

The Association Between Leadership Effectiveness, Burnout, and Leadership Competency in PA Leaders



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PURPOSE

Physician Assistants (PAs) are one of the fastest-growing professions with a 30% growth rate predicted over the next decade. As the profession continues to grow, organizations are developing PA leader's roles for those PAs who oversee other clinically practicing PAs. Despite the rapid growth in the PA profession and PA leader roles becoming more common, little is known regarding the characteristics of PA leaders. The purpose of this study is to better understand the relationship between the domains of leadership competency, leadership effectiveness, and professional burnout in PA clinical leaders.

METHODS

A 23-item online survey was administered to PA clinical leaders who were members of the American Academy of Physician Assistants (AAPA), listserv for PAs in Administration, Management, and Supervision (PAAMS). All responses were anonymous. One hundred respondents completed the survey. To qualify for the study, PA leaders were required to be clinically practicing in the United States with at least >25% of their total full-time equivalent dedicated to a formal leadership role. Data collected included demographic data, professional burnout data and leadership effective data utilizing validated survey instruments. The survey also included a two-item competency assessment and three open-ended questions related to professional barriers. This mixed-methods study design included both descriptive and inferential statistical analysis of the quantitative data using SAS® for each applicable research question. The qualitative analysis included a thematic analysis utilizing atlas.ti. which was independently verified by peers. Permission to use the listserv and validated questionnaires were obtained prior to the initiation of the study. The institutional review board classified this study as exempt.

Comparison of Leadership Practices Inventory (LPI) reliability (Cronbach alpha coefficients) compared to previously published results of NP leaders and general leaders

LPI Domain	Sample (PA Leaders)	Francis ² (NP Leaders)	LPI Leaders (Self) ¹ (General Leaders)
Model the way	0.74	0.75	0.81
Inspire a shared vision	0.87	0.87	0.90
Challenge the process	0.83	0.77	0.84
Enable others to act	0.77	0.88	0.83
Encourage the heart	0.85	0.88	0.90

¹Posner (2016, p.4).

²Francis (2008, p. 72).

KEY FINDINGS

Demographic analysis found:

- A majority of the clinical leaders were female (59% to 41%).
- <30% of PA leaders completed a business or management degree.
- The most common reported titles were director (35%) and lead (23%).
- 84% of respondents participated in some type of formal leadership development training.
- The average reported hours worked per week was 50.9.

Descriptive analysis found:

- PA leader's average effectiveness score was 8.25 out of 10.
- PA leader's mean burnout score was 2.69 out of 5.
- PA leader's mean competency score was 3.65 out of 5.

Analysis of the research questions found:

- A positive correlation between the PA leader's perceived leadership competency and leadership effectiveness.
- No correlation between leadership competency and burnout.
- No correlation between leadership effectiveness and burnout.
- The completion of formal leadership development program did not positively impact any of the domains (effectiveness, competency or burnout).

Thematic analysis found:

- PA leaders report the need for emotional intelligence, business skills and strong interpersonal skills to be successful in their role.
- PA leaders reports common challenges faced include organizational culture, recognition of role and lack of organizational support.

IMPLICATIONS

This study found that the problems faced by PA clinical leaders are similar to those faced by physician leaders. The PA leader's self-perceived effectiveness was correlated with their overall competency. Neither competency nor self-perceived effectiveness impacted overall PA leader burnout, but burnout rates were found to be high. This would suggest organizations should consider better identification and management of PA leader burnout through common solutions such as defined leadership structures and structured mentorship. Several opportunities for future research were identified including analysis into the drivers for PA leader burnout and the impact of the type of leadership development program on PA leader effectiveness, competency, and burnout.

References

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