



EMPLOYER BRAND • 2026

Inbound Attraction — Building the Anti-Burnout Employer Brand

55% of clinicians are already looking. Make sure they land on you first.

55% of clinical professionals plan to look for a new job or switch roles within the next year (Harris Poll, 2025)	84% of healthcare workers feel taken for granted (Harris Poll, 2025)	~49% of physicians report burnout (Medscape Burnout Report 2024)	80%+ of physicians now use AI in professional context (AMA, March 2026)
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If your hiring strategy is to keep outbound dialing into a market where 55% of clinicians are already eyeing the exits, you are fishing in the right pond with the wrong bait. The candidates you want most — the ones who'll stay for years and refer their peers — are not looking for a recruiter. They are looking for a place that doesn't hurt to work at. This guide shows you how to make your health center the place those candidates come *to*, not the place a recruiter has to drag them away from.

The Market Is Already Coming to You

“According to our survey, 84% of healthcare workers feel taken for granted, and more than half (55%) plan to look for a new job or switch roles within the next year.”

The Harris Poll, commissioned by Strategic Education, Inc. (Sept 15, 2025). n = 1,504 patient-facing healthcare employees + 304 employers.

Stop trying to *create* demand. The demand exists. Your job is to be visible to the half of the clinical workforce already scanning the horizon — and to give them a credible reason to land on you rather than the next corporate medical group.

Burnout drivers, ranked across the major 2024–2025 surveys (Medscape, Harris Poll, AMN Healthcare, Tebra Physician Burnout):

- **Administrative load** — charting, prior auth, documentation friction (top-cited driver in Medscape and Tebra reports)
- **Volume pressure** — throughput quotas under fee-for-service productivity models
- **Lack of appreciation** — 84% of healthcare workers report feeling taken for granted (Harris Poll)
- **Loss of clinical autonomy** — particularly acute in PE-acquired and corporatized practices

Why PE-Backed Medical Groups Are Sending You Candidates

Two large peer-reviewed studies establish what frontline clinicians already feel: private equity acquisition of physician practices is associated with measurable negative outcomes for both providers and patients.



- **JAMA (2022, PMC9440392):** PE acquisition was “associated with increased health care spending and several measures of utilization,” suggesting operational pressure on providers to drive throughput.
- **JAMA follow-up study (PMC11829224):** PE acquisitions were followed by “increased turnover and a shift toward advanced practice clinicians.” Translation: physicians are leaving these practices in disproportionate numbers.
- **Physicians Foundation 2024 Survey (n=1,723):** only 14% of physicians said PE funding is good for the future of healthcare; over two-thirds said consolidation is hurting access to high-quality, cost-efficient care.

THE INBOUND IMPLICATION

Every PE-acquired primary care, behavioral health, or dental practice within your service area is a pipeline of soon-to-leave clinicians. Track regional acquisitions in your CRM and time content publication to coincide with announcement cycles, lock-up expirations, and earn-out completions.

The Four-Pillar Anti-Burnout Brand

Pillar 1 — Visible Operational Buffer

Don't just say “we have a great culture.” That phrase has been destroyed by every employer brand statement of the last decade. Be specific. Publish, on the careers page and every job posting, the operational facts that drive day-to-day workload:

- Patient panel size and target encounter volume per session
- Whether the center deploys an ambient AI scribe (and which one)
- Schedule structure (4-day week, hybrid telehealth, protected admin time)
- Dedicated care-coordination support funded by APCM codes (G0556/G0557/G0558)
- Behavioral health integration model and CoCM staffing depth

Pillar 2 — Lead with AI Scribe Adoption

AI scribe adoption is the fastest-moving differentiator in 2025–2026 employer branding. AMA documented physician AI usage rising from 38% in 2023 to 66% in 2024 — a 78% single-year increase — and the AMA's March 2026 Physician AI Sentiment Report found over 80% of physicians now use AI in a professional context. The Permanente Medical Group's study of 7,260 physicians (published in *NEJM Catalyst*) showed 15,791 hours of documentation time saved. Mercy reports Microsoft Dragon Copilot saves clinical staff approximately two hours per 12-hour shift.

If your center has deployed (or is piloting) any of Abridge, Suki, Nuance/Dragon Copilot, Augmedix, Heidi, or another ambient platform — *that is your lead headline*, not a bullet on page three of the careers PDF.

Pillar 3 — Transparent Provider Storytelling

Have current practicing clinicians record 60–90 second LinkedIn or YouTube clips. The framing template that converts:



PROVIDER STORYTELLING TEMPLATE

"I left my [corporate hospital / PE-backed medical group / high-volume private practice] because [specific operational pain]. At this health center, I [specific operational win — 4-day week / AI charting / panel size / behavioral health integration / loan repayment]. The biggest change in my life has been [a specific personal outcome — sleep / family time / clinical judgment / patient relationships]."

Pillar 4 — Internal Growth Pathways

Clinicians stay where they can grow. Define explicit internal tracks: Lead Physician → Site Medical Director → Regional Medical Director → CMO. Make those tracks visible on your website. When the market sees that your center promotes from within, passive candidates begin reaching out unprompted.

Four Inbound Tactics You Can Deploy This Month

- **Audit every active job posting** for the operational buffer facts above. If a candidate has to email to find out encounter volume, you have already lost them.
- **Publish one provider story per week** for eight weeks. Use the template above. Cross-post to LinkedIn, your careers page, Indeed company profile, and Glassdoor.
- **Build a regional 'exit-trigger' watchlist** of PE-acquired practices within 90 minutes of your service area. Track acquisitions, lock-ups, and lay-off announcements; time outreach accordingly.
- **Lead every job description with NHSC LRP and HPSA score.** The HRSA language is the most credible third-party endorsement of your site that exists.

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SOURCES & FURTHER READING

Citations supporting this guide

Every statistic, regulation, and benchmark cited in this document is sourced from a primary authority — federal agencies (HRSA, NHSC, CMS), peer-reviewed journals, industry associations (AAFP, AMA, ADA, ADHA, APA, NACHC, MGMA, AAPPR), or named research reports. Links below allow you to verify any claim directly.

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