Physician's Assistants, Their Physician Employers, and the Problem of Autonomy: Consensus or Conflict?

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Do physician's assistants (PAs) and their physician employers disagree about levels of supervision and autonomy, and does level of physician's assistant autonomy relate in any way to other aspects of practice satisfaction? An indepth study of MD-PA teams in practice reveals that there is greater consensus than conflict concerning the autonomy of the physician's assistant; that the level of physician's assistant autonomy is not related to salary or to physician's assistant employment satisfaction; and that physician-employers who consider their physician's assistants to be more autonomous also tend to feel that the quality of their lives has improved as a result of hiring an assistant.

The emergence of the physician's assistant has been the source of much concern among physicians, some of whom laud the innovation, but many of whom warn of a danger of physician's assistants actually assuming many of the prerogatives of physicians. Many physicians express the feeling that the potential for autonomous medical practice by physician's assistants is a threat to good medical care and that steps need to be taken to limit the authority and autonomy of physician's assistants in practice.[1]

It is not surprising that there is uncertainty about physician's assistants on the part of physicians, nor is it surprising that the question of autonomy is a central concern. It has been argued that the degree to which any paramedical occupation establishes autonomy in its work will be a major determinant of its relationship with the dominant profession of medicine;[2] autonomy is significant in that it is thought to relate to work satisfactions in daily practice settings. Clearly, the uncertainty about physician's assistant autonomy,

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heightened by the paucity of occupational precedents, represents a threat to the professional preeminence and the personal practices of physicians. Perhaps it is this professional and personal threat which prompts many physicians to warn their colleagues and the American public of "a threat to good medical care. . ." and "a danger worse than chiropractic;. . ."[3] and which leads a nursing educator to caution about the consequences of "a sorcerer's apprentice turned loose. . ."[4] despite reports of good patient acceptance[5-9] and high quality of patient care[5,10] in practices using a physician's assistant.

Whatever the case, the issue of physician's assistant autonomy needs to be addressed since the perceptions and interpretations of PA autonomy appear critical, not only for the day-to-day role relationships of physician's assistants with physicians and other paramedical workers, but also for the overall acceptance of the physician's assistant concept by the medical profession.

Background

Many studies of physician's assistants in the literature would call into question the presumed dependent status of the physician's assistant. One study of physician's assistants in practice found that many tasks are performed quite autonomously: over 80 percent of history-taking and physical examination tasks, 60 percent of medical tasks, 30 percent of laboratory procedures, and 20 percent of surgical tasks were performed by physician's assistants without direct supervision by a physician.[11] Another study reported that 90 percent of physician's assistants also arrive at and record a provisional diagnosis.[12] Those who have worked with physician's assistants know that many make hospital and home visits alone, cover for the physician when he/she is on vacation, regularly use presigned prescription blanks, and otherwise work in situations of fairly high independence and autonomy.[13]

A study of medex students at a southeastern university training site, based on psychological measures and personal historical data, also lends credence to the idea that physician's assistants may have tendencies toward autonomy.* Scores on psychological scales in this study indicate that medex students "have a strong belief that they are in control of their own destiny. . ." and are "resistive to subtle attempts to influence." Further, the average medex candidate is more closed-minded or dogmatic than the average medical student.

Another study using psychological measures and based on interviews with prospective physician's associates reveals that these individuals desire or expect considerable autonomy in future jobs.[14] This research concludes that, while there is a deep appreciation that physicians have the final judgment and determination about PA work, physician's assistant applicants expect that their scope of autonomous decision-making will increase over time.

A similar study of applicants, however, seems to indicate that physician's assistant autonomy may not be a central concern.[15] This study, which compared personality traits of applicants for medical school and a physician's assistant training program, found that physician's assistant applicants were significantly lower on a scale measuring autonomy than their medical school counterparts.

There are problems with all of these studies, however. Studies of physician's assistant applicants or students based on psychological scores seem quite removed from actual MD-PA relationships in specific employment settings. All studies of the educational process indicate that students' expectations about their future roles undergo considerable change, and it can be safely assumed

*Buhmeyer K, Johnson A: Personality profiles of physician extenders, in press, Psychol Rep.

that the expectations concerning autonomy associated with the physician's assistant role could be modified profoundly during training and early practice.[16-18] Studies based on psychological measures also yield contradictory or incomparable results.

Other studies of physician's assistants in practice amount to little more than a cataloging of the types of tasks performed by physician's assistants and the report of the PA on the level of supervision provided by the employer. Such studies fail to address themselves to the level of autonomy or supervision of physician's assistants as perceived by both members of the MD-PA team: a situation in which consensus may cement a mutually beneficial professional relationship, but in which conflict portends problems for the future of the physician's assistant.

It seems clear that the central question concerning PA autonomy is not the overall or average degree of supervision by physicians employing PAs, but rather, the degree of consensus between individual physician's assistants and their employers regarding the assistants' autonomy. The question most likely asked by physicians who are thinking about hiring a physician's assistant is probably not, "How much autonomy do PAs have?" but rather, "How much disagreement am I likely to have with a PA about supervision and autonomy?"

The purpose of this paper is to report on a study of functioning MD-PA teams in an attempt to explore the degree of consensus which actually exists between physician's assistants and the physicians who employ and supervise them. The question is simple: do physicians and their physician's assistants agree or disagree in their perceptions of the level of autonomy accorded to the physician's assistant in daily practice?

Methodology

Of 80 MD-PA teams in the state of Florida, those teams which had been in existence for longer than six months (N=37) were included in a survey in which physicians and physician's assistants were questioned independently by different interviewers. Survey instruments were designed to glean information concerning practice settings, employee and employer satisfactions, salaries, perceived effects on practices, tasks delegated and performed by physician's assistants, and degree of supervision retained by employing physicians.

In order to assess autonomy (the level of supervision perceived by the physician's assistant as being provided by the physician, and the level of supervision received as perceived by the physician's assistant), each team member was asked to respond to a list of 45 general functions and specific tasks often performed by physician's assistants using the following scale:

1 = Supervisor always present and/or consultation mandatory.
2 = Supervisor sometimes present and/or consultation frequent.
3 = Supervisor rarely or never present and/or consultation at discretion of physician's assistant.

As would be expected, certain functions (such as, "taking a patient history") were almost uniformly responded to by both physicians and physician's assistants as requiring a low level of supervision. Some other functions (such as, "making hospital rounds, reviewing patient progress, and recording data in hospital charts") were indicated by most teams as requiring a high level of supervision.

Responses to the following nine tasks and functions, however, were highly variable across teams.

1. Screen patients in person or on the telephone to determine need for appropriate referral.
2. Review history, physical examination, and laboratory data to identify normal and abnormal findings.
3. Make management decisions concerning patients being seen for initial evaluation.
4. Make management decisions concerning patients being seen for follow-up evaluation of a previously diagnosed problem.
5. Provide counseling or instruction to patients regarding general medical problems (medication, diet, postpartum care, etc).
6. Make hospital rounds, review patient progress, and record pertinent data in hospital charts (progress notes).
7. Prescribe or dispense medication (with physician's countersignature) and monitor patient

response to treatment.
8. Screen ECG for abnormal findings.
9. Interpret routine x-rays.

These nine tasks and functions, which discriminate most profoundly between the different MD-PA teams, with some reporting high, some low, and others intermediate levels of PA autonomy, were used to compare intrateam perceptions of physician's assistant autonomy. The reported levels of supervision on all nine tasks and functions were averaged so that an overall rating of perceived PA autonomy could be obtained for each physician's assistant and each physician. Mean autonomy scores were then compared within teams to determine the amount of overall consensus about supervision and autonomy existing between each physician employer and the physician's assistant employee.

In addition, measures of autonomy were correlated with other information about the practice settings to assess the relationship of autonomy to other variables such as type of practice, salaries, and employee or employer satisfaction.

Results

The mean autonomy rating of physician's assistants as perceived by the sample's physician's assistants was 2.26 (3.00 indicates high autonomy, 1.00 indicates low autonomy) with a standard error of .08; and the mean autonomy rating of physician's assistants as perceived by physician employers was 2.34 with a standard error of .07. Clearly, overall PA autonomy, as perceived by both physicians and physician's assistants is high. But do either physician's assistants or physicians, as individuals, rate the PA autonomy consistently as higher or lower? The Wilcoxon Matched-Pairs Signed-Rank test to assess both the direction and magnitude of differences within the matched MD-PA scores was applied and revealed no significant differences in how physicians or physician's assistants rated PA autonomy. In 20 of the 37 teams, the physician rated the physician's assistant higher in autonomy than did the physician's assistant himself; in 11 out of 37 teams, the physician's assistant rated himself as more autonomous than did his employer; and in six teams the autonomy ratings were equivalent.

Although there might be agreement about physician's assistant autonomy between groups, it is possible that within each MD-PA team great disagreement about PA autonomy could exist. The key question is, do physician's assistants who feel that they have high autonomy tend to have employing physicians who agree or disagree with them? To answer this question, mean autonomy scores for each MD-PA team were compared. The correlation between absolute ratings of each physician and his/her assistant, while not statistically significant, was positive ($r=.21$): Those physician's assistants who rate themselves as higher in autonomy will also tend to be rated by the employing physician as highly autonomous, and vice versa. Despite the fact that this correlation was not statistically significant, it is interesting that in 54 percent of the teams the difference between physician's assistants and physicians' ratings of PA autonomy was less than $\pm .3$, and in 81 percent less than $\pm .5$.

Comparison of autonomy ratings with other data provide some interesting insights. Although physician's assistants employed by specialists and those employed by family physicians do not differ in their self-perceived autonomy, family physicians report their physician's assistants as less autonomous significantly more often than do physicians in other specialty practices. There is no relationship between autonomy scales and either the number of months the physician's assistant has been in practice or the number of years the physician has been in practice. Level of perceived autonomy by the physician's assistant is also not related to the type of practice setting (solo or group) in which the employer works.

Of interest to physicians, perhaps, is the finding that there is no relationship between level of self-perceived physician's assistant autonomy and the annual salary earned by the physician's assistant, the satisfaction with the salary, or overall employment satisfaction. There is a significant positive correlation, however, between physicians' perceptions of their assistant's autonomy and their feeling that physician's assistants have improved the overall quality of their lives: a physician who

regards the assistant as highly autonomous will likely report that employing a physician's assistant has greatly improved the quality of his/her life.

Conclusions

Clearly, the question of physician's assistant autonomy in practice settings is a central issue for many physicians today. How much conflict will arise in MD-PA teams as a result of the autonomy question?

Autonomy studies based on psychological profiles or simple task analyses, which have been frequently reported, may not yield the most meaningful types of data. The research reported here, which compares the *perceptions* of PA autonomy by *both* members of MD-PA teams in a variety of practice settings, is suggestive of the types of studies which might more profitably be undertaken in research addressing the question of autonomy and supervision.

In this research, the primary concern is not how much autonomy the typical physician's assistant has, but rather, how much consensus or conflict about autonomy exists within MD-PA teams. The results suggest that there is greater consensus than conflict. Although overall PA autonomy is perceived as high by both physician's assistants and physician employers, in those teams in which the physicians perceive their physician's assistants to have low autonomy, the assistants also tended to perceive themselves as having low autonomy, and vice versa. Of equal interest to physicians, perhaps, is the finding that perceived level of autonomy by physician's assistants is not related to satisfaction with salary or to overall job satisfaction. Those physicians who do perceive their physician's assistants' autonomy as higher, however, tend to feel more strongly that employment of a physician's assistant has improved the overall quality of their lives.

In short, physician's assistants and physicians who employ them do not appear to find the question of autonomy to be a significant problem in the practice setting. Clearly, physician's assistants often practice with a high degree of autonomy, but the contention that physician's assistants are moving toward autonomous medical practice *without the knowledge* and *consent* of their physician employers is not supported.

References

1. Baldwin C: How you rated physician's assistants: A survey of 177 hospital doctors. PA J 3:25, 1973
2. Freidson E: Profession of Medicine: A Study of the Sociology of Applied Knowledge. New York, Dodd, Mead 1970, p 82
3. Angrist AA: Physician's associates vs physician's assistants: Danger ahead (editorial). NY State J Med 75:689, 1975
4. Rothberg J: Nurse and physician's assistant: Issues and relationships. Nurs Outlook 21:154, 1973
5. Green D: The physician's assistant: See how he grows. Physician's Manag 14:25, 1973
6. Nelson E, Jacobs A, Johnson K: Patient's acceptance of physician's assistants. JAMA 228:63, 1974
7. Spitzer W, Sackett D, Sibley J: The Burlington randomized trial of the nurse practitioner. N Engl J Med 290:251, 1974
8. Henry R: Evaluation of physician's assistants in Gilchrist County, Florida. Health Serv Rep 89:428, 1974
9. Strunk H: Patient attitudes toward physician's assistants. Calif Med 118:73, 1973
10. Hammarsten J, Stanhope W, Horsley A: The effect of physician's assistants on patient care. Presented at the Annual Meeting of the American Federation of Clinical Research, Atlantic City, New Jersey, 1972
11. Braun J, Howard R, Pondy L: The Physician's Associate: A Task Analysis. Durham, North Carolina, Department of Community Health Services, 1972
12. Editors of Patient Care, in cooperation with the American Academy of Physician's Assistants: The physician's assistant: How the physician's assistant sees his place in medicine. Patient Care 7:142, 1973
13. Johnson T, Coggan J: Physician's Assistants in Florida: A Report for Physicians. Brochure, University of Florida, Gainesville, Florida, Department of Community Health and Family Medicine, 1975
14. Schneller E: Perceptions of autonomy of prospective physician's associates. Presented at the Second National Conference on New Health Practitioners, New Orleans, Louisiana, 1974
15. Crovitz E: Comparison of personality traits of male and female physician's associate program applicants and male and female medical school applicants. PA J 4:5, 1974
16. Merton R, Reader G, Kendall P (ed): The Student-Physician: Introductory Studies in the Sociology of Medical Education. Cambridge, Mass, Harvard University Press, 1957
17. Becker H, Hughes C, Geer B, et al: Boys in White. Chicago, University of Chicago Press, 1961
18. Johnson T: The new curer: Anthropological perspectives in the training of physician's assistants. Doctoral dissertation, University of Florida, Gainesville, 1975