JOB SATISFACTION AMONG BRITISH PHYSICIAN ASSOCIATES
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INTRODUCTION

- US PAs first came to UK as part of pilot projects 2003-2004
- UK PA Programs established in the latter half of 2000s. All but 2 programs closed by 2013. Currently 10 programs in existence and at least 10 more planned.
- In 2014 there were ~191 PAs in the UK. 135 completed the census (RR= 70.6%)
- PAs cannot prescribe or order tests using ionizing radiation.
METHODS: POPULATION

- UKAPA Census administered annually. Job satisfaction questions were embedded in the 4th annual census. 124 people completed the job satisfaction portion of the survey.

- PAs sent online survey link via UKAPA email list and by the PA programs in May 2014.

- Denominators were established by querying:
  - UKAPA
  - UK and Ireland Universities Board for PA Education
  - PA Programs for alumni #s
METHODS: VALIDATED SCALE

Cooper 10 item Job Satisfaction Scale (BMJ 1989) which was validated by Hills in 2012 administered as part of the census. 5 choice Likert scale assessed:

- Freedom to choose your own method of working
- Amount of variety in your work
- Physical working conditions
- Opportunities to use your abilities
- Your colleagues and fellow workers
- Recognition you get for good work
- Your hours of work
- Your remuneration
- Amount of responsibility you are given
- Taking everything into consideration, how do you feel about your work?
Scoring of Job Satisfaction Scale

- Each item scored from 0-4 (Very Unsatisfied =0, Very Satisfied =4)
- Range of potential scores was 0-40
METHODS: PA-SPECIFIC ITEMS

- 10 dimensions were captured. Dimensions chosen were informed both by the literature and the experiences of UK PAs.

- For 9 dimensions, the participants were asked both a positively worded question and a negatively worded questions. 4 choice Likert scale used (SA-A-D-SD)

- For 1 dimension (Autonomy), 3 questions were asked:
  - “I have too little autonomy given my education & experience”
  - “I have too much autonomy given my education & experience”
  - “I have the right amount of autonomy given my education and experience”
METHODS (3)

Dimensions assessed:
- Doctors are readily available for consultation
- Doctors treat me with respect
- Doctors appreciate my work
- Doctors understand the PA role
- Degree of autonomy given my level of education and amount of experience
- Could do more for the patient / team if allowed to do so
- Amount of training I receive in this job
- Quality of care provided for our patients
- Amount of time spent with patients
- Specialty I practice is the right one for me.
RESULTS - DEMOGRAPHICS

- 96 women, 39 men responded

Most common specialties:
- 31 - General Practice
- 22 - Emergency Medicine
- 20 - Acute Medicine
- 11 - Trauma and Orthopaedics

Most others were in hospital-based specialties
10 Item Job Satisfaction Survey

- Range 3 - 40, Mean 29.6, Median 30. Distribution strongly left-skewed.
- 9 participants answered “Very Satisfied” for all questions.
- 12 participants had scores of <20, which means they were dissatisfied or very dissatisfied for most measures.
- Correlation between global satisfaction question (#10) and overall scale score was 0.85.
- Men generally less satisfied than women but only statistically significant difference was on the “Amount of responsibility” dimension.
<table>
<thead>
<tr>
<th>Item</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay</td>
<td>2.62</td>
</tr>
<tr>
<td>Opportunities use abilities</td>
<td>2.75</td>
</tr>
<tr>
<td>Recognition for good work</td>
<td>2.83</td>
</tr>
<tr>
<td>Variety of work</td>
<td>2.95</td>
</tr>
<tr>
<td>Amount of responsibility</td>
<td>2.98</td>
</tr>
<tr>
<td>Freedom to choose own way of working</td>
<td>2.99</td>
</tr>
<tr>
<td>Physical Working Conditions</td>
<td>3.03</td>
</tr>
<tr>
<td>Overall Satisfaction</td>
<td>3.03</td>
</tr>
<tr>
<td>Hours of work</td>
<td>3.04</td>
</tr>
<tr>
<td>Colleagues</td>
<td>3.37</td>
</tr>
</tbody>
</table>
PA-Specific Items (1)

- Close correlation between positively-worded and negatively worded questions for 7 of 10 items.

- Largest discrepancies in:
  - Opportunities for training (66% vs 47%)
  - Time spent with patients (80% vs 57%)
  - I’m in the right specialty for me (85% vs 72%)
<table>
<thead>
<tr>
<th>Dimension</th>
<th>% Agree / Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctors treat me with respect</td>
<td>98</td>
</tr>
<tr>
<td>Supervising doctors are available to me when needed</td>
<td>94</td>
</tr>
<tr>
<td>Doctors appreciate my work</td>
<td>93</td>
</tr>
<tr>
<td>I am happy with the quality of care we provide our patients</td>
<td>90</td>
</tr>
<tr>
<td>I have the proper level of autonomy for my education and experience</td>
<td>85</td>
</tr>
<tr>
<td>Doctors understand the PA role</td>
<td>84</td>
</tr>
<tr>
<td>I am used to my full potential as a PA</td>
<td>66</td>
</tr>
</tbody>
</table>
Results of validated 10-item Job Satisfaction Scale (JSS) show British PAs are generally “satisfied” with their jobs.

Job Satisfaction Scale score for British PAs nearly identical to Australian GPs and British GPs. ~ 29 in all cases.

PAs are most satisfied with their colleagues and hours of work. They are least satisfied with their pay and the opportunities they have to use their abilities.
There is a high degree of correlation between dissatisfaction on the JSS question on “opportunities to use their abilities” and the PA-specific question “I am used to my full potential as a PA”.

This aspect of dissatisfaction is likely partially due to inability to prescribe and inability to request radiologic investigations. It is also likely partially due to some doctors not fully understanding the PA role.
Most PAs feel respected by their doctors, which is surprising, given the youth of the profession and the relative inexperience of most PAs. Maybe this is a British cultural attribute to treat other professionals with respect, at least superficially?

Due to small numbers, it is not possible to statistically test potential differences in satisfaction scores by specialty, age, pay, etc. at this point in time.
LIMITATIONS

- Small number of PAs in the UK
- Did not formally assess all the possible reasons for satisfaction or dissatisfaction
- Not able to stratify by specialty, pay, hours, scope of practice, practice setting etc.
- PA-specific satisfaction questionnaire pre-tested and vetted, but not validated.


Hills D, Joyce C, Humphreys J. Validation of a Job Satisfaction Scale in the Australian Clinical Medical Workforce. Eval Health Prof. 2012 Mar 1;35(1):47-76.

Questions?