SullivanCotter LotisBlue

RESEARCH INSIGHTS

The 2026 Science of Staying

The Next Chapter in Clinician Retention

New data from more than 1,000 clinicians on the realities of retention and the priorities that will define 2026

OVERVIEW

While clinician turnover has stabilized, it is far from resolved. After years of unprecedented upheaval, health systems are seeing fewer exits, but they are still not experiencing the relief they had expected. Burnout remains entrenched, inequities persist, and misalignment between clinicians and their organizations continues to affect engagement and productivity. The consequences are increasingly visible: constrained access, rising cost pressures, and inconsistent patient outcomes.

Lotis Blue's 2026 Health Care Workforce Retention Study, *The Science of Staying*, was developed in conjunction with SullivanCotter. Drawing on responses from more than 1,000 patient-facing clinicians across 300 organizations nationwide, this research provides a clearer lens into this new landscape. In this study, "clinicians" refers to licensed patient-facing professionals, including physicians, advanced practice providers (APPs), nurses, and other clinical roles. Where decision dynamics differ meaningfully by role, findings are reported separately.

REPRESENTED ORGANIZATIONS INCLUDE:

The study blends independent polling with predictive analytics to identify what keeps clinicians committed and, conversely, what leads them to quit. For health system leaders navigating a workforce reset, it provides a grounded, data-backed roadmap for rebuilding stability and trust.

Designed as a longitudinal examination of the psychology behind staying and quitting decisions, the study replaces anecdotal evidence with empirically tested insights. It reveals:

1. **The core drivers of retention** across 38 elements of the Employee Value Proposition
2. **The root causes of turnover and dissatisfaction** that push clinicians to consider leaving
3. **A dedicated deep dive into physician-specific retention dynamics** and how they differ from other roles

The result is a sharper, more actionable understanding of clinician commitment at a moment when the margin for error has never been smaller.

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The Quiet Crisis Behind "Stabilized" Turnover

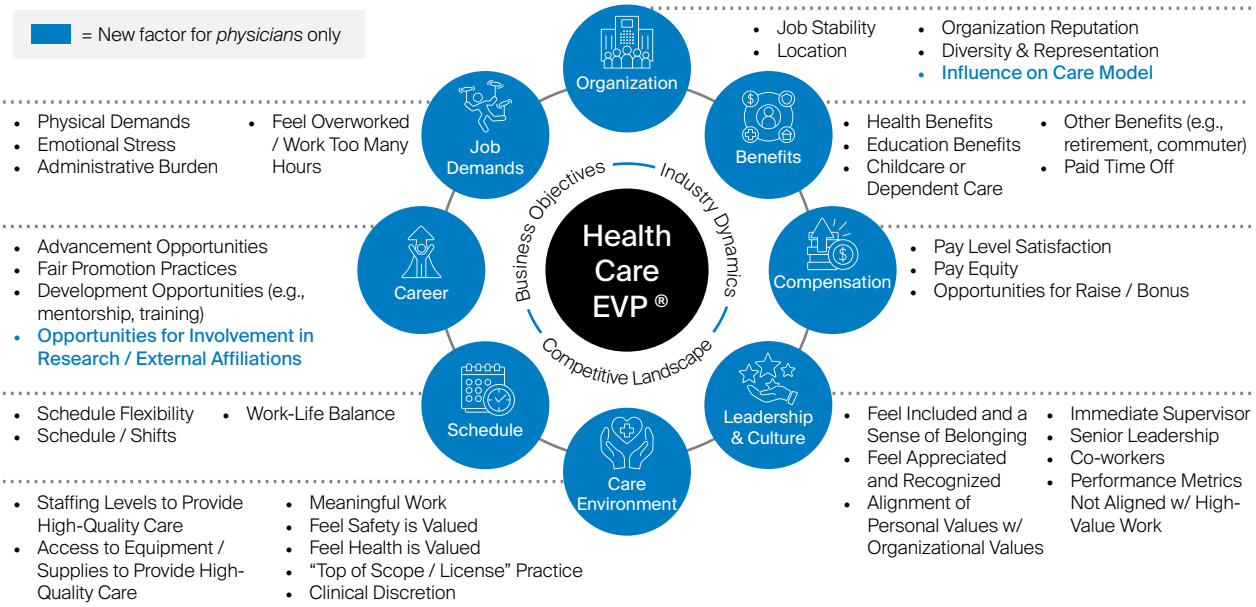
Health care employment has entered a period of stalled recovery—characterized less by continued mass exits and more by persistent capacity constraints, talent shortages, and exhaustion.[1] SullivanCotter's proprietary physician[2] and advanced practice provider (APP)[3] workforce surveys, alongside broader industry data, indicate that turnover rates have largely stabilized following pandemic-era peaks; however, staffing levels and clinical capacity remain below pre-pandemic benchmarks, and productivity pressures continue to intensify.[4] Specifically, SullivanCotter's data show modest declines in voluntary physician turnover since 2023, coupled with largely flat APP turnover rates—signaling stabilization without meaningful improvement. While turnover trajectories vary by role, specialty, and care setting, the system-level signal is consistent: the workforce is no longer deteriorating at crisis levels, but it has not meaningfully recovered. As a result, many clinicians experience this "stability" not as relief, but as sustained strain.

Even as new workforce entrants into the medical field rise, attrition and early retirement continue to offset gains.[5] According to the U.S. Bureau of Labor Statistics, nearly 190,000 registered nurse openings are expected annually through 2033, further exacerbating challenges with patient access.[5] Meanwhile, the Association of American Medical Colleges projects a deficit of nearly 90,000 physicians by 2036.[1] These capacity gaps directly influence clinicians' commitment to the organization and the quality of care patients receive. What keeps clinicians committed or pushes them to leave is changing, making it pertinent for health system leaders to identify and act on the variables that impact retention and turnover decisions.

Inside the Science of Staying

These decisions are shaped by the strength of a clinician's relationship with their employer—what our research defines as the Employee Value Proposition (EVP). This includes the full set of offerings, experiences, and expectations that shape the psychological contract between clinicians and their organizations. When an employer's EVP doesn't align with an employee's expectations and preferences, the likelihood of attrition rises.

Our proprietary EVP framework measures 38 factors organized into eight dimensions, now expanded to include physician-specific drivers. It provides a comprehensive view of how each EVP element contributes to an employee's likelihood of staying, considering leaving, or quitting. An independent polling approach mitigates bias inherent in internal engagement surveys by using a representative national panel. Machine-learning models then identify which EVP dimensions most accurately predict turnover, yielding insights with up to 85% predictive accuracy.



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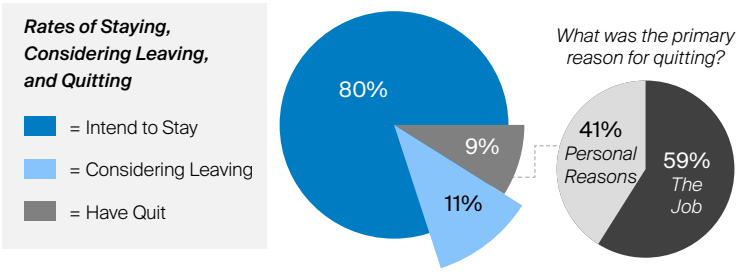
The Research

In this second round of research, the data show signs of stabilization in turnover but not resolution. Among clinicians surveyed (including nurses, APPs, physicians, and other patient-facing roles), **80% intend to stay**, **11% are considering leaving**, and **9% had quit a health care job in the past year**, down sharply from a 19% quit rate in the prior study. Nearly 6 in 10 departures were driven by job-related factors, a 10 percentage-point rise that underscores how much of today's turnover is avoidable through better alignment of the EVP.

Early tenure remains a fault line. Quit rates among those with less than one year of service fell from **45% to 25%**, yet still run **15 percentage points above the overall average**, a reminder that the first months of employment set the psychological contract for staying.

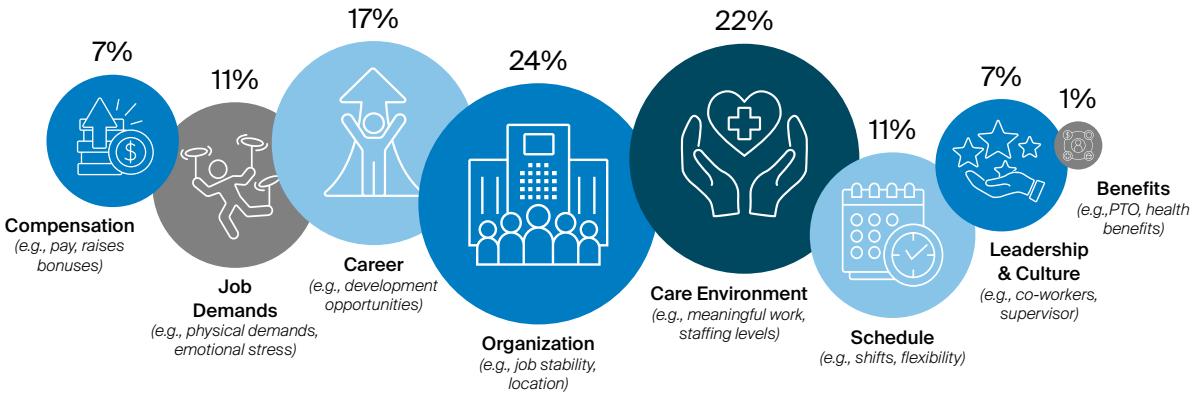


Physicians reported a much lower quit rate (5%) than other clinical roles with even fewer considering leaving (3%)

Predictive Insights: The New Rules of Retention

Using a machine-learning model validated with a train-test split, we can predict whether an employee will quit or stay based solely on how important they rate each EVP factor. While all EVP factors matter, some dimensions exert more influence on turnover risk.

Weightings of the EVP Dimensions on Quit or Stay Decisions Across All Respondents



Research shows that dissatisfaction with foundational elements of the EVP will have a strong psychological effect and almost certainly drive turnover. However, when workers are satisfied with elements of the EVP, there is often less of an effect of those elements on turnover. For example, the EVP domains of Compensation and Benefits having a lower influence on turnover decisions for the overall sample may indicate that clinicians are more satisfied with these elements in comparison to elements within the domains of Organization (e.g., job stability, location) or Care Environment (e.g., meaningful work, staffing levels, equipment quality, feeling that health and safety are valued, ability to use clinical discretion, and practice at the top of license).

These predictive patterns show which EVP dimensions carry the greatest influence on retention risk across the clinician population. What they do not reveal is *how* that influence operates in practice. The same EVP factor can function as a strength that anchors commitment, a pressure point that moves clinicians into active job search, or a breaking point that precipitates exit. It's important to distinguish these roles explicitly by identifying which EVP factors operate as attractors, triggers, and repellants.

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Attractors, Triggers, and Repellants

Clinicians sit in one of three psychological stages in their relationship with their employer—intending to stay, considering leaving, or deciding to quit. Crucially, the forces that drive retention are not simply the reverse of those that drive exits, and for many organizations, considering leaving can be more detrimental to performance and team morale than leaving.

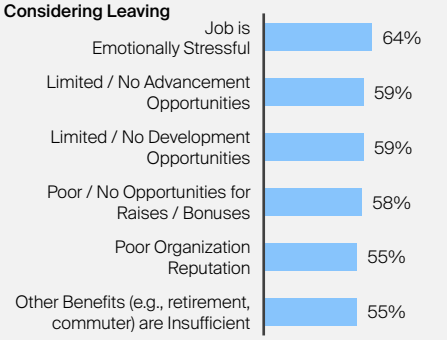
- **Attractors:** Factors that increase retention likelihood—they provide the resources and support that engage workers, making them feel committed, satisfied, and motivated.
- **Triggers:** Factors that, as they become more dissatisfying, cause employees to consider leaving—they shift employees from being satisfied and loyal to dissatisfied and often actively looking for other opportunities, while performance on the job suffers.
- **Repellants:** Drivers of actual quit decisions—the parts of the EVP that, when dissatisfying enough, will cause turnover.

EVP Factors That Increase Likelihood of Staying

Clinicians stay when the work environment delivers security, belonging, purpose, and sustainability.

- Security signals now dominate. In a volatile regulatory and financial climate, job stability has climbed to the top driver, especially for nurses, reflecting a heightened need for predictable schedules and reliable hours.
- Relationships and meaning anchor commitment. Strong co-worker relationships and meaningful daily work buffer stress and reinforce a sense of purpose in increasingly demanding clinical settings.
- Trust in clinical judgment matters more. Being trusted to use clinical discretion, new to this year's EVP model, reinforces autonomy and professional respect, strengthening organizational attachment.
- Pay now functions as a signal of stability. In an environment of rising costs, compensation serves as a proxy for security. Competitive and equitable pay signals a sense of fairness and feeling valued—prerequisites before other motivators take hold.
- Sustainable work design is emerging as a differentiator. Manageable physical demands, particularly for nursing-heavy roles, thoughtful shift design, and operational support have become key retention levers. Sustainability of support, not simply staffing, defines the modern work experience.

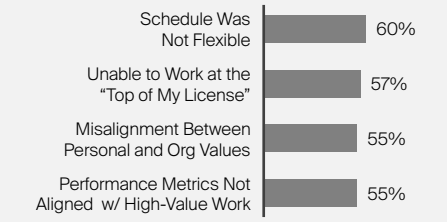
EVP Factors That Increase Likelihood of Considering Leaving



Clinicians begin looking elsewhere when they become overstretched, undervalued, or stagnant.

- Emotional stress is the earliest warning sign. Without recovery structures—debriefs, peer support, protected downtime—engagement quickly turns into depletion.
- Growth and reward systems are under scrutiny. Raises, bonuses, and advancement opportunities have become prominent triggers for considering leaving. When recognition lags, effort stalls, clinicians become disengaged, and productivity suffers.
- APPs feel stalled career pathways most acutely. Limited opportunities for advancement, learning, and meaningful recognition (distinct from the day-to-day scope of practice) strongly influence their decision to consider leaving.
- Organizational reputation now shapes personal identity. Declines in quality, staffing, or financial stability are increasingly viewed as reflections of clinicians' own professional integrity.

EVP Factors That Increase Likelihood of Quitting



Clinicians ultimately quit when their work becomes incompatible with their values and the motivations that drew them to medicine.

- Schedule rigidity is now nonviable. As systems return to pre-pandemic norms, tolerance for inflexible schedules has collapsed. For nurses in particular, lack of balance is the strongest driver of actual turnover. No amount of cultural investment offsets a schedule that clinicians cannot sustain.
- Limits on practicing at the top of license drive exits. Bureaucracy, staffing models, and productivity expectations that constrain autonomy erode professional identity. APPs feel this misalignment most acutely.[5]
- Values misalignment has become a breaking point. When clinicians no longer recognize their mission in the organization's actions, the psychological contract collapses and staying becomes morally and emotionally unsustainable.

Notes:

1. *Only statistically significant predictors are listed*
2. *Percentages represent the likelihood of being in the decision category; for every one unit increase in the importance of the factor, the likelihood of being in the decision category it is listed under increases by the percentage shown*

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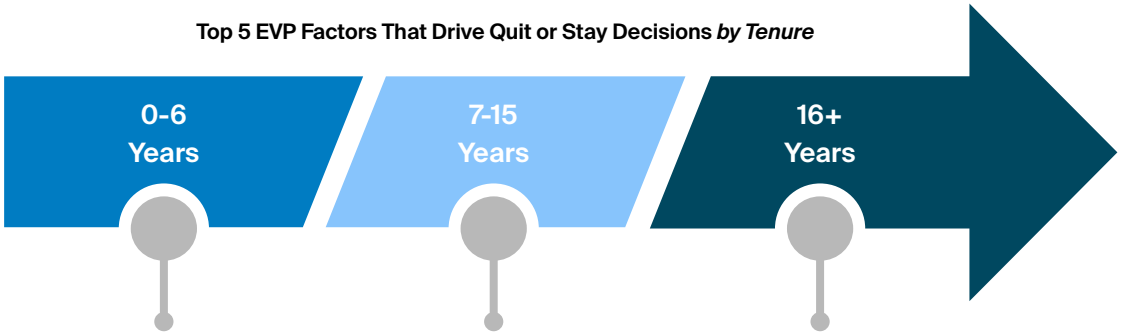
A Health Care Workforce Shaped by Career Stage and Changing Expectations

As health systems work to rebuild capacity and meet the rising demand for care, tenure-specific insights across clinical roles reveal patterns in what attracts, engages, and retains clinical talent. The data reveal that while some needs persist across career stages, other needs shift meaningfully as clinicians move from early practice to late career.

When examining tenure-stage patterns, the data did not reflect statistically reliable differences across physicians, APPs, and nurses. While role-specific dynamics are explored elsewhere in this report, the tenure-related patterns below reflect broad, cross-role trends observed in the full clinician sample.

- Early-career clinicians often prioritize clinical discretion, reflecting a desire to apply training, build confidence, and be trusted as emerging professionals.
- Security and sustainability matter most during early and mid-career, with job stability and manageable physical demands anchoring commitment during high-growth years.
- Pay becomes a stronger differentiator only in mid-career, when financial pressures and peer benchmarks peak.
- Location rises in importance in mid- to late-career as family, lifestyle, and long-term community ties become more fixed.
- Late-career clinicians orient toward purpose and impact, placing the highest value on meaningful work rather than advancement or compensation.
- Leadership influence grows sharper late in tenure, with senior clinicians prioritizing respect, support, and alignment from organizational leaders.

Top 5 EVP Factors That Drive Quit or Stay Decisions *by Tenure*



0-6 Years	7-15 Years	16+ Years
1. Clinical Discretion	1. Job Stability	1. Meaningful Work
2. Job Stability	2. Location	2. Co-workers
3. Co-workers	3. Physical Demands	3. Location
4. Emotional Stress	4. Emotional Stress	4. Emotional Stress
5. Physical Demands	5. Pay Level Satisfaction	5. Senior Leadership

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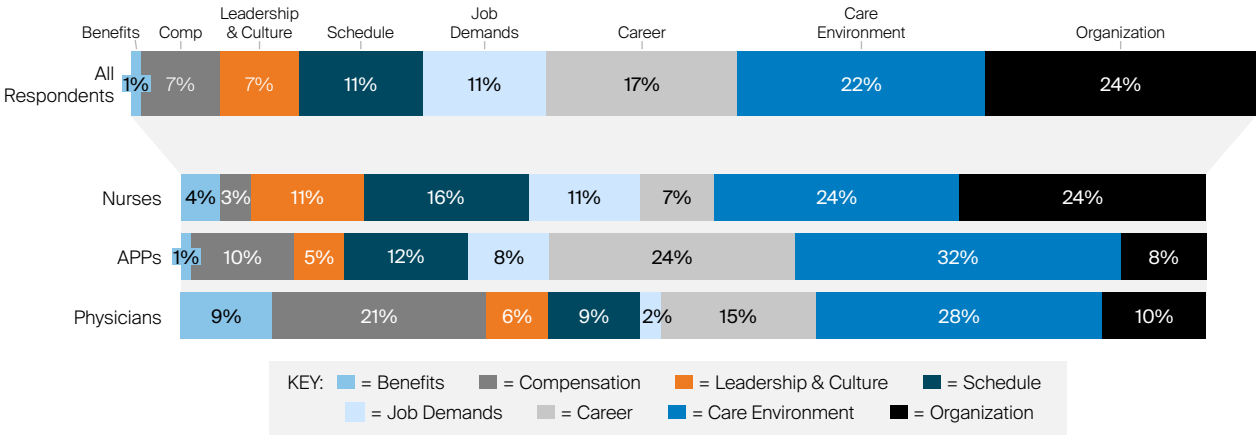
A Different Center of Gravity

While the EVP framework is consistent across clinicians, the degree of divergence from the overall pattern varies by role. Importance rating for nurses largely mirror the broader clinician sample, reinforcing the stability of core EVP dimensions. By contrast, APPs and physicians exhibit a more pronounced redistribution of importance across EVP dimensions—patterns that recur across retention drivers, quit triggers, and executive implications. The role-specific centers of gravity below reflect where deeper differentiation meaningfully shapes retention strategy.

Weightings of the EVP Dimensions on Quit or Stay Decisions *by Clinician Type*



Nurses

- Importance patterns closely track the overall clinician sample, reinforcing Organization and Care Environment as foundational drivers.
- Schedule (16%) emerges as the most meaningful differentiator, underscoring the importance of predictability, staffing reliability, and workable shifts.

Implication: For nurses, retention depends on operational reliability—when schedules and staffing falter, other EVP levers struggle to compensate.

Advanced Practice Providers (APPs)

- APPs diverge from the overall sample by placing less relative weight on organizational factors, with stay or quit decisions driven primarily by Care Environment (32%) and Career (24%).
- This pattern reflects a dual pressure: APPs evaluate roles based on whether day-to-day work is sustainable and whether the role offers visible growth and progression.

Implication: APP retention hinges on role design that is both sustainable and forward-moving. When either dimension breaks down, dissatisfaction escalates quickly, even if compensation and culture remain competitive.

Physicians

- Physician retention decisions concentrate heavily in Care Environment (28%) and Total Rewards: Compensation + Benefits (30%), together accounting for more than half of overall influence.
- Compared with other roles, physicians place markedly less weight on Schedule and Job Demands, indicating that workload alone does not explain exit risk once baseline thresholds are met.

Implication: Physician retention diverges most sharply from the overall clinician pattern, with influence concentrated in practice conditions and the experience of rewards rather than workload alone.

Taken together, these role-specific centers of gravity show that retention pressure does not distribute evenly across the workforce. While nurses and APPs diverge from the overall pattern in important ways, physicians stand apart in both the concentration and consequences of retention risk.

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The Physician Equation—Trust, Autonomy, and Value

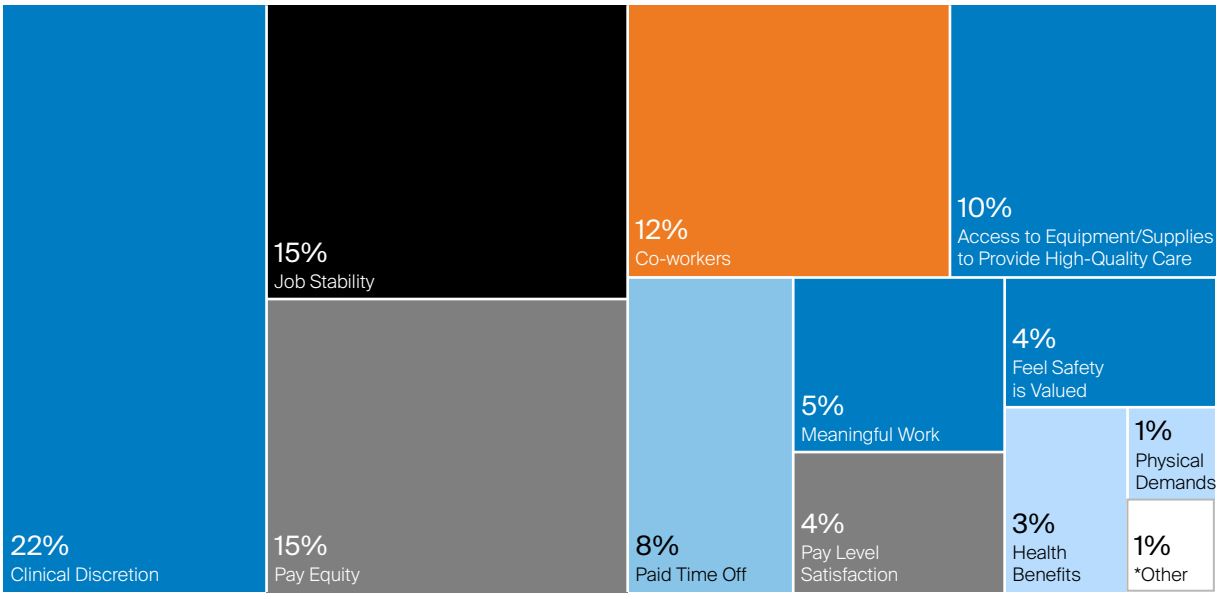
What keeps a physician isn't always what keeps everyone else, and the cost of getting it wrong is far higher, a distinction already visible in how retention drivers concentrate by role.[7] Physician turnover routinely exceeds $500,000 to $1 million per departure when accounting for vacancy coverage, lost productivity, onboarding, and downstream effects on patient access and revenue.[8] In a system already strained for capacity, every avoidable exit leaves a measurable dent in continuity of care, team stability, and financial performance.

This section examines physician-only responses to pinpoint the EVP factors that most influence whether they stay or leave. The goal is simple: equip leaders to focus resources on the few levers that matter most—especially for the clinicians who are most costly to lose.

The data show that physicians prioritize *professional integrity* and *clinical agency*, favoring friction reduction over broad-brush perks or cultural slogans.

- Autonomy is the top signal. Being trusted to use clinical discretion ranks #1, underscoring that professional respect and control over care delivery are foundational to physician engagement.
- Compensation factors appear repeatedly. Pay equity, pay level satisfaction, paid time off, and health benefits all land in the top ten. This serves as evidence that physicians evaluate rewards less as absolute income and more as signals of fairness, consistency, and transparency in a shifting reimbursement landscape.
- Safety and equipment quality shape both well-being and performance. Physicians draw a direct line between their own experience and the environment in which they practice. Inadequate equipment or compromised safety undermines both morale and patient care.
- Care team culture still matters. Despite having more autonomy than other clinicians, physicians remain strongly influenced by the quality of their co-workers; a reminder that collegiality, communication, and alignment across care teams are non-negotiable.

Weightings of Most Predictive EVP Factors on Physicians' Decisions



*'Other' includes Location and Staffing Levels, each of which had less than 1% of weighting

Across roles, job stability, supportive culture, and meaningful work form the baseline conditions for retention. When these are missing, dissatisfaction becomes universal. But when those fundamentals are in place, the **distinctive physician motivators—trust, autonomy, fairness, and a frictionless care environment—become the levers that enhance retention**.

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A New Mandate for 2026

The Science of Staying makes one truth unmistakably clear: stability is not the same as recovery. While turnover has slowed, the forces that shape whether clinicians stay, consider leaving, or ultimately quit have grown sharper and more consequential. Health systems are contending with a workforce that is exhausted, discerning, and increasingly willing to act when the psychological contract with their employer breaks.

The path forward requires precision. The data point to eight imperatives for leaders who are serious about rebuilding capacity, trust, and long-term workforce resilience.

	Executive Imperative	Payoff
1	**Redesign your Employee Value Proposition** based on evidence—not intuition—by focusing on the job-related factors driving clinician turnover.	Aligning your EVP to what clinicians actually value reduces churn, stabilizes staffing pipelines, and cuts recruiting and onboarding costs that now run into tens of millions of dollars for large health systems.
2	Treat **early-tenure retention** as a strategic priority. A new hire's first months on the job are highly influential in developing their commitment to the organization.	Cutting first-year quit rates even marginally yields one of the highest returns in workforce management—fewer replacement hires, reduced contractor reliance, and faster time-to-productivity.
3	**Confront emotional stress** with the same rigor applied to operational metrics. Without recovery structures, engagement quickly becomes depletion, and depletion becomes turnover.	Investing in employee recovery structures protects patient safety, lowers error rates, and prevents the downstream financial drag of chronic burnout and backfilling.
4	**Modernize growth and reward pathways** across mid-career talent, especially APPs. Career stagnation is becoming a quit trigger, not just a morale issue.	Transparent advancement and equitable rewards increase internal mobility, reduce dependency on external hiring markets, and help retain high-productivity mid-career clinicians who are costly to replace.
5	Build a distinct **retention playbook for physicians**. Physician departures create disproportionate financial and operational disruption: lost capacity, disrupted panels, and multi-year recovery curves.	Given the seven-figure costs associated with physician turnover, improving autonomy, perceived fairness, and day-to-day practice friction represents a high-leverage opportunity to reduce avoidable exits and protect access and revenue stability. [8,9]
6	Stop merely filling shifts; **start making the work sustainable**. Schedule rigidity and workload imbalance remain among the strongest predictors of quitting and are especially critical for APP retention.	Fixing schedule sustainability reduces expensive premium pay, stabilizes core staffing, and minimizes the hidden costs of constant reassignments, burnout-driven absences, and care models that prevent nurses and APPs from practicing at the top of their license.
7	Enable **consistent top-of-license practice** for nurses and APPs. Misalignment between training, scope, and daily work accelerates burnout and exit risk.	Designing care models that reduce task overload and administrative drag improves productivity, lowers reliance on premium labor, and increases retention among nurses and APPs by restoring role clarity and professional efficacy.
8	**Strengthen the leadership capability** and the culture that clinicians experience every day. Experienced talent evaluates organizations through the consistency of leadership, not slogans.	High-quality leadership is strongly associated with lower turnover, better safety outcomes, and higher discretionary effort, lifting both margin and care consistency.

The stakes are high: access, cost, quality, and the very capacity of the health system depend on getting retention right. But the blueprint is now clearer than ever. By acting with intention, designing better work, strengthening trust, and investing where the data point, health systems can shift from managing turnover to building true clinician commitment.

Looking to Apply These Retention Insights in Your Organization?

Connect with an advisor to explore how data-backed retention strategies can help reduce avoidable turnover and strengthen workforce sustainability.

Contact Us

SullivanCotter

SullivanCotter partners with health care and not-for-profit organizations to improve performance through integrated workforce strategies. Using industry-leading data, expertise, and analytics, SullivanCotter helps organizations align compensation and workforce practices with their mission and goals.

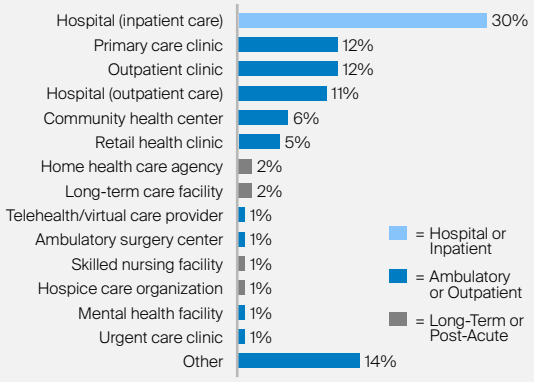
LotisBlue

Lotis Blue is committed to helping organizations forge strong connections between workforce, leadership, and organizational performance. With deep expertise in data and behavioral science, we deliver insight-driven solutions tailored to each client's unique challenges.

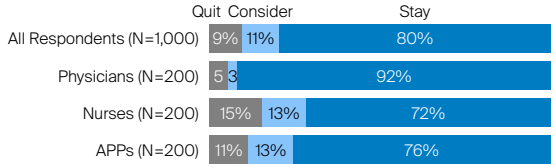
Sample Demographics

This study surveyed over 1,000 clinical health care professionals. Sample characteristics include:

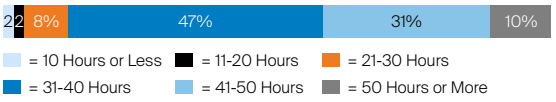
Organization Type



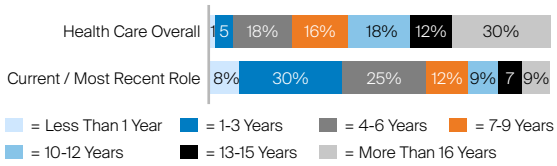
Decisions Among Role Segments



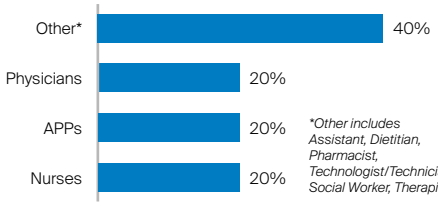
Weekly Hours Worked



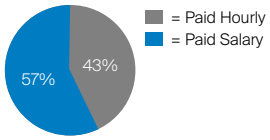
Tenure



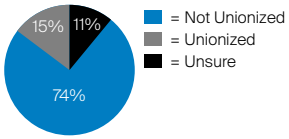
Role Types



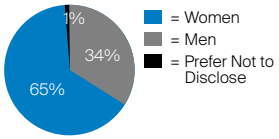
Employment Type



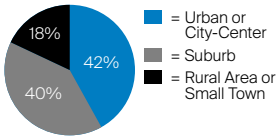
Union Status



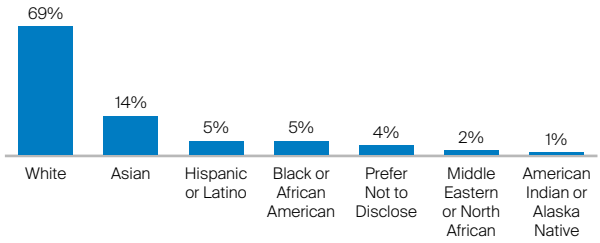
Gender



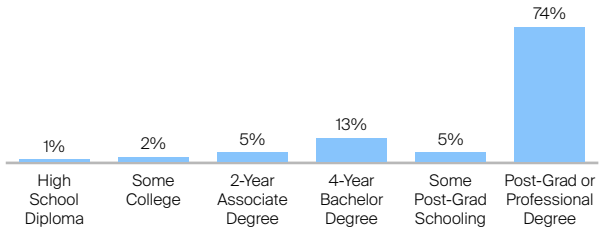
Workplace Location



Race



Education



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