Washington's Health Workforce SENTINEL NETWORK

Findings Brief: *Employers Providing Primary Care Services*

Spring 2026

This brief highlights findings regarding employer demand for **primary care occupations (nurse practitioners, family medicine physicians, physician assistants, internal medicine physicians, and pediatrics physicians)** reported to the Health Workforce Sentinel Network during **April/May 2026** among facilities providing primary care. More findings are available at wa.sentinelnetwork.org/findings.

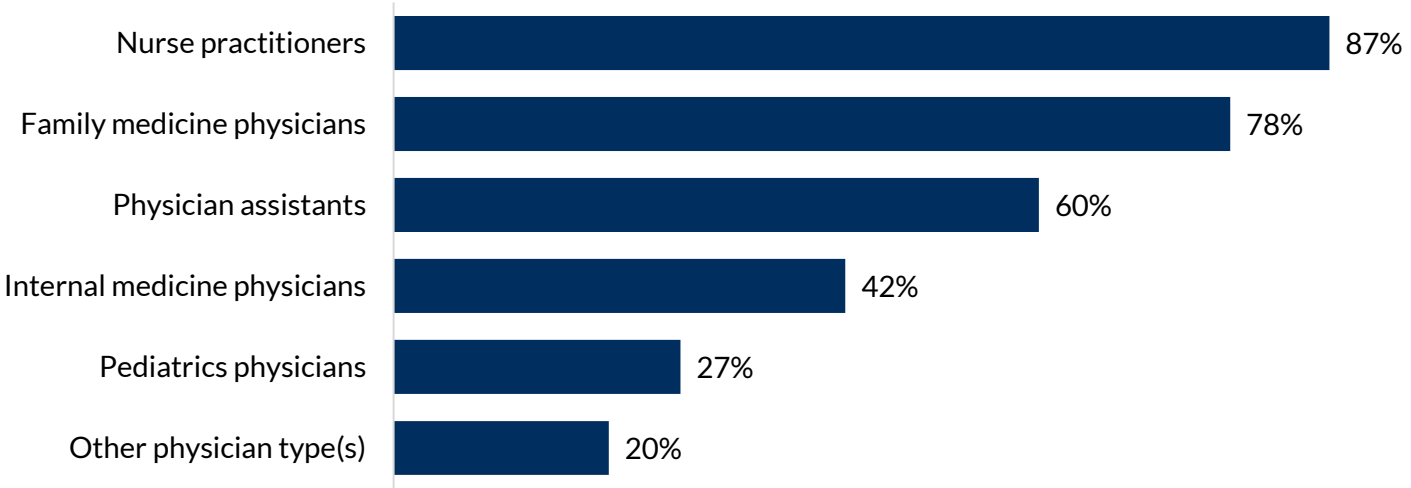
Facility Types Employing Primary Care Physicians, NPs and/or PAs

Among respondents to the **Spring 2026 questionnaire, 45 respondents** from the following facility types said they employ physicians, nurse practitioners and/or physician assistants to provide primary care services.

- Acute care hospital (25 beds or fewer)
- Acute care hospital (more than 25 beds)
- BH - Behavioral health agency - WA DOH certified
- BH - Behavioral health clinic or practice
- BH - Psychiatric/substance use treatment hospital or psychiatric unit in a hospital
- BH - Substance use disorder residential treatment facility
- Federally qualified health center (FQHC) or community clinic providing care free or on sliding fee scale
- LTC - Assisted living facility
- LTC - Other nursing/personal care facility
- Primary care medical clinic (not FQHC/community clinic or rural health clinic)
- Public health organization
- Rural health clinic
- Specialty medical clinic

When asked "**Of the occupation types listed below, which types does your organization employ to provide primary care**?" 87% of Sentinel Network respondents said nurse practitioners, 78% family medicine physicians, and 60% physician assistants.

Occupation Types* Employed to Provide Primary Care Facilities Providing Primary Care



**While other occupations my be involved in providing primary care services, the Spring 2026 questionnaire focused on recruitment and retention challenges for physicians, nurse practitioners and physician assistants.*

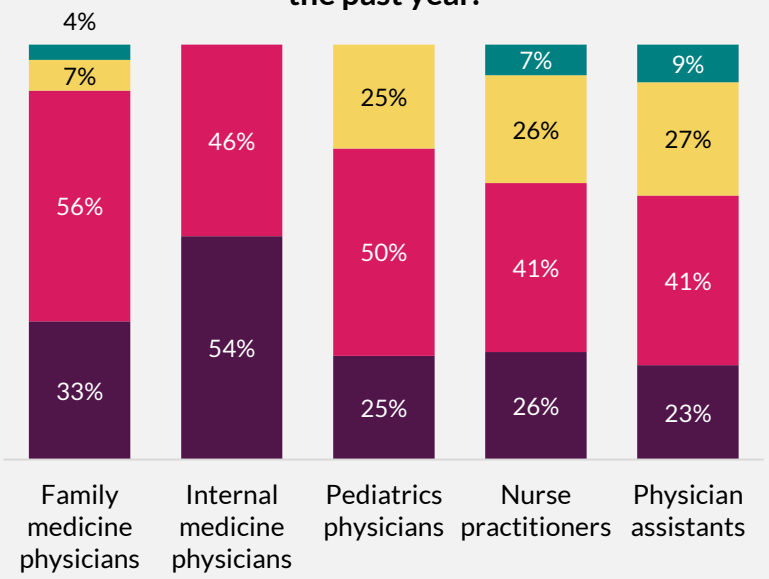
Recruitment and Retention of Occupations Providing Primary Care

Among respondents providing primary care, recruitment challenges were greatest for physicians, while NPs and PAs were generally reported as easier to recruit. Retention challenges were less pronounced overall and were reported at similar levels across physician, NP, and PA roles.

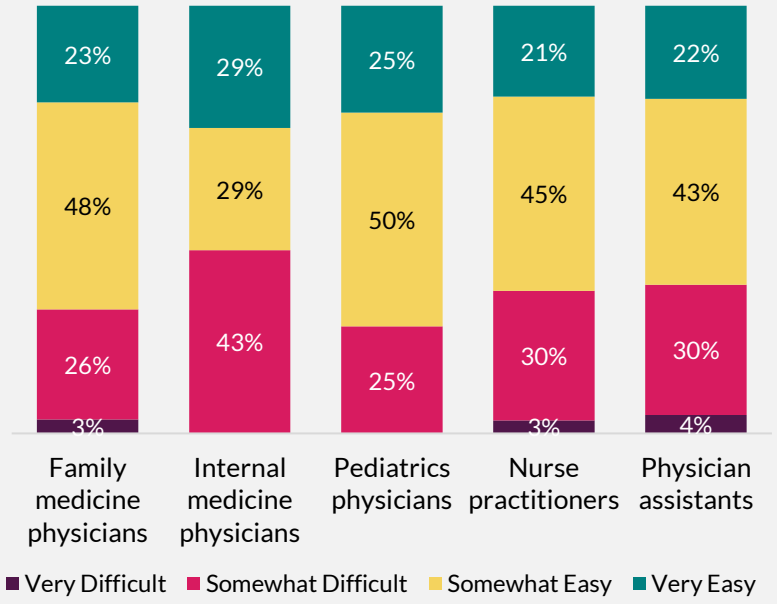
Comments cited limited physician supply, rural recruitment barriers, compensation and workload pressures, and burnout as key drivers, with flexibility, incentives, and supportive work environments helping improve retention. Examples include:

- *Recruitment for primary care physicians is challenging due to a limited national supply, which creates intense competition among healthcare organizations for a small pool of qualified candidates.* - FQHC/Community Clinic
- *Pay scale and patient volume are the impactful areas when recruiting or retaining providers.* - FQHC/Community Clinic
- *As always, it is difficult to complete for the few providers when they are able to stay in the urban areas without coming to the rural areas.* - Acute care hospital (more than 25 beds)/Rural health clinic
- *Recruiting Family Medicine and Pediatric physicians has been somewhat difficult, with longer time to fill driven by strong competition for primary care providers, rural location preferences, and a candidate pool heavily weighted toward new graduates. […] In contrast, recruiting nurse practitioners and physician assistants has been somewhat easier, supported by a stronger candidate supply, student placement pipelines, and shorter time to fill compared to physician roles. Retention has been comparatively stronger than recruitment but remains challenging across provider roles due to external market pressures.* - FQHC/Community Clinic
- *Many physicians are looking to get out of corporate health care. A tribal health clinic offers physicians longer appointment times and more personal care of patients. [Our tribal health] clinic frequently has physicians requesting positions.* - FQHC/Community Clinic

For each provider type you employ, rate your organization's ability to recruit staff in the past year.

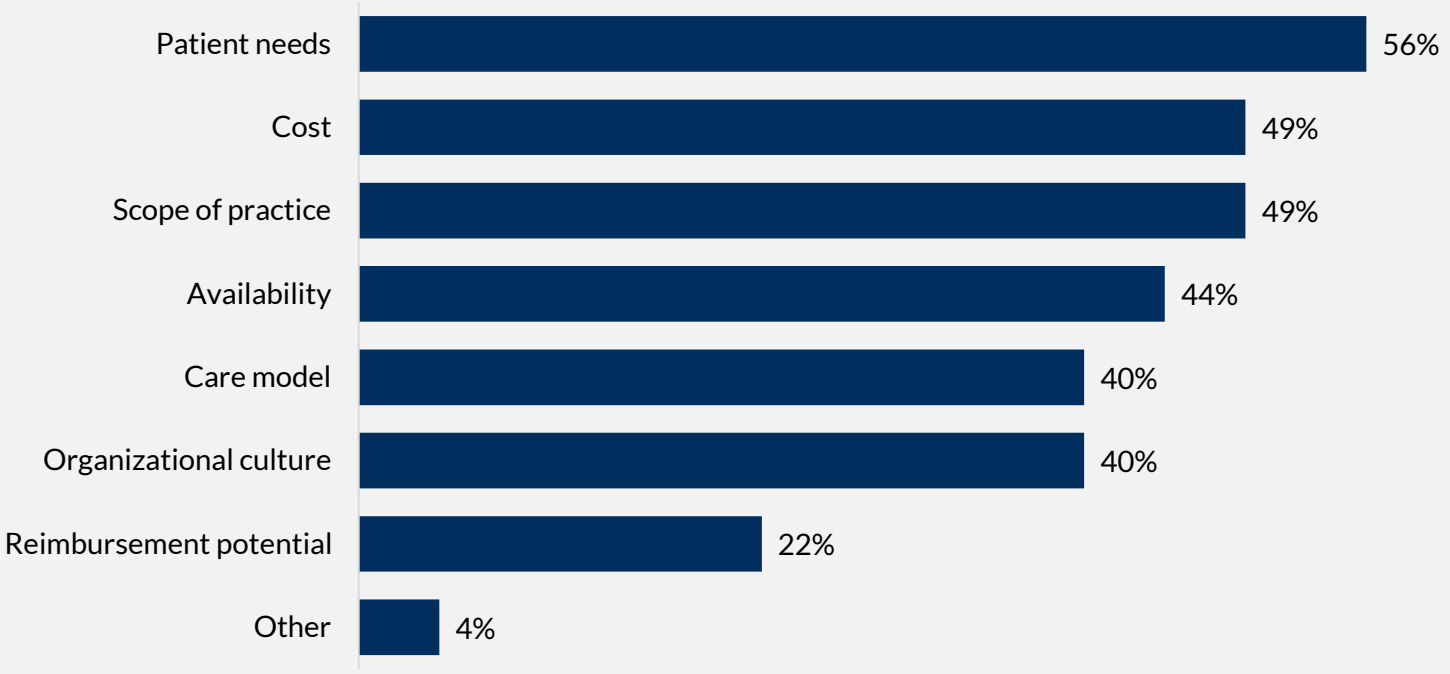


For each provider type you employ, rate your organization's ability to retain staff in the past year.



Factors Driving Recruitment/Retention of Primary Care Occupations

When asked **"What factors drive your decisions about which [primary care occupations] to hire for specific roles?"**, respondents indicated that patients' needs, cost, scope of practice, availability, and care model as their top five.



Among respondents, hiring decisions are shaped by a mix of financial constraints, workforce availability, scope-of-practice needs, and patient demand, often requiring flexibility in the type of provider hired. Many emphasized the importance of cultural fit, mission alignment, and team-based practices as critical factors in selecting and retaining providers, sometimes prioritizing these over experience. Examples of responses include:

- *Primarily it's the culture of the individual - any of the provider types can serve our population, though maturity and compassion are the driving factors. We have had success with all of these provider types. Our most successful providers are those who are mission-oriented, non-judgmental, flexible, team-based, and have a good sense of humor.* – FQHC/Community Clinic
- *We look for candidates who are the right fit for our patients' needs and our work culture.* - BH - Substance use disorder residential treatment facility
- *We intended to hire physicians but we ended up hiring an ARNP first due to availability. Now we have a new physician as well.* - Primary care medical clinic (not FQHC/Community Clinic)
- *We look at community data and patient data for our service area before creating a service line.* - Acute care hospital (more than 25 beds)/Rural health clinic

Reasons for Provider Turnover

When asked **"What are the most common reasons physicians, nurse practitioners, and physician assistants give when leaving your organization (or primary care more broadly)?"**, respondents most often cited compensation, workload and burnout, and pursuit of new or better opportunities. Personal factors—such as relocation, family needs, and retirement—were also frequently noted, particularly in rural areas where geographic constraints affect long-term retention.

- *They say they are burned out, or the grass looks greener on the other side. Most who come here are in their first job out of residency… Those who come here from at least one prior job tend to stay. - Federally qualified health center (FQHC) or community clinic providing care free or on sliding fee scale*
- *Most are leaving for different opportunities. When they work for a large organization, it is sometimes just a job and they can stay for their contract and then jump to another organization for a new sign on bonus. Work life balance is hard for all people in healthcare. Organizations should focus on retention just as much as they focus on recruitment and this is not generally the case.* - Rural health clinic
- *Move to a different community to be closer to family or due to spouse's ability to find work in our rural community.* – FQHC/Community Clinic

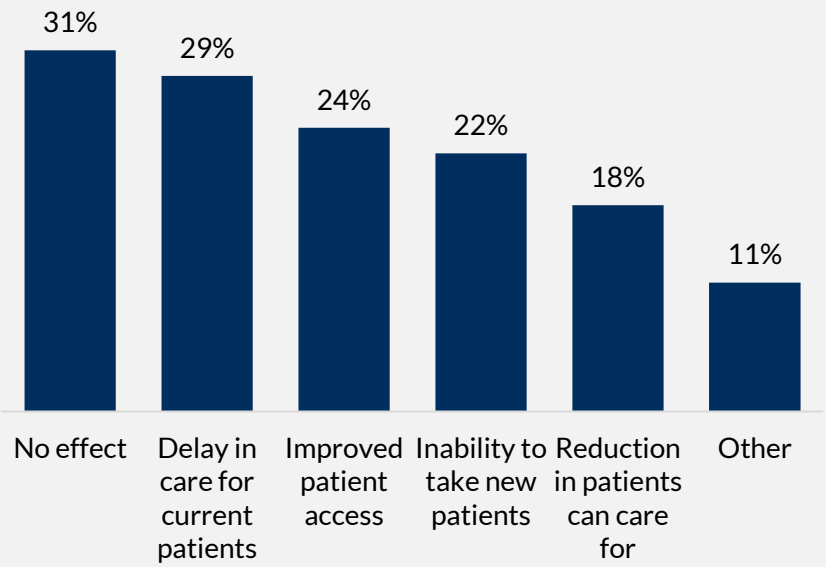
Strategies for Improving Retention

When asked **"<u>Have you identified effective strategies for improving retention of primary care occupations?</u>"**, roughly two-thirds of respondents (67.4%) indicated that they have not identified effective strategies. Of those that have identified effective strategies, the strategies focused on improving provider satisfaction and sustainability.

- *Burnout prevention, wellness promotion, changing to a Pay for Performance productivity model.* - FQHC/Community Clinic
- *Our provider retention strategies are focused on fostering long-term engagement, professional satisfaction, and organizational alignment. Key approaches include offering competitive and equitable compensation, promoting work-life balance through flexible scheduling and supported administrative time, and providing opportunities for professional growth and leadership development. We prioritize a supportive practice environment with strong clinical and operational support, opportunities for collaboration, and clear communication. Ongoing feedback, recognition of contributions, and alignment with our mission and values further support retention by ensuring providers feel valued, supported, and invested in their work."* – FQHC/Community Clinic
- *Effective strategies for improving retention of physicians, nurse practitioners, and physician assistants include active engagement through a provider compensation committee to ensure compensation remains responsive, transparent, and aligned with market conditions. We also evaluate and invest in clinical and administrative tools that support providers in delivering care efficiently, such as AI-enabled documentation support and diagnostic technologies, to reduce administrative burden and improve job satisfaction. In addition, local leadership development is a key retention strategy. Strengthening frontline and site-level leadership helps improve communication, alignment, and support for providers, which contributes to a positive practice environment and long-term retention.* – FQHC/Community Clinic
- *We have longer appointment times, more flexibility and autonomy, higher patient satisfaction.* - FQHC/Community Clinic

Staffing Impact on Patient Demand

When asked "**Which statement(s) best describes how your organization's primary care staffing has affected your ability to respond to patient/client demand during the past year? (check all that apply)**", responses were mixed. Although 31% reported no effect and 24% reported improved patient access, some respondents noted that staffing shortages reduced access—leading to longer wait times, limited ability to accept new patients, appointment rescheduling, and delays in care—while others described how adequate staffing, successful recruitment, and improved retention enhanced responsiveness and reduced strain on services.



- *Our ability to recruit and retain physicians over the past year has positively affected our ability to respond to patient and clinic demand. Improved retention and stabilization of provider staffing have allowed us to maintain more consistent clinic operations and expand patient access. By retaining more providers, we have been able to reduce disruptions related to vacancies, increase appointment availability, and see a higher volume of patients, improving continuity of care and access to primary care services for our communities.* - FQHC/Community Clinic

- *Longer wait times for care. Can't take on new clients.* – Rural health clinic

- *It varies by program as there are some spaces with greater pain points. Due to lack of appropriate funding, it is possible that clinic is closed or appointments are rescheduled due to provider shortage.* – Public health organization

About the Washington Health Workforce Sentinel Network

The Sentinel Network links the healthcare sector with policymakers, workforce planners and educators to identify and respond to changing demand for healthcare workers, with a focus is on identifying newly emerging skills and roles required by employers. The Sentinel Network is an initiative of Washington's Health Workforce Council, conducted collaboratively by Washington's Workforce Board and the University of Washington's Center for Health Workforce Studies. Funding to initiate the Sentinel Network came from the Healthier Washington initiative, with ongoing support from the Washington State Legislature.

Why become a Sentinel? *As a Sentinel, you can*:
--Communicate your organization's workforce needs to inform policy and planning responses.
--Have access to current and actionable information about emerging healthcare workforce needs.
--Compare your organization's experience and emerging workforce demand trends with similar employer groups.

To view an interactive summary of findings and to provide information from your organization:
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