

2026 Placements & Insights: Community & Tribal

Understand what today's provider is looking for in their next opportunity to help you attract ideal candidates.

The Medicus Firm

Healthcare Recruitment

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This publication features proprietary placement data from The Medicus Firm and direct insights from the 2026 National Physician & Healthcare Provider Preference & Insights Survey. Placement trends reflect real-world hiring across federally qualified health centers (FQHCs), community health centers (CHCs), and Tribal Health employers from 2023 to 2026. Survey responses from more than 1,000 physicians and dental providers offer a firsthand look at career motivations, satisfaction levels, and job search behavior, delivering a well-rounded view of today's workforce. Together, these findings give healthcare leaders data-driven guidance to strengthen recruitment strategies and align with provider expectations in an increasingly competitive talent market.

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Community & Tribal Placements (Jan 2023–Jun 2026)



FQHC/CHC and Tribal Health hiring shifted toward the West as demand in rural communities climbed faster than placements.

Placement activity at FQHC/CHC and Tribal Health employers concentrated outside the largest population centers from 2023 through the first half of 2026. Less populous states such as Alaska, Missouri, and West Virginia drew far more placements than their populations would suggest.

Shifts in geography and role mix drove that concentration. The West became the primary center of hiring, the South anchored physician placements, and the Midwest shifted toward dental. Dental specialties grew into the top placement category. Physicians' share of search demand increasingly outpaced their share of placements, signaling growing competition for physician talent. Tribal Health's share of demand rose every year, while rural demand gained share overall as metro and mid-sized markets lost share.

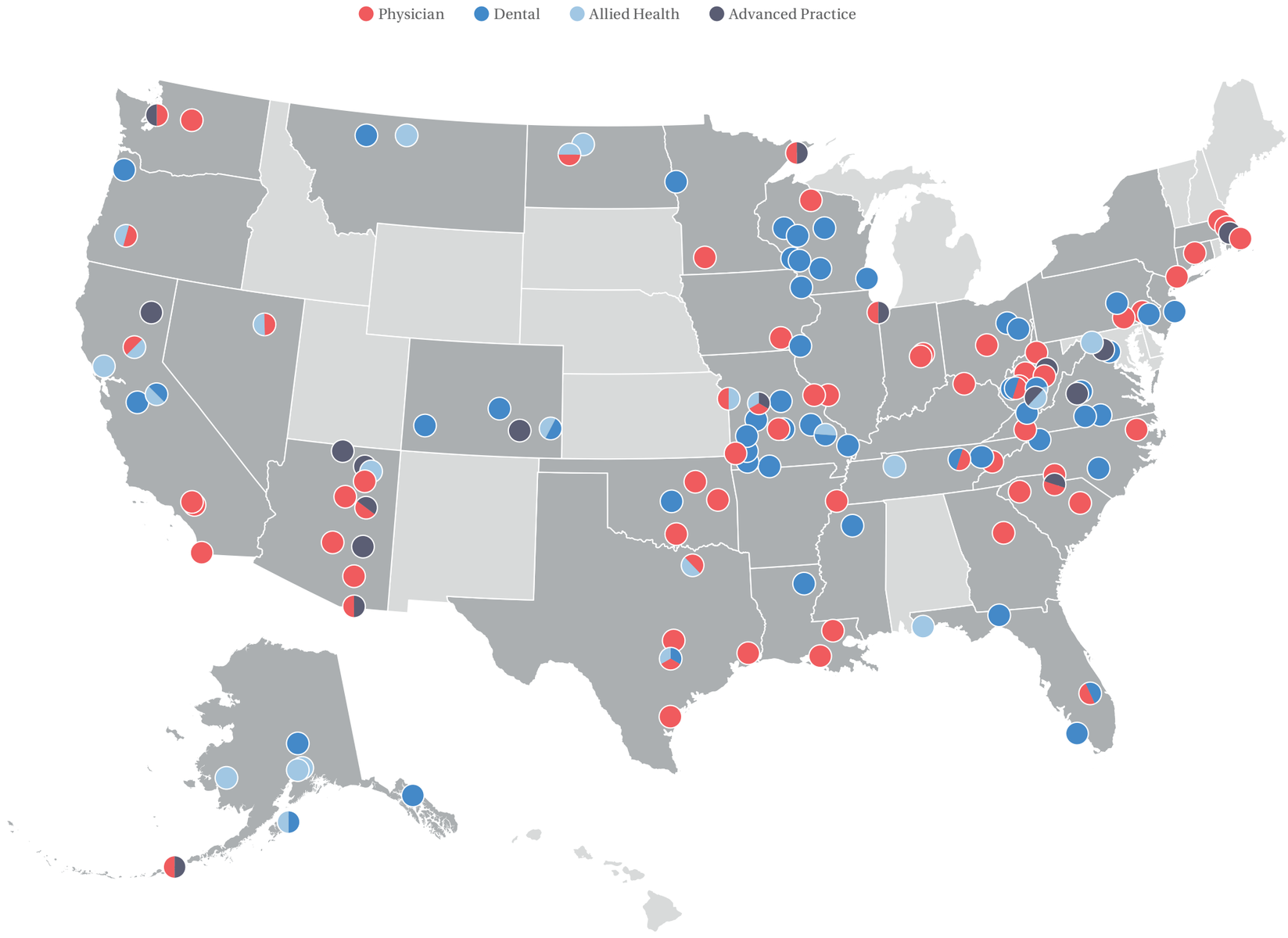
For FQHC/CHC and Tribal Health employers, rural demand is gaining share, especially for physicians, making broader sourcing a priority. Most hires bring practice experience, though family practice and dentistry also draw recent graduates, giving employers in those specialties an early-career pipeline.

Key Takeaways:

- **The West led all regions with 36.0% of placements and 36.4% of demand,** rising from 29.7% of placements in 2023 to 41.7% in the first half of 2026 to become the primary center of hiring.
- **Six smaller states accounted for 41.0% of placements** despite representing just 8.8% of the U.S. population, and Alaska alone accounted for 8.3% of placements with just 0.2% of the population.
- **Physicians held 43.8% of demand vs. 28.3% of placements in the first half of 2026,** the widest gap of the period, as their share of placements declined each year from 54.1% in 2023.
- **Dental specialties grew from 13.5% of placements in 2023 to 35.0% in the first half of 2026,** with share of placements exceeding share of demand overall (30.6% vs. 28.1%), making dental the top specialty type since 2025.
- **Behavioral health held 12.2% of placements vs. 7.8% of demand,** with clinical social work accounting for 85.3% of them, while first-half 2026 demand dipped to 3.8%, a shift to monitor.
- **Rural communities accounted for 60.4% of placements,** but their share fell from 67.4% in 2024 to 55.0% in the first half of 2026 as rural demand reached 70.8%, signaling growing recruitment challenges.
- **Tribal Health's share of demand quadrupled from 7.7% in 2023 to 32.1% in the first half of 2026,** outpacing its 20.0% share of placements and nearly matching full-year 2025 demand in six months.
- **Technicians made up 17.8% of Tribal Health placements and 9.6% of demand,** second only to primary care at 33.3% of placements, marking technician roles as a distinctly Tribal Health need.
- **In-practice providers accounted for 84.2% of placements** and 93.3% of Tribal Health placements vs. 82.4% of FQHC/CHC placements, confirming that employers rely heavily on experienced clinicians.
- **Family practice and dentistry accounted for 70.4% of in-training placements,** with recent graduates filling 25.0% of family practice and 20.0% of dentistry placements, a pipeline in two of the highest-demand specialties.

Placement Trends and Regional Demand

The West accounts for 36.0% of FQHC/CHC and Tribal Health placements and 36.4% of demand, well above its 23.5% share of the U.S. population. Each provider type has its own regional center: physician placements concentrate in the South (41.7%), dental in the Midwest, and advanced practice and allied health in the West.



38.8%
Physician

Top Specialties:

Family Practice
Family Practice with Obstetrics
Gastroenterology
General Practice
Infectious Disease
Internal Medicine
Obstetrics & Gynecology
Pediatrics
Psychiatry

30.6%
Dental

Top Specialties:

Dental Hygiene
Dentistry
Oral Surgery
Pediatric Dentistry

20.9%
Allied Health

Top Specialties:

Behavioral Health
Behavioral Health Consulting
Clinical Social Work
Human Resources
Lab Technology
Occupational Therapy
Optometry
Physical Therapy
Professional Counseling
Radiologic Technology

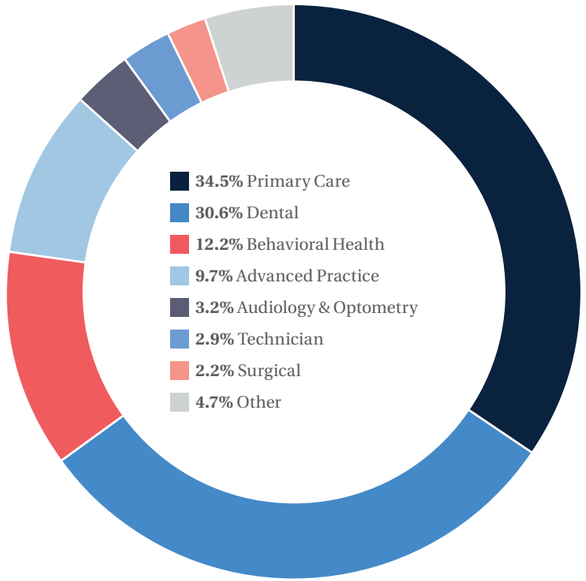
9.7%
Advanced Practice

Top Specialties:

Nurse Practitioner
Physician Assistant

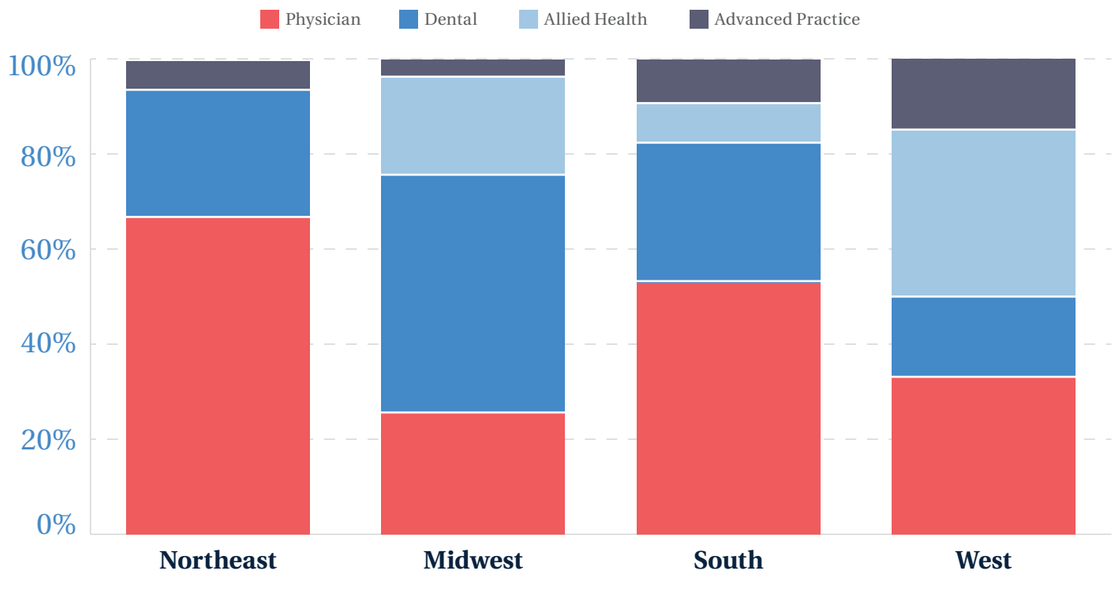
Placements by Specialty Type

Primary care holds 34.5% of placements overall, but dental has led since 2025, rising from 13.5% in 2023 to 35.0% in the first half of 2026.



Placements by Census Region & Provider Type

The hiring mix varies by region: physicians make up 66.7% of Northeast placements, while dental leads the Midwest at 50.0% and allied health leads the West at 35.0%.



Placements by Community Size

Small towns and rural communities hold 60.4% of placements, and in the first half of 2026, rural share of demand reached 70.8% against a 55.0% placement share.



15.8%
Major Metro
500K+ Population

5.8%
Mid-Sized City
100K–499K Population

18.0%
Small City
25K–99K Population

60.4%
Small Town & Rural
<25K Population

Placements by Prior Experience

In-practice providers account for 84.2% of placements, while in-training hires rose from 5.4% in 2023 to 23.6% in 2024 and have held near 14% since.



84.2%
In Practice

15.8%
In Training

Placements by Practice Setting

FQHC/CHC employers account for 83.8% of placements, while Tribal Health's share of demand quadrupled from 7.7% in 2023 to 32.1% in the first half of 2026.



83.8%
FQHC/CHC

16.2%
Tribal Health

Placement Spotlights & Pay Insights



Rural communities lead FQHC/CHC and Tribal Health hiring, where higher pay accompanies the longest time to first candidate engagement.

Since 2025, dental providers have led FQHC/CHC and Tribal Health placements while physicians have led demand, with rural communities accounting for the majority of both. Time to first candidate engagement varied by specialty, region, and setting, with dental hygiene and Tribal Health searches requiring the most time. Rural and Tribal Health roles averaged higher pay, yet the highest-paying communities often required the most time to engage candidates.

Since 2023, Tribal Health activity has concentrated in the West and predominantly in rural communities, with placements spanning seven of the 10 states with the most federally recognized tribal entities. Most placements included a signing bonus, and relocation support was common, reaching every behavioral health placement.

For FQHC/CHC and Tribal Health employers, these patterns indicate that pay is one of several factors shaping rural and hard-to-fill search timelines, with incentive packages varying widely by provider type.

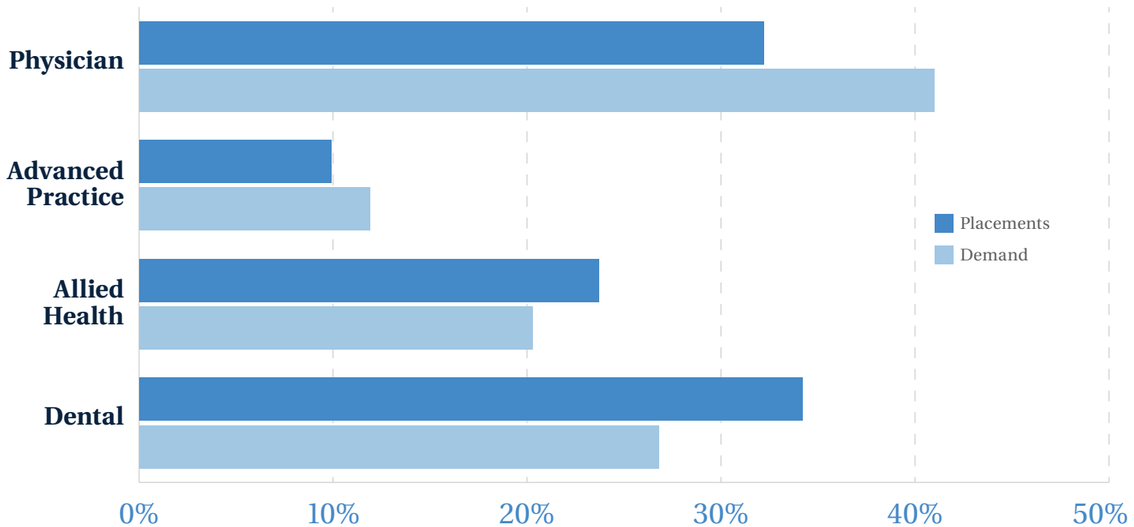
Key Takeaways:

- **Since 2025, dental has held 34.2% of placements vs. 26.8% of demand,** while physicians have held 41.0% of demand vs. 32.2% of placements, the widest gap of any provider type and the most competitive hiring need.
- **Rural communities have accounted for 56.6% of placements and 60.9% of demand since 2025,** rising to 77.0% and 83.1% when combined with small cities, keeping hiring centered outside metro markets.
- **Top-specialty searches since 2025 have averaged 21 days to first candidate engagement,** with dental hygiene requiring the most time at 45 days while holding 18.6% of dental demand vs. 9.6% of dental placements, signaling a particularly challenging recruitment market.
- **Tribal Health searches have averaged 35 days to first candidate engagement since 2025 vs. 19 days for FQHC/CHCs,** a 16-day gap to factor into Tribal Health recruitment timelines.
- **Rural dentists have earned 25.3% more than major metro dentists since 2025** ($206,710 vs. $165,000), and rural family practice physicians 21.4% more ($287,909 vs. $237,077), yet rural searches still required the most time, indicating pay was not the only factor.
- **Signing bonuses for clinical social work and dental hygiene have averaged 14.6% and 14.5% of base pay since 2025,** vs. 10.4% for family practice and NPs and 8.1% for dentistry, making bonuses a bigger lever in these offers.
- **Tribal Health placements have spanned 11 of the 35 states with tribal nations since 2023,** with 62.2% occurring in the West and 80.0% concentrated in California, Arizona, Alaska, North Dakota, and Wisconsin.
- **Family practice has led Tribal Health placements (20.0%) and demand (22.1%) since 2023** in every region except the Midwest, where radiologic technology led placements and dentistry led demand.
- **Rural communities have accounted for 82.2% of Tribal Health placements and 84.2% of demand since 2023,** rising to 93.3% and 96.8% with small cities, making Tribal Health almost entirely a rural market.
- **Since 2023, 73.3% of Tribal Health placements have included a signing bonus,** rising to 89.5% for physicians, and 62.2% have included relocation averaging $10,726, making incentives common in Tribal Health offers.

Community & Tribal Overview (Jan 2025–Jun 2026)

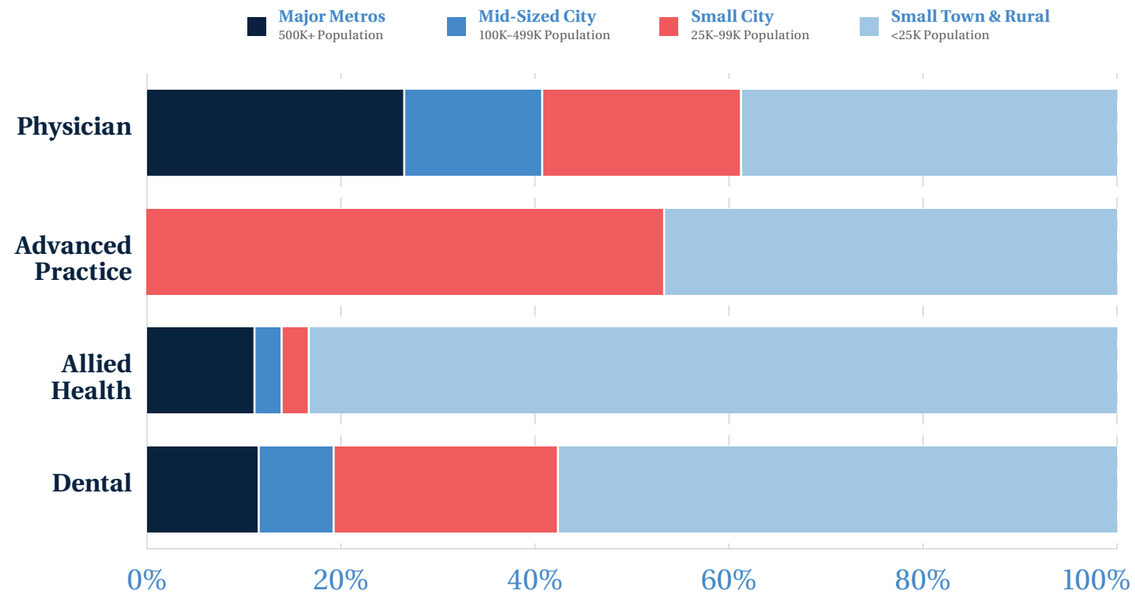
Placements & Demand by Provider Type

Dental leads placements at 34.2%, while physicians lead demand at 41.0%, outpacing their 32.2% placement share by 8.8 percentage points, the widest gap of any provider type.



Placements by Community Size & Provider Type

Allied health is the most rural provider type at 83.3% of placements, while physicians hold the largest major metro share at 26.5%.



Placements by Practice Setting & Provider Type

Dental placements are 96.2% FQHC/CHC, while allied health has the largest Tribal Health share of any provider type at 38.9%, more than double the physician share.

	FQHC/CHC	Tribal Health
Physician	81.6%	18.4%
Advanced Practice	86.7%	13.3%
Allied Health	61.1%	38.9%
Dental	96.2%	3.8%

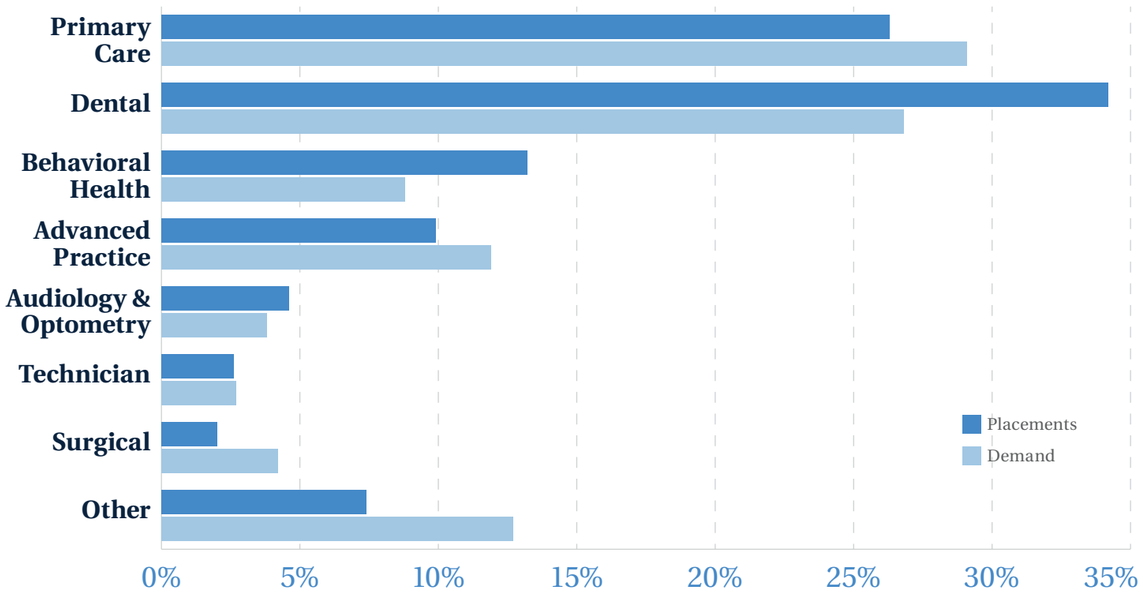
Placements by Specialty

Dentistry leads placements at 28.9%, followed by family practice at 18.4%. Each accounts for 20.2% of search demand, tying for the highest share across 28 specialties.

Behavioral Health
Behavioral Health Consulting
Clinical Social Work
Dental Hygiene
Dental Lab Technology
Dentistry
Diagnostic Medical Sonography
Family Practice
Family Practice with Obstetrics
Gastroenterology
General Practice
General Surgery
Human Resources
Infectious Disease
Internal Medicine
MRI Technology
Nurse Practitioner
Nursing
Obstetrics & Gynecology
Occupational Therapy
Optometry
Oral Surgery
Pediatric Dentistry
Pediatrics
Pharmacy
Professional Counseling
Psychiatry
Radiologic Technology

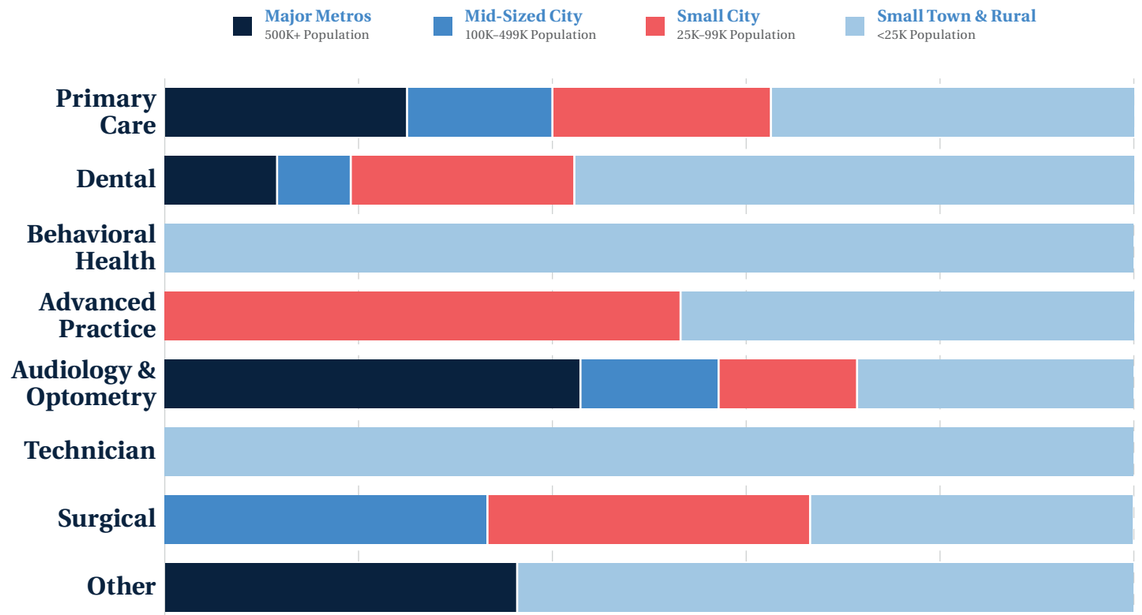
Placements & Demand by Specialty Type

Dental and primary care account for 60.5% of placements, with dental leading placements at 34.2% and primary care leading demand at 29.1%.



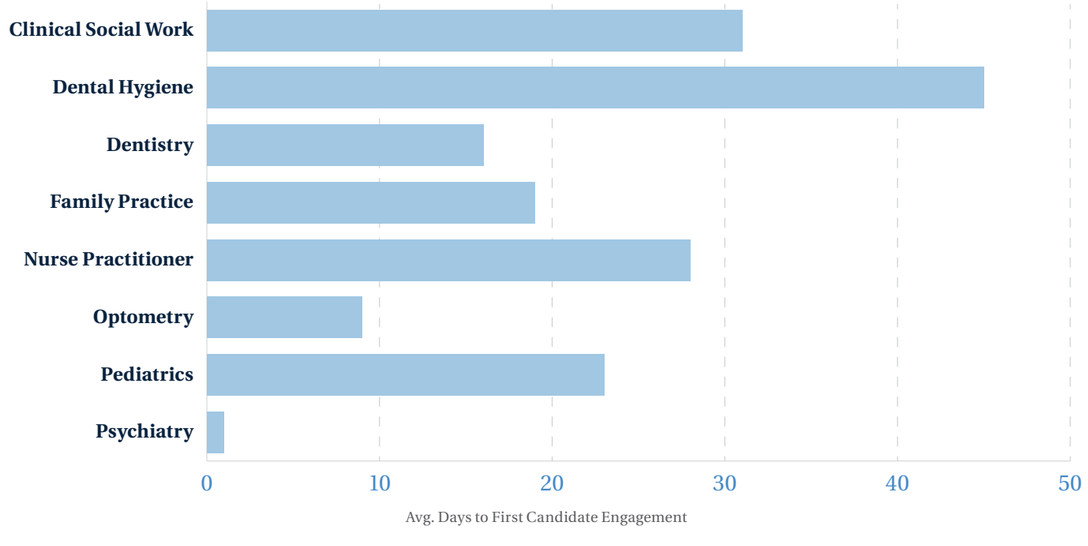
Placements by Community Size & Specialty Type

Every behavioral health and technician placement was rural, while primary care is the most evenly distributed and accounts for 52.6% of major metro placements.



Average Time to First Candidate Engagement

Top specialties averaged 21 days to first candidate engagement, ranging from one day for psychiatry to 45 days for dental hygiene.



Financial Packages for Select Specialties

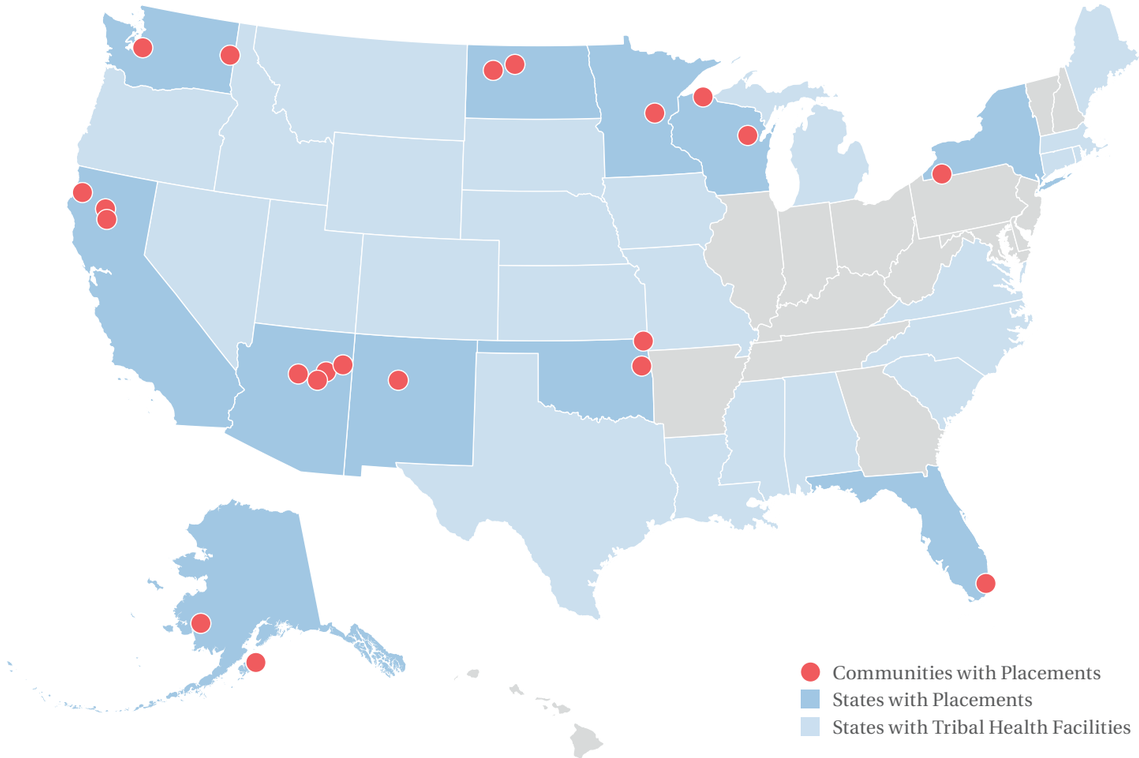
Psychiatry leads earning potential at $372,500, while family practice offers the largest signing bonus at $28,053 and relocation package at $12,538.

Table Reflects Averages	Base Salary	Signing Bonus	Relocation Package	Earning Potential
Clinical Social Work	$89,978	$13,154	$9,545	$94,389
Dental Hygiene	$103,504	$15,000	$5,000	$108,560
Dentistry	$196,482	$15,879	$10,567	$206,325
Family Practice	$268,692	$28,053	$12,538	$304,242
Nurse Practitioner	$140,000	$14,583	$9,778	$158,333
Optometry	$165,000	$10,000	$12,500	$171,600
Pediatrics	$262,222	$6,250	$7,500	$280,556
Psychiatry	$332,500	$22,500	$10,000	$372,500

Tribal Health Overview (Jan 2023–Jun 2026)

Tribal Placements by State

California, Arizona, Alaska, North Dakota, and Wisconsin drove 80.0% of Tribal Health placements, outpacing their 76.8% share of demand.



Tribal Placements by Provider Type

Physicians lead Tribal Health placements at 42.2%, with allied health close behind at 40.0%, together accounting for 82.2% of all placements.

42.2%
Physician

13.3%
Dental

40.0%
Allied Health

4.5%
Advanced Practice

Tribal Placements by Specialty

Family practice leads Tribal Health placements at 20.0% and demand at 22.1%, while dentistry ranks second in demand but falls outside the top three for placements.

- Audiology
- Clinical Social Work
- Dental Hygiene
- Dental Lab Technology
- Dentistry
- Diagnostic Medical Sonography
- Family Practice
- Family Practice with Obstetrics
- General Surgery
- Human Resources
- Internal Medicine
- Lab Technology
- Medical Leadership
- MRI Technology
- Nurse Practitioner
- Nursing
- Optometry
- Pediatric Dentistry
- Pediatrics
- Pharmacy
- Physical Therapy
- Psychiatry
- Radiologic Technology

Tribal Placements by Community Size

Small towns and rural communities account for 82.2% of Tribal Health placements and 84.2% of demand, while major metros hold just 2.2% of placements.

2.2%
Major Metro
500K+ Population

4.5%
Mid-Sized City
100K–499K Population

11.1%
Small City
25K–99K Population

82.2%
Small Town & Rural
<25K Population

Tribal Financial Incentives

Signing bonuses appear in 73.3% of Tribal Health placements, averaging $30,045, and relocation packages appear in 62.2%, averaging $10,726.

73.3%
Signing Bonus
% included in package

62.2%
Relocation Package
% included in package

Physician Insights



Physician mobility remains high amid burnout and workload pressures, favoring organizations competing on culture, mission, and career growth.

Most physicians still spend their days in direct patient care, often working extended hours, but many report conditions that make the work difficult to sustain. Documentation contributes to burnout, staffing gaps add to the strain, and compensation often feels misaligned with the workload being carried.

This reflects a workforce that stays focused on the practice of medicine while many physicians remain open to changing employers. Compensation is still the leading reason to consider a move, but physicians also prioritize schedule autonomy, team culture, mission fit, and organizational support for sustainable clinical work.

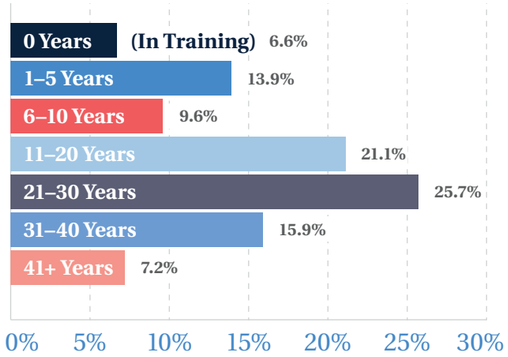
For FQHC/CHC and Tribal Health employers, these conditions carry both challenge and opportunity. Physicians dissatisfied with their current setting are actively recruitable, and the levers most influencing their decisions align with what mission-driven employers can compete on: schedule autonomy, team culture, mission alignment, and clear benefits.

Key Takeaways:

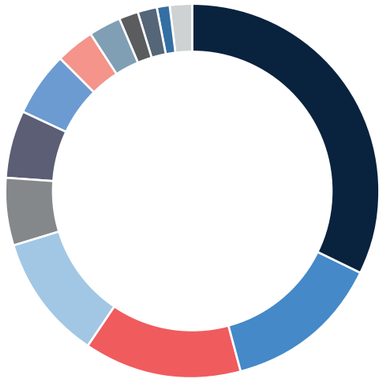
- **Physician mobility remains high at 51.3% considering a change within 12 months** and 71.1% within 24 months, indicating a sizable potential candidate pool.
- **Physicians feel most valued in their current roles (57.2%) and least satisfied with compensation (44.7%),** with work-life balance, benefits, and work environment clustered near 54%, showing more favorable responses to these areas than to pay.
- **Burnout affects 37.6% of physicians weekly or more,** rising to 46.1% among physicians open to changing roles, a retention risk employers can address.
- **Physician burnout is driven primarily by administrative burden (58.9%),** compensation misalignment (46.3%), inadequate staffing (45.0%), and workplace culture (36.7%), all areas employers can help address.
- **Compensation misalignment with workload reaches 46.3% overall and 69.0% among physicians earning under $200,000,** concentrating the strain among lower earners.
- **When physicians consider changing roles, compensation is the primary driver at 33.0%,** followed by work-life balance (18.8%) and career growth (10.1%); female physicians most often cite work-life balance (28.8%).
- **In workplace culture, physicians prioritize a supportive team environment (73.5%),** engaged leadership (57.1%), and mission alignment (44.9%), a competitive advantage for mission-driven employers.
- **Schedule control leads physician work-life priorities at 64.6%,** followed by reduced call (54.5%), manageable patient volumes (53.5%), and flexible scheduling (51.5%).
- **Relocation willingness reaches 51.8% overall and 72.0% among physicians earning under $200,000,** yet only 5.3% of dissatisfied physicians prefer rural areas, with Alabama (41.6%), Alaska (40.1%), and Mississippi (36.5%) most often ruled out.
- **Email leads physician opportunity discovery at 74.7%;** compensation (62.8%), location (58.7%), and benefits packages (40.9%) top the information physicians seek in job ads.

Physician Practice Snapshot

Years in Practice



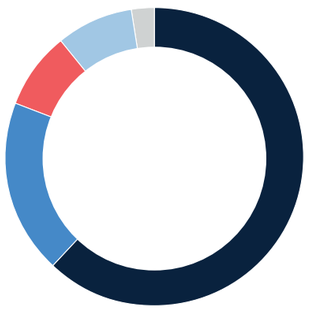
Current Practice Setting



- **32.3%** Hospital-Employed
- **13.7%** SSG/Partnership
- **13.6%** Academic
- **10.7%** MSG/Partnership
- **5.9%** In-Training
- **5.9%** Solo Practice
- **5.5%** Locum Tenens
- **3.4%** FQHC/CHC/Tribal
- **2.8%** Military/Gov't.
- **1.6%** Non-Clinical
- **1.6%** Telehealth
- **1.2%** Concierge
- **1.8%** Other

71.2%
of physicians' primary professional focus is **direct patient care.**

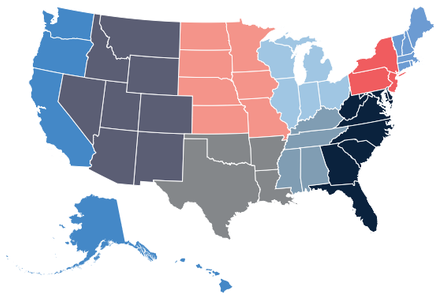
Schedule Structure



- **62.0%** Traditional
  Consistent Weekly Schedule
- **18.9%** Variable
  Irregular or Rotating Shifts
- **8.3%** Extended
  Longer Shifts, Fewer Days
- **8.3%** Block
  Set On/Off Work Periods
- **2.5%** Other

66.3%
of physicians work **41+ hours** per week.

Current Practice Location

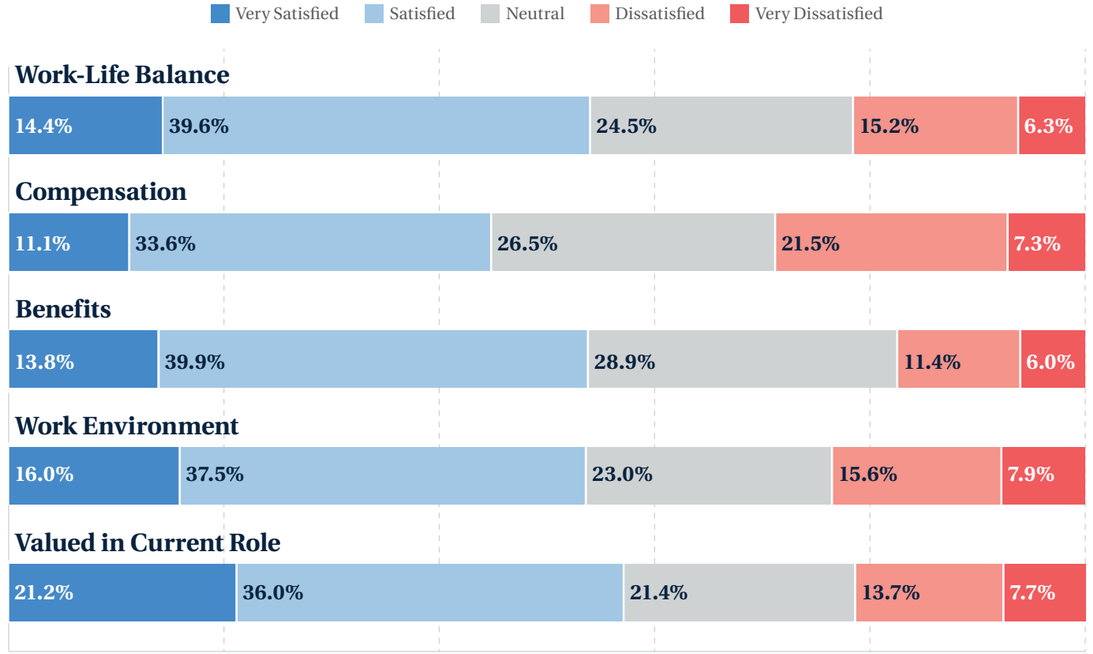


- **20.3%** South Atlantic
- **16.3%** Middle Atlantic
- **13.1%** East North Central
- **10.7%** Pacific
- **10.4%** West South Central
- **7.9%** West North Central
- **7.3%** Mountain
- **6.0%** East South Central
- **4.9%** New England
- **3.1%** International/U.S. Territory

Satisfaction & Burnout

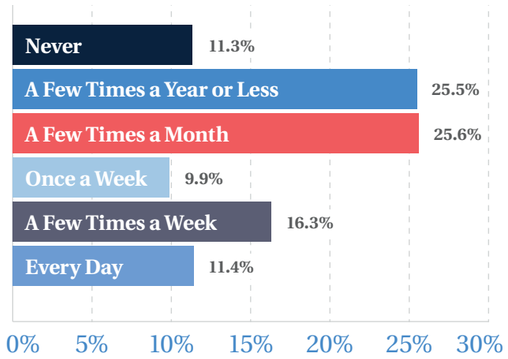
Levels of Satisfaction

Satisfaction remains mixed across key areas of physician practice. Compensation ranks lowest at 44.7%, while feeling valued (57.2%) leads, with work-life balance (54.0%), benefits (53.7%), and work environment (53.5%) clustered in the mid-50% range.



Frequency of Burnout

Burnout remains a persistent workforce risk, with 37.6% reporting burnout at least weekly and 27.7% experiencing it a few times a week or every day.



Top Contributors to Burnout

Physician burnout is driven primarily by operational pressures, led by administrative burden (58.9%), compensation misalignment with workload (46.3%), and inadequate staffing or support (45.0%).

1. **Admin. Burden/Documentation**
2. **Comp. Not Aligned w/ Workload**
3. **Inadequate Staffing/Support**
4. **Workplace Culture/Leadership**
5. **RVU/Volume Expectations**

Ideal Role & Location

51.8%

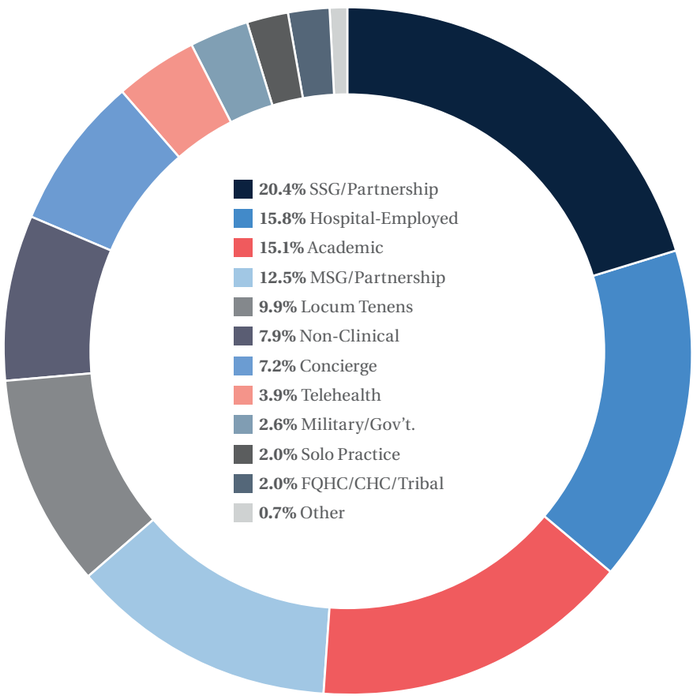
of physicians are **willing to relocate** out of their current state.

73.9%

of physicians are **satisfied with their practice setting & location.**

Preferred Practice Setting

Among physicians dissatisfied with their practice setting, single-specialty group or partnership (20.4%) and hospital-employed (15.8%) settings rank highest, while FQHC/CHC/Tribal and solo practice each rank at 2.0%.



Top 10 Most Considered States & D.C.

1. Florida
2. California
3. Texas
4. North Carolina
5. Colorado
6. New York
7. Georgia
8. Pennsylvania
9. Virginia
10. South Carolina

Top 10 Least Considered States & D.C.

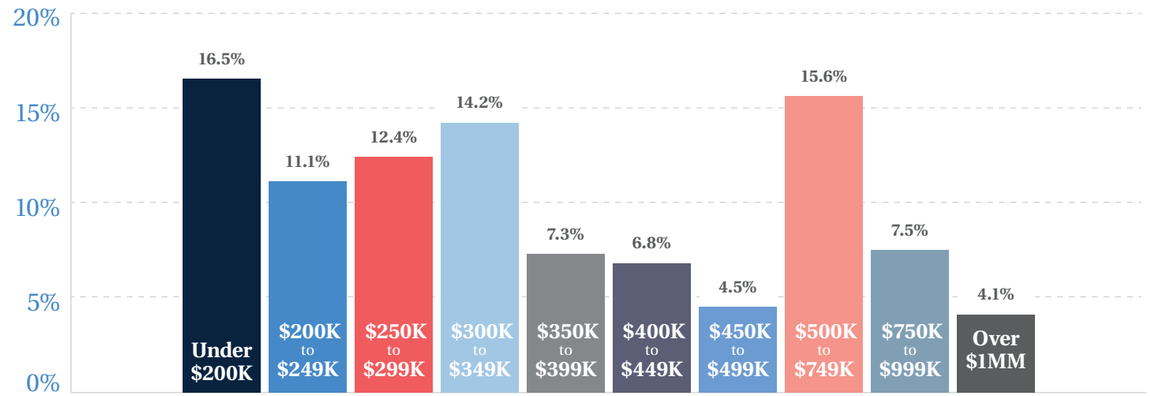
1. Alabama
2. Alaska
3. Mississippi
4. North Dakota
5. California
6. Louisiana
7. Kentucky
8. New York
9. Arkansas
10. West Virginia

Physician relocation interest remains selective. Florida (26.1%), California (16.8%), and Texas (15.8%) rank among the most considered states, while Alabama (41.6%), Alaska (40.1%), and Mississippi (36.5%) face the strongest resistance.

Compensation & Benefits

2025 Annual Compensation

Physician compensation is concentrated in higher earning ranges, with 32.8% earning $300,000 to $499,000 and 27.2% earning $500,000 or more, particularly among physicians age 40 and older, while 43.2% of physicians under age 40 earn under $200,000.



25.4%

of physicians' income increased due to a **cost-of-living adjustment**.

35.8%

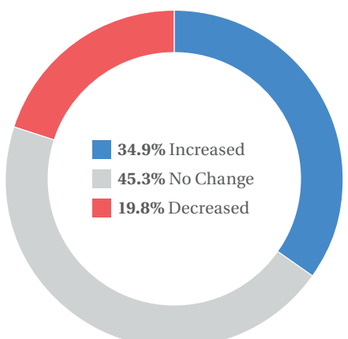
of physicians received **quality- or value-based** compensation.

33.8%

of physicians received **income from providing telehealth services**.

2025 Income Changes

Physician income was mixed in 2025, with the largest share reporting no change (45.3%). Most increases were modest, with 73.7% of those with increases reporting raises of 10% or less, while 61.5% of those with decreases reported cuts of 11% or more, including 28.1% with cuts of 20% or more.



Most Important Benefits

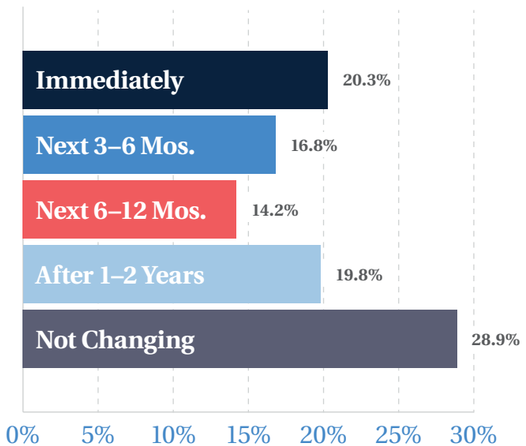
Physicians continue to prioritize core benefits, led by health insurance (63.7%), employer-paid malpractice insurance (62.5%), and paid time off (58.6%), reinforcing the importance of total rewards in recruitment and retention.

1. Health Insurance
2. Employer-Paid Malpractice Ins.
3. Paid Time Off
4. Retirement Savings Plan
5. Employer-Paid Tail Coverage

Job Change Motivations

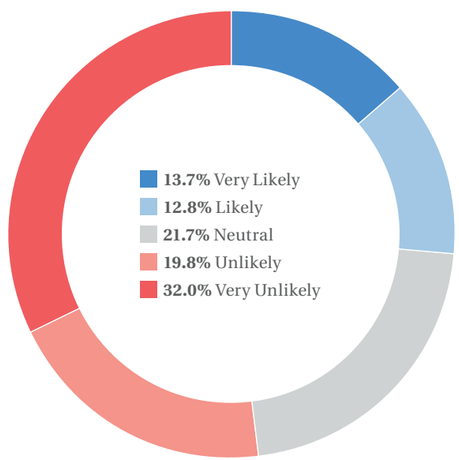
Timeline to Consider a Job Change

Physician job-change timing remains active, with 71.1% willing to consider a move within two years and 20.3% willing to change immediately for the right opportunity.



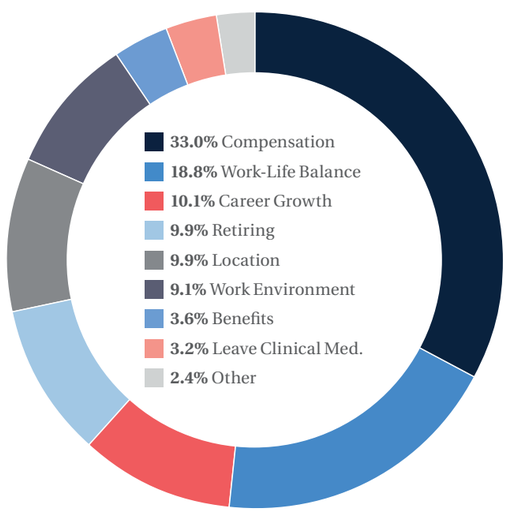
Likelihood of Changing Jobs

The prospect of change remains high, with 48.2% of physicians likely or open to changing employers within the next 12 months, while 32.0% say they are very unlikely to move.



Top Motivation to Make a Change

Compensation remains the leading physician job-change motivator at 33.0%, followed by work-life balance (18.8%) and career growth (10.1%), indicating that financial, lifestyle, and advancement considerations all shape career decisions.



Top Barriers to Making a Change

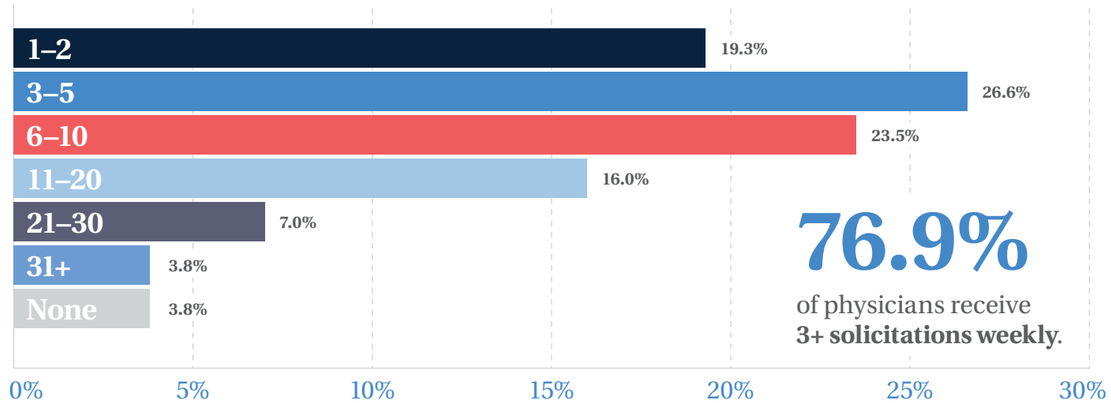
The biggest barriers to physician job change are personal and geographic, led by family or personal reasons (46.0%), geographic location (28.2%), and relocation burden (27.1%).

1. **Family/Personal Reasons**
2. **Geographic Location**
3. **Relocation Burden**
4. **Risk of Decreased Earnings**
5. **Lack of Job Opportunities**

Job Search

Weekly Opportunity Solicitations

Physicians remain heavily recruited, with 76.9% receiving three or more job solicitations per week and just 3.8% receiving none, highlighting the intensity of demand across the market.



76.9%
of physicians receive **3+ solicitations weekly.**

Top Ways to Learn About Opportunities

Email remains the dominant physician recruitment channel at 74.7%, followed by text messages (39.3%), personal/professional networks (35.4%), and online job boards (34.7%).

1. **Emails**
2. **Text Messages**
3. **Personal/Professional Networks**
4. **Online Job Boards**
5. **Phone Calls**

28.1%
of physicians use **social media** to look for new practice opportunities.

Top Information Sought in Job Ads

Physicians prioritize job ads that clearly outline compensation (62.8%), location (58.7%), and benefits (40.9%). Schedule details and workload expectations also rank highly, reinforcing the need for transparency in recruitment messaging.

1. **Compensation**
2. **Job Location**
3. **Benefits Package**
4. **Work & Call Schedule**
5. **Patient Volume/Workload**

49.3%
of physicians have worked with a **staffing agency**.

Dental Provider Insights



Rising dental mobility opens recruitment opportunity for FQHC/CHC and Tribal Health employers competing on mission, culture, and sustainable practice conditions.

Dental practice in 2025 shows a workforce under mounting pressure. Satisfaction is declining across several measured dimensions, income losses are affecting more providers and cutting deeper, and intent to change jobs is rising year over year.

Three pressures are converging. Early-career providers are experiencing the highest burnout rates in dental, while receiving the least recruitment attention. Late-career providers frequently cite retirement as a reason for change. Mid-career providers report workplace and pay dissatisfaction, while dental service organization (DSO) and FQHC/CHC/Tribal settings show particularly low satisfaction.

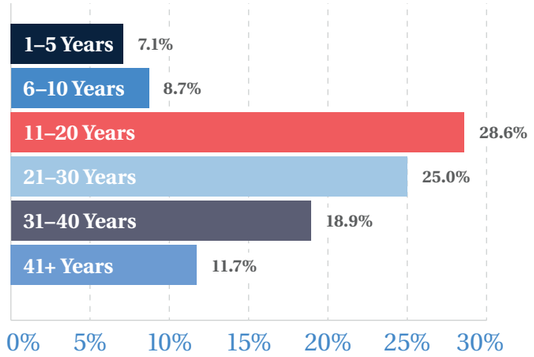
For FQHC/CHC and Tribal Health dental employers, an unusual signal emerges: dissatisfied dental providers rank FQHC/CHC/Tribal among their top preferred settings, yet providers in that setting report elevated burnout. The priority is stabilizing schedule, staffing, and support conditions that turn stated preference into durable employment.

Key Takeaways:

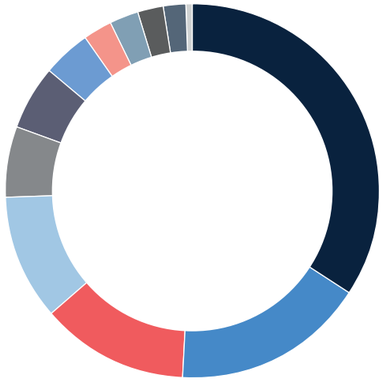
- **Dental mobility reaches 53.0% considering a change within 12 months,** with FQHC/CHC/Tribal providers at 37.5% and DSO providers at 75.0%, concentrating turnover risk in specific practice settings.
- **Dental providers feel most valued (62.7%) and least satisfied with compensation (47.1%);** work-life balance holds at 60.6% overall but drops to 48.5% in FQHC/CHC/Tribal settings and 45.0% in DSOs, tying practice setting to retention risk.
- **Burnout affects 38.4% of dental providers weekly or more,** climbing to 45.5% in FQHC/CHC/Tribal settings, 60.0% among providers under 40, and 47.2% among female providers, concentrating risk in specific settings and groups.
- **Dental burnout is driven primarily by compensation misalignment (51.1%),** inadequate staffing (50.0%), administrative burden (47.1%), and payer constraints (43.7%), all areas employers can help address.
- **Relocation willingness reaches 43.9% overall,** rising to 62.8% among those open to changing roles and 62.5% among those dissatisfied with their setting.
- **FQHC/CHC/Tribal settings employ 23.7% of female dental providers vs. 14.5% of male providers,** a workforce composition that sets them apart among dental settings.
- **Rural dental presence sits at 19.4% of the workforce,** consistent across age and gender but skewing toward lower self-reported earnings, an established rural pipeline where compensation remains a key lever.
- **When dental providers consider changing roles, compensation drives 32.7%,** followed by retirement (19.6%, rising to 45.2% among those 60+), while career growth reaches 20.0% among those under 40.
- **Student loan repayment emerged as an early-career dental benefits priority:** all surveyed providers under 40 motivated by benefits selected it, alongside paid time off and retirement.
- **Among culture-motivated dental providers, top priorities are a supportive team environment (61.5%),** clinical support staff (53.8%), and mission alignment (53.8%), giving mission-driven employers an edge.

Dental Practice Snapshot

Years in Practice



Current Practice Setting

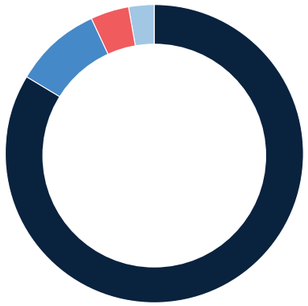


- **34.2%** Dental Practice
- **16.8%** FQHC/CHC/Tribal
- **12.8%** Solo Practice
- **10.7%** DSO
- **6.1%** Academic
- **5.6%** Military/Gov't.
- **4.1%** Hospital-Employed
- **2.6%** MSG/Partnership
- **2.6%** SSG/Partnership
- **2.0%** Concierge
- **2.0%** Locum Tenens
- **0.5%** Other

80.1%

of dental providers' primary professional focus is **direct patient care**.

Schedule Structure

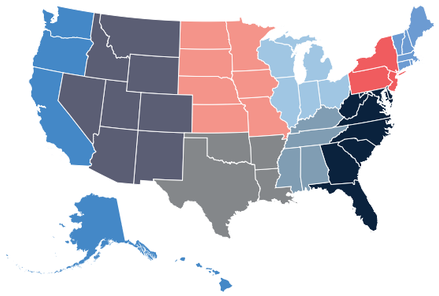


- **83.7%** Traditional
  Consistent Weekly Schedule
- **9.7%** Extended
  Longer Shifts, Fewer Days
- **4.1%** Variable
  Irregular or Rotating Shifts
- **2.5%** Block
  Set On/Off Work Periods

20.4%

of dental providers work **41+ hours** per week.

Current Practice Location

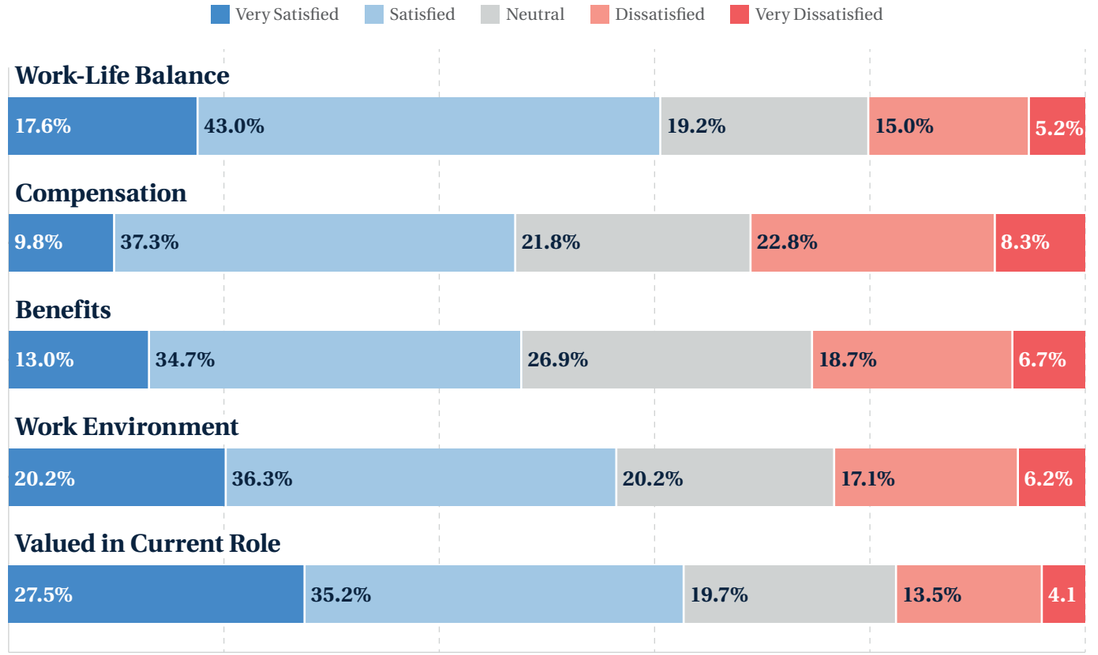


- **19.4%** Pacific
- **16.8%** West South Central
- **15.8%** East North Central
- **12.8%** South Atlantic
- **10.2%** Middle Atlantic
- **9.7%** Mountain
- **8.7%** West North Central
- **3.1%** East South Central
- **3.1%** New England
- **0.4%** International/U.S. Territory

Satisfaction & Burnout

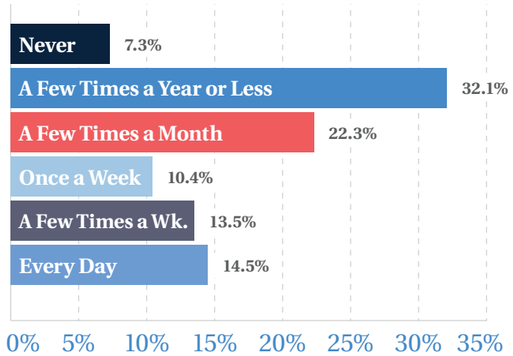
Levels of Satisfaction

Dental providers report the highest satisfaction in feeling valued (62.7%) and work-life balance (60.6%), with both dimensions drawing dissatisfaction rates below 21%. Compensation draws the most dissatisfaction, with nearly one in three providers (31.1%) expressing discontent.



Frequency of Burnout

Burnout affects 38.4% of dental providers weekly or more, with rates highest among female providers (47.2%) and those under 40 (60.0%).



Top Contributors to Burnout

Dental burnout is driven by compensation misalignment (51.1%), staffing shortfalls (50.0%), administrative burden (47.1%), and insurance and payer constraints (43.7%).

1. **Comp. Not Aligned w/ Workload**
2. **Inadequate Staffing/Support**
3. **Admin. Burden/Documentation**
4. **Insurance/Payer Constraints**
5. **Workplace Culture/Leadership**

Ideal Role & Location

43.9%

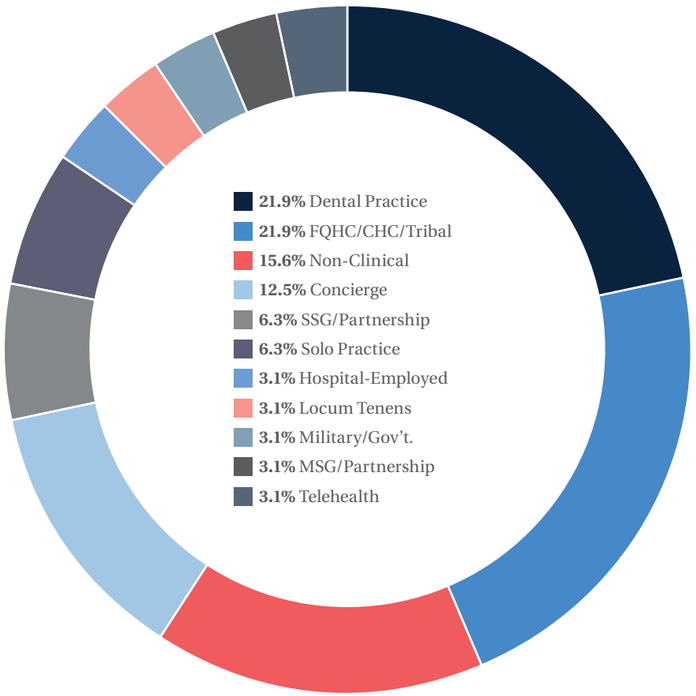
of dental providers are **willing to relocate** out of their current state.

81.5%

of dental providers are **satisfied with their practice setting & location.**

Preferred Practice Setting

No single setting dominates dental practice preferences for those dissatisfied with their practice setting: FQHC/CHC/Tribal and dental practice each lead at 21.9%, with non-clinical close behind at 15.6%.



Top 10 Most Considered States & D.C.

1. Florida
2. Texas
3. Arizona
4. California
5. Colorado
6. North Carolina
7. Hawaii
8. Idaho
9. South Carolina
10. Tennessee / Washington

Top 10 Least Considered States & D.C.

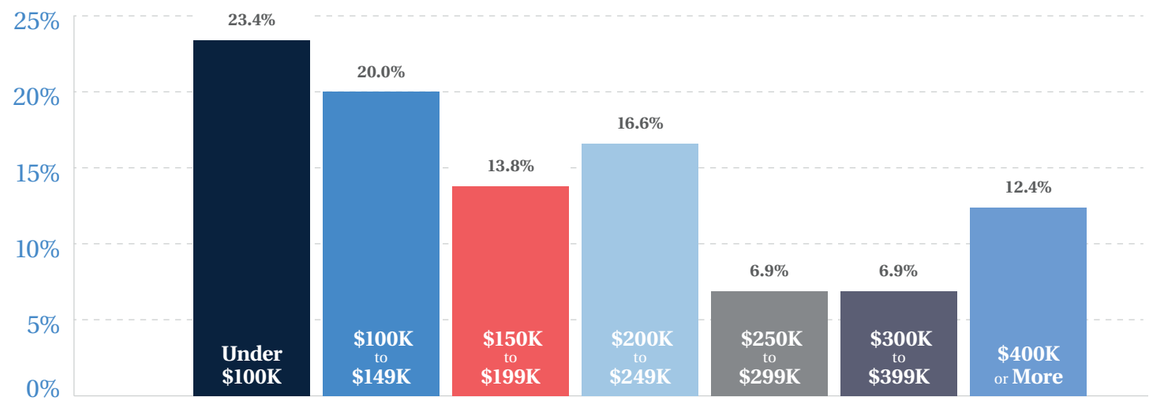
1. California
2. New York
3. District of Columbia
4. Alaska
5. Mississippi
6. New Jersey
7. Delaware
8. Massachusetts
9. Alabama
10. Connecticut / Maryland

Florida leads dental relocation preferences at 20.2%; California is both fourth most preferred at 16.8% and most avoided at 52.4%, the highest avoidance rate of any state.

Compensation & Benefits

2025 Annual Compensation

Dental compensation is broadly distributed, with 43.4% earning under $150,000 and 19.3% earning $300,000 or more. The gender earnings gap concentrates at the top: only 8.3% of female dental providers earned $300,000 or more in 2025, compared with 35.3% of male providers, with specialty mix contributing to the difference.



32.8%

of dental providers' income rose because of **increased productivity**.

30.3%

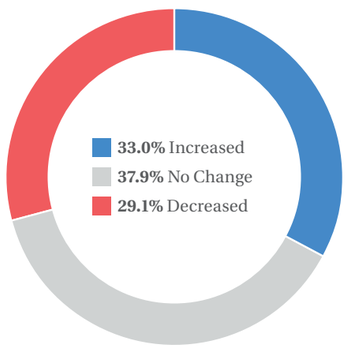
of dental providers received **quality- or value-based** compensation.

6.7%

of dental providers received **income from providing telehealth services**.

2025 Income Changes

Dental income deteriorated on both ends in 2025: the share seeing decreases rose from 22.9% to 29.1%, while the share seeing increases fell from 40.8% to 33.0%.



Most Important Benefits

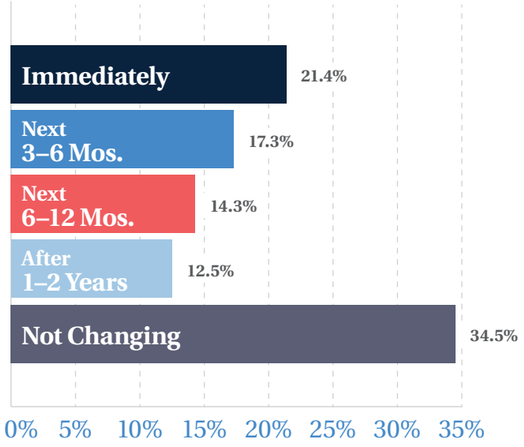
Health insurance (62.9%), retirement savings (61.8%), and paid time off (60.1%) lead dental benefits priorities; 19.1% of dental providers report having no benefits.

1. Health Insurance
2. Retirement Savings Plan
3. Paid Time Off
4. Professional Development
5. Employer-Paid Malpractice Ins.

Job Change Motivations

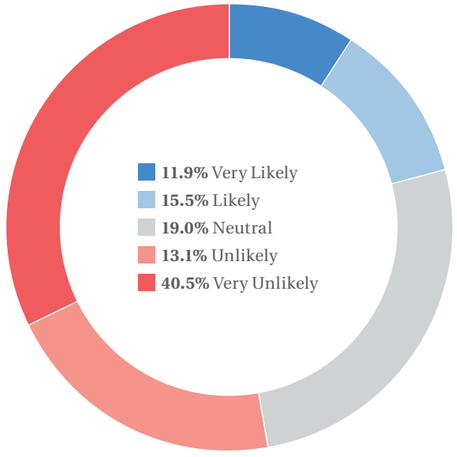
Timeline to Consider a Job Change

Among dental providers, 34.5% would not consider a near-term job change, but that drops to 15.0% among those under 40, marking early-career dental providers as a far more active pool.



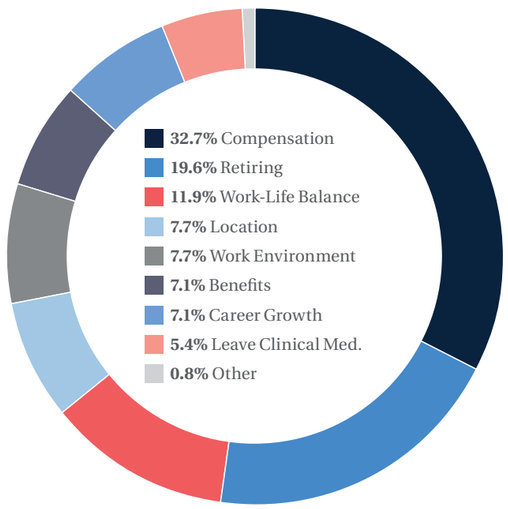
Likelihood of Changing Jobs

Dental openness to a job change rose to 46.4% in 2025 from 41.4% in 2024, a 5-point year-over-year increase.



Top Motivation to Make a Change

Compensation leads dental job-change motivators at 32.7%, with retirement following at 19.6%, signaling combined pressure from compensation-driven and late-career mobility.



Top Barriers to Making a Change

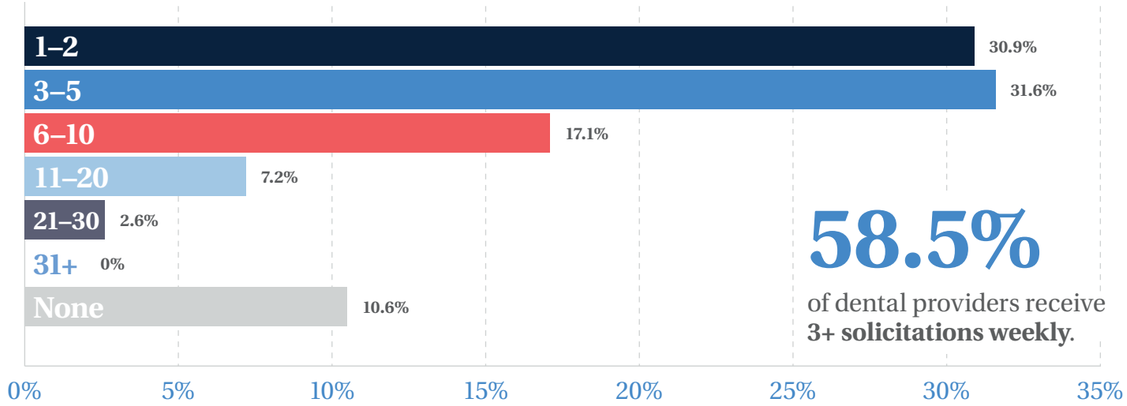
Family reasons rank first among dental job-change barriers at 45.7%, while potential transition costs rank fifth at 23.5%, highlighting another financial consideration when changing roles.

1. **Family/Personal Reasons**
2. **Risk of Decreased Earnings**
3. **Relocation Burden**
4. **Geographic Location**
5. **Potential Transition Costs**

Job Search

Weekly Opportunity Solicitations

Most dental providers (58.5%) receive three or more job solicitations per week; 10.6% report receiving none.



58.5%
of dental providers receive **3+ solicitations weekly.**

Top Ways to Learn About Opportunities

Email tops dental opportunity discovery at 73.7%, with online job boards second at 40.1%, climbing to 60.0% among providers under 40.

1. **Emails**
2. **Online Job Boards**
3. **Text Messages**
4. **Personal/Professional Networks**
5. **Social Media**

30.9%
of dental providers use **social media** to look for new opportunities.

Top Information Sought in Job Ads

Compensation (67.1%) and job location (65.8%) top dental job ad priorities. Workload expectations rank fifth at 27.6%, reinforcing the value of transparency around daily practice demands.

1. **Compensation**
2. **Job Location**
3. **Benefits Package**
4. **Employment Status**
5. **Patient Volume/Workload**

36.0%
of dental providers have worked with a **staffing agency**.

Action Plan

Strategic Considerations for FQHC/CHC and Tribal Health Recruitment and Retention



Recruitment and retention in 2026 are shaped by rising rural demand, sustained physician competition, and role-specific incentive packages.

FQHC/CHC and Tribal Health hiring is concentrated in rural and Western communities, where share of new demand, especially for physicians, is outpacing share of placements. Physicians and dental providers remain mobile, while schedule, staffing, team culture, and mission are among their stated workplace priorities. Employers that match strategy to each role, setting, and community are better positioned to compete.

Recruitment Actions:

- **Open physician searches early and source broadly.** Physicians account for a larger share of searches than placements, particularly in rural and Western communities. Earlier kickoff and wider regional sourcing can give employers more time to reach candidates.
- **Build early-career pipelines in family practice and dentistry.** Recent graduates already fill a steady share of hires in both specialties, so residency and dental school relationships, paired with loan repayment eligibility where it applies, extend that pipeline.
- **Lead outreach with the details providers seek first.** Open job ads and recruiter emails with compensation, location, benefits, and schedule, then reinforce the mission, team culture, and community details that set FQHC/CHC and Tribal Health roles apart.
- **Set search timelines by setting, specialty, and community size.** Build longer engagement windows into Tribal Health, rural, and dental hygiene searches from kickoff, since these roles require the most time to reach first candidate engagement.
- **Direct incentive budgets where they can have the most impact.** Consider signing bonuses for clinical social work and dental hygiene and relocation support for Tribal Health roles, tailoring packages to the needs of each candidate and position.

Retention Actions:

- **Target the operational drivers of burnout.** Reduce administrative and documentation burden, strengthen staffing and clinical support, and review how compensation aligns with workload, the leading burnout contributors for physicians and dental providers alike.
- **Give providers more control over schedule and call.** Schedule autonomy, reduced call, manageable patient volumes, and flexible scheduling lead physician work-life priorities, and each can be addressed through scheduling and staffing design.
- **Stabilize FQHC/CHC/Tribal dental environments.** Dental providers in these settings report elevated burnout and lower work-life satisfaction, so steady schedules, adequate support staff, and engaged leadership help turn interest in these settings into lasting employment.
- **Plan community onboarding for relocated providers.** Relocation is common in Tribal Health hiring, so housing guidance, family support, and introductions to the local community help new providers and their families settle in and stay.
- **Plan retention around career stage.** Address burnout and loan burden among early-career providers, the most mobile group, and build succession plans for late-career providers as retirement becomes a larger driver of job change.

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