

# POLICY BRIEF

## Factors Influencing Behavioral Health Providers Entry to and Exit from the Workforce: A Synthesis of Survey Data



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## Background

Throughout the field of behavioral health, strategies to expand the workforce are being expanded. However, the systemic causes that undermine the facilitators for entry and exit to the workforce are not as commonly understood. Prior to the onset of the coronavirus disease 2019 (COVID-19) pandemic, multiple state task forces were already underway to meet the demand for a sufficient behavioral health workforce. Commonalities among these plans include educational programs through expanded behavioral health curriculum, competitive compensation packages and reimbursement practices, and recruitment and retention efforts. Additional literature, including findings that the COVID-19 pandemic exacerbated workplace barriers, highlights a multitude of factors that continue to influence the supply of behavioral health providers, such as the number of retiring providers, low wages, policies that support providers (e.g., parity in reimbursement, loan repayment programs, expanded scopes of practice), and the availability of training. However, there remains a need to better understand the factors that influence behavioral health providers to both enter and exit the behavioral health workforce with special consideration to the impacts of the COVID-19 pandemic on the workforce.

This study aims to assess the factors influencing behavioral health providers entry to and exit from the behavioral health workforce to better estimate and enhance the supply and accessibility of behavioral health providers. Specifically, this study pays particular attention to the reasons why physician assistants, nurse practitioners, and psychiatrists leave the behavioral health workforce.

## Methods

This study analyzed and summarized secondary data from four sources to assess workforce transitions among physician assistants, nurse practitioners, and psychiatrists. Integrated Postsecondary Education Systems (IPEDS) are interrelated surveys with information from all postsecondary education institutions (e.g., colleges, universities, and technical and vocational institutions) that participate in the federal student financial aid program. This analysis was focused on program specialties in IPEDS for medical doctors (cipcode=51.1201), physician assistants (cipcode=51.0912), and nurse practitioners (cipcode=51.381). The 2022 American Academy of Physician Assistants (AAPA) Salary Survey surveyed all non-retired physician assistants in the United States via the Internet and social media. The 2021–2022 American Psychiatric Nurses Association (APNA) Workforce Survey surveyed two surveys: the psychiatric mental health (PMH)-RN survey and the PMH-APRN. APNA contacted PMH nurses or advanced practice nurses who are contacts in the APNA database and/or certified by the American Nurses Credentialing Center. Finally, the 2022 American Psychiatric Association (APA) Membership Survey was fielded between February 21 and March 6, 2022 to all APA members, excluding medical student and international members.

## Findings

*IPEDS Data Analysis:* In 2019 to 2020, the enrollment rate was 20% across all three professions: nurse practitioners, physician assistants, and medical doctors. The enrollment count mean was greater than the median for medical doctors, physician assistants, and nurse practitioners, implying that the distribution is right skewed. For both 2019 and 2020, medicine had a greater number of degrees awarded followed by physician assistant programs and nursing. It should be noted that there were no statistically significant differences between 2019 and 2020 across all three groups in regard to degrees awarded as well.

*2022 AAPA Data Analysis Salary Survey:* Near or less than 1% of all physician assistant students selected addiction medicine or psychiatry as their choice 1, choice 2, or choice 3 student specialty. Less than 2.0% of respondents expressed an interest in switching into or from the addiction medicine or psychiatry specialties. Of the 503 respondents, regardless of specialty, that answered the question, "Which best represents the reasons you made a specialty change last year?," more than 25% reported primarily switching to achieve a better work/life balance.

*APNA Workforce Survey:* Approximately half of respondents to the PMH-RN and PMH-APRN surveys indicated that they plan to retire more than 10 years from now. Approximately 15% for both surveys were undecided. As expected, older respondents to both surveys reported plans to retire earlier than younger PMH nurses.

*APA Membership Survey:* The far most prevalent reason APA member respondents cited in response to "What are the reasons you no longer practice?" was retirement (76%). Other reasons with near or less than 10% of respondents selecting included administrative reasons (13%), other (12%), career change (9%), burnout/job satisfaction (9%), illness/disability (2%), policies affecting reimbursement (2%), and inability to practice to full extent (1%).

## Policy Considerations & Conclusions

In this report, we attempt to aggregate data from a diverse range of sources to contribute to solutions on why behavioral health practitioners stay or leave the workforce. Our results from four sources demonstrate that specific provider types will likely need tailored solutions to address reasons for entering, staying, or leaving the behavioral health workforce. From the IPEDS survey, we show that the number and proportion of physicians, nurse practitioners, and physician assistants enrolled in training programs and awarded a degree have remained relatively stable between 2019 and 2020 with more physicians enrolled in training programs and awarded degrees than their nurse practitioner and physician assistant peers. Data from AAPA demonstrate that small proportions of the physician assistant workforce works in addiction or psychiatric subspecialties, and few have plans to move to or from these specialties. Data from the APA annual member survey provide insights on reasons psychiatrist no longer practice. One of the top 5 reasons psychiatrists are leaving the workforce is burnout.

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