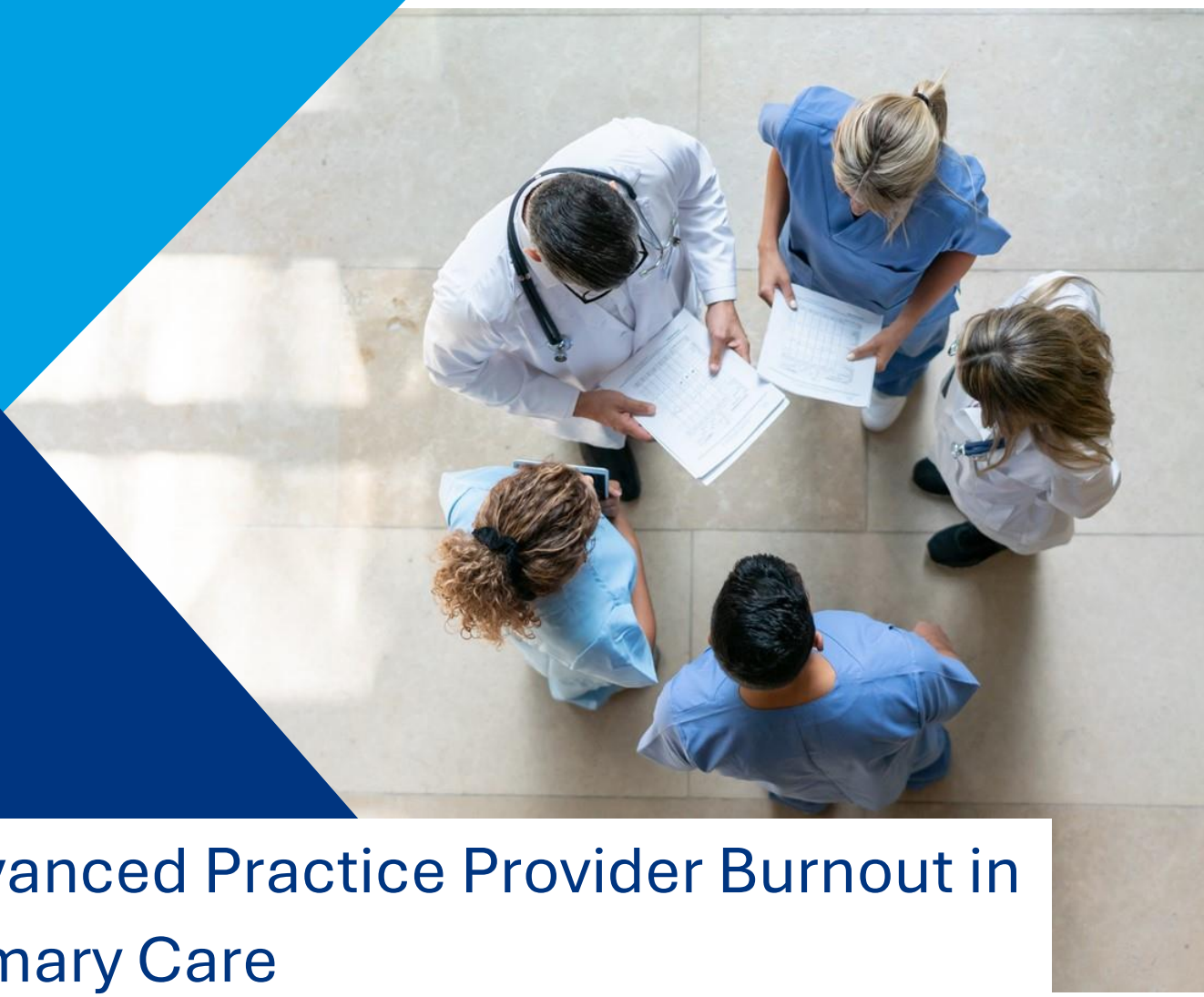

Advanced Practice Provider Burnout in Primary Care

Insights from Virginia's Joy in Healthcare Initiative

February 2026

VIRGINIA TASK FORCE ON PRIMARY CARE

VIRGINIA CENTER FOR HEALTH INNOVATION

The Virginia Joy in Healthcare pilot is an initiative of the Virginia Task Force on Primary Care, staffed by the Virginia Center for Health Innovation, with funding support from the Commonwealth of Virginia. This report was developed by VCHI on behalf of the Task Force.

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Introduction

Burnout is increasingly recognized as a threat to the stability of the U.S. primary care workforce, with evidence linking it to reduced clinical productivity, diminished patient access, and higher provider turnover.[1,2] Nearly half of U.S. physicians report working with inadequately staffed teams, which is associated with significantly higher odds of burnout and increased intention to leave the profession.[3] As states face persistent physician shortages, Advanced Practice Providers (APPs), including Nurse Practitioners (NPs), Physician Assistants or Associates (PAs), and Certified Nurse Midwives (CNMs), have been increasingly relied upon to mitigate physician shortages.[4] Recent data show that NPs comprise 47% of all US primary care clinicians and, together with PAs and CNMs, deliver a disproportionate share of care in rural and underserved communities.[5] Yet, despite the expanding role of APPs, most burnout research remains focused on physicians, leaving gaps in the evidence on how APPs experience and respond to comparable systems-level pressures and the potential implications for future access to primary care.

Virginia's Task Force on Primary Care (VTFPC) developed the Virginia Joy in Healthcare pilot as a collaborative, multi-system effort to measure clinician well-being with data from across the Commonwealth of Virginia. Implemented in partnership with the American Medical Association's Joy in Medicine™ program, the pilot represents a first-in-the-nation initiative that aggregates clinician well-being data across multiple health systems to identify opportunities for statewide, system-level improvement. From its inception, the Task Force prioritized the inclusion of APPs, a critical and rapidly growing segment of Virginia's primary care workforce. Between 2020 and 2025, the number of NPs per capita in Virginia rose from 106.7 to 153.2, and APPs accounted for all of the growth in primary care spending from 2022 to 2023.[6] As APPs are increasingly relied upon to address primary care workforce shortages, they may also face unique challenges related to their scope of practice, training, and their own system-level pressures that can increase the risk of burnout in the absence of targeted support.

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[1] U.S. Department of Health and Human Services. (2022). Health Worker Burnout. https://www.hhs.gov/surgeongeneral/reports-and-publications/health-worker-burnout/index.html

[2] NIHCM Foundation. (2025). The Future of Primary Care: Quality, Access, and Costs. https://nihcm.org/publications/the-future-of-primary-care-quality-access-costs

[3] Rotenstein, L.S., Shah, P., Shanafelt, T., & Sinsky, C.A. (2025). Incomplete Team Staffing, Burnout, and Work Intentions Among US Physicians. *JAMA Internal Medicine*. 2025;185;(6):739-742. doi:10.1001/jamainternmed.2025.1679.

[4] McCain, J. & Flinter, M. (2025). Investing in Primary Care: The Nurse Practitioner Will See You Now. *Milbank Memorial Fund*. https://www.milbank.org/publications/investing-in-primary-care-the-nurse-practitioner-will-see-you-now/

[5] Horstman, C. & Shah, A. (2025). The State of Rural Primary Care in the United States. *The Commonwealth Fund*. https://www.commonwealthfund.org/publications/issue-briefs/2025/nov/state-rural-primary-care-united-states

[6] Virginia Primary Care Investment Report. (2025). https://www.vahealthinnovation.org/virginia-primary-care-investment-report-2025/

Methods

Five organizations, Ballad Health, Bon Secours Richmond, Carilion Clinic, Children's Hospital of the King's Daughters, and Trusted Doctors, administered a standardized organizational biopsy survey between November 2024 and February 2025. Across organizations, the response rate was 34.6%, yielding 1,274 clinician responses (i.e., 1,001 physicians and 273 APPs [including NPs, PAs, and other providers]).

"Primary care" was defined using the VTFPC's four-quadrant approach, which incorporates a narrow and broad set of services and provider types. Based on this definition, the Joy in Healthcare analysis includes the following specialties, regardless of provider type, under primary care: "Family Medicine," "General Practice," "General Pediatrics," "Internal Medicine, General- Primary Care," "Obstetrics & Gynecology," "Palliative Care," and "Pediatrics." Under this definition, the survey sample included 429 primary care physicians, 572 physicians from other specialties, 138 primary care APPs, and 135 APPs from other specialties.

The survey data were collected and reported at the organizational level, then aggregated to explore combined findings for the surveyed organizations. It is important to note that these pooled survey results are not structured to support statistical testing of comparisons between clinician groups in Virginia or to represent all of Virginia in comparisons with national results. The results are presented here as a data-informed starting point for further exploration of burnout and related concerns among advanced practice providers.

Key Findings

A note on the data:

In the data summaries that follow, the phrase 'Virginia results' refers to the pooled results from the five Virginia organizations surveyed in 2025. The phrase 'national results' refers to results collected from across the states as reported by AMA. The national results are referenced in selected sections and included in multiple appendix tables as context for considering the Virginia findings.

Burnout Symptoms

In the Virginia survey, APPs reported a high prevalence of burnout symptoms, as did physicians. This pattern was consistent across specialty groupings, with the **highest reported rate observed among primary care APPs (52.9%).**

- All specialties: 50.2% for APPs, 45.0% for physicians
- Primary care: 52.9% for APPs, 44.8% for physicians
- Other specialties: 47.4% for APPs, 45.0% for physicians

The pattern observed in the Virginia results was generally consistent with national data from AMA for the same type of survey item in 2024. See **Appendix A** for more details on Virginia and national survey results.

Intention to Reduce Clinical Hours

The Virginia results indicate that more than one in four primary care clinicians surveyed reported an intent to reduce clinical care hours over the next year.

- All specialties: 23.4% for APPs, 31.2% for physicians
- Primary care: 29.7% for APPs, 28.4% for physicians
- Other specialties: 17.0% for APPs, 33.2% for physicians

See **Appendix B** for more details on Virginia and national survey results.

Factors in Maintaining Clinical Hours

Among surveyed Virginia APPs (all specialties) who reported intent to reduce clinical hours (n = 64), respondents identified multiple factors that would increase the likelihood of maintaining their current full-time equivalent (FTE) commitment. These include:

1. Higher compensation (79.7%)
2. Better workflow efficiency (54.7%)
3. Less documentation/ work outside of work (53.1%)
4. Consistent staffing (51.6%)
5. Fewer electronic health record (EHR) hassles (i.e., less EHR work outside of office hours) (50.0%)

In comparison to the surveyed physicians reporting intent to reduce clinical hours (n=312), **APPs placed greater emphasis on compensation** (79.7% vs. 55.1%). See **Appendix C** for more details on the Virginia survey results.

After-Hours EHR and Documentation

Virginia APPs practicing in primary care reported substantial levels of electronic health record (EHR) burden related to their workload outside of scheduled hours.

- 13.0% of primary care APPs reported spending **>8 hours per week in the EHR** outside of scheduled patient contact hours, compared to 11.9% for other APP specialties.
- 35.5% of primary care APPs characterized their after-hours EHR time outside of normal work hours as **moderately high or excessive**, compared with 23.0% for other APP specialties.
- 27.3% of primary care APPs reported that EHR design **limits effective task delegation** to support staff compared with 20.2% for APPs practicing other specialties.

See **Appendix D** for more details on Virginia and national survey results.

Support Staff and Delegation

Access to Medical Assistants (MAs) or nurses for delegation was another notable concern among the surveyed Virginia APPs.

- 48.9% of APPs in all specialties reported inadequate access to medical assistants (MAs) or nurses to whom routine clinical and administrative tasks can be delegated (e.g., order

entry, medication review, visit note documentation, forms completion, or processing prescription renewals).

- 51.5% of APPs in primary care reported inadequate access to MAs or nurses, compared to 45.5% of APPs in other specialties.
- 19.7% of APPs in primary care reported barriers to effective delegation related to concerns about support staff training or reliability, compared to 21.2% in other specialties.

See **Appendix E** for more details on Virginia and national survey results.

Values Alignment with Organizational Leadership

Among surveyed Virginia APPs, reported alignment with the values of their organizations' clinical leadership was generally comparable across respondents.

- 68.1% of primary care APPs **agreed or strongly agreed** that their values align with clinical leadership, compared to 63.7% for APPs in other specialties.
- 11.6% of APPs practicing in primary care **disagreed or strongly disagreed** that their values align with clinical leadership, compared with 15.6% for APPs in other specialties.
- Similar proportions of APPs reported being **neutral** on values alignment (20.3% for primary care APPs and 20.7% for other specialty APPs).

See **Appendix F** for more details on Virginia and national survey results.

Feelings of Control Over Workload

Among the surveyed Virginia APPs, roughly one out of four reported only marginal or poor control over their workload.

- 24.6% of primary care APPs reported marginal or poor control over their workload, compared to 27.4% for other specialties.
- The rate for primary care APPs (24.6%) was essentially the same as the reported rate for primary care physicians (24.5%).

See **Appendix G** for more details on Virginia and national survey results.

Discussion

Survey findings indicate that APPs practicing in primary care report levels of burnout symptoms, administrative burden, and intent to reduce clinical hours that are generally comparable to those reported by physicians. These patterns suggest that system-level factors affecting clinician well-being are not limited to a single provider type. As APPs continue to assume a larger role in the delivery of primary care, these findings raise important considerations for how health systems, workforce planners, and other decision-makers can structure roles, workloads, and support mechanisms in the future.

Although the structure of the survey sample limits generalizability, the findings are nonetheless informative and shed light on priorities identified by APPs. Based on these findings, four considerations emerge for future exploration.

1. Recognize APP Burnout

The survey results indicate a high prevalence of reported burnout symptoms among APPs, particularly in primary care, alongside elevated administrative burden and limited access to support staff. While physician burnout has been extensively documented[7], these findings indicate that APPs experience similar system-level pressures. The relative lack of APP-specific research at the national level may limit the ability of decision-makers to fully assess how these pressures affect retention, access to care, and workforce sustainability. Additional data collection and analysis focused on APPs may help clarify the scope and drivers of burnout within this growing segment of the workforce.

2. Adapt Workforce Planning

State and national workforce strategies have increasingly emphasized APPs as a solution to address physician shortages, particularly in primary care and in underserved communities or areas.[8] However, the survey findings show substantial intent among primary care APPs to reduce clinical hours, suggesting that workforce expansion alone may not translate into sustained increases in care capacity. Prior research documenting higher turnover rates among primary care APPs relative to other settings further underscores the importance of aligning workforce planning with retention considerations.[9,10] These findings suggest that training pathways, role design, and practice environments may influence the effectiveness of APPs as a long-term workforce solution.

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[7] American Medical Association. (2025). Measuring and Addressing Physician Burnout. https://www.ama-assn.org/practice-management/physician-health/measuring-and-addressing-physician-burnout

[8] McCain, J. & Flinter, M. (2025). Investing in Primary Care: The Nurse Practitioner Will See You Now. *Milbank Memorial Fund*. https://www.milbank.org/publications/investing-in-primary-care-the-nurse-practitioner-will-see-you-now/

[9] Powless, H., Villegas, J., & Buckler, L. (2025). APP turnover is more than an HR challenge – it's an operational and financial reality. *Sullivan Cotter.* https://sullivancotter.com/advanced-practice-provider-turnover-cost/

[10] Patel, E., & Fraher, E. (2025). Why Nurse Practitioners Leave and Stay: Diverging Factors in Hospital Vs. Primary Care Settings. *Academy Health Annual Research Meeting.* https://academyhealth.confex.com/academyhealth/2025arm/meetingapp.cgi/Paper/71702

3. Implement Organizational Level Supports

Several of the factors identified in the survey—such as documentation burden, EHR usability, staffing adequacy, and workflow efficiency—are modifiable at the organizational level. Prior research has described structured approaches to supporting APP well-being, including models that emphasize leadership engagement, practice at the top of licensure, role clarity, professional development, and workload management.[11] Research specific to the APP experience highlights that organizational strategies tailored to APP roles may differ from those developed primarily for physicians.[12] The survey findings suggest that such organizational supports may be relevant to mitigating burnout risk and supporting retention among APPs.

4. State and Federal Policy Solutions

At the state and federal levels, several policy-relevant considerations may emerge, including:

- Support for standardized onboarding and transition-to-practice programs for APPs entering primary care,
- Workforce incentives that encourage sustained participation in primary care, particularly for early-career APPs, and investment in state-level infrastructure and evaluation efforts to assess APP well-being and workforce outcomes over time.

These policy approaches may complement organizational strategies by addressing system-level factors that influence APP practice environments.

Conclusion

The survey results indicate that APPs, particularly those practicing in primary care, report levels of burnout symptoms, administrative burden, and planned reductions in clinical effort that warrant attention in workforce planning discussions. These findings suggest that system-level pressures affecting clinicians persist across provider types. Addressing these pressures may require coordinated efforts at the organizational and policy levels to support both APPs and physicians and to promote a stable and effective primary care workforce.

[11] Chan, G.K., Kuriakose, C., Blacker, A., Harshman, J., Kim, S., Jordan, L., & Tait, D.S. (2021). An organizational initiative to assess and improve well-being in advanced practice providers. *Journal of Interprofessional Education & Practice*. 2021; 25:2405-4526. https://doi.org/10.1016/j.xjep.2021.100469

[12] Klein, C.J., Dalstrom, M., Lizer, S., Cooling, M., Pierce, L., & Weinzimmer, L.G. (2019). Advanced Practice Provider Perspectives on Organizational Strategies for Work Stress Reduction. *Western Journal of Nursing Research*. 2020 Sep;42(9):708-717. doi: 10.1177/0193945919896606.

Appendices[i]

Appendix A. Burnout Symptoms

Surveyed clinicians were asked the question:

"Using your own definition of "burnout", please choose one of the answers below:

1. I enjoy my work. I have no symptoms of burnout.
2. I am under stress, and don't always have as much energy, but I don't feel burned out.
3. I am beginning to burn out and have one or more symptoms of burnout, e.g., emotional exhaustion.
4. The symptoms of burnout that I'm experiencing won't go away. I think about work frustrations a lot.
5. I feel completely burned out. I am at the point where I may need to seek help."

Responses are combined where responses 1 and 2 indicate clinicians reporting ***no burnout*** indicators, and responses 3, 4, and 5 indicate reports of ***burnout.***

Clinician Group	n=	Not Experiencing Burnout	Experiencing Burnout
Virginia Results (2025)			
All Surveyed Clinicians	1,274	53.9%	46.1%
Physicians	1,001	55.1%	45.0%
APPs	273	49.9%	50.2%
Primary Care Clinicians	567	53.3%	46.7%
Other Specialty Clinicians	706	54.5%	45.5%
Primary Care Physicians	429	55.2%	44.8%
Primary Care APPs	138	47.1%	52.9%
Other Specialty Physicians	571	55.0%	45.0%
Other Specialty APPs	135	52.6%	47.4%
National Results (2024)			
All Surveyed Clinicians	30,009	55.8%	44.2%
Physicians	17,898	56.7%	43.2%
APPs	9,462	53.4%	46.6%
Primary Care Clinicians	10,535	54.8%	45.2%
Other Specialty Clinicians	14,112	56.0%	44.0%
Primary Care Physicians	6,812	55.9%	44.1%
Primary Care APPs	3,329	53.3%	46.7%
Other Specialty Physicians	8,736	57.5%	42.5%
Other Specialty APPs	5,072	54.3%	45.7%

Appendix B. Intention to Reduce Clinical Hours

Surveyed clinicians were asked the question:

"What is the likelihood that you will reduce the number of hours you devote to clinical care over the next 12 months?

1. Definitely
2. Likely
3. Moderately
4. Slight
5. None**"**

Responses are combined where responses 1, 2, and 3 indicate a reported ***likelihood to reduce clinical hours***, and responses 4 and 5 indicate ***no reported likelihood to reduce clinical hours***.

Clinician Group	n=	Likely to Reduce Hours	Unlikely to Reduce Hours
Virginia Results (2025)			
All Surveyed Clinicians	1,274	29.5%	70.5%
Physicians	1,001	31.2%	68.9%
APPs	273	23.4%	76.6%
Primary Care Clinicians	567	28.7%	71.3%
Other Specialty Clinicians	707	30.1%	69.9%
Primary Care Physicians	429	28.4%	71.6%
Primary Care APPs	138	29.7%	70.3%
Other Specialty Physicians	572	33.2%	66.8%
Other Specialty APPs	135	17.0%	83.0%
National Results (2024)			
All Surveyed Clinicians	22,378	33.4%	66.6%
Physicians	14,698	35.0%	65.0%
APPs	7,672	30.3%	69.8%

Appendix C. Systemic Drivers Responses

Surveyed clinicians who reported intent to reduce clinical hours were asked to ***check all of the answers that apply,*** given the question:

"What would keep you in your role with at least the current amount of clinical %FTE?"

Selected Answer Virginia Results (2025)	All Clinicians	Physicians	APPs
n =	376	312	64
Higher compensation (i.e., higher pay)"	59.3%	55.1%	79.7%
Enhanced workflow efficiency	58.2%	59.0%	54.7%
Less documentation / less work outside of work	57.2%	58.0%	53.1%
Consistent staffing	57.7%	59.0%	51.6%
Fewer EHR hassles (i.e., less EHR work outside of office hours)	54.8%	55.8%	50.0%
Greater control over setting patient schedule	35.9%	34.6%	42.2%
Greater sense of team	29.8%	28.2%	37.5%
Better ability to help patients (fewer roadblocks)	40.2%	41.0%	35.9%
Support for non 'top of license' activities	27.1%	28.2%	21.9%
Greater alignment of personal values with organizational values	25.8%	27.2%	18.8%
Greater opportunities for leadership	13.8%	13.8%	14.1%
Greater opportunities to teach	11.2%	11.9%	7.8%
Greater opportunities for research	6.1%	6.7%	3.1%

Appendix D. After-Hours EHR and Documentation Responses

Question 1 refers to the **hours per week spent in the EHR** outside of scheduled patient contact.

Surveyed clinicians were asked the question:
"How much time in a week do you spend on the electronic medical/health records (EMR/EHR) outside of your scheduled patient contact hours?

1. 0.0-2.0 hours
2. 2.1-4.0 hours
3. 4.1-6.0 hours
4. 6.1-8.0 hours
5. More than 8 hours**"**

Clinician Group	n=	0.0-2.0 hours	2.1-4.0 hours	4.1-6.0 hours	6.1-8.0 hours	More than 8 hours
Virginia Results (2025)						
All Surveyed Clinicians	1,274	22.9%	22.4%	18.1%	13.4%	23.3%
Physicians	1,001	19.9%	22.3%	17.3%	14.5%	26.1%
APPs	273	34.1%	23.1%	20.9%	9.5%	12.5%
Primary Care Clinicians	567	20.3%	20.6%	19.4%	14.3%	25.4%
Other Specialty Clinicians	707	25.0%	23.9%	17.0%	13.6%	20.5%
Primary Care Physicians	429	17.9%	20.0%	18.6%	14.0%	29.4%
Primary Care APPs	138	27.5%	22.5%	21.7%	15.2%	13.0%
Other Specialty Physicians	572	21.3%	24.0%	16.3%	14.9%	23.6%
Other Specialty APPs	135	40.7%	23.7%	20.0%	3.7%	11.9%
National Results (2024)						
All Surveyed Clinicians	16,655	30.2%	20.8%	17.5%	12.6%	18.9%
Physicians	11,221	24.5%	20.5%	18.9%	13.6%	22.5%
APPs	5,434	42.0%	21.3%	14.6%	10.5%	11.6%

Question 2 refers to the **characterization of time spent in the EHR** outside of scheduled work hours.

Surveyed clinicians were asked the question:
"The amount of time I spend on the electronic health record (EHR) outside normal/scheduled work hours, including work done at home is…

1. Minimal/none
2. Modest
3. Satisfactory
4. Moderately high
5. Excessive**"**

Responses are combined where responses 1, 2, and 3 indicate a ***reported satisfaction with EHR time*** outside of regularly scheduled hours, and responses 4 and 5 indicate ***dissatisfaction***.

Clinician Group	n=	Satisfied with EHR Time	Dissatisfied with EHR Time
Virginia Results (2025)			
All Surveyed Clinicians	1,274	59.5%	40.5%
Physicians	1,001	56.4%	43.6%
APPs	273	70.7%	29.3%
Primary Care Clinicians	567	52.9%	47.1%
Other Specialty Clinicians	707	64.8%	35.2%
Primary Care Physicians	429	49.2%	50.8%
Primary Care APPs	138	64.5%	35.5%
Other Specialty Physicians	572	61.9%	38.1%
Other Specialty APPs	135	77.0%	23.0%
National Results (2024)			
All Surveyed Clinicians	30,009	63.1%	36.9%
Physicians	17,898	57.6%	42.4%
APPs	7,808	71.7%	28.3%
Primary Care Clinicians	10,535	55.8%	44.2%
Other Specialty Clinicians	14,112	67.9%	32.1%
Primary Care Physicians	6,812	51.6%	48.4%
Primary Care APPs	3,329	65.7%	34.3%
Other Specialty Physicians	8,736	61.7%	38.3%
Other Specialty APPs	4,951	78.9%	21.1%

Question 3 refers to **EHR limitations** on effectively delegating tasks to support staff.

Surveyed clinicians were asked the question:
"What prevents you from delegating more order entry, medication review, visit note documentation, forms completion, or processing prescription renewals to support staff?"

With the provided response:
"My EHR is not built to support this kind of delegation."

With the option to:

1. Agree strongly
2. Agree
3. Neither agree nor disagree
4. Disagree
5. Disagree strongly

Responses are combined where:

- Responses 1 and 2 indicate agreement with the statement "My EHR is not built to support this kind of delegation", or ***EHR limitations*** on delegation.
- Response 3 is categorized as ***neutral*** regarding EHR build as a roadblock for delegation.
- Responses 4 and 5 indicate disagreement, or ***no EHR limitations*** on delegation.

Clinician Group	n=	EHR Limits Delegation	Neutral	EHR Does Not Limit Delegation
Virginia Results (2025)				
All Surveyed Clinicians	1,050	30.9%	39.0%	30.1%
Physicians	819	32.8%	38.1%	29.1%
APPs	231	24.2%	42.0%	33.8%
Primary Care Clinicians	531	32.0%	35.2%	32.8%
Other Specialty Clinicians	519	29.9%	42.8%	27.4%
Primary Care Physicians	399	33.3%	34.1%	32.6%
Primary Care APPs	132	27.3%	39.4%	33.3%
Other Specialty Physicians	420	32.2%	42.2%	25.5%
Other Specialty APPs	99	20.2%	45.5%	34.3%
National Results (2024)				
All Surveyed Clinicians	14,819	28.0%	Unavailable[ii]	Unavailable
Physicians	9,333	30.7%	Unavailable	Unavailable
APPs	5,486	23.3%	Unavailable	Unavailable

Appendix E. Support Staff and Delegation Responses

Question 1 refers to **inadequate access** to Medical Assistants (MAs) or nurses.

Surveyed clinicians were asked the question:
"What prevents you from delegating more order entry, medication review, visit note documentation, forms completion, or processing prescription renewals to support staff?"

With the provided response:
"I do not have enough MAs or nurses."

With the option to:

6. Agree strongly
7. Agree
8. Neither agree nor disagree
9. Disagree
10. Disagree strongly

Responses are combined where:

- Responses 1 and 2 indicate agreement with the statement "I do not have enough MAs or nurses, which prevents me from delegation", or ***not enough MAs or nurses*** to delegate.
- Response 3 is categorized as ***neutral*** regarding adequate access to MAs or nurses as a barrier to delegation.
- Responses 4 and 5 indicate disagreement, or ***enough MAs or nurses*** to delegate.

Clinician Group	n=	Not Enough MAs or Nurses to Delegate	Neutral	Enough MAs or Nurses to Delegate
Virginia Results (2025)				
All Surveyed Clinicians	1,050	52.9%	23.0%	24.1%
Physicians	819	54.0%	22.5%	23.6%
APPs	231	48.9%	25.1%	26.0%
Primary Care Clinicians	531	57.3%	22.0%	20.7%
Other Specialty Clinicians	519	48.4%	24.1%	27.6%
Primary Care Physicians	399	59.1%	21.1%	19.8%
Primary Care APPs	132	51.5%	25.0%	23.5%
Other Specialty Physicians	420	49.0%	23.8%	27.1%
Other Specialty APPs	99	45.5%	25.3%	29.3%
National Results (2024)				
All Surveyed Clinicians	14,819	47.0%	Unavailable	Unavailable
Physicians	9,333	50.0%	Unavailable	Unavailable
APPs	5,486	41.9%	Unavailable	Unavailable

Question 2 refers to **concerns of reliability or training** of MAs or nurses.

Surveyed clinicians were asked the question:
"What prevents you from delegating more order entry, medication review, visit note documentation, forms completion, or processing prescription renewals to support staff?"

With the provided response:
"I do not trust my MA or nurse to reliably do the work well

With the option to:

1. Agree strongly
2. Agree
3. Neither agree nor disagree
4. Disagree
5. Disagree strongly

Responses are combined where:

- Responses 1 and 2 indicate agreement with the statement "I do not trust my MA or nurse to reliably do the work well, which prevents me from delegating", or a ***distrust in the reliability*** of MAs or nurses.
- Response 3 is categorized as ***neutral*** regarding concerns of reliability or training for MAs or nurses as a barrier to delegation.
- Responses 4 and 5 indicate disagreement or ***trust in the reliability*** of MAs or nurses.

Clinician Group	n=	Distrust Reliability of MAs or Nurses	Neutral	Trust Reliability of MAs or Nurses
Virginia Results (2025)				
All Surveyed Clinicians	1,050	20.9%	27.0%	52.1%
Physicians	819	21.1%	26.9%	52.0%
APPs	231	20.3%	27.3%	52.4%
Primary Care Clinicians	531	23.7%	26.2%	50.1%
Other Specialty Clinicians	519	18.1%	27.7%	54.1%
Primary Care Physicians	399	25.1%	24.8%	50.1%
Primary Care APPs	132	19.7%	30.3%	50.0%
Other Specialty Physicians	420	17.4%	28.8%	53.8%
Other Specialty APPs	99	21.2%	23.2%	55.6%
National Results (2024)				
All Surveyed Clinicians	14,819	19.0%	Unavailable	Unavailable
Physicians	9,333	19.3%	Unavailable	Unavailable
APPs	5,486	18.5%	Unavailable	Unavailable

Appendix F. Values Alignment with Organizational Leadership Responses

Surveyed clinicians were provided the statement:
"My professional values are well aligned with those of my clinical leaders.

With the option to:

1. Agree strongly
2. Agree
3. Neither agree nor disagree
4. Disagree
5. Strongly disagree

Responses are combined where responses 1 and 2 indicate agreement with the statement, or ***values alignment***, response 3 is categorized as ***neutral***, and responses 4 and 5 indicate disagreement, or ***misaligned values***.

Clinician Group	n=	Aligned Values with Leadership	Neutral	Misaligned Values with Leadership
Virginia Results (2025)				
All Surveyed Clinicians	1,274	69.2%	15.8%	15.1%
Physicians	1,001	70.0%	14.5%	15.5%
APPs	273	65.9%	20.5%	13.6%
Primary Care Clinicians	567	72.6%	13.3%	14.0%
Other Specialty Clinicians	706	66.1%	17.7%	16.3%
Primary Care Physicians	429	74.6%	11.2%	14.2%
Primary Care APPs	138	68.1%	20.3%	11.6%
Other Specialty Physicians	571	66.6%	17.0%	16.4%
Other Specialty APPs	135	63.7%	20.7%	15.6%
National Results (2024)				
All Surveyed Clinicians	30,009	70.7%	15.5%	13.8%
Physicians	17,898	69.6%	15.3%	15.1%
APPs	9,462	72.1%	16.2%	11.7%
Primary Care Clinicians	10,535	70.8%	15.6%	13.6%
Other Specialty Clinicians	14,112	69.6%	15.6%	14.8%
Primary Care Physicians	6,812	70.2%	15.3%	14.6%
Primary Care APPs	3,329	72.2%	16.3%	11.5%
Other Specialty Physicians	8,736	68.8%	15.3%	15.9%
Other Specialty APPs	5,072	72.7%	15.7%	11.7%

Appendix G. Feelings of Control Over Workload Responses

Surveyed clinicians were provided the statement:
"My control over my workload is…

1. Optimal
2. Good
3. Satisfactory
4. Marginal
5. Poor

Responses are combined where responses 1, 2, and 3 indicate feelings of ***control over workload***, i.e., autonomy, and responses 4 and 5 indicate a perceived ***lack of control*** over workload.

Clinician Group	n=	Control Over Workload	Lack of Control Over Workload
Virginia Results (2025)			
All Surveyed Clinicians	1,274	71.1%	28.9%
Physicians	1,001	83.9%	16.1%
APPs	273	74.0%	26.0%
Primary Care Clinicians	570	75.5%	24.5%
Primary Care Physicians	429	75.5%	24.5%
Primary Care APPs	138	75.4%	24.6%
Other Specialty Clinicians	707	67.6%	32.4%
Other Specialty Physicians	572	66.4%	33.6%
Other Specialty APPs	135	72.6%	27.4%
National Results (2024)			
All Surveyed Clinicians	30,009	71.5%	28.5%
Physicians	17,898	71.6%	28.4%
APPs	7,808	70.2%	29.8%
Primary Care Clinicians	10,535	70.6%	29.4%
Primary Care Physicians	6,812	71.9%	28.1%
Primary Care APPs	3,329	69.5%	30.5%
Other Specialty Clinicians	14,112	71.1%	28.9%
Other Specialty Physicians	8,736	70.7%	29.3%
Other Specialty APPs	5,072	73.0%	27.0%

[i] Note: Throughout appendices, percentages may not total to precisely 100% due to rounding.
[ii] Note: Certain data are unavailable at the national level. All available national comparisons are provided.