

# **PA Diversity from Pipeline to Practice**

## ***Understanding Commonalities and Differences In Professional Experiences of PAs***

Noël Smith, MA  
American Academy of PAs

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# 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)

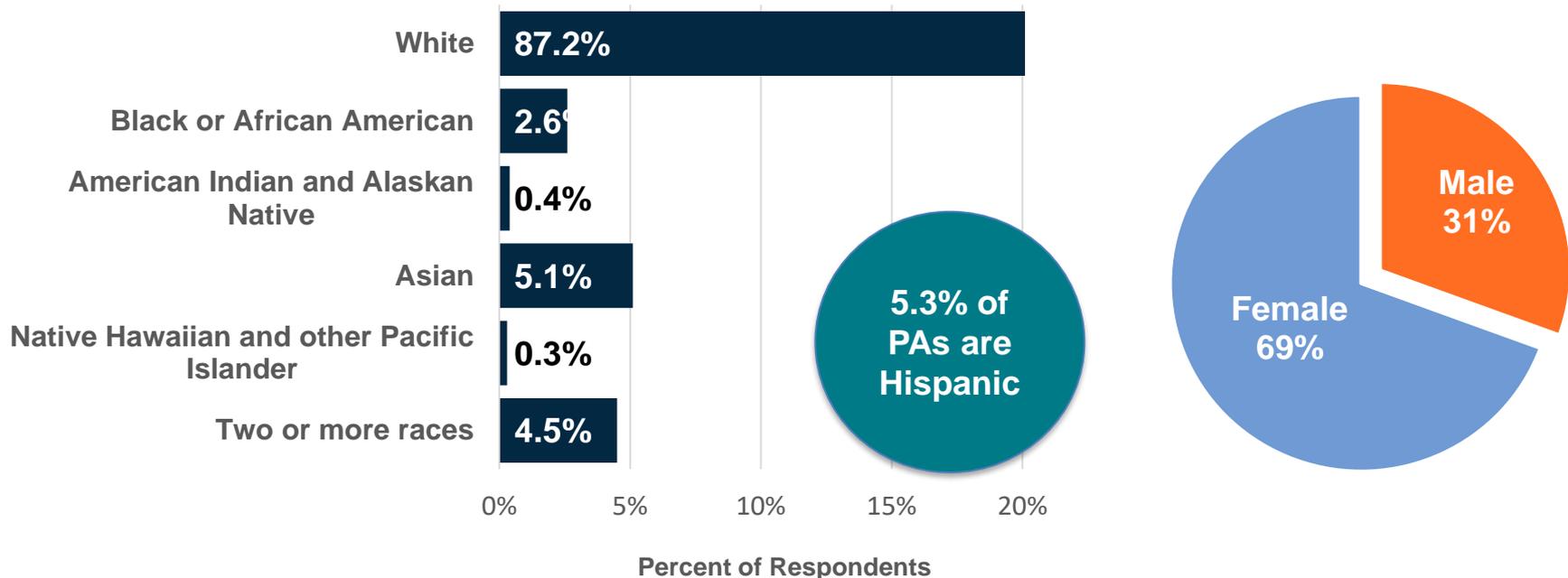
What's Missing Here?

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



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

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
- Likelihood 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  $d < 0.2$ )

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# Workplace Experience Differences

## By Gender

Measure	Women	Men	Effect size <i>d</i>
↑ Difficult Employer	<b>3.85</b>	3.33	0.28
↑ Inability to provide patients with the quality care they need	<b>4.06</b>	3.52	0.25
↑ Difficult colleagues or staff	<b>3.75</b>	3.12	0.37
↑ Too many difficult patients	<b>3.77</b>	3.20	0.31

# Work and Life Well-Being Commonalities

By Gender

**No differences were found between gender**

Workplace  
Satisfaction

- Employer Satisfaction
- Likelihood 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

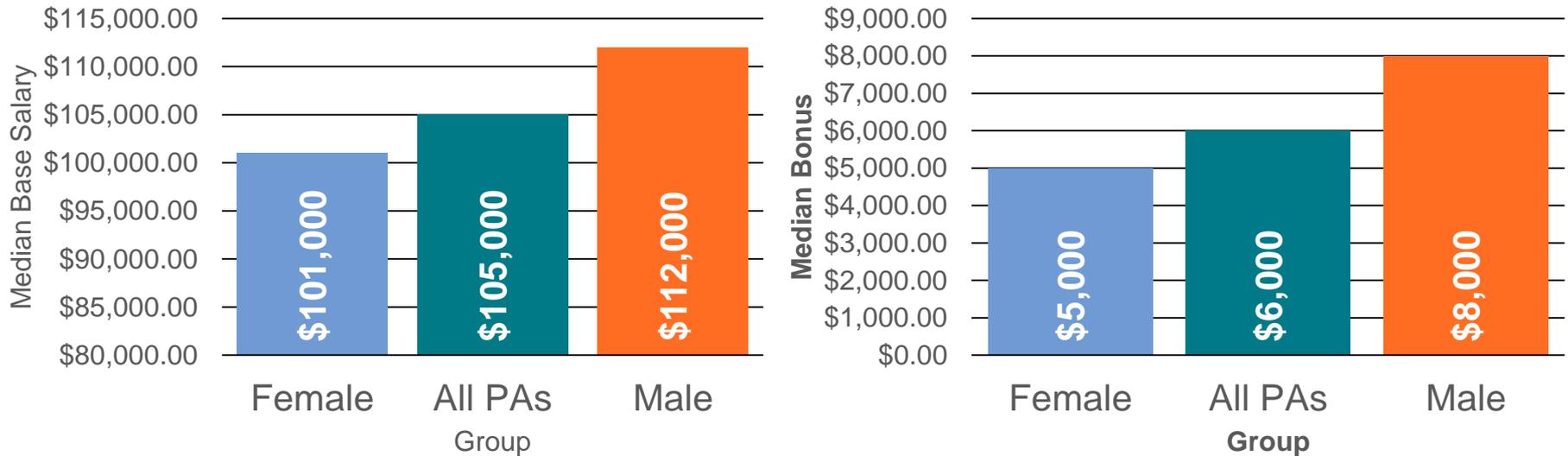
- OR: 0.51, (CI: 0.47, 0.57)

# Compensation Differences by Gender

# Female/Male Median Salary Over Time



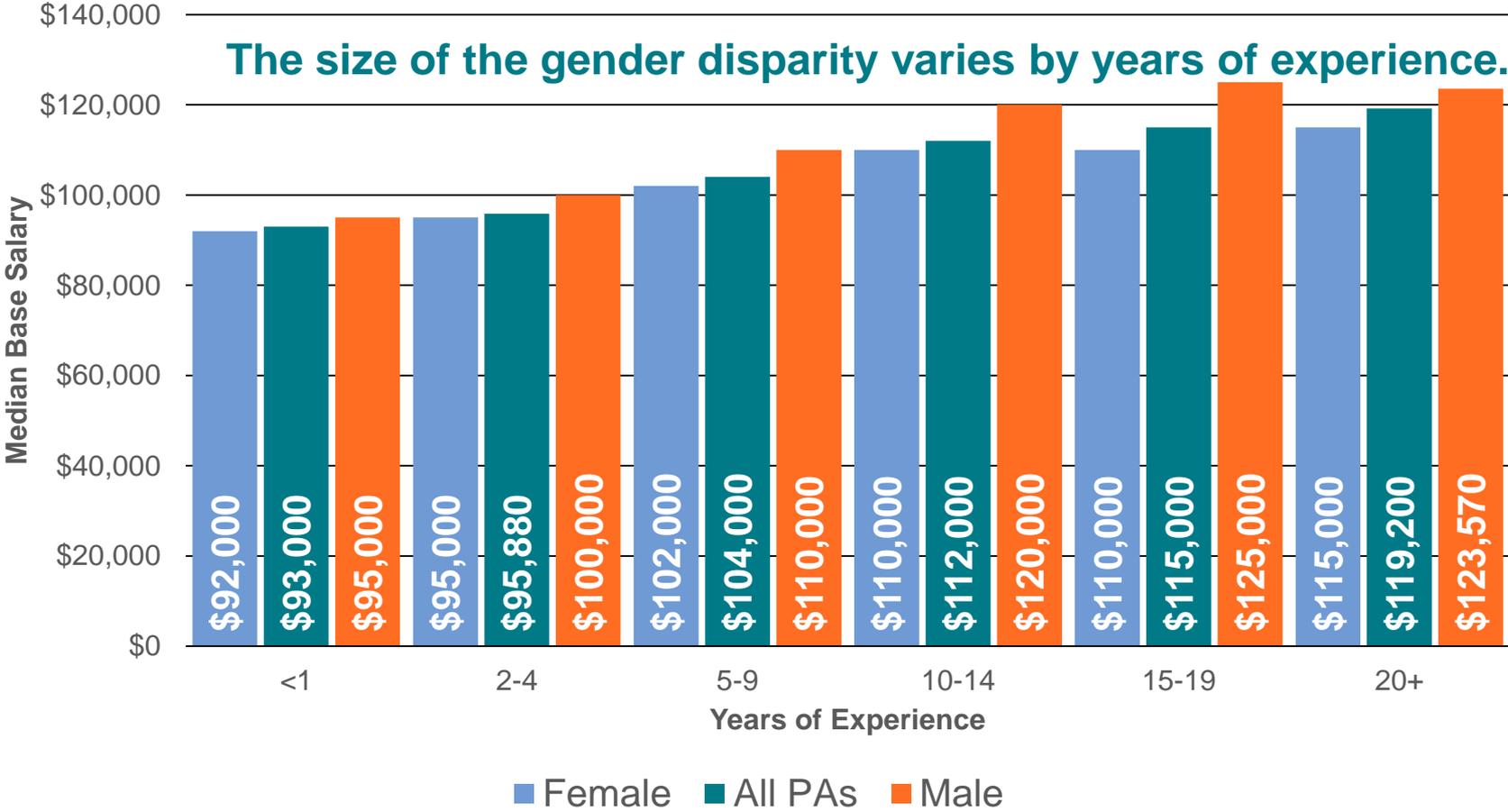
# Gender Pay Disparity in 2017



**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



# 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*

- **URMs 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 URMs 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?

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Contact us at [nsmith@aapa.org](mailto:nsmith@aapa.org)

