PA Diversity from Pipeline to Practice

*Understanding Commonalities and Differences In Professional Experiences of PAs*

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October 26, 2018

2018 PAEA Education Forum
Anaheim, CA
Background

Researchers have explored **physician** work-life factors by race/ethnicity

- Not much evidence on differences in job stress and burnout
- Differences in job satisfaction by race and ethnicity vary (Glymour et. al, 2004)

Researchers have explored **physician** work-life factors by gender

- Female physicians report higher rates of burnout and job stress than males (Medscape, 2017)

Researchers have explored **nurse** work-life factors by race/ethnicity

- Moderate differences in job satisfaction by race and ethnicity (Xue, 2015)

Researchers have explored **nurse** work-life factors by gender

- No gender differences in occupational stress (Kirkcaldy & Martin, 2000)

What’s Missing Here?

Research on PAs
Diversity in the PA Profession
Race/Ethnicity and Gender Distribution in the PA Profession

11.5% of PAs in this 2016 sample were classified as URM

For this presentation, AAPA defines Underrepresented Minority the same as PAEA: Any group, including those identifying as Hispanic, other than White and Asian PAs, based on representation in the sample versus the US population.
What We Asked

How do workplace factors and psychosocial measures related to work and life experience differ among PAs?

Specifically:

➢ Between Under Represented Minority (URM) PAs and others

➢ Between men and women
Methods and Measures

The sample included data from the 2016 and 2018 AAPA Salary Surveys

- Race, Ethnicity, and Gender
- Compensation and Benefits
- Workplace Experiences
  - Workplace tasks, professional experiences, patients, employer, and colleagues
- Work and Life Well-being
  - Workplace satisfaction, job satisfaction
- Leadership Measures
  - Interest and involvement in leadership, organizational pathway to leadership
Commonalities and Differences by Race and Ethnicity
Workplace Experience **Commonalities**  
By Race/Ethnicity

**Workplace Tasks**
- Too many bureaucratic tasks
- Too many administrative tasks
- Spending too many hours at work
- Increased patient load due to passage of Affordable Care Act
- Feeling just like a cog in the wheel
- Increasing computerization of practice

**Professional Experience**
- Income not high enough
- Lack of professional fulfillment
- Compassion fatigue

**Patients, Employer, and Colleagues**
- Too many difficult patients
- Difficult employer
- Difficult colleagues or staff

*All of the following were non-significant (p > .05 and/or d < 0.2)*
## Workplace Experience Differences
### By Race/Ethnicity

<table>
<thead>
<tr>
<th>Measure</th>
<th>URM</th>
<th>WNH, Asian</th>
<th>CI of Difference</th>
<th>Effect size d</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inability to provide patients with the quality care they need</td>
<td>4.26</td>
<td>3.82</td>
<td>(0.26 – 0.62)</td>
<td>0.21</td>
</tr>
</tbody>
</table>

Smaller, significant differences emerged on other psychosocial stressors. Factors with effects smaller than 0.2 are not presented.
Work and Life Well-Being **Commonalities**
By Race/Ethnicity

No differences were found between race and ethnicity groups

**Workplace Satisfaction**
- Employer satisfaction
- Likeliness of recommending employer
- Happiness at work

**Life Satisfaction**
- Life satisfaction
- Life being “close to ideal”
- Happiness outside of work
Leadership Commonalities and Differences
By Race/Ethnicity

URM PAs have **34%** higher odds of being interested in leadership
- OR: 1.34 (CI: 1.19 - 1.50)

URM PAs have a **38%** higher odds of being in an organization with formal leadership training
- OR: 1.38 (CI: 1.03 - 1.86)

URM PAs have a **41%** higher odds of being in an organization with a pathway to leadership
- OR: 1.41 (CI: 1.21 - 1.65)

There is **no difference** in odds of URM PA being in leadership
- OR: 0.96, (CI: 0.84, 1.10)
Commonalities and Differences by Gender
**Workplace Experiences Commonalities**

*By Gender*

**Workplace Tasks**
- Too many bureaucratic tasks
- Too many administrative tasks
- Spending too many hours at work
- Increased patient load due to passage of Affordable Care Act
- Feeling just like a cog in the wheel
- Increasing computerization of practice

**Professional Experience**
- Income not high enough
- Lack of professional fulfillment
- Compassion fatigue

**Patients, Employer, and Colleagues**
- No commonalities

*All of the following were non-significant (p > .05 and/or d < 0.2)*
## Workplace Experience Differences
### By Gender

<table>
<thead>
<tr>
<th>Measure</th>
<th>Women</th>
<th>Men</th>
<th>Effect size $d$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Difficult Employer</td>
<td>3.85</td>
<td>3.33</td>
<td>0.28</td>
</tr>
<tr>
<td>Inability to provide patients with the quality care they need</td>
<td>4.06</td>
<td>3.52</td>
<td>0.25</td>
</tr>
<tr>
<td>Difficult colleagues or staff</td>
<td>3.75</td>
<td>3.12</td>
<td>0.37</td>
</tr>
<tr>
<td>Too many difficult patients</td>
<td>3.77</td>
<td>3.20</td>
<td>0.31</td>
</tr>
</tbody>
</table>
Work and Life Well-Being Commonalities
By Gender

No differences were found between gender

Workplace Satisfaction
- Employer Satisfaction
- Likeliness of recommending employer
- Happiness at work

Life Satisfaction
- Life Satisfaction
- Life being “close to ideal”
- Happiness outside of work
Leadership Commonalities and Differences
By Gender

Female PAs have 13% lower odds of being interested in leadership
• OR: 0.87 (CI: 0.80 – 0.95)

Female PAs have a 25% lower odds of being in an organization with a pathway to leadership
• OR: 0.75 (CI: 0.66 – 0.84)

Female PAs have a 36% lower odds of being in an organization with formal leadership training
• OR: 0.64 (CI: 0.51 – 0.81)

Odds of women being in leadership are half that of men
• OR: 0.51, (CI: 0.47, 0.57)
Compensation Differences by Gender
Female/Male Median Salary Over Time

Women's Median Base Salary as a Percentage of Men's Median Base Salary

Year


82% 83% 84% 85% 86% 87% 88% 89% 90% 91% 92%
Gender Pay Disparity in 2017

Women’s bonuses were smaller, and they were less likely to receive a bonus compared to men.
Gender Pay Disparity by Years of Experience

Full-Time at PCE

The size of the gender disparity varies by years of experience.
Practice Demographics Don’t Fully “Explain Away” the Disparity

Sequential regression with gender in the final step is a conservative test

Initial Steps: Compensation-relevant predictors
  - Geographic Region
  - Major Specialty Area
  - Practice variables (total years as a PA, hours worked, weeks worked)
  - Leadership and military (leadership position, practice ownership)
  - Bonus: received?

Final Step: Gender as a predictor of compensation

Women were compensated about $.90 for every dollar men made in terms of base salary.

When controlling for compensation-relevant factors, this base salary gap shrinks to ~$.94/$1
A PAs Race, Gender and Ethnicity May Differ But A PAs Work Experience is *Shared*

- URM and WNH PAs have many common work-life experiences and perceptions
  - Unexpected findings in URMS in leadership vs interest and potential
  - Would expect leadership among URM to either already be higher or to increase, in the absence of some other factors at play.

- Female and Male PAs also have many common experiences
  - Females overrepresented in profession, but still have worse outcomes in several areas.
  - Women less interested in leadership
Questions?

Thank you to Tim McCall, PhD for preparing this presentation

Thank you to Elaine Slaven, BS for assisting with the research

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