

IOWA HEALTH CARE WORKFORCE RECRUITMENT & RETENTION SURVEY



May 2026



In partnership with:



EXECUTIVE SUMMARY

The Iowa Healthcare Workforce Recruitment & Retention Survey was conducted to identify key challenges and opportunities impacting the recruitment and retention of physicians across the state. A total of 165 individuals responded, including 133 physicians, fellows, residents, and medical students representing diverse roles, specialties, and practice settings.

Findings indicate that Iowa physician workforce is largely homegrown: most are born here, grew up here, or trained here, reinforcing the importance of in-state pipelines. Recruitment is most driven by professional networks and training experiences, particularly residency and fellowship placements. But the decision to stay was personal; rooted in family proximity, relationships, and quality of life, reinforced by supportive workplaces and a lower cost of living.

“Professionally, I want to be in a space where my skills and passion can be utilized.”

-anonymous respondent answering what factors contribute to your uncertainty or plans to leave?

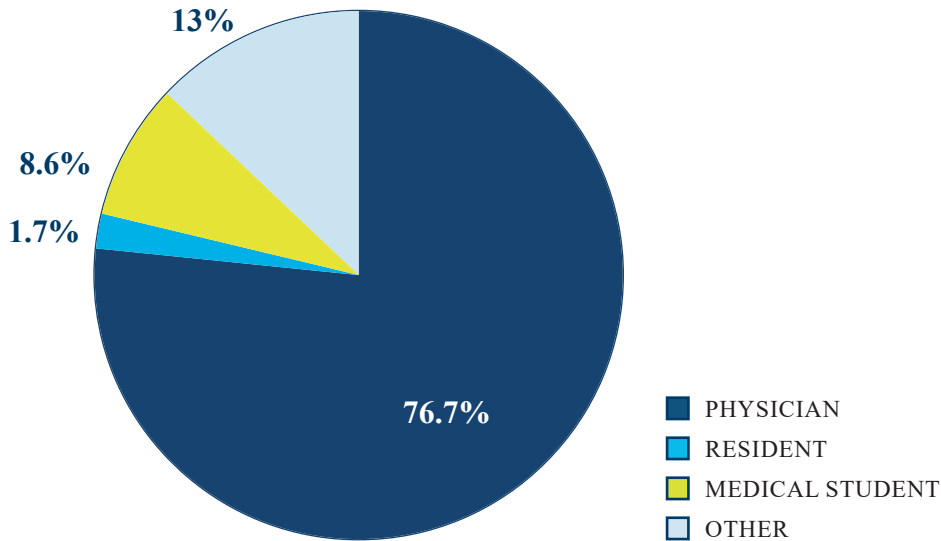
Retention mirrors these patterns. Physicians report high satisfaction overall, with family connections as the strongest anchor, alongside community support, spousal employment, and established careers. Still, risks remain, including administrative burden, staffing shortages, work-life balance challenges, financial pressures, and broader political or systemic concerns. Some physicians cited retirement and feelings of being undervalued as reasons for potentially leaving.

Strengthening the workforce will require targeted action: expand training opportunities, reduce administrative strain, enhance financial incentives, and invest in mentorship and rural pathways. Long-term success depends on aligning professional conditions with the personal factors that ultimately determine whether physicians choose—and continue—to practice in Iowa.

BACKGROUND INFORMATION

The purpose of the Iowa Healthcare Workforce Recruitment & Retention Survey was to identify key challenges and opportunities to improve physician workforce recruitment and retention in the state. Aggregated results from physicians, fellows, residents, and medical students help inform ongoing statewide efforts to close the gap on physician recruitment and retention.

FIGURE 1. Survey Question: Which best describes your current professional role?



Respondents totaled 165, including 133 individuals who self-identified as Physicians (76.7%), Residents (1.7%), or Medical Students (8.6%). They represented a wide variety of professions, spanning working within hospitals and health systems, independent practice, clinical faculty in an academic setting, in medical school, working through residency, or retired from practicing medicine (Figure 1). Additionally, there was an array of medical specialties represented, with the largest representation including primary care (35.5%), followed closely by women’s and maternal health care (23.5%) (Table 1).

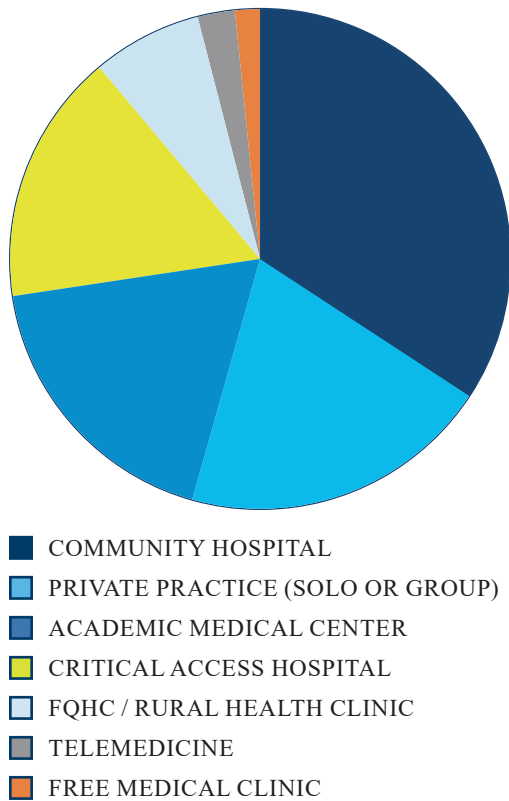
Figure 1 shows the respondent’s current professional role (n = 133).

TABLE 2. Survey Question: Please choose the specialty that most closely aligns with your scope of practice.

SELF-REPORTED PRIMARY SPECIALTY		
SCOPE OF PRACTICE	COUNT	PERCENTAGE
Primary Care	36	35.50%
Women’s and Maternal Health Care	24	23.50%
Medical Specialty	12	11.80%
Surgical Specialty	11	10.80%
Emergency & Acute Care	9	8.80%
Behavioral and Mental Health	8	7.50%
Oncology	2	2%

Table 2 shows the respondent’s self-reported primary provider specialty (n= 107).

FIGURE 3. Survey Question: Please choose all that apply to your current practice setting.



Among physician respondents, Community Hospitals were the most common practice setting, with 61 physicians (54.5%) reporting practice in this setting, making it the dominant site of care. Private Practice (solo or group) was reported by 36 physicians (32.7%), and Academic Medical Centers by 32 physicians (29.1%), reflecting substantial academic–community crossover consistent with prior datasets.

Critical Access Hospitals accounted for 29 respondents (26.4%), while 13 physicians (11.8%) practiced in FQHCs or Rural Health Clinics. Smaller proportions reported working in Telemedicine (4 respondents, 3.6%) and Free Medical Clinics (3 respondents, 2.7%).

Percentages do not total 100% because nearly **one-third of physicians reported practicing in multiple settings**, most often combining private practice with hospital-based roles. Safety-net settings, including Federally Qualified Health Centers and free clinics, account for about 14% of respondents. These findings highlight the broad and overlapping clinical responsibilities many physicians manage across care settings.

Figure 3 shows respondent’s self-reported multiple response analysis of physician practice setting (n = 110).

FIGURE 4. Survey Questions: Please choose what most closely aligns with the amount of time that you have resided in Iowa and the amount of time that you have practiced in Iowa.

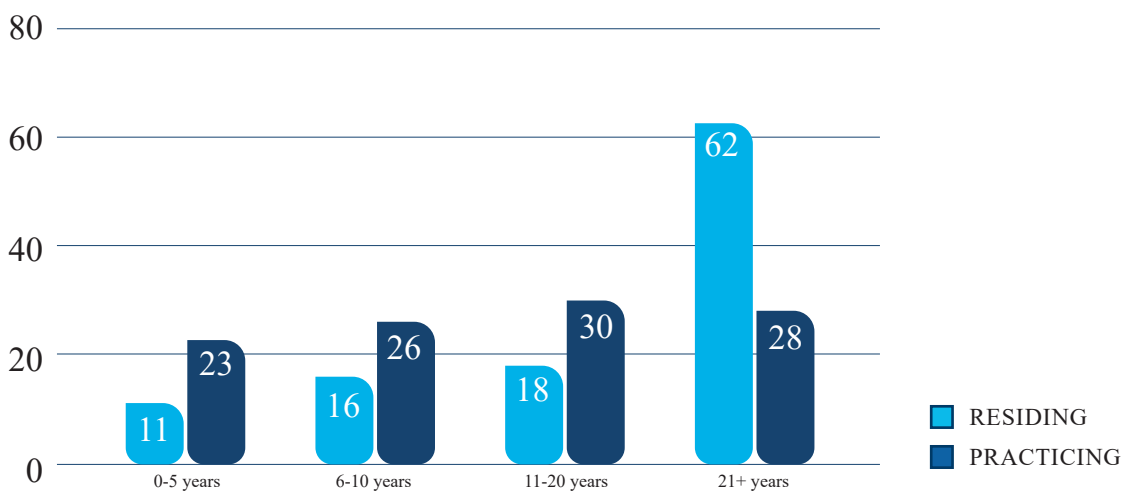


Figure 4 shows the self-reported number of years residing and practicing in the state of Iowa (n = 107). This supports the conclusion that physicians practicing in Iowa are likely to originate from Iowa.

RECRUITMENT EXPERIENCE

Recruitment into Iowa’s physician workforce is shaped by a combination of early exposure, professional connections, and personal ties. Respondents were asked about their experiences moving through the physician pipeline including how they learned about practice opportunities, and the importance of various benefits in their initial decision-making to practice and live in Iowa.

TABLE 6.

WHAT MOST INFLUENCED YOUR DECISION TO CHOOSE THIS STATE?
1. Family <ul style="list-style-type: none"> • Grew up in Iowa • Family lives here • Spouse and children considerations
2. Spouse / Partner Employment <ul style="list-style-type: none"> • Spouse job opportunity • Needed dual-physician recruitment • Stayed because of spouse’s career
3. Training / Residency Match <ul style="list-style-type: none"> • Completed residency here and stayed
4. Job Opportunity / Recruitment <ul style="list-style-type: none"> • Best job offer • Recruitment by colleague
5. Work Environment / Practice Culture <ul style="list-style-type: none"> • Work-life balance • Supportive staff • Rural patient relationships
6. Cost of Living / Financial Factors <ul style="list-style-type: none"> • Loan repayment • Low malpractice rates

Table 6 shows the qualitative responses on what most influenced decision to choose Iowa, ranked by most frequently mentioned to the least (n = 124).

FIGURE 5. Survey Question: How did you first learn about practice opportunities in the state? (select all that apply)

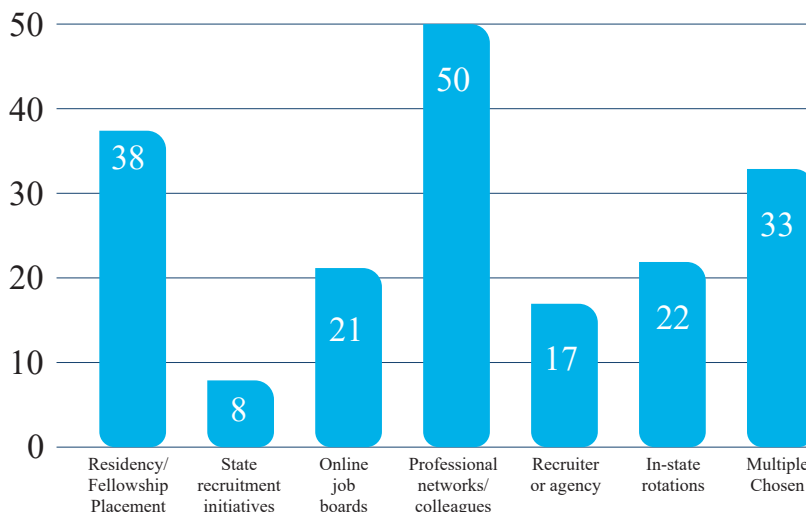


Figure 5 details where respondents first learned about practice opportunities in the state (n = 107).

Physicians most often heard about opportunities through professional networks and colleagues. Many also pointed to a combination of residency or fellowship placement and those same professional connections. But when you look at early exposure more broadly, grouping in-state rotations with residency and fellowship experiences, **training in Iowa stands out as the strongest overall pathway**, surpassing professional networks alone.

Physicians consistently point to family and personal ties as the biggest reason they choose Iowa, many grew up here or want to live close to relatives. Spouse or partner employment also plays a major role, especially for dual-career households. Many physicians come to Iowa for residency or training and decide to stay after building connections, finding the right community fit, or securing a strong job opportunity.

These factors often work together. Physicians frequently pair family ties with cost of living, or training experiences with a positive workplace culture. Survey responses reinforce this pattern, with family, lifestyle, cost of living, work-life balance, and partner employment rising to the top. Professional considerations like scope of practice and compensation matter as well, while factors such as licensure and loan repayment vary in importance.

Overall, physicians choose to practice in Iowa primarily for personal and lifestyle reasons, with professional opportunities and financial factors supporting those decisions. Training programs serve as key entry points, but **long-term retention relies on staying connected**—to family, community, and a sustainable work-life balance, along with support for dual-career households.

RETENTION & JOB SATISFACTION

Physician retention in Iowa reflects a largely positive experience, with most reporting satisfaction in their current practice environment. At the center of this stability are strong personal ties—particularly family connections—which remain the single most important factor keeping physicians in the state. Respondents answered questions about what matters most to them to continue practicing in Iowa, and many relay what is driving away from our state or strongly considering leaving.

FIGURE 7. Survey Question: How satisfied are you with your current practice environment?

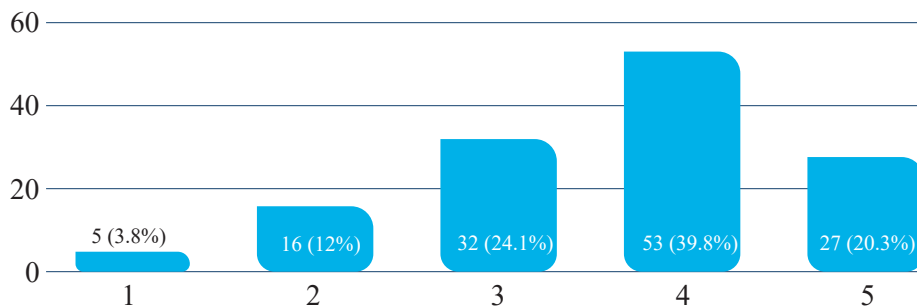


Figure 7 displays self-reported satisfaction with respondents’ current practice environment (n=133). *Likert Scaling included 1: Very Dissatisfied to 5: Very Satisfied

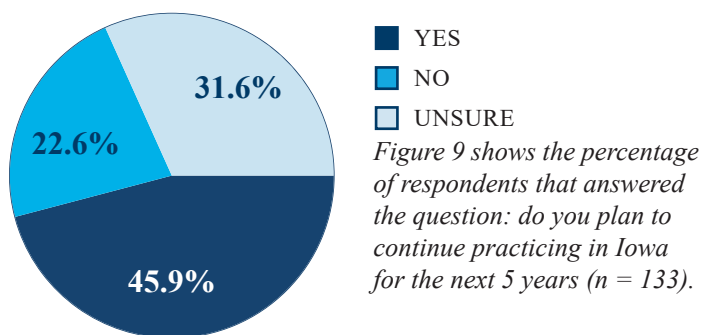
Figure 7 shows that respondents generally feel satisfied with their current practice environment (n = 133). In line with this, Table 8 highlights family as the primary reason physicians stay in Iowa, including proximity to relatives and responsibilities to children or aging parents. Physicians also point to supportive communities for raising children, spousal employment opportunities, established professional roots, positive work environments, and a favorable cost of living as key influences. Together, these findings underscore how both personal ties and professional satisfaction drive physician retention.

TABLE 8.

SURVEY QUESTION: WHAT IS THE GREATEST FACTOR KEEPING YOU IN IOWA?	
1. Family <ul style="list-style-type: none"> • Immediate and extended family nearby • Aging parents, children, and grandchildren • Established social networks 	“most of my children and grandchildren live in Iowa.” “My family is truly the only tie that is keeping me in Iowa: “All my family are here. It would be hard to leave (though we dream about leaving A LOT).”
2. Raising a Family <ul style="list-style-type: none"> • Children in school or high school • Friends and school community • Waiting until children graduate 	“We love the community we’re in.” “children don’t want [to] leave yet” “Found great school system for children/kids very happy in their school”
3. Spouse / Partner Employment <ul style="list-style-type: none"> • Dual-career considerations • Contract obligations 	“Husband’s work and the length of my current contract” “Compensation and job opportunity for my husband”
4. Established Practice / Professional Roots <ul style="list-style-type: none"> • Investment in local community • Long-standing career in one place 	“It’s where my family and practice are”
5. Work Environment / Professional Satisfaction <ul style="list-style-type: none"> • Good colleagues • Work-life balance 	“Currently--good work environment, and family”
6. Cost of Living / Financial Factors <ul style="list-style-type: none"> • Affordable housing • Low property taxes • Low cost of living 	“Good paying job, low cost of living, low property taxes”

Table 8. Qualitative responses on what keeps you in Iowa, ranked (n = 127).

FIGURE 9. Survey Question: Do you plan to continue practicing in the state for the next 5 years?



The results shown in figure 9 are startling. Over 50% of respondents are either unsure about staying or plan on leaving the state in the next five years. Additionally, of those that responded No or Unsure, 71 shared factors that contribute to their uncertainty or conclusion to leave practicing medicine in the state. Top contenders include:

TABLE 10.

SURVEY QUESTION: WHAT FACTORS CONTRIBUTE TO YOUR UNCERTAINTY OR PLANS TO LEAVE?	
1. Political & System-Level Concerns <ul style="list-style-type: none"> • Loss of autonomy and joy in medical practice • Desire to work in environments that better value skills and passion 	“There is no independence or joy in practice” “Political climate, Family abroad, considering moving out of US” “[The] deterioration of healthcare at my institution (loss of providers) and across the state. I’m embarrassed to be working in Iowa.” “Professionally, I want to be in a space where my skills and passion can be utilized.”
2. Age & Retirement Factors <ul style="list-style-type: none"> • Natural retirement due to age • Feeling pushed out or undervalued as an aging physician 	“Age, and professional attitudes towards the aging physicians”
3. Work-Life Balance & Professional Support <ul style="list-style-type: none"> • High stress from daily workload • Staffing shortages and administrative burden • Feeling undervalued and unsupported 	“[F]eeling undervalued, brain drain in the state, nothing that feels strong enough to stay around for” “[The] day to day work is stressful with staffing shortages and burden of administrative tasks. There are more administrators than there are care providers”
4. Environmental Concerns <ul style="list-style-type: none"> • Concerns about raising children in current environmental conditions • Practice environment undesirable 	“[It] Would be nice to leave” “Environmental degradation and water quality, fear of raising my children in a polluted state with rising cancer rate.”
5. Financial / Reimbursement Issues <ul style="list-style-type: none"> • Increasing appeal of alternative work models • Dissatisfaction with compensation structures 	“Becoming a full time locums physician gets more appealing every day.”

Figure 10 relays the factors that contribute to their uncertainty or plants to leave through direct quotes of their response (n = 71). The breadth of responses shows the need for a multi-pronged approach to close the gaps that are creating a leaky physician pipeline.

PIPELINE AND TRAINING

FIGURE 11. Survey Question: How effective are current efforts to recruit and retain?

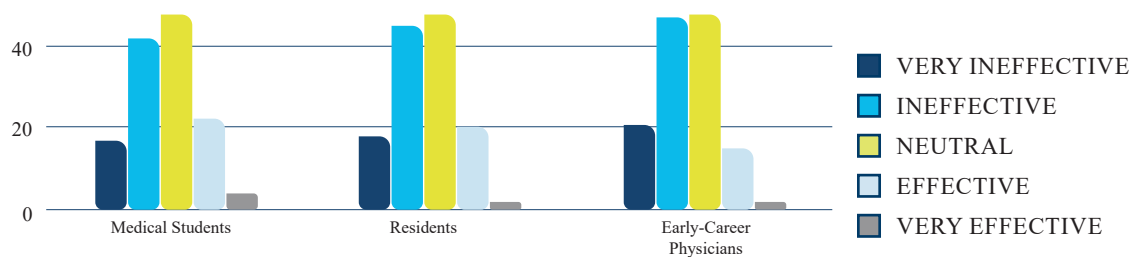


Figure 11 shows how effective are current efforts to recruit and retain medical students, residents, and early career physicians in Iowa. (n=138). *Likert Scaling included 1: Very Dissatisfied to 5: Very Satisfied

Figure 11 shows how respondents rate the effectiveness of current efforts to recruit and retain medical students, residents, and early-career physicians in Iowa (n = 138). Overall, responses cluster around the middle of the scale, suggesting that while some strategies show promise, many fall short of their full potential. This distribution highlights a general sense that existing efforts are only moderately effective and could be strengthened to better meet workforce needs.

As outlined in Figure 12, respondents identify enhanced financial incentives and reduced administrative burden as the most critical drivers (Tier 1) for strengthening the in-state physician pipeline. They also emphasize structural workforce solutions (Tier 2), including expanding graduate medical education, increasing specialty and rural training opportunities, strengthening mentorship, and supporting international medical graduates. In addition, respondents highlight lifestyle factors and workforce resources (Tier 3), along with broader contextual influences (Tier 4) such as the political environment, malpractice reform, and social values, as important considerations. Together, these findings underscore the need for targeted policy changes alongside broader systemic support to grow Iowa’s physician workforce.

Figure 12 findings reinforce the broader narrative that physician recruitment and retention in Iowa depend on both immediate, practical improvements and longer-term systemic change. At the core, respondents emphasize financial incentives and reduced administrative burden as the most urgent levers for strengthening the physician pipeline.

WHAT IMPROVEMENTS WOULD HELP GROW THE IN-STATE PHYSICIAN PIPELINE?

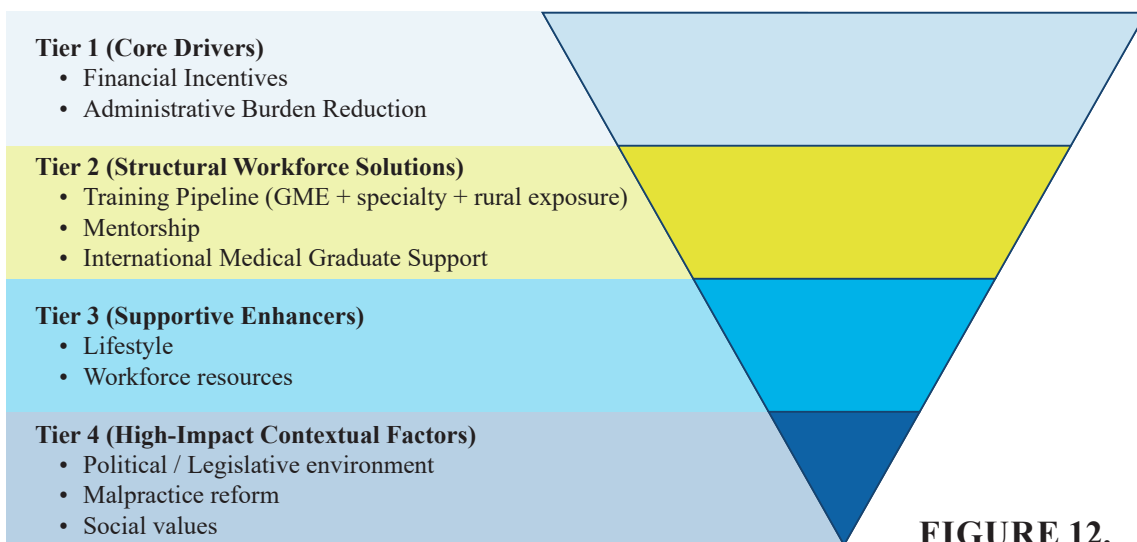


FIGURE 12.

They also point to the importance of building stronger structural pathways through expanded training opportunities, mentorship, and support for international medical graduates, all of which align with earlier findings on the role of in-state training and early exposure. Beyond these foundational elements, physicians highlight lifestyle and workforce supports as important reinforcements, while also identifying broader contextual factors—such as the political and legislative environment, malpractice reform, and social values—as critical influences on long-term workforce stability. Together, these tiers reflect a consistent theme: meaningful recruitment and retention will require coordinated efforts that address both day-to-day practice conditions and the broader systems shaping physician experience in Iowa.

CONCLUSION

Overall, findings from the Iowa Healthcare Workforce Recruitment & Retention Survey underscore that physician recruitment and retention in Iowa are driven primarily by personal ties and community integration. Family proximity, spousal employment, and positive training experiences remain the strongest anchors to the state, while satisfaction with practice environments is generally favorable. However, notable risks to retention persist, including concerns about administrative burden, work-life balance, political and systemic climate, and long-term career sustainability. At the same time, respondents identified clear opportunities to strengthen the physician pipeline through targeted investments in financial incentives, expanded training pathways, mentorship, and reduced regulatory and administrative barriers.

Several limitations should be considered when interpreting these results. The sample size is modest and may not fully represent all specialties, geographic regions, or practice settings across the state. Responses are self-reported and may reflect response bias, particularly among individuals with strong positive or negative experiences. Additionally, overlap across practice settings and incomplete responses to certain questions may limit the precision of some findings.

Next steps should focus on translating these findings into coordinated, multi-level strategies that overlap existing recruitment and retention strategies across the state. Priority areas include strengthening in-state training pipelines—particularly in rural and high-need specialties, enhancing financial incentives, and reducing administrative burden to improve day-to-day practice. Efforts to support dual-career households, invest in community integration, and maintain competitive, supportive work environments will also be critical for long-term retention. Finally, addressing broader systemic concerns, including policy environment and professional autonomy, will be essential to ensure Iowa remains an attractive and viable place for physicians to begin and sustain their careers.

**A special thank you to our Rural Healthcare Workforce Taskforce.
And thank you to our partners:**



Want to learn more? Contact us at contactIMS@iowamedical.org.