

# PHYSICIANS PRACTICE<sup>®</sup>

## Staffing & Salary Survey 2025 Results



**Plus** Messy moments: Handling hostility



# Messy moments: Handling hostility

Handling hostility, so those difficult ones (and everyone else) want to work with you

By **Nance Goldstein, ACC, PhD**

**D**uring an end-of-shift multidisciplinary huddle, you propose trying a different approach to a routine process that has gone wrong recently.

Bill, an MD in the practice, walks by and says combatively: “I’m so tired of this — making changes without good reason. You cause havoc. We’ve done it this way for a long time, and it works fine. Someone messed up here. Just get your providers to do it right.”

## What’s happening here?

- Bill focuses on the negative and blame. He likes the attention of interrupting. His words also seem intended to embarrass you and the clinician who may have triggered the problem.
- His hostile communication style will upset everyone.
- Who is the most vulnerable person here? The person Bill

implies is at fault. That’s your most important audience. However, everyone will notice how you deal with Bill’s blaming and disruption.

- Your heart rate has sped up. You don’t know what to do. His interruption hijacks the meeting. You need a quick wrap-up of the agreed purpose and next steps.

## What do you want to happen?

- Everyone believes that respect, a kind tone and appropriate words and timing are expected and necessary for the practice to continue to deliver quality care together. They must know hostile behaviors are unacceptable. They threaten and silence people. They’re also contagious.
- Model desired behavior so everyone sees what is expected in communication and collaboration.
- Support the person Bill blames:

They are vulnerable. Return to discussing the system that caused the problem and creating an improvement together.

## Prepare yourself

- **Pause:** Take a slow, deep breath. As it moves through you, notice tightness in your body, notice your heartbeat and notice your feet on the floor.
- **Label how you feel.** You may feel threatened by Bill. Labeling moves the emotions away from you so they can’t hijack your next words and actions. Don’t banish them. Let them walk beside you; that gives you the space to think.
- **Decide your intentions.** Calmness gives you space to respond more wisely. How do you want to show up for your practice? What do you hope to accomplish in your relationship with Bill? What do you want for your care group/practice?

## HANDLING HOSTILITY

### Attend to your care group and the work at hand:

**1. Buy yourself a little time.** Create a brief phrase for moments like this. It enables everyone to pause and lowers the moment's temperature. For example:

- Clarify what is happening. "Thanks, Bill. That's something we can consider." Ask the group, "What do you think about leaving things as they are?"
- Get curious. Bill might offer useful information: "Thanks, Bill. What happened for you the last time you used this process?"
- Invite everyone back into the conversation about what happens next. "Thanks, Bill. [Turn back to group.] Now, let's hear from everyone else. What else can we do to make this work better?"

**2. Reengage people** in your purpose—to find ideas that can improve clinicians' experiences and patient care.

- "Let's hear from everyone else: What would help you do your tasks better, and maybe easier, in this situation?" Make sure you turn to the person Bill blamed to show your support: "What matters most to you in these situations, Jim?"
- Open-ended questions invite people into the discussion so they feel included.
- Restore their safe zone. Reassure people by looking at each one. Use their name. Invite them back in by asking what they think. Appreciate their ideas.
- Questions focus on listening rather than talking or leaping to a solution.

**3. Circle back to Bill** later privately. The moment asks you to build a relationship with a future.

- Appreciate. Value him and his long experience in the practice: "You've handled this many times in your work here."

**b. Acknowledge discomfort and emotions.** Acknowledge his discomfort with more changes. "It's understandable that you dislike the idea of making more changes. It's so confusing now with changes in rules and conditions. Bill, I'd like to know how you're doing with it all. What's happening for you here these days?" Then listen.

**c. State expectations.**

1. "Our practice has gotten much more complicated and stressful. I need them to tell me about my patients because I can't know everything important. So, I need to ensure our people feel safe enough to speak up. I want them to want to work here."
2. "We can only get their candor and caring by speaking respectfully and listening to them. Everyone needs to feel they have a voice in the practice and that they'll be respected in whatever they offer. This is important for all communications with our staff and colleagues."
3. "Lots of our former processes just don't work well now—things are more complicated. We need to change how we work so jobs are doable. Most staff are stressed and overwhelmed now. We need their help shaping changes. Our job is to listen to them and figure out how to improve it for them and our patients."

**d. Invite him in.** "We considered your wish to leave things alone. A few people really want the process to work better. Do you want to know what we're going to try? It might be useful for you during X procedures. I think you'll have ideas about how to make it work."

### What does this do for you?

- Reduce your discomfort from contentious situations.
- Get more and better information on patients and processes because people are less fearful. They trust that psychological safety is a priority and disrespect is unacceptable, even by those of higher rank.
- Reduce the uncertainty you face daily and find better solutions to daily challenges by tapping all the experience and angles from your care group. They know that decisions depend on their participation and ideas. They know they are needed. They tell you more quickly.
- Improve the climate and everyone's effectiveness by modeling coping mechanisms that foster fruitful relationships.
- Reduce others' discomfort from contentious situations, too. Even if we're not involved, we all feel distress and complicated feelings when we watch hostile behavior and toxic relationships. These emotions impair our thinking and actions. Disrespectful behaviors also spread discontent. People feel unsafe. They withdraw and don't speak up. Work and patient outcomes suffer. Clarify that you'll champion respect and cultivate kindness when working together.

Your immediate response to the hostility proves very important. In this stressful work, everyone faces difficult people everywhere. Meetings offer a powerful crucible for learning. You broadcast that the expectation is respect and safety for everyone at work.

Don't delay by searching for the perfect words. Have a go-to sentence ready to follow a few slow breaths.

**What happened the last time you faced hostile behavior? I'd like to know. Email me at [nance.goldstein@post.harvard.edu](mailto:nance.goldstein@post.harvard.edu)**

# 2025 Results

# Staffing & Salary Survey

By **Keith A. Reynolds**

Practices are navigating an increasingly complex workforce landscape, as they try to balance the need to recruit and retain qualified employees with financial constraints and shifting patient demands.

The 2025 Staff Salary Survey reveals the ongoing struggle to maintain adequate staffing levels, manage employee workloads, and adapt to changing workforce dynamics. Administrators must also contend with compensation strategies, staff retention, and the integration of nonphysician providers into their care models, all of which play a critical role in long-term practice success.

For administrators, this data should serve as a guide to making informed decisions about workforce planning, resource allocation, and strategies to support both staff and patients in an evolving healthcare environment.



## Table of contents

Click buttons to jump to section

Staffing levels

Staff raises

Staffing challenges

**Nonphysician providers**

**Nurses**

**Medical assistants**

**Front desk staff**

**Billers/coders**

Benefits

Lessons learned

Reimbursement

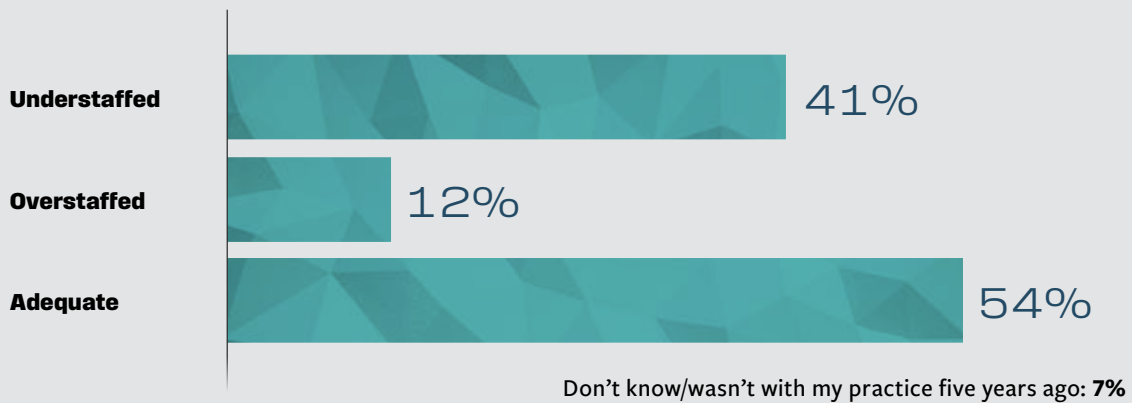
Survey demographics

# Staffing Levels

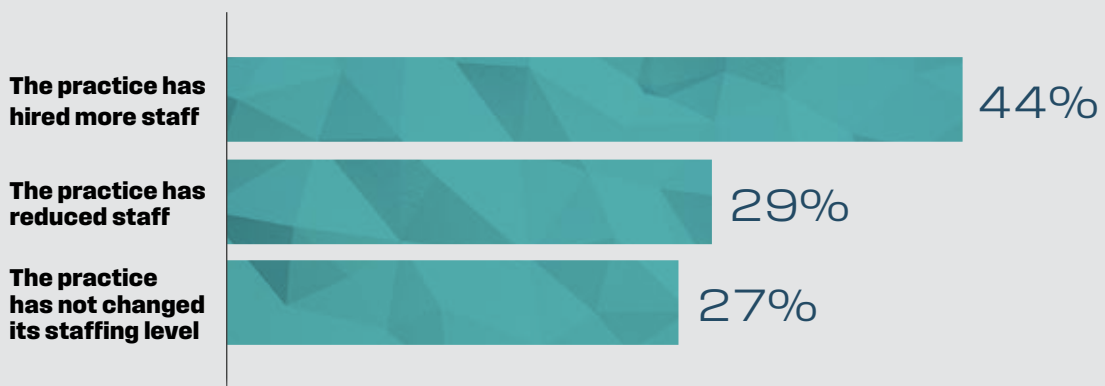
How would you rate your staffing level now?



How would you rate your staffing level five years ago?

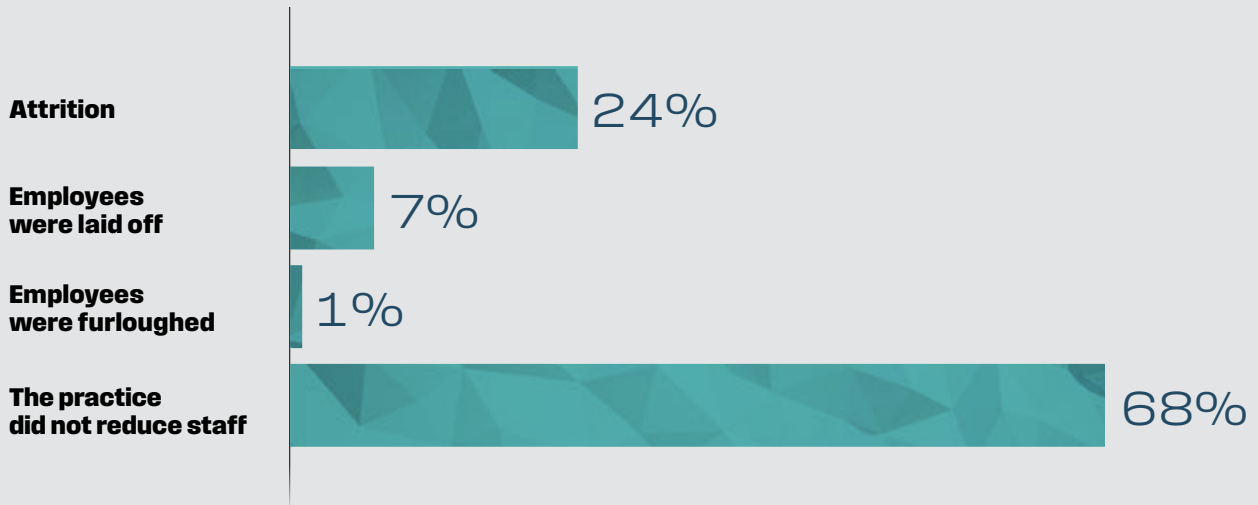


How has your practice's staff level changed in the past five years?

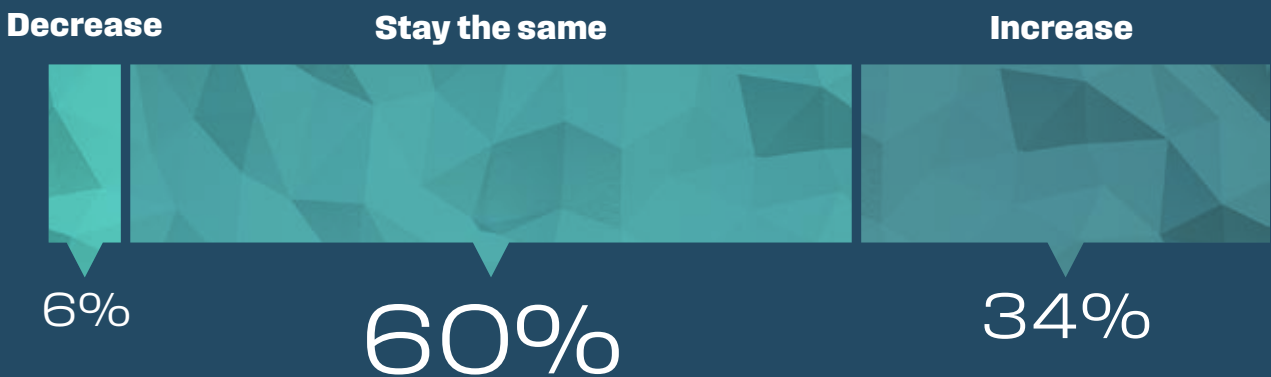


# Staffing Levels

What method did you use if you have reduced staff in the past five years?



How do you anticipate your staffing level will change in 2025?

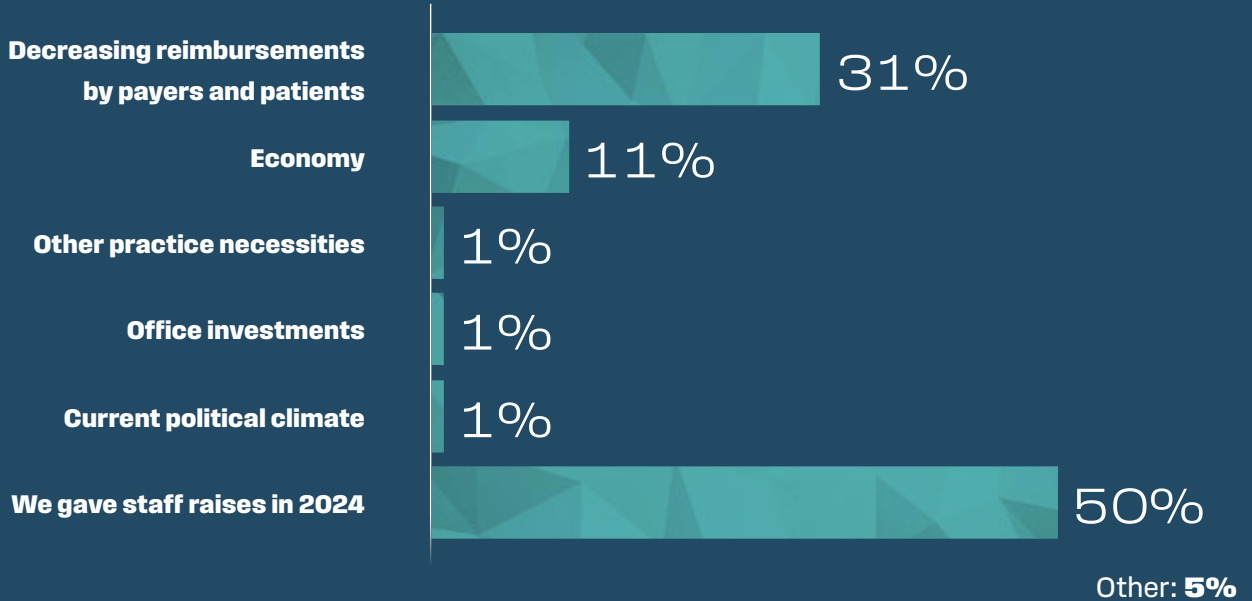


# Staff raises

Did your practice give staff raises in 2024?



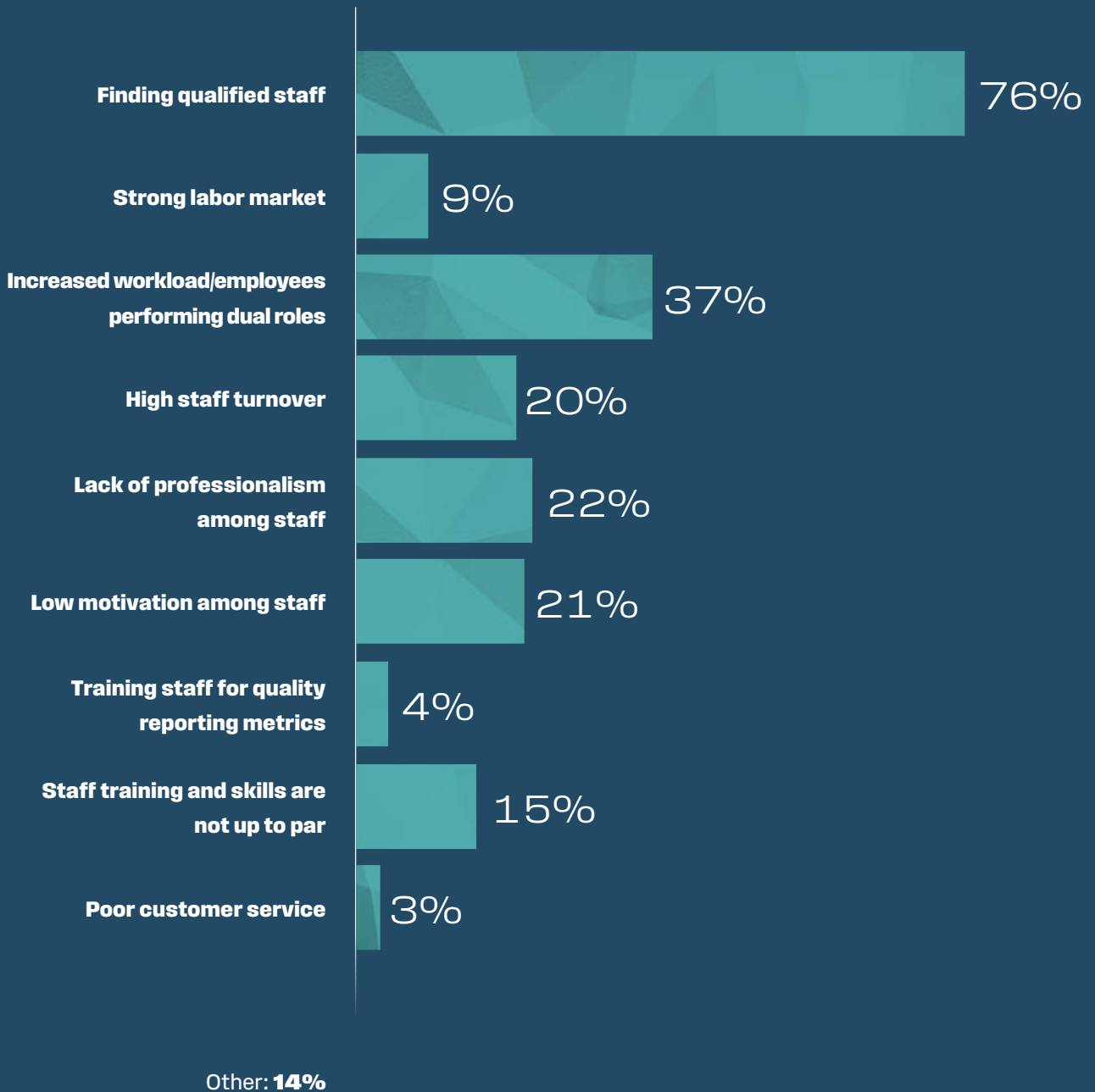
If you did not give raises in 2024, please identify the main reason.



# Staffing Challenges

What is your biggest staffing challenge?

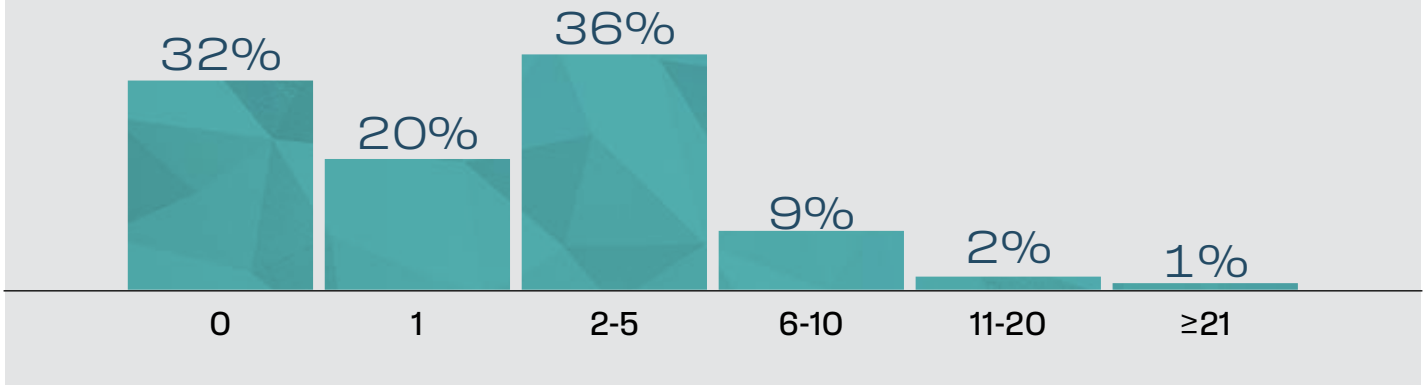
Choose up to 3 answers.



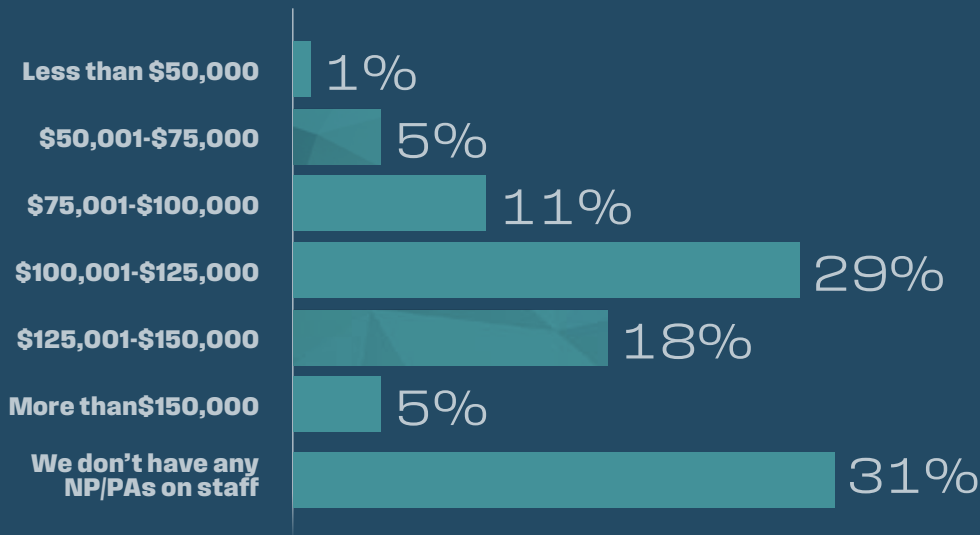


# Nonphysician providers

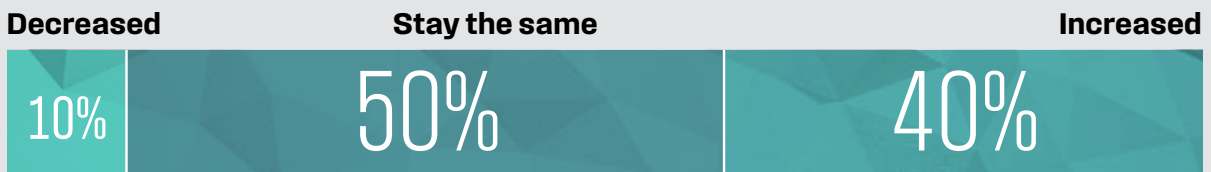
How many nonphysician providers work at your practice?  
(e.g., nurse practitioners or physician assistants)



On average, how much does a full-time nurse practitioner/physician assistant (NP/PA) position earn annually at your practice?



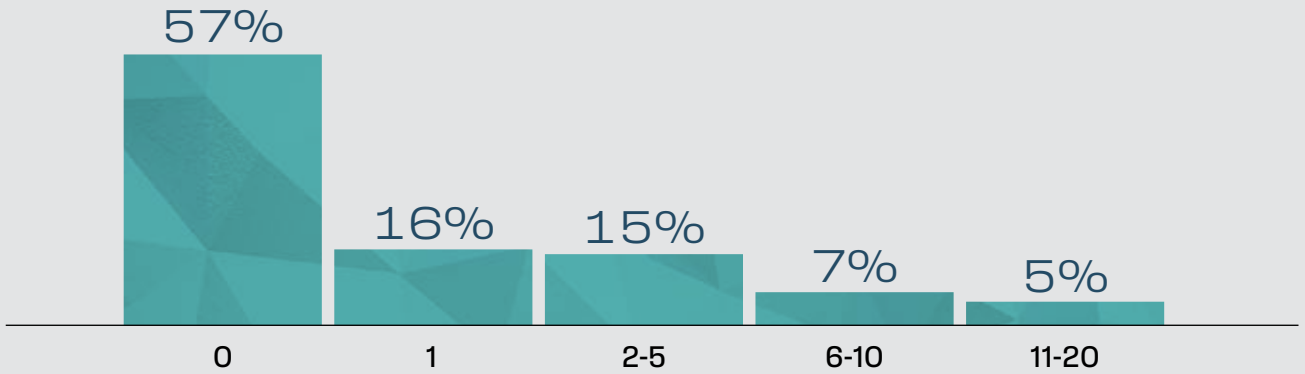
Has the number of nonphysician providers employed at your practice changed in the past five years?



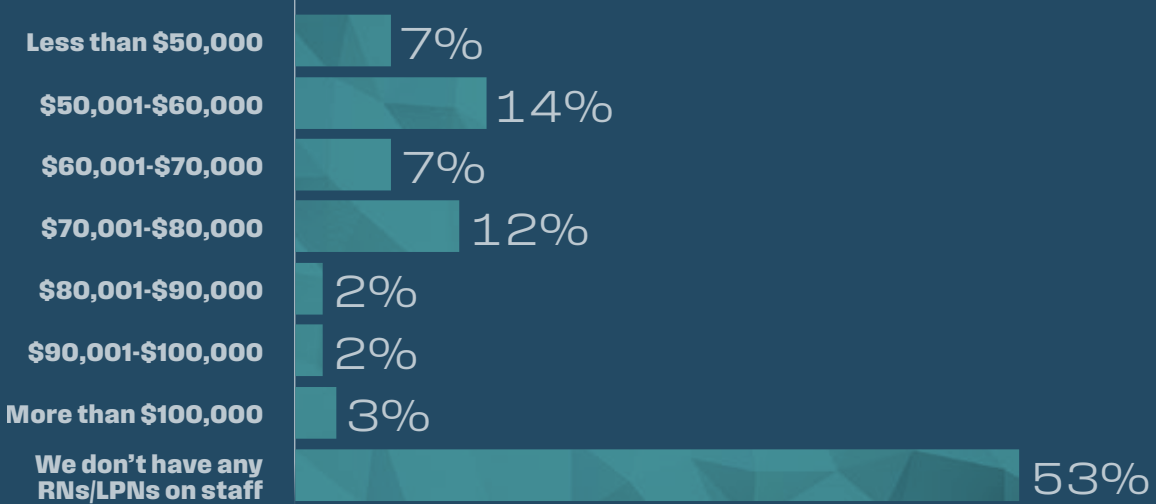
# Nurses

## How many nurses work at your practice?

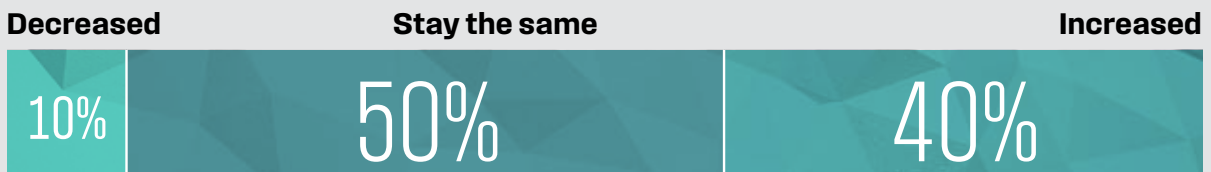
e.g., registered nurses [RNs] or licensed practical nurses [LPNs]



## On average, how much does a full-time nursing position earn annually at your practice?

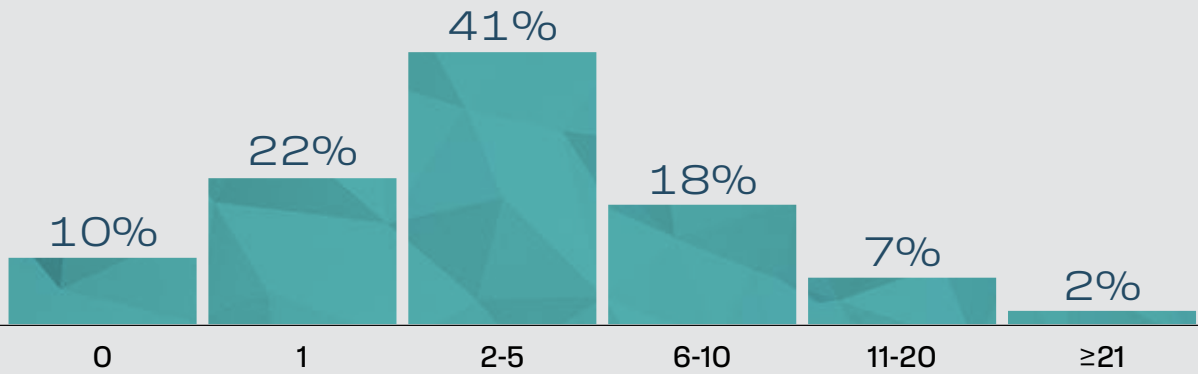


## Has the number of nurses employed at your practice changed in the past five years?



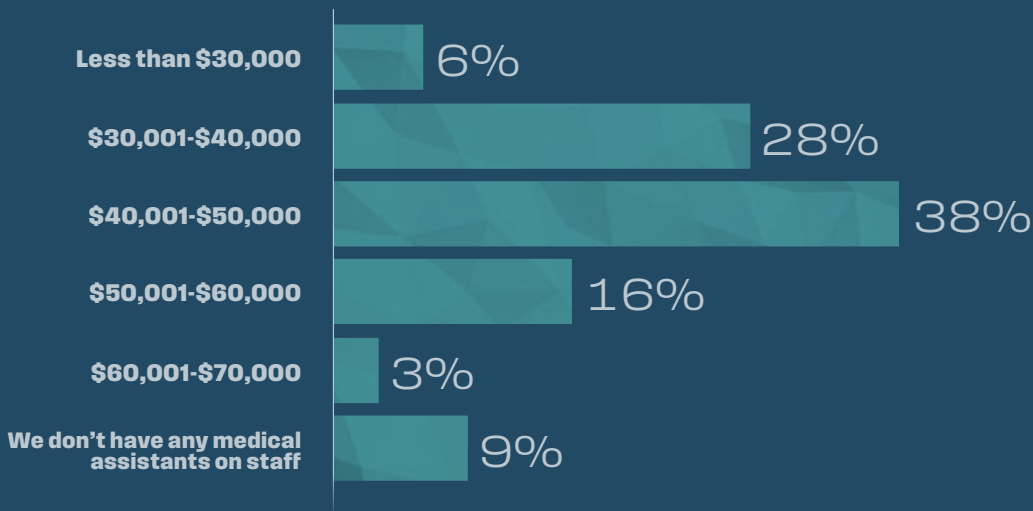
# Medical assistants

How many medical assistants work at your practice?



On average, how much does a medical assistant earn annually?

Please include only direct monetary compensation. Also, please calculate all employees as full time.

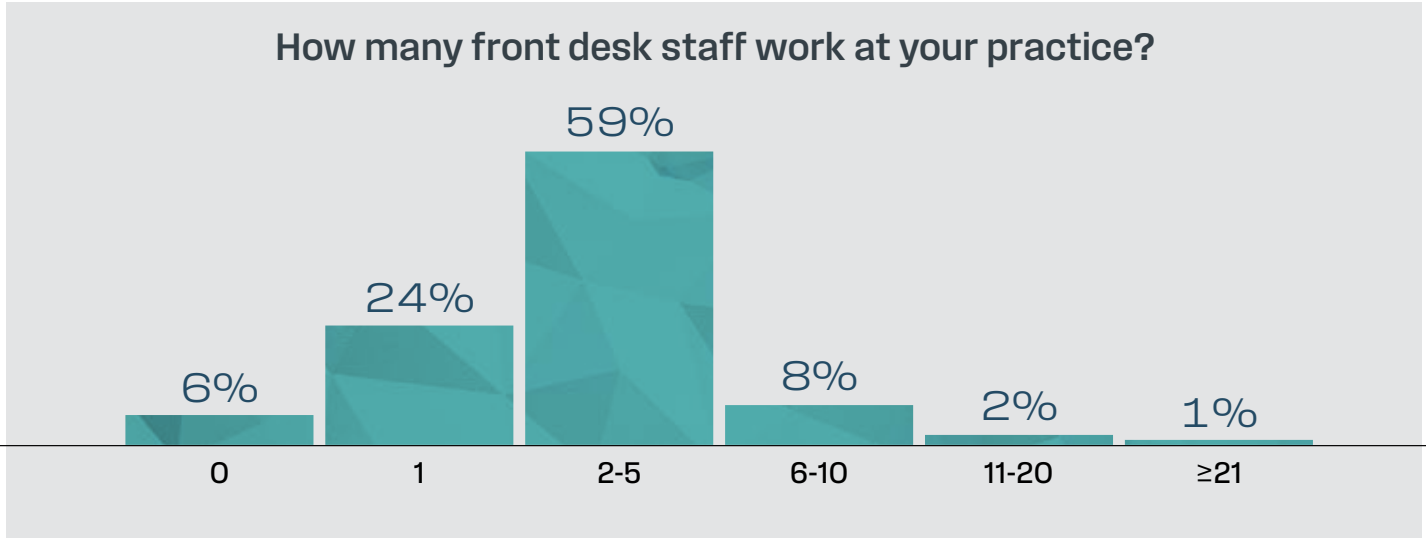


Has the number of medical assistants employed at your practice changed in the past five years?

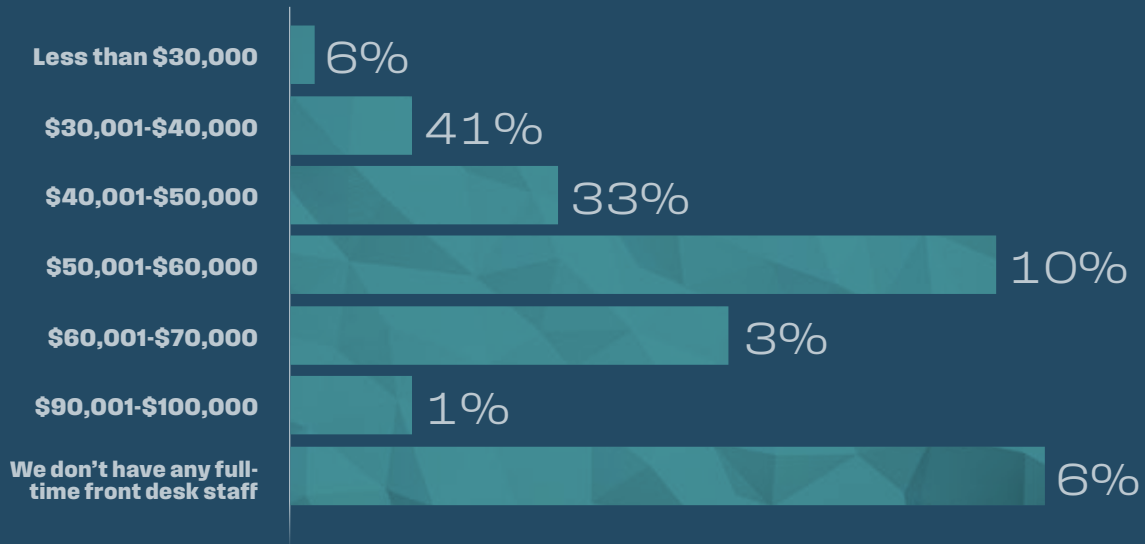


# Front desk staff

How many front desk staff work at your practice?



On average, how much does a full-time front desk staff member earn annually?

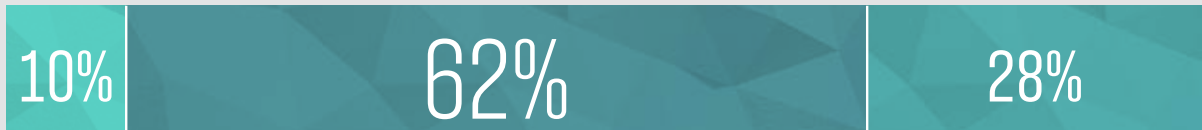


Has the number of front desk staff employed at your practice changed in the past five years?

**Decreased**

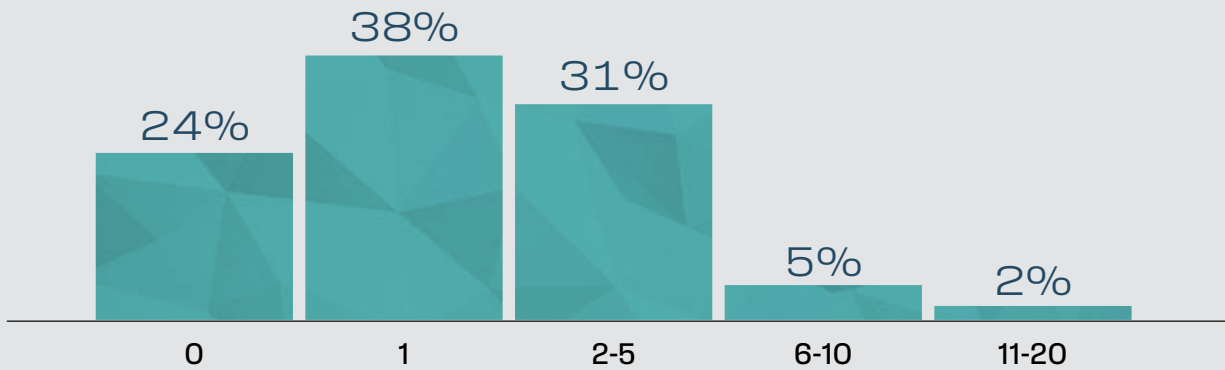
**Stay the same**

**Increased**

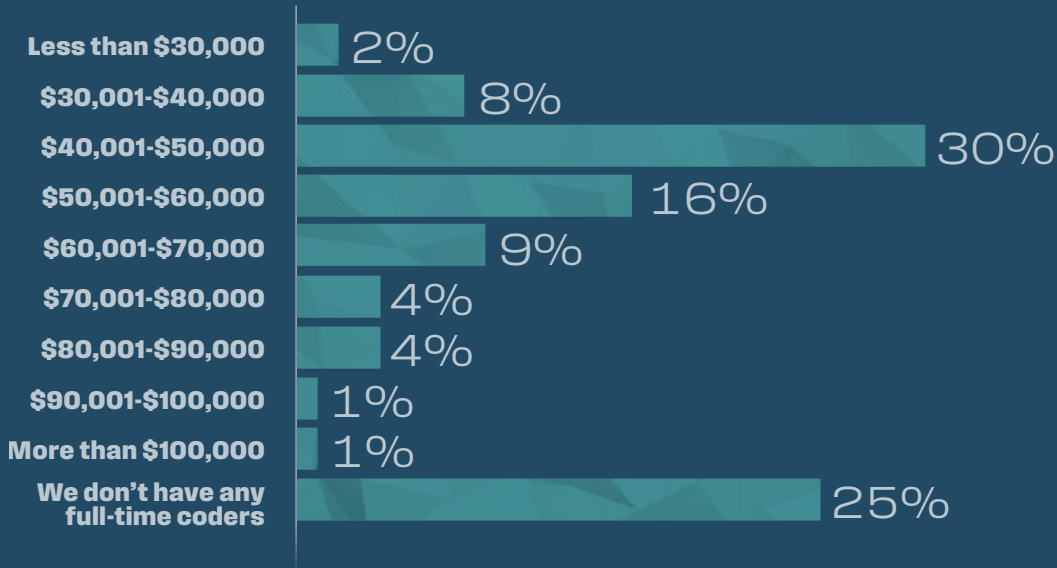


# Billers/coders

How many billers/coders work at your practice?



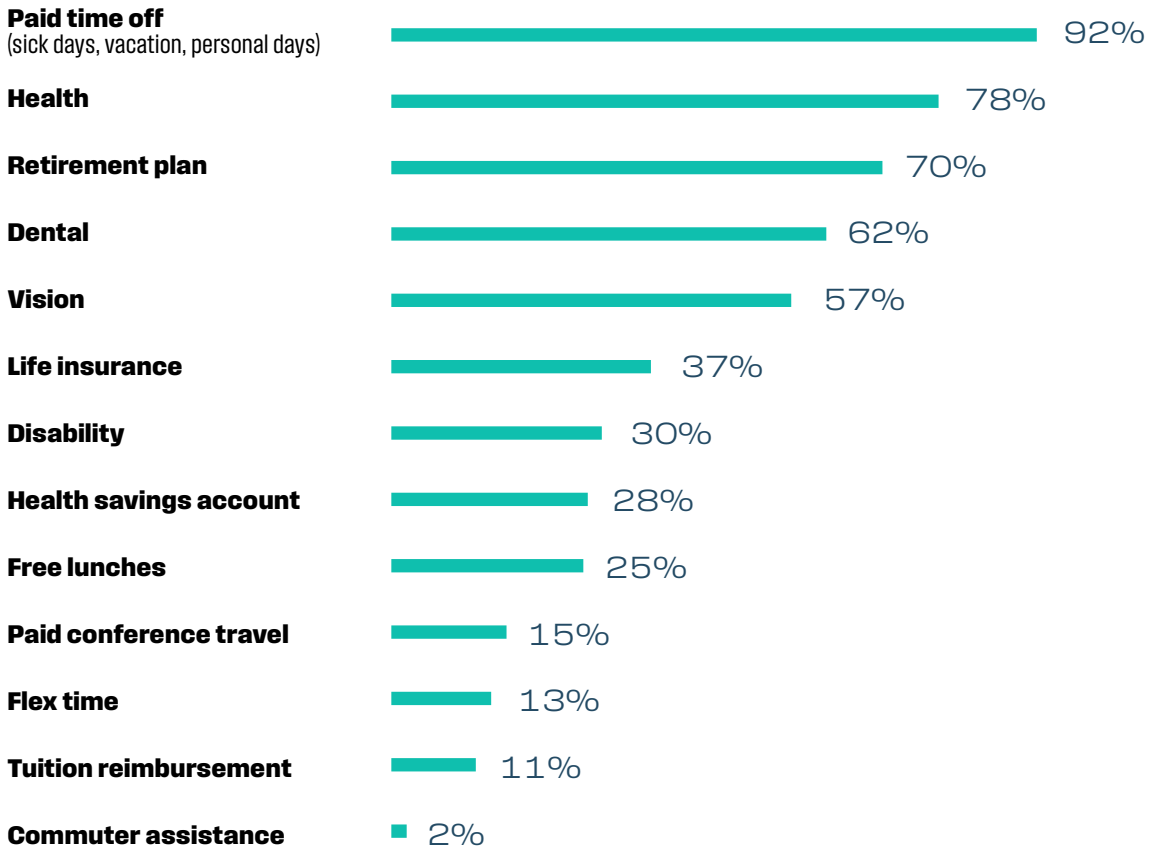
On average, how much does a full-time biller/coder position earn annually?



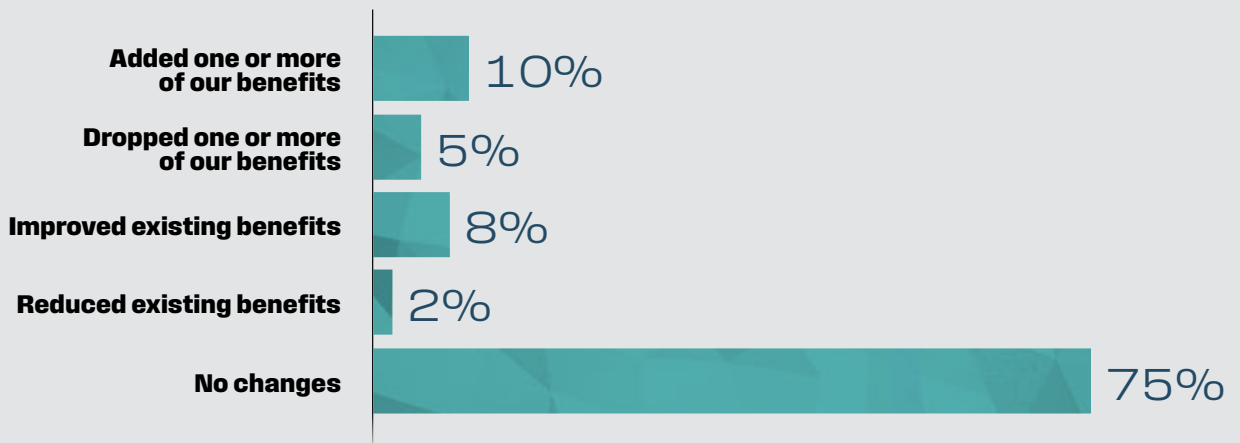
Has the number of billers/coders employed at your practice changed in the past five years?



# Benefits



Has your medical practice made any changes to offered benefits in the past year?



# Lessons learned

What advice about staffing or managing a practice would you like to give to your peers?

**Treat all staff with respect and dignity.**

• • •

Train, train, train new employees.

• • •

**Hire someone with good interpersonal skills. Job skills can be trained. Sometimes, an individual's work ethic does not become apparent until weeks or months after they start their new job.**

• • •

Employees either produce or use revenue depending on the practice operating protocols. No number of staff will ever give patients what they want: 1970s staffing levels.

• • •

**Be sure the staff is satisfied. Be flexible.**

• • •

Start getting ready for AI (artificial intelligence).

• • •

**Keep your good staff happy so they do not leave.**

• • •

Don't delay in getting rid of poor performers.

• • •

**Do frequent evaluations.**

• • •

Find good people and treat them well. Lead by example, not intimidation. Foster a family culture where everyone feels included.

• • •

**Take care of people and make retention a priority.**

• • •

Give more flexibility, especially to mothers.

• • •

**Treat your staff well (financially) and they will be loyal, stay with you and treat you and your patients well.**

• • •

Have coverage to allow for time off.

• • •

# Lessons learned

What advice about staffing or managing a practice would you like to give to your peers?

**We can't cover our costs by just seeing patients. We had to generate practice income by doing legal medicine. This is ridiculous, of course. CMS (Centers for Medicare & Medicaid Services) payments are unsustainable.**

• • •

It's impossible to cover expenses in primary care unless you do concierge.

• • •

**Keep good employees happy.**

• • •

I give cost-of-living increases and bonuses when we reach our target goal.

• • •

**Hire employees who have the right mindset to service patients, who are willing to work full schedules and who have no attendance issues from previous jobs.**

• • •

Control overhead by limiting staffing to adequate numbers.

• • •

**Pay those who earn it to stay.**

• • •

If someone is not a good fit or brings a negative to the group, don't wait to remove them from the practice. Explain why it isn't working and let them go. They are doing damage that you may not even see.

• • •

**Once you build your team, work at it every day. Each member must handle specific roles, such as one scheduler, one biller, one boss, two front office employees, and one manager. Build that team and continue perfecting it every day.**

• • •

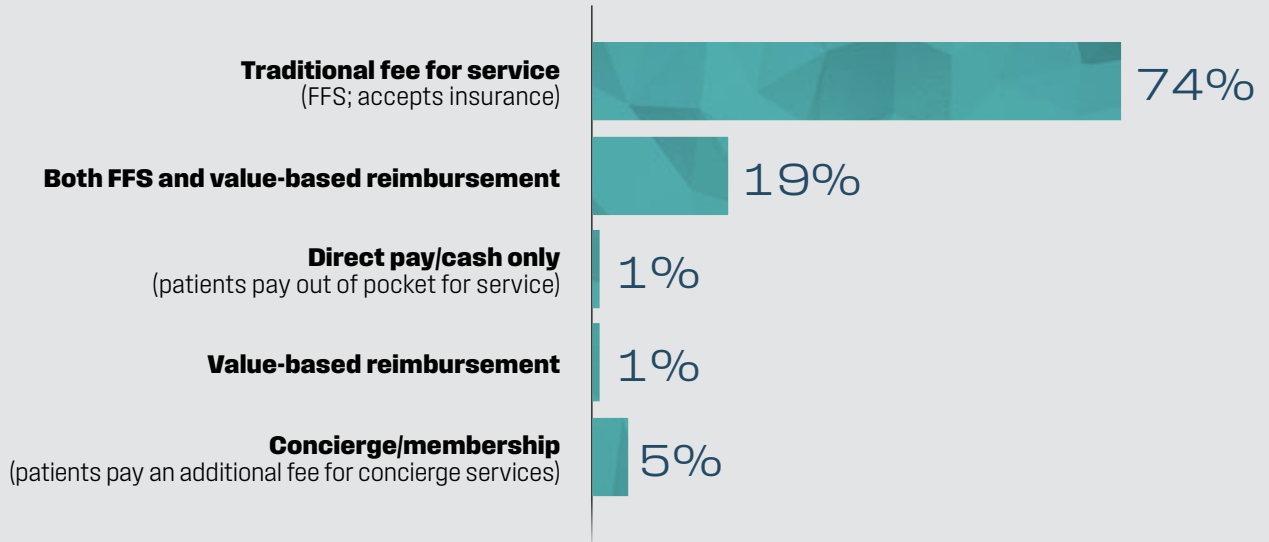
I wish there were a way to partner with the schools putting out MAs and nurses to guarantee a hire annually because all the schools strongly encourage all students to continue their education to whatever level is next, and no one wants to stay an MA, LPN or RN. They are all moving up to NPs (and not with clinical experience), leaving us with a hole in our staffing.

• • •

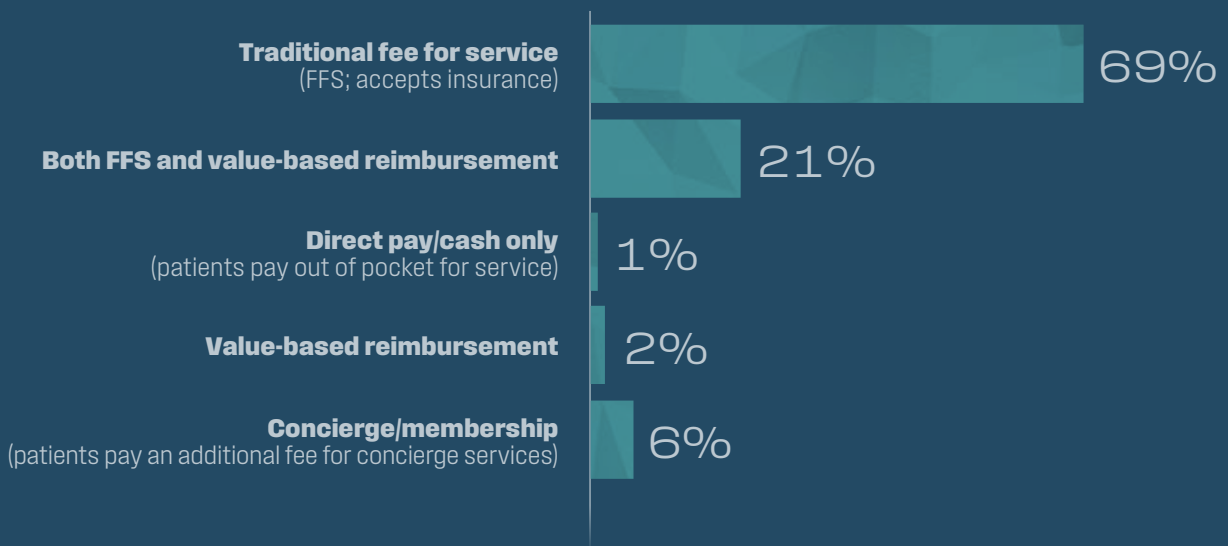


# Reimbursement

What was the primary reimbursement method at your practice before the COVID-19 pandemic?

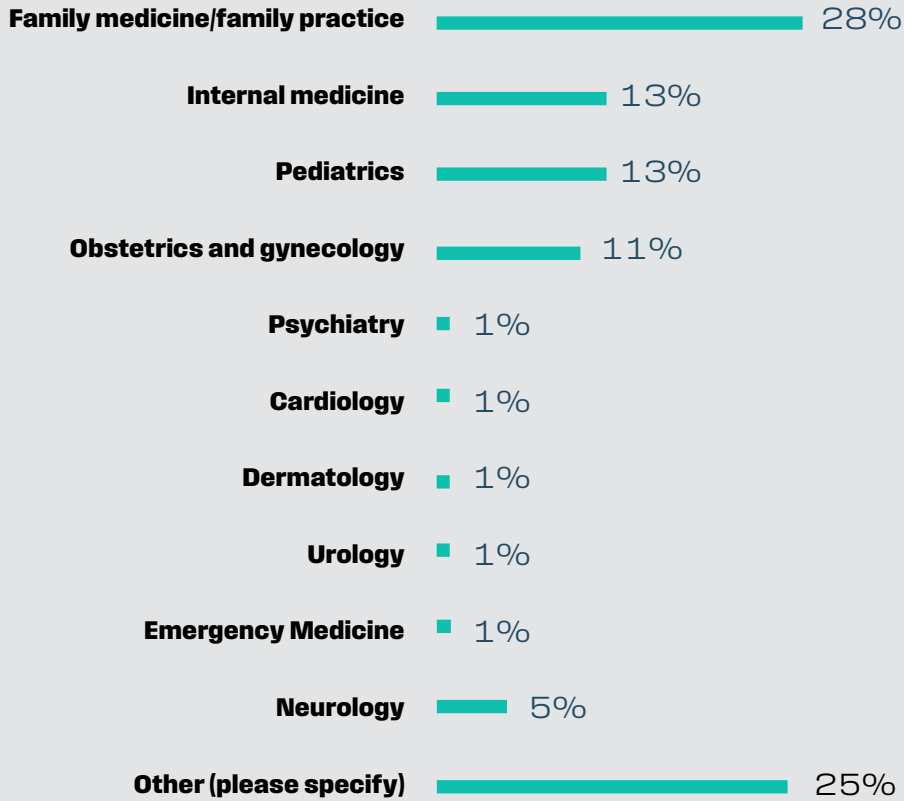


What is the primary reimbursement method at your practice now, in 2024?



# Survey demographics

## What is your specialty?



- Addiction medicine
- Rheumatology
- PM&R
- Surgery
- Psychiatry
- Urogynecology
- Allergy immunology
- Reproductive endocrinology infertility
- Wound care and surgery
- General surgery
- Critical care medicine (intensive care unit)
- Allergy
- Sleep
- Rheumatology
- Nephrology
- Endocrinology
- Ophthalmology
- Podiatry
- Oncology hematology
- pulm/critical care
- Gastroenterology
- Chiropractic

# Survey demographics

## Where is your practice located?

Alabama .....	<b>1%</b>	Nevada .....	<b>1%</b>
Arizona .....	<b>2%</b>	New Jersey .....	<b>4%</b>
California .....	<b>12%</b>	New York .....	<b>5%</b>
Colorado .....	<b>4%</b>	North Carolina .....	<b>2%</b>
Delaware .....	<b>1%</b>	Ohio .....	<b>2%</b>
Florida .....	<b>12%</b>	Oklahoma .....	<b>2%</b>
Georgia .....	<b>7%</b>	Oregon .....	<b>2%</b>
Hawaii .....	<b>1%</b>	Pennsylvania .....	<b>4%</b>
Illinois .....	<b>4%</b>	South Carolina .....	<b>4%</b>
Kansas .....	<b>1%</b>	Tennessee .....	<b>1%</b>
Kentucky .....	<b>2%</b>	Texas .....	<b>8%</b>
Louisiana .....	<b>1%</b>	Vermont .....	<b>1%</b>
Maine .....	<b>1%</b>	Virginia .....	<b>2%</b>
Maryland .....	<b>3%</b>	Washington .....	<b>1%</b>
Massachusetts .....	<b>1%</b>	Washington, D.C. ....	<b>1%</b>
Michigan .....	<b>5%</b>	Wisconsin .....	<b>1%</b>
Missouri .....	<b>1%</b>		

[Back](#)

### Editorial

#### Vice President, Content

Chris Mazzolini, MS  
cmazzolini@mjhlfsciences.com

#### Editor

Keith A. Reynolds  
kreynolds@mjhlfsciences.com

### Copyediting

#### Vice President, Copy

Jennifer Potash

#### Copy Chief

Paul Silverman

#### Copy Supervisors

Angie DeRosa,  
Nicole Canfora Lupo

#### Senior Copy Editors

Cheney Baltz,  
Marie-Louise Best,  
Kelly King

#### Substantive Editor

Georgina Carson

#### Copy Editor

Tracy Politowicz

### Design

#### Creative Director

Robert McGarr

#### Graphic Designer

Katelyn Brinckerhoff

### Production

#### Circulation Director

Jonathan Severn

### Publishing & Sales

#### Executive Vice President

Brian Haug

#### Director, Business Solutions Group

Wynn Hansen

#### Business Development

Jeffrey Chase,  
Mairon DaSilva,  
Emily Rosenthal

#### Account Manager, Recruitment

Joanna Shippoli

### Corporate

#### President & CEO

Mike Hennessy Jr.

#### Chief Financial Officer

Neil Glasser, CPA/CFE

#### Chief Operating Officer

Beth Buehler

#### Chief Marketing Officer

Shannon Seastead

#### Chief Data Officer

Terric Townsend

#### Executive Vice President,

Global Medical Affairs

& Corporate Development

Joe Petroziello

#### Senior Vice President, Content

Silas Inman

#### Senior Vice President,

Human Resources

& Administration

Shari Lundenberg

#### Senior Vice President,

Corporate Development

Erik Lohrmann

#### Senior Vice President,

Mergers & Acquisitions,

Strategic Innovation

Phil Talamo

#### Executive Creative Director

Jeff Brown

**FOUNDER**

**Mike Hennessy Sr., 1960-2021**