

# Characteristics of Physician Associate Hospitalists

Mirela Bruza-Augatis, PhD, PA-C<sup>1</sup>, James F. Cawley, MPH, PA-C, DHL(hon)<sup>2</sup>, Roderick S. Hooker, PhD, MBA, PA, Andrzej Kozikowski, PhD<sup>1</sup>, and Kasey Puckett, MPH<sup>1</sup>

<sup>1</sup>National Commission on Certification of Physician Assistants

<sup>2</sup>University of Maryland Baltimore

## Background

- The need for physician assistants/associates (PAs) in hospital settings is growing
- This occurs when the demand for hospital services increases, but the supply of physician house officers is static
- Because little is known about PA hospitalists, we examined the status and practice characteristics of PAs who identify their professional roles as hospitalists

## Method

- The study's objective was to describe key characteristics of PAs providing care in hospital medicine, their roles, where they work, and how they are employed
- Data were derived from the National Commission on Certification of Physician Assistants (NCCPA) *PA Professional Profile*
- NCCPA data from 2022 included responses from 111,430 PAs (70.3% response rate) who provided or updated their information or certified that their responses were up to date within the past three years and shared their specialty
- We compared demographic, practice, and other important attributes of PAs specializing in hospital medicine (n=4,074) vs. PAs in all other specialties (n=107,356)
- Analyses of the data consisted primarily of descriptive statistics and chi-square analyses conducted using SPSS

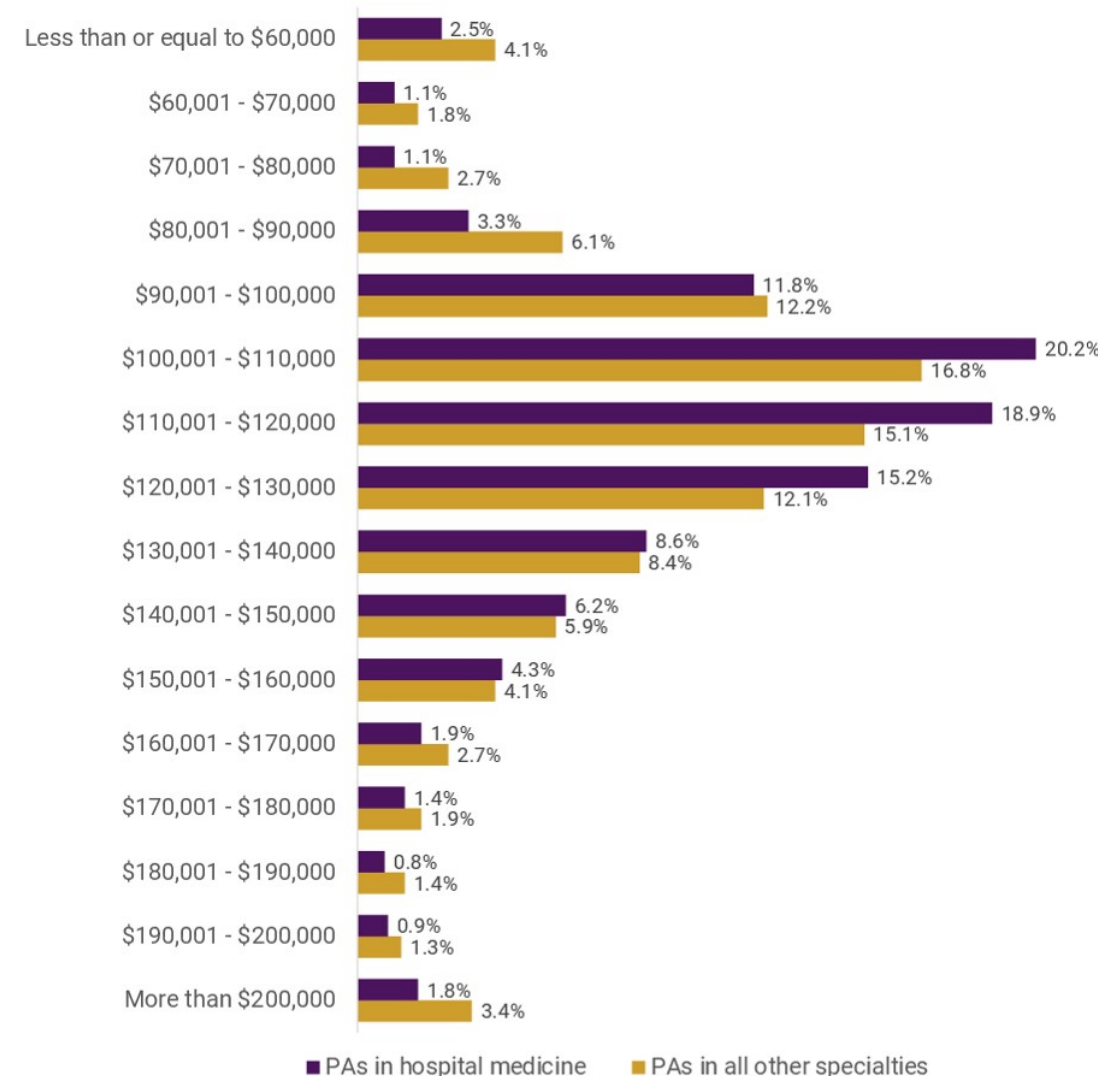
Email questions to James F. Cawley at [jcawley@umaryland.edu](mailto:jcawley@umaryland.edu)

## Results

	PAs in hospital medicine (N=4,074)	PAs in all other specialties (N=107,356)	P-value
<b>Gender:</b>			
Male	1,083 (26.6%)	33,337 (31.1%)	<0.001
Female	2,991 (73.4%)	74,009 (68.9%)	
<b>Age:</b>			
Mean (SD)	38.5 (10.6)	41.5 (10.9)	<0.001
Median (IQR)	36 (30-44)	39 (33-48)	
<b>Race:</b>			
White	3,196 (81.8%)	87,187 (85.0%)	
Asian	314 (8.0%)	6,103 (5.9%)	<0.001
Black/African American	211 (5.4%)	3,480 (3.4%)	
Multi-race	74 (1.9%)	2,143 (2.1%)	
Other*	113 (2.9%)	3,717 (3.6%)	
<b>Ethnicity:</b>			
Non-Hispanic/Latino	3,758 (95.7%)	96,136 (93.3%)	<0.001
Hispanic/Latino	169 (4.3%)	6,926 (6.7%)	
<b>US Region:</b>			
Northeast	1,494 (36.7%)	26,068 (24.4%)	<0.001
South	1,285 (31.6%)	36,850 (34.4%)	
Midwest	928 (22.8%)	21,086 (19.7%)	
West	360 (8.9%)	22,988 (21.5%)	
<b>Urban-rural setting:</b>			
Urban	3,788 (93.3%)	98,701 (92.4%)	0.121
Rural/isolated	272 (6.7%)	8,117 (7.6%)	

\*Other includes those who selected "other," Native Hawaiian/Pacific Islander, and American Indian or Alaskan Native  
Abbreviations: SD=Standard Deviation; IQR=Interquartile Range

### Income Ranges of PAs in Hospital Medicine Compared to PAs in All Other Specialties (p<0.001)

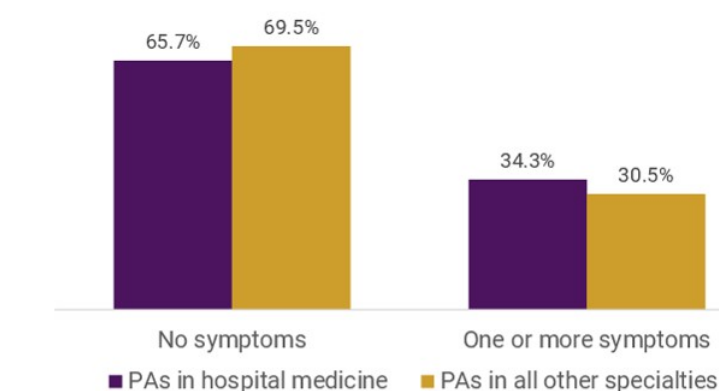


The median income of PAs in hospital medicine was equivalent to that of those working in all other specialties (\$115,000). However, nearly three-fourths (73.4%) of PAs in hospital medicine report earning a slightly higher income range, between \$100,001 to \$160,000, compared to PAs in all other medical fields (62.5%)

	PAs in hospital medicine (N=4,074)	PAs in all other specialties (N=107,356)	P-value
<b>Practice setting:</b>			
Office-based private practice	35 (0.9%)	41,602 (38.8%)	<0.001
Hospital	3,858 (94.8%)	42,423 (39.6%)	
Federal government	81 (2.0%)	5,360 (5.0%)	
Other	95 (2.3%)	17,833 (16.6%)	
<b>Years certified groups:</b>			
Less than or equal to 10	2,605 (63.9%)	55,083 (51.3%)	<0.001
11-20	1,056 (25.9%)	33,321 (31.0%)	
21+	413 (10.1%)	18,952 (17.7%)	
<b>Years certified:</b>			
Mean (SD)	9.7 (7.9)	12.2 (8.8)	<0.001
Median (IQR)	7 (4-14)	10 (5-18)	
<b>Hours worked per week:</b>			
Less than or equal to 30	342 (8.4%)	14,306 (13.3%)	<0.001
31-40	2,392 (58.7%)	60,391 (56.3%)	
41-50	919 (22.6%)	25,846 (24.1%)	
51+	420 (10.3%)	6,800 (6.3%)	
<b>Patients seen each week:</b>			
Less than or equal to 40	1,361 (43.2%)	19,300 (24.8%)	<0.001
41-60	929 (29.5%)	19,324 (24.8%)	
61-80	432 (13.7%)	15,384 (19.8%)	
81-100	273 (8.7%)	13,247 (17.0%)	
101+	158 (0.5%)	10,553 (13.6%)	
<b>Secondary position:</b>			
No	3,294 (81.3%)	90,833 (84.9%)	<0.001
Yes (i.e., clinical, education, research, or administration)	756 (18.7%)	16,139 (15.1%)	
<b>Intent to leave principal clinical position in next 12 months:</b>			
No	3,671 (90.6%)	98,751 (94.5%)	<0.001
Yes	381 (9.4%)	8,258 (7.7%)	

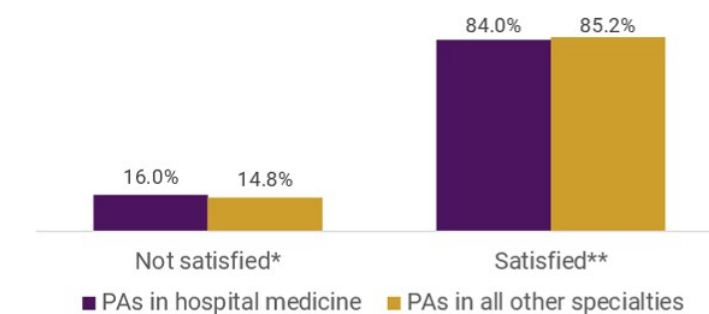
Abbreviations: SD = Standard Deviation; IQR = Interquartile Range

### Burnout (p<0.001)



PAs in hospital medicine were more likely to report one or more symptoms of burnout compared to PAs in all other specialties.

### Job Satisfaction (p=0.036)



A slightly higher percentage of PAs in hospital medicine report being not satisfied with their jobs compared to PAs in all other medical disciplines (16.0% vs. 14.8%).

\*Not satisfied includes responses of "neither satisfied nor dissatisfied," "somewhat dissatisfied," "mostly dissatisfied," and "completely dissatisfied."  
\*\*Satisfied includes responses of completely satisfied, mostly satisfied, and somewhat satisfied.

## Key Findings and Conclusion

- PAs practicing in hospital medicine were younger (median age, 36 vs. 39; p<0.001) and identified as female (73.4% vs. 68.9%; p<0.001) when compared to those practicing in all other specialties
- The highest proportion of PAs in hospital medicine were located in the Northeast (36.7%) and urban settings (93.3%)
- Almost two-thirds (63.9%) of PA hospitalists have been certified for less than 10 years
- Majority (91.6%) report working over 30 hours weekly and see fewer than 40 patients per week (43.2%)
- PAs in hospital medicine are more likely to report working in a secondary position, whether it is clinical, education, research or administration, compared to those in other disciplines (18.7% vs. 15.1%; p<0.001)
- Hospitalist PAs were slightly more likely to report planning to leave their principal clinical position in the next 12 months than PAs in all other specialties (9.4% vs. 7.7%; p<0.001)
- As the number of hospital beds grows, the growth and availability of PAs in hospital medicine make them a part of the strategy to meet the demand for specialized service delivery
- Defining the role of the PA as a hospitalist requires more research about the range of services, outcomes of care, and efficiency of labor

## References

- Capstick, T.M., Segujja, C., Vollono, L. M., Moser, J. D., Meisenberg, B.R., & Michtalik, H.J. A comparison of conventional and expanded physician assistant hospitalist staffing models as a community hospital. *Journal of Clinical Outcomes Management*, 2016; 23(10), 455-461.
- Gadalla, I., Cardin, T., Frost, C., Mitchell, D., & Wold, M. Hospital Medicine NP/PA Practice Integration & Optimization. Society of Hospital Medicine. 2019
- National Commission on Certification of Physician Assistants, Inc. (2023). 2022 Statistical Profile of Certified Physician Assistants by State. Retrieved from <http://www.nccpa.net/resources/nccpa-research/>
- Beresford, J.V., & Hooker R. S. The physician assistant hospitalist: A time-motion study. *Journal of Hospital Administration*, 2015;4(5), 61. <https://doi.org/10.5430/jha.v4n5p61>