

October 2021

Survey Analysis of Overall Job Satisfaction of Physician Assistants

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Recommended Citation

Lookian, C., Keaton, C., Keane, K., Schulte, E., Atchley, A., Welsh, E., Gersh, D., Carter, J., & Krasnosky, R. (2022). Survey Analysis of Overall Job Satisfaction of Physician Assistants. *Journal of Nursing & Interprofessional Leadership in Quality & Safety*, 4 (1). Retrieved from <https://digitalcommons.library.tmc.edu/uthoustonjqalsafe/vol4/iss1/7>

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Survey Analysis of Overall Job Satisfaction of Physician Assistants

Abstract

Background: Over the last three decades, the physician assistant (PA) profession has seen an increase in the number of women in the profession, a decline in the age of new PA graduates, a movement toward specialty practice, and an exponential growth in the workforce as a whole. Historically, surveys reveal the majority of PAs are satisfied with their career choice and current job. Although a majority of PAs report high job satisfaction, career burnout is still significant within the profession. Career burnout among health care providers continues to rise due to the strains of the US healthcare system, growing patient populations, and increased administrative burden.

Purpose: The purpose of this study is to examine overall career satisfaction and retention rates among physician assistants with 10 years of clinical experience or more versus less than 10 years of clinical experience. The results of this study will provide a means to analyze the various aspects of a PA's career which contribute most significantly to long term job satisfaction and will ultimately serve to improve retention rates among all institutions.

Methods: A survey addressing job characteristics, overall career satisfaction, and retention rates was sent to program directors of 254 varying PA programs across the country. The participants were split into two groups: Group A (participants with < 10 years of clinical practice experience) and Group B (participants with > 10 years of clinical practice experience).

Results: Group A contained 127 participants (20 males, 107 females). The majority of the participants were aged 20-39 years old, began their PA career at 25-30 years of age, and had been working as a PA for 2-5 years. Group B contained 71 participants (26 males, 44 females, 1 undisclosed gender). The majority of the participants were 30-49 years old, began their PA careers between the ages of 25-30, and had been working as a PA for more than 15 years.

Discussion: Overall, the majority of the participants in the study were females currently practicing in a surgical subspecialty at a non-academic institution in an outpatient setting, which correlates with national data from the American Academy of Physician Assistants (AAPA). Both groups rated job satisfaction a 4 out of 5. Autonomy from supervising physicians differed between Group A and Group B; these differences are likely due to an expansion of knowledge, refined clinical skills, and increasing rapport with the supervising physician that develops over years of clinical practice.

Keywords

physician assistant, physician assistant job satisfaction, physician assistant retention

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Introduction

Since the inception of the role of the physician assistant (PA) in the 1960s, the PA profession has developed in a number of ways that include an increased number of women in the profession, a decline in the age of new PA graduates, a movement toward specialty practice, and an exponential growth in the workforce as a whole (AAPA, n.d.). While, historically, job satisfaction assessments of PAs have shown that the majority of PAs are satisfied with their career choice and current job (Hooker et al., 2015; Essary et al., 2018), it is always good for the profession to continue to evaluate what PAs identify as positive and negative factors in their role and work environments. This paper describes a study that addresses job satisfaction among physician assistants.

Problem

Career burnout is significant within the profession, although a majority of PAs report high job satisfaction (Hooker et al., 2015; Essary et al., 2018). Career burnout among health care providers continues to rise due to the strains of the US healthcare system, growing patient populations, and increased administrative burden (Essary et al., 2018). While work dissatisfaction contributes to individual strain, it also impacts the overall organization through health-related costs, poor productivity, and absenteeism.

Purpose

The purpose of this study was to examine overall career satisfaction and retention rates among physician assistants with 10 years of clinical experience or more in comparison with those with less than 10 years of clinical experience. The results of this study will provide a window into aspects of a PA's career that contribute to long term job satisfaction. Understanding specific causes of job dissatisfaction can serve to improve retention rates among all institutions.

Background

The PA profession emerged in the 1960s in response to a national shortage of primary care physicians throughout the United States (Miller, 2016). Following World War II, modern technological advances drove many physicians away from generalized practice and into specialized medicine (Miller, 2016). Meanwhile, the number of insured Americans rapidly increased with the development of employer-based health insurance, Medicare, and Medicaid (Miller, 2016). The imbalance between the number of insured patients and primary care physicians throughout the country created a significant gap in healthcare delivery within America's healthcare system.

Dr. Eugene Stead, Jr. recognized the growing need for mid-level providers and developed the first PA program at Duke University in 1965 (Miller, 2016). The program was designed to train former military medical personnel as "physician's assistants" and was modeled after the relationship between a North Carolina primary care physician, Amos N. Johnson, MD, and his assistant, Henry Lee "Buddy" Treadwell who practiced together from the 1940s-1975 (Physician Assistant History Society [PAHX], 2005). The first class of PAs consisted of four former Navy military corpsmen who graduated from Duke University on October 6th, 1967 (Miller, 2016). The profession quickly gained widespread attention across the country, and by 1970 there were more than 100 programs reportedly training physician assistants (PAHX, n.d.). At the time, each program varied greatly in length and depth of training. Over the next two decades, the National Commission on Certification for Physician Assistants (NCCPA) worked to standardize all PA programs and formally established a recertification exam. During the 1990s, the number of accredited PA programs grew rapidly from 45 to 114, and by 2010 the number of accredited PA programs in the United States was 148 (PAHX, n.d.).

Since the origin of the PA profession, it has evolved into a multidimensional occupation, as PAs are now active clinicians in several different medical specialties and practice settings. Over the last three decades, the physician assistant (PA) profession has developed in many ways, including an increased number of women in the

profession, a decline in the age of new PA graduates, a movement toward specialty practice, and an exponential growth in the workforce as a whole (Jacobson, 2018). According to the National Commission on Certification of Physician Assistants (NCCPA) (2019), the number of certified PAs in the United States increased by 73.18% from 2013 to 2018. Furthermore, it is projected that the profession is to continue to grow by 31% from 2018-2028 (NCCPA, 2019). Table 1 compares different aspects of the profession from 2010 to 2019. The number of practicing PAs has grown significantly as job openings have increased over the years. The ratio of males to females has remained relatively constant. The average age of PAs within the workforce has decreased, while the average years of clinical experience has remained the same. The top three specialties have remained the same with primary care being the specialty with the most employed physician assistants (AAPA, 2011; AAPA, 2020).

Table 1

Comparison of Characteristics of the PA Profession from 2010 to 2019

Year	2010 ^a	2019 ^b
Population (# of PAs)	~83,466	~118,800
Gender	Male = 39% Female = 61%	Male = 31% Female = 69%
Average Age	35-42 years	30-34 years
Average Years of Experience	5-9 years	5-9 years
Top 3 specialties	1. Primary Care 2. Surgical Subspecialties 3. Emergency Medicine	1. Primary Care 2. Surgical Subspecialties 3. Emergency Medicine

^aAAPA (2011); ^bAAPA (2020).

With the growing number of providers in the PA workforce, the median salary remains ever-changing. According to the American Academy of Physician Assistants (AAPA) (2020), the average salary of a PA entering the workforce is about \$95,000. On the other hand, the median salary of a PA without respect to years of experience was \$106,000 in 2018 (AAPA, 2020). Of course, this number varies greatly depending on subspecialty and type of practice. Additionally, recent research suggests that the expected salary for a new PA graduate differs between gender groups (Streilein et al., 2018).

Physician assistants have consistently reported a high level of job satisfaction through the decades. A cross-sectional national survey by AAPA in the 1990s showed that 90% of physician assistants responded either “excellent” or “good” when asked to rate all aspects of their jobs, including satisfaction with their work environment, clinical practice, overall career, impression of the job market, and outlook on the profession (Hooker et al., 2015). More recently, in a 2004 study of job satisfaction, PA respondents reported that 92.4% are satisfied with their careers, 90.9% with their specialty choices, and 81.8% with their jobs; 90% reported they would still choose to be a PA if they were to choose a career again (LaBarbera, 2004). Additionally, the study showed 86.9% of respondents were likely to encourage individuals to enroll in a PA program, which was determined to be an indication of high career satisfaction (LaBarbera, 2004). When comparing job satisfaction amongst physician assistants versus other clinicians, a survey on primary care providers found that physician assistants and nurse practitioners experience higher rates of satisfaction (95%) compared to physicians (82%) (Whitebird et al., 2017). When surveyed, only 45% of physicians responded that they would select their specialty again for their career (Coplan et al., 2018).

Various factors have been noted to influence physician assistant job satisfaction. A 2015 empirical review of 29 studies related to job satisfaction (Hooker et al., 2015) discovered the following driving factors: compensation (identified in 49% of the studies), autonomy (34%), supervising physician relationship (21%), and job advancement opportunities (10%). The flexibility that comes with the profession also contributes to high career satisfaction. Literature shows that approximately half (49%) of PAs change specialties throughout the duration of their career (Hooker et al., 2010). This percentage likely represents a combination of lifestyle changes, change of clinical interest, and/or job dissatisfaction.

When discussing job satisfaction, attrition rates and burnout must be taken into consideration. A 2016 AAPA national survey reported that although over 75% of physician assistants described feeling happy at work, 21.4% of PAs have felt some degree of cynicism related to their job, and 10.4% experience a low sense of personal accomplishment (Coplan et al., 2018). The survey also found that females tend to experience higher levels of stress and burnout associated with their jobs compared to men (Coplan et al., 2018). Contributing factors include, but are not limited to, the growing complexity of patient care, increased administrative burden, and too many hours spent at work (Coplan et al., 2018; Whitebird et al., 2017). Additionally, burnout and turnover rates vary by specialty, with the highest rates occurring in emergency medicine, critical care, and oncology (Essary, 2018). Overall, physician assistants experience fairly low attrition, with turnover rates reported as 9% in 2018 and 10% in 2019 (NSI Nursing Solutions, Inc., 2020).

Methods

Study Design

The study used an author-developed questionnaire that was sent electronically to 254 program directors of PA programs in the United States. A snowball sampling methodology was used. Respondents accessed the survey through a link to the RedCap survey platform. The request to complete the survey was also distributed through approved social media platforms that included Facebook and Instagram. See Appendix A for the survey questions.

The electronically generated survey invitation message included an explanation of the study, a link to the survey, and a request that program directors forward the survey link to program alumni if they desired. The survey included a consent statement and specified that inclusion criteria to complete the survey required that the PA must be currently working in a clinical setting. Respondents were instructed to proceed with the survey if they met stated inclusion criteria.

Data Analysis

The surveys were returned through the REDCap platform, which also provided data analysis of the responses. The survey platform enabled participant anonymity. All survey data were de-identified and stored in secure and locked databases.

Ethical Considerations

All data and information collected was treated as confidential, as provided by law. A consent cover letter was included with the survey that outlined the purpose of the study, confidentiality, and release of data. The Institutional Review Board (IRB) of an academic institution reviewed the study and determined that the study did not require IRB oversight.

Results

While a snowball method of sending out a survey makes it impossible to determine the response rate to the survey, 198 responses were returned for analysis. Participants were from 25 of the 50 United States. There were 127 respondents (64.1%) with less than ten years of practice experience; these were designated as Group

A. Seventy-one participants (35.9%) had more than ten years of practice experience; these were designated as Group B.

Participant Demographics

Table 2 summarizes the demographic data collected from the survey respondents. Table 3 displays the various specialties the survey respondents were working in.

Table 2

Demographics of PA Survey Respondents

		Group A (<10 years of experience)	Group B (>10 years of experience)
Gender	Female	84.3% (n=107)	63.4% (n=45)
	Male	15.7% (n=20)	36.6% (n=26)
Current Age	20-29 years	40.9% (n=52)	2.8% (n=2)
	30-39 years	54.3% (n=69)	31.0% (n=22)
	40-49 years	3.1% (n=4)	39.4% (n=28)
	50-59 years	1.6% (n=2)	15.5% (n=11)
	>60 years	N/A	11.3% (n=8)
Age When PA Began Career	<25 years	22.8% (n=29)	33.8% (n=24)
	25-30 years	59.8% (n=76)	52.1% (n=37)
	31-35 years	13.4% (n=17)	5.6% (n=4)
	36-40 years	1.6% (n=2)	5.6% (n=4)
	41-45 years	N/A	2.8% (n=2)
	>45 years	2.4% (n=3)	N/A
Length of Time at Current Job	<2 years	45.7% (n=58)	16.9% (n=12)
	2-5 years	44.9% (n=57)	23.9% (n=17)
	6-10 years	9.4% (n=12)	25.4% (n=18)
	11-15 years	N/A	21.1% (n=15)
	<15 years	N/A	12.7% (n=9)
# of Jobs Held After Graduation from PA Program	1 job	50.4% (n=64)	14.1% (n=10)
	2 jobs	39.9% (n=38)	25.4% (n=18)
	3 jobs	15.7% (n=20)	26.8% (n=19)
	4 jobs	1.6% (n=2)	12.7% (n=9)
	>4 jobs	2.4% (n=3)	21.1% (n=15)
Employment Status	Full Time	96.1% (n=122)	84.5% (n=60)
	Part Time	3.9% (n=5)	15.5% (n=11)
Annual Full Time Salary	<\$80,000	2.5% (n=3)	N/A
	\$80,000-\$90,000	4.9% (n=6)	N/A
	\$90,001-\$100,000	9.8% (n=12)	10.0% (n=6)
	\$100,001-\$110,000	36.1% (n=44)	11.7% (n=7)
	\$110,000-\$120,000	23.0% (n=28)	20.0% (n=12)
	\$120,001-\$130,000	9.8% (n=12)	16.7% (n=10)
	\$130,001-\$140,000	8.2% (n=10)	8.3% (n=5)
	>\$140,000	5.7% (n=7)	33.3% (n=20)

Table 3*Specialty Areas of PA Respondents*

Specialty	Group A (<i><10 years of experience</i>)	Group B (<i>>10 years of experience</i>)
Surgical Subspecialties	39%	37%
General Surgery	4%	3%
Pediatrics	15%	10%
Family Medicine/General Practice	13%	19%
Internal Medicine/Subspecialty	10%	9%
Internal Medicine/General Practice	0%	7%
Emergency Medicine	7%	10%
Critical Care Medicine	6%	0%
Hospital Medicine	6%	4%
Dermatology	0%	1%

Job Satisfaction Results

The survey asked respondents to rate their overall job satisfaction on a scale of 1 to 5, with 5 being the highest level of satisfaction. Respondents then ranked a list of employment aspects that typically contribute to job satisfaction on how much the aspects contributed positively to their own job satisfaction, followed by how much the aspects contributed negatively. Table 4 describes the responses to these survey questions regarding job satisfaction.

Table 4*Job Satisfaction of PA Survey Respondents*

		Group A (<i><10 years of experience</i>)	Group B (<i>>10 years of experience</i>)
Overall Job Satisfaction ^{a,b}	1 (<i>very bad</i>)	0.8% (n=1)	1.4% (n=1)
	2 (<i>bad</i>)	2.4% (n=3)	10.0% (n=7)
	3 (<i>moderate</i>)	15.2% (n=19)	10.0% (n=7)
	4 (<i>good</i>)	51.2% (n=64)	54.3% (n=38)
	5 (<i>very good</i>)	30.4% (n=38)	24.3% (n=17)
Job Aspects that Contribute <i>Positively</i> to Satisfaction ^{c,d}	Salary/Benefits	7.3% (n=9)	14.5% (n=10)
	Work Hours	13.7% (n=17)	14.5% (n=10)
	Specialty	21.8% (n=27)	7.2% (n=5)
	Patient Population	13.7% (n=17)	7.2% (n=5)
	Coworkers	21.0% (n=26)	13.0% (n=9)
	Supervising Physician	12.9% (n=16)	13.0% (n=9)
	Level of Autonomy	9.7% (n=12)	30.4% (n=21)

		Group A (<10 years of experience)	Group B (>10 years of experience)
Job Aspects that Contribute <i>Negatively</i> to Satisfaction ^{c,e}	Salary/Benefits	27.4% (n=34)	23.9% (n=16)
	Work Hours	28.2% (n=35)	28.4% (n=19)
	Specialty	2.4% (n=3)	4.5% (n=3)
	Patient Population	11.3% (n=14)	17.9% (n=12)
	Coworkers	4.0% (n=5)	9.0% (n=6)
	Supervising Physician	9.7% (n=12)	10.4% (n=7)
	Level of Autonomy	16.9% (n=21)	6.0% (n=4)

^a125 of the 127 survey respondents in Group A rated their overall job satisfaction.

^b70 of the 71 survey respondents in Group B rated their overall job satisfaction.

^c124 of the 127 survey respondents in Group A ranked positive and negative contributors to job satisfaction.

^d69 of the 71 survey respondents in Group B ranked positive contributors to job satisfaction.

^e67 of the 71 survey respondents in Group B ranked negative contributors to job satisfaction.

Discussion

Overall, the majority of the participants in the study (n=157), regardless of years of practicing, reported a high level of job satisfaction. When combining both A and B groups, an average of 80.1% of respondents rated their level of job satisfaction as “good” or “very good.” This correlates with a national study conducted in 2016 that found over 75% of PAs reported feeling happy at work (Coplan et al., 2018).

Upon further analysis of the results, although both groups are highly satisfied with their jobs overall, the job characteristics that influence this satisfaction differ amongst the two groups. Additionally, it is important to discuss aspects that have been found to negatively contribute to each group’s job satisfaction. The participants were predominantly females currently practicing in a surgical subspecialty at a non-academic institution in an outpatient setting. These population sample characteristics appropriately correlate with the data from the American Academy of Physician Assistants that states the majority of PAs are female working in surgical subspecialties (AAPA, 2011; AAPA, 2020).

Contributing Factors to Job Satisfaction

Positive Contributors to Job Satisfaction

The survey findings revealed a number of job characteristics that positively contributed to overall job satisfaction. Group A reported that both specialty (21.8%) and relationship with coworkers (21.0%) most positively influenced job satisfaction. The majority of those in Group B (30.4%), however, felt that their level of autonomy was the biggest positive contributor to job satisfaction.

Relationship with Coworkers. While satisfaction with the chosen specialty proved to be the most influential among Group A respondents, the group also indicated that a strong support system created by coworkers was important in fostering a positive work experience during the beginning stages of one’s career.

Level of Autonomy. Conversely, Group B overwhelmingly reported level of autonomy as the strongest positive influence on job satisfaction. This may imply that the more experience an individual has as a physician assistant, the more they value independence in their workplace.

Relationship with Supervising Physicians. One of the striking differences between the two groups is the relationship between the PAs and their supervising physicians. Most Group B respondents described that they primarily work independently, while the majority of Group A works with multiple physicians, and those physicians are present during the patient encounters. Additionally, the PAs in Group B worked for an average of ten years longer than their Group A counterparts. Similarly, a majority of Group B participants have been with their current employer at least four years longer than most participants in Group A. One explanation for these findings may be that PAs who have worked for greater than ten years have developed a relationship with their supervising physician(s) in which they are able to work more independently and with more autonomy. This can be due to a combination of contributing factors such as the expansion of knowledge, refined clinical skills, and increased rapport with the supervising physician that builds over years of practice.

Negative Contributors to Job Satisfaction

Respondents were asked to identify job characteristics that negatively impact job satisfaction. Both Group A and Group B reported that work hours and salary/benefits have the most negative impact on job satisfaction.

Work Hours. Both groups reported working a similar number of hours per week, irrespective of years of experience, and both indicated work hours as the leading negative contributor to job satisfaction.

Salary and Benefits. Although both groups ranked salary and benefits as the second leading negative contributor to job satisfaction, the percentage of those in Group A (27.4%, n=34) with this response is greater than those in Group B (23.9%, n=16). One reason that salary may be a bigger negative contributor for Group A is that salaries appear to increase with years of experience, which may suggest that as experience increases so does the perception of one's value. Additionally, both groups reported having held multiple jobs, yet are currently satisfied with their salary. It may be that the reported negative impact of salary and hours contributed to job changes.

It is evident that PAs value different aspects of their job depending on how long they have been working in the career field. However, salary/benefits and work hours appear to negatively affect overall job satisfaction, regardless of years of experience. Overall, PAs reported a high level of job satisfaction and identified the same aspects of their job as having a negative impact on this satisfaction.

Limitations

This study is based on self-reported data which may contain potential sources of bias and cannot be independently verified. The small sample size and geographical distribution of survey participants may indirectly influence job satisfaction. This study does not account for salary in relation to cost of living differences that are inherently present among different states. Additionally, not all 50 states are represented among survey participants. Further research is necessary to identify variations in job satisfaction among different states in relation to autonomy level and legal scope of practice. Each variable within this study could be further researched to identify key factors that influence job satisfaction and limitations of the physician assistant profession.

Next Steps

Additional research into job satisfaction of PAs may assist the profession, and consequently lawmakers, at the state and national levels to support the revision of current policies that limit PAs from practicing to the fullest extent of their scope of practice. Improved job satisfaction among PAs and national standardization of the profession will ultimately increase access to healthcare across the country.

Conclusion

In summary, the survey examined overall career satisfaction and retention rates among physician assistants with 10 years of clinical experience or more versus those with less than 10 years of clinical experience. While autonomy from supervising physicians differed between the two PA groups, these differences are likely due to an expansion of knowledge, refined clinical skills, and increasing rapport with the supervising physician that develops over years of clinical practice. It is important to assess job satisfaction of PAs in their practice settings in order to have a productive workforce that provides excellent clinical care.

References

- American Academy of Physician Assistants (AAPA). (n.d.). *History of the PA Profession*. <https://www.aapa.org/about/history/>
- American Academy of Physician Assistants (AAPA). (2011) *2010 AAPA salary report*. <https://www.aapa.org/research/national-survey>
- American Academy of Physician Assistants (AAPA). (2020) *2019 AAPA salary report*. <https://www.aapa.org/research/national-survey>
- Coplan, B., McCall, T. C., Smith, N., Gellert, V. L., & Essary, A. C. (2018). Burnout, job satisfaction, and stress levels of PAs. *JAAPA: official journal of the American Academy of Physician Assistants*, 31(9), 42-46. <https://doi.org/10.1097/01.JAA.0000544305.38577.84>
- Essary, A. C., Bernard, K. S., Coplan, B., Dehn, R. Forister, J. G., Smith, N. E., & Valentin, V. L. (2018, December 3). Burnout and job and career satisfaction in the physician assistant profession: A review of the literature. *NAM Perspectives*. <https://doi.org/10.31478/201812b>
- Hooker, R. S., Cawley, J. F., & Leinweber, W. (2010). Career flexibility of physician assistants and the potential for more primary care. *Health Affairs*, 29(5), 880-886. <https://doi.org/10.1377/hlthaff.2009.0884>
- Hooker, R. S., Kuilman, L., & Everett, C. M. (2015). Physician assistant job satisfaction: A narrative review of empirical research. *The Journal of Physician Assistant Education*, 26(4), 176-186. <https://doi.org/10.1097/jpa.0000000000000047>
- Jacobson, A.A. (2018). 20 years: The evolution of the physician assistant profession. *The Clinical Advisor*. Retrieved May 9, 2020 from <https://www.clinicaladvisor.com/home/clinical-advisor-20th-anniversary/20-years-the-evolution-of-the-physician-assistant-profession/>
- LaBarbera, D. M. (2004). Physician assistant vocational satisfaction. *JAAPA: official journal of the American Academy of Physician Assistants*, 17(10), 34-51.
- Miller, L. (2016, November 15) The birth of the physician assistant. *Circulating Now from the Historical Collections of the National Library of Medicine*. <https://circulatingnow.nlm.nih.gov/2016/11/15/the-birth-of-the-physician-assistant/>
- National Commission on Certification of Physician Assistants, Inc. (NCCPA) (2019). 2018 statistical profile of recently certified physician assistants: An annual report of the National Commission on Certification of Physician Assistants. Retrieved April 28, 2020 from <http://www.nccpa.net/research>
- NSI Nursing Solutions, Inc. (2020). 2020 NSI national health care retention & RN staffing report. Retrieved May 6, 2020 from https://www.nsinursingsolutions.com/Documents/Library/NSI_National_Health_Care_Retention_Report.pdf
- Physician Assistant History Society (PAHX) (n.d.) *Timeline*. <https://pahx.org/timeline/>
- Physician Assistant History Society (PAHX). (2005) *Amos N. Johnson Biography*. <https://pahx.org/assistants/johnson-amos-n/>

- Streilein, A., Leach, B., Everett, C., & Morgan, P. (2018). Knowing your worth: Salary expectations and gender of matriculating physician assistant students. *The Journal of Physician Assistant Education*, 29(1), 1-6. <https://doi.org/10.1097/JPA.000000000000180>
- Whitebird, R. R., Solberg, L. I., Crain, A. L., Rossom, R. C., Beck, A., Neely, C., Dreskin, M., & Coleman, K. J. (2017). Clinician burnout and satisfaction with resources in caring for complex patients. *General Hospital Psychiatry*, 44, 91-95. <https://doi.org/10.1016/j.genhosppsych.2016.03.004>

Appendix A

Survey Questions

1. Are you currently practicing as a physician assistant (PA) in clinical practice?
 - a. Yes, continue to the rest of the survey
 - b. No, do not continue to the rest of the survey
2. How much experience do you have working as a PA in a clinical setting?
 - c. 10 years or more
 - d. Less than 10 years
3. What state are you working in?
-State Selection Drop Down-
4. Gender?
 - a. Male
 - b. Female
 - c. Transgender
 - d. Non-binary
 - e. Prefer not to answer
5. Age?
 - a. 20-29 years
 - b. 30-39 years
 - c. 40-49 years
 - d. 50-59 years
 - e. 60 + years
6. What is your marital status?
 - a. Single
 - b. Married
 - c. Separated
 - d. Divorced
 - e. Widowed
7. What type of dependents do you have? Check all that apply
 - a. Child(ren) in home
 - b. Child support payments
 - c. Spouse
 - d. Parent or grandparent in home
 - e. Primary household income
 - f. Other [comment box]
8. At what age did you begin your career as a PA?
 - a. < 25 years
 - b. 25-30 years
 - c. 31-35 years
 - d. 36-40 years
 - e. 41-45 years
 - f. > 45 years

[Comment Box: If > 45 years, please specify]
9. What specialty do you work in?
 - a. Family Medicine/General Practice
 - b. Surgical Subspecialties

- c. Emergency Medicine
 - d. Internal Medicine/Subspecialties
 - e. Internal Medicine/General Practice
 - f. Dermatology
 - g. Hospital Medicine
 - h. General Surgery
 - i. Pediatrics
 - j. Critical Care Medicine
10. How long have you been working as a PA?
- a. < 2 years
 - b. 2-5 years
 - c. 6-10 years
 - d. 11-15 years
 - e. > 15 years
11. How long have you been working at your current job?
- a. < 2 years
 - b. 2-5 years
 - c. 6-10 years
 - d. 11-15 years
 - e. > 15 years
12. How many jobs have you had as a PA since graduation?
- a. 0 jobs
 - b. 1 job
 - c. 2 jobs
 - d. 3 jobs
 - e. 4 jobs
 - f. > 4 jobs
13. What was your primary reason(s) for leaving your prior PA job(s)? Check all that apply.
- a. Personal reasons
 - b. Lack of autonomy
 - c. Lack of supervision
 - d. Specialty change
 - e. Dissatisfaction with benefits and salary
 - f. Lack of training
 - g. Ethical concerns
 - h. Change of interest
 - i. Not applicable (have not left first PA position)
 - j. Other [comment box]
14. Did you attend a PA residency/fellowship program?
- b. Yes
 - c. No
- [Comment Box: If yes, which one?]
15. Select your salary range if you currently work full-time:
- a. < \$40,000
 - b. \$40,000 - \$50,000
 - c. \$50,001 - \$60,000
 - d. \$60,001 - \$70,000

- e. \$70,001 - \$80,000
 - f. \$80,001 - \$90,000
 - g. \$90,001 - \$100,000
 - h. \$100,001 - \$110,000
 - i. \$110,001 - \$120,000
 - j. \$120,001 - \$130,000
 - k. \$130,001 - \$140,000
 - l. > \$140,000
 - m. Not applicable, as I work part-time
16. Select your salary range if you currently work part-time:
- a. < \$40,000
 - b. \$40,000 - \$50,000
 - c. \$50,001 - \$60,000
 - d. \$60,001 - \$70,000
 - e. \$70,001 - \$80,000
 - f. \$80,001 - \$90,000
 - g. \$90,001 - \$100,000
 - h. \$100,001 - \$110,000
 - i. \$110,001 - \$120,000
 - j. \$120,001 - \$130,000
 - k. \$130,001 - \$140,000
 - l. > \$140,000
 - m. Not applicable, as I work full-time
17. On average, how many hours per week do you work?
- a. < 40 hours
 - b. 40-45 hours
 - c. 46-50 hours
 - d. 51-55 hours
 - e. > 55 hours
18. Do you work primarily in an inpatient, outpatient, operating room, or emergency room setting?
- a. Inpatient
 - b. Outpatient
 - c. Operating Room
 - d. Emergency Room
19. Do you primarily see patients in the pediatric, adult, or geriatric population?
- a. Pediatric
 - b. Adult
 - c. Geriatric
 - d. Combination of the above populations
20. Do you work in an academic school affiliated institution or non-academic setting?
- a. Academic
 - b. Non-academic
21. Which of the following best describes your work-relationship with the physician(s) you work with:
- a. I work 1:1 with one physician in person
 - b. I work with multiple physicians in person
 - c. I primarily work independently, but a supervising physician is available if needed

22. Please rank the following three questions on a scale of 1-5, with 5 being the best:

	1 (very bad)	2 (bad)	3 (moderate)	4 (good)	5 (very good)
Your relationship with your supervising physician					
Your relationship with the rest of your coworkers (excluding supervising physician)					
Your overall job satisfaction					

23. Which of the following aspects of your job do you feel contribute the most to your job satisfaction ranking in a positive way?

- a. Salary/benefits
- b. Hours
- c. Specialty
- d. Patient population
- e. Coworkers
- f. Supervising physician
- g. Level of autonomy

24. Which of the following aspects of your job do you feel contribute the most to your job satisfaction ranking in a negative way?

- a. Salary/benefits
- b. Hours
- c. Specialty
- d. Patient population
- e. Coworkers
- f. Supervising physician
- g. Level of autonomy

25. I feel my current position allows me to work at the maximum level of my training.

- a. Strongly disagree
- b. Disagree
- c. Neutral
- d. Agree
- e. Strongly agree

26. I feel I was adequately oriented and trained for my current role.

- a. Strongly disagree
- b. Disagree
- c. Neutral
- d. Agree
- e. Strongly agree

27. My workload is appropriate.

- a. Strongly disagree
- b. Disagree
- c. Neutral
- d. Agree

- e. Strongly agree
28. I am satisfied with my current salary.
- a. Strongly disagree
 - b. Disagree
 - c. Neutral
 - d. Agree
 - e. Strongly agree
29. I have a healthy work/life balance.
- a. Strongly disagree
 - b. Disagree
 - c. Neutral
 - d. Agree
 - e. Strongly agree
- [Comment Box: If you disagree, please describe what prevents you from achieving your work/life balance goals]
30. Do you currently work for Texas Children's Hospital?
- a. Yes
 - b. No