheduling, so having options to supplement your staffing will allow the team to continue to deliver quality care, regardless of what is happening externally.

It is a time of change in healthcare. We must look to the future to not only survive in the gig economy but thrive. With a focus on sustainable staffing, health systems and medical practices will drive innovation and increase access to care for entire populations.
This report was compiled utilizing data from an original survey conducted by LocumTenens.com. The 2,571 respondents represent a broad range of clinicians roles, specialties, ages, facility sizes and experience levels.

Age Range: 26–79

Specialties: 46 medical specialties represented

Experience Levels: Full-time, Employed, Part-time, Contract (locum tenens)

The data from the survey responses was compiled and analyzed by experts in the healthcare industry to formulate the insights within this report.