Experiences of Violence and Bias

Workforce Trends for PA-Students and PAs.

11/18/2024 • AAPA Salary Survey; AAPA Student Survey

Table of Contents

Abstract

Healthcare workers face higher rates of workplace violence than other professions in the United States. However, little is known about how often PAs, and PA-students participating in clinical rotations, experience violence or biased behavior in the workplace during patient interactions. In this data brief we report on findings from prior surveys on PA-students and PAs to illustrate the factors related to encountering violence and bias during clinical work.

Methodology

Data were collected from multiple surveys distributed to PAs and PA-students 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 experiences of interpersonal violence and bias were included within the AAPA's Salary Survey and Student Survey. For the 2022 AAPA Salary Survey, the overall margin of error was +/- 0.85% at a 95% confidence level and the survey was fielded from January 27 to March 7, 2022. The 2023 AAPA Student Survey was available to respondents from February 1 to February 28, 2023, and had a margin of error of +/- 2.36% at the 95% confidence level for the PA-student population. 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.

This research is exempt from 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) 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 178,000 PAs in the United States, who engage in more than 514 million patient interactions each year. To learn more about PAs, visit aapa.org.

About AAPA

Founded in 1968, the American Academy of Physician Associates is the national professional society for PAs. It represents a profession of more than 178,000 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

Experiences of Violence and Bias: Workforce Trends for PA-Students and PAs. 2024. American Academy of Physician Associates. Alexandria, VA. https://doi.org/10.5281/zenodo.14182900.

Executive Summary

According to the Centers for Disease Control and Prevention (CDC), almost half of all healthcare workers reported intending to look for a new job in 2022.[1] Much of this desire to leave stems from the ongoing mental health crisis present at all levels of the workforce. While almost half of all healthcare workers reported feeling burned out in 2022, the amount of harassment reported also doubled between 2018 and 2022.[1]

PAs working in emergency medicine were

22 times

as likely to experience violent acts during patient encounters

Prior research on health workforce harassment has found that workplace violence in healthcare settings is rarely reported to hospital administrators.[2] However, there is limited research illustrating the prevalence of violence and biased patient behavior among practicing PAs, or PA-students, clinical encounters. This brief report aims to document trends in this area of research based on recent survey data collected by AAPA in 2022 (for PAs) and 2023 (for PA-students).

Encountering Workplace Violence

To examine the prevalence of workplace violence among PAs, we asked if respondents had been physically harmed by patients or received threats of violence within the year prior to our data collection. Almost one third (31.9%) of PA respondents were threatened with violence and 6.1% reported being assaulted by their patients at some point in 2021 (Table 1). PAs who worked in emergency medicine specialties had the highest odds of being assaulted by their patients (OR: 22.0, 95% CI 2.9 - 167.2) and being threatened by patients (OR: 19.9, 95% CI 9.1 – 43.3; Figure 1). Those working in primary care or pediatrics were not statistically more likely to encounter patient violence or threats of violence, but PAs working in internal medicine (OR 2.6, 95% CI 1.3 - 5.4), surgical specialties (OR 2.1, 95% CI 1.0 - 4.2), and PAs who worked in any other specialties that were not previously listed – e.g., hospital medicine, addiction medicine, urgent care - were more likely to experience threats from patients (OR 3.4, 95% CI 1.7 - 6.9; Table 2).

Interestingly, our models did not show a significant interaction for experiencing threats of violence, or actual violence, from patients based on the demographic characteristics of the PA respondent. However, the interaction between gender and threats of violence was approaching statistical significance. One professional demographic factor did lead to a decrease in the odds of encountering threats from patients: years of experience as a PA. For every year of experience a PA had, their likelihood of being threatened with violence by a patient over 2021 decreased by approximately 2% (OR 0.98, 95% CI 0.96-0.99; Table 2).

Figure 1. Factors Impacting a PA's Likelihood of Experiencing Violent Threats
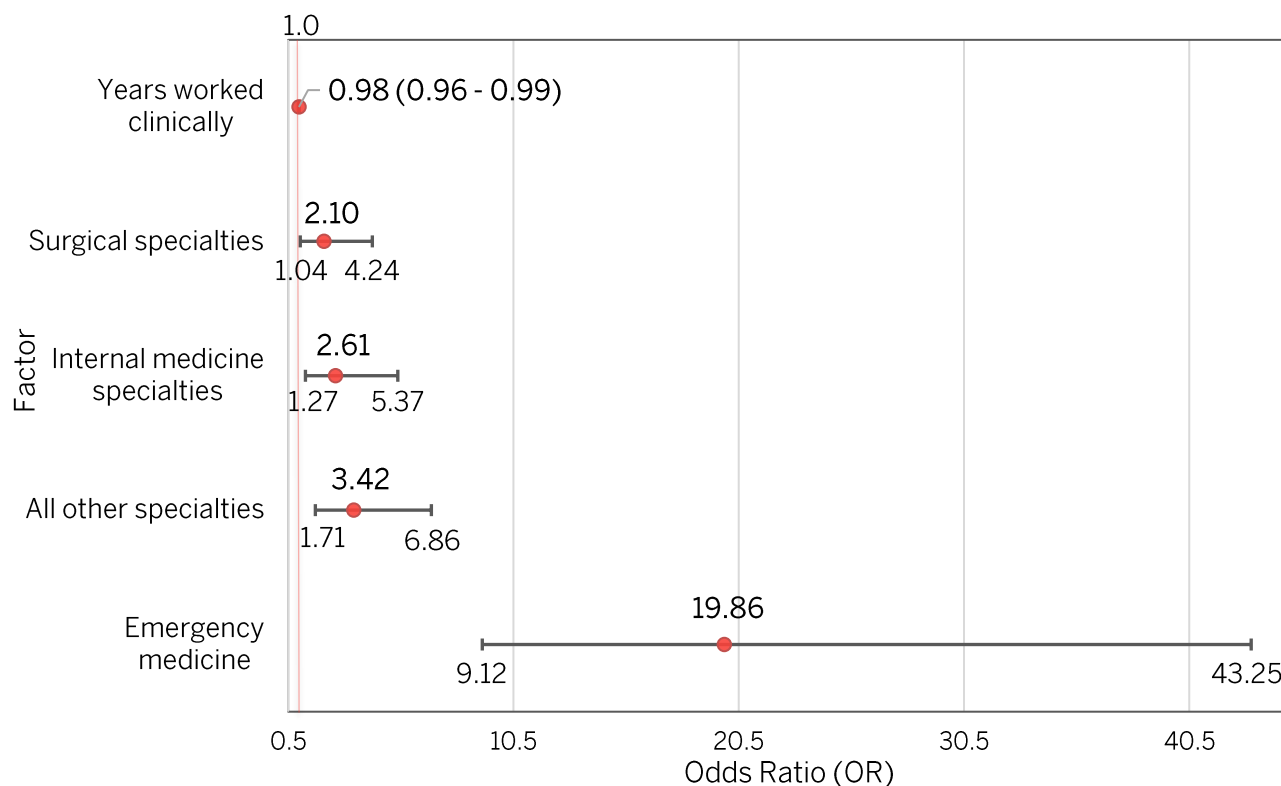
PA Experiences of Bias

Studies examining the occurrence of discrimination and violence within healthcare settings have previously highlighted how race, gender, and sexual/gender identity can play a role in likelihood to experience bias and harassment from patients.[3-6] While our findings do not point to violent encounters or threats being related to demographic factors, a PA's identity may still be related to other forms of harassment they encounter from patients in a clinical setting. To take a closer look at these interactions between social identity and patient encounters, we ran additional statistical models to explore the interaction between individual identity characteristics and various forms of bias PAs could encounter during their patient interactions.

We asked PAs if they identified as a member of any underrepresented social identity group in an optional module within the 2022 AAPA Salary Report. While about half (53.6%) did not identify as a member of any group, many selected at least one option (*Mean* = 1.5) to describe their background. Almost one in four (23.7%) PAs who responded to this section of the survey identified as first-generation college students. Other identity groups that were most-often selected included being from a family that received, or personally receiving, public assistance (7.0%); a sexual or gender minority (SOGI; 6.6%); a first generation American (6.2%); and being born outside of the U.S. (6.1%). The identity groups available for selection and their proportions within the sample can be viewed in Table 3.

Additional questions explored the types of patient bias PAs experienced in their patient interactions. Nine in ten (89.8%) PAs encountered some form of biased behavior from their patients in 2021. The most common forms of bias were comments, or compliments, that belittle clinicians (76.5%); questioning credentials or ability because of social bias (57.7%); and generalizations about other people who share the respondent's ethnicity, gender, sexual orientation, or other social characteristics (50.0%). Almost half of the sampled PAs had experienced some form of overt verbal, or non-verbal, sexual advances/harassment (48.4%) or non-verbal disrespect (47.6%). Further, approximately one in five (22.3%) PAs had encountered epithets, hate speech, slurs, or name calling during their patient interactions (Table 4).

90%

of PAs experienced biased behavior from patients in 2021.

When narrowing down to specific types of biased patient behaviors experienced by PAs based on their social identity, women were found to be more likely to experience biased behaviors from patients than male PAs. Specifically, female PAs had higher odds of encountering belittling comments or compliments (OR 6.1, 95% CI 4.8 - 7.7), be the targets of sexual advances or harassment (OR 3.6, 95% CI 2.8 - 4.5), or have their credentials questions by their patients (OR 2.4, 95% CI 2.0-3.0; Figure 2). Some forms of bias were also more likely for PAs who were underrepresented minorities in medicine (URM). Notably, these PAs were more likely to encounter assertive inquiries into their ethnic origins (OR 3.7, 95% CI 2.7 – 5.1) and explicit requests to change to another clinician because of social bias (OR 1.4, 95% CI 1.0 – 1.8; Figure 2). Likewise, PAs who were born outside of the U.S. (OR 6.6, 95% CI 4.1 – 10.7) or were first generation Americans (OR 10.6, 95% CI 6.5 – 17.3; Table 5) were also more likely to receive assertive inquiries into their ethnic origins from their patients.

Figure 2. Predictors of Bias in Patient Interactions

| Female PAs are more likely to encounter:	6.1 higher odds: Belittling comments or compliments 3.6 higher odds: Sexual advances or harassment

| URM PAs are more likely to encounter: | 3.7 higher odds: Assertive inquiries into ethnic origins
1.4 higher odds: Explicit requests to change to |

Student Experiences of Bias

PA programs are also actively working to intervene on behalf of their students and address systemic issues negatively impacting wellbeing: including stress, harassment, and interpersonal toxicity. Moreover, these programs have been tasked to demonstrate their commitment to diversity and inclusion by improving the retention of students who have experienced structural barriers while attempting to engage in PA education (e.g., those with poverty status, who have experienced structural racism, or encountered gender biases).[7] While AAPA has previously documented sources of stress experienced by PA-students and their impact on remaining in a PA program, we have also asked questions on biased patient behavior similar to what we ask practicing PAs. These findings from the 2023 AAPA Student Survey highlight the potential impact of these stigmatizing behaviors on PA-students.

Similar to PAs, PA-students were given an opportunity to indicate the social identity groups they identified with. About one in five (21.8%) were first generation college students, 17.3% were from families who currently or previously received public assistance – or they receive(d) assistance themselves, and one in ten (11.8%) were first generation Americans (Figure 3). While PA-students were given an opportunity to select multiple options, most only selected one group (*Mean* = 1.69). Less than half (45.3%) of the PA-students did not identify as a member of any of the social identity groups (Table 6).

Figure 3. PA-Student: Member of Underrepresented Social Identity Groups
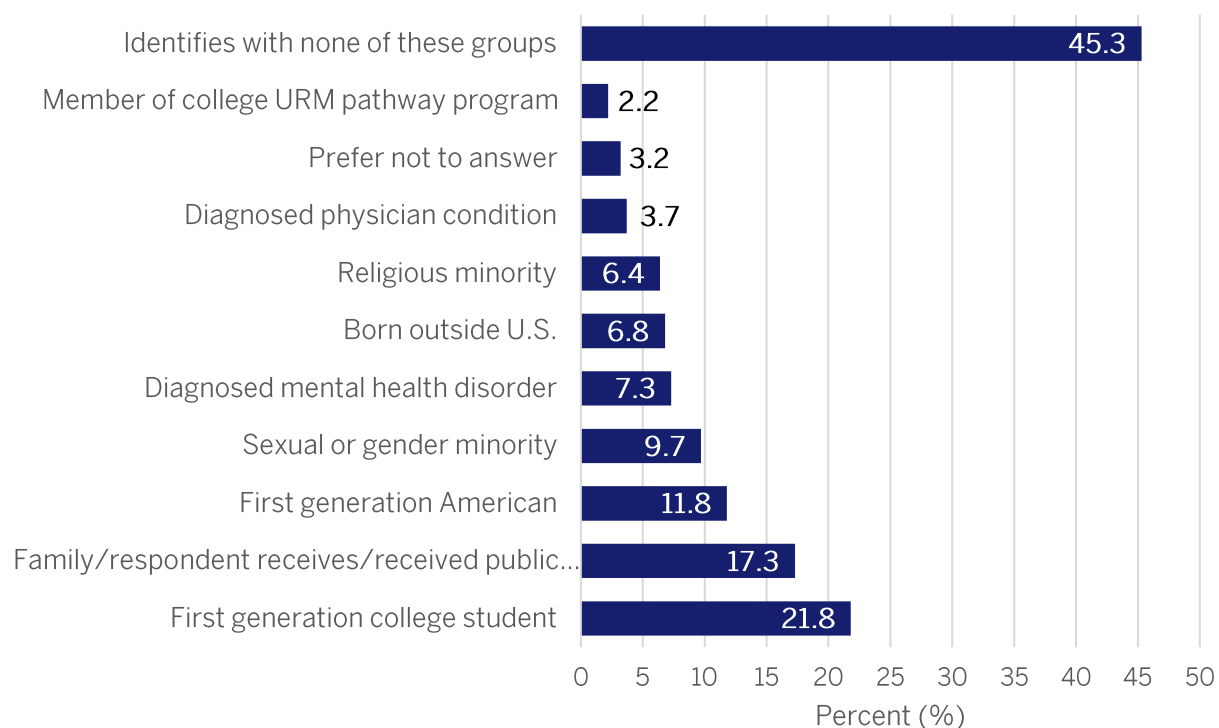
Overall, approximately two in five (39%) PA-students witnessed interpersonal toxicity at least once at some point in their program and roughly one quarter (27%) directly experienced interpersonal toxicity between 2021 and 2022.[8] PA-students are also

encountering biased patient behaviors in their interactions that are similar to what has been previously reported by PAs. Like PAs, the most frequently occurring biased patient behavior was comments, or compliments, that belittle clinicians. These acts were encountered by almost eight in ten (77.2%) PA-students. However, students reported experiencing generalizations about other people who shared their ethnicity, gender, sexual orientation, or other social characteristics more frequently than PAs (62.4% vs. 50.0%). A sizable proportion of students also reported experiencing overt verbal, or non-verbal, sexual advances or harassment (47.6%); patients confusing them with others of the same ethnicity or race (40.6%); and non-verbal disrespect (39.8%). Only 28.7% of PA-students reported having no experience of patient bias in their interactions during 2022 (Table 7; Figure 4).

Figure 4. PA-Student: Types of Biased Experienced in Patient Interactions
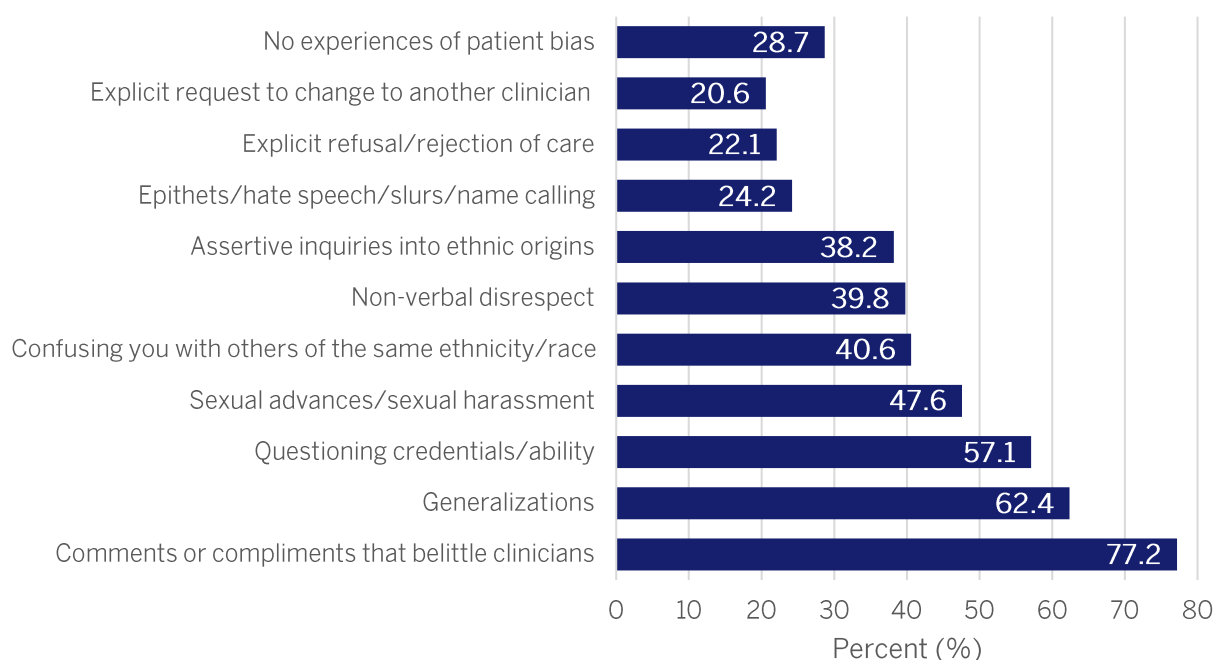
Similar to clinically practicing PAs, female students were found to be more likely to experience many types of biased patient behaviors - such as comments, or compliments, that belittle clinicians (OR 3.3, 95% CI 2.5 - 4.3); generalizations (OR 1.7, 95% CI 1.3 – 2.2); questioning abilities and credentials (OR 1.8, 95% CI 1.3 – 2.3); and unwanted sexual advances and sexual harassment (OR 2.7, 95% CI 2.0 – 3.6). However, the social identity characteristic that played the largest role in increasing the likelihood for PA-students to encounter biased patient behavior was identifying as a first generation American. These students were statistically more likely to encounter eight of the ten forms of biased behavior captured within the survey including assertive inquiries into ethnic origins (OR 13.5, 95% CI

8.6 – 21.2) and confusing the student with others of the same ethnicity or race (OR 9.1, 95% CI 6.0 – 13.8; Table 8).

58%

of clinically practicing PAs had their credentials and/or abilities questioned by patients in 2021.

PA-students who were born outside of the U.S. experienced similar forms of patient bias as those who were first generation Americans. However, these groups differed in that students born in a different country were not more likely to encounter non-verbal disrespect; epithets, hate speech, slurs, or name calling; explicit refusals, or rejections, of care because of social bias; or sexual advances and harassment. Additional identity characteristics related to experiencing more biased patient behaviors were being a sexual or gender minority or if the PA-student, or their family, had ever received public assistance. Conversely, identifying as a first-generation college student led to a decreased likelihood of experiencing many forms of bias. These students were less likely to encounter comments or compliments that belittle clinicians (OR 0.6, 95% CI 0.5 – 0.8), generalizations (OR 0.7, 95% CI 0.5 – 1.0), sexual advances or harassment (OR 0.7, 95% CI 0.5 – 1.0), or explicit requests to change to another clinician (OR 0.7, 95% CI 0.4 – 1.0; Table 8).

Conclusion

Mitigating violence, threats against clinicians, and instances of biased patient behavior are key elements of creating a positive work environment for all levels of the healthcare workforce. These findings illustrate that PAs, like many practitioners, are encountering negative patient behaviors within their work settings. Alarmingly, the data suggests that not all PAs or PA-students are equally likely to experience biased behaviors during their patient interactions. While encountering violence, or threats of violence, was related to a clinically practicing PA's professional demographics - such as working in emergency medicine - bias was more likely to be encountered by female PAs, those identifying as underrepresented minorities in medicine, first generation Americans, PAs born outside of the U.S., and those who indicated being sexual or gender identity minorities.

For PA-students, biased patient behaviors also occur at some point in most students' clinical encounters. PA programs should continue to focus on supporting students as they experience this bias and interpersonal toxicity throughout their training. Specifically, these findings illustrate specific segments of PA-students (e.g., sexual/gender minority students, students – or students from families – who received public assistance, first generation Americans, female students, and students born outside the U.S.) may be more likely to encounter bias. While this data indicates the presence of these encounters, additional research should aim to investigate the impact of these behaviors on the stress and well-being of both clinically practicing PAs and PA-students.

Data Tables

Table 1. PAs Reported Threats of Violence and Acts of Violence from Patients

Measure	N	Percent (%)
Threatened with physical harm by patients in the last year	661	31.9
Total	2,070	
Been physically harmed by patients in the last year	126	6.1
Total	2,067	

Source: 2022 AAPA Salary Survey. Data based on year 2021.
Question: In the last year, how often did you directly experience the following?
Note: Respondents were asked to indicate how many times they experienced the following on a scale of 0 (never) to 5 (once per week or more). Data reflect PAs who indicated experiencing these behaviors at least once in 2021.

Table 2. PAs Likelihood to Experience Violence/Threats from Patients

Factors	OR (95% CI) Threats of Violence	OR (95% CI) Experienced Violence
Emergency medicine	19.86*** (9.12-43.25)	22.03** (2.90-167.20)
Primary care	1.81 (0.89-3.70)	1.33 (0.16-11.04)
Internal medicine	2.61** (1.27-5.37)	6.44 (0.84-49.09)
Pediatrics	2.52 (0.90-7.05)	5.16 (0.44-60.38)
Surgery	2.10* (1.04-4.24)	3.99 (0.53-30.19)
All other specialties	3.42*** (1.71-6.86)	3.73 (0.50-28.12)
Years worked clinically	0.98*** (0.96-0.99)	0.98 (0.96-1.00)
Underrepresented minority in medicine (URM med)	0.76 (0.54-1.08)	1.23 (0.64-2.39)
Gender	0.80 (0.64-1.00)	1.06 (0.69-1.65)
Identifies as a member of **any** underrepresented social identity group	1.25 (0.56-2.83)	5.19 (0.61-44.33)
Total number of DEI groups identified with	0.76 (0.35-1.64)	0.34 (0.04-2.66)

Source: 2022 AAPA Salary Survey. Data based on year 2021.
Question: In the last year, how often did you directly experience the following?
Note: "Other specialties" represents all PAs who worked in any other specialties not specifically included within other categories (e.g., hospital medicine, addiction medicine, urgent care).
*** P < 0.001, ** p < 0.01, * P < 0.05,

Table 3. PA Identification as a Member of Underrepresented Social Identity Groups

Measure	N	Percent (%)
First generation college student	503	23.7
Family/respondent receives/received public assistance	149	7.0
Sexual or gender minority (e.g., LGBTQ+)	139	6.6
First generation American	132	6.2
Born outside U.S.	129	6.1
Religious minority	89	4.2
Diagnosed mental health disorder	86	4.1
Diagnosed physician condition	82	3.9
Member of college URM pathway program	48	2.3
Prefer not to answer	52	2.5
Identifies with none of the above groups	1,136	53.6
Total	2,119	

Source: 2022 AAPA Salary Survey. Data based on year 2021.
Question: Do any of the following apply to you?
Note: Participants were permitted to select all that apply, except for "Prefer not to answer" and "Identifies with none of the above groups"; therefore, totals do not add up to 100% and instead reflect the proportion of the respondents who selected the option within the question.

Table 4. Types of Bias Experienced in Patient Interactions: PAs

Measure	N	Percent (%)
Comments or compliments that belittle clinicians	1,579	76.5
Questioning credentials/ability because of social bias	1,191	57.7
Generalizations about other people who share your ethnicity, gender, sexual orientation, or other social characteristics	1,032	50.0
Overt verbal or non-verbal sexual advances/sexual harassment	999	48.4
Non-verbal disrespect	982	47.6
Explicit request to change to another clinician because of social bias	661	32.0
Confusing you with others of the same ethnicity/race	610	29.6
Explicit refusal/rejection of care because of social bias	563	27.3
Assertive inquiries into ethnic origins	509	24.7
Epithets/hate speech/slurs/name calling	461	22.3
No experiences of patient bias	211	10.2
Total	2,064	

Source: 2022 Salary Survey. Data based on year 2021.
Question: In the last year, how often did you directly experience patient behavior toward you characterized by:
Note: Participants were permitted to select all that apply, except for "No experience of patient bias"; therefore, totals do not add up to 100% and instead reflect the proportion of the respondents who selected the option within the question.

Table 5. Experience of Patient Bias by PA Social Identity Characteristics

Experienced Bias	OR (95% CI)							Years worked as a PA
	Self-Identified Social Identity Characteristic							
	URM in Medicine	Gender	First gen. College	First gen. U.S.	Born outside U.S.	Rel. Minority	SOGI Minority	
Comments or compliments that belittle clinicians	0.75	6.07***	0.97	0.64	0.82	1.63	1.10	0.96***
	(0.53-1.06)	(4.78-7.71)	(0.67-1.40)	(0.40-1.04)	(0.49-1.37)	(0.87-3.07)	(0.66-1.83)	(0.95-0.97)
Assertive inquiries into ethnic origins	3.70***	1.04	0.96	10.63***	6.62***	0.84	0.70	0.98***
	(2.67-5.12)	(0.79-1.36)	(0.67-1.38)	(6.51-17.34)	(4.10-10.67)	(0.45-1.56)	(0.41-1.21)	(0.96-0.99)
Generalizations	1.95***	2.90***	0.88	2.12***	1.62*	1.03	2.56***	0.97***
	(1.42-2.68)	(1.68-2.60)	(0.64-1.20)	(1.40-3.51)	(1.03-2.53)	(0.61-1.73)	(1.62-4.05)	(0.96-0.98)
Confusing you with others of the same ethnicity/race	2.54***	1.40**	1.07	5.55***	3.05***	1.22	0.83	0.97***
	(1.86-3.47)	(1.09-1.78)	(0.76-1.51)	(3.54-8.70)	(1.96-4.77)	(0.71-2.23)	(0.51-1.36)	(0.96-0.99)
Non-verbal disrespect	1.10	1.32**	1.16	0.62*	0.94	1.24	1.55*	0.99*
	(0.82-1.48)	(1.07-1.63)	(0.86-1.57)	(0.42-0.93)	(0.62-1.42)	(0.76-2.02)	(1.02-2.35)	(0.98-0.99)
Questioning credentials/ability	1.42*	2.42***	1.00	1.08	0.66	1.21	1.02	0.93***
	(1.03-1.96)	(1.95-3.01)	(0.73-1.37)	(0.70-1.67)	(0.42-1.01)	(0.71-2.06)	(0.66-1.59)	(0.92-0.95)
Sexual advances/sexual harassment	1.25	3.56***	0.71*	0.55**	0.45***	0.45**	1.05	0.96***
	(0.92-1.71)	(2.83-4.48)	(0.52-0.98)	(0.36-0.84)	(0.29-0.69)	(0.27-0.76)	(0.68-1.62)	(0.95-0.97)
Epithets/hate speech/slurs/name calling	1.38	1.31*	1.01	1.14	1.18	1.04	1.51	0.99*
	(0.99-1.92)	(1.01-1.69)	(0.73-1.41)	(0.74-1.77)	(0.75-1.85)	(0.60-1.79)	(0.97-2.36)	(0.97-0.99)
Explicit refusal/rejection of care because of social bias	1.52**	1.75***	1.11	1.21	1.38	0.95	1.23	0.98**
	(1.11-2.08)	(1.36-2.25)	(0.80-1.53)	(0.79-1.84)	(0.89-2.13)	(0.55-1.64)	(0.79-1.93)	(0.97-0.99)
Explicit request to change to another clinician	1.36*	1.53***	1.07	1.31	1.40	0.88	1.09	0.98***
	(1.00-1.84)	(1.21-1.93)	(0.78-1.46)	(0.87-1.98)	(0.92-2.14)	(0.52-1.49)	(0.71-1.69	(0.97-0.99)

Source: 2022 Salary Survey. Data based on year 2021.

Questions: In the last year, how often did you directly experience patient behavior toward you characterized by: ; Do any of the following apply to you?

Note: Models also included identifying as a person with a mental health condition, person with a physical condition, current/past recipient of public assistance, or a PA who did not identify as a member of these social identity groups. Major specialty area of PAs was included as a control variable.

*** P < 0.001, ** p < 0.01, * P < 0.05

Table 6. PA-Student Identification as a Member of Underrepresented Social Identity Groups

Measure	N	Percent (%)
First generation college student	370	21.8
Family/respondent receives/received public assistance	294	17.3
First generation American	200	11.8
Sexual or gender minority (e.g., LGBTQ+)	164	9.7
Diagnosed mental health disorder	123	7.3
Born outside U.S.	115	6.8
Religious minority	109	6.4
Diagnosed physician condition	62	3.7
Member of college URM pathway program	37	2.2
Prefer not to answer	54	3.2
Identifies with none of the above groups	768	45.3
Total	1,695	

Source: 2023 AAPA Student Survey. Data based on year 2022.
Question: Do any of the following apply to you?
Note: Participants were permitted to select all that apply, except for "Prefer not to answer" and "Identifies with none of the above groups"; therefore, totals do not add up to 100% and instead reflect the proportion of the respondents who selected the option within the question.

Table 7. Types of Bias Experienced in Patient Interactions: PA-Students

Measure	N	Percent (%)
Comments or compliments that belittle clinicians	957	77.2
Generalizations about other people who share your ethnicity, gender, sexual orientation, or other social characteristics	774	62.4
Questioning credentials/ability because of social bias	708	57.1
Overt verbal or non-verbal sexual advances/sexual harassment	590	47.6
Confusing you with others of the same ethnicity/race	503	40.6
Non-verbal disrespect	494	39.8
Assertive inquiries into ethnic origins	474	38.2
Epithets/hate speech/slurs/name calling	300	24.2
Explicit refusal/rejection of care because of social bias	274	22.1
Explicit request to change to another clinician because of social bias	255	20.6
No experiences of patient bias	356	28.7
Total	1,240	

2023 AAPA Student Survey. Data based on year 2022.
Question: In the last year, how often did you directly experience patient behavior toward you characterized by:
Note: Participants were permitted to select all that apply; therefore, totals do not add up to 100% and instead reflect the proportion of the respondents who selected the option within the question. "No experiences of patient bias" reflects the valid proportion of the sample who did not indicate experiencing any of the examples of biased patient interactions.

Table 8. Experience of Patient Bias by PA-Student Social Identity Characteristics

Experienced Bias	OR (95% CI)							
	Self-Identified Social Identity Characteristic							
	URM in Medicine	Gender	First gen. College	First gen. U.S.	Born outside U.S.	Rel. Minority	SOGI Minority	Public Assistance
Comments or compliments that belittle clinicians	0.99 (0.98-1.00)	3.26*** (2.48-4.27)	0.61*** (0.45-0.83)	1.16 (0.80-1.68)	0.72 (0.46-1.13)	0.99 (0.63-1.56)	1.49 (0.99-2.26)	0.95 (0.69-1.30)
Assertive inquiries into ethnic origins	0.99** (0.98-0.99)	1.04 (0.76-1.43)	1.07 (0.76-1.51)	13.51*** (8.63-21.15)	8.82*** (5.22-14.90)	2.06** (1.25-3.41)	1.10 (0.71-1.69)	1.54* (1.08-2.19)
Generalizations	1.00 (0.99-1.00)	1.66*** (1.26-2.20)	0.72* (0.53-0.98)	2.95*** (1.99-4.38)	1.87** (1.17-2.97)	1.6 (1.00-2.58)	3.96*** (2.50-6.26)	1.29 (0.94-1.78)
Confusing you with others of the same ethnicity/race	0.99* (0.98-1.00)	1.23 (0.91-1.67)	0.99 (0.71-1.34)	9.07*** (5.98-13.75)	5.39*** (3.31-8.76)	1.47 (0.91-2.38)	0.70 (0.45-1.07)	1.42* (1.02-1.99)
Non-verbal disrespect	0.99 (0.98-1.00)	1.18 (0.89-1.57)	0.77 (0.57-1.04)	1.48* (1.04-2.09)	1.39 (0.90-2.15)	1.19 (0.78-1.82)	1.83** (1.26-2.66)	1.47* (1.09-2.00)
Questioning credentials/ability	1.00 (0.99-1.00)	1.75*** (1.34-2.28)	0.88 (0.66-1.18)	1.27 (0.90-1.79)	0.84 (0.55-1.30)	1.08 (0.71-1.65)	0.98 (0.67-1.42)	1.19 (0.88-1.61)
Sexual advances/sexual harassment	1.00 (0.99-1.01)	2.67*** (1.98-3.60)	0.70* (0.52-0.95)	1.60** (1.12-2.27)	0.95 (0.61-1.49)	1.12 (0.72-1.73)	1.51* (1.03-2.22)	0.98 (0.72-1.34)
Epithets/hate speech/slurs/name calling	1.00 (0.99-1.01)	0.75 (0.55-1.03)	0.98 (0.70-1.38)	2.31*** (1.58-3.37)	1.54 (0.94-2.52)	1.09 (0.67-1.78)	2.53*** (1.69-3.78)	1.70** (1.21-2.39)
Explicit refusal/rejection of care because of social bias	1.00 (0.99-1.01)	1.04 (0.74-1.45)	0.70 (0.49-1.01)	1.90** (1.28-2.81)	1.26 (0.75-2.11)	1.31 (0.80-2.13)	1.27 (0.82-1.98)	1.47* (1.03-2.10)
Explicit request to change to another clinician	1.04 (0.99-1.02)	1.01 (0.72-1.43)	0.67* (0.46-0.97)	1.91*** (1.28-2.86)	1.67* (1.01-2.77)	1.20 (0.73-1.97)	1.56* (0.01-2.41)	1.37 (0.95-1.97)

Source: 2023 Student Survey. Data based on year 2022.

Questions: In the last year, how often did you directly experience patient behavior toward you characterized by: ; Do any of the following apply to you?

Note: Models also included identifying as a person with a mental health condition, person with a physical condition, or a PA who did not identify as a member of these social identity groups as control variables.

*** P < 0.001, ** p < 0.01, * P < 0.05

References

1. CDC Office of the Associate Director for Communication. Health Workers Face a Mental Health Crisis: Workers Report Harassment, Burnout, and Poor Mental Health; Supportive Workplaces Can Help. 2023. CDC. Retrieved from: https://www.cdc.gov/vitalsigns/health-worker-mental-health/index.html.

2. Pompeii LA, Schoenfisch AL, Lipscomb HJ, Dement JM, Smith CD, Conway SH. Hospital workers bypass traditional occupational injury reporting systems when reporting patient and visitor perpetrated (type II) violence. American Journal of Industrial Medicine. 2016; 59(10), 853-865. https://doi.org/10.1002/ajim.22629

3. Filut A, Alvarez M, Carnes M. Discrimination toward physicians of color: a systematic review. J Natl Med Assoc. 2020;112(2):117–40.

4. Hill KA, Samuels EA, Gross CP, Desai MM, Sitkin Zelin N, Latimore D, et al. Assessment of the prevalence of medical student mistreatment by sex, race/ethnicity, and sexual orientation. JAMA Intern Med. 2020;180(5):653–65.

5. Duba A, Messiaen M, Boulangeat C, Korchia T, Lançon C, Bourbon A, et al. Sexual-orientation based discrimination is associated with anxiety and depression in young physicians. A national study. J Affect Disord. 2020;274:964–8.

6. Eliason MJ, Dibble SL, Robertson PA. Lesbian, gay, bisexual, and transgender (LGBT) physicians' experiences in the workplace. J Homosex. 2011;58(10):1355–71.

7. Ryujin D, Sturges D, Spackman J. Diversity and Inclusion-Centered PA Programmatic Response During the COVID-19 Pandemic. 2020. PAEA. Retrieved from: https://paeaonline.org/resources/public-resources/paea-news/diversity-and-inclusion-centered-pa-programmatic-response-during-the-covid-19-pandemic.

8. PA Students' experience with stress & interpersonal toxicity: A report from the 2022 AAPA Student Survey. 2023. American Academy of Physician Associates. Alexandria, VA.