on physicians' self-reported intent to leave - which can be a proxy for job satisfaction – but rather on physicians who had already left. Studying this population highlights the unique drivers of actual turnover as opposed to modeling job dissatisfaction. We believe identification of these factors and their impact on attrition are an important step in implementing interventions that promote retention.

Although O'Connell and colleagues addressed factors for turnover, few specifics on interventions were addressed. One consideration for turnover is the literature on belonging. Belonging is not a new topic in Psychology research but is being more readily addressed in the medical field. Current publications have begun to publish on attrition in health care settings. A survey study by Schaechter and colleagues investigated the association between workplace belonging and the likelihood of women health care professionals leaving their institutions.[2] The results revealed a significant link between greater workplace belonging and a reduced likelihood of leaving an institution within the next 2 years. Another publication by Silver and colleagues looked at the field of Rehabilitation Medicine – where there are significant workforce shortages - and addresses these challenges discussing push and pull factors contributing to attrition.[3] To enhance retention, emphasis should be placed on stay factors, achieved through the establishment of a culture that nurtures a sense of belonging as well as addressing the push and pull factors.

We agree with the authors that their work uniquely highlights the actual factors of physicians who left a large, multispecialty ambulatory practice network, and feel there must still be a focus on intent to leave and prioritization of efforts to mitigate job dissatisfaction. Proactively studying and addressing these aspects contributes to employee well-being and fosters belonging in the workplace environment. Allan et al. identifies 5 strategies that can be implemented by leaders in medicine to enhance gender equity.[4] The strategies include conducting stay interviews, analyzing department/division metrics, implement best practices for parental leave and return policies, inviting midcareer women faculty to publish with senior faculty, and avoiding bias in evaluations. Given that the majority of the physicians that left the ambulatory practice were women, these strategies are imperative to implement across an organization.

As O'Connell et al. suggest, efforts to improve retention in clinical medicine are critically important and must be evidence-based. The qualitative approach of these authors is helpful to identify factors quantifiable and modifiable for intervention for physicians who have actually departed their institution. Proactive initiatives, rooted in belonging, are essential for implementing targeted interventions that promote retention and contribute to the overall well-being of health care professionals.

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# Response: Re: Why Do Physicians Depart Their Practice? A Qualitative Study of Attrition in a Multispecialty Ambulatory Practice Network

*To the Editor*: We appreciate the letter[1] from Muir and colleagues on our qualitative analysis[2] of physician departure from a large, multispecialty ambulatory practice network.

A criticism raised was the lack of detail on possible interventions, suggesting that interventions seeking to mitigate physician attrition should try to increase a sense of belonging. Camargo[3] has proposed that "retention efforts should always follow recruitment strategies" and specifically mentioned efforts like sponsorship and mentorship in the workplace. A survey study of 366 women health care professionals performed by Schaechter[4] and colleagues found that greater workplace belonging was associated with lower likelihood of attrition (OR 0.68, CI 0.63 to 0.74; $P < .0001$). Survey respondents further expressed the importance of open communication and empowering professional thriving.

Muir[1] et al emphasized the strength of our analysis only including physicians who had already left the practice, indicating that our findings reveal factors that actually contributed to attrition, not just factors related to physician dissatisfaction. In future studies, we plan to examine factors associated with physician attrition in specialties with significantly higher burnout rates, like emergency medicine.

Emergency medicine was found to have one of the highest female attrition rates at 8.6% in a study done by

Gettel[5] et al. These women on average left the specialty 12 years earlier than their male counterparts. Identifying factors that are contributing to attrition in this high risk population could have important implications to improve retention efforts more broadly. According to Schaechter[4] and colleagues, women have reported their sense of belonging is impacted by slowed career progression and suboptimal family-friendly policies. Future research could examine local policies in hospitals or emergency departments with higher retention rates of their female physicians. These policies could then be disseminated and implemented more widely to increase the retention of a valuable and diverse portion of the physician workforce.

Overall, attrition and retention in medicine is an area that must continue to be studied and acted on to create a healthier generation of physicians. In a study done by Vogel[6], an increase of 10 primary care doctors per 100,000 people in the US increased patients' life expectancy by almost 52 days. Increasing physician retention could, therefore, improve population health and life expectancy. Moreover, a retrospective observational study of 776,927 Medicare fee-for-service beneficiaries hospitalized during 2016 to 2019 performed by Miyawaki[7] and colleagues found a lower mortality and readmission rate in patients treated by female physicians. This furthers the need to improve not just physician retention but increased focus on female physician retention.

We look forward to the opportunity to investigate such an important topic.

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