

Evaluation of Physician Assistant Leadership & Administrative Roles within the Hospital Setting

Seven Competencies of the Physician Assistant Profession

*as defined by AAPA

1. Knowledge for Practice
2. Interpersonal and Communication Skills
3. Person-Centered Care
4. Interprofessional Collaboration
5. Professionalism and Ethics
6. Practice-Based Learning and Quality Improvement
7. Society and Population Health

INTRODUCTION

As the PA profession continues to grow in an ever-changing healthcare landscape, the need to evaluate the perspectives of leadership and administration from practicing Physician Assistants is essential for strategic parallel growth. The purpose of this study is to gain insight about the leadership opportunities currently available to Physician Assistants, specifically within the University of Kentucky Healthcare System. Data obtained from this study will help guide healthcare systems in a direction to create and expand leadership opportunities within their institutions while simultaneously increasing awareness of the PA profession.

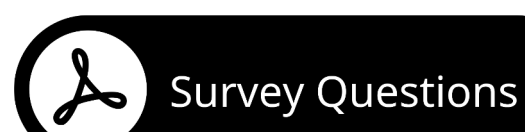
METHODS

The intent of this study was to gather information about the current opinions of Physician Assistants and their leadership opportunities within UK Healthcare. From this, a 13-item questionnaire was developed and distributed to 122 individuals, with 30 completing the survey. Completion of the survey was voluntary and anonymous. Further details are as follows:

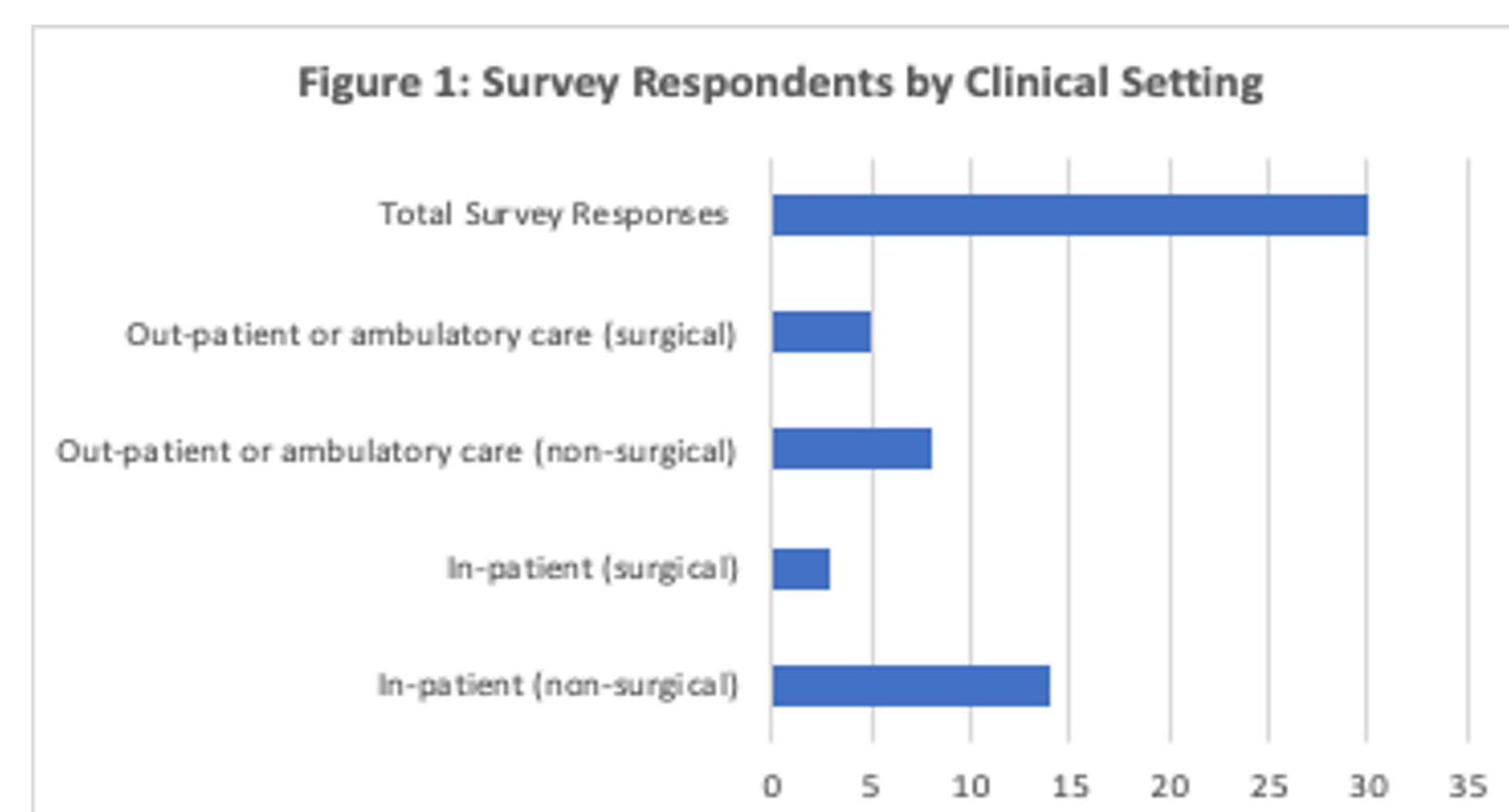
- IRB Protocol # 74807
- Inclusion Criteria: PAs employed through UK Healthcare
- Survey administered through Qualtrics
- Distributed by APP
- Open for two weeks
- Questions measured on 5-point Likert Scale
- Statistical analysis by Stata



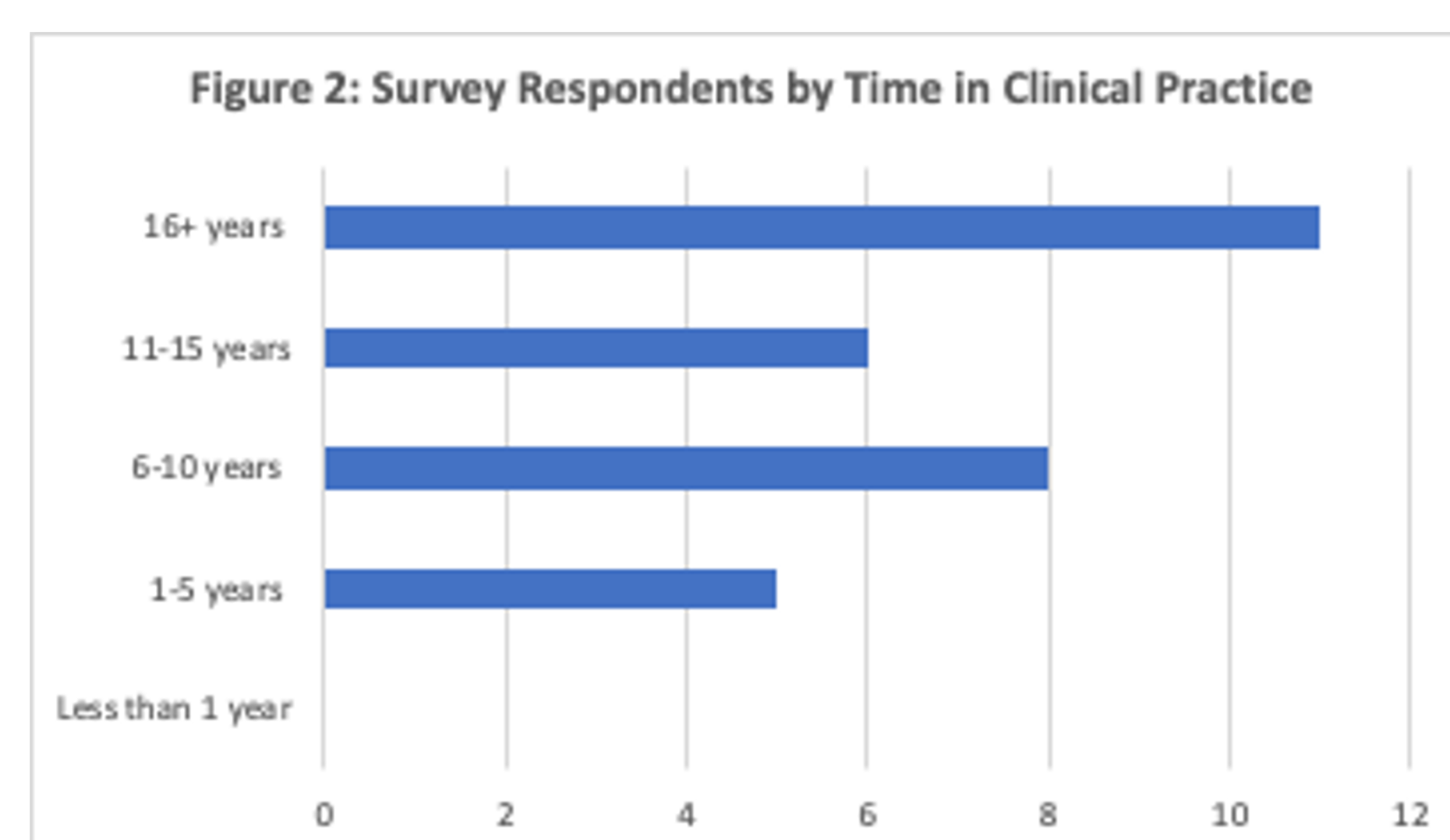
Scan the QR code to view a copy of the survey.



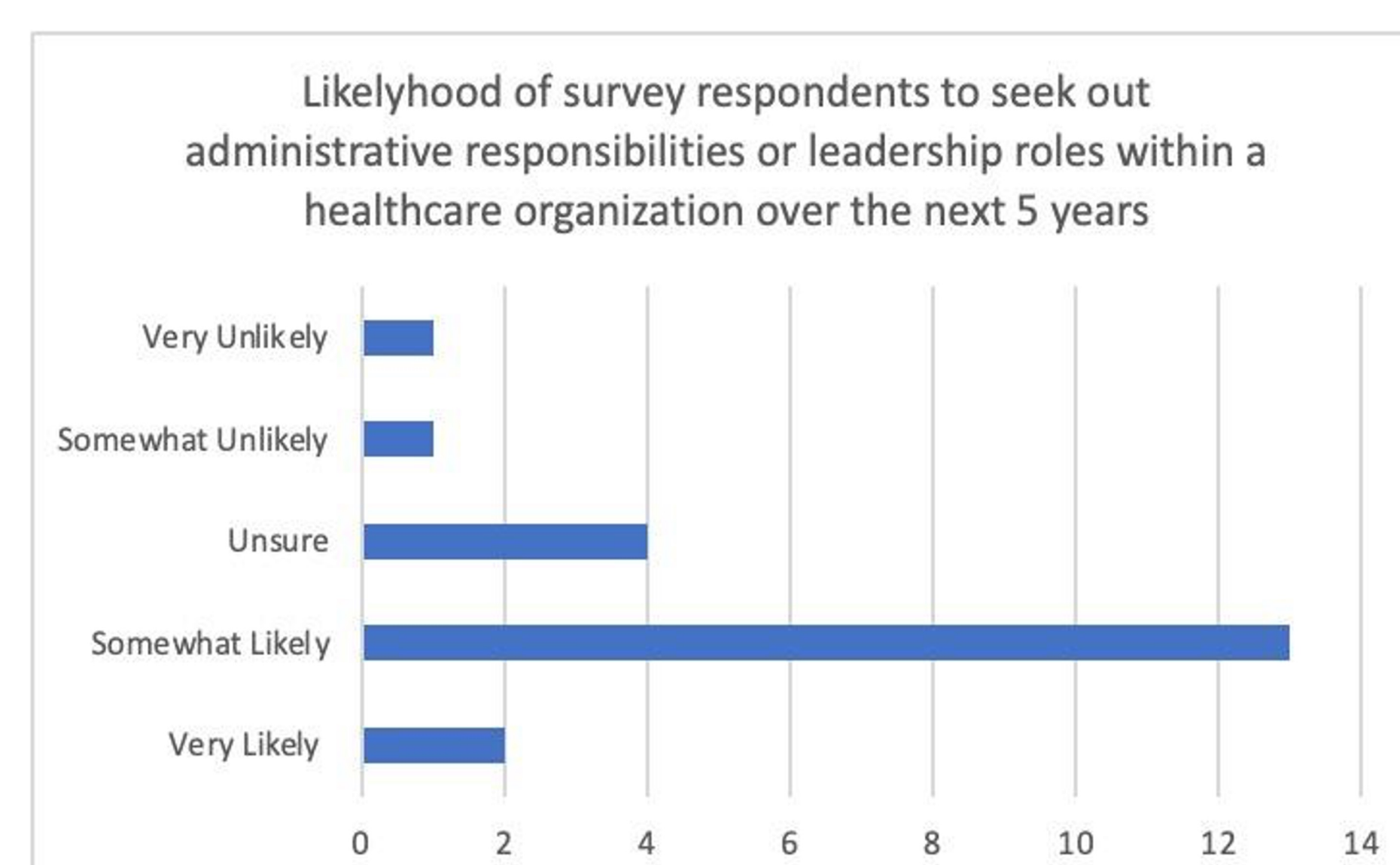
RESULTS



- 25% response rate
- 57% practice inpatient
- 43% practice outpatient



- Majority of respondents practiced more than 5 years
- No respondents identified as “new graduates”



- 13 out of 21 respondents not currently serving in an administrative/leadership capacity are somewhat likely to seek out opportunities within the next 5 years

Highlights from all Survey Respondents

- 14 (47%) or respondents reported exposure to leadership in healthcare content, either through their PA school curriculum or workshop.
- All respondents either completely agree (n=24) or somewhat agree (n=6) that PAs are well-suited to serve in leadership and/or administrative functions within their healthcare organization.
- All respondents either completely agree (n=29) or somewhat agree (n=1) that they prefer to work in a healthcare organization that provides PAs the opportunity to serve in leadership and/or administrative positions.

Highlights from PAs with Current Administrative or Leadership

- 30% (n=9) of respondents reported currently having leadership and/or administrative responsibilities within UKHC.
- Current leadership and administrative roles categorized as advisory or administrative committees, education (including residency programs), and supervisory/lead PA roles.
- Reported skills/behaviors to be helpful in these roles: time management/organization (n=2), mentorship (n=3), communication, self-motivation and professional development (n=4).
- Reported barriers while in these roles: dedicated time (n=6), optics and respect from other clinicians (n=4), the role of PAs being unknown to other administrators or leaders (n=3).

Highlights from PAs without Administrative or Leadership

- 21 (70%) respondents do not have administrative or leadership roles within their healthcare organization.
- Reported themes influencing ability/inability to seek out leadership and/or administrative roles: desire to increase PA participation on decision making leadership teams or committees (n=12), career advancement (n=9), lack of PAs in similar roles (n=3), lack of opportunity or defined pathway into leadership or administration (n=2).

DISCUSSION & CONCLUSION

The results of our study indicate that the future of leadership opportunities for Physician Assistants working within UK Healthcare system is favorable. A pillar of this data is that respondents represent a variety of PAs from a spectrum of practice settings, including both inpatient and outpatient care. Half of respondents reported having not received formal leadership training, suggestive of PA schools that do not have leadership elements enmeshed within their curricula. While it may not be uncommon for PAs to lead in administrative functions, this study does annotate discrepancies both in the frequencies and types of positions available, and if these same opportunities are awarded to PAs. It was also founded that PA respondents possess the time-management skills and motivation to seek out leadership roles however, many feel they would not have ample time to serve both as a clinician and a leader within their organizations. This feedback implies a systemic issue that could be further explored. Somewhat unsurprisingly, some respondents reported feeling as though their job title did not command respect from their peers or others working within similar hierarchies. It is unknown if these issues were related solely to the title however, one can infer this being due to a lack of fundamental knowledge of the PA profession. When analyzing the number of PAs within UK Healthcare with additional duties and/or responsibilities, it is important to have an awareness of which positions were competitive to PAs, and if this was similarly observed across multiple departments. Overall, results from this study lend evidence for a change in the provider-to-administrative role ratio, specifically for PAs.

This research is among the first of its kind, exploring the relationships of Physician Assistants and their functions in leadership. Further examination of this topic is imperative to continue the conversation about ideas surrounding the training, leadership preparedness, and the forthcoming opportunities that will generate knowledge for the profession, creating a space for PAs at the table.

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