L² CONSULTING

FLAGSHIP RESEARCH REPORT

The National PLP Experience Report 2026

A national analysis of workforce wellness, operational burden, technology and AI readiness, leadership culture, and career sustainability among Provider Lifecycle Professionals across U.S. healthcare organizations

PREPARED FOR

Healthcare Administrative & Clinical Leaders · Medical Staff Professionals · Provider Lifecycle Professionals · Executives & Boards

THE NATIONAL PLP EXPERIENCE SURVEY · 2026

Research, methodology & analysis by L² Consulting

DEVELOPING PEOPLE. STRENGTHENING SYSTEMS.

200	53%	44%	94.5%
NATIONAL RESPONDENTS	CONSIDERED LEAVING IN 12 MONTHS	STRUGGLING OR WORSE ON BURNOUT	PERFORM PARTLY MANUAL WORK

Contents

Executive Summary

A PROFESSION AT AN INFLECTION POINT

Provider Lifecycle Professionals (PLPs) are the operational backbone of healthcare compliance, provider onboarding, credentialing, privileging, enrollment, and governance. The National PLP Experience Survey — designed, fielded, and analyzed by LSquared Consulting — captured the experiences of 200 PLPs across all nine U.S. census divisions and nearly every healthcare setting. The picture that emerges is consistent and consequential: a deeply committed, highly experienced workforce sustaining mission-critical functions under structural conditions that are eroding its wellbeing, its retention, and — if left unaddressed — its future pipeline.

> *"The data does not describe a workforce that has lost its commitment. It describes a workforce that has sustained its commitment under conditions that are no longer sustainable."*

SEVEN HEADLINE FINDINGS

More than half the workforce is weighing an exit. 106 of 200 respondents (53%) seriously considered leaving in the past 12 months — 82 for a new organization, 11 for a different role internally, and 13 for the workforce entirely. Workload and stress (94 mentions) leads every list of departure drivers, ahead of compensation (83).

Burnout risk sits at 44%. 58 respondents are struggling, 12 are nearing burnout, and 17 are experiencing it. Only 28 (14%) describe themselves as thriving — a one-to-three ratio of thriving to at-risk professionals.

Recognition scarcity is the single strongest workforce-risk signal in the dataset. Among the 54 PLPs recognized rarely or never, 64.8% are at burnout risk and 68.5% considered leaving — both statistically significant differences versus their recognized peers ($p = .0004$ and $p = .012$). No other single variable separated at-risk from well professionals as sharply.

Where and how PLPs work shapes how they fare. On-site professionals report burnout risk at nearly twice the rate of remote professionals (59.7% vs. 30.0%, $p = .003$). Solo practitioners — 45 respondents work as a team of one — carry 60% burnout risk ($p = .018$). Medical group practices emerged as the highest-risk setting (70.4% burnout risk; 74.1% turnover consideration).

Manual work remains the norm; genuine automation remains the exception. 189 of 200 respondents (94.5%) perform work that is at least partly manual; only 11 operate in fully automated environments. The typical PLP juggles 6.7 lifecycle functions across 5.9 systems and 139 of 200 (70%) still rely on credentialing spreadsheets even where formal systems exist.

The workforce is leaning into AI led by its veterans. 126 of 200 named AI the top industry trend they are watching, and AI/process automation was the most-requested development skill (88 mentions). Interest is highest among PLPs with 11 15 years (55.6%) and 20+ years (54.8%) of experience a direct counter to the assumption that senior professionals resist new technology.

The talent pipeline is an emerging strategic risk. 129 respondents (64.5%) have 11 or more years in the profession, and not a single respondent reported less than one year. A workforce this experienced is an asset today and a succession cliff tomorrow.

WHAT THE FINDINGS MEAN FOR LEADERS

Three implications organize this report. First, the primary levers of PLP retention are operational and cultural, not purely financial: workload visibility, consistent recognition, work-model flexibility, and team design are within leadership control today, at little or no cost. Second, technology investment should be framed as workforce-resilience strategy, not just efficiency strategy the small fully automated cohort reported markedly better wellbeing, while partial automation showed no such protection. Third, the profession's appetite for AI creates a governance obligation and an educational opportunity that organizations can either lead or inherit.

Recommendations in this report are organized across three tiers: **immediate actions** achievable with existing resources; **operational investments** with measurable mid-term returns; and **transformational strategies** for long-term workforce resilience. Every major finding also maps to the year-long educational campaign a National Town Hall and three deep-dive webinars detailed in the campaign alignment section.

About This Research & Methodology

SURVEY DESIGN AND ADMINISTRATION

The National PLP Experience Survey was conceived, designed, and administered by LSquared Consulting, which also performed all statistical analysis, interpretation, and executive reporting presented here, and which produces the educational programming that extends the research. The instrument comprised more than 40 questions spanning demographics, role scope, operational environment, technology utilization, workload equity, psychological safety, recognition, work-life balance, burnout, retention intent,

career development, and industry outlook — combining single-select, multi-select, matrix (Likert-type), and open-ended formats.

SAMPLE

200 complete responses were collected from Provider Lifecycle Professionals across the United States, with respondent uniqueness verified by unique Respondent ID (no duplicates across 200 records). Respondents represent every U.S. census division, 39 states, and the full spectrum of healthcare settings — hospitals and health systems, medical group practices, CVOs, consulting firms, payers, community health centers, and software companies. Respondent job titles ranged from credentialing specialists and medical staff coordinators to directors, consultants, and partners.

ANALYTICAL APPROACH

Analysis proceeded in three stages: (1) descriptive frequencies for every item; (2) construction of composite indices for psychological safety (8 items), perceived value (8 items), workload equity (10 items), and work-life balance (8 items); and (3) segmented analysis comparing burnout status and turnover intent across demographic and operational variables. Group differences were tested with chi-square tests of independence for categorical comparisons and independent-samples t-tests for composite scores. Significance is reported at conventional thresholds; where cell sizes are small, findings are explicitly flagged as directional rather than conclusive.

A NOTE ON STATISTICAL LANGUAGE

This report deliberately distinguishes among observation (what respondents reported), association (statistically significant relationships between variables), trend (directional patterns not reaching significance), and hypothesis (interpretations requiring further study). Survey data of this kind cannot establish causation. Where the data cannot answer a question, the report says so — and routes the question to the Phase II research agenda.

LIMITATIONS IN BRIEF

Self-selection: respondents opted in through professional networks; professionals experiencing acute strain — or acute engagement — may be overrepresented.

Cross-sectional design: a single point in time cannot capture trajectories; burnout and turnover intent are inherently dynamic.

Cell sizes: several settings (payers, outpatient clinics, psychiatric hospitals) contributed fewer than 10 respondents each; setting-level findings for small groups are directional only.

Self-report: burnout, workload, and automation levels reflect perception, not audited measurement a limitation and, for workforce experience research, also the point.

A complete methodology discussion, demographic tables, and statistical notes appear in the Appendices.

Respondent Profile: Who the PLP Workforce Is

Understanding who answered this survey is itself a finding. The respondent base describes a workforce that is experienced, operationally central, geographically dispersed, and structurally thin.

AN UNUSUALLY EXPERIENCED WORKFORCE WITH AN EMPTY ON-RAMP

64.5%	31%	0
11+ YEARS IN THE PROFESSION (129 OF 200)	MORE THAN 20 YEARS (62 RESPONDENTS)	RESPONDENTS WITH LESS THAN 1 YEAR

Tenure skews heavily senior: 62 respondents report more than 20 years in the profession, 31 report 16 20 years, and 36 report 11 15. Only 21 respondents (10.5%) have 1 3 years of experience and **not one respondent reported less than a year in the profession.** While survey reach partly explains this (early-career professionals are less embedded in the networks through which the survey circulated), the pattern is consistent with what operations leaders describe anecdotally: recruitment into the profession is informal, entry pathways are invisible, and the field is aging faster than it is replenishing.

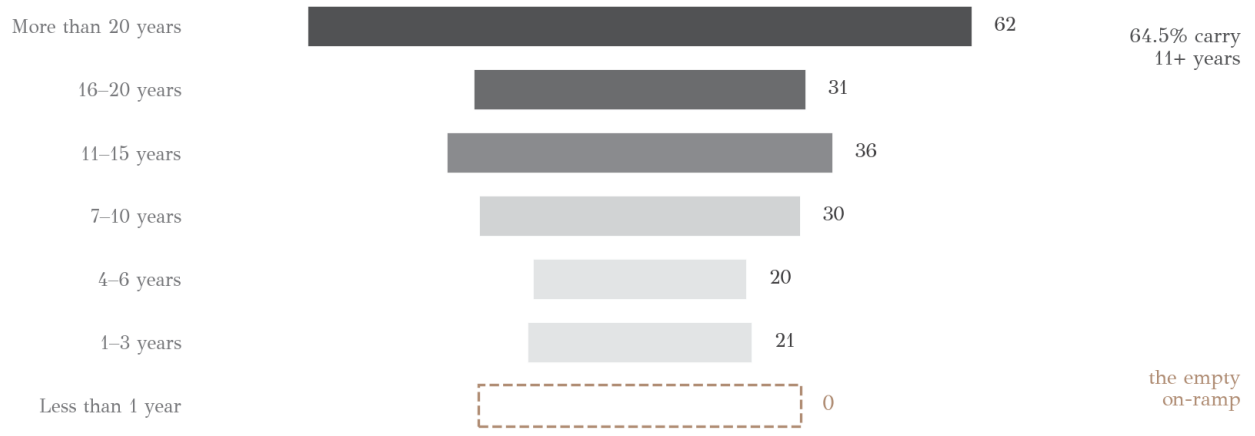


FIGURE 1 · THE TENURE PYRAMID DEEP IN EXPERTISE, EMPTY AT THE ON-RAMP

EXECUTIVE IMPLICATION

Institutional knowledge in provider lifecycle operations is concentrated in a veteran cohort approaching retirement windows, while structured entry pathways into the profession are effectively absent. Succession risk in PLP functions is not hypothetical it is demographic.

WHERE THEY WORK

System hospitals contributed the largest cohort (51), followed by medical group practices (27), single hospitals (24), academic hospitals (13), CVOs (12), and consulting firms (10), with community health centers, specialty clinics, payers, software companies, and other settings rounding out the sample. Organizations range from those serving fewer than 100 providers (13 respondents) to enterprises supporting 10,000 or more (16). Geographic coverage spans all nine census divisions, led by the West South Central (38), Pacific (31), and East North Central (29) divisions, with 24 respondents serving national footprints. Texas (25), Minnesota (17), California (17), and Florida (16) were the most represented states.

HOW THEY WORK

Dimension	Distribution	Why it matters
Work model	Remote 80 (40%) · On-site 62 (31%) · Hybrid 58 (29%)	Work model shows one of the strongest wellness associations in the study (Section 06).
Team size	Team of one: 45 (22.5%) · 2 3 FTE: 50 · 4 6: 41 · 7+: 64	Nearly half of respondents (47.5%) work on teams of three or fewer.
Individual provider load	121 of 200 (60.5%) personally support 251+ providers; 51 (25.5%) support more than 1,000	Caseload concentration with no established national staffing benchmark.
Salary	25% earn under $60K; 53.5% under $80K; 50 respondents earn $100K+	Compensation is the #1 stated stay-factor (97 mentions).
Role breadth	Mean 6.7 lifecycle functions per respondent; 62.5% handle 5+; 40% handle 8+	The "PLP" title conceals a portfolio of specialties carried simultaneously.
Systems	Mean 5.9 systems used regularly; 67.5% navigate 5 or more	Fragmentation is a daily operating condition, not an edge case.

WHAT THEY DO

Credentialing is near-universal (180 of 200), followed by privileging (131), data management (104), onboarding (103), meeting management (80), compliance (77), and provider enrollment (76). 156 of 200 respondents (78%) serve on cross-functional committees a mean of 3.9 each among those who serve (3.04 across all 200) spanning credentialing

committees, MECs, peer review, accreditation readiness, and technology implementation. This breadth is the quantitative signature of a pattern the profession has long described qualitatively: PLPs are enterprise connectors whose scope routinely exceeds their job descriptions and their organizational visibility.

> *"The typical respondent carries six or more lifecycle functions, works across nearly six systems, sits on three committees — and, in one case out of five, does all of it alone."*

Section 01 · Workforce Wellness

BURNOUT IS NOT AN INDIVIDUAL PROBLEM IT IS AN OPERATIONAL ONE

14%	41%	29%	14.5%
THRIVING (28)	MANAGING (82)	STRUGGLING (58)	NEARING (12) OR IN BURNOUT (17)

Eighty-seven respondents 43.5% of the sample, rounded throughout this series to 44% describe themselves as struggling, nearing burnout, or experiencing burnout. The largest single group, the 82 "managing" respondents, deserves equal executive attention: they are functional but absorbing sustained pressure without adequate relief, and they represent the population most likely to migrate into the at-risk category if conditions do not change. **For every PLP who is thriving, three are in measurable distress.**

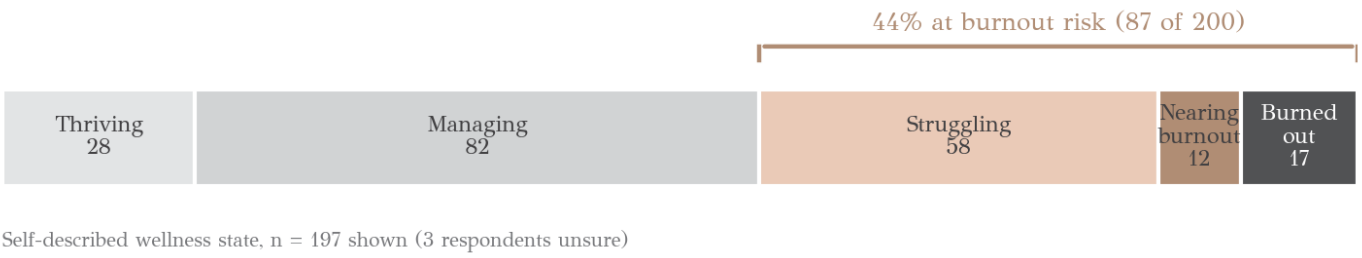


FIGURE 2 · THE BURNOUT CONTINUUM THE SIGNATURE PICTURE OF THE PROFESSION

WORK-LIFE BALANCE: THE RECOVERY DEFICIT

Respondents rated eight dimensions of work-life balance. Most structural dimensions score reasonably 69.5% rate their flexibility good or excellent, 66.7% say their organization supports work-life balance. The weakest item is the most physiological: only **43.5% feel rested and recharged when they return to work**, and 21% rate this dimension poor or very poor. PLPs can often arrange their work; they cannot recover from it. The gap between

flexibility (available) and restoration (absent) suggests workload volume, not schedule rigidity, is the binding constraint.

Work-life balance is also where at-risk and well professionals diverge most sharply: among burnout-risk respondents, only **41.4% rate organizational work-life-balance support positively, versus 85.5% of thriving/managing peers** — a 44-point spread, the widest single-item gap in the study.

HOW PLPS COPE — AND WHAT THEY DO NOT DO

117 respondents have taken time off to cope with or prevent burnout; 64 engaged in wellness activities; 51 leaned on peers.

50 respondents — one in four — have considered changing roles or leaving the profession as a coping response. Attrition is functioning as a wellness strategy.

Only 23 respondents have spoken to a supervisor or HR. The most institutionally actionable coping channel is the least used — consistent with the psychological safety findings in Section 04: professionals share ideas readily but do not feel heard on concerns.

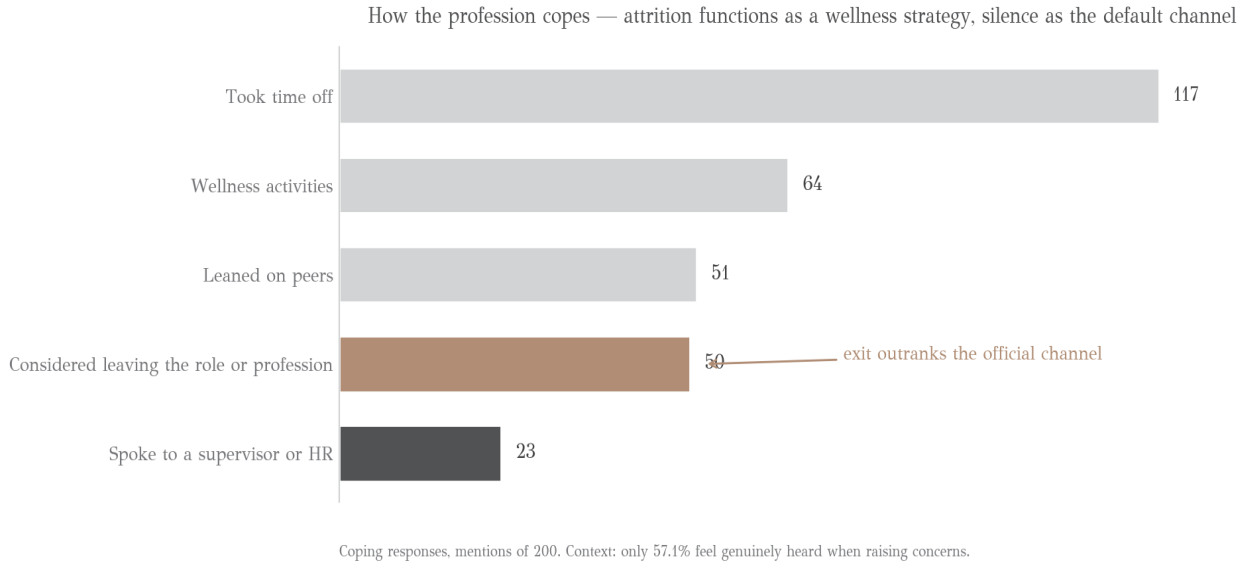


FIGURE 3 · THE SILENCE FUNNEL — EXIT OUTRANKS THE OFFICIAL CHANNEL

THE WELLNESS RESOURCE MISMATCH

Organizations are not without wellness offerings — but the portfolio is generic where the need is structural. PTO (166) and EAPs (156) are nearly universal; remote/hybrid options (118) and flexible schedules (78) are common. The resources that address workload and team-level strain directly are rare: mental health or recharge days (22), meeting-free days (20), peer support systems (19), and psychological safety training (10). The data suggests

organizations have funded individual coping infrastructure while underinvesting in the operational conditions that make coping necessary.

> **ANALYTICAL NOTE OBSERVATION VS. ASSOCIATION**
>
> Burnout self-assessment is a perception measure, and the categories are not clinical diagnoses. The distributional findings above are observations. The relationships between burnout and recognition, work model, team size, and setting reported in Section 06 are tested associations. Neither establishes causation; both are actionable.

Section 02 · Operational Burden

MANUAL WORK IS NOT JUST INEFFICIENT IT IS COGNITIVELY COSTLY

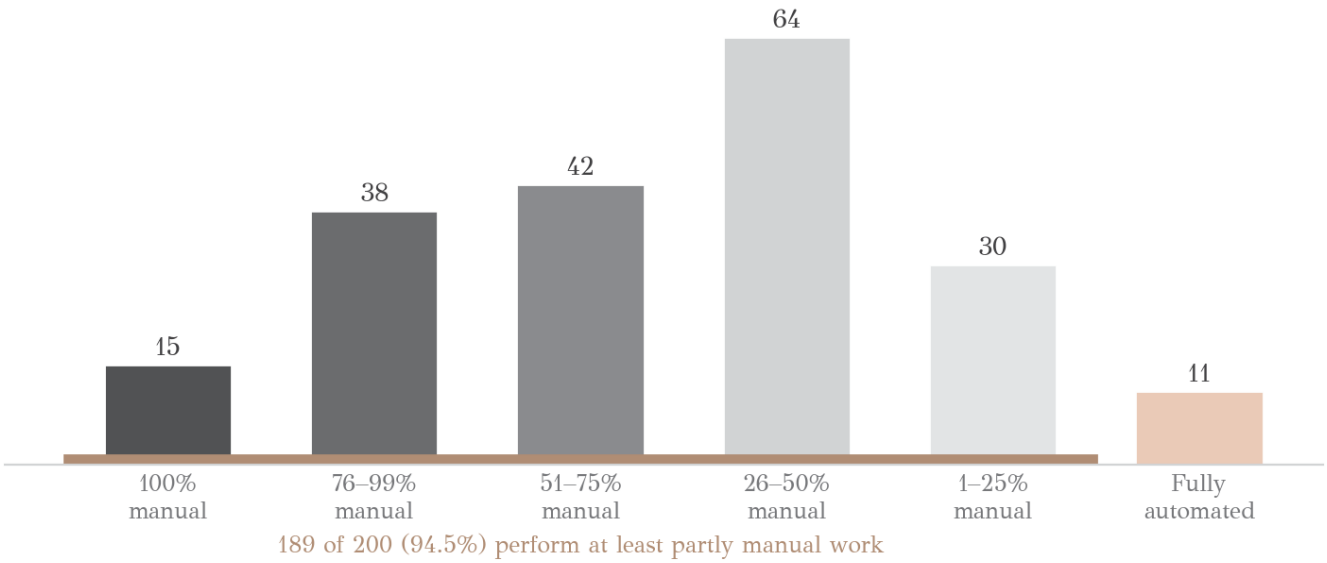


FIGURE 4 · THE MANUAL WORKLOAD SPECTRUM RESPONDENTS BY AUTOMATION BAND

189 of 200 respondents (94.5%) perform work that is at least partly manual, and 53 (26.5%) describe their work as 76 100% manual. When respondents say "manual," they describe a layered set of operationally costly activities: duplicate entry across non-integrated systems, spreadsheet-based expirables tracking, repetitive follow-up with providers and payers, manual reconciliation of enrollment and credentialing data, and email-driven approval chains. Each demands cognitive attention and coordination effort that compounds across the day. **The cost is not only hours; it is attention, error risk, and the crowding-out of strategic work.**

THE SPREADSHEET SHADOW SYSTEM

169 respondents use a formal credentialing system yet **139 (70%) still rely on credentialing spreadsheets or shared drives**, and 110 work daily in state licensing portals outside any integrated environment. The near-total overlap between system users and spreadsheet users reveals the true state of PLP technology: platforms exist, but their gaps are patched by parallel manual infrastructure that carries no audit trail, no integration, and full key-person dependency. This "shadow system" is where much of the 94.5% manual figure actually lives and it is invisible to the executives who approved the platform spend.

TOP OPERATIONAL BARRIERS

Rank	Barrier	Mentions	Barrier family
1	Too few team members to meet workload demands	61	Staffing
2	Low understanding of PLP work by others in the organization	48	Visibility
3	Redundant or duplicative tasks	47	Process
4	Poor handoffs between departments	45	Process
5	Too many manual data entry requirements	45	Technology
6	Outdated or manual systems	42	Technology
7	Lack of cross-training or back-up coverage	41	Staffing
8	Too many logins or disconnected platforms	40	Technology
9	Lack of clear communication from leadership	38	Leadership
10	Lack of system integration (EMR, HRIS, credentialing)	37	Technology

The top-ten list splits almost evenly across staffing, technology, process, and visibility evidence that operational burden in PLP functions is a system property, not a single deficiency. Notably, the #2 barrier is not a resource at all: it is being misunderstood. Low organizational awareness of PLP work appears again in the recognition data (Section 04) and in what respondents say would make them stay.

WORKFLOW GOVERNANCE: STANDARDIZED ON PAPER, REACTIVE IN PRACTICE

Standard workflows nominally exist 152 respondents (76%) report documented procedures, with 38 more in development. But governance of those workflows is reactive: **85 respondents say workflows are reviewed only when errors surface, and 13 say never** meaning 49% of the workforce operates under find-out-the-hard-way process management. Only 15 respondents work in environments with quarterly review cadences. Similarly, just 55 respondents (27.5%) say information is shared across teams consistently through established systems; the plurality relies on inconsistent, informal, or ad hoc channels.

WHAT PLPS SAY WOULD MOST IMPROVE THEIR PERFORMANCE

Asked what would make them higher performers, respondents put operational relief decisively first: **fewer manual tasks** (86)**, better technology or automation** (73)**, and streamlined workflows** (72) outrank every cultural and developmental option ahead of data access (65), cross-training and leadership support (58 each), and added staffing (57). The workforce is not asking to work less; it is asking to stop performing work that systems should perform. That is among the most executive-actionable findings in this study, because it prices the intervention: workflow and automation investment is the performance lever the workforce itself has already identified.

> *"Manual work is not simply an efficiency problem. It is a workforce sustainability problem — when professionals spend their cognitive bandwidth on administrative complexity, the strategic, relational, and quality-driven work that defines professional value is what gets crowded out."*

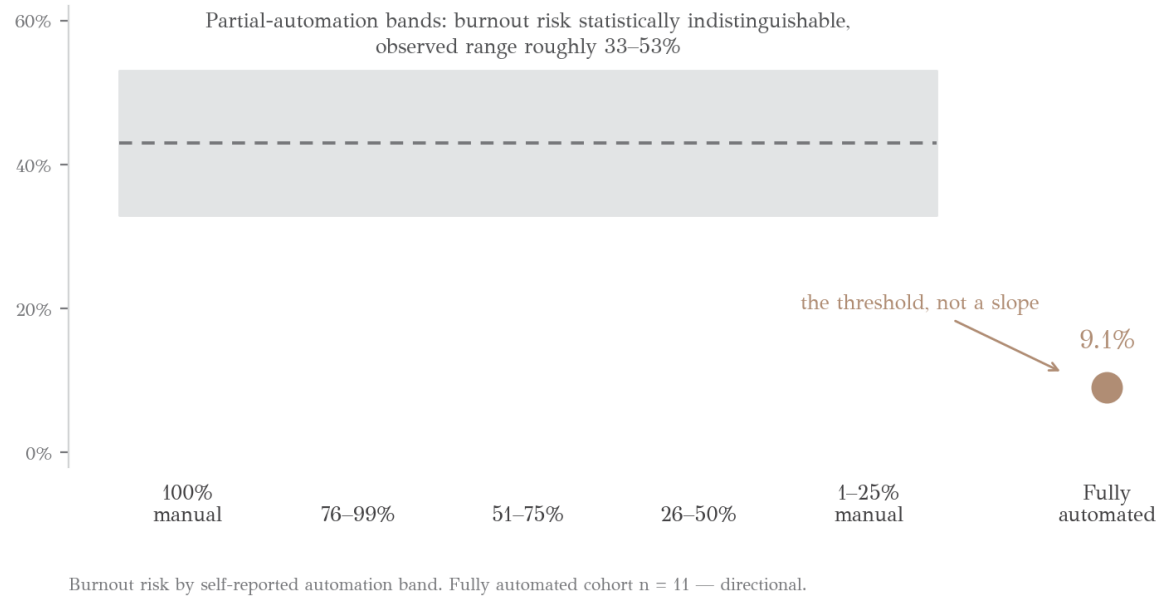
Section 03 · Technology & AI Readiness

AUTOMATION AS WORKFORCE RESILIENCE AND AN HONEST READ OF THE EVIDENCE

The 11 respondents in fully automated environments report strikingly better wellbeing: only one (9.1%) falls in the burnout-risk range, versus 45.5% of everyone else ($p = .04$). Turnover consideration in this group is also the lowest of any workload band (27.3%). **However, across the partial-automation spectrum from 100% manual through 1 25% manual burnout risk is statistically indistinguishable** (roughly 33 53% in every band; $p = .64$ for high-manual vs. others). Two interpretations fit the pattern and warrant Phase II testing: a threshold effect, in which the benefits of automation only materialize when integration is end-to-end and the spreadsheet shadow system disappears; or a confound, in

which fully automated environments are simply better-resourced organizations overall. Either way, the practical implication is the same and important: **incremental automation that leaves reconciliation, tracking, and follow-up manual should not be expected to move workforce-wellness outcomes by itself.**

> **ANALYTICAL NOTE — CORRELATION, NOT CAUSATION**
> This section reports observed associations in cross-sectional data. The fully automated cohort is small (n = 11); its findings are directional. The absence of a wellness gradient across partial-automation bands is a genuine finding of this study and a correction to intuition — partial automation appears necessary but not sufficient for workforce-experience gains.



Burnout risk by self-reported automation band. Fully automated cohort n = 11 — directional.

FIGURE 5 · THE AUTOMATION THRESHOLD — FLAT ACROSS PARTIAL BANDS, DIFFERENT AT COMPLETION

THE AI SIGNAL

126	88	55.6%
NAMED AI THE TOP TREND THEY WATCH (63%)	RANKED AI & AUTOMATION #1 SKILL TO DEVELOP	AI-SKILL INTEREST AMONG 11 15 YR VETERANS

AI in healthcare dominates the professional radar (126 mentions), followed by real-time performance dashboards (73), data interoperability (72), and workflow automation/RPA (70) — a technology cluster that together defines the profession's forward horizon. On the development side, AI and process automation was the single most requested skill (88), ahead of compliance and accreditation (75) and credentialing best practices (74). **The demand pattern is unambiguous: the workforce wants to work differently, and it wants to be trained for it.**

VETERANS ARE LEADING THE AI CURVE, NOT RESISTING IT

AI-skill interest is highest among the profession's most experienced members: 55.6% of PLPs with 11 15 years and 54.8% with more than 20 years selected AI as a development priority, versus roughly a third of early-career respondents. Trend-watching shows the same shape 74.2% of 20+-year veterans track AI, the highest of any cohort. This inverts a common executive assumption and carries a design implication for training programs: the profession's deepest domain experts are its most willing AI learners, and pairing their credentialing judgment with AI literacy is the fastest route to safe adoption.

WHY ARE PLPS INTERESTED IN AI? AN HONEST BOUNDARY

The survey establishes that AI interest is high; it cannot establish why. Interest could be driven by efficiency relief, professional curiosity, career positioning, or anxiety about displacement and the motivations imply different organizational responses. Two directional observations merit note without overstatement: AI-skill interest runs somewhat higher among burnout-risk respondents (49.4%) than well respondents (40.0%), and slightly higher among high-manual than low-manual workers (41.5% vs. 36.6%) patterns weakly consistent with a relief motive, but not statistically significant. **Characterizing AI motivation is explicitly designated a Phase II research question.**

GOVERNANCE BEFORE DEPLOYMENT

For a workforce operating in compliance-sensitive, accreditation-audited processes, the adoption question is not whether AI will enter PLP operations it is whether its entry will be governed. Responsible integration requires: data quality standards (AI outputs inherit input quality); defined ownership and audit trails for AI-assisted decisions; PHI/PII handling and cybersecurity review; alignment with CMS, TJC, DNV, NCQA, and URAC expectations; vendor evaluation discipline; change management; and non-negotiably embedded human oversight. Appropriate near-term use cases are administrative and augmentative: expirables tracking and alerts, document summarization and extraction, cross-system reconciliation assistance, anomaly detection, drafting, and reporting.

> *"AI in PLP operations should function as a governed workforce augmentation tool — reducing administrative burden and freeing professional time for the judgment-based, relationship-driven work that machines cannot do. Human oversight is not optional. It is the architecture."*

For organizations beginning this journey, AI literacy should be treated as an emerging professional competency — built into curricula, career ladders, and performance frameworks — not a one-time training event.

Section 04 · Leadership, Recognition & Culture

RECOGNITION: SCARCE, AND CONSEQUENTIAL

Recognition cadence is thin across the profession: only 28 of 200 respondents receive recognition weekly or monthly, while 66 receive it "periodically," 30 annually and 54 rarely or never. What elevates this from culture observation to executive priority is what recognition scarcity predicts:

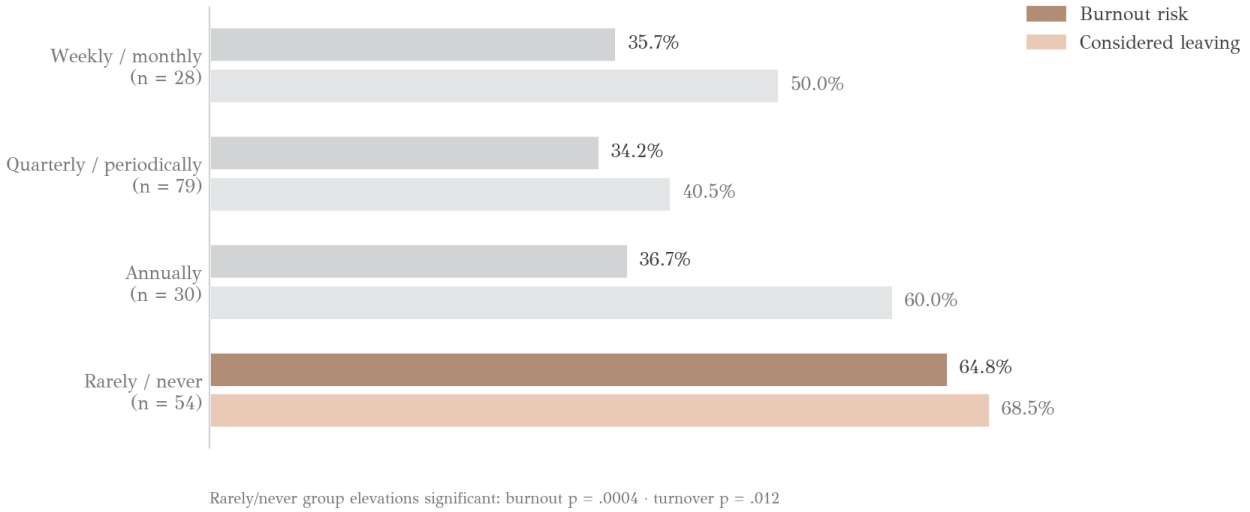


FIGURE 6 · THE RECOGNITION RISK LADDER THE STRONGEST SIGNAL IN THE STUDY

The rarely/never group's elevation on both outcomes is statistically significant (burnout p = .0004; turnover p = .012) **the sharpest single-variable separation between at-risk and well professionals anywhere in this dataset.** The direction of causation cannot be established (unrecognized professionals may burn out, and burned-out professionals may perceive less recognition), but the executive logic does not depend on it: recognition is the lowest-cost, fastest-to-deploy intervention available, and its absence is concentrated exactly where risk is highest. The data also shows recognition deprivation clustering in small teams a third of solo and 2 3-person teams are rarely or never recognized, versus 8 15% on teams of seven or more suggesting the problem is partly structural: no one is positioned to see the work.

PSYCHOLOGICAL SAFETY: HEARD ON IDEAS, UNHEARD ON CONCERNS

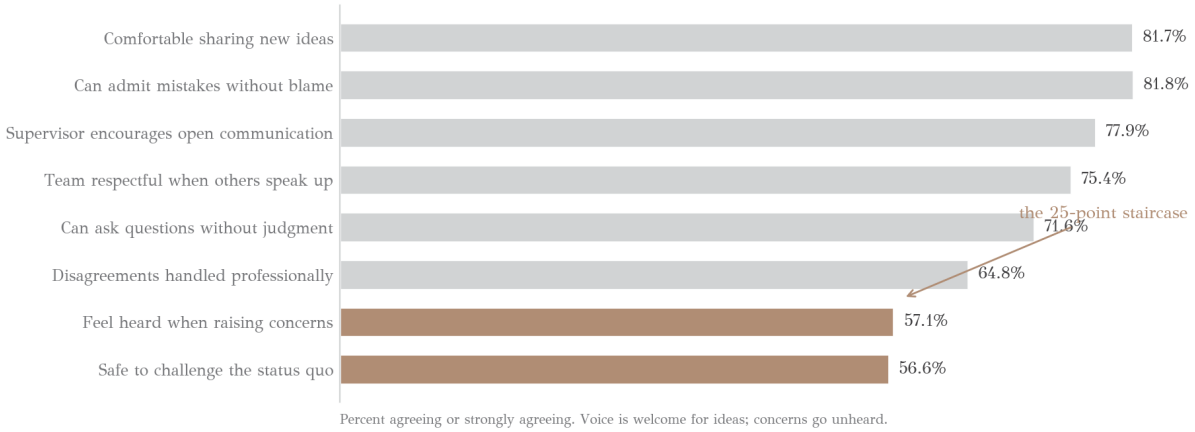


FIGURE 7 · THE VOICE STAIRCASE HEARD ON IDEAS, UNHEARD ON CONCERNS

The pattern is a staircase, and the bottom two steps matter most: comfort is high for low-stakes voice (ideas, questions, mistakes) and drops precisely where voice carries organizational consequence. **A 25-point gap separates comfort sharing ideas (81.7%) from feeling heard on concerns (57.1%)** a culture in which surface engagement masks unspoken friction. This is the cultural mechanism behind the coping finding in Section 01: professionals who do not feel heard route their distress into PTO and exit planning rather than into the organization's improvement channels.

WORKLOAD VISIBILITY: THE LEADERSHIP BLIND SPOT

The weakest items in the entire culture battery concern workload management: only **47.5% agree leaders actively monitor workload distribution**, 44.9% agree imbalances are addressed in a timely manner, and 37.2% agree complex tasks are rotated fairly. Among burnout-risk respondents, belief that leaders monitor workload falls to 37.9% (vs. 56.4% among well peers). When workload is invisible to leadership, it becomes unmanageable for staff and the cost is carried silently until attrition makes it visible.

PERCEIVED VALUE: RESPECTED AS WORKERS, EXCLUDED AS EXPERTS

The valuation battery shows the same two-tier structure. Direct-manager recognition (77.5%) and decision trust (76.8%) are healthy; the items that fall to the mid-50s are all about strategic inclusion being included in discussions that affect one's work (54.0%), having ideas taken seriously (54.8%), leadership interest in growth (57.5%), and having one's role understood by leadership (60.5%). PLPs feel valued as executors and undervalued as experts. Given that respondents sit on a mean of three committees each and manage the organization's compliance-critical data, this exclusion is not just a morale issue; it is foregone organizational intelligence.

CULTURE DESCRIPTORS: A REAL BRIGHT SPOT, WITH CAVEATS

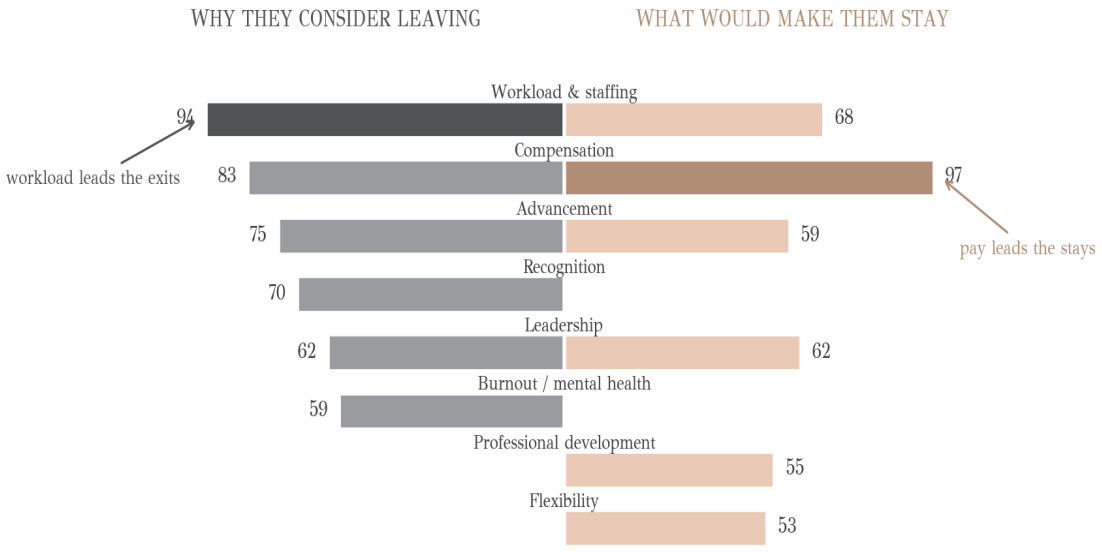
Asked to characterize their team cultures, respondents chose overwhelmingly positive descriptors: collaborative (138), task-driven (122), supportive (119), transparent (81), valued/respectful (80), proactive (72), and innovative (63). The caveats are meaningful reactive (57), overwhelmed (48), tense/high-stress (43), and siloed (37) each appear in roughly a fifth to a quarter of responses. The composite picture: strong peer-level culture straining under structural load. Teams are holding each other up; the system is not holding up the teams.

> *"Autonomy is a top motivator for 83 of 200 respondents. Yet fewer than half believe leaders monitor their workload, and barely half feel included in decisions that affect their work. The gap between what motivates PLPs and what their environment delivers is a retention risk hiding in plain sight."*

Section 05 · Career Sustainability & the Talent Pipeline

TURNOVER INTENT

106 of 200 respondents (53%) seriously considered leaving in the past 12 months: 82 considered a new organization, 11 a different role internally, and 13 considered leaving the workforce entirely. Among stated reasons, workload/stress leads (94), followed by compensation (83), lack of advancement (75), lack of recognition (70), leadership concerns (62), and burnout or mental health (59). The rank order matters: the top driver is operational, the next four are organizational, and all five are addressable.



Mentions of 200. The asymmetry is the strategy: relieve workload to stop the exits; benchmark pay to anchor the stays — and note that four of the top six stay-factors are behavioral or structural.

FIGURE 8 · THE LEAVE / STAY BUTTERFLY WORKLOAD DRIVES EXITS, PAY ANCHORS STAYS

WHAT WOULD MAKE THEM STAY

Stay factor	Mentions	Cost profile
Increased compensation or benefits	97	Budget-dependent
Better workload balance or staffing	68	Mixed: visibility & redesign first
Improved leadership support	62	Behavioral near-zero cost
A clearer path for advancement	59	Structural modest cost
Professional development opportunities	55	Modest cost
Greater flexibility (remote/schedule)	53	Policy near-zero cost

Compensation leads, and the sample gives it context: 25% of respondents earn under $60K and 53.5% under $80K for work requiring regulatory expertise, multi-system fluency, and compliance accountability. Turnover consideration among sub-$60K earners runs 66.0% versus 48.7% above that line ($p = .0496$). But the list beneath compensation is the strategic finding: four of the top six stay-factors workload balance, leadership support, advancement clarity, and flexibility are behavioral or structural rather than budgetary. Organizations unable to move pay bands immediately still control most of the retention equation.

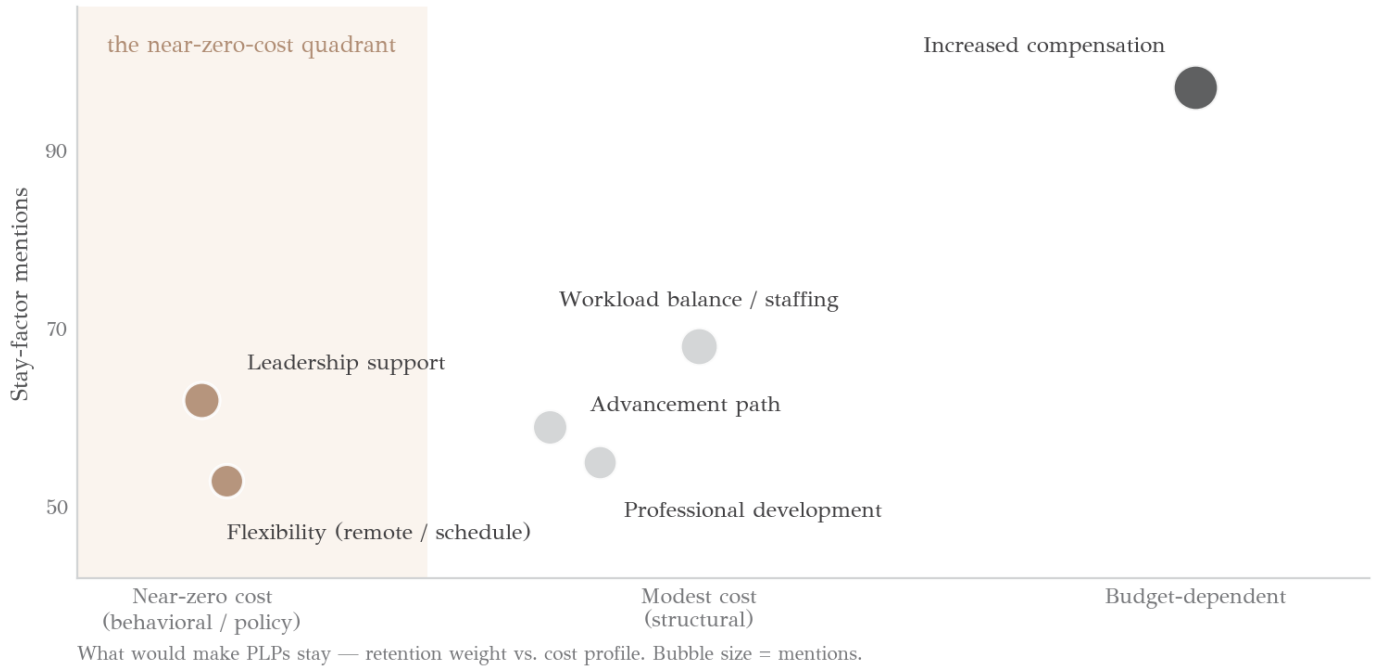


FIGURE 9 · THE STAY-FACTOR COST MATRIX MOST OF THE RETENTION EQUATION IS NEAR-FREE

THE PIPELINE PROBLEM, QUANTIFIED

Turnover intent peaks in the profession's knowledge core: 61.1% of 11–15-year and 64.5% of 16–20-year professionals considered leaving — the two cohorts that hold the deepest institutional expertise and staff the informal mentoring, escalation, and audit-response functions that never appear on org charts. Meanwhile the entry end of the pipeline is nearly empty (21 respondents at 1–3 years; zero under one year). **The profession is simultaneously at risk of losing its middle and failing to fill its beginning.** The cost of a senior PLP departure is not a salary line; it is credentialing backlog, onboarding delay, accreditation-preparation exposure, and knowledge that cannot be transferred through an offboarding checklist.

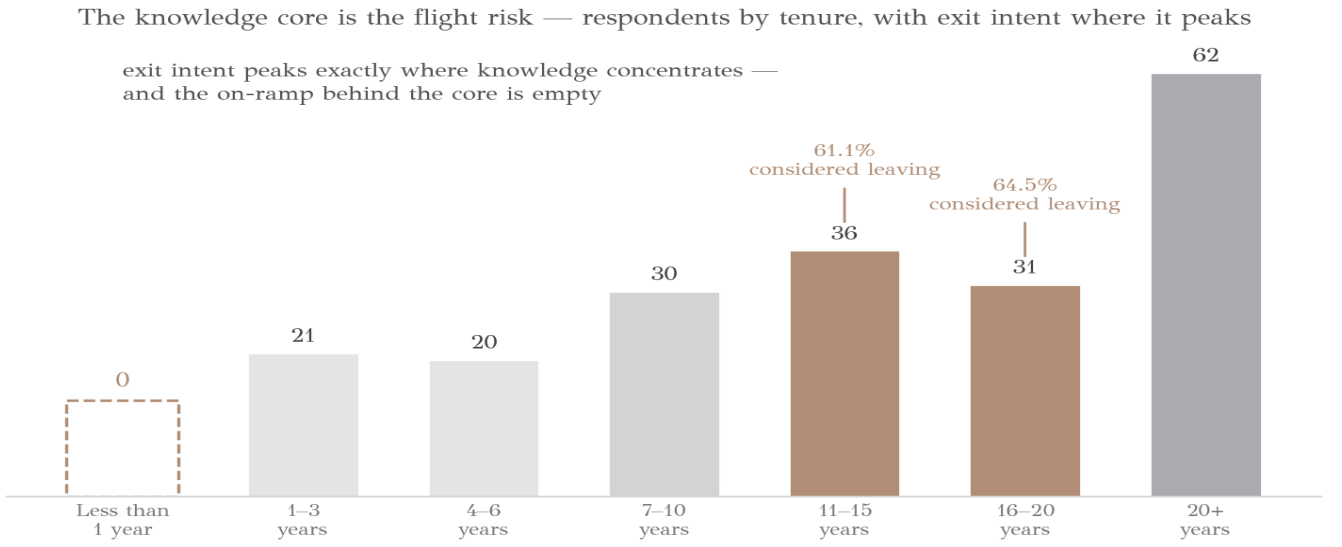
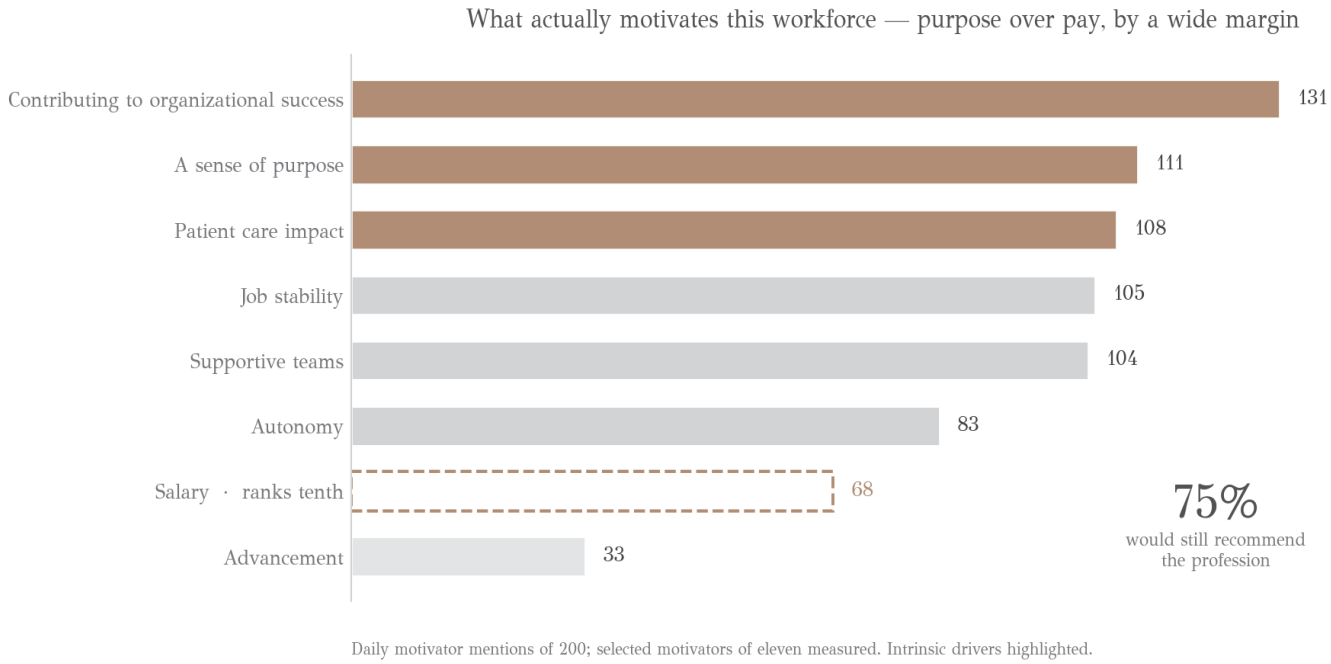


FIGURE 11 · EXIT INTENT PEAKS IN THE KNOWLEDGE CORE

MOTIVATION: THE ASSET TO PROTECT

What sustains this workforce is intrinsic: contributing to organizational success (131), sense of purpose (111), patient care impact (108), job stability (105), and supportive teams (104) all outrank salary (68) and advancement (33) as motivators. This is simultaneously the profession's greatest strength and its quietest vulnerability — purpose-driven professionals absorb dysfunction longer before leaving, which means turnover intent at 53% represents pressure that has already exceeded an unusually high tolerance.



Daily motivator mentions of 200; selected motivators of eleven measured. Intrinsic drivers highlighted.

FIGURE 10 · PURPOSE OVER PAY THE MOTIVATOR PROFILE

DEVELOPMENT APPETITE AND ACCESS

The workforce is self-developing at high rates through accessible channels webinars (173), conferences (105), CEUs (95), professional associations (72) while structured organizational investment lags: leadership development (42), formal mentorship as a mentee (18), cross-training or job shadowing (16), and process-improvement training (19) reach small fractions. Career interest data shows strong appetite for subject-matter-expert tracks, mentoring, and process-improvement leadership. The gap between individual initiative and organizational scaffolding is the professional-development finding: PLPs are investing in themselves faster than their organizations are investing in them.

Section 06 · Where Risk Concentrates: Segmented Analysis

This section consolidates the study's tested associations the comparisons that separate at-risk from well populations at statistically meaningful levels, plus notable directional patterns. It is the analytical core for prioritizing intervention.

STATISTICALLY SIGNIFICANT ASSOCIATIONS

Segment comparison	Burnout risk	Turnover consideration	Significance
Recognition rarely/never (n=54) vs. others	64.8% vs. ~35%	68.5% vs. ~48%	p = .0004 / p = .012
On-site (n=62) vs. remote (n=80)	59.7% vs. 30.0%	61.3% vs. 50.0%	p = .003 (burnout)
Team of one (n=45) vs. larger teams	60.0% vs. 38.7%	62.2% vs. 50.3%	p = .018 (burnout)
Medical group practice (n=27) vs. other settings	70.4% vs. 39.3%	74.1% vs. 49.7%	p = .005 / p = .031
Fully automated (n=11) vs. all others	9.1% vs. 45.5%	27.3% vs. ~54%	p = .04 small n; directional
Salary under $60K (n=50) vs. $60K+		66.0% vs. 48.7%	p = .0496
Culture composites (all four)	Materially lower among at-risk	Materially lower among considerers	p < .0001 on every composite

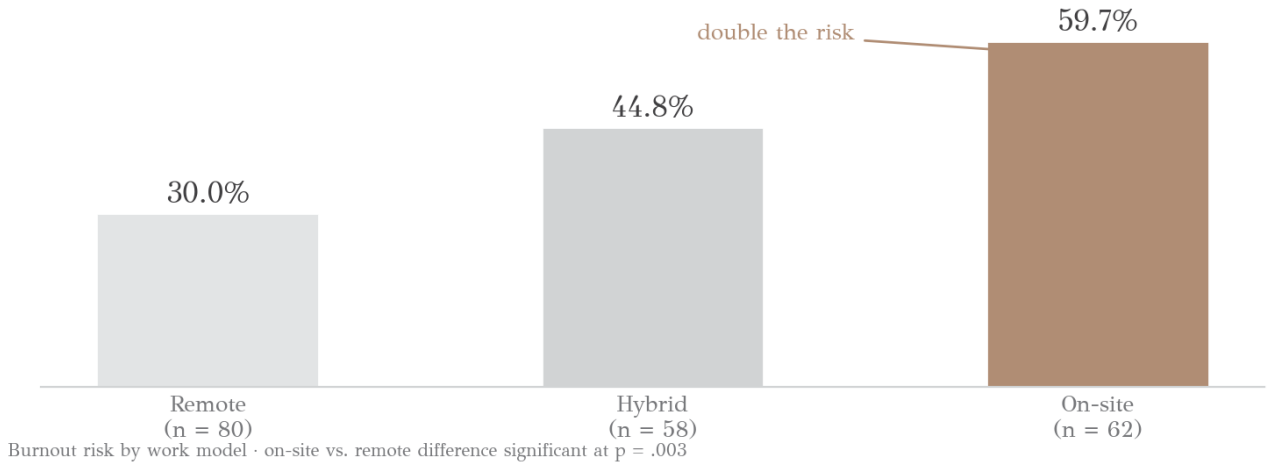


FIGURE 12 · THE WORK-MODEL DASHBOARD BURNOUT RISK BY WHERE THE WORK HAPPENS

READING THE PATTERN

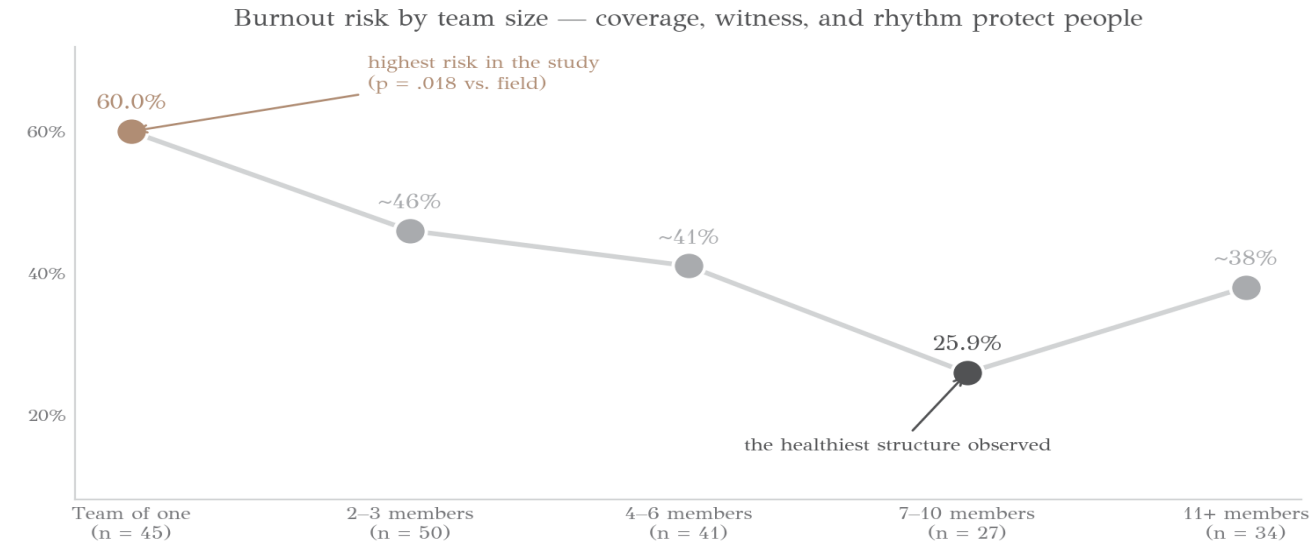
Work model. Remote PLPs report half the burnout risk of on-site peers (30.0% vs. 59.7%). Selection effects are plausible (more automated, better-resourced organizations may offer remote work), but flexibility also ranks among the top stay-factors treating remote/hybrid eligibility as a retention instrument is supported from two independent directions in the data.

Team architecture. The team-of-one model 22.5% of the sample concentrates burnout, turnover intent, and recognition deprivation simultaneously. Mid-size teams (7 10 FTE) show the healthiest profile (25.9% burnout risk). Solo structures also embody total key-person risk: one resignation is a full-department loss.

Setting. Medical group practices are the highest-risk environment on every measure, plausibly reflecting thinner administrative infrastructure, smaller teams, and enrollment-heavy workloads. CVOs sit at the opposite pole (8.3% burnout risk among 12 respondents) directional evidence that specialization, standardization, and volume-built process maturity protect the workforce. System hospitals track near the middle (39.2% / 49.0%).

Tenure. Burnout risk is remarkably flat across experience levels (35 50% in every cohort) seniority does not confer protection. Turnover intent, by contrast, peaks at 11 20 years, the succession-critical band.

Culture composites. The four composite indices are the strongest overall discriminators: at-risk professionals score roughly 0.6 1.1 points lower (on 5-point scales) on psychological safety (3.56 vs. 4.19), work-life balance (3.09 vs. 4.16), perceived value (3.30 vs. 4.05), and workload equity (3.14 vs. 3.80). Whatever else is true, the burnout population is describing a categorically different daily experience of the same profession.



~ marks approximate mid-band values; exact values published for solo (60.0%) and 7–10 member (25.9%) structures.

FIGURE 13 · THE TEAM-SIZE RISK CURVE DESIGN, NOT BUDGET

WHAT DID NOT DISTINGUISH GROUPS

Equally instructive are the null results: partial-automation level showed no significant burnout gradient; role breadth (number of functions) was identical across burnout groups (6.7 vs. 6.7); and burnout risk did not decline with experience. The data points away from "too many hats" and toward how the hats are supported recognition, visibility, team design, and work model.

Strategic Recommendations: A Tiered Path Forward

Recommendations are sequenced by resource requirement, not by importance. Organizations should not wait for transformational budgets the Tier 1 actions target the study's strongest risk signals and require intentionality more than investment.

TIER 1 IMMEDIATE · LOW COST · HIGH LEVERAGE (0 90 DAYS)

Action	What it looks like	Evidence base
Institute structured recognition	Monthly 1:1s with a specific recognition moment; visible recognition norms for solo and small-team PLPs whose work no one is positioned to see.	Recognition scarcity: strongest risk signal (p = .0004); concentrated in small teams.
Make workload visible	A shared workload tracker even spreadsheet-based reviewed by leaders; explicit rebalancing triggers.	Only 47.5% believe leaders monitor workload; 37.9% among at-risk staff.
Open a real concern channel	A structured pathway for operational concerns, distinct from idea-sharing, with response commitments.	25-pt gap between idea comfort (81.7%) and feeling heard (57.1%); only 23 of 200 have raised burnout with a supervisor/HR.
Review remote/hybrid eligibility	Audit which on-site requirements are operationally necessary; expand flexibility where they are not.	On-site burnout risk 59.7% vs. remote 30.0% (p = .003); flexibility is a top-six stay factor.
Hold annual career conversations	A 30-minute conversation on trajectory and advancement, separate from performance review.	Advancement clarity: 59 stay-mentions; 75 leave-mentions for lack of growth.
Formalize SOPs & quarterly workflow review	Shift from error-triggered review (49% of organizations) to a quarterly cadence.	Reduces cognitive burden; enables cross-training; addresses reactive culture (57 mentions).

TIER 2 OPERATIONAL INVESTMENT (3 12 MONTHS)

Workload & FTE analysis. Map provider-to-PLP ratios against volume and accreditation requirements to build a defensible staffing case 60.5% of respondents personally support 251+ providers with no national benchmark to govern it.

Compensation benchmarking. Formal review against market for PLP roles; 53.5% of this national sample earns under $80K, and sub-$60K earners show significantly elevated exit intent.

Team-design review. Where team-of-one structures exist, add backup coverage, cross-entity pairing, or shared-service participation; solo structure is a compound risk (burnout, turnover, key-person dependency, recognition deprivation).

Technology audit with a shadow-system census. Inventory not just platforms but the spreadsheets patching them (70% of the workforce); prioritize integration and expirables automation over new module purchases.

Cross-training program. 41 respondents cite absent backup coverage as a top-3 barrier; cross-training simultaneously builds resilience and internal advancement pathways.

AI literacy curriculum. Foundational training on governance, defensible use cases, and workflow integration deliberately engaging the veteran cohort that leads AI interest.

TIER 3 TRANSFORMATIONAL STRATEGY (12 36 MONTHS)

Platform modernization with integration-first ROI. Purpose-built credentialing/enrollment platforms with native integration; build the business case on avoided manual FTE-hours, error reduction, onboarding speed and the wellness threshold effect observed in fully automated environments.

Published PLP career ladder. Coordinator → Specialist → Lead → Manager → Director, with competency criteria, compensation bands, and timelines converting the profession's invisible expertise into visible institutional structure.

Governed AI integration. Data-quality standards, human-oversight requirements, audit trails, vendor evaluation discipline, and staff training as preconditions of deployment.

PLP strategic representation. Formal PLP/MSP seats in strategic planning, technology selection, and quality governance closing the strategic-inclusion gap (54% feel included in decisions affecting their work).

Workforce sustainability program. Proactive workload management, burnout early-detection, peer support structures, succession planning for the 11 20-year cohort, and structured entry pathways to rebuild the pipeline.

Executive Action Framework

The same findings, translated into role-specific accountability. The framework is designed for a 90-day executive review cycle.

Executive	First questions to ask	Own these actions
CEO / COO	What is our credentialing backlog exposure if two senior PLPs resign this quarter? Do we know our provider-to-PLP ratio?	Treat PLP investment as infrastructure; sponsor the workload/FTE analysis; put PLP metrics on the operations dashboard.
CHRO	Where do our PLP salaries sit against market? Which PLPs work as teams of one? When was each last recognized?	Compensation benchmark; recognition norms; career ladder; remote/hybrid eligibility review; succession plan for 11 20-year cohort.
CIO / CTO	How many spreadsheets patch our credentialing platform? What percentage of PLP work is genuinely automated end-to-end?	Shadow-system census; integration roadmap; expirables automation; AI governance framework before AI tools.
CMO / CMSO	Do medical staff leaders understand what PLP work protects them from? Are PLPs in quality and privileging governance?	Sponsor internal education on PLP scope; formal PLP representation in medical staff and quality committees.
PLP / MSS leaders	Can every team member name their advancement path? Does anyone on my team feel unheard on a concern right now?	Monthly 1:1s with recognition; workload tracker; quarterly workflow review; concern channel with response commitments.

A 90-DAY SCORECARD

Every PLP has had a recognition-inclusive 1:1 in the past 30 days.

A workload visibility tool exists and leaders have reviewed it at least twice.

Remote/hybrid eligibility has been formally re-examined and decisions communicated.

A concern channel is live and at least one raised concern has received a documented response.

The shadow-system census (spreadsheet inventory) is complete.

Provider-to-PLP ratio and compensation benchmark analyses are scheduled or underway.

Important Questions the Survey Could Not Fully Answer

Rigorous research names its own boundaries. Each open question below matters to organizational decision-making, and each is matched to the Phase II study designed to answer it.

Open question	Why it matters	How Phase II answers it
What specific work is "manual," task by task, and how many hours does each consume?	Automation ROI cases require task-level costing; "94.5% partly manual" motivates but cannot budget.	Time-and-task studies within operational case-study sites.
Why are PLPs interested in AI relief, curiosity, career strategy, or anxiety?	Training design, change management, and messaging differ entirely by motive.	AI readiness assessment with motivation instrumentation; focus groups.
Is full automation protective, or are fully automated shops simply better organizations?	Determines whether platform investment alone can move wellness outcomes.	Technology maturity index scored against workforce outcomes across many sites.
What provider-to-PLP staffing ratios exist, and which are sustainable?	The #1 barrier is staffing, but no defensible national benchmark exists to argue headcount.	National staffing-ratio benchmarking study.
How does compensation vary by region, setting, and scope?	Salary bands here are broad; market cases need granular comparators.	Compensation benchmarking with role-scope controls.
Does the on-site/remote wellness gap persist after controlling for organization quality?	Work-model policy is being set now, largely without evidence.	Longitudinal cohort with organizational covariates.
Which organizations perform best, and what do they do differently?	The field needs replicable models, not just problem documentation.	Positive-deviant operational case studies (incl. the CVO pattern).
Do burnout, intent, and pipeline metrics improve when interventions are deployed?	Cross-sectional data cannot demonstrate intervention effect.	Multi-year longitudinal workforce study with repeat measurement.
Why is the entry pipeline empty, and what would fill it?	Zero sub-one-year respondents may signal a recruitment crisis or a sampling artifact the difference is strategic.	Career pathway research including those who entered, left, or never found the profession.
What does executive awareness of PLP functions actually look like?	Low organizational understanding is the #2 barrier measured here only from the PLP side.	Paired executive survey; leadership competency study.

Phase II Research Agenda

This inaugural survey establishes the national baseline. The following program sequenced across 24 months converts the baseline into a durable benchmarking and intelligence platform for the profession.

National Workforce Benchmarking (annual). Repeat the core instrument annually to create trend lines on burnout, turnover intent, recognition, and automation the profession's longitudinal vital signs.

Provider-to-PLP Staffing Ratio Study. Establish defensible staffing benchmarks by setting, volume, and scope.

Compensation Benchmarking Study. Granular pay data by region, setting, credential, and role scope.

Technology Maturity Index. A structured maturity model (manual → patched → integrated → automated → intelligent) scored against workforce outcomes directly testing this study's threshold hypothesis.

AI Readiness Assessment. Organizational instrument covering governance capacity, data quality, training infrastructure, and culture plus individual-level AI motivation research.

Regional Focus Groups. Qualitative depth in the divisions this survey shows are structurally different; surfaces context the national numbers mask.

Operational Case Studies. Positive-deviant sites including CVO and fully automated environments documented as replicable models.

Longitudinal Workforce Cohort Study. Multi-year tracking of individual PLPs: burnout trajectories, career moves, and intervention effects.

Career Pathway & Pipeline Study. How people enter the profession, why they stay or leave, and what structured entry pathways would attract early-career talent.

Workforce Maturity Model. An organizational self-assessment integrating staffing, technology, recognition, governance, and development into a single maturity framework.

Leadership Competency Study. What PLP-leader behaviors distinguish high-retention teams building on this study's workload-visibility and recognition findings.

Educational Campaign Alignment

Every major finding in this report feeds a specific educational event in the year-long educational series. The mapping below is the editorial spine of the campaign.

FLAGSHIP NATIONAL TOWN HALL — "THE STATE OF THE PLP WORKFORCE"

Purpose: present the national findings, validate the workforce's lived experience with data, engage executives in the strategic implications, and launch the national dialogue. Anchor findings: the 53/44/94.5 headline triad; the recognition finding; the pipeline alarm; the motivator profile (purpose over pay).

WEBINAR ONE — WORKFORCE RISK: BURNOUT, RETENTION & THE CASE FOR VISIBILITY

Anchor data: burnout spectrum; turnover drivers (workload 94, compensation 83); recognition × risk association; workload-visibility deficit (47.5%); coping and silence findings; solo-team and setting risk.
Audience takeaway: a Tier 1 playbook deployable in 90 days without new budget.

WEBINAR TWO — TECHNOLOGY, AUTOMATION & OPERATIONAL EXCELLENCE

Anchor data: manual spectrum; spreadsheet shadow system (70%); barrier stack; the automation threshold finding; performance-improvement rankings (fewer manual tasks #1, 86); governed-AI framework.
Audience takeaway: an integration-first technology roadmap and AI governance checklist.

WEBINAR THREE — CAREER DEVELOPMENT & THE FUTURE OF THE PROFESSION

Anchor data: skills demand (AI #1 at 88); veteran-led AI interest; development access gaps; career ladder absence; pipeline findings; professional identity and motivator data.
Audience takeaway: career-ladder template, AI-literacy competency framing, and pipeline-building strategies.

TOWN HALL DISCUSSION GUIDE

What would you want your CEO to know about your actual job scope that isn't in your job description?

If you could automate one repetitive task tomorrow, what would it be — and how many hours a week would it return?

When were you last recognized for your work — and who, outside your team, understands what you do?

What is the most important operational concern you haven't been able to raise to leadership?

What keeps you in this profession despite the challenges — and what would it take to bring the next generation in?

Appendices

APPENDIX A DEMOGRAPHIC TABLES

Employer type	n
System hospital	51
Medical group practice	27
Single hospital	24
Academic hospital	13
CVO	12
Consulting firm	10
Community health center / specialty clinic	12
Software company	5
Specialty / psychiatric hospital	7
Payer / MCO / enrollment co.	6
Other settings	33

Years in profession	n	%
Less than 1 year	0	0.0%
1 3 years	21	10.5%
4 6 years	20	10.0%
7 10 years	30	15.0%
11 15 years	36	18.0%
16 20 years	31	15.5%
More than 20 years	62	31.0%

Salary band	n
Less than $40K	9
$41 59K	41
$60 79K	57
$80 99K	43
$100 199K	45
$200K+	5

APPENDIX B STATISTICAL NOTES

Chi-square tests of independence were used for categorical group comparisons; independent-samples t-tests for composite score comparisons. Reported p-values are two-tailed.

Composites: psychological safety (8 items, scale 1 5), perceived value (8), workload equity (10), work-life balance (8). Composite means were computed per respondent across answered items.

The fully automated cohort (n = 11) and several employer settings fall below conventional thresholds for stable estimates; associated findings are labeled directional throughout.

Percentages use item-specific denominators where respondents skipped questions (e.g., 9 skipped recognition; 14 skipped turnover intent). Headline figures use the full N = 200 base for conservatism and consistency with campaign materials.

Multi-select items report mention counts, not respondent percentages, unless otherwise stated.

Respondent uniqueness was verified by unique Respondent ID across all collection channels; the analytical base throughout is 200 unique respondents.

APPENDIX C LIMITATIONS (FULL STATEMENT)

Findings reflect a self-selected national convenience sample of 200 Provider Lifecycle Professionals and should be interpreted as a structured portrait of the responding workforce rather than a probability estimate of the full population. Cross-sectional measurement precludes causal inference; all associations reported are correlational. Self-reported automation levels, burnout status, and workload perceptions were not independently verified. Setting-level comparisons involving fewer than 15 respondents are directional. The absence of sub-one-year respondents may reflect network-based distribution rather than true pipeline absence a question elevated to Phase II. These limitations are disclosed not to diminish the findings but to define exactly what the next phase of research must establish.

APPENDIX D DEFINITIONS & GLOSSARY

PLP (Provider Lifecycle Professional): umbrella term for professionals managing credentialing, privileging, enrollment, licensing, onboarding, OPPE/FPPE, peer review support, and related provider-data functions; inclusive of the MSP (Medical Services Professional) tradition.

Burnout risk: self-placement in "struggling," "nearing burnout," or "experiencing burnout" categories on a six-option self-assessment.

Turnover consideration: any affirmative response to having seriously considered leaving one's role in the past 12 months (new organization, internal change, or workforce exit).

Shadow system: manual infrastructure typically spreadsheets and shared drives sustained in parallel with formal platforms to cover functional gaps.

CVO: Credentials Verification Organization.

OPPE/FPPE: Ongoing/Focused Professional Practice Evaluation.

Accreditors referenced: CMS, TJC, DNV, NCQA, URAC, AAAHC, etc.

Composite index: per-respondent mean across a defined Likert item set, used to compare groups on a construct rather than a single item.

APPENDIX E BENCHMARK FRAMEWORK FOR PARTICIPATING ORGANIZATIONS

Organizations can self-assess against this national baseline on ten indicators: burnout-risk share (national: 44%); turnover consideration (53%); recognition cadence (28 of 200 monthly-or-better); workload-visibility agreement (47.5%); feeling-heard agreement (57.1%); manual workload band distribution; spreadsheet dependence (70%); team-of-one prevalence (22.5%); provider-to-PLP caseloads (60.5% at 251+); and development access (structured mentorship: 9%). Phase II benchmarking will formalize this into a scored instrument with peer-group comparisons.