

Decoding Reasons for PA Turnover: Importance of Qualitative Looks at Quantitative Data

Kari Bernard, PhD, PA-C¹; Harrison, Reed, MMSc, PA-C²; Noël E. Smith, MA³

¹Orion Behavioral Health Network; ²The George Washington University; ³American Academy of PAs ¹pakbernie@gmail.com; ²harrisonreed@email.gwu.edu; ³nsmith@aapa.org

The purpose of this mixed methods study was to look in-depth at the "other" reasons PAs left their employer to create more refined quantitative categories.

Background

Healthcare employee resignation correlates with burnout and poor patient experiences and places a financial burden on employers. One study found that 40% of PAs had quit a job due to stress and another 13% intended to. PAs report turnover rates similar to or higher than those of physicians; replacing PAs can cost 100-200% of their annual salary. Research indicates that compensation and work hours are associated with PAs' intent to leave their jobs, but additional data are limited. In 2017, over 15% of PAs who left their employer indicated it was for "other" reasons.

Survey developers can offset the impact of inexact multiple choice options by providing the option to write in an open-ended comment with the "other" options. These free text responses provide insights that are not otherwise available via multiple choice questions. Too often, however, researcher do not qualitatively code this data andmiss out on the ability to more accurate describe the populations examined and enhance conclusions.

With the addition of new answer choices in the 2019 survey, the number of respondents who selected "other" as the reason for employer change decreased from 12.8% (2017) and 14.6% (2018) to 5.9% in 2019.

Initial Coding of Other

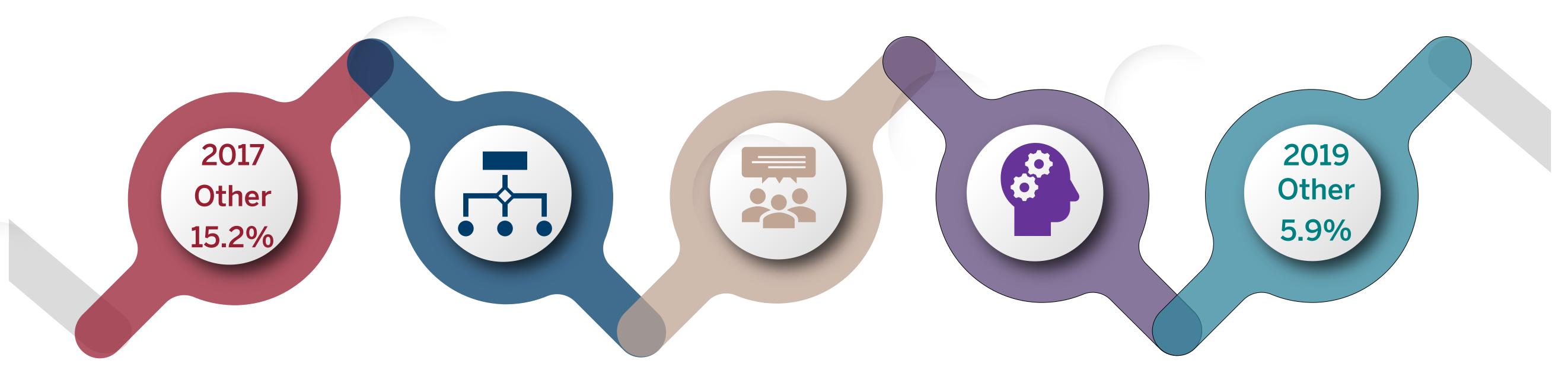
2017 AAPA Salary Survey asked PAs if they changed their employer in the prior year (2016) and if yes, why. PAs indicated the reason why by selected 1 of 9 options or to select "other" with a write in description.

Confirming the Framework

3 researchers, including 2 PAs serving as subject matter experts, independently recoded a subset of free text responses to the initial thematic framework. Areas of incongruence were identified and categories were refined.

Final Framework

The final framework was used to inform the 2019 AAPA Salary Survey on employer in the prior year (2018) and if yes, why. PAs indicated the reason why by selected 1 of 15 options or to select "other" with a write in description.



Original Thematic Framework

An initial thematic framework was developed to by a healthcare workforce expert. This framework was developed based on existing data as well as other research on healthcare turnover.

Creating Consensus

The same 3 researchers met to address any discrepancies between the coding of the qualitative responses and the refined thematic categories. Any inconsistencies in final thematic categories were resolved by majority consensus.

Surveys and Participants

2017 AAPA Salary Survey

Distributed in February 2017 to all PAs in the US with a valid email address and who have not opted out of surveys. 70,846 PAs were contacted, 7,225 responded due to emails or marketing via social media and other marketing campaigns.

2018 AAPA Salary Survey

Distributed in February 2018 to all PAs in the US with a valid email address and who have not opted out of surveys. 78,244 PAs were contacted, 9,140 responded due to emails or marketing via social media and other marketing campaigns.

2019 AAPA Salary Survey

Distributed in February 2019 to all PAs in the US with a valid email address and who have not opted out of surveys. 123,124 PAs were contacted, 13,088 responded due to emails or marketing via social media and other marketing campaigns.

2019 | 2018 | 2017 Reasons for Changing Employer Percent (%) 16.9 Better compensation/benefits 10.7 Better professional/clinical opportunities 23.4 24.7 Better work/life balance 3.7 Better commute 2.3 Opportunity to switch to a new clinical focus/specialty 6.2 5.6 14.8 Moved 16.7 16.6 Completed education or postgraduate program Subtotal: Re-entered workforce following extended leave (e.g., unemployment, sabbatical, extended leave) 3.9 8.0 5.4 3.9 Was unemployed Re-enter the workforce following sabbatical or extended leave Subtotal: Other 14.6 12.8 34.0 14.6 12.8 Other 13.6 n/a Better management/leadership/environment (reasons related to toxic/abusive environment) n/a Better management/leadership/environment (reasons unrelated to toxic/abusive environment) n/a n/a Corporate or external factors forced job change (i.e., closed, lost contract, restructuring, company failing) 5.8 n/a n/a Personal reasons/life change n/a n/a Left workforce to retire or take extended leave of absence 0.6 n/a n/a Left or joined military n/a 1,246 980 586 Total •n/a: this question was not asked in this year.

Survey information is only actionable when it accurately reflects the content being measured. Improving the specificity of data, by refining existing survey tools can have a significant impact on the overall findings.

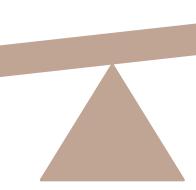
Discussion

New information regarding PA turnover is now available after having researchers and subject matter experts review, revise, and redefine how we measure reasons for changing jobs.

The balancing act

Maintaining consistent wording over time, to track longtidinal patterns

Adapting to a changing workforce landscape.



Implications

Given the high costs associated with employee turnover, healthcare organizations have an incentive to understand and act on the reasons PAs leave their jobs. In 2019 we learned that 13.6% of PAs were leaving their employer due to factors within an organizations control: Management or environment related to a toxic work environment. While there were two other areas with higher endorsement (work-life balance and moving), this is a factor that employers can act on. Employers can identify additional opportunities to reduce workplace toxicity and therefore reduce turnover of their whole healthcare team. The financial upside of employee retention means that additional effort in refining survey methods and addressing the findings of workforce research offers a high return on investment.

References

Hoff T, Carabetta S, Collinson GE. Satisfaction, burnout, and turnover among nurse practitioners and physician assistants: A review of the empirical literature. Med Care Res Rev; 2017;76(1):3-31. doi: 10.1177/1077558717730157. DePalma SM, Alexander J, Matthews EP. Job satisfaction among physician assistants practicing cardiovascular medicine in the United States. Health Care Manag. 2019;38(1):11-23. doi: 10.1097/HCM.0000000000000244. Hamidi MS, Bohman B, Sandborg C, et al: Estimating institutional physician turnover attributable to self-reported burnout and associated financial burden: a case study. BMC Health Serv Res; 2018, Nov27; 18(1):851. doi: 10.1186/s12913-

018-3663-z Coplan B, McCall TC, Smith N, Gellert VL, Essary AC. Burnout, job satisfaction, and stress levels of PAs. JAAPA. 2018;31(9):42-46. doi:

10.1097/01.JAA.0000544305.38577.84

Azorina V, Morant N, Nesse H, et al. The Perceived Impact of Suicide Bereavement on Specific Interpersonal Relationships: A Qualitative Study of Survey Data. Int J Environ Res Public Health. 2019:16(10):1801. doi: 10.3390/jierph16101801

The authors have no conflicts to disclose