

## PATIENT ACCEPTANCE

Mainous AG 3d, Bertolino JG, Harrell PL. "Physician extenders: who is using them?" Department of Family Practice, University of Kentucky College of Medicine, Lexington. *Fam Med.* 24(3): 201-4, Mar-Apr 1992.

Journal abstract: **BACKGROUND:** Nurse practitioners and physician assistants (physician extenders) are playing an increased role in medical care. The purpose of this research was to determine the proportion of adults who have received health care from physician extenders. **METHODS:** This study used the subject population of the 1990 Kentucky Health Survey, a probability survey of all households in Kentucky. Study personnel contacted subjects using random digit telephone dialing. Subjects were then interviewed to ascertain whether subjects had received health care from physician extenders and whether they were satisfied with that care. **RESULTS:** Of 687 participating subjects, 25% had received care from physician extenders during the previous two years, primarily for minor problems and routine checkups. More than 90% of these subjects reported satisfaction with the care they received. Users of physician extenders did not differ from nonusers with respect to income, education, insurance status, self-assessment of health status, or rural versus urban location. Men used physician extenders more frequently than women. **CONCLUSIONS:** A substantial proportion of the population has used physician extenders. Patient satisfaction with physician extenders is high. Use of physician extenders may be an effective strategy for improving delivery of primary care.

Legler CF. "Who controls the practitioner-patient relationship?" *J Am Acad Physician Assist* 5(2): 73-4, Feb 1992.

In an editorial, Ms. Legler voices strong concern over the Rust vs. Sullivan ruling by the Supreme Court which upheld the regulations prohibiting clinics providing Title X federal funds from providing counseling and referrals for abortion services. The AMA, the California Academy of Physicians and other professional groups have strongly objected to this "gag rule" and Ms. Legler urges PAs to do the same.

Blessing JD, Elizondo E. "PA involvement in patients' psychosocial problems: a follow-up survey of PAs, physicians, and educators." *Physician Assist.* 14(10): 24, 27-8, 30 passim, Oct 1990.

Journal abstract: A follow-up survey was designed to study expectations of PA involvement in dealing with 45 common psychosocial problems. The subject groups were PAs, supervising physicians, and PA educators. The results were compared with data from a previous study of patients' expectations. The findings indicate a high level of confidence in the abilities of PAs, and may serve as a stimulus for further study.

Davidson JA. "What's in a name?" *Physician Assist.* 14(3): 16, 21, Mar 1990.

Journal abstract: The title "Doctor" has long defined the formal relationship that exists between the physician and the patient. Physician assistants have no such title, which often causes patients uncertainty when addressing PAs. Instead of creating a title, PAs should use their first names. While this approach may need to be adjusted depending on patient reaction, the familiarity usually is reciprocated. Use of first names in a clinical setting breaks down barriers, enhances communication, and improves the delivery of health care.

Elizondo E, Blessing JD. "The ability of PAs to solve patients' psychosocial problems. A preliminary report on patient expectations." College of Health Professions, Wichita State University, KS. *Physician Assist.* 14(2): 75-6, 79-82, Feb 1990.

Journal abstract: Patient expectations of physician assistants constitute a relatively unexplored field. A survey was designed to evaluate the expectations that patients have of PAs faced with a patient's psychosocial problems. The survey was distributed in 1987 to four practices that employ PAs in south central Kansas. Selected patients were surveyed for their expectations of the PA in dealing with a series of personal, social, psychological, and health-related items. Results indicated that patients expected the PA to be involved with these problems, but did not expect the PA to be an expert.

Khanna V. "PAs—consumer advocates or adversaries?" *Physician Assist.* 11(4): 14-8, Apr 1987.

Journal abstract: Changes in America's health care delivery system require patients to participate more actively in decisions that affect their well-being. PAs should not discourage this trend; instead, they should help the health care consumer to become a partner in the health care decision-making process, and use their mid-level practitioner status to become consumer advocates within the system. This position requires a commitment to educate patients about the risks, benefits, and costs of care, as well as the available alternatives. In addition, PAs should strive to become information sources about the cost and distribution of services.

Oliver DR, Conboy JE, Donahue WJ, Daniels MA, McKelvey PA. "Patients' satisfaction with physician assistant services." *Physician Assist.* 10(7): 51-4, 57-60, Jul 1986.

Journal abstract: Research on patient satisfaction with physician assistants in rural primary care medical practices is lacking. This study attempted to: determine patients' satisfaction with family practice PAs in rural communities, assess patient perceptions of "comfort" with PAs in a range of hypothetical medical procedures, analyze patients' reactions to PAs as a function of patient characteristics, and document perceptions of changes in medical practices after PAs are employed. Findings support reports that patients are highly satisfied with PA services and extends those observations to rural primary care practices. Reaction to PAs is more favorable among women, more favorable in patients with more education, and more favorable among those with greater contact with PAs.

Crandall LA, Haas WH, Radelet ML. "Socioeconomic influences in patient assignment to PA or MD providers." *Physician Assist.* 10(3): 164, 167-8, 170 passim, Mar 1986.

Journal abstract: Previous research conducted in solo fee-for-service physicians' offices in southern Appalachia reports that physicians treat patients of higher socioeconomic status and PAs treat those of lower status. However, these findings may not necessarily apply to other types of primary care practices, and the data were compiled more than ten years ago. Since then, the PA profession has greatly expanded, necessitating more current investigation (especially into publicly subsidized primary care settings). The original research reported here was undertaken to provide a more contemporary analysis of patient triage based on socioeconomic status. Three rural primary care centers in northern Florida were examined. Data show no consistent or substantively significant relationships between the patients' social status and the type of provider.

Smith CW. "Patient attitudes toward physicians' assistants." *J Fam Pract.* 13(2): 201-204, Aug 1981.

Journal abstract: A questionnaire administered to 200 patients in a midwestern multispecialty clinic showed patients often have little understanding of the role of the physician's assistant in the health care system. They are often equally confused about his or her education and training. Nevertheless, patients are generally receptive to the physician's assistant if they feel he is closely supervised by the physician. Most patients prefer that the physician's assistant perform "routine" functions rather than make independent diagnosis and treatment decisions.

Miller LA. "Physician extenders: are patients willing?" *Internist.* 21(9): 16, Nov 1980.

Storms D, Fox J. "The public's view of physician's assistants and nurse practitioners." *Med Care.* 17(5): 526-535, May 1979.

Journal summary: This study of public attitudes toward physician's assistants and nurse practitioners finds that the public regards the two groups of health workers as remarkably similar.... In this urban sample, respondents accepted the principle that important medical care functions can be delegated, as long as the PA or NP is considered assistant to the physician. The public reported more acceptance of tasks performed by nurse practitioners than by physicians' assistants, though the differences are small.

Shenkin B, Silver G. *The new practitioners meet the patients: policy implications.* A paper on policy options, prepared for Physician Assistant/Nurse Practitioner Manpower Symposium sponsored by the National Rural Center. 14 p. Jun 21-22, 1977.

Policy choices centering around the nature of the relationship between patients and practitioners (nurse practitioners and physician assistants) are discussed. Medical care, its implications for the practitioner-patient relationship, and the problem areas in which new health practitioners (NHPs) were created to assist are briefly discussed. Policy suggestions include: (1) allowing the consumer of care to decide the type of relationship desired with a NHP and the cost implications, (2) considering gender of the practitioner in defining roles with the nurse practitioner tending to be more affective and the physician assistant possibly more objective, (3) keeping nurse practitioner and physician assistant career lines intact and separate, (4) maintaining institutional flexibility in the supply of personnel, (5) avoiding any possibility of using new health practitioners for a certain class of patients, and (6) establishing the primacy of preventive care.

Nelson E, Jacobs A, Johnson K. "Patients' acceptance of physician's assistants." *JAMA.* 228(1): 63-67, Apr 1, 1974.

Journal abstract: Patients of physicians using physician's assistants in their practices were surveyed to determine attitude toward these assistants. Fifty-four percent of the patients responded and 12% of the nonrespondents were interviewed to insure that respondents were representative of the sample. Patients rate the physician's assistants highly in terms of technical competence (89%), professional manner (86%), and report improvements in the quality of care (71%) and access to services (79%), since the physician's assistants began working. Eight-seven percent of the patients who received physical examinations from physician's assistants were very satisfied. Patient's age, social class, and access to medical services are significantly related to certain attitudes toward physician's assistants.

Strunk H. "Patient attitudes toward physician assistants." *Calif Med.* 118: 73-77, Jun 1973.

Journal abstract: A study was conducted in urban Los Angeles to assess patient acceptance of the use of physician's assistants. Data collection was facilitated by the development of an attitude scale and responses were analyzed to determine differences between various socio-economic stratifications. With a few exceptions, acceptance was highest among non-married middle-class respondents who have had some exposure to college. As to the perceived complexity of procedures a physician's assistant might perform, 91 percent of all respondents would not object to injections administered by a physician's assistant, but this tolerance diminishes to 34 percent in the case of first examination of a patient by a physician's assistant if there appeared to be a serious head injury.

Litman T. "Public perceptions of the physicians' assistant—a survey of the attitudes and opinions of rural Iowa and Minnesota residents." *Am J Public Health.* 62: 343-46, Mar 1972.

Journal abstract: Increasing concern with the problem of providing medical care to rural populations has led to interest in the use of former medical corpsmen as physician assistants. This study of attitudes and opinions on this approach suggests potentially serious problems to be overcome. Evidence is cited and the need for preparation of the medical and lay public is stressed.

Beloff J, Korper M. "The health team model and medical care utilization: effect on patient behavior of providing comprehensive family health services." *JAMA.* 219(3): 359-366, Jan 17, 1972.

Journal abstract: The research hypothesis that the organizational structure of a health delivery system can significantly alter the pattern of medical care behavior of its patient population was tested. The utilization patterns of 31 multiproblem families were studied for 30 continuous months of comprehensive care provided by a family-oriented care team (physicians, nurse, health aide, and social worker), with continuity, coordination, and constant availability of care. The findings demonstrated a change from an illness response pattern to a health-orientation response pattern. There was an increasing use of health care services such as nurse counseling, psychosocial guidance, employment assistance, health education, marriage counseling, and rehabilitation, and a decreasing use of physician services for illness care. The changing pattern of medical care behavior of these families created an effective utilization of allied health personnel, with physician-sparing results.

Catalenello R, Mingo K, Pinches G. "Evaluative research design for a health manpower innovation." *Social Sci Med.* 6: 229-239, 1972.

Journal abstract: An evaluative research approach to health innovations involving physician's assistants is necessary if effective and rational policies for future health manpower allocation are desired. The paper develops an ecological framework encompassing the multiple regression approach to data analysis to allow determination of the "community impact" and acceptance of a physician's assistant in doctorless rural communities. Recognition of the complexity of many research problems has led to the specification of a flexible structure which allows modifications and accommodates the measurement of change. This approach provides an improved methodological framework for studying the effectiveness of preplanned changes in the primary health care delivery system.

Conant L, Robertson L, Kosa J, Alpert J. "Anticipated patient acceptance of new nursing roles and physicians' assistants." *Am J Dis Child*. 122: 202-205, Sep 1971.

Two suburban communities, one mainly upper middle class and the other lower middle and working class, were surveyed by random sample of households to study the nature and degree of potential acceptance of new health practitioners. Results showed that the upper middle class community more readily accepted their physician's use of assistants and nurses when compared with the lower and middle class community.

