

PAs in Leadership: Who are they? A report from the 2022 PA Practice Survey

2/22/2023 • 2022 PA Practice Survey

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Abstract

PA leaders are an important part of healthcare systems across the country. However, little is known about the demographic characteristics of PAs in leadership roles or how they compare to the rest of the workforce. In this first brief in a three-part series on PAs in leadership, we examine these differences and explore the prevalence of perceived barriers, and support, to entering leadership.

Methodology

Data were collected in the PA Practice survey fielded quarterly over 2022, sent to approximately 30,000 PAs in the United States (U.S.) who had not opted out of AAPA research surveys for which AAPA had a valid email address. A series of questions related to PAs actions in a leadership role were included within the AAPA's PA Practice Survey. A total of 29,711 emails were delivered, 4,087 responded (response rate 13.8%) to the invitation, and 3,645 completed the full survey. The overall survey margin of error is +/- 1.42% at a 95% confidence level. Response rates and margins of error vary by section and breakout. "N" refers to the number of respondents and is generally the first column in the data tables. Totals do not always add up to 100% due to rounding. Supplemental data from the prior AAPA Salary Surveys were used to illustrate trends in PA leadership over time.

This research is exempt form IRB approval in accordance with US Department of Health and Human Service's Policy for Protection of Human Research Subjects listed at 45 C.F.R. §46.104(d)(2)(ii). The author has no conflicts to report.

About PAs

PAs (physician associates/physician assistants) are licensed clinicians who practice medicine in every specialty and setting. Trusted, rigorously educated and trained healthcare professionals, PAs are dedicated to expanding access to care and transforming health and wellness through patient-centered, team-based medical practice. A PA's specific duties depend on the settings in which they work, their level of experience, and state law. There are approximately 159,000 PAs in the United States, who engage in more than 514 million patient interactions each year. To learn more about PAs, go to aapa.org.

About AAPA

Founded in 1968, the American Academy of Physician Associates is the national professional society for PAs (physician associates/physician assistants). It represents a profession of more than 159,000 PAs across all medical and surgical specialties in all 50 states, the District of Columbia, U.S. territories, and the uniformed services.

AAPA advocates and educates on behalf of the profession and the patients PAs serve. We work to ensure the professional growth, personal excellence, and recognition of PAs. We also enhance their ability to improve the quality, accessibility, and cost-effectiveness of patient-centered healthcare.

How to Cite

PAs in Leadership: Who are they? 2022. American Academy of Physician Associates. Alexandria, VA.

Executive Summary

Within the PA profession, leadership roles can function as a pathway for career advancement, opportunity for workplace task diversification, and a chance to mentor the next generation of practitioners. Despite the importance of PA leadership, few studies examine the demographic characteristic of PA leaders, how they get into leadership roles, or what they do within these positions.

30%
of PAs in formal leadership roles had 20+ years of experience

To fill this gap, AAPA has developed a series of data briefs to serve as a primer for those interested in learning more about PA leadership. In our first report of the series, we examine the demographic characteristics of PAs in formal and informal leadership roles. Demographics were compared across these leadership types as well as PAs interested in leadership and those not currently in, or interested, in taking on a leadership role. We then provide a brief overview of topics related to leadership, such as perceived support, barriers, and additional compensation for leadership responsibilities.

Characteristics of PAs in Leadership

Leadership comes in many forms. Within PA leadership, PAs may serve in a formal leadership role which traditionally includes a formal title, additional compensation, and/or a greater number of leadership responsibilities. PAs in leadership roles may have titles such as Director, Manager, Vice President but may also have a title of Physician Associate or Assistant.

PAs may also serve in an informal leadership role. In the 2022 AAPA Salary Survey, we asked PAs to describe what *informal leadership* meant to them. Among the responses, three prominent themes emerged (Figure 1). First, informal leadership can involve educating, onboarding, or training of new PAs. Second, it may include serving on committees, such as membership on a hospital wellness or DEI committee. Finally, "unofficial" supervisory duties in a medical team, such as in a short-staffed department, were also considered informal leadership tasks. PAs in informal leadership roles may take on leadership responsibilities but are not acknowledged as a formal leader within their organization. Many PAs in an informal leadership role have the title Physician Associate or Assistant (Table 3).

Figure 1. Word Cloud of informal Leadership Tasks



In the 2017 AAPA Salary Survey, PAs were asked whether they were currently "in a leadership role, either formally or informally?" or if they were interested in a leadership future role. Although the question was not designed to allow us to differentiate between formal and informal leaders, approximately three in ten (31%) 2017 respondents indicated they worked in a leadership role. Of the 70% who were not in leadership, one third (36%) indicated they were interested in a future leadership role. When compared to the 2022 PA Practice Survey, 40% of PAs indicated they were currently in a formal or informal leadership role. Only 38% of PAs were not in, or interested in, leadership (Figure 2).

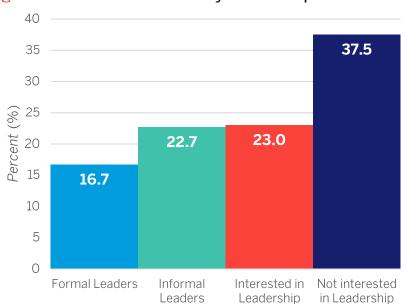


Figure 2. Distribution of PAs by Leadership Role

Who is in formal leadership? The proportion of male PAs is higher in formal leadership than in any other category (39%) while three in four (76%) female PAs were interested in a leadership role (Table 1). The racial demographic of PAs within various leadership roles is similar to the general distribution of the PA profession¹; however, there are some key differences. Among

PAs in formal leadership roles, only 3% of PAs in formal leadership roles self-identified as Asian compared to 7% of all PAs (Table 2). While the proportion of PAs who self-identified as Black/African American in formal leadership roles was comparable to the proportion respondents who identified this way in the 2022 AAPA Salary Report¹ (4%), the percent of Black/African American PAs in informal leadership and not in, or interested, in leadership was approximately 2%. The proportion of PAs who self-identified as White was similar across each leadership role category (Figure 3).

¹2022 AAPA Salary Report. 2022. American Academy of Physician Associates. Alexandria, VA.

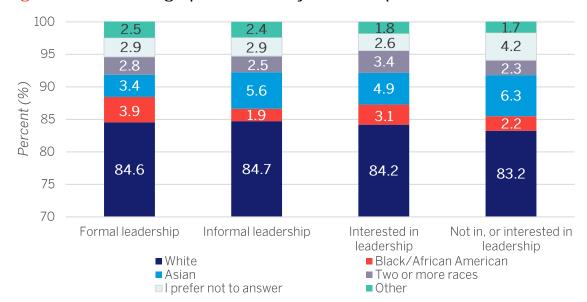


Figure 3. Race Demographics of PAs by Leadership Role

Similar trends were observed when comparing leadership roles and PA work experience. Seven in ten PAs who were interested in leadership have less than 10 years of experience. Even though 21% of PAs in formal leadership had previously worked for 5 to 9 years, most of the PAs in formal leadership had over 10 years of work experience (71%, Table 4).

Generally, PAs in formal leadership have a similar distribution of specialties similar to the whole PA workforce as reported in the 2022 AAPA Salary Report¹. Almost half (46%) of the formal leadership PAs were in primary care or "other specialties"; however, the percent of surgical subspecialty PAs in formal leadership (21%) was smaller than the proportion of all U.S. PAs in this specialty group (28%). There were also more formal leadership PAs who indicated practicing in "no medical specialty" (11%) compared to the percent of PAs who reported working in no medical specialty in 2022 (4%). This can often occur in formal leadership positions as these PAs may not be clinically practicing for most, if not all, of their day-to-day work. The general distribution of specialties across leadership roles was similar, but the proportion of informal leadership PAs in surgical subspecialties (28%) and no medical subspecialty (3%) were closer to the general PA population (Table 5).

The two settings with the most PAs across all leadership roles were Hospitals and Outpatient clinic or physician office/college clinic. One key area of difference was the proportion of formal leaders working in universities as educators. Here, almost one in ten (9%) of the PAs who reported working in formal leadership were educators in a university. PAs who were not in, or interested in, leadership were more likely to work in an outpatient clinic or physician office (58%, Table 6) than formal leaders, informal leaders, or those interested in leadership.

Leadership Compensation, Support, and Desirability

To gain a more holistic view of the impact of leadership on PAs over time, PAs were asked if they were interested in their leadership opportunities when they were first presented and if they are still interested in their leadership role. Many PAs in leadership (72%) either agreed or strongly agreed they were interested in taking a leadership role when it was first presented to them, and most (77%) are still interested (agreed or strongly agreed) in their leadership role (Table 7). PAs in leadership roles were also asked about the amount of support, opportunities, and barriers they encountered when pursuing their leadership role. Overall, female PAs (57%) were more likely than male PAs (49%) to report experiencing barriers, challenges, or difficulties to pursuing leadership roles. Likewise, male PAs (46%) were less likely to report having supports or opportunities for leadership roles than female PAs (55%, Table 8).

Are PAs compensated for their leadership work? Overall, most PAs reported not being compensated for leadership activity (Table 9); however, there were some differences based on gender (Figure 4) and leadership role (Table 10).

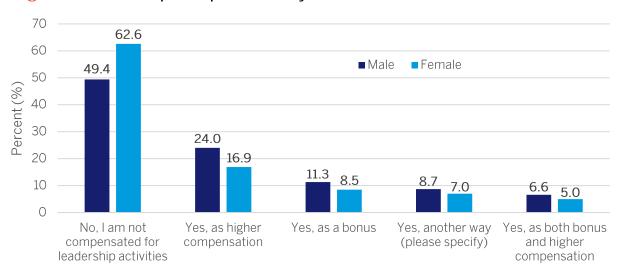


Figure 4. Leadership Compensation by Gender

Approximately six in ten (63%) female PAs did not receive compensation for their leadership activities, compared to almost half of the male PA respondents (49%, Figure 3). Conversely, male PAs were more likely to receive higher compensation, a bonus, and/or some other form of compensation for their leadership activities (Figure 3). When examining differences between formal and informal PA leaders, those in informal leadership were much more likely (77%) to not receive any compensation for their leadership tasks than their peers in formal leadership (33%, Table 10)

PAs also differed in their belief that they currently possess the necessary credentials and skills to serve in a leadership position. Male PAs were more likely to "strongly agree" they were qualified to perform leadership tasks. However, male and female PAs had similar perceptions of their employer's support for leadership training and whether developing a PA leadership pipeline was aligned with their organization's strategic goals. PAs were mixed in

their belief that learning and development efforts for leaders were part of their employer's strategic goals and priorities. Similarly, most PAs either agreed, disagreed, or neither agreed nor disagreed that they were currently receiving enough leadership support and training to grow into a leader at their current employer (Table 11).

When comparing formal and informal leadership PAs, formal leaders were more likely to agree or strongly agree (56%) their employer was making an effort to develop the leadership skills of PAs. While most PAs in formal leadership believe they receive enough support and training to grow into an effective leader, more than one third (35%) of informal leaders did not think their current employer provided enough support. Both formal and informal leaders perceived they had the credentials and/or skills necessary to serve in their leadership positions (Table 12).

Conclusion

Many PAs are drawn to leadership opportunities. While most are not earning additional compensation for their leadership tasks, compensation differences may exist among formal leaders and the rest of the PA workforce due to differences in job titles. Additionally, PAs in formal leadership are likely to have 10 or more years of experience while PAs who are interested in leadership were likely working less than 10 years. Generally, the specialty distribution of PAs by leadership role was similar to the make-up of the PA workforce, but there are some gender differences among PAs in leadership. PAs in formal leadership had a larger proportion of male PAs while those interested in leadership were more likely to be female. Most female PAs (57%) experienced barriers, challenges, or difficulties when pursuing leadership roles; however, a majority (55%) of female PAs had supports and leadership opportunities when attempting to move into leadership.

PA leaders, whether formal or informal, play an important role in health care systems around the country. By developing a better understanding of where these leaders work, and who they are, we can develop more tools to help interested PAs move forward in their leadership goals. As the profession continues to grow, administrators and practitioners should work together to ensure leadership pipelines exist for PAs. Moreover, future research should explore the impact serving as a leader has on practitioner well-being, compensation, and employee morale.

Data Tables

Table 1. Leadership Role by Gender

	All PAs	Male	Female
Measure	(N)	Perce	nt (%)
Formal leadership	610	38.5	61.5
Informal leadership	828	30.1	69.9
Interested in leadership	839	24.4	75.6
Not in, or interested in leadership	1,368	25.9	74.1
Total (N)	3645		

Source: 2022 PA Practice Survey Question: What is your gender?

Question: Are you in a leadership role at your primary employer, either formally or informally?

Table 2. Leadership Role by Race

	Formal leadership	Informal leadership	Interested in leadership	Not in, or interested in leadership
Measure		Perce	ent (%)	
White	84.6	84.7	84.2	83.2
Black/African American	3.9	1.9	3.1	2.2
Asian	3.4	5.6	4.9	6.3
Two or more races	2.8	2.5	3.4	2.3
I prefer not to answer	2.9	2.9	2.6	4.2
Other	2.5	2.4	1.8	1.7
Total (N)	615	838	841	1,391

Source: 2022 PA Practice Survey

Question: Which of the following best describes your race?

Question: Are you in a leadership role at your primary employer, either formally or informally?

Table 3. Job Title by Leadership Role

Measure	Formal leadership	Informal leadership	Interested in leadership ent (%)	Not in, or interested in leadership
Physician assistant/associate (PA)	32.8	74.7	81.1	82.4
Advanced practice provider (APP)	4.2	11.2	16.3	14.7
Lead PA/APP	20.0	7.6	*	*
Chief PA/APP	3.4	*	*	*
Assistant professor	4.9	2.4	1.4	1.1
Associate professor	2.8	1.0	0.5	0.6
Professor (full)	1.3	*	*	*
Department chair (academic)	2.6	*	*	*
Director	10.4	*	*	*
Manager/Supervisor	6.8	*	*	*
Vice President or Senior Vice President	1.1	*	*	*
Executive level/C-suite (CEO, CFO, CMO, CIO, CNO, etc.)	1.6	*	*	*
Other (please specify):	8.0	2.2	0.5	0.5
Total (N)	615	838	841	1,390

Source: 2022 PA Practice Survey

Note: * indicates less than 0.5% of respondents selected this option.

Question: Which of the following job titles best fits your primary role at your primary employer? Question: Are you in a leadership role at your primary employer, either formally or informally?

Table 4. Leadership Role by Career Experience

	Formal leadership	Informal leadership	Interested in leadership	Not in, or interested in leadership
Measure		Perce	ent (%)	
0 to 1 year	0.5	1.6	9.3	3.9
2 to 4 years	8.1	18.4	35.3	20.3
5 to 9 years	20.7	24.5	28.9	22.9
10 to 14 years	22.0	16.9	13.9	15.8
15 to 19 years	18.4	14.3	4.9	12.4
20 or more years	30.4	24.3	7.7	24.7
Total (N)	615	838	841	1,391

Source: 2022 PA Practice Survey

Question: What year did you graduate from your PA program?

Question: Are you in a leadership role at your primary employer, either formally or informally?

Table 5. Leadership Role by Primary Specialty

Measure	Formal leadership	Informal leadership Per	Interested in leadership cent (%)	Not in, or interested in leadership
Other specialties	23.4	24.7	23.4	27.6
Primary care	22.8	24.3	20.6	22.6
Surgical subspecialties	21.1	27.8	27.8	25.4
Internal medicine subspecialties	11.7	12.2	15.0	13.1
Emergency medicine	8.8	5.3	8.9	7.3
Pediatric subspecialties	1.0	2.4	2.0	1.7
No medical specialty	11.2	3.3	2.3	2.3
Total (N)	615	838	841	1,391

Source: 2022 PA Practice Survey

Question: Please indicate your primary employer type.

Question: Are you in a leadership role at your primary employer, either formally or informally?

Table 6. Leadership Role by Setting

Measure	Formal leadership	Informal leadership Pero	Interested in leadership cent (%)	Not in, or interested in leadership
Outpatient clinic or physician office, College clinic	44.4	55.4	54.5	57.9
Hospital	34.1	30.9	37.8	31.1
Urgent care or convenient care clinic	4.6	3.8	4.3	6.2
University (Educator)	9.4	2.5	1.0	0.7
Other	7.5	7.4	2.5	4.1
Total (N)	615	838	841	1,391

Source: 2022 PA Practice Survey

Question: Please indicate your primary setting in which you practice as a PA.

Question: Are you in a leadership role at your primary employer, either formally or informally?

Table 7. Leadership PAs Perceptions of Leadership Role Desirability Over Time

	All PAs (N)	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Measure				Percent (%	6)	
When the opportunity was first presented, I was interested in moving into my current leadership role	362	29.8	41.7	22.1	4.7	1.7
I am still interested in my current leadership role	299	30.4	46.5	17.4	3.34	2.3

Source: 2022 November PA Practice Survey

Question: How much do you agree with the following statements?

Note: This question was only displayed to PAs who indicated they were formal leaders, informal leaders, or

formerly in a leadership role.

Table 8. Leadership PAs who Experienced Supports and Barriers when Pursuing Leadership Roles, by Gender

	Male	Female	All PAs	
Measure	Percent (%)			
I experienced barriers, challenges, or difficulties				
Experienced barriers	48.8	57.2	54.1	
Did not experience barriers	51.2	42.8	45.9	
Total (N)	121	208	329	
I experienced supports or opportunities				
Experienced supports	47.5	55.1	52.2	
Did not experience supports	52.5	44.9	47.8	
Total (N)	118	198	316	

Source: 2022 November PA Practice Survey

Question: Did you experience any of the following when pursuing leadership roles?

Note: Percent represents the proportion of each gender that reported experiencing barriers, challenges of difficulties/supports or opportunities. This question was only displayed to PAs who indicated they were formal leaders, informal leaders, or formerly in a leadership role.

Table 9. Leadership PAs Compensation for Leadership Tasks, by Gender

	Male	Female	All PAs
Measure	Percent (%)		
No, I am not compensated for leadership activities	49.4	62.6	58.0
Yes, as higher compensation	24.0	16.9	19.4
Yes, as a bonus	11.3	8.5	9.5
Yes, another way (please specify)	8.7	7.0	7.8
Yes, as both bonus and higher compensation	6.6	5.0	5.5
Total (N)	391	727	1,118

Source: 2022 PA Practice Survey

Question: Are you compensated for your leadership activities at your primary employer?

Note: This question was only displayed to PAs who indicated they were formal or informal leaders.

Table 10. Leadership PAs Compensation for Leadership Tasks, by Role

	Formal leadership	Informal leadership
Measure	Perce	nt (%)
No, I am not compensated for leadership activities	32.6	76.7
Yes, as higher compensation	32.2	9.9
Yes, as a bonus	13.2	6.8
Yes, another way (please specify)	12.3	4.2
Yes, as both bonus and higher compensation	9.6	2.5
Total (N)	478	649

Source: 2022 PA Practice Survey

Question: Are you compensated for your leadership activities at your primary employer?

Note: This question was only displayed to PAs who indicated they were formal or informal leaders.

Table 11. PAs Perception of Organizational Efforts to Develop Leaders and Belief they Possess Leadership Skills, by Gender

	Male	Female	All PAs
Measure		Percent (%)	
Learning and development efforts for leaders are a	aligned with my	current employ	er's strategic
goals and priorities			
Strongly agree	1.8	5.0	4.1
Agree	21.4	23.9	23.2
Neither agree nor disagree	38.7	32.9	34.5
Disagree	23.8	27.7	26.6
Strongly disagree	14.3	10.6	11.6
Total (N)	168	444	612
I currently possess the credentials and/or skills ne	ecessary to serv	e in a leadershi	p position
Strongly agree	32.0	17.9	21.7
Agree	40.8	45.3	44.1
Neither agree nor disagree	16.0	26.3	23.5
Disagree	8.3	9.2	8.9
Strongly disagree	3.0	1.3	1.8
Total (N)	169	448	617
I receive enough support and/or training to grow in	nto leadership a	t my current er	nployer
Strongly agree	5.9	5.1	5.3
Agree	21.9	25.9	24.8
Neither agree nor disagree	33.7	32.6	32.9
Disagree	26.0	27.2	26.9
Strongly disagree	12.4	9.2	10.0
Total (N)	169	448	617

Source: 2022 November PA Practice Survey

Question: Please rate your agreement with the following statements.

Table 12. PAs Perception of Organizational Efforts to Develop Leaders and Belief they Possess Leadership Skills. by Leadership Role

	Formal Leaders	Informal Leaders	
Measure	Percei	Percent (%)	
Learning and development efforts for leaders are aligned with my current employer's strategic			
goals and priorities			
Strongly agree	11.6	3.7	
Agree	44.2	25.4	
Neither agree nor disagree	25.6	41.0	
Disagree	15.1	19.4	
Strongly disagree	3.5	10.4	
Total (N)	86	134	
I currently possess the credentials and/or skills necessary to serve in a leadership position			
Strongly agree	50.0	29.6	
Agree	39.5	48.1	
Neither agree nor disagree	8.1	17.8	
Disagree	1.2	4.4	
Strongly disagree	1.2	0.0	
Total (N)	86	135	
I receive enough support and/or training to g	row into leadership at my cur	rent employer	
Strongly agree	15.1	5.2	
Agree	41.9	23.7	
Neither agree nor disagree	24.4	36.3	
Disagree	16.3	27.4	
Strongly disagree	2.3	7.4	
Total (N)	86	135	

Source: 2022 November PA Practice Survey

Question: Please rate your agreement with the following statements.