STATE OF CALIFORNIA—AGRICULTURE AND SERVICES AGENCY

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TO ALL INTERESTED PERSONS:

The Board of Medical Examiners of the State of California releases this information to interested parties for study and consideration.

Release of this study by the Board does not constitute endorsement of the conclusions. Neither does the Board guarantee the validity of the data.

The Board hopes the report can provide a basis for further discussion and analysis of this very important issue.

Sincerely,

PAUL J. DUGAN, M.D.
President

PJD:vjm

# ATTITUDES TOWARD THE PHYSICIAN'S ASSISTANT PROGRAM AMONG*
# THE PUBLIC, PHYSICIANS, AND ALLIED HEALTH PROFESSIONALS

Conducted For

BOARD OF MEDICAL EXAMINERS STATE OF CALIFORNIA

February 27, 1973

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# I. INTRODUCTION

## A. Research Objectives

The broad purpose of this research was to determine the need for and the acceptability of physicians' assistants by the:

. . . General public

. . . Medical profession

. . . Allied health professions (administrators, licensed vocational nurses, registered nurses, physical therapists, laboratory technicians and psychologists)

A more specific listing of objectives is as follows:

Among the General Public. To measure:

. . . Concern regarding a perceived shortage of medical services and doctors relative to other selected issues*

. . . Image of physicians relative to selected other professionals in terms of the following attributes:

- honesty
- availability in urban cities
- interest in the well-being of the people they serve
- highly skilled in their profession
- availability in rural areas
- reasonability of fees
- lesser trained professionals could handle some of their duties
- friendliness and courteousness
- level of education

* Areas of questions followed by an asterisk were asked among all three samples--the general public, the physicians, and the allied health professions.

. . . Attitudes toward available medical care

- positives
- negatives

. . . Attitudes toward the Physician's Assistant Program concept*

- advantages
- disadvantes

. . . Degree of willingness in being cared for by a physician's assistant for:

- respondent
- respondent's spouse
- respondent's children

. . . Degree of willingness in having physician's assistant perform certain tasks for respondent

- a blood test
- removal of a cast
- physical therapy
- remove tonsils
- an eye test
- care of superficial external wound, such as a bruise or cut
- removal of stitches after an operation
- diagnosing illnesses
- a skin test
- an immunization such as a small pox vaccine
- caring for sprains
- blood pressure tests
- injections such as pennicilin shots
- ear tests

* Areas of questions followed by an asterisk were asked among all three samples--the general public, the physicians, and the allied health professions.

- care of a burn
- drainage of skin infection
- writing prescriptions for drugs
- setting a broken leg

. . . Degree to which physicians' assistants would affect cost of medical services*

. . . Perceived differences between a physician's assistant and:*

- a doctor
- a nurse

. . . Desired characteristics of a physician's assistant relative to:*

- doctors
- nurses

. . . Whether or not all doctors need the help of a physician's assistant*

. . . Places where doctors need the help of a physician's assistant

. . . Degree of need for a physician's assistant by:*

- doctors in the state of California
- doctors in respondent's community
- respondent's physician

. . . Demographics

- current health of respondent and family
- history of serious illness in family
- type of medical care received
- type of insurance coverage
- total number of people in household
- occupation of head of household
- education of head of household
- employment of female head of house

* Areas of questions followed by an asterisk were asked among all three samples--the general public, the physicians, and the allied health professions.

- income
- age*
- sex*
- ethnic group*
- urban or rural residence

Among Physicians. To measure:

. . . Concern regarding a perceived shortage of medical services and doctors relative to other selected issues*

. . . Extent to which a shortage of physicians is believed to exist**

. . . Places or situations in which a shortage of physicians exists**

- unaided
- aided

. . . Ways in which shortage of physicians could be eliminated**

. . . Attitudes toward the Physician's Assistant Program concept*

- advantages
- disadvantages

. . . Overall rating of Physician's Assistant Program concept**

. . . Degree of interest in having a physician's assistant and reasons

. . . Ways in which the Physician's Assistant Program concept could be improved**

. . . Tasks for which physicians need help and/or could be delegated to a physician's assistant

- unaided
- aided

* Areas of questions followed by an asterisk were asked among all three samples -- the general public, the physicians, and the allied health professions.

** Areas of questions followed by two asterisks were asked of the physicians and the allied professions only.

. . . Degree to which having a physician's assistant would reduce fees*

. . . Whether or not all doctors need the help of a physician's assistant*

. . . Situations in which doctors need the help of a physician's assistant

- unaided
- aided

. . . Degree of need for physicians' assistants by:*

- doctors in the State of California
- doctors in the respondent's community
- respondent (physician)

. . . Percieved differences between a physician's assistant and:*

- a doctor
- a nurse

. . . Desired characteristics of a physician's assistant relative to:*

- doctors
- nurses

. . . Desired characteristics of a physician's assistant in terms of:

- sex
- age
- generalist or specialist
- background - corpsman/R.N.

. . . Attitudes toward a chiropractor being qualified to be a physician's assistant after minimal training

. . . Attitudes toward an unlicensed foreign physician being qualified to be a physician's assistant without additional training

* Areas of questions followed by an asterisk were asked among all three samples -- the general public, the physicians, and the allied health professions.

** Areas of questions followed by two asterisks were asked of the physicians and the allied professions only.

. . . Method of paying a physician's assistant for his services

. . . Characteristics of respondent's medical practice

- general practioner or type of specialty
- total number of years in practice
- employed in profession full time/part time
- private or non-private practice
- solo or group practice
- urban or rural practice
- ethnic composition of patient group

. . . Demographics

- age*
- sex*
- ethnic group*

Among Allied Health Professionals. To measure:

. . . Concern regarding a shortage of medical services and doctors relative to other selected issues*

. . . Perceived extent of shortage of physicians**

. . . Places or situations in which a shortage of physicians exists**

- unaided
- aided

. . . Ways in which shortage of physicians could be eliminated**

. . . Attitudes toward the Physician's Assistant Program concept*

- advantages
- disadvantages

* Areas of questions followed by an asterisk were asked among all three samples -- the general public, the physicians, and the allied health professions.

** Areas of questions followed by two asterisks were asked of the physicians and the allied professions only.

. . . Overall rating of Physician's Assistant Program concept**

. . . Ways in which the Physician's Assistant Program concept could be improved**

. . . Tasks which could be performed by a physician's assistant

. . . Degree to which cost of medical services could increase or decrease with the addition of physicians' assistants*

. . . Whether or not all doctors need the help of a physician's assistant*

. . . Situations in which doctors need the help of a physician's assistant

- unaided
- aided

. . . Degree of need for a physician's assistant by:*

- doctors in the State of California
- doctors in the respondent's community
- respondent (allied health professional)

. . . Perceived differences between a physician's assistant and:*

- a doctor
- a nurse

. . . Desired characteristics of a physician's assistant relative to:*

- doctors
- nurses

. . . Characteristics of practice

- type of allied health professional
- current job title
- employed full time or part time
- total number of years in allied health profession

* Areas of questions followed by an asterisk were asked among all three samples -- the general public, the physicians, and the allied health professions.

** Areas of questions followed by two asterisks were asked of the physicians and the allied professions only.

. . . Demographics

- age*
- sex*
- ethnic group*

* Areas of questions followed by an asterisk were asked among all three samples -- the general public, the physicians, and the allied health professions.

** Areas of questions followed by two asterisks were asked of the physicians ans the allied professions only.

## B. Methodology

### Pilot Study

A pilot study consisting of 34 interviews -- 25 with heads of house, 6 with physicians, and 3 with allied health professionals -- was conducted in Los Angeles during the period from September 29 through October 2, 1972. The purpose of the pilot research was to test the manageability and respondent comprehension of each of the three questionnaires used in the study. Minor changes in questionnaire wording and sequence were made as a result of the pilot.

### Sampling Procedure and Field Work

Field work was conducted from October 27 through November 28, 1972. In total, 1494 interviews were completed among the following groups:

| | |
|---|---|
| General public | 1032 |
| Physicians | 311 |
| Allied health professionals | 151 |
| | 1494 |

A. General Public. In total 1032 interviews were completed with the general public. Approximately half were conducted with male heads of house and half with female heads of house. The interviewing took place in person at the home of the respondent.

Two types of samples were used for the general public in this study: (a) a probability sample for the State of California and (b) an extra

sample of interviews with Blacks, Mexican-Americans, and people living in rural areas.

a) Probability Sample - A probability sample for urban cities (those with populations of 2,500 or more) and one for rural areas (those with populations of less than 2,500) were drawn for the State of California in proportion to urban/rural population. The urban sample was drawn in the following manner:

(1) Using 1970 census data, all cities in the State of California with populations of 2,500 or more were ranked by population from the largest to the smallest. A modified random method (every nth number -- n was derived by dividing the total population in cities of 2,500 or more by the number of sample starting points) was then used to select the cities to be included in the urban sample. This procedure was followed to insure a representative sample including both highly populated urban areas and less populated cities.

(2) For each city in which interviewing was to take place, telephone directories covering all of that city were used. Starting addresses were randomly chosen from these directories.

(3) Ninety-one urban probability starting addresses were selected.

The rural sample was drawn in a somewhat different manner:

(1) Using 1970 census data, all counties in the State of California were ranked by their rural population from the largest to the smallest. As with the urban sample, a modified random method was used to select the counties in which interviewing would take place.

(2) For each county in which interviewing was to take place, telephone directories covering all of the cities or towns in the county were used. Starting addresses in rural cities or towns were then randomly chosen from the directories.

(3) Nine rural probability starting points were selected.

In total, then, 100 starting addresses were selected for the probability sample. Around each starting address six interviews were conducted. The interviewer followed one of two specified patterns (over which she had no control) for respondent selection: (1) for specific addresses within cities, and (2) for rural addresses and small towns with no street address.

(1) For sampling points with a starting street address, the interviewer began at that address and followed a specific route (see following page for a sample of this route). After completing an interview, the interviewer skipped three residences and then attempted another interview.

Haug Associates, Inc.
Study #372-001
October - November, 1972

Interviewer _____

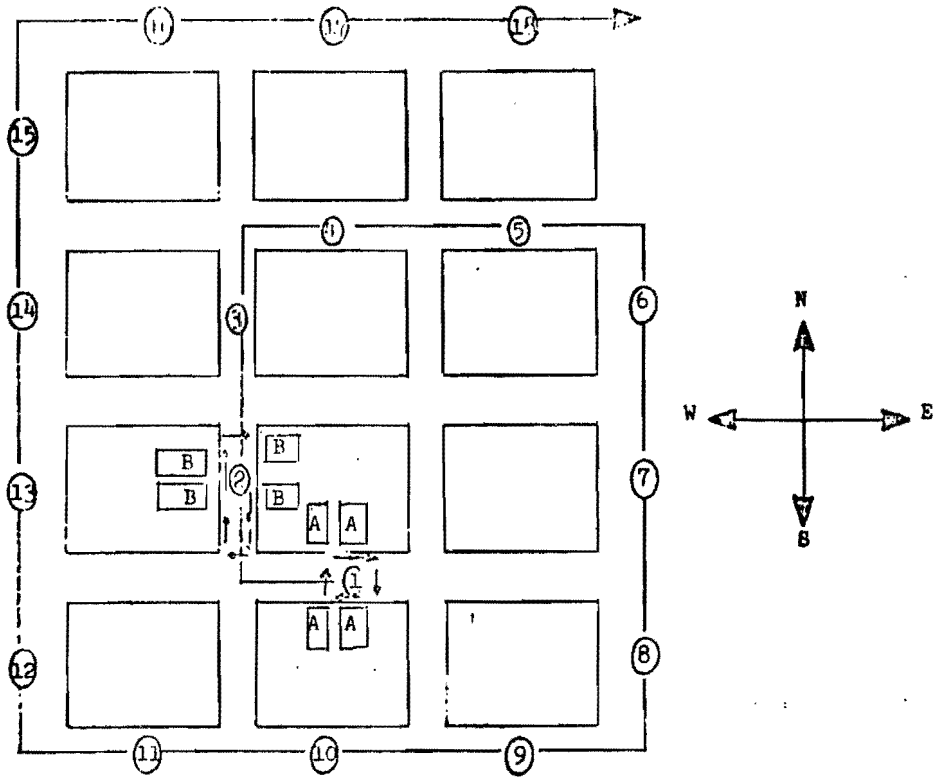
Cluster# _____

~~PROJECT PAGE~~

Probability (P)
Special (S)
Urban
Rural

HOME SELECTION DIAGRAM

Starting Address: _____ (Street) _____ (City)




INSTRUCTIONS

1. Each square in the diagram above represents a city block. Thus, each circled number represents a linear block--the distance from one corner to the next, including both sides of the street. For this study, we will be working with linear blocks only.

2. Stand in front of your starting address.
   - If this address is on a street which runs east and west, you will be standing in front of a building marked A on linear block #1 in the diagram above.
   - If this address is on a street which runs north and south, you will be standing in front of a building marked B on linear block #2 in the diagram above.

3. If the starting address is a home or an apartment building, begin interviewing there. If it is not a residence, continue going clockwise (follow the arrows) on the linear block until you reach a residence. Attempt an interview at every residence along the way. After you do complete an interview, skip three residences, and again begin knocking at every door along the way until you complete another interview, skip three residences and so forth. Continue going clockwise until all residences (homes or apartments) on that linear block are exhausted. Note that in apartment buildings, you must begin on the (lowest/highest) floor and go clockwise from apartment to apartment on that floor -- then go to the (second floor/floor beneath the highest floor), etc.

4. When all homes on the starting block are exhausted go to the next linear block following the pattern shown above. Begin with the building on the Northwest corner of this linear block and continue clockwise.
   - If your starting linear block runs east and west, your second linear block would be #2 on the diagram.
   - If your starting block runs north and south, your second linear block would be #3 on this diagram.

5. Continue following the pattern -- skipping three residences after each completed interview -- until you have completed 6 interviews from this starting point.

6. Only interview Blacks/Mexican-Americans around this point.

(2) For rural sampling points with no street address, a transparent grid, with one numbered box circled at random, was placed over a map of the town. (See following page for sample of the grid.) The interviewer then began interviewing in the area on the map which was within the circled numbered box. After completing no more than two interviews, the interviewer proceeded to the area on the map that was within the box with the next highest number and attempted to complete two more interviews, etc.

b) Extra Sample of Black, Mexican-American, and Rural Interviews. In addition to the urban and rural probability samples, another procedure was implemented to obtain extra interviews with Blacks, Mexican-Americans, and rural residents. These extra interviews were obtained in order that the base number of respondents in each of these three groups would be large enough to analyze when comparing responses of the different ethnic groups and the different size of community groups. In the computer tables these responses are included only in the subsample to which they belong and are not included in the rest of the subsamples or the total probability sample. In this way the probability sample remains representative of the total California population.

TRANSPARENT GRID

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 20 | 19 | 18 | 17 | 16 | 15 | 14 | 13 | 12 | 11 |
| 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 |
| 40 | 39 | 38 | 37 | 36 | 35 | 34 | 33 | 32 | 31 |
| 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 |
| 60 | 59 | 58 | 57 | 56 | 55 | 54 | 53 | 52 | 51 |
| 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 | 69 | 70 |
| 80 | 79 | 78 | 77 | 76 | 75 | 74 | 73 | 72 | 71 |

These extra samples were drawn by selecting extra sampling points for each of the three groups in the following manner:

(1) Extra Rural Sampling Points - The extra rural sampling points were selected in the same manner as the rural probability sampling points. Twenty-three points were chosen.

(2) Extra Black Sampling Points - Because it was determined that the 1970 census data for the Standard Metropolitan Statistical Areas (SMSA's) in the State of California included nearly all the Blacks in the State, the California SMSA's were the basis for which the Black sampling points were selected. All SMSA's, then, were ranked by Black population from the largest to the smallest. As with the urban and rural probability samples, a modified random method was used to select the SMSA's in which interviewing with Blacks would take place.

For each SMSA in which interviewing with extra Blacks was to take place, the census tracts with 50% or more Black population were determined. A modified random method was used to select the census tracts in which extra Blacks would be interviewed. Interviewers began their sampling pattern (the same pattern as was used for specific addresses) at an intersection in the middle of the census tract.

Twenty-seven sampling points were selected for the extra Black interviews.

(3) Extra Mexican-American Sampling Points - The extra Mexican-American sampling points were selected in the same manner as the extra Black sampling points using SMSA census data for Mexican-Americans.

Eighteen sampling points were selected in which to interview the extra Mexican-American respondents.

The following table shows the sample sizes of the probability samples and of the extra samples:

| | Total Number of Interviews for Each Subsample | Probability Sample | | Extra Interviews for Minorities and Rural Areas |
|---|---|---|---|---|
| | | Number of Interviews | %** | |
| Ethnic Group Breakdown | | | | |
| Blacks | 201 | 44 | 7% | 157 |
| Mexican-Americans | 192 | 64 | 11 | 128 |
| Whites and others | 502 | 502 | 82 | -- |
| | 895 | 610 | 100% | 285 |
| Rural/Urban Breakdown | | | | |
| Rural (places with populations of less than 2,500) | 192 | 55 | 9% | 137 |
| Urban | 555 | 555 | 91 | -- |
| | 747 | 610 | 100% | 137 |
| Total # of interviews* | 1032 | 610 | | 422 |

*Since the 610 interviews for the probability sample will fit into an ethnic group, and a rural or urban area, the figures are not additive.

**The proportions obtained by ethnic group for the probability sample in this survey are consistant with census data.

All interviews with men and one-third of the interviews with women were conducted after 5:00 p.m. or on the weekend. In addition, a minimum of 33% of the interviews were completed in households where there was a female head of household working outside the home either full or part time. These procedures were followed in order to help insure a representative sample.

To assist in obtaining a sample representative of the ages of the general adult population (38% under 35; 35% aged 35-54; and 27% aged 55 and over), a quota was set for the probability sample regarding the ages of the respondents. Sample sizes were as follows:

| | Percentage of Probability Sample N = 610 |
|---|---|
| Under 35 | 36% |
| 35 - 54 | 40 |
| Over 55 | 24 |
| | 100% |

B. Physicians. 311 personal interviews were conducted with physicians who are employed either full or part time in the State of California. Three groups of physicians were interviewed and are defined as follows:

1. Urban Non-Minority Physicians (116 interviews). This group consists of physicians in urban areas (cities with populations of 2,500 or more) who have fewer than 50% Black and/or Mexican-American patients.

2. Urban Minority Physicians (97 interviews). These doctors also have practices in urban areas but 50% or more of their patients are Black and/or Mexican-American.

3. Rural Physicians (98 interviews). Rural physicians are defined as those whose practices are in cities or towns with populations of less than 2,500.

The Board of Medical Examiners provided a list of physicians in the State of California by county. Ideally, the addresses on this list were the location of each physician's practice. Therefore, the addresses were used to determine whether the physician's practice (address) was located in an urban non-minority area, an urban minority area or a rural community. The procedure for selecting each of the three samples is as follows:

1) Urban Non-Minority Physicians - Using 1970 census data, all counties in the State of California were ranked by their urban population from the largest to the smallest. As with previously selected samples in this study, a modified random method was used to determine the number of physicians to be interviewed in each county. From a list of physicians by county, names were selected, again using a modified random means of selection.

2) Urban Minority Physicians - In order to determine in which counties urban minority physicians would be selected, the California SMSA's were ranked by their total Mexican-American

and Black populations from the largest to the smallest. When the number of interviews to be conducted with minority physicians was determined for each SMSA, using the random method the counties were determined.

Haug Associates field supervisors then checked every physician's address in their county to determine whether or not his practice was in an area of 50% or more Mexican-American and/or Black population. Using the random selection method, they chose the names of physicians with which to fill their quotas. Before interviewing a physician for this quota, the interviewer screened the physician to be sure his patients were 50% or more Mexican-American and/or Black.

3) Rural Physicians - All counties were ranked by their rural population and the random selection procedure was used to determine the number of interviews to be conducted in each county with physicians with practices in rural areas. Physicians with rural addresses were then randomly selected.

This sample selection method was used for rural physicians in the initial stages of selection. However, in many cases there were not enough physicians in rural towns from which to fill a quota for a particular county, so that quotas had to be shifted to counties with more rural physicians. When interviewing was completed, it was determined that an attempt had been made to interview nearly every physician in the State of California with an address in a rural area.

For all three samples, for every physician selected, three more were chosen in the same area so that an interviewer would have four names from which to complete one interview.

Most of the data regarding the physicians is based on three separate groups -- urban non-minority, urban minority, and rural physicians. Because there is no way of determining the number of physicians in each group in the State of California, the data was not weighted. Some caution, then, should be used in analyzing the total sample or any subsamples other than the three types of practices.

C. Allied Health Professionals. In total, 151 respondents in the allied health field were interviewed for this survey. The following is a breakdown of the occupation fields:

| | |
|---|---|
| Registered nurses | 28 |
| Licensed vocational nurses | 23 |
| Psychologists | 25 |
| Physical therapists | 26 |
| Laboratory technicians | 24 |
| Allied health administrators | 25 |
| | 151 |

Because approximately equal numbers of interviews were conducted within each of the preceeding groups and, therefore, are not in proportion to the "real world", the data was weighted to reflect these allied health occupations in their true proportions. This weighting is explained in greater detail in Chapter XII.

The sample selection procedure for all six groups was the same. From lists of each group that were supplied by the Board of Medical Examiners, the total number of people in each occupation was determined. Then, using the random selection method, approximately 25 names were chosen for each group. For each one that was chosen, three more names were selected in the same area so that the interviewer had four names from which to complete one interview.

A letter was sent from the Board of Medical Examiners to each physician and allied health professional drawn for the sample in order to encourage participation in the survey.

Field Controls

Field work for all phases of this study was supervised by selected Haug Field Supervisors throughout the State of California. In addition, the Haug Project Director for this study went over the first day's work of each interviewer to insure that the proper procedures for asking the questions and selecting the respondents were being followed.

Ten percent (10%) of each interviewer's questionnaires were validated by telephoning the respondent and checking the quality of the interview. Validation verifies that the interviewer not only has secured the proper information, but also that she has called on the randomly selected dwelling, for the general population survey, and questionned the qualified individual for all three phases of the study -- the general public, the physicians, and the allied health professionals.

## Questionnaires and Computer Tables

A sample of each of the three questionnaires is in Volume I of this report. Eight copies of Volume II containing computer tables have been provided. The computer tables are referred to by number in the right margin of the analysis. The table numbers for each of the three groups are as follow:

| | Table #'s |
|---|---|
| General Public | 1 - 109 |
| Physicians | 110 - 145 |
| Allied Health Professionals | 146 - 184 |

## II. STUDY HIGHLIGHTS

The major study findings are:

1. The public is quite favorable toward being cared for by a physician's assistant. Eighty percent of the probability sample stated that they "definitely" or "probably" would be willing to be cared for by a physician's assistant assuming he was qualified to perform the task. Fourteen percent of the sample were not sure whether or not they would be willing to have a physician's assistant care for them and only 6% expressed negative feelings.

2. Physicians are generally favorable toward the Physician's Assistant Program concept although only a minority of physicians are interested in having a physician's assistant at this time. Approximately two-thirds of the physicians rated the idea of the Program as excellent or good, indicating generally favorable feelings. Approximately 30% to 40% of the doctors expressed favorable interest in having a physician's assistant with about 20% - 25% indicating they "definitely" would be interested in having one. Ten percent to fifteen percent stated they probably would want one. Approximately 50% are not interested in having an assistant.

3. Allied health professionals are favorable toward the Physician's Assistant Program concept. Almost 80% of the allied health professionals stated that the concept sounds like an excellent or good program.

The following is a more comprehensive summary of the key results and conclusions. A detailed analysis of the findings and the basis for conclusion are contained in subsequent chapters.

## A. Concern About Shortage of Physicians and Medical Services

1. The public expressed some concern over a shortage of doctors and medical services, although it is not of particularly high intensity compared to other issues.

   Physicians are more concerned about a shortage of medical services than a shortage of doctors.

   Physicians with urban minority or rural practices indicated higher concern over a shortage of doctors than did physicians with urban non-minority practices although even their (doctors with urban minority or rural practices) concern is not extremely high.

2. Most doctors feel that a shortage of physicians exists in some or a few places rather than in many or most places.

   Physicians or allied health professionals who feel there is a shortage of physicians in at least a few places mentioned small towns/rural areas most frequently as a place where a shortage exists. In addition, many of those in the medical professions (doctors and allied health professionals) feel that shortages of doctors exist in minority areas and areas with mostly below average income people.

3. When asked to suggest ways to eliminate a shortage of physicians, the suggestion most frequently mentioned by physicians, who feel that there is a shortage in at least a few places, was to attract physicians to the shortage areas by such means as subsidizing them, making it compulsory

for recent graduates to work in those areas for 2-3 years, or having doctors intern in the shortage areas. Another suggestion was to change the education system so that there would be more graduates (eg. more schools, lower education costs and shorter schooling). Less than 10% of the physicians volunteered the idea of a physician's assistant or paramedic program as a solution for eliminating the shortage, suggesting that they either do not feel that this is a way to eliminate the shortage or that they are not aware of this idea.

## B. Image of and Attitudes Toward Physicians and Medical Care

1. Physicians and the medical profession are generally looked upon quite favorably by the public. Those practicing medicine are perceived as highly skilled, highly trained, generally interested in the people they care for, friendly, and honest.

2. Nevertheless, the public feels that there are two problem areas in the medical care available -- cost and shortage.

3. The public feels that some of the duties performed by physicians, could be handled by lesser trained people.

## C. Attitudes Toward the Physician's Assistant Program

1. The physicians and the allied health professionals are generally favorable toward the Physician's Assistant Program concept. Physicians with urban minority practices and allied health professionals expressed more positive attitudes than did physicians with urban non-minority or rural practices.

OVERALL RATING OF THE PHYSICIAN'S ASSISTANT PROGRAM CONCEPT

| | Physicians | | | |
|---|---|---|---|---|
| | Urban Non-minority N=116 | Urban Minority N=97 | Rural N=98 | Allied Health Professionals N=151 |
| Excellent/Good - Net | 64% | 75% | 60% | 78% |
| Excellent | 18 | 36 | 26 | 40 |
| Good | 46 | 39 | 35 | 38 |
| Fair | 15 | 12 | 16 | 14 |
| Poor | 16 | 5 | 8 | 6 |
| Very bad | 4 | 5 | 10 | * |
| Don't know | 2 | 2 | 5 | 1 |
| | 100% | 100% | 100% | 100% |

* Less than 0.5%
Note: Due to rounding, figures may not always add exactly to totals.

2. Approximately 30% to 40% of the doctors expressed favorable interest in having a physician's assistant. Clearly, the results indicate that all doctors are not going to want physicians' assistants at this time or in the near future. However, there does appear to be opportunity for physicians' assistants among a minority of the physicians. (It might be noted that the figures do not indicate that 30% - 40% of the doctors will actually get an assistant. This is only an expression of favorable interest.)

DEGREE OF INTEREST IN HAVING A PHYSICIAN'S ASSISTANT

| | Urban Non-Minority Physicians N=116 | | Urban Minority Physicians N=97 | | Rural Physicians N=98 | |
|---|---|---|---|---|---|---|
| Definitely/probably would be interested - subtotal | | 27% | | 39% | | 42% |
| Definitely would be interested in in having a physician's assistant | 17% | | 27% | | 26% | |
| Probably would be interested in in having a physician's assistant | 9 | | 12 | | 16 | |
| Might or might not be interested in having a physician's assistant | | 15% | | 15% | | 10% |
| Probably/definitely not interested - subtotal | | 55 | | 42 | | 46 |
| Probably would not be interested in in having a physician's assistant | 21% | | 13% | | 10% | |
| Definitely would not be interested in having a physician's assistant | 34 | | 29 | | 36 | |
| Don't know | | 3% | | 3% | | 2% |
| | | 100% | | 100% | | 100% |

Note: Due to rounding, figures may not always add exactly to totals.

The table above indicates that responses are fairly polarized with consistently higher percentages stating they "definitely" would be interested than stating they "probably" would be interested and higher percentages indicating that they "definitely" would not be interested than those indicating that they "probably" would not be interested. In addition, the

percent of doctors who are undecided is fairly small. This pattern of response indicates that the physicians have formed fairly strong opinions as to whether or not they want an assistant and it is more difficult to change their feelings (at least in the short run) than is the case when attitudes are not polarized or when there is a large percentage of people expressing doubt.

If the Board of Medical Examiners is interested in having physicians' assistants widely used, rather than in only a minority of practices, strong promotion or communications activities are required to convince physicians of their value. Of importance, the doctors who were not interested in having an assistant stated that they do not need the help of a physician's assistant rather than saying that there is something innately wrong with the concept or the people who would be trained to handle this position. In many occupations, people find it hard to give up responsibility, to train others to do some of their duties, to get rid of the idea "it's easier or better if I do it myself", etc. Possibly, this is one of the difficulties with accepting a physician's assistant and it might take time to persuade more doctors to use them and learn to give up certain jobs they have been doing for a long time and put their efforts toward those areas where their skills are needed to a greater extent.

Younger doctors (those in practice fewer years) showed somewhat greater interest in having an assistant than did older ones. Perhaps a means of creating a greater need for physicians' assistants in the future might be

in terms of promotional activities at medical schools or hospitals with interns or residents, such as lectures or classes on how physicians' assistants might be employed.

In summary, the following segments of the medical profession exhibited greater interest in having physicians' assistants and these groups might be the ones for which efforts might be most efficiently made when physicians' assistants are trained and are ready to begin working:

- physicians with rural practices
- physicians with urban minority practices
- physicians in practice less than 11 years
- physicians in governmental practices
- physicians practicing in groups with 4 or more physicians

3. The public is quite willing to have a physician's assistant perform tasks for them, assuming he is well qualified to do it. There is less interest in having an assistant care for a small child (under 6 years of age) than there is for other family members. It is likely that if physicians' assistants are trained to help pediatricians, additional efforts will be needed to assure mothers and fathers of their capabilities.

WILLINGNESS IN BEING CARED FOR BY A PHYSICIAN'S ASSISTANT

FOR RESPONDENT AND MEMBERS OF FAMILY

| | Probability Sample | | | | |
|---|---|---|---|---|---|
| | Respondent N=610 | Spouse N=476 | Child Under 6 N=172 | Child 6-12 N=177 | Child 13-17 N=132 |
| Definitely/probably - Net | 80% | 72% | 58% | 68% | 71% |
| I definitely would be willing to have the physician's assistant do it | 47% | 42% | 37% | 40% | 42% |
| I probably would be willing to have the physician's assistant do it | 33 | 30 | 20 | 28 | 30 |
| I might or might not be willing to have the physician's assistant do it | 13% | 13% | 17% | 10% | 12% |
| I probably would not be willing to have the phsyician's assistant do it | 2 | 4 | 7 | 6 | 4 |
| I definitely would not be willing to have the physician's assistant do it | 4 | 8 | 18 | 15 | 11 |
| Don't know | 1 | 2 | 1 | 1 | 2 |
| | 100% | 100% | 100% | 100% | 100% |

Note: Due to rounding, figures may not always add exactly to totals.

4. The main advantage of the Physician's Assistant Program, from the point of view of the public, the physicians, and the allied health professionals, is that it frees the doctors to do other things. Other advantages mentioned include: the assistant would be performing the minor duties and better care/service for the patients.

5. The major drawback of the Program (perceived by all three samples -- the public, the physicians and the allied health professionals) is that the physician's assistant might not be well qualified in the tasks he is supposed to perform or that he may try to do things for which he has not been trained.

The above concern and others mentioned by the respondents indicate that the following activities or communication might strengthen the concept and aid in convincing physicians to use assistants:

- make sure that the physicians' assistants are properly trained and will not attempt tasks for which they have not been trained or not been given permission to do
- assure physicians, and allied health professionals (who might come in contact with assistants) that the physicians' assistants are properly trained and will only perform those tasks for which they are trained and for which their supervising physician has given them permission
- emphasize the importance of having the physician or allied health professional reassure patients of the assistant's qualifications and their confidence in them
- indicate the educational requirements for physicians' assistants and possibly provide refresher courses, seminars, and literature to keep them informed of new procedures, etc.
- clearly explain the legal aspects of using a physician's assistant in terms of the physician's responsibility and legal protection
- train physicians' assistants for specialties as well as for general practices
- publicize data from this research which indicates that the public (patients) are willing to be treated by a physician's assistant.

6. Most of the fourteen medical procedures tested which the Board of Medical Examiners has considered appropriate for a physician's assistant to perform -- blood pressure test, immunization, care of a superficial wound, blood test, injection, removal of a cast, physical therapy, caring for sprains, removal of stitches, eye test, ear test, skin test, care of a burn, and drainage of skin infection -- were considered acceptable by the public. Drainage of a skin infection was considered least acceptable for being performed by an assistant from the public's point of view.

The responses of the public related to willingness to have the physician's assistant perform various tasks were polarized, indicating that people are fairly sure of their feelings and it is unlikely that they can be swayed easily. While most people will accept the physician's assistant and let him do what he has to, there will be resistance for a small minority.

The allied health professionals feel that physicians' assistants would be qualified to do the tasks for which the Board feels they are capable.

The physicians feel that the procedures which the Board has considered generally appropriate could be delegated to an assistant. However, the data indicate that each doctor views his own needs (in terms of the types of tasks he would like the physician's assistant to do for him) in different ways. Two items, not specifically asked about, were mentioned by several doctors on volunteered basis as activities in which they need help which could be delegated to an assistant: 1. taking a patient's history/talking to people and 2. a routine/ light physical check-up.

7. Neither the general public, the physicians nor the allied health professionals feel that the costs of medical care would be appreciably lower with the use of physicians' assistants.

## D. Need for Physicians' Assistants

1. The responses of the public, physicians, and allied health professionals generally indicate that while all doctors do not need the help of a physician's assistant, many doctors do and in particular physicians in a wide variety of situations, practices and places could use this type of assistance.

2. The public feels that the need for a physician's assistant is less for their personal doctors than is the case for doctors in the State of California as a whole or doctors in their community. Nevertheless, the results do indicate that the public does believe that there is a need for physicians' assistants and they are willing to accept them.

3. In general, doctors seem to feel that a physician's assistant is needed more by others than himself. This finding is consistent with other data in the report which indicate that physicians are generally favorable to the concept, and feel that several places or situations need this help, yet are not interested in having a physician's assistant of their own.

## E. Image and Desired Characteristics of a Physician's Assistant

1. Physicians' assistants are perceived to be more similar to a nurse than to a doctor (by the public, the physicians and the allied health professionals).

In particular physicians' assistants are considered to be less knowledgeable and have less training than a doctor. In addition, the assistant will do smaller jobs and will not diagnose or prescribe.

The physician's assistant is felt to have more training/responsibility than a nurse and to perform more technical duties than a nurse.

2. Of importance, all three samples feel that the physician's assistant should be very carefully supervised -- much more so than a doctor or a nurse.

3. Physicians do not have any strong preferences regarding the sex, or ethnic background of a physician's assistant who might work for them.

4. Although an assistant of any age could probably find a position with a doctor who is interested in having one, a younger person (under 35) is likely to have a better chance (this is not unusual and is probably true of most professions).

5. Physicians are fairly divided in terms of preference for the background of a physician's assistant to include being a registered nurse or being a corpsman.

6. Generalists strongly prefer that an assistant who would work for them be a generalist and specialists prefer that an assistant who might work for them be a specialist (although their preference in this direction is not as strong as the generalists).

It might be best to train assistants as generalists to begin with and

and then give them classes in a specialty when it is determined in which specialties they might be most needed or which specialists are most interested in having an assistant.

7. The majority of physicians feel that chiropractors should not be qualified to be a physician's assistant after "minimal training".

8. A majority of physicians feel that unlicensed foreign doctors should be qualified to be physicians' assistants without additional training.

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## III. CONCERN ABOUT SHORTAGE OF PHYSICIANS AND MEDICAL SERVICES (AMONG THE GENERAL PUBLIC)

One of the most meaningful ways to determine the level of concern over an issue is to measure feelings about that issue relative to other possible problem areas. Therefore, in order to determine how concerned the public is with a shortage of physicians or medical services, respondents were presented with the following nine possible problem areas and were asked to indicate the 2 or 3 about which they are most concerned or worried:

- poor quality of products and services
- shortage of lawyers
- competence of judges
- poor quality schooling
- shortage of doctors
- care of senior citizens
- poorly trained teachers
- shortage of medical services
- corrupt policemen

Each respondent selected an average of 2 and one-half problem areas. "Poor quality of products and services" and "care of senior citizens" were the most frequently selected problem areas. "Shortage of medical services", " shortage of doctors", and "poor quality schooling" were each chosen by about 30% of the sample. Approximately 20% of the sample indicated concern over "poorly trained teachers", "competence of judges" and "corrupt policemen" with a very small portion feeling that there is a shortage of lawyers. 2-3

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This pattern of response suggests that there is concern by the public over a shortage of doctors and medical services, although it is not of particularly high intensity.

In total, 44% of the sample selected one or both of the statements related to shortage of doctors or medical services, indicating some concern about the availability of facilities in the medical field as a whole. (See table on following page.)

Population Segment Analysis

The findings reported above reflect the feelings of residents of the State of California as a whole. It is also important, in order to develop a fuller understanding of attitudes toward doctors and medical services, to know how different segments of the population feel about a shortage of doctors and medical services. 2

As might be expected, those living in rural areas expressed greater concern over a shortage of doctors than did those living in cities or towns of 2,500 people or more. However, concern over a shortage of medical services was no greater among rural dwellers than urban ones. (See table on Page III-4.)

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## ISSUES OF CONCERN IN COMMUNITY

| | | Total Probability Sample N=610 |
|---|---|---|
| Mentioned one or more issues - Net* | | 89% |
| Poor quality of products or services | 45% | |
| Care of senior citizens | 44 | |
| Shortage of doctors/medical services - Net | 44 | |
| Shortage of medical service | 30% | |
| Shortage of doctors | 28 | |
| Poor schooling/trained teachers - Net | 40% | |
| Poor quality schooling | 31% | |
| Poorly trained teachers | 19 | |
| Competence of judges | 21% | |
| Corrupt policeman | 16 | |
| Shortage of lawyers | 4 | |
| None of these | | 9% |
| Don't know | | 2 |
| | | 100% |
| Average number of issues selected | | 4.2 |

* Multiple responses possible

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ISSUES OF CONCERN IN COMMUNITY BY SPECIAL SAMPLES

| | Rural | | Minority Groups | | | |
|---|---|---|---|---|---|---|
| | Under 2,500 N=192 | | Mexican-American N=192 | | Black N=201 | |
| Mentioned one or more issues - Net* | | 91% | | 87% | | 94% |
| Poor quality of products or services | | 36% | | 31% | | 39% |
| Care of senior citizens | | 43 | | 35 | | 44 |
| Shortage of doctors/medical services - Net | | 48 | | 49 | | 59 |
| Shortage of medical service | 31% | | 35% | | 44% | |
| Shortage of doctors | 39 | | 32 | | 33 | |
| Poor schooling/trained teachers - Net | | 40% | | 42% | | 54% |
| Poor quality schooling | 32% | | 32% | | 45% | |
| Poorly trained teachers | 20 | | 22 | | 28 | |
| Competence of judges | | 20% | | 12% | | 15% |
| Corrupt policemen | | 14 | | 23 | | 40 |
| Shortage of lawyers | | 3 | | 9 | | 6 |
| None of these | | 7% | | 8% | | 4% |
| Don't know | | 2 | | 5 | | 2 |
| | | 100% | | 100% | | 100% |
| Average number of issues selected | | 2.4 | | 2.3 | | 2.9 |

* Multiple responses possible

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Minorities are more concerned about a shortage of medical services, but are not significantly more worried about a shortage of doctors than are Whites. In particular, Blacks seem to be quite concerned about a shortage of medical services, although it is also apparent, from the average number of issues selected, that Blacks are more concerned than other population segments about many of the problem areas. 2

Those 65 and over expressed higher concern over shortage of doctors and medical services than did younger people. In addition, those with lower incomes are slightly more concerned about a shortage of doctors and medical services than are those with higher incomes. 2

Although there is only a small portion of people in the sample who go to a clinic (N=37), there is evidence that these people are more concerned about a shortage of doctors. 3

People from families in which there has been a serious illness during the past few years expressed greater concern over a shortage of medical services than did those without this history. 3

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CONCERN ABOUT SHORTAGE OF DOCTORS AND/OR MEDICAL SERVICES BY DEMOGRAPHICS

| | % Expressing Concern About | |
|---|---|---|
| | Shortage of Doctors | Shortage of Medical Services |
| Size of City or Town | Higher among those in rural areas | * |
| Ethnic Group | Slightly higher among minorities | Higher among minorities, particularly higher among Blacks |
| Sex | * | * |
| Age of Respondent | Higher among those 65 and over | Higher among those 65 and over |
| Family Size | Slightly lower among those in families of 5 or more | Slightly lower among those in families of 5 or more |
| Education of Head of Household | * | * |
| Employment of Female Head of Household | * | * |
| Income | Increases slightly as income decreases | Increases as income decreases |
| Occupation | * | * |
| Type of Medical Care | Higher among those going to a clinic | * |
| Type of Health Insurance | * | * |
| Illness in Family | * | Higher among those who have had serious illness in the family |

* No meaningful differences

In conclusion, California residents as a whole are moderately concerned about a shortage of doctors and medical services. Those population segments which indicated higher concern for a shortage of doctors and/or medical services are:

- those living in rural areas
- Blacks and Mexican-Americans
- those 65 and over
- those who go to a health department clinic

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# IV. IMAGE OF AND ATTITUDES TOWARD PHYSICIANS AND MEDICAL CARE (AMONG THE GENERAL PUBLIC)

## A. Image of Physicians

In order to assess the public's attitudes toward physicians, respondents were asked to indicate which occupations -- doctors, lawyers, policemen, and teachers -- each of the following statements is most true of. (They were told they could select as many occupations as they feel the statement describes):

- They are very honest
- There are not enough people in this occupation in cities
- They are very interested in the well being of the people they serve
- They are highly skilled
- There are not enough people in this occupation in rural areas
- Their salaries or fees are too high
- Lesser trained people could handle some of their duties
- They are friendly and courteous
- They are highly educated

In terms of the measured attributes, physicians have a very favorable image. Specifically, they are perceived in the following manner: 4-22

- Well trained. Physicians are considered much more highly skilled and highly educated than are the three other occupations tested.
- Humanitarian. Physicians are felt to be more interested in the well being of the people they serve than are teachers, policemen, and lawyers.

- Friendly and Courteous. Doctors, as well as police and teachers, are considered friendly and courteous.
- Honest. Both physicians and teachers are perceived as honest to a greater degree than are policemen and much greater than are lawyers.
- A Limited Supply. The public feels that there is a greater shortage of doctors in rural areas than is the case with policemen, teachers, or lawyers. In addition, the public believes that there is a greater shortage of physicians and policemen in the cities than is the case with teachers or lawyers.
- Other people being able to handle their duties. The public feels that to a greater degree than for police or lawyers, some of the duties handled by teachers and physicians can be done by lesser trained people.
- Expensive. On the negative side, physicians are felt to charge very high fees.

ATTITUDES TOWARD PEOPLE IN SELECTED OCCUPATIONS

| Attitudes* | Total Probability Sample N=610 | | | |
|---|---|---|---|---|
| | Doctors | Lawyers | Police | Teachers |
| They are highly educated | 87% | 71% | 21% | 52% |
| They are highly skilled | 85 | 50 | 31 | 34 |
| Their salaries/fees are too high | 71 | 59 | 3 | 5 |
| They are very interested in the well being of the people they serve | 63 | 26 | 47 | 49 |
| They are friendly and courteous | 62 | 37 | 59 | 58 |
| There are not enough people in this occupation in rural areas | 59 | 19 | 29 | 28 |
| They are very honest | 53 | 26 | 41 | 53 |
| Not enough people in this occupation in cities | 43 | 6 | 43 | 29 |
| Lesser trained people could handle some of their duties | 39 | 21 | 29 | 43 |

* Multiple responses possible

Consistent with the data in the previous chapter, respondents living in rural communities were very likely to select doctors for the statement "There are not enough people in this occupation in rural areas". Furthermore, Blacks were much more likely than other ethnic groups to select the statement "There are not enough people in this occupation in the cities". 15 19

Older people were more likely than younger people to feel that doctors are interested in the well being of the people they serve and that they are friendly and courteous. 11 13

Of importance, those who indicated later in the interview that they are fairly willing to have a physician's assistant care for them assuming he was well qualified to perform the task were more likely to select a physician for the

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statements: "There are not enough people in this occupation in cities", "There are not enough people in this occupation in rural areas", and "Lesser trained people could handle some of their duties", than were those who indicated negative interest in being cared for by a physician's assistant. This would suggest that the Physician's Assistant concept is more acceptable if people are convinced that there is a shortage of physicians or medical services. 19 15 21

## B. Attitudes Toward Medical Care Available

Respondents were asked "Let's talk for a moment about medical care. By that we mean doctors, nurses, x-ray technicians, hospitals, and other medical services. What, if anything, do you feel is good about the medical care available?" and "What if anything, do you feel is bad about the medical care available?"

### Positive Comments

Approximately 80% of the sample mentioned something good about the medical care available. This is an about average level of favorable comments. The most frequently mentioned positive comments related to the quality of medical service and personnel. (See table on following page.) 23-24

There appear to be no important differences between the responses of the general public and the special samples -- rural residents and minorities.

### Negative Comments

Eighty percent of the probability sample mentioned one or more bad points about 25-26

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POSITIVE COMMENTS ABOUT AVAILABLE MEDICAL CARE

| | Total Probability Sample N=610 | | Special Samples: Rural: Under 2,500 N=192 | | Special Samples: Minority Groups: Mexican-American N=192 | | Special Samples: Minority Groups: Black N=201 | |
|---|---|---|---|---|---|---|---|---|
| Mentioned one or more good points - Net* | | 82% | | 86% | | 76% | | 74% |
| Good care/service - Net | | 43% | | 47% | | 39% | | 44% |
| Good care | 21% | | 22% | | 10% | | 23% | |
| Good service | 13 | | 20 | | 14 | | 16 | |
| Good hospital care | 8 | | 8 | | 15 | | 3 | |
| Good in emergencies | 5 | | 2 | | 3 | | 4 | |
| Good medical personnel - Net | | 21% | | 21% | | 32% | | 15% |
| Doctors are good | 18% | | 21% | | 29% | | 11% | |
| Good nurses | 4 | | 2 | | 6 | | 4 | |
| Good technicians | 1 | | 1 | | 2 | | 1 | |
| Availability of medical care - Net | | 14% | | 11% | | 10% | | 13% |
| Available - everyone | 10% | | 10% | | 5% | | 5% | |
| Available - poor | 2 | | 1 | | 3 | | 6 | |
| Available - aged | 2 | | 1 | | 2 | | 3 | |
| Good facilities/equipment/up-to-date | | 9% | | 9% | | 7% | | 1% |
| Research/new cures | | 7 | | 5 | | 4 | | 3 |
| All others | | 16 | | 20 | | 18 | | 11 |
| Don't know/no answer/nothing | | 18% | | 14% | | 24% | | 26% |
| | | 100% | | 100% | | 100% | | 100% |

* Multiple responses possible

the medical care available. This is an above average level of negative response and indicates a fairly large reservoir of negative feelings.

Because respondents have more difficulty verbalizing negative attitudes, a "rule of thumb" is that any negative mentioned by 10% or more of the sample is worthy of concern. The high cost of medical services is a very strong negative. This finding is consistent with that discussed in section 1 relating to the public's feeling that physicians' fees are very high. In addition, a shortage of medical facilities in terms of lack of staff, long waits, and shortage of doctors is perceived as a drawback in available medical care. Impersonal treatment is also a frequently mentioned negative. (See table on following page.)

Those living in rural areas were more likely to mention a shortage as a problem than were those living in non-rural areas. In addition, while Mexican- 25
Americans and Blacks were less likely to mention any negative with respect to medical care than were Whites, minorities were more likely to state that a shortage is a bad aspect of available medical care. In absolute terms, it appears that while the public in general is more upset with the cost of medicar services than with a shortage, rural residents and minorities are more concerned with a shortage than with the cost.

The percentage expressing negative attitudes toward medical care decreases as 25
the age of the respondent decreases, with only 65% of those 65 and over mentioning one or more bad points about the medical care available.

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NEGATIVE COMMENTS ABOUT AVAILABLE MEDICAL CARE

| | Total Probability Sample N=610 | Special Samples: Rural Under 2,500 N=192 | Special Samples: Minority Groups Mexican-American N=192 | Special Samples: Minority Groups Black N=201 |
|---|---|---|---|---|
| Mentioned one or more bad points - Net* | 80% | 85% | 70% | 72% |
| Unfair changes - Net | 41% | 33% | 27% | 23% |
| Overcharge/too expensive | 38% | 29% | 22% | 21% |
| Medical insurance doesn't cover cost | 2 | 2 | 1 | 2 |
| Demand payment before treatment | 2 | 4 | 5 | 1 |
| Should have socialized medicine | 1 | 1 | 1 | 1 |
| Shortage - Net | 29% | 38% | 38% | 34% |
| Understaffed/long waits/crowded | 21% | 26% | 28% | 28% |
| Not enough doctors | 11 | 18 | 13 | 9 |
| Impersonal treatment | 12% | 9% | 8% | 9% |
| Not good care for some - Net | 6 | 6 | 3 | 5 |
| Lack of care - poor | 4% | 4% | 2% | 4% |
| Lack of care - aged | 2 | 4 | 1 | 1 |
| Lack of emergency care/slow/poor | 5% | 8% | 8% | 4% |
| Poor care/lack of responsibility | 5 | 5 | 5 | 8 |
| Inconvenient/far | 1 | 8 | 3 | 3 |
| All others | 25 | 30 | 22 | 10 |
| Don't know/no answer | 20% | 15% | 30% | 28% |
| | 100% | 100% | 100% | 100% |

* Multiple responses possible

## C. Summary

In summary, physicians and the medical profession are generally looked upon quite favorably. Those practicing medicine are perceived as highly skilled, highly trained, generally interested in the people they care for, friendly, and honest. However, there are two major drawbacks perceived in the medical care available -- cost and shortage. In addition, the public feels that some of the duties performed by physicians, as well as teachers, could be handled by lesser trained people to a greater degree than is the case with policemen and lawyers.

# V. ATTITUDES TOWARD THE PHYSICIAN'S ASSISTANT PROGRAM CONCEPT (AMONG THE GENERAL PUBLIC)

The previous chapters discussed attitudes toward physicians and available medical services. This chapter contains an analysis of attitudes toward the Physician's Assistant Program concept among a cross section of 610 residents of the State of California. In addition, special samples of rural residents, Blacks and Mexican-Americans were interviewed.

The following written description of the Physician's Assistant Program was presented to respondents:

> A Physician's Assistant Program will be set up in which qualified people would be trained to do some of the tasks that physicians are now doing. When these people have completed training, they will work under the close supervision of a doctor.
>
> It is felt that the tasks that physicians' assistants would be trained to do could be handled very well by people with less training than a doctor. In this way, doctors would have more time to use their skills in the more difficult medical tasks, and the physicians' assistants would perform the simpler tasks when it would be consistent with the patient's health and welfare.

## A. Reported Willingness To Be Cared For By A Physician's Assistant

### In General

To obtain an overall evaluation of the concept, respondents were asked to select one of the following statements as describing their interest in being cared for by a physician's assistant personally and for other family members, assuming

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the assistant was well qualified to perform the task:

- I definitely would be will to have the physician's assistant do it
- I probably would be willing to have the physician's assistant do it
- I might or might not be willing to have the physician's assistant do it
- I probably would not be willing to have the physician's assistant do it
- I definitely would not be willing to have the physician's assistant do it.

Eighty percent of the probability sample expressed favorable attitudes toward being cared for by a physician's assistant -- with almost half of the sample indicating extremely positive interest ("definitely would be willing to have the physician's assistant do it"). Thirteen percent were not sure how they feel about being cared for by a physician's assistant and only 6% expressed negative attitudes. 88-89

Haug Associates has conducted numerous concept tests in the following areas: high volume low priced food products, medium priced less frequently purchased items, one time purchase higher priced items, political issues and service concepts. Although no specific concept tests have been conducted in the area of medical services, the bank of data that has been collected and analyzed gives additional insight in analyzing these results. In our opinion, the concept, as stated, has generated a high level of acceptance. Not only is a large percentage of people (80%) favorable toward being cared for by a physician's assistant, but over half of those with favorable feelings indicated that they "definitely" would be willing to have a physician's assistant care for them personally. (Usually in concept tests, a larger percentage of respondents state they "probably" rather than "definitely" are interested). Although the concept has scored quite well, data in succeeding sections will give insights into strengthening it even further.

WILLINGNESS IN BEING CARED FOR BY A PHYSICIAN'S ASSISTANT
FOR RESPONDENT AND MEMBERS OF FAMILY

| | Probability Sample | | | | |
|---|---|---|---|---|---|
| | Respondent N=610 | Spouse N=476 | Child Under 6 N=172 | Child 6-12 N=177 | Child 13-17 N=132 |
| Definitely/probably - Net | 80% | 72% | 58% | 68% | 71% |
| I definitely would be willing to have the physician's assistant do it | 47% | 42% | 37% | 40% | 42% |
| I probably would be willing to have the physician's assistant do it | 33 | 30 | 20 | 28 | 30 |
| I might or might not be willing to have the physician's assistant do it | 13% | 13% | 17% | 10% | 12% |
| I probably would not be willing to have the phsyician's assistant do it | 2 | 4 | 7 | 6 | 4 |
| I definitely would not be willing to have the physician's assistant do it | 4 | 8 | 18 | 15 | 11 |
| Don't know | 1 | 2 | 1 | 1 | 2 |
| | 100% | 100% | 100% | 100% | 100% |

Note: Due to rounding, figures may not always add exactly to totals.

Respondents exhibited greater interest in having a physician's assistant care for them than care for other family members. In particular, there is some reluctance in having a small child cared for by a physician's assistant. It is likely that if physicians' assistants are trained to help pediatricians, additional efforts will be needed to insure mothers and fathers of their capabilities. 90-97

Population Segments

Among the total probability sample, 80% of the respondents stated that they "definitely" or "probably" would be willing to have a physician's assistant care for them if he were well qualified to perform the task. Less than 60% expressed this degree of willingness for their children under 6 years old and approximately 70% expressed willingness in the case of their spouse and their children 6 through 17 years old.

The purpose of the analysis of individual population segments is to determine whether any particular groups express greater or lesser interest than any others. If the Board of Medical Examiners is considering communicating to or educating the public regarding the Physician's Assistant Program, it is important for them to understand how various population segments feel about the Program. If there are dramatic differences between some groups of people, it might be necessary to use different communications toward them. The following table indicates the percentages of the probability sample, rural residents, Mexican-Americans and Blacks stating that they would "definitely" or "probably" be willing to be cared for or have other family members cared for by a physician's assistant. While rural residents and Blacks are as willing as the public in general to be cared for by a physician's assistant, Mexican-Americans expressed significantly less interest, although their pattern of response is certainly not negative.

WILLINGNESS IN BEING CARED FOR BY A PHYSICIAN'S ASSISTANT
FOR RESPONDENT AND MEMBERS OF FAMILY

| | % Saying They Would Be Definitely or Probably Willing to Have Themselves or Their Family Cared For by a Physician's Assistant | | | |
|---|---|---|---|---|
| | Total Probability Sample | Rural | Minority Groups | |
| | | Under 2,500 | Mexican-American | Black |
| Respondent | (N=610) | (N=192) | (N=192) | (N=201) |
| | 80% * | 81% | 66% | 79% |
| Spouse | (N=476) | (N=164) | (N=160) | (N=132) |
| | 72% | 71% | 59% | 70% |
| Child under 6 | (N=172) | (N=56) | (N=72) | (N=69) |
| | 58% | 55% | 47% | 55% |
| Child 6-12 | (N=177) | (N=65) | (N=78) | (N=62) |
| | 68% | 71% | 54% | 61% |
| Child 13-17 | (N=132) | (N=50) | (N=68) | (N=45) |
| | 71% | 72% | 47% | 64% |

* For example, 80% of the probability sample would "definitely" or "probably" be willing to have a physician's assistant care for them.

With the exception of Mexican-Americans, all other demographic groups indicated high interest in the concept with a score of approximately 70% or higher for "definitely" or "probably" would be willing to have a physician's assistant care for them personally. There were, however, some differences in the degree of interest such as somewhat lower interest among older people, higher interest among those with higher educational and occupational levels and higher interest among those who go to a clinic or a prepaid medical group like Kaiser. These findings are summarized in the following table.

WILLINGNESS IN BEING CARED FOR BY A PHYSICIAN'S ASSISTANT BY DEMOGRAPHICS

| | % Stating They "Definitely" or "Probably" Would Be Willing to Have a Physician's Assistant Care For | | | | |
|---|---|---|---|---|---|
| | Respondent | Spouse | Child Under 6 | Child 6-12 | Child 13-17 |
| Size of City or Town | * | * | * | * | * |
| Ethnic Group | Lower among Mexican-Americans | Lower among Mexican-Americans | Lower among Mexican-Americans | Lower among Mexican-Americans and Blacks | Highest among Whites, lowest among Mexican-Americans |
| Sex | * | * | Higher among males | * | * |
| Age of Respondent | Increases as age decreases | Increases as age decreases | * | * | * |
| Family Size | * | * | * | * | * |
| Education of Head of Household | Higher among those who have at least graduated from high school | Higher among those who have at least graduated from high school | * | Higher among those who have at least some college education | Higher among those who have at least graduated from high school |
| Employment of Female Head of Household | * | * | * | Higher among those with a working female head | Higher among those with a working female head |
| Income | * | Higher among those with incomes of $5,000 or more | * | * | Higher among those with incomes of $15,000 or more |
| Occupation | Higher among those in white collar occupations, particularly high in lower white collar occupations | Higher among those in white collar occupations, particularly high in lower white collar occupations | Higher among those in white collar occupations, particularly high in lower white collar occupations | * | * |
| Type of Medical Care | Slightly higher among those going to clinic | Higher among those going to pre-paid medical group or clinic | Somewhat higher among those going to a pre-paid medical group or clinic | Higher among those who go to a doctor practicing in a group or to a pre-paid medical group | Higher among those going to a pre-paid medical group |
| Type of Health Insurance | * | * | * | * | Higher among those with insurance covering most medical care |
| Illness in Family | * | * | * | * | * |

* No meaningful differences

The results indicate that many of the same types of communication activities might be used for the population as a whole since all groups exhibit fairly high interest in the concept and differences between various population segments are generally slight (although the data does indicate that greater efforts might be needed to encourage Mexican-Americans to accept treatment by a physician's assistant). Stronger efforts are probably needed in the area of pediatrics -- particularly in the case of children under 6 years of age -- since parents are more skeptical of having small children cared for by a physician's assistant than they are for other family members.

Specific Tasks

Respondents were read a list of 18 different tasks and were asked to indicate, using the same scale discussed previously in this section, their willingness or lack of willingness in having a physician's assistant do it for them. Most of the tasks tested are ones which are considered by the Board of Medical Examiners to be appropriate for a physician's assistant to perform. Four tasks -- diagnosing illnesses, removal of tonsils, writing presecriptions for drugs and setting a broken leg -- are items which are not considered appropriate for a physician's assistant to perform. These tasks were included to use a frame of reference in analyzing the public's willingness to have a physician's assistant perform tasks which he would be trained to do.

A blood pressure test was the task for which the highest percentage of respondents indicated that they "definitely" would be willing to have the physician's assistant perform. Immunizations, care of a superficial wound, blood tests, injections and cast removal were considered quite appropriate by the vast majority of the public. Although between 10% and 25% of the sample expressed

a lack of willingness to have a physician's assistant perform physical therapy, caring for sprains, removal of stitches, eye test, ear test, skin test, or care of a burn, about two-thirds or more were "definitely" or "probably" willing to have a physician's assistant do these tasks. The one item of the 14 considered appropriate by the Board of Medical Examiners which was not considered very acceptable by the public is drainage of a skin infection.

The four tasks for which physicians' assistants would not be trained -- setting a broken leg, writing prescriptions for drugs, removing tonsils and diagnosing illnesses -- were considered the least acceptable for a physician's assistant to perform. This is particularly evident in the high percentage of people stating they "definitely would not" be willing to have a physician's assistant perform the task.

WILLINGNESS IN HAVING PHYSICIAN'S ASSISTANT
PERFORM CERTAIN TASKS

| | Total Probability Sample N=610 | | | | |
|---|---|---|---|---|---|
| | Definitely Would Be Willing | Probably Would Be Willing | Might or Might Not Willing | Probably Not Willing | Definitely Not Willing |
| Blood pressure test | 78% | 16% | 1% | 1% | 3% |
| Immunization such as Small Pox vaccine | 72 | 21 | 2 | 1 | 4 |
| Care of a superficial wound/bruise/cut | 71 | 18 | 5 | 1 | 4 |
| Blood test | 70 | 19 | 3 | 2 | 5 |
| Injection such as Penicilin shots | 70 | 19 | 3 | 1 | 7 |
| Removal of a cast | 66 | 20 | 5 | 3 | 5 |
| Physical therapy | 60 | 20 | 9 | 4 | 6 |
| Caring for sprains | 59 | 20 | 7 | 3 | 10 |
| Removal of stitches after an operation | 58 | 21 | 6 | 5 | 10 |
| Eye test | 51 | 17 | 7 | 6 | 19 |
| Ear test | 51 | 15 | 8 | 6 | 19 |
| Skin test | 50 | 21 | 10 | 4 | 13 |
| Care of a burn | 45 | 20 | 16 | 5 | 13 |
| Drainage of skin infection | 37 | 19 | 12 | 10 | 20 |
| Setting a broken leg | 15 | 10 | 11 | 9 | 55 |
| Writing presciption for drugs | 9 | 6 | 8 | 9 | 67 |
| Removal of tonsils | 6 | 6 | 9 | 13 | 66 |
| Diagnose illnesses | 5 | 5 | 11 | 11 | 66 |

The above table indicates that the responses are fairly polarized -- that is, the percentages reflecting those stating they "definitely" would be willing are higher than those saying they "probably" would be willing and the percentages indicating they "definitely" would not be willing are higher than those stating they "probably" would not be willing with the percentages for "might or might not be willing" being generally small. Polarized responses generally

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indicate that attitudes are fairly well formed and that changing them is a more difficult task. Therefore it is unlikely that people will become more willing or less willing to have these tasks performed by a physician's assistant without extensive communication efforts, actual experience or some other form of strong persuasion. It appears that while most people will accept the physician's assistant and let him do what he has to, there will be resistance from a small minority.

Not too surprisingly, those who indicated that they "definitely" or "probably" would be willing to have a physician's assistant care for them, assuming he was well qualified to perform the task, were much more likely to be willing to have each of the specific selected tasks performed by a physician's assistant than were those with lesser interest in being cared for by a physician's assistant. 52-57

Although, the public in general expressed willingness to have a physician's assistant perform most of the tasks for which he would be trained, there were some differences by various population segments. Minorities indicated lesser willingness to have a physician's assistant perform most of the selected tasks than did Whites. Consistent with previously discussed data, Mexican-Americans expressed even lower interest than Blacks.

WILLINGNESS IN HAVING PHYSICIAN'S ASSISTANT
PERFORM CERTAIN TASKS

| | % Saying They Would be Definitely or Probably Willing to have Task Performed | | | |
|---|---|---|---|---|
| | | Special Samples | | |
| | | Rural | Minority Groups | |
| | Total Probability Sample N=610 | Under 2,500 N=192 | Mexican-American N=192 | Black N=201 |
| Blood pressure test | 94% | 93% | 89% | 86% |
| Immunization such as small pox vaccine | 93 | 92 | 85 | 81 |
| Care of a supervicial wound/ bruise/cut | 89 | 89 | 78 | 80 |
| Blood test | 89 | 85 | 73 | 82 |
| Injections such as penicillin shots | 88 | 84 | 79 | 71 |
| Removal of a cast | 85 | 85 | 70 | 82 |
| Physical therapy | 80 | 81 | 69 | 77 |
| Caring for sprains | 79 | 80 | 64 | 80 |
| Removal of stitches after an operation | 79 | 77 | 62 | 70 |
| Skin test | 71 | 80 | 58 | 69 |
| Eye test | 68 | 73 | 60 | 54 |
| Ear test | 66 | 66 | 58 | 53 |
| Care of a burn | 65 | 65 | 55 | 62 |
| Drainage of skin infection | 56 | 51 | 45 | 41 |
| Setting a broken leg | 25 | 26 | 23 | 24 |
| Writing prescription for drugs | 15 | 16 | 17 | 16 |
| Removal of tonsils | 11 | 9 | 11 | 15 |
| Diagnose illnesses | 10 | 16 | 17 | 15 |

Those 65 years of age and over are generally less willing than are younger people to have a physician's assistant perform the various tasks. In particular, they are not very willing to have a physician's assistant perform an eye test or an ear test.

In summary, the data indicate that the public is favorable toward the physician's assistant program in that they are willing to have a physician's assistant perform duties for them. Of some concern, some of those population segments which have indicated greater concern over a shortage of physicians and medical services -- minorities (particularly Mexican-Americans) and elderly people -- are more reluctant to use the services of a physician's assistant than the public as a whole, although they still indicate fairly high interest.

## B. Advantages and Disadvantages of Physician's Assistant Program

Immediately after a respondent was first exposed to the concept, he was asked "What, if anything, do you feel are the advantages of the Physician's Assistant Program?" and "What, if anything, do you feel are the disadvantages of the Physician's Assistant Program?" These questions are inteneded to obtain the respondent's first reactions to the concept.

### Advantages

Approximately 90% of the sample mentioned one or more advantages of the Physician's Assistant Program. This is a slightly above average level of positive comments and indicates favorable reaction to the concept, which is consistent with the findings reported in Section A of this chapter. The major perceived benefit of the program is that it will free the doctor to do more important things because the physician's assistant will perform the minor duties. Other advantages mentioned are better care or service, lower costs, faster service and creation of more jobs. 27-28

ADVANTAGES OF PHYSICIAN'S ASSISTANT PROGRAM

| | Total Probability Sample N=610 | Special Samples: Rural: Under 2,500 N=192 | Special Samples: Minority Groups: Mexican-American N=192 | Special Samples: Minority Groups: Black N=201 |
|---|---|---|---|---|
| Mentioned one or more advantages - Net* | 88% | 87% | 84% | 92% |
| Frees doctor's to do other things | 56% | 53% | 43% | 44% |
| Assistant performs minor duties | 16 | 17 | 13 | 13 |
| Better care/service - Net | 13 | 10 | 15 | 18 |
| Better care/service | 7% | 5% | 9% | 13% |
| More individual attention | 6 | 5 | 6 | 5 |
| Cut costs | 12% | 12% | 5% | 4% |
| Faster service/less waiting | 11 | 14 | 19 | 15 |
| Create more jobs | 9 | 10 | 8 | 11 |
| Useful in emergencies | 4 | 6 | 5 | 3 |
| All others | 12 | 16 | 18 | 13 |
| Don't know | 12% | 13% | 16% | 8% |
| | 100% | 100% | 100% | 100% |

* Multiple responses possible

There are no meaningful differences between the responses of those in the special samples -- rural residents and minorities -- and those in the probability sample.

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Disadvantages

On the negative side, 60% of the probability sample mentioned one or more disadvantages of the Physician's Assistant Program. This is an about average level of negative response. The major perceived drawback of the program is that the physician's assistant might not be well qualified in the tasks he is supposed to perform. Clearly, this is an important area and great efforts must be made to 1) make sure that the physicians' assistants are properly trained and will not attempt tasks for which they have not been trained or not been given permission to do and 2) have the physicians for whom the assistants are working assure patients of the assistants' qualifications and the doctors' confidence in them. 29-30

DISADVANTAGES OF PHYSICIANS ASSISTANT PROGRAM

| | Total Probability Sample N=610 | Special Samples: Rural Under 2,500 N=192 | Special Samples: Minority Groups Mexican-American N=192 | Special Samples: Minority Groups Black N=201 |
|---|---|---|---|---|
| Mentioned one or more disadvantages - Net* | 60% | 67% | 41% | 50% |
| Qualifications - Net | 39% | 46% | 22% | 20% |
| Not sure of training/qualifications may lack | 20% | 23% | 13% | 12% |
| Assistant may try to do thing not trained | 14 | 18 | 9 | 6 |
| Assistant given jobs not qualified for | 6 | 6 | 2 | 3 |
| Prefer doctor instead of physician's assistant - Net | 10% | 9% | 9% | 8% |
| Prefer doctors attention at all times | 7% | 6% | 8% | 5% |
| Impersonal training | 1 | 1 | 1 | 1 |
| Doctor loses contact with patient | 1 | 2 | 1 | ** |
| Doctor away from office too much | ** | 1 | 1 | 1 |
| Not enough supervision | 8% | 7% | 3% | 5% |
| Expensive/costly | 5 | 3 | 3 | 10 |
| All others | 5 | 10 | 6 | 9 |
| Don't know | 40% | 33% | 59% | 50% |
| | 100% | 100% | 100% | 100% |

* Multiple responses possible

** Less than 0.5%

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Those living in cities with 500,000 people or less expressed greater fear that the physicians' assistants might not be qualified than did those in cities of over 500,000. Whites expressed greater concern in this area than did minorities. Those 65 and over were less likely to mention a disadvantage of the program than were those younger. 29

### C. Perceived Effect of Physician's Assistant Program on Costs of Medical Services

The public does not feel that the cost of medical services will be appreciably lower because of the use of physicians' assistants.

EFFECT ON COSTS OF MEDICAL SERVICES BY USING
PHYSICIAN'S ASSISTANT

| | Total Probability Sample N=610 | | Special Samples: Rural Under 2,500 N=192 | | Special Samples: Minority Groups: Mexican-American N=192 | | Special Samples: Minority Groups: Black N=201 | |
|---|---|---|---|---|---|---|---|---|
| Much/somewhat lower - Subtotal | | 40% | | 35% | | 28% | | 24% |
| The costs of medical services would be much lower than they are now if physicians' assistants were used | 9% | | 7% | | 8% | | 9% | |
| The costs of medical services would be somewhat lower than they are now if physicians' assistants were used | 31 | | 29 | | 19 | | 15 | |
| About the same | | 25% | | 25% | | 26% | | 21% |
| Much/somewhat higher - Subtotal | | 33 | | 37 | | 41 | | 48 |
| The costs of medical services would be somewhat higher than they are now if physicians' assistants were used | 26% | | 29% | | 31% | | 30% | |
| The costs of medical services would be much higher than they are now if physicians' assistants were used | 7 | | 8 | | 10 | | 18 | |
| Don't know | | 2% | | 3% | | 6% | | 6% |
| | | 100% | | 100% | | 100% | | 100% |

Note: Due to rounding, figures may not always add exactly to totals.

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The responses indicate that lower cost of medical services does not appear to be perceived as a major benefit of the Physician's Assistant Program. 43-44

Minorities are more likely to feel that costs will be higher with a physician's assistant than are Whites. 43

Those with upscale socioeconomic characteristics are more likely to feel that there would be a cost advantage than is the case among those with incomes under $15,000, those in blue collar occupations and those who have not graduated from college. 44

WILLINGNESS IN BEING CARED FOR BY A PHYSICIAN'S ASSISTANT BY DEMOGRAPHICS

| | % Stating They "Definitely" or "Probably" Would Be Willing to Have a Physician's Assistant Care For | | | | |
|---|---|---|---|---|---|
| | Respondent | Spouse | Child Under 6 | Child 6-12 | Child 13-17 |
| Size of City or Town | * | * | * | * | * |
| Ethnic Group | Lower among Mexican-Americans | Lower among Mexican-Americans | Lower among Mexican-Americans | Lower among Mexican-Americans and Blacks | Highest among Whites, lowest among Mexican-Americans |
| Sex | * | * | Higher among males | * | * |
| Age of Respondent | Increases as age decreases | Increases as age decreases | * | * | * |
| Family Size | * | * | * | * | * |
| Education of Head of Household | Higher among those who have at least graduated from high school | Higher among those who have at least graduated from high school | * | Higher among those who have at least some college education | Higher among those who have at least graduated from high school |
| Employment of Female Head of Household | * | * | * | Higher among those with a working female head | Higher among those with a working female head |
| Income | * | Higher among those with incomes of $5,000 or more | * | * | Higher among those with incomes of $15,000 or more |
| Occupation | Higher among those in white collar occupations, particularly high in lower white collar occupations | Higher among those in white collar occupations, particularly high in lower white collar occupations | Higher among those in white collar occupations, particularly high in lower white collar occupations | * | * |
| Type of Medical Care | Slightly higher among those going to clinic | Higher among those going to pre-paid medical group or clinic | Somewhat higher among those going to a pre-paid medical group or clinic | Higher among those who go to a doctor practicing in a group or to a pre-paid medical group | Higher among those going to a pre-paid medical group |
| Type of Health Insurance | * | * | * | * | Higher among those with insurance covering most medical care |
| Illness in Family | * | * | * | * | * |

* No meaningful differences

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## VI. NEED FOR PHYSICIANS' ASSISTANTS
## (AMONG THE GENERAL PUBLIC)

In response to the question "Do you feel that all doctors need the help of a physician's assistant or do you feel that only doctors in certain places need the help of a physician's assistant?", respondents were divided in their opinions, with approximately half of the probability sample feeling that all doctors need the help of an assistant and about half feeling that only doctors in certain places need this help. (See table on following page.) 41-42

Minority people and those living in cities of 500,000 or more (probably because these cities have a higher proportion of minority people) are more likely to feel that all doctors need the help of a physician's assistant, rather than only certain doctors. Nevertheless, even among these population segments, attitudes were fairly evenly split.

Respondents were asked to indicate which of the following statements best describes how much they feel that physicians' assistants are needed to help the doctors in California, the doctors in their community, and their own personal doctor:

The help of physicians' assistants is <u>greatly needed</u>.
The help of physicians' assistants is <u>somewhat needed</u>.
The help of physicians' assistants is <u>not needed that much</u>.
The help of physicians' assistants is <u>not needed at all</u>.

## DOCTORS NEEDING HELP OF PHYSICIAN'S ASSISTANT

| | Total Probability Sample N=610 | Special Samples: Rural Under 2,500 N=192 | Special Samples: Minority Groups: Mexican-American N=192 | Special Samples: Minority Groups: Black N=201 |
|---|---|---|---|---|
| All doctors need the help of a physician's assistant - Net | 46% | 45% | 55% | 58% |
| Doctors in certain places - Net* | 50 | 51 | 40 | 41 |
| Rural areas/small towns - Net | 12% | 15% | 9% | 5% |
| Rural areas | 10% | 13% | 6% | 4% |
| Small town | 2 | 3 | 4 | ** |
| Suburban/urban/large cities - Net | 12% | 10% | 4% | 6% |
| Large cities/where more population | 9% | 7% | 3% | 5% |
| Urban areas | 3 | 3 | 1 | ** |
| Suburban areas | ** | -- | -- | -- |
| Hospitals - Net | 9% | 8% | 9% | 15% |
| Hospitals/medical centers | 9% | 8% | 9% | 15% |
| Costly hospitals | ** | -- | -- | ** |
| Where doctors are busy/busy area | 7% | 8% | 4% | 5% |
| Clinics - Net | 6 | 5 | 5 | 8 |
| Clinics/medical clinics | 6% | 4% | 5% | 8% |
| Free clinics | ** | 1 | 1 | -- |
| Don't know | 2% | 1% | 5% | -- |
| All others | 20 | 25 | 18 | 21 |
| None need help | 2% | 2% | 1% | ** |
| Don't know if need help | 2 | 3 | 4 | ** |
| | 100% | 100% | 100% | 100% |

* Multiple responses possible

** Less than 0.5%

Note: Due to rounding, figures may not always add exactly to totals.

The responses indicate that the vast majority of respondents feel that the help of physicians' assistants is greatly or somewhat needed to assist doctors in the State of California as a whole and in the respondents' individual communities. However, in terms of their own doctor, respondents are less likely to feel that there is a need for the help of a physician's assistant. This suggests that to some degree people prefer to have their own doctor take care of them exclusively while physicians' assistants take care of other people. Nevertheless, although the need among respondents' own doctors is perceived to be less than for the State or community, about one-third feel that their doctors greatly need the help of an assistant and an additional one-quarter feel that this help is somewhat needed. 45-50

DEGREE TO WHICH PHYSICIANS ASSISTANT'S HELP IS NEEDED

| | Total Probability Sample N=610 | | |
|---|---|---|---|
| | California | Community | Doctor |
| Greatly/somewhat needed - Net | 89% | 83% | 60% |
| The help of physicians' assistants is greatly needed | 51% | 47% | 34% |
| The help of physicians' assistants is somewhat needed | 38 | 36 | 26 |
| The help of physicians' assistants is not needed that much | 6% | 9% | 16% |
| The help of physicians assistants is not needed at all | 3 | 5 | 19 |
| Don't know | 2 | 3 | 4 |
| | 100% | 100% | 100% |

Note: Due to rounding, figures may not always add exactly to totals.

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Blacks expressed a greater belief in a need for physicians' assistants at all three levels -- State, community, and own doctor -- than did the sample as a whole. This relationship was not found for rural residents or Mexican-Americans.

PERCEIVED NEED FOR PHYSICIANS' ASSISTANTS BY SPECIAL SAMPLES

| | Total Probability Sample N=610 | Special Samples: Rural: Under 2,500 N=192 | Special Samples: Minority Groups: Mexican-American N=192 | Special Samples: Minority Groups: Black N=201 |
|---|---|---|---|---|
| % Feeling the Help of Physicians' Assistants is Greatly or Somewhat Needed For: | | | | |
| California | 89% | 91% | 85% | 95% |
| Community | 83 | 86 | 83 | 93 |
| Doctor | 60 | 65 | 63 | 71 |

In terms of other demographic characteristics, people 65 and over and those with incomes of $15,000 and over were less likely to feel that their doctors need the help of a physician's assistant.

Of interest, there is a clear relationship between willingness to be cared for by a physician's assistant and feeling that there is a need for physicians' assistants. 45-50

PERCEIVED NEED FOR PHYSICIANS' ASSISTANTS BY WILLINGNESS TO BE CARED FOR BY A PHYSICIAN'S ASSISTANT

| | | Degree of Willingness to be Cared for by a Physician's Assistant | | |
|---|---|---|---|---|
| | Total Probability Sample N=610 | Definitely Would Be Willing N=286 | Probably Would Be Willing N=201 | Might or Might Not/Probably Not or Definitely Not Willing N=119 |
| % Feeling the Help of Physicians' Assistants is Greatly or Somewhat Needed For: | | | | |
| California | 89% | 97% | 92% | 69% |
| Community | 83 | 94 | 80 | 62 |
| Doctor | 60 | 74 | 56 | 37 |

In conclusion, the data in this chapter, as well as those reported in previous chapters, indicate that the public does believe that there is a need for physicians' assistants and they are willing to accept them.

# VII. IMAGE AND DESIRED CHARACTERISTICS OF A PHYSICIAN'S ASSISTANT (AMONG THE GENERAL PUBLIC)

## A. Perceived Differences Between a Physician's Assistant, and a Physician, and a Nurse

Over 90% of the respondents mentioned one or more differences between a physician's assistant and a doctor. As might be expected, the main perceived difference is in terms of the level of training and knowledge. In addition, the public feels that the physician's assistant will do less important jobs (as was generally stated in the concept) and will need more supervision. (See table on following page.) 31-32

There were no meaningful differences between the responses of those in the special samples and those in the probability sample.

While approximately 90% of the sample mentioned one or more differences between a physician's assistant and a doctor, a considerably smaller portion (about 60%) reported differences between a physician's assistant and a nurse. This would indicate that the public sees the physician's assistant as being much more similar to a nurse than to a doctor in terms of job responsibility. 33-34

Attitudes are somewhat mixed -- with about 20% feeling that the nurse has more responsibility and a slightly larger percentage feeling that the physician's assistant would have more responsibility. The pattern of response indicates that people tend to feel that the nurse is more patient oriented while the physician's assistant will have more technical duties. (See table on page VII-3.)

DIFFERENCES BETWEEN A PHYSICIAN'S ASSISTANT AND A PHYSICIAN

| | Total Probability Sample N=610 | | Special Samples: Rural Under 2,500 N-192 | | Special Samples: Minority Groups Mexican-American N=192 | | Special Samples: Minority Groups Black N=201 | |
|---|---|---|---|---|---|---|---|---|
| Mentioned one or more differences - Net* | | 94% | | 94% | | 86% | | 97% |
| Less training/knowledge than doctors | 63% | | 60% | | 58% | | 66% | |
| Assistant does small jobs | 13 | | 19 | | 11 | | 13 | |
| Doctor diagnosis/prescribes | 13 | | 14 | | 10 | | 7 | |
| Assistant has less responsibility/supervision - Net | 12 | | 12 | | 18 | | 20 | |
| Assistant need supervision instructed by doctor | 7% | | 7% | | 13% | | 15% | |
| Doctor has more responsibility | 6 | | 7 | | 7 | | 5 | |
| Doctor can perform surgery | 10% | | 16% | | 9% | | 4% | |
| All others | 13 | | 12 | | 14 | | 11 | |
| Don't know/no differences | | 6% | | 6% | | 14% | | 3% |
| | | 100% | | 100% | | 100% | | 100% |

* Multiple responses possible

DIFFERENCES BETWEEN A PHYSICIAN'S ASSISTANT AND A NURSE

| | Total Probability Sample N=610 | Special Samples: Rural Under 2,500 N-192 | Special Samples: Minority Groups Mexican-American N=192 | Special Samples: Minority Groups Black N=201 |
|---|---|---|---|---|
| Mentioned one or more differences - Net* | 62% | 63% | 59% | 63% |
| Assistant more training/ responsibility - Net | 25% | 23% | 20% | 20% |
| Assistant more training | 17% | 18% | 16% | 13% |
| Assistant more responsibility/ oriented | 9 | 8 | 7 | 8 |
| Nurses more training/ responsibility - Net | 19% | 19% | 23% | 23% |
| Nurses have more college/training | 17% | 17% | 21% | 20% |
| Assistant to/aide nurse | 1 | 1 | 1 | 3 |
| Nurse 2nd in charge/ more responsibility | 1 | 2 | 2 | 2 |
| Assistant more technical duties/nurse patient oriented | 10% | 10% | 5% | 10% |
| All others | 16 | 25 | 19 | 16 |
| Don't know/no differences | 38% | 37% | 41% | 37% |
| | 100% | 100% | 100% | 100% |

* Multiple responses possible

## B. Desired Characteristics of a Physician's Assistant

In order to assess attitudes toward a physician's assistant in terms of image and desired characteristics, respondents were handed 16 cards with each of the following characteristics and were asked to select those which they would most want to be true of a physician's assistant who might care for them:

Male
Female
Younger
Older
College educated
A few years of experience
Many years of experience
Very closely supervised
Free to make decisions on his/her own
Same ethnic group as myself
Several years of training
Interested in going further in the medical profession
Is very honest
Is very skilled in his/her work
Is friendly and courteous
Charges reasonable fees

To provide a frame of reference from which to evaluate responses regarding a physician's assistant, data was gathered in a similar manner for doctors and nurses.

Four characteristics considered quite important for all three professions are

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skill, friendliness, courtesy and honesty, and many years of training. One dramatic difference between the three job categories is the degree of supervision, with the doctor requiring very little, the nurse requiring a medium amount, and the physician's assistant requiring a great deal. This finding is consistent with those reported in Section A of this chapter and suggests that the public perceives the physician's assistant as doing probably more medical tasks to people than a nurse does and particularly tasks requiring greater supervision. As was discussed to some degree in Chapter V, people feel that the greatest disadvantage of the Physician's Assistant Program is that the assistant might not be trained well enough to do the things he is supposed to or that he might not be supervised sufficently. These results further indicate the public's concern regarding adequate training and supervision. (See table on following page.)

35-40

The nurse and physician's assistant are considered similar to each other, but very different from a doctor in terms of education, freedom to make decisions, experience, and age. In terms of differences between the nurse and the assistant's, the nurse is felt to be a female to a much greater degree than is the physician's assistant, and the physician's assistant is felt to be someone who might be interested in going further in the medical profession (possibly becoming a doctor) than is the nurse.

IDEAL CHARACTERISTICS OF A DOCTOR, NURSE,
AND PHYSICIAN'S ASSISTANT

| | Total Probability Sample N=610 | | |
|---|---|---|---|
| | Doctor | Nurse | Physician's Assistant |
| Mentioned one or more characteristics - Net* | 100% | 99% | 99% |
| Is very skilled in his/her work | 87% | 81% | 78% |
| Charges reasonable fees | 76 | 26 | 38 |
| Is very honest | 75 | 55 | 56 |
| Is friendly and courteous | 67 | 78 | 65 |
| College educated | 62 | 43 | 42 |
| Free to make decisions on his/her own | 52 | 21 | 24 |
| Many years of experience | 49 | 24 | 20 |
| Several years of training | 40 | 45 | 46 |
| Interested in going further in the medical profession | 40 | 32 | 53 |
| Male | 34 | 8 | 25 |
| Older | 24 | 14 | 12 |
| A few years of experience | 19 | 32 | 38 |
| Younger | 12 | 15 | 17 |
| Female | 11 | 45 | 17 |
| Same ethnic group as myself | 8 | 7 | 7 |
| Very closely supervised | 8 | 39 | 59 |
| Don't know | * | 1% | 1% |
| | 100% | 100% | 100% |

* Multiple responses possible

# VIII. CONCERN ABOUT SHORTAGE OF PHYSICIANS AND MEDICAL SERVICES (AMONG PHYSICIANS)

This chapter discusses how California physicians view shortages of physicians and medical services in the State of California. In particular, this chapter covers the following areas:

1. Concern regarding a shortage of medical services and of doctors relative to other problem areas.

2. The perceived extent of a shortage of physicians.

3. Places in the State where physicians feel a shortage of physicians exists. This information was gathered in the following manner:

   - unaided - Respondents were simply asked to report (without being given any suggestions) where they feel a shortage of physicians exists.

   - aided - Respondents were given a list of possible places or situations in which a shortage of physicians may exist and asked to select those they feel have a shortage.

4. Manner in which the shortage of physicians should be eliminated. Without being given any suggestions, respondents were asked to give their opinions as to how a shortage of physicians could be eliminated.

In general, responses to these question areas indicate the following:

. . . Physicians are more concerned about their being a shortage of medical services than a shortage of doctors. Physicians with urban minority or rural practices expressed a much greater concern regarding a shortage of doctors than urban non-minority physicians.

. . . Most doctors feel that a shortage of physicians exists in some or a few places rather than in most or in no places.

. . . The main locations in which physicians feel a shortage exists are rural areas and small towns, places with a high percentage of minority people, and those with mostly below average income people.

. . . Physicians feel the best way to eliminate a shortage in these areas is to encourage physicians to areas where shortages exist by subsidizing them.

## A. Concern About Shortage of Physicians and Medical Services

In order to determine how concerned physicians in California are about a shortage of physicians or medical services, physicians were presented with the same list of problems relating to the quality of products and services as were the general public respondents.

Physicians' responses are very similar to that of the general public -- that is, the most frequently mentioned problem areas are "care of senior citizens" and "poor quality of products and services". In addition, "poor quality schooling" is thought to be a problem, although less so by rural doctors. 111

"Shortage of medical services" was selected by about one-third of the respondents. All three groups of physicians -- physicians with urban non-minority practices, physicians with urban minority practices, and physicians with rural practices -- seem to agree to about the same degree that there is a shortage of medical services. However, physicians with urban minority or rural practices feel more strongly that there is a shortage of doctors (with responses of 27% and 33% respectively) compared with physicians with urban non-minority practices(16%).

Approximately 90% of the doctors mentioned one or more problems of concern with each respondent mentioning an average of 2.3 problem areas.

As with the general public, then, there is moderate concern over "shortage of medical services". Although physicians with urban minority or rural practices are concerned about a shortage of doctors (as is the public), doctors practicing in urban non-minority areas do not see this as much of a concern.

Nearly half of the urban minority and rural physicians mentioned one or both of the problems concerned with a shortage of medical care and doctors while only one-third of the urban doctors did so.

ISSUES OF CONCERN IN COMMUNITY

| | Urban Non-Minority Physicians N=116 | Urban Minority Physicians N=97 | Rural Physicians N=98 |
|---|---|---|---|
| Mentioned one or more issues of concern - Net* | 90% | 94% | 86% |
| Care of senior citizens | 54% | 42% | 48% |
| Poor schooling/trained teachers - Net | 48 | 47 | 30 |
| Poor quality schooling | 41% | 41% | 27% |
| Poorly trained teachers | 17 | 15 | 14 |
| Poor quality products/services | 42% | 42% | 38% |
| Shortage of doctors/medical services - Net | 35 | 51 | 49 |
| Shortage of medical services | 29% | 37% | 33% |
| Shortage of doctors | 16 | 27 | 33 |
| Competence of judges | 28% | 19% | 16% |
| Corrupt policemen | 8 | 7 | 4 |
| Shortage of lawyers | 2 | 1 | 1 |
| None of these | 9% | 4% | 14% |
| Don't know | 1% | 2% | -- |
| | 100% | 100% | 100% |
| Median number of responses | 2.4 | 2.3 | 2.1 |

* Multiple responses possible

Concern regarding a "shortage of medical services" and a "shortage of doctors" is higher among those who would definitely or probably be interested in having a physican's assistant than among those who are less interested.

## B. Perceived Extent of the Shortage of Physicians in California

While the vast majority of doctors feel that there is a shortage of physicians rather than no shortage; most physicians feel that a shortage of physicians exists in some or only a few places in the State rather than in many or most 112
places. Physicians with urban minority or rural practices feel somewhat more strongly (approximately 20%) that there is a shortage in many or most places than do physicians with urban non-minority practices (12%).

DEGREE TO WHICH A SHORTAGE OF PHYSICIANS EXISTS IN STATE

| | Urban Non-Minority Physicians N=116 | | Urban Minority Physicians N=97 | | Rural Physicians N=98 | |
|---|---|---|---|---|---|---|
| Many/most places - Subtotal | | 12% | | 20% | | 21% |
| Severe shortage in most places | 3% | | 4% | | 4% | |
| Shortage in many places | 9 | | 15 | | 17 | |
| Some/few places - Subtotal | | 66% | | 69% | | 61% |
| Shortage in some places | 47% | | 52% | | 41% | |
| Shortage in only a few places | 20 | | 18 | | 20 | |
| No shortage in most places | | 20% | | 11% | | 16% |
| Don't know | | 2 | | -- | | 1 |
| | | 100% | | 100% | | 100% |

Note: Due to rounding, figures may not always add exactly to totals.

There was no strong relationship between interest in having a physician's assistant and the perceived extent of the shortage of physicians, although there was a relationship between concern over a shortage and interest in an assistant (see preceding section).

DEGREE TO WHICH A SHORTAGE OF PHYSICIANS EXISTS
IN STATE BY DEGREE OF INTEREST IN HAVING A PHYSICIAN'S ASSISTANT

| | Degree of Interest in Having a Physician's Assistant | | |
|---|---|---|---|
| | Definitely or Probably Interested N=110 | Might or Might Not/Probably Not Be Interested N=89 | Definitely Not Interested N=103 |
| Many/most places - Subtotal | 21% | 11% | 17% |
| Severe shortage in most places | 5% | -- | 5% |
| Shortage in many places | 16 | 11% | 12 |
| Some/few places - Subtotal | 65% | 76% | 57% |
| Shortage in some places | 45% | 57% | 39% |
| Shortage in only a few places | 20 | 19 | 18 |
| No shortage in most places | 13% | 12% | 24% |
| Don't know | 1 | -- | 2 |
| | 100% | 100% | 100% |

Note: Due to rounding, figures may not always add exactly to totals.

## C. Places in Which a Shortage of Physicians Exists

### Unaided

Respondents who feel there is a shortage of physicians in at least a few places were asked: "In what places in the State do you feel that a shortage of physicians exists?" Nearly two-thirds of the physicians mentioned small towns and/or rural areas. Other places mentioned, but to a lesser extent were poor areas/ghettos/slums.

PLACES IN WHICH SHORTAGE OF PHYSICIANS EXISTS - UNAIDED

| | Urban Non-Minority Physicians N=116 | | Urban Minority Physicians N=97 | | Rural Physicians N=98 | |
|---|---|---|---|---|---|---|
| Those stating shortage of physicians exists - Net* | | 78% | | 89% | | 83% |
| Small towns/rural areas - Net | | 61% | | 63% | | 67% |
| Rural areas | 48% | | 53% | | 59% | |
| Small towns | 21 | | 15 | | 13 | |
| Farming community | 3 | | -- | | -- | |
| Poor area/ghetto - Net | | 11% | | 16% | | 18% |
| Ghettos/slums | 6% | | 6% | | 11% | |
| Poor/low income/welfare area | 6 | | 10 | | 7 | |
| Northern California | | 5% | | 11% | | 6% |
| Certain types of physicians - Net | | 5 | | 6 | | 2 |
| Specific/specialist | 3% | | 4% | | 1% | |
| General practitioners | 3 | | 2 | | 1 | |
| All others | | 16% | | 21% | | 18% |
| Don't know/no answer | | 4 | | 5 | | 3 |
| No shortage exists/Don't know | | 22% | | 11% | | 17% |
| | | 100% | | 100% | | 100% |

* Multiple responses possible

Aided

After responses to the previous question were obtained, respondents were handed a card with a list of the following situations and were asked "In which, if any, of these situation do you feel that a shortage of physicians exists in this State?"

Cities
Suburbs
Rural places
Places with a high percentage of minority people
Places with a high percentage of non-minority people
Places with a high percentage of young adults
Places with a high percentage of middle-aged people
Places with a high percentage of older people
Places with mostly above average income people
Places with mostly average income people
Places with mostly below average income people
Private solo practices (1 physician)
Small medical group (2-4 physicians)
Medium sized medical group (5-10 physicians)
Large medical group (11-74 physicians)
Very large medical group (75 or more physicians)
Large clinic
Teaching hospital
Hospital
Other

Rural places was selected with the same frequency as in the unaided question. Also, similar to the previous question, places with a high percentage of minorities or below average income people are considered next in importance, however, a much higher percentage of the respondents selected these situations on an aided basis.

Responses varied somewhat by type of practice. Doctors with urban practices were much more likely to mention that there is a shortage in places with a high percentage of minority people than were rural physicians. Doctors with urban minority practices were more likely to select "Places with mostly below average income people" than were those with other practices. (See table on following page.)

## D. Ways to Eliminate the Shortage of Physicians

Approximately 40% of the doctors interviewed feel that the way to eliminate a shortage of physicians is to attract them to areas where shortages exist by 115
subsidizing them or making it compulsory for graduates to serve or intern in shortage areas.

Urban minority (26%) and rural (17%) doctors feel more strongly than urban non-minority doctors (9%) that a change in the education system would help to eliminate a shortage of doctors. In particular, they mentioned that there should be more graduates, more schools/training, and lower education costs to attract more students.

Fewer than 10% mentioned a physician's assistant or paramedic program on an unaided basis as a solution for eliminating a shortage of physicians. Either physicians are unaware of these types of programs or they don't feel that this would help eliminate a shortage of physicians. (See table on Page VIII-10.)

SITUATIONS IN WHICH SHORTAGE OF PHYSICIANS EXISTS - AIDED

| | Urban Non-Minority Physicians N=116 | Urban Minority Physicians N=97 | Rural Physicians N=98 |
|---|---|---|---|
| Those stating shortage of physicians exits - Net* | 78% | 89% | 83% |
| Rural places | 68% | 76% | 77% |
| Places with a high percentage of minority people | 53 | 59 | 38 |
| Places with mostly below average income | 45 | 54 | 42 |
| Places with a high percentage of older people | 11 | 19 | 16 |
| Private solo practice (1 physician) | 8 | 16 | 24 |
| Cities | 8 | 13 | 10 |
| Suburbs | 8 | 7 | 1 |
| Places with mostly average income | 6 | 4 | 5 |
| Small medical group (2-4 physicians) | 4 | 9 | 6 |
| Places with a high percentage of non-minority | 3 | 6 | 4 |
| Teaching hospital | 3 | 6 | 4 |
| Large clinic | 3 | 2 | 5 |
| Medium sized medical group (5-10 physicians) | 3 | 5 | 2 |
| Hospital | 3 | 8 | 5 |
| Places with a high percentage of young adults | 3 | 2 | 2 |
| Places with a high percentage of middle aged people | 3 | 1 | 2 |
| Large medical group (11-74 physicians) | 2 | 4 | 1 |
| Very large medical group (75 or more physicians) | 1 | 3 | 1 |
| Places with mostly above average income | 1 | 2 | 1 |
| Don't know | 1 | 1 | 1 |
| No shortage exists/don't know | 22% | 11% | 17% |
| | 100% | 100% | 100% |

* Multiple responses possible

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WAYS TO ELIMINATE SHORTAGE OF PHYSICIANS

| | Urban Non-Minority Physicians N=116 | Urban Minority Physicians N=97 | Rural Physicians N=98 |
|---|---|---|---|
| Those stating shortage of physicians exists - Net* | 78% | 89% | 83% |
| Attract physicians to these areas - Net | 40% | 42% | 45% |
| Attract phy. to area subsidize | 33% | 34% | 37% |
| Graduate gives 2-3 years compulsory service in shortage area | 7 | 9 | 9 |
| Intern in shortage area | 4 | 2 | 4 |
| Education system - Net | 9% | 26% | 17% |
| More graduates | 6% | 10% | 3% |
| More schools/institutes/training | 2 | 8 | 7 |
| Lower education costs/attract more | 1 | 9 | 5 |
| Accept more minority students | 1 | 2 | 2 |
| Shorter training for physicians | -- | 1 | 1 |
| Medic/physician's assistant program - Net | 9% | 9% | 5% |
| Physician's assistant | 6% | 5% | 2% |
| Adopt para-medic program | 3 | 4 | 3 |
| More clinics/hospitals/medical centers | 7% | 6% | 6% |
| All others | 23 | 30 | 34 |
| Don't know/no answer | 12 | 4 | 6 |
| No shortage exists/Don't know | 22% | 11% | 17% |
| | 100% | 100% | 100% |

* Multiple responses possible

# IX. ATTITUDES TOWARD THE PHYSICIAN'S ASSISTANT PROGRAM CONCEPT (AMONG PHYSICIANS)

## A. Overall Attitude Toward the Physician's Assistant Program Concept

To obtain an overall evaluation of the Physician's Assistant Program concept, doctors were asked to rate the idea by selecting one of the following statements:

It sounds like an excellent program
It sounds like a good program
It sounds like a fair program
It sounds like a poor program
It sounds like a very bad program

In general, physicians are quite favorable toward the Physician's Assistant Program with about two-thirds rating it excellent or good. Physicians with urban minority practices are more favorable toward the Program with 75% of these doctors rating the concept as "excellent" or "good" compared to approximately 60% of the physicians with practices in urban non-minority or rural areas. Physicians with urban minority patients were equally divided between rating the concept excellent or good, while physicians with urban non-minority or rural patients were more likely to rate the Program as good rather than excellent, futher indicating that the concept is more acceptable to physicians with urban minority practices. 120

Those with urban non-minority or rural practices were somewhat more likely to rate the Program as poor or very bad.

OVERALL RATING OF THE PHYSICIAN'S ASSISTANT PROGRAM CONCEPT

| | Urban Non-Minority Physicians N=116 | | Urban Minority Physicians N=97 | | Rural Physicians N=98 | |
|---|---|---|---|---|---|---|
| Excellent/good - Net | | 64% | | 75% | | 60% |
| Excellent | 18% | | 36% | | 26% | |
| Good | 46 | | 39 | | 35 | |
| Fair | | 15% | | 12% | | 16% |
| Poor/very bad - Net | | 20 | | 10 | | 18 |
| Poor | 16% | | 5% | | 8% | |
| Very bad | 4 | | 5 | | 10 | |
| Don't know | | 2% | | 2% | | 5% |
| | | 100% | | 100% | | 100% |

Note: Due to rounding, figures may not always add exactly to totals.

Those who have been in practice for less than 11 years rated the Program substantially higher than those who have been practicing 11 years or more, specialists rated it higher than general practioners, those working for the government rated it higher than those in private practice, those who work with other physicians rated it higher than those who work alone and those who feel there is a shortage in some, several, or many places rated the Program dramatically higher than those who feel there is a shortage of doctors in only a few places or no where.

OVERALL RATING OF THE PHYSICIAN'S ASSISTANT PROGRAM CONCEPT

BY DEMOGRAPHICS

| | Those Who Rated the Physician's Assistant Program Concept As: | |
|---|---|---|
| | Excellent/Good | Poor/Very Bad |
| Type of Practice | Higher among urban minority physicians | Higher among urban non-minority and rural physicians |
| Interest in having a Physican's Assistant | Increases substantially as interest increases | Dramatically higher among those who are definitely not interested |
| Length of Time in Practice | Much higher among those in practice less than 10 years | Increases as length of time in practice increases |
| General Practioner vs. Specialist | Higher among specialists | Higher among general practioners |
| Private vs. Governmental Practice | Higher among those in governmental practice | * |
| Size of Group | Higher among those who work with other doctors | Higher among those in solo practices |
| Perceived Extent of Shortage of Physicians | Dramatically higher among those feeling there is a shortage of doctors in some, several, or many places | Higher among those feeling there is a shortage in a few places. Substantially higher among those feeling there is no shortage |

* No meaningful differences

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## B. Interest in Having a Physician's Assistant

Approximately 30% to 40% of the doctors expressed favorable interest in 132
having a physician's assistant ("definitely" or "probably" would be interested in having an assistant). Clearly, the results indicate that all doctors are not going to want physicians' assistants at this time or in the near future, (with approximately half of the sample stating that they "definitely" or "probably" would not be interested in having one). However, there does appear to be opportunity for physicians' assistants among a minority of the physicians.

There is greater potential among physicains with urban minority or rural practices than among those with urban non-minority practices. It might be kept in mind, however, that in terms of numbers of doctors, there are fewer with rural or urban minority practices than there are with urban non-minority patients.

DEGREE OF INTEREST IN HAVING A PHYSICIAN'S ASSISTANT

| | Urban Non-Minority Physicians N=116 | | Urban Minority Physicians N=97 | | Rural Physicians N=98 | |
|---|---|---|---|---|---|---|
| Definitely/probably would be interested - subtotal | | 27% | | 39% | | 42% |
| Definitely would be interested in in having a physician's assistant | 17% | | 27% | | 26% | |
| Probably would be interested in in having a physician's assistant | 9 | | 12 | | 16 | |
| Might or might not be interested in having a physician's assistant | | 15% | | 15% | | 10% |
| Probably/definitely not interested - subtotal | | 55 | | 42 | | 46 |
| Probably would not be interested in in having a physician's assistant | 21% | | 13% | | 10% | |
| Definitely would not be interested in having a physician's assistant | 34 | | 29 | | 36 | |
| Don't know | | 3% | | 3% | | 2% |
| | | 100% | | 100% | | 100% |

Note: Due to rounding, figures may not always add exactly to totals.

The table above indicates that responses are fairly polarized with consistently higher percentages stating they "definitely" would be interested than stating they "probably"would be interested and higher percentages indicating that they "definitely" would not be interested than those indicating that they "probably" would not be interested. In addition, the percent of doctors who are undecided as to whether or not they want an assistant is fairly small.

This pattern of response indicates that the physicians have formed fairly strong opinions as to whether or not they want a physician's assistant. It is more difficult to change their feelings (at least in the short run) than is the case when attitudes are not polarized or when there is a large percentage of people expressing doubt.

If the Board of Medical Examiners is interested in having physicians' assistants widely used, rather than in only a minority of practices, strong promotional or communications activities are required to convince physicians of their value. Question areas, which are discussed later in this chapter and the next ones, indicate that doctors feel that they do not need the help of a physician's assistant rather than there being something innately wrong with the concept or the people who would be trained to handle this position. In many occupations people find it hard to give up responsibility, to train others to do some of their duties, to get rid of the idea "it's easier or better if I do it myself", etc. Possibly, this is one of the difficulties with accepting a physician's assistant and it might take time to pursuade more doctors to use them and learn to give up certain jobs they have been doing for a long time and put their efforts toward those areas where their skills are needed to a greater extent.

Younger doctors (those in practice fewer years) showed somewhat greater interest in having an assistant than did older ones. Perhaps a means of creating a greater need for physicians' assistants in the future might be in terms of promotional activities at medical schools or hospitals with interns or residents, such as lectures or classes on how physicians' assistants might be employed.

Those working in the government indicated greater interest in having an assistant than did those working in private practice. In addition, physicians in medium to large groups (5 or more physicians) expressed more interest than did those in small groups or solo practices (4 or fewer physicians).

DEGREE OF INTEREST IN HAVING A PHYSICIAN'S ASSISTANT
BY DEMOGRAPHICS

| | Degree of Interest in Having a Physician's Assistant | |
|---|---|---|
| | Definitely/ Probably Interested | Probably/Definitely Not Interested |
| Type of Practice | Higher among urban minority and rural physicians | Higher among urban non-minority physicians |
| Length of Time in Practice | Higher among those in practice less than ten years and 21 years or more | Substantially higher among those in practice 11 years or more |
| General Practioner vs. Specialist | * | * |
| Private vs. Governmental Practice | Much higher among those in governmental practice | Slightly higher among those in private practice |
| Size of Group | Higher among those working with a meduim to large group | Higher among those working alone or in a small group |
| Perceived Extent of Shortage of Physicians | Higher among those stating shortage exists in several or many places | Much higher among those stating there is no shortage |

* No meaningful differences

In conclusion, although the majority of doctors in the State of California do not care to have a physician's assistant at the present time, a substantial minority have expressed interest, with approximately 20% to 25% expressing high interest. (This does not mean that one-fourth or one-fifth of the doctors will actually want an assistant. In a survey, people generally express higher interest than would be true of actual situations and the percentages are interpreted in this way rather than as absolute numbers.) In particular, the following segments of the medical profession exhibited greater interest in having physicians' assistants and these groups might be the ones for which efforts might be most efficiently made when physicians' assistants are trained and are ready to begin working:

- physicians with rural practices
- physicians with urban minority practices
- physicians in practice less than 11 years
- physicians in governmental practices
- physicians practicing in groups with 4 or more other physicians

Of the physicians that expressed negative or unsure interest (probably not/definitely not/might or might not be interested), by far the most important 133
reason for this negative response is that they do not feel they need or can use the help of physicians' assistants at this time either because their specialty or practice cannot utilize an assistant or because they are not busy enough to warrant one. Approximately 10% mentioned that they could use their nurse in this capacity, 12% of those with extremely negative interest stated that they prefer to work alone.

REASONS FOR DEGREE OF INTEREST IN HAVING A PHYSICIAN'S ASSISTANT BY DEGREE OF INTEREST

| Reasons for Degree of Interest* | Degree of Interest in Having a Phsyciian's Assistant: Definitely Or Probably Not Interested N=110 | | Might or Might Not/ Probably Not Interested N=89 | | Definitely Not Interested N=103 | |
|---|---|---|---|---|---|---|
| Negative reasons - Net | | 6% | | 87% | | 92% |
| Don't need a physician's assistant - Net | 3% | | 56% | | 64% | |
| Can't use (specialty/radiology/pediatrics) | 1% | | 16% | | 20% | |
| Can't use (unspecified) | -- | | 19 | | 21 | |
| Don't need/not busy | 2 | | 15 | | 18 | |
| Can't use/counseling/psychologists | -- | | 7 | | 4 | |
| Prefer to train own nurse/nurse qualifies | 1% | | 13% | | 10% | |
| Prefer to work alone | -- | | 3 | | 12 | |
| Need another doctor/assistant not qualified | 1 | | 6 | | 3 | |
| All other negative reasons | 2 | | 11 | | 9 | |
| Positive reasons - Net | | 89% | | 6% | | 3% |
| Better care - Net | 30% | | -- | | 1% | |
| Free doctor for other things | 28% | | -- | | 1% | |
| Patient would get better care | 6 | | -- | | -- | |
| Would help (unspecified) | 18% | | -- | | -- | |
| Assistant performs minor medical duties | 14 | | 1 | | -- | |
| Already have an assistant | 10 | | 1 | | 2 | |
| Help in specialty | 12 | | -- | | -- | |
| Doctor has more time to spend with patients | 7 | | -- | | -- | |
| Assistant helps with clerical work/forms | 7 | | -- | | -- | |
| All other positive reasons | 21 | | 8 | | 2 | |
| Don't know | | 5% | | 7% | | 5% |
| | | 100% | | 100% | | 100% |

* Multiple responses possible

Among those with positive interest in having physicians' assistants (definitely or probably would be interested), the most frequently mentioned advantage is that it would free the doctor to do other things or would be generally helpful.

## C. Tasks that Could be Performed by a Physician's Assistant

The subject of jobs that were considered acceptable for performance by physicians' assistants was approached in two ways.

### Unaided

Physicians were simply asked to relate what tasks they would delegate to a physician's assistant that they need help with.

### Aided

For each of 12 specific tasks not mentioned in the unaided question, respondents were asked whether or not they would delegate it to a physician's assistant and whether or not they need help with that task. This "aided" method tends to yeild somewhat more meaningful data because people are better able to react to items presented to them than volunteer them on their own.

To obtain a total response of tasks that could be delegated and of those with which doctors need help, the unaided responses were added to each of the two aided questions.

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Tasks that Could be Delegated for Which Doctors Need Help - Unaided

In an unaided manner, physicians were asked, "Assuming for the moment that you had a physician's assistant, what types of tasks, which you feel could be delegated to a physician's assistant, do you need the most help with?" Approximately eighty percent of the doctors mentioned one or more tasks that could be delegated that they need help with. Approximately 20% either do not need any help or feel that there are no tasks which they could delegate to physicians' assistants. 135-A

No specific task was mentioned by a large portion of the physicians. The most frequently mentioned task that physicians would delegate and need help with is taking patient history. The following table indicates that many tasks were mentioned by about 10%-20% of each sample. The responses would suggest that many tasks could be done by the assistants although each doctor perceives his needs in different ways.

TASK THAT COULD BE DELEGATED THAT NEED
HELP WITH - UNAIDED

| | Urban Non-minority Physician N=116 | Minority Physician N=97 | Rural Physician N=98 |
|---|---|---|---|
| Mention one or more tasks - Net* | 81% | 78% | 83% |
| Take patient's history/talk to people | 28% | 31% | 28% |
| Blood pressure tests | 22 | 22 | 22 |
| Injections such as penicillin | 18 | 18 | 27 |
| Removal of a cast | 18 | 18 | 19 |
| Removal of stitches after an operation | 16 | 14 | 13 |
| Immunization such as small pox vaccine | 16 | 12 | 13 |
| Blood test | 15 | 12 | 15 |
| Routine/light physical check-up/ baby care | 14 | 19 | 30 |
| Ear test | 14 | 6 | 7 |
| Care of a superficial wound, that is an external wound such as a bruise or a cut | 13 | 11 | 23 |
| Skin test | 13 | 4 | 14 |
| Prep for exam/preliminary | 11 | 8 | 7 |
| Physical therapy | 10 | 7 | 11 |
| Eye test | 10 | 6 | 10 |
| Paper work/clerical tasks/forms | 6 | 7 | 7 |
| Minor illness/colds/upper respitory | 5 | 4 | 7 |
| Caring for sprains | 4 | 5 | 8 |
| Helping in surgery | 4 | 4 | 5 |
| Drawing blood | 4 | 1 | 1 |
| Suturing | 3 | 5 | 6 |
| For emergency | 3 | 3 | -- |
| I.V. injections | 2 | 2 | 1 |
| All others | 33 | 38 | 34 |
| Don't know/no answer | 19% | 22% | 17% |
| | 100% | 100% | 100% |

* Multiple responses possible

Physicians with rural practices are more likely to need help with and delegate such tasks as injections, routine/light physical check-up and care of a superficial wound, than are physicians with urban practices. Urban non-minority and rural doctors are somewhat more likely to delegate and need help with a skin test than are doctors with minority patients.

The percent mentioning tasks that could be delegated and with which doctors need help increase with interest in having a physician's assistant.

Total Tasks that Could be Delegated -- Unaided + Aided

On an aided basis, doctors were asked which of the following duties that they had not mentioned in the previous question could be delegated to a physician's assistant:

- a blood test
- removal of a cast
- physical therapy
- an eye test
- care of a superficial wound, that is an external wound such as a bruise or a cut
- removal of stitches after an operation
- a skin test
- an immunization such as a small pox vaccine
- caring for sprains
- blood pressure tests
- injections such as penicillin shots
- ear tests

With the exception of caring for sprains, about three-quarters or more of the doctors indicated confidence in delegating each of the preceding tasks to a physician's assistant. Caring for sprains was thought to be delegable by less than 60% of the physicians. 135

TOTAL TASKS (AIDED AND UNAIDED) THAT COULD BE DELEGATED

| Tasks* | Urban Non-minority Physician N=116 | Minority Physician N=97 | Rural Physician N=98 |
|---|---|---|---|
| Blood pressure tests | 87% | 90% | 90% |
| Skin test | 81 | 79 | 85 |
| Care of a superficial wound, that is an external wound such as a bruise or a cut | 80 | 87 | 80 |
| Immunization such as a small pox vaccine | 80 | 84 | 87 |
| Removal of a cast | 78 | 89 | 80 |
| Removal of stitches after an operation | 77 | 86 | 78 |
| Injections such as penicillin shots | 73 | 77 | 77 |
| Blood test | 72 | 82 | 78 |
| Ear test | 72 | 71 | 72 |
| Eye test | 72 | 75 | 81 |
| Physical therapy | 71 | 86 | 80 |
| Caring for sprains | 59 | 59 | 55 |

* Multiple responses possible

In general, a slightly higher percentage of physicians with rural or urban minority practices considered many of the assignments delegable than was the case with the doctors with urban non-minority practices. This is probably related to the finding that physicians with urban minority or rural practices are more interested in having an assistant.

Taking patient history and routine/light physical checkup were not included in the aided questions, so that their actual total responses are not known.

Tasks For Which Physicians Need Help - Unaided + Aided

The tasks were mentioned by a lower percentage of doctors with urban non-minority practices who feel they need help for nearly all the specified tasks than other doctors interviewed. This is consistent with the previous findings.

The most frequently mentioned tasks that doctors feel they need help with are blood pressure tests and injections.

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TOTAL TASKS (AIDED AND UNAIDED) THAT NEED HELP WITH

| Tasks* | Urban Non-minority Physician N=116 | Minority Physician N=97 | Rural Physician N=98 |
|---|---|---|---|
| Blood pressure test | 35% | 48% | 46% |
| Immunization such as small pox vaccine | 29 | 33 | 35 |
| Injections such as penicillin shots | 28 | 43 | 44 |
| Removal of a cast | 28 | 31 | 34 |
| Removal of stitches after an operation | 26 | 38 | 36 |
| Skin test | 24 | 32 | 38 |
| Care of a superficial wound, that is an external wound such as a bruise or a cut | 23 | 37 | 45 |
| Eye test | 23 | 32 | 29 |
| Blood test | 22 | 32 | 34 |
| Ear test | 22 | 27 | 33 |
| Physical therapy | 20 | 33 | 31 |
| Caring for sprains | 12 | 22 | 27 |

* Multiple responses possible

## D. Advantages of, Disadvantages of, and Suggested Improvements for the Physician's Assistant Program

### Advantages

Over 80% of the doctors mentioned one or more advantages to the Physician's Assistant Program. To physicians, the most important advantage of the assistant is that he or she would free the doctor to do other things. This was also

considered the most important advantage among the general public and allied health professionals. Also mentioned is that the assistant performs minor duties and that patients would receive better care or service. 116

More physicians with urban minority practices mentioned that the assistant would perform minor duties than the other doctors interviewed.

ADVANTAGES OF PHYSICIAN'S ASSISTANT PROGRAM

| Advantages* | Urban Non-Minority Physicians N=116 | Urban Minority Physicians N=97 | Rural Physicians N=98 |
|---|---|---|---|
| Mentioned one or more advantages - Net | 87% | 86% | 83% |
| Frees physicians to do other things | 54% | 57% | 50% |
| Assistant performs minor duties | 21 | 36 | 19 |
| Better care/service - Net | 16 | 12 | 12 |
| Better care/service | 13% | 9% | 12% |
| More individual attention | 3 | 3 | 1 |
| Cut costs | 9% | 6% | 6% |
| Faster service/less waiting | 7 | 4 | 3 |
| Help in rural areas where lack of physicians | 6 | 1 | 3 |
| Help when physician not available | 5 | 1 | 5 |
| All other advantages | 17 | 15 | 18 |
| Don't know/no advantages | 13% | 14% | 17% |
| | 100% | 100% | 100% |

* Multiple responses possible

Tbl.
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Those who are definitely not interested in having a physician's assistant and those who do not feel there is a shortage of physicians were less likely to mention an advantage to the Program.

Disadvantages

Fully 90% of the sample mentioned disadvantages to the Program. This is a high 117
percentage and indicates that although there are advantages, physicians had some definite concerns regarding its workability. In particular, approximately two-fifths of the physicians are worried about the qualifications of the physicians' assistants because they are unsure of their training or they are concerned that the assistant may perform tasks for which he is not qualified.

Approximately 20% of the physicians are concerned about the legal aspects of having a physician's assistant.

DISADVANTAGES OF THE PHYSICIAN'S ASSISTANT PROGRAM

| | Urban Non-Minority Physicians N=116 | | Urban Minority Physicians N=97 | | Rural Physicians N=98 | |
|---|---|---|---|---|---|---|
| Mentioned one or more disadvantages - Net* | | 91% | | 87% | | 89% |
| Qualifications - Net | | 44% | | 46% | | 42% |
| Not sure of training/qualification may lack | 25% | | 15% | | 20% | |
| Assistant may try to do things not trained | 17 | | 29 | | 21 | |
| Assistant given jobs not qualified for | 5 | | 3 | | 3 | |
| Legal protection/physician responsibility | | 22% | | 19% | | 20% |
| Not enough supervision | | 17 | | 11 | | 12 |
| Prefer doctor instead of physician's assistant - Net | | 13 | | 12 | | 16 |
| Doctor loses contact with patient | 9% | | 7% | | 10% | |
| Prefer doctors attention at all times | 3 | | 5 | | 4 | |
| Impersonal treatment | 3 | | 1 | | 1 | |
| Doctor away from office too much | -- | | -- | | 1 | |
| Public will not accept physician's assistant | | 9% | | 9% | | 7% |
| Assistant's duties would be limited | | 9 | | 2 | | 3 |
| Lowers quality of medicine/2nd class | | 6 | | 3 | | 10 |
| All other disadvantages | | 13 | | 21 | | 17 |
| Don't know/no answer/none | | 9% | | 13% | | 11% |
| | | 100% | | 100% | | 100% |

* Multiple responses possible

Tbl. #

## Suggestions for Improving the Program

Approximately one-half of the physicians mentioned one or more suggestions for improving the program. Doctors with rural practices were less likely to comment in this regard than were those with practices in urban areas. 121

The most frequently mentioned suggestion for improving the Physician's Assistant Program relates to education -- increase the academic program, have a continuous education program. In addition, doctors mentioned that the physician's assistant should be trained for specific specialities.

WAYS IN WHICH PHYSICIAN'S ASSISTANT PROGRAM COULD BE IMPROVED

| | Urban Non-Minority Physicians N=116 | | Urban Minority Physicians N=97 | | Rural Physicians N=98 | |
|---|---|---|---|---|---|---|
| Mentioned one or more ways program could be improved - Net* | | 51% | | 52% | | 43% |
| Education - Net | | 15% | | 20% | | 14% |
| Increase academic program/AA degree | 11% | | 18% | | 14% | |
| Continuous education program | 3 | | 2 | | -- | |
| Train for specific specialties - Net | | 10% | | 7% | | 6% |
| Train to do specific duties and only allow these duties | 8% | | 3% | | 5% | |
| Train for doctor speciality | 3 | | 4 | | 1 | |
| Meet State requirements/be licensed | | 9% | | 3% | | 3% |
| Train nurses/medics - Net | | 5 | | 3 | | 5 |
| Train nurses | 4% | | 1% | | 5% | |
| Use veterans with medic training | 2 | | 2 | | 1 | |
| All other improvements | | 20% | | 26% | | 18% |
| Don't know/no answer | | 49% | | 48% | | 57% |
| | | 100% | | 100% | | 100% |

* Multiple responses possible

Summary

From the responses regarding disadvantages and suggestions for improving the Physician's Assistant Program, the following activities or communications might strengthen the concept and aid in convincing physicians to use assistants:

- assure the physicians that the assistants are properly trained and will only perform those tasks for which they are trained and for which their supervising physician has given them permission.
- clearly explain the legal aspects of using a physician's assistant in terms of the physician's responsibility and legal protection.
- indicate educational requirements for physicians' assistants and possibly provide refresher courses, seminars, literature to keep them informed of new procedures, etc.
- train physician's assistants for specialties as well as for general practices.
- publicize data from this report which indicates that the public (patients) are willing to be treated by a physician's assistant.

E. Effect of Physician's Assistant on Physicians' Fees

The following table indicates the physicians do not believe that the use of an assistant will appreciably lower their fees. 137

EFFECT PHYSICIAN'S ASSISTANT WOULD HAVE
ON PHYSICIAN'S FEES

| | Urban Non-Minority Physicians N=116 | Urban Minority Physicians N=97 | Rural Physicians N=98 |
|---|---|---|---|
| Reduce fees substantially | 6% | 6% | 4% |
| Reduce fees a little | 19 | 20 | 21 |
| Not reduce fees | 66 | 69 | 69 |
| Don't know/no answer | 9 | 5 | 5 |
| | 100% | 100% | 100% |

Note: Due to rounding, figures may not always add exactly to totals.

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## X. NEED FOR PHYSICIANS' ASSISTANTS
## (AMONG PHYSICIANS)

Approximately 15% of the physicians feel that all doctors need the help of a physician's assistant with 80% feeling that only doctors in certain situations need this assistance. 126

When asked on an unaided basis, the physicians feel that physicians in general family practice, specialists, and those in very busy practices are the ones who most need the help of a physician's assistant. Physicians with practices in urban minority areas were more likely to mention that doctors in specific practices need this help than did either of the other two groups. 127

SITUATIONS IN WHICH A PHYSICIAN'S ASSISTANT IS NEEDED - UNAIDED

| | Urban Non-Minority Physicians N=116 | | Urban Minority Physicians N=97 | | Rural Physicians N=98 | |
|---|---|---|---|---|---|---|
| All physicians need Physician's Ass't-Net | | 19% | | 13% | | 12% |
| Physicians in certain situations - Net* | | 77 | | 81 | | 82 |
| General/family practice | | 27% | | 22% | | 18% |
| Specific practice - Net | | 25 | | 34 | | 23 |
| Specialist/highly specialized work | 22% | | 28% | | 19% | |
| Surgeons/in surgery/neurosurgeons | 11 | | 11 | | 5 | |
| Very busy practice | | 19% | | 24% | | 30% |
| Rural areas | | 13 | | 8 | | 15 |
| Physician in clinic - Net | | 6 | | 6 | | 7 |
| Clinic | 4% | | 5% | | 6% | |
| Country hospital | 1 | | -- | | 1 | |
| Public health clinics | 1 | | 1 | | -- | |
| All others | | 25% | | 38% | | 45% |
| Don't know/no answer | | 3 | | 4 | | 4 |
| No physicians need help | | 2% | | 3% | | 5% |
| Don't know | | 3 | | 2 | | 1 |
| | | 100% | | 100% | | 100% |

* Multiple responses possible
Note: Due to rounding, figures may not always add exactly to totals.

Those who are definitely or probably interested in having a physician's assistant are much more likely to feel that all doctors need the help of a physician's assistant than are those with neutral or negative interest.

In order to gather this data on an aided basis, respondents were handed a card with the same list of situations as was used in the question relating to a shortage of physicians and were asked to select those situations in which they feel a physician's assistant is needed.

The most frequently selected situation for which doctors feel that a physician's assistant is needed is rural places. This data corresponds with that in the previous chapter where it was found that the greatest shortage of doctors is in rural places. 128

Many other places/situations received high percentages of mentions suggesting that doctors feel that physician's assistants are needed in a wide variety of situations. Allied health professionals also feel that these assistants are needed in many different situations.

SITUATIONS IN WHICH A PHYSICIAN'S ASSISTANT IS NEEDED

| | Urban Non-Minority Physicians N=116 | | Urban Minority Physicians N=97 | | Rural Physicians N=98 | |
|---|---|---|---|---|---|---|
| Mentioned one or more situations - Net* | | 97% | | 99% | | 96% |
| Rural places | 60% | | 66% | | 57% | |
| Places with a high percentage of minority people | 48 | | 43 | | 36 | |
| Places with mostly below average income people | 44 | | 35 | | 35 | |
| Private solo practice (1 physician) | 41 | | 41 | | 45 | |
| Places with a high percentage of older people | 36 | | 28 | | 26 | |
| Large clinic | 35 | | 41 | | 33 | |
| Small medical group (2-4 physicians) | 35 | | 28 | | 24 | |
| Large medical group (11-74 physicians) | 34 | | 30 | | 26 | |
| Very large medical group (75 or more physicians) | 32 | | 32 | | 23 | |
| Cities | 31 | | 29 | | 32 | |
| Hospital | 30 | | 30 | | 20 | |
| Medium sized medical group (5-10 physicians) | 29 | | 28 | | 19 | |
| Teaching hospital | 28 | | 22 | | 16 | |
| Places with a high percentage of young adults | 20 | | 16 | | 14 | |
| Suburbs | 18 | | 22 | | 13 | |
| Places with a high percentage of non-minority people | 18 | | 15 | | 14 | |
| Places with mostly average income people | 18 | | 14 | | 13 | |
| Places with a high percentage of middle aged people | 18 | | 14 | | 11 | |
| Places with mostly above average income people | 16 | | 13 | | 8 | |
| Other | 1 | | 3 | | -- | |
| Don't know/no answer | | 3% | | 1% | | 4% |
| | | 100% | | 100% | | 100% |
| Median # of responses | 5.9 | | 5.5 | | 4.5 | |

* Multiple responses possible

Tbl. #

The average physician with a rural practice mentioned somewhat fewer situations than did physicians in urban areas.

Physicians were given the following scale and asked to select the one phrase that best describes the degree to which physicians' assistants are needed in California, in their community, and by the respondent himself: 129-131

- The help of physicians' assistants is <u>greatly needed</u>
- The help of physicians' assistants is <u>somewhat needed</u>
- The help of physicians' assistants is <u>not needed that much</u>
- The help of physicians' assistants is <u>not needed at all</u>

In general, doctors seem to feel that a physician's assistant is needed more by others than himself. The percentages for "greatly" or "somewhat needed" are highest for California, next highest for the community, and lowest for the respondent himself. This finding is consistent with other data in the report which indicates that physicians are generally favorable to the concept, and feel that several places or situations need this help, yet are not interested in having a physician's assistant of their own.

DEGREE TO WHICH PHYSICIAN'S ASSISTANT HELP IS NEEDED

| | Total Unweighted Physician Sample N=311 | | |
|---|---|---|---|
| | In California | In the Community | By the Respondent |
| Greatly/somewhat needed - Net | 77% | 58% | 38% |
| The help of physicians' assistants is greatly needed | 23% | 21% | 19% |
| The help of physicians' assistants is somewhat needed | 54 | 37 | 19 |
| Not needed that much/at all - Net | 22% | 40% | 61% |
| The help of physicians' assistants is not needed that much | 14% | 19% | 11% |
| The help of physicians' assistants is not needed at all | 8 | 22 | 51 |
| Don't know/no answer | 1% | 2% | * |
| | 100% | 100% | 100% |

Note: Due to rounding, figures may not always add exactly to totals.
* Less than 0.5%

Tbl. #

Respondents in all three types of practices -- urban non-minority, urban minority, and rural -- indicated similar responses to the questions regarding need for physicians' assistants in the State of California or in their communities. However, in analyzing the responses of the degree to which a physician's assistant is needed by the respondent, physicians with practices in urban minority and rural areas expressed greater need than did physicians with urban non-minority practices. This data agrees with that in the previous chapter where these two types of physicians expressed greater interest in having a physician's assistant than did the physician with urban non-minority practices.

129-131

Tbl. #

DEGREE TO WHICH A PHYSICIAN'S ASSISTANT IS NEEDED IN CALIFORNIA

| | California | | | | | |
|---|---|---|---|---|---|---|
| | Urban Non-Minority Physicians N=116 | | Urban Minority Physicians N=97 | | Rural Physicians N=98 | |
| Greatly/somewhat needed - subtotal | | 80% | | 79% | | 71% |
| The help of physicians' assistants is greatly needed | 19% | | 28% | | 24% | |
| The help of physicians' assistants is somewhat needed | 61 | | 54 | | 47 | |
| Not needed that much/at all - subtotal | | 18% | | 21% | | 28% |
| The help of physicians' assistants is not needed that much | 16% | | 10% | | 14% | |
| The help of physicians' assistants is not needed at all | 3 | | 10 | | 13 | |
| Don't know | | 2% | | -- | | 1% |
| | | 100% | | 100% | | 100% |

Note: Due to rounding, fugures may not always add exactly to totals.

Tbl. #

DEGREE TO WHICH PHYSICIAN'S ASSISTANT NEEDED IN COMMUNITY

| | Community | | |
|---|---|---|---|
| | Urban Non-Minority Physicians N=116 | Urban Minority Physicians N=97 | Rural Physicians N=98 |
| Greatly/somewhat needed - subtotal | 55% | 63% | 57% |
| The help of physicians' assistants is greatly needed | 17% | 22% | 26% |
| The help of physicians' assistants is somewhat needed | 38 | 41 | 32 |
| Not needed that much/at all - subtotal | 43% | 35% | 42% |
| The help of physicians' assistants is not needed that much | 24% | 18% | 13% |
| The help of physicians' assistants is not needed at all | 19 | 18 | 29 |
| Don't know | 2% | 2% | 1% |
| | 100% | 100% | 100% |

Note: Due to rounding, figures may not always add exactly to totals.

DEGREE TO WHICH PHYSICIAN'S ASSISTANT NEEDED BY RESPONDENT

| | Respondent | | |
|---|---|---|---|
| | Urban Non-Minority Physicians N=116 | Urban Minority Physicians N=97 | Rural Physicians N=98 |
| Greatly/somewhat needed - subtotal | 28% | 46% | 43% |
| The help of physicians' assistants is greatly needed | 12% | 24% | 23% |
| The help of physicians' assistants is somewhat needed | 16 | 23 | 19 |
| Not needed that much/at all - subtotal | 72% | 54% | 56% |
| The help of physicians' assistants is not needed that much | 18% | 7% | 5% |
| The help of physicians' assistants is not needed at all | 54 | 46 | 51 |
| Don't know | -- | -- | 1 |
| | 100% | 100% | 100% |

Note: Due to rounding, figures may not always add exactly to totals.

# XI. IMAGE AND DESIRED CHARACTERISTICS OF A PHYSICIAN'S ASSISTANT (AMONG PHYSICIANS)

## A. Perceived Differences Between a Physician's Assistant and a Physician and a Nurse

Clearly, physicians believe that the main difference between an assistant and a doctor is less training and less education. In addition, they feel that the assistant will have less responsibility and will not be diagnosing or prescribing medicine. 118

DIFFERENCES BETWEEN PHYSICIAN'S ASSISTANT AND A PHYSICIAN

| | Urban Non-Minority Physicians N=116 | Urban Minority Physicians N=97 | Rural Physicians N=98 |
|---|---|---|---|
| Those mentioning one or more differences - Net* | 95% | 98% | 99% |
| Less training/knowledge than doctor | 82% | 73% | 84% |
| Doctor diagnoses/prescribes | 18 | 18 | 11 |
| Assistant has less responsibility/supervision - Net | 16 | 18 | 13 |
| Doctor has more responsibility | 11% | 13% | 9% |
| Assistant needs supervision/instructed by doctor | 7 | 5 | 5 |
| Assistant does small jobs | 6% | 8% | 8% |
| All other differences | 6 | 6 | 3 |
| Don't know/no answer/none | 5% | 2% | 1% |
| | 100% | 100% | 100% |

* Multiple responses possible

Tbl. #

As was the case with the allied health sample and the general public, physicians feel that the physician's assistant will have more responsibility and more technical duties than a nurse. They also feel that there is a difference between nurses and physicians' assistants in terms of education and training. 119

DIFFERENCES BETWEEN A PHYSICIAN'S ASSISTANT AND A NURSE

| | Urban Non-Minority Physicians N=116 | | Urban Minority Physicians N=97 | | Rural Physicians N=98 | |
|---|---|---|---|---|---|---|
| Mentioned one or more differences - Net* | | 68% | | 73% | | 64% |
| Assistant more training/responsibility - Net | | 18% | | 27% | | 24% |
| Assistant needs more training | 13% | | 14% | | 14% | |
| Assistant more responsibility/oriented | 7 | | 13 | | 11 | |
| Assistant more technical duties/nurse patient oriented | | 18% | | 19% | | 16% |
| Education - Net | | 16 | | 13 | | 11 |
| Type of education/training | 10% | | 12% | | 7% | |
| Education (unspecified) | 5 | | 1 | | 4 | |
| Nurses more training/responsibility - Net | | 14% | | 14% | | 11% |
| Nurses have more college/training | 13% | | 12% | | 11% | |
| Nurses 2nd in charge/more responsibility | 2 | | 3 | | -- | |
| All other differences | | 11% | | 21% | | 15% |
| Don't know/no answer/none | | 32% | | 27% | | 36% |
| | | 100% | | 100% | | 100% |

* Multiple responses possible

Tbl.
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## B. Desired Characteristics of a Physician's Assistant

In general, physicians were handed several cards -- each with a description or characteristic written on it -- and were asked to select those which they would most want to be true of a physician, a nurse and a physician's assistant with whom they might work. Skill, honesty and friendliness, and courtesy were selected most frequently for all three types of individuals. In addition, "several years of training" was selected for each of the three occupation categories with about equal frequency. 123-125

Physicians would prefer that other physicians who might work with them be free to make decisions on their own and have college education to a greater extent than they feel that way about nurses or assistants who might work with them.

The main differences in their ideas about a nurse or physician's assistant who would work with them are in the areas of sex (they desire a female nurse but a male assistant), ambition (they feel that a physician's assistant should be interested in going further in the medical profession to a greater degree than nurses and to about the same degree that doctors do), and supervision (doctors feel that physicians' assistants require greater supervision than do nurses, probably because of the level of their perceived duties).

Doctors did not exhibit particular interest in having people who work with them be of the same ethnic group as themselves.

In general, a younger person is desired over an older one, although there are no strong feelings in this area.

IDEAL CHARACTERISTICS OF PHYSICIAN, NURSE, PHYSICIAN'S ASSISTANT

| | Total Unweighted Physicians Sample N=311 | | |
|---|---|---|---|
| | Physician | Nurse | Physician's Assistant |
| Mentioned one or more chacteristics - Net* | 98% | 98% | 98% |
| Very skilled in work | 90% | 84% | 81% |
| Very honest | 88 | 85 | 86 |
| Friendly and courteous | 79 | 85 | 85 |
| Free to make decision on own | 68 | 34 | 35 |
| College education | 55 | 36 | 38 |
| Several years of training | 44 | 43 | 41 |
| Interested in going further in medical profession | 40 | 28 | 40 |
| Few years of experience | 32 | 40 | 42 |
| Male | 26 | 6 | 20 |
| Many years of experience | 22 | 16 | 10 |
| Younger | 16 | 19 | 20 |
| Female | 9 | 43 | 15 |
| Same ethnic group as myself | 7 | 5 | 5 |
| Older | 6 | 11 | 6 |
| Very closely supervised | 4 | 19 | 38 |
| Don't know | 2% | 2% | 2% |
| | 100% | 100% | 100% |

* Multiple responses possible

Physicians in each of three different types of practices -- urban non-minority, urban minority and rural -- differ somewhat in their interests regarding the characteristics of a physician's assistant, a nurse or a doctor with whom they might work. For example, physicians with urban non-minority practices prefer to have anyone working with them to have several years of training to a much greater degree than do doctor with urban minority or rural practices. However, in general the similarities between the three samples are much greater than their differences.

IDEAL CHARACTERISTICS OF A PHYSICIAN, NURSE AND A PHYSICIAN'S ASSISTANT

| | Physician | | | Nurse | | | Physician Assistant | | |
|---|---|---|---|---|---|---|---|---|---|
| | Urban Non-Minority Physicians N=116 | Urban Minority Physicians N=97 | Rural Physicians N=98 | Urban Non-Minority Physicians N=116 | Urban Minority Physicians N=97 | Rural Physicians N=98 | Urban Non-Minority Physicians N=116 | Urban Minority Physicians N=97 | Rural Physicians N=98 |
| Mentioned one or more characteristics - Net* | 97% | 98% | 100% | 98% | 99% | 100% | 99% | 99% | 96% |
| Very skilled in work | 90% | 90% | 92% | 88% | 76% | 86% | 86% | 80% | 76% |
| Very honest | 90 | 87 | 87 | 86 | 84 | 84 | 86 | 87 | 86 |
| Friendly/courteous | 82 | 77 | 78 | 86 | 84 | 85 | 89 | 87 | 80 |
| Free to make decision on own | 75 | 67 | 59 | 35 | 29 | 38 | 36 | 29 | 40 |
| College education | 60 | 53 | 52 | 34 | 35 | 38 | 43 | 39 | 32 |
| Several years of training | 57 | 34 | 38 | 54 | 33 | 41 | 48 | 37 | 38 |
| Interested in going further in medical profession | 40 | 47 | 33 | 22 | 34 | 29 | 34 | 44 | 43 |
| Few years of experience | 35 | 25 | 35 | 35 | 39 | 45 | 41 | 41 | 45 |
| Male | 23 | 18 | 24 | 5 | 7 | 5 | 21 | 19 | 19 |
| Many years of experience | 23 | 18 | 24 | 16 | 14 | 18 | 10 | 6 | 13 |
| Younger | 16 | 13 | 17 | 20 | 18 | 19 | 24 | 13 | 22 |
| Female | 10 | 8 | 7 | 47 | 39 | 42 | 17 | 13 | 13 |
| Same ethnic group as myself | 8 | 7 | 6 | 4 | 6 | 4 | 5 | 5 | 6 |
| Older | 5 | 8 | 5 | 11 | 7 | 9 | 6 | 6 | 7 |
| Very closely supervised | 3 | 5 | 4 | 19 | 16 | 19 | 41 | 41 | 31 |
| Don't know | 3% | 2% | -- | 2% | 1% | -- | 1% | 1% | 4% |
| | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |

* Multiple responses possible

Tbl. #

Sex

When specifically asked whether they would prefer a male or female physician's assistant, there was a slight tendency toward preference for a male, which is consistent with previous data. However, of importance, the majority of physicians did not indicate a preference regarding the sex of a physician's assistant. In addition, two-thirds of those who indicated favorable interest in having an assistant did not indicate a sex preference and the remainder are divided between preferring a male and preferring a female. Clearly, these results indicate that the sex of the physician's assistant is not important and training programs need not aim their promotions toward either types of people. 138

PREFERENCE FOR MALE OR FEMALE PHYSICIAN'S ASSISTANT

| | Urban Non-Minority Physicians N=116 | Urban Minority Physicians N=97 | Rural Physicians N=98 |
|---|---|---|---|
| Prefer male | 22% | 18% | 16% |
| Prefer female | 16 | 10 | 16 |
| No difference | 61 | 72 | 67 |
| | 100% | 100% | 100% |

Note: Due to rounding, figures may not always add exactly to totals.

Age

Approximately 40% of the physicians indicated that they had no preference for the age of an assistant who might work for them. Of the remaining 60%, over two-thirds indicated that they like their assistant to be under 35 years of age. There was no meaningful difference between those respondents who indicated interest in having an assistant and those doctors who were neutral or negative. Although, an assistant of any age could probably find a position with a doctor who is interested in having one, a younger person is likely to have a better chance (this is not unusual and is probably true of most professions). 138

PREFERRED AGE OF PHYSICIAN'S ASSISTANT

| | Urban Non-Minority Physicians N=116 | Urban Minority Physicians N=97 | Rural Physicians N=98 |
|---|---|---|---|
| Age | | | |
| 18 - 24 | 2% | 4% | 1% |
| 25 - 29 | 20 | 20 | 31 |
| 30 - 34 | 22 | 18 | 16 |
| 35 - 39 | 9 | 7 | 6 |
| 40 - 44 | 3 | 2 | 4 |
| 45 - 49 | 3 | 2 | 1 |
| 50 and over | 1 | 2 | 2 |
| No difference | 41 | 45 | 39 |
| | 100% | 100% | 100% |

Note: Due to rounding, figures may not always add exactly to totals.

Tbl. #

Background

Physicians are fairly divided in terms of preference for the background of a physician's assistant to include being a registered nurse or being a corpsman. 138 There is a slight tendency for those who indicated neutral or negative interest in having an assistant to prefer than an assistant's background include being a registered nurse to a greater extent than those who expressed favorable interest in having a physician's assistant. (It is possible from this finding and earlier data that some doctors who are not interested in having an assistant might be considering using a nurse in this capacity.)

PREFERRED BACKGROUND OF A PHYSICIAN'S ASSISTANT

| Background* | Urban Non-Minority Physicians N=116 | Urban Minority Physicians N=97 | Rural Physicians N=98 |
|---|---|---|---|
| R.N. | 65% | 57% | 61% |
| Corpsman | 42 | 52 | 46 |
| All other | 14 | 12 | 21 |
| Don't know/no answer | 1 | 6 | 2 |

* Multiple responses possible

Generalist or Specialist

Rural doctors indicated strong preference for a physician's assistant to be a generalist rather than a specialist. Responses of physicians with urban 138 practices (either non-minority or minority) are divided on this question.

PREFERENCE FOR PHYSICIAN'S ASSISTANT TRAINED
AS A SPECIALIST OR A GENERALIST

| | Urban Non-Minority Physicians N=116 | Urban Minority Physicians N=97 | Rural Physicians N=98 |
|---|---|---|---|
| Generalist | 44% | 47% | 68% |
| Specialist | 52 | 45 | 28 |
| Don't know/ no answer | 4 | 7 | 4 |
| | 100% | 100% | 100% |

Note: Due to rounding, figures may not always add exactly to totals.

Analysis of computer table 138 indicates, as might be expected, that the response is closely related to whether the physician is a generalist or a specialist -- that is, generalists strongly prefer than an assistant who would work for them be a generalist and specialists prefer than an assistant who might work for them be a specialist (although their preference in this direction is not as strong as the generalists).

There were no meaningful differences in terms of preference for generalist or a specialist between those with positive interest and those with neutral or negative interest in having an assistant. It might be best to train assistants as generalists to begin with and then give them classes in a specialty when it is determined in which specialties they might be most needed or which specialists are most interested in having an assistant (the scope of this study was not large enough to determine interest by the various specialties).

Tbl. #

## C. Attitudes Toward Chiropractors or Foreign Physicians Being Qualified as Physician's Assistants

### Chiropractors

The majority of physicians feel that chiropractors should not be qualified to be a physician's assistant after "minimal training." Physicians with urban non-minority or rural practices feel much more strongly about this than do doctors with urban minority practices. 139

FEELINGS TOWARD CHIROPRACTORS BEING QUALIFIED TO BE A PHYSICIAN'S ASSISTANT AFTER MINIMAL TRAINING

| | Urban Non-Minority Physicians N=116 | Urban Minority Physicians N=97 | Rural Physicians N=98 |
|---|---|---|---|
| Yes, should be qualified | 22% | 37% | 20% |
| No, should not be qualified | 71 | 59 | 74 |
| Don't know | 7 | 4 | 5 |
| | 100% | 100% | 100% |

Note: Due to rounding, figures may not always add exactly to totals.

### Foreign Physicians

A majority of physicians feel that unlicensed foreign doctors should be qualified to be physicians' assistants without additional training. As was the case with the chiropractors, physicians with urban minority practices are more lenient in their attitudes than those with urban non-minority or rural practices. 139

Tbl. #

FEELINGS TOWARD UNLICENSES FOREIGN PHYSICIANS BEING QUALIFIED TO BE PHYSICIAN'S ASSISTANTS WITHOUT ADDITIONAL TRAINING

| | Urban Non-Minority Physicians N=116 | Urban Minority Physicians N=97 | Rural Physicians N=98 |
|---|---|---|---|
| Yes, should be qualified | 54% | 63% | 50% |
| No, should not be qualified | 39 | 33 | 46 |
| Don't know | 7 | 4 | 4 |
| | 100% | 100% | 100% |

Note: Due to rounding, figures may not always add exactly to totals.

## D. Manner in Which Physicians' Assistants Would be Paid

Virtually all doctors who would have physicians' assistants would pay them a salary rather than some other form of remuneration. 137

MANNER IN WHICH PHYSICIAN'S ASSISTANT WOULD BE PAID

| | Urban Non-Minority Physicians N=116 | Urban Minority Physicians N=97 | Rural Physicians N=98 |
|---|---|---|---|
| Salary | 91% | 89% | 89% |
| Fee for each service | 4 | 3 | 2 |
| Plus percent | -- | -- | 2 |
| Hourly basis | 1 | 1 | -- |
| Salary and percentage of increase | -- | 1 | 2 |
| All others | -- | -- | 1 |
| Don't know/no answer | 4 | 6 | 4 |
| | 100% | 100% | 100% |

Note: Due to rounding, figures may not always add exactly to totals.

# XII. CONCERN ABOUT SHORTAGE OF PHYSICIANS AND MEDICAL SERVICES (AMONG ALLIED HEALTH PROFESSIONALS)

This chapter and the next three discuss the attitudes of allied health professionals toward shortages of physicians and medical services, the Physician's Assistant Program, need for physicians' assistants and desired characteristics of the physicians' assistants. The data are based on the responses of 151 people in the allied health professions, approximately 25 in each of the following occupations: licensed vocational nurses, registered nurses, administrators, physical therapists, lab technicians, and psychologists. Since in actuality there are not equal numbers of people in each of these professions, the data were weighted to reflect each profession's true proportion of these six allied health fields. This procedure gives an extremely high weighting to the nurses as is indicated in the following tables, but provides a true representation of these allied health fields in terms of the number of people in each occupation category:

| Occupation | Weighted Total Sample N=151 |
|---|---|
| Registered nurse | 63% |
| Licensed vocational nurse | 26 |
| Lab technician | 6 |
| Physical therapist | 2 |
| Psychologist | 2 |
| Administrators | * |
| | 100% |

* Less than 0.5%
Note: Due to rounding, figures may not always add exactly to totals.

## A. Concern Over Shortages of Physicians and Medical Services

Allied health professionals, like the physicians and the general public, are quite concerned about the care of senior citizens.

The allied health professionals, particularly the nurses, are concerned about a shortage of medical services to a greater degree than are the physicians and public. The allied health professionals exhibited moderate concern over a shortage of doctors, as did the other samples.

ISSUES OF CONCERN IN COMMUNITY

| | Weighted Total Sample of Allied Health Professionals N=151 | | |
|---|---|---|---|
| Mentioned one or more issues - Net* | | | 99% |
| Shortage of doctors/medical services - Net | | 68% | |
| Shortage of medical services | 52% | | |
| Shortage of doctors | 33 | | |
| Care of senior citizens | | 61% | |
| Poor schooling/trained teacher - Net | | 39 | |
| Poor quality schooling | 32% | | |
| Poorly trained teachers | 22 | | |
| Poor quality of products and services | | 39% | |
| Competence of judges | | 11 | |
| Corrupt policemen | | 7 | |
| Shortage of lawyers | | 2 | |
| None of these | | 3 | |
| Don't know | | | ** |
| | | | 100% |

* Multiple responses possible

** Less than 0.5%

Tbl. #

Men in the allied health professions exhibited greater concern over a shortage of doctors than did women.

There are no meaningful differences in the degree of concern over a shortage of doctors or medical services between those who later in the survey expressed favorable attitudes toward the Physician's Assistant Program and those who indicated negative feelings.

## B. Perceived Extent of Shortage of Physicians in California

When asked to describe whether they feel that the shortage of physicians in the State of California is in most places, in many places, in some places, in only a few places or not in most places, the majority of allied health professionals indicated that the shortage was in at least some places in the State. In general, the responses of the allied health professionals indicate that they feel a shortage of doctors is in more places than do the physicians. 149

DEGREE TO WHICH A SHORTAGE OF PHYSICIANS EXIST IN STATE

| | | Weighted Total Sample of Allied Health Professionals N=151 |
|---|---|---|
| Many/most places - Subtotal | | 33% |
| Severe shortage in most places | 12% | |
| Shortage in many places | 21 | |
| Some/few places - Subtotal | | 55% |
| Shortage in some places | 45% | |
| Shortage in only a few places | 10 | |
| No shortage in most places | | 12% |
| | | 100% |

Tbl.
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Consistent with the findings in the previous section, male allied health professionals are more likely to feel that the shortage is in many or most places than are females.

## C. Places in Which a Shortage of Physicians Exists

When asked, on an unaided basis, in what places in the State a shortage of physicians exists, allied health professionals (who had stated that there are shortages) indicate as did the physicians that they felt the shortage of physicians is greatest in the rural areas. Other places include poor areas/ghettos, Northern California, and urban areas. Ten percent of the allied 150
health professionals indicated that there is a shortage of some types of doctors -- particularly specialists. (See table on the following page.)

When given a list of possible places where a shortage of physicians might exist, the allied health professionals, who believe there are shortages of doctors in at least a few places, selected "rural places most frequently". 151
Other areas selected by a substantial portion of the sample included minority areas, low income areas and places with a high percentage of older people. These responses are generally similar to those of the physicians, although the allied health professionals tended to feel that there is a greater shortage of physicians for older people. (See table on Page XII-6.)

PLACES SHORTAGE OF PHYSICIANS EXISTS - UNAIDED

| | | | Weighted Total Sample of Allied Health Professionals N=151 |
|---|---|---|---|
| Mentioned shortage of physicians exists - Net* | | | 88% |
| Small towns/rural areas - Net | | 46% | |
| Rural areas | 41% | | |
| Small towns | 17 | | |
| Farming community | ** | | |
| Poor areas/ghetto - Net | | 17% | |
| Poor/low income/welfare areas | 17% | | |
| Ghetto/slums | 3 | | |
| Northern California | | 17% | |
| Urban | | 17 | |
| Certain types of doctors - Net | | 10 | |
| Specific/specialist | 8% | | |
| General practioners | 2 | | |
| Medical facility - Net | | 5% | |
| Hospitals/medical centers | 5% | | |
| All others | | 13% | |
| Don't know | | 6 | |
| No shortage exists | | | 12% |
| | | | 100% |

* Multiple responses possible

** Less than 0.5%

SITUATIONS SHORTAGE OF PHYSICIANS EXISTS - AIDED

| | Weighted Total Sample of Allied Health Professionals N=151 | |
|---|---|---|
| Mentioned shortage of physicians exists - Net* | | 88% |
| Rural places | 65% | |
| Places with a high percentage of minority people | 48 | |
| Places with mostly below average income people | 40 | |
| Places with a high percentage of older people | 34 | |
| Private solo practice (1 physician) | 24 | |
| Large clinic | 16 | |
| Teaching hospital | 14 | |
| Cities | 13 | |
| Small medical group (2-4 physicians) | 6 | |
| Places with mostly average income people | 5 | |
| Very large medical group (75 or more physicians) | 5 | |
| Hospital | 5 | |
| Places with a high percentage of young adults | 5 | |
| Suburbs | 4 | |
| Medium sized medical group (5-10 physicians) | 3 | |
| Large medical group (11-74 physicians) | 3 | |
| Places with high percentage of non-minority people | 3 | |
| Places with high percentage of middle-aged people | 2 | |
| Places with mostly above average income people | 1 | |
| All others | 2 | |
| Don't know | 2 | |
| Don't know/no shortage exists | | 12% |
| | | 100% |

* Multiple responses possible

Tbl.
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## C. Ways to Eliminate the Shortage of Physicians

Allied health professionals who indicated that they feel there is a shortage of physicians in at least a few places in the State were asked to give suggestions for ways of eliminating this situation. The two most frequently mentioned ideas were attracting doctors to the shortage areas by subsidizing them and making the educational system better by such means as increasing the number of schools, lowering the cost and increasing the number of graduates. These two suggestions were also mentioned by the physicians, as was discussed in Chapter VIII, although the physicians generally expressed lesser interest in increasing the number of doctors by increasing the number of medical schools or lowering the cost of education. 152

Eighteen percent of the allied health professionals suggested a physician's assistant or para-medic program as a solution to the shortage of doctors. Perhaps they feel that this is a better solution than the doctors do (less than 10% of the doctors mentioned this) or else they are more familiar with these types of programs.

Tbl. #

WAYS TO ELIMINATE SHORTAGE OF PHYSICIANS

| | Weighted Total Sample of Allied Health Professionals N=151 | | |
|---|---|---|---|
| Mentioned shortage of physicians exists - Net | | | 88% |
| Attract doctors to these areas - Net | | 34% | |
| Attract doctor to area - subsidize | 30% | | |
| Intern in shortage area | 5 | | |
| Graduate give 2-3 years compulsory service in shortage area | 4 | | |
| Education system - Net | | 30% | |
| More schools/institutions - training | 19% | | |
| Lower education costs/attract more | 7 | | |
| More graduates | 6 | | |
| Accept more minority students | 3 | | |
| Shorter training for doctors | 1 | | |
| Medic/physician's assistant program - Net | | 18% | |
| Physician's assistant | 10% | | |
| Adopt para-medic program | 8 | | |
| More clinics/hospital/medical center | | 13% | |
| All others | | 23 | |
| Don't know | | 12 | |
| No shortage exists | | | 12% |
| | | | 100% |

* Multiple responses possible

# XIII. ATTITUDES TOWARD THE PHYSICIAN'S ASSISTANT PROGRAM CONCEPT (AMONG THE ALLIED HEALTH PROFESSIONALS)

Allied health professionals in the sample were presented with the same description of the Physician's Assistant Program which was given to the general population sample and the physicians sample. This chapter discusses the reactions among those in the allied health professions to this concept.

## A. Overall Attitudes Toward the Physician's Assistant Program Concept

Three-quarters of the sample stated that the Physician's Assistant Program sounds like an "excellent" or "good" one. Only 7% of the allied health professionals had negative attitudes toward the Program with 14% rating it "fair". The pattern of response indicates a favorable attitude toward the concept among the allied health professionals. 157

RATING OF PHYSICIANS ASSISTANT PROGRAM

| | Weighted Total Sample of Allied Health Professionals N=151 | |
|---|---|---|
| Excellent/good - Subtotal | | 78% |
| It sounds like an excellent program | 40% | |
| It sounds like a good program | 38 | |
| It sounds like a fair program | | 14% |
| Poor/very bad - Subtotal | | 7 |
| It sounds like a poor program | 6% | |
| It sounds like a very bad program | * | |
| Don't know | | 1% |
| | | 100% |

* Less than 0.5%

The feelings of the allied health professionals are similar to those of the physicians with urban minority practices and are more positive than the attitudes of the physicians with urban non-minority or rural practices.

RATING OF PHYSICIAN'S ASSISTANT PROGRAM

| | Weighted Total Sample of Allied Health Professionals N=151 | | Physician's Sample: Urban Non-Minority N=116 | | Physician's Sample: Urban Minority N=97 | | Physician's Sample: Rural N=98 | |
|---|---|---|---|---|---|---|---|---|
| Excellent/good - Subtotal | | 78% | | 64% | | 75% | | 60% |
| It sounds like an excellent program | 40% | | 18% | | 36% | | 26% | |
| It sounds like a good program | 38 | | 46 | | 39 | | 35 | |
| It sounds like a fair program | | 14% | | 15% | | 12% | | 16% |
| Poor/very bad - Subtotal | | 7 | | 20 | | 10 | | 18 |
| It sounds like a poor program | 6% | | 16% | | 5% | | 8% | |
| It sounds like a very bad program | * | | 4 | | 5 | | 10 | |
| Don't know | | 1% | | 2% | | 2% | | 5% |
| | | 100% | | 100% | | 100% | | 100% |

* Less than 0.5%

Note: Due to rounding, figures may not always add exactly to totals.

Allied health professionals who indicated later in the questionnaire that California doctors "greatly" need the help of physicians' assistants expressed much more favorable attitudes toward the program than did those who feel that their help is not needed that much.

Younger allied health professionals and those in practice for less than 10 years exhibited more positive attitudes toward the Physician's Assistant

Program than did those who are older and have more experience.

B. Advantages, Disadvantages and Suggested Improvements of the Program

Advantages

Allied health professionals mentioned the main advantage of the Physician's Assistant Program to be freeing doctors to do other things. This reaction is similar to those of the other two samples -- general public and physicians. 153
Other advantages mentioned by a substantial percentage of respondents include better patient care/service, that the assistant would perform the minor duties, and faster services/less waiting for patients.

ADVANTAGES OF PHYSICIAN'S ASSISTANT PROGRAM

| | Weighted Total Sample of Allied Health Professionals N=151 | |
|---|---|---|
| Mentioned one or more advantages - Net* | | 93% |
| Frees doctors to do other things | 68% | |
| Better care/service - Net | 29 | |
| Better care/service | 23% | |
| More individual attention | 9 | |
| Assistant performs minor duties | 27% | |
| Faster services/less waiting | 15 | |
| Help when doctor not available | 8 | |
| Cut costs | 7 | |
| Help in rural areas where lack of doctors | 5 | |
| All other advantages | 16 | |
| Don't know/no advantages | | 7% |
| | | 100% |

* Multiple responses possible

Tbl.
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Disadvantages

Eighty-four percent of the allied health professionals mentioned one or more disadvantages of the Program. This is a very high level of negative reaction, particularly since overall attitudes toward the Program are favorable. The data indicate that while the allied health professionals are generally positive toward the concept, they are quite concerned that the program will not be carried out effectively or that the public might not accept it. Clearly, the allied health professionals need to be reassured in both of these areas, particularly if they are likely to be working with the assistants, the allied health professionals must be convinced that the training of the physician's assistant has been sufficient, that the assistant will not take responsibility on his own, and that the public is willing to accept the physician's assistant, so that any contact they have with the patients is reassuring regarding the assistant rather than anxious.

154

DISADVANTAGES OF PHYSICIAN'S ASSISTANT PROGRAM

| | | | Weighted Total Sample of Allied Health Professionals N=151 |
|---|---|---|---|
| Mentioned one or more disadvantages - Net* | | | 84% |
| Qualifications - Net | | 56% | |
| Assistant may try to do things not trained | 30% | | |
| Not sure of training/qualifications may lack | 26 | | |
| Assistant given jobs not qualified for | 3 | | |
| Prefer doctor instead of physician's assistant - Net | | 23% | |
| Prefer doctor's attention at all times | 15% | | |
| Doctor loses contact with patient | 3 | | |
| Impersonal treatment | 3 | | |
| Doctor away from office too much | 2 | | |
| Public will not accept physician's assistant | | 10% | |
| Not enough supervision | | 8 | |
| Lower quality of medicine/2nd class | | 6 | |
| Medical profession won't accept physician's assistant | | 5 | |
| All other disadvantages | | 10 | |
| Don't know/no disadvantages | | | 16% |
| | | | 100% |

* Multiple responses possible

Those with favorable feelings toward the Physician's Assistant Program expressed fewer negatives toward the Program than did those with neutral or negative attitudes. However, a large percentage (about 80%) of those with positive attitudes mentioned one or more negatives, further indicating the concern about the Program working effectively. These findings were also found with respect to the physician's sample.

Suggestions for Improving the Program

Forty-five percent of the allied health professionals mentioned one or more ways to improve the Physician's Assistant Program. Most of the suggestions related to better or longer training and education. This finding is consistent 158
with the data reported in the previous section since the qualifications of the assistant is one of the major concerns regarding the Program.

WAYS IN WHICH PHYSICIAN'S ASSISTANT PROGRAM
COULD BE IMPROVED

| | | Weighted Total Sample of Allied Health Professionals N=151 |
|---|---|---|
| Mentioned one or more ways program could be improved - Net* | | 45% |
| On the job training/apprentice | 12% | |
| Train for specific specialties - Net | 11 | |
| Train to do specific duties and only allow these duties | 9% | |
| Train for doctor's specialty | 2 | |
| Education - Net | 11% | |
| Increase academic program/AA degree | 10% | |
| Continuous education program | 1 | |
| Train nurses/medics - Net | 8% | |
| Train nurses | 6% | |
| Use veterans with medic training | 3 | |
| All others | 14% | |
| Don't know/no improvement | | 55% |
| | | 100% |

* Multiple responses possible

## C. Tasks Performed By Physicians' Assistants

Respondents were read a list of 12 duties and were asked to indicate whether or not they feel each task could be performed by a physician's assistant. Although the allied health professionals consider some assignments to be more appropriate for an assistant than others, the vast majority of the sample indicated that each of the 12 tasks could be performed by a physician's assistant. 168

WILLINGNESS IN HAVING PHYSICIAN'S ASSISTANT
PERFORM CERTAIN TASKS

| | Weighted Total Sample N=151 | | |
|---|---|---|---|
| | Could Perform | Could Not Perform | Don't Know |
| Blood pressure tests | 100% | * | * |
| An immunization such as a small pox vaccine | 99 | 1% | * |
| Removal of a cast | 95 | 3 | 3% |
| Care of a superficial wound, that is an external wound such as a bruise or cut | 94 | 6 | * |
| Skin test | 88 | 12 | * |
| Removal of stitches after an operation | 87 | 11 | 1 |
| Injections such as penicillin shots | 85 | 15 | * |
| Blood test | 81 | 15 | 4 |
| Eye test | 80 | 15 | 5 |
| Physical therapy | 79 | 21 | * |
| Ear test | 77 | 19 | 4 |
| Care for sprains | 73 | 22 | 5 |

* Less than 0.5%

Tbl. #

Those with neutral or negative attitudes toward the program are less likely to feel that care of a superficial wound, removal of stitches after an operation, a skin test, caring for sprains, injections and ear tests, could be performed by a physician's assistant than were those with favorable feelings toward the Program. 169-180

## D. Effect of Physician's Assistant Program on Costs of Medical Services

Allied health professionals, as was the case with the public and the physicians, do not feel that the Physician's Assistant Program would appreciably lower the cost of medical services.

EFFECT PHYSICIAN'S ASSISTANT WOULD HAVE ON PHYSICIAN'S FEES

| | Weighted Total Sample of Allied Health Professionals N=151 | |
|---|---|---|
| Much/somewhat lower - Subtotal | | 42% |
| The costs of medical services would be much lower than they are now if physicians' assistants were used | 11% | |
| The costs of medical services would be somewhat lower than they are now if physicians' assistants were used | 31 | |
| About the same as they are now | | 30% |
| Much/somewhat higher - Subtotal | | 23 |
| The costs of medical services would be somewhat higher than they are now if physicians' assistants were used | 22% | |
| The costs of medical services would be much higher than they are now if physicians' assistants were used | 1 | |
| Don't know | | 5% |
| | | 100% |

Those who feel that the Physician's Assistant Program sounds like an "excellent" program are more inclined to feel that costs would be at least somewhat lower than are those with less positive, neutral or negative feelings.

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## XIV. NEED FOR PHYSICIANS' ASSISTANTS (AMONG ALLIED HEALTH PROFESSIONALS)

The vast majority of allied health professionals feel that only doctors in certain situations, rather than all doctors, require the help of a physician's assistant. This pattern of response is very similar to that of the physicians, while the general public was much more inclined to feel that all doctors need the help of an assistant. (See table on following page.) 162

On an unaided basis, allied health professionals feel that doctors with very busy practices are the ones who most need a physician's assistant. 163

Those who exhibited more favorable feelings toward the program are more likely to believe that physicians' assistants are more universally needed than do those with more negative attitudes toward the program, although even two-thirds of those with extremely favorable feelings feel that only certain doctors need this type of help. 162

When given a list of various situations or places in which doctors practice, the allied health professionals selected rural areas most frequently as a place where physicians' assistants are needed. Many of the other situations were considered by a high percentage of respondents to be ones in which physicians' assistants are needed. In particular, large clinics, cities, minority areas, poor areas, solo practices, places with a high percentage of older people and hospitals were selected by approximately one-third or more of the sample. The pattern of response indicates that the allied health professionals feel that many types of practices in many types of places need the help of physicians' assistants. (See table on Page XIV-3.) 164

SITUATIONS IN WHICH PHYSICIAN'S ASSISTANT
IS NEEDED - UNAIDED

| | Weighted Total Sample of Allied Health Professionals N=151 | | |
|---|---|---|---|
| All doctors need the help of a physician's assistant - Net* | | | 24% |
| Only doctors in certain situations need the help of a physician's assistant - Net | | | 76 |
| Very busy practice | | 29% | |
| Specific practice - Net | | 19 | |
| Specialists/highly specialized work | 19% | | |
| Surgeons/in surgery/neurosurgeons | 6 | | |
| General family practice | | 18% | |
| Doctors in clinics - Net | | 12 | |
| Big clinic - busy | 11% | | |
| Free clinic | ** | | |
| County hospital | ** | | |
| Farm labor camp clinics | ** | | |
| Public health clinics | ** | | |
| Rural areas | | 11% | |
| Doctor in hospitals - Net | | 10 | |
| Hospitals | 9% | | |
| Convalescent hospital | ** | | |
| Emergencies/hospital/ambulance | | 5% | |
| All others | | 19 | |
| Don't know which situations | | 3 | |
| None need the help of a physician's assistant | | | 2% |
| Don't know | | | 2 |
| | | | 100% |

* Multiple responses possible
**Less than 0.5%
Note: Due to rounding, figures may not always add to totals.

SITUATIONS IN WHICH PHYSICIAN'S ASSISTANT IS NEEDED

| | | Weighted Total Sample of Allied Health Professionals N=151 |
|---|---|---|
| All doctors need the help of a physician's assistant - Net* | | 24% |
| Doctors in certain situations - Net | | 76 |
| Rural places | 53% | |
| Large clinic | 47 | |
| Cities | 42 | |
| Places with a high percentage of minority people | 39 | |
| Places with mostly below average income people | 38 | |
| Private solo practices (1 physician) | 38 | |
| Places with a high percentage of older people | 37 | |
| Hospital | 34 | |
| Teaching hospital | 30 | |
| Large medical groups (11-74 physicians) | 29 | |
| Very large medical group (75 or more physicians) | 27 | |
| Places with a high percentage of young adults | 26 | |
| Small medical group (2-4 physicians) | 18 | |
| Medium sized medical group (5-10 physicians) | 16 | |
| Suburbs | 15 | |
| Places with mostly average income people | 12 | |
| Places with a high percentage of middle aged people | 10 | |
| Places with a high percentage of non-minority people | 9 | |
| Places with mostly above average income | 4 | |
| Other | ** | |
| Don't know | 1 | |
| | | 100% |

* Multiple responses possible

** Less than 0.5%

Tbl. #

The allied health professionals were asked to describe how much they feel that physicians' assistants are needed to help the physicians in California, the physicians in their community, and themselves. The percentage indicating that the help of physicians' assistants is greatly or somewhat needed declines with proximity to the respondent. (94% expressed need in California, 77% indicated need in their community and 35% expressed need for themselves.) It is possible that some of the allied health professionals do not need a physician's assistant because of the nature of what they do. 165-167

DEGREE TO WHICH PHYSICIAN'S ASSISTANT IS NEEDED IN CALIFORNIA

| | Weighted Total Sample of Allied Health Professionals N=151 | |
|---|---|---|
| Greatly/somewhat needed - Subtotal | | 94% |
| The help of physicians' assistants is greatly needed | 46% | |
| The help of physicians' assistants is somewhat needed | 48 | |
| Not needed that much/at all - Subtotal | | 6% |
| The help of physicians' assistants is not needed that much | 3% | |
| The help of physicians' assistants is not needed at all | 3 | |
| Don't know | | * |
| | | 100% |

* Less than 0.5%

Tbl.
#

DEGREE TO WHICH PHYSICIAN'S ASSISTANT IS

NEEDED IN COMMUNITY

| | Weighted Total Sample of Allied Health Professionals N=151 | |
|---|---|---|
| Greatly/somewhat needed - Subtotal | | 77% |
| The help of physicians' assistants is greatly needed | 33% | |
| The help of physicians' assistants is somewhat needed | 44 | |
| Not needed that much/at all - Subtotal | | 21% |
| The help of physicians' assistants is not needed that much | 12% | |
| The help of physicians' assistants is not needed at all | 9 | |
| Don't know | | 2% |
| | | 100% |

DEGREE TO WHICH PHYSICIAN'S ASSISTANT IS NEEDED

BY RESPONDENT

| | Weighted Total Sample of Allied Health Professionals N=151 | |
|---|---|---|
| Greatly/somewhat needed - Subtotal | | 35% |
| The help of physicians' assistants is greatly needed | 21% | |
| The help of physicians' assistants is somewhat needed | 13% | |
| Not needed that much/at all - Subtotal | | 63% |
| The help of physicians' assistants is not needed that much | 20% | |
| The help of physicians' assistants is not needed at all | 42 | |
| Don't know | | 3% |
| | | 100% |

Note: Due to rounding, figures may not always add exactly to totals.

# XV. IMAGE AND DESIRED CHARACTERISTICS OF A PHYSICIAN'S ASSISTANT (AMONG ALLIED HEALTH PROFESSIONALS)

## A. Perceived Differences Between a Physician's Assistant and a Nurse

The main differences between a physician's assistant and a physician as seen by the allied health professionals is the amount of training and knowledge. In addition, a large percentage mentioned that the doctor can diagnose and prescribe drugs while the assistant cannot. Allied health professionals also believe that the assistant will have less responsibility and more supervision.

DIFFERENCES BETWEEN PHYSICIAN'S ASSISTANT AND A PHYSICIAN

| | | Weighted Total Sample of Allied Health Professionals N=151 |
|---|---|---|
| Mentioned one or more differences - Net* | | 99% |
| Less training/knowledge than doctor | 73% | |
| Doctor diagnosis/prescribes | 40% | |
| Assistant has less responsibility/supervision - Net | 18 | |
| Assistant needs supervision/instructed by doctor | 11% | |
| Doctor has more responsibility | 7 | |
| Assistant does small jobs | 4% | |
| All other differences | 10 | |
| Don't know/no differences | | ** |
| | | 100% |

* Multiple responses possible

** Less than 0.5%

Although the percentages for each response varied between the allied health professionals, physicians, and general public, all three groups generally see the same types of differences between an assistant and a doctor.

Eighty percent of the allied health professionals mentioned one or more differences between a nurse and a physician's assistant. This level of response is much higher than is the case for the physicians sample (approximately 68%) and the general public sample (62%). This indicates that the allied health professionals see greater differences between the assistant and nurses than do doctors or people not related to the medical profession. This finding might have occurred because the physician's assistant would probably be considered an allied health professional and, therefore, would be more closely related to other people in the allied health professions than those in other occupations. People in more similar occupations are likely to be more aware of the specific differences between them, which might be less discernible to those in more remote situations. 156

While the allied health professionals see greater differences between nurses and assistants than do people in other occupations, even among these respondents, physicians' assistants are considered closer to a nurse than a doctor in terms of duties and responsibilites.

Those in the allied health professions feel that the physician's assistant would have more responsibility and perform more technical duties than a nurse would. The general public and physicians also feel this way.

DIFFERENCES BETWEEN A PHYSICIAN'S ASSISTANT AND A NURSE

| | Urban Non-Minority Physicians N=116 | | Urban Minority Physicians N=97 | | Rural Physicians N=98 | |
|---|---|---|---|---|---|---|
| Mentioned one or more differences - Net* | | 68% | | 73% | | 64% |
| Assistant more training/responsibility - Net | | 18% | | 27% | | 24% |
| Assistant has more training | 13% | | 14% | | 14% | |
| Assistant has more responsibility/oriented | 7 | | 13 | | 11 | |
| Assistant has more technical duties/nurse patient oriented | | 18% | | 19% | | 16% |
| Education - Net | | 16 | | 13 | | 11 |
| Type of education/training | 10% | | 12% | | 7% | |
| Education (unspecified) | 5 | | 1 | | 4 | |
| Nurses more training/responsibility - Net | | 14% | | 14% | | 11% |
| Nurses have more college/training | 13% | | 12% | | 11% | |
| Nurses 2nd in charge/more responsibility | 2 | | 3 | | -- | |
| All other differences | | 11% | | 21% | | 15% |
| Don't know/no answer/none | | 32% | | 27% | | 36% |
| | | 100% | | 100% | | 100% |

* Multiple responses possible

## B. Desired Characteristics of a Physician's Assistant

In terms of desired characteristics, the allied health professionals see the following as the main differences between physicians, nurses and physicians' assistants:

- Allied health professionals feel that the physicians' assistants should be much more closely supervised than doctors or nurses.
- Allied health professionals feel that the physicians should be free to make decisions on his own to a much greater degree than nurses or assistants.
- Allied health professionals prefer that physicians and physicians' assistants be college educated to a greater extent than they do for nurses.
- Physicians and physicians' assistants are considered male by a higher percentage of allied health professionals than are nurses.

IDEAL CHARACTERISTICS OF A PHYSICIAN, NURSE AND A PHYSICIAN'S ASSISTANT

| | Weighted Total Sample of Allied Health Professionals N=151 | | |
|---|---|---|---|
| | Physician | Nurse | Physician's Assistant |
| Mentioned one or more characteristics - Net* | 99% | 100% | 99% |
| Very skilled in his/her work | 92% | 89% | 83% |
| Friendly and courteous | 81 | 85 | 79 |
| Very honest | 79 | 82 | 73 |
| Free to make decisions on his/her own | 63 | 38 | 30 |
| College educated | 59 | 33 | 53 |
| Several years of training | 45 | 36 | 42 |
| Many years of experience | 40 | 23 | 20 |
| Interested in going further in the medical profession | 31 | 40 | 48 |
| A few years of experience | 30 | 34 | 42 |
| Male | 30 | 14 | 21 |
| Older | 17 | 11 | 14 |
| Younger | 14 | 15 | 19 |
| Female | 13 | 33 | 25 |
| Very closely supervised | 5 | 13 | 47 |
| Same ethnic group as myself | 4 | 6 | 4 |
| Don't know | ** | -- | ** |
| | 100% | 100% | 100% |

* Multiple responses possible

** Less than 0.5%

Haug Associates, Inc.
Study #372-001
October - November, 1972

Cluster # _____ (7-9) _____ _____

CARD I

Type of Sample: P 10-1
S 2

5- Area: Urban 11-1
6- Rural 2

Ethnic Group: White 12-1
Mex-Amer 2
Black 3
Oriental 4
Other(SPECIFY) _____

PROJECT PASS

General Public Interview

NAME _____ Male 13-1
Female 2

ADDRESS _____

CITY/TOWN _____ ZIP CODE _____

TELEPHONE # _____ TIME STARTED _____ a.m. p.m.

TIME ENDED _____ a.m. p.m.

INTERVIEWER _____ DATE _____, 1972

VALIDATED BY _____ DATE _____, 1972

(TO MALE OR FEMALE HEAD OF HOUSEHOLD) Hello, my name is _____ from Haug Associates, a public opinion firm. We're taking a survey of attitudes among people living in California and I would like to include your opinions. (GO DIRECTLY TO Q.1)

1. (HAND CARD 1) Would you please tell me which letter on this card corresponds to your age group?

CHECK AGE QUOTA.

IF NEEDED TO FIT QUOTA, CONTINUE.

IF NOT NEEDED, TERMINATE.

a. Under 25 14-1
b. 25 - 34 2
c. 35 - 44 3
d. 45 - 54 4
e. 55 - 64 5
f. 65 and over 6

2a. (HAND SHUFFLED BLUE CARDS) There are many problems facing our community today. Here are some problems that different people have mentioned to us regarding the quality of products and services. Please pick 2 or 3 that you, yourself, are most concerned or worried about.

15 Poor quality of products and services 15-1
29 Shortage of lawyers 2
41 Competence of judges 3

45 Poor quality schooling 4
51 Shortage of doctors 5
63 Care of senior citizens 6

72 Poorly trained teachers 7
81 Shortage of medical services 8
96 Corrupt policemen 9

None of these 0
Don't know Y

2b. (HAND CARD 2b) Now I'd like to ask you some questions about people in these different service occupations. We are interested in how you feel about these people. I will read some statements. Please tell me which of the four occupations each statement is most true of: doctors, lawyers, policemen, or teachers. You may select as many occupations as you feel the statement describes. (START WITH RED CHECKED STATEMENT. ASK FOR ALL STATEMENTS)

| Statements | Doctors | Lawyers | Policemen | Teachers | Don't Know |
|---|---|---|---|---|---|
| They are very honest | 16-1 | 2 | 3 | 4 | Y |
| There are not enough people in this occupation in cities | 17-1 | 2 | 3 | 4 | Y |
| They are very interested in the well being of the people they serve | 18-1 | 2 | 3 | 4 | Y |
| They are highly skilled | 19-1 | 2 | 3 | 4 | Y |
| There are not enough people in this occupation in rural areas | 20-1 | 2 | 3 | 4 | Y |
| Their salaries or fees are too high | 21-1 | 2 | 3 | 4 | Y |
| Lesser trained people could handle some of their duties | 22-1 | 2 | 3 | 4 | Y |
| They are friendly and courteous | 23-1 | 2 | 3 | 4 | Y |
| They are highly educated | 24-1 | 2 | 3 | 4 | Y |

3a. Let's talk for a moment about medical care. By that we mean doctors, nurses, x-ray technicians, hospitals and other medical services. What, if anything, do you feel is good about the medical care available? (PROBE)

_____ 25-

_____ 26-

_____ 27-

3b. And what, if anything, do you feel is bad about the medical care available? (PROBE)

_____ 28-

_____ 29-

_____ 30-

4. (HAND CARD 4) This card contains a description of a program which is in effect in some states and may be used in other states sometime in the future. Please take your time to read this card because I would like you to understand it well enough to give me your opinion about it. (ALLOW ENOUGH TIME TO READ CONCEPT AND UNDERSTAND IT.)

4a. What, if anything, do you feel are the advantages of the Physician's Assistant Program? (PROBE)

_____ 31-

_____ 32-

_____ 33-

4b. What, if anything, do you feel are the disadvantages of the Physician's Assistant Program? (PROBE)

_____ 34-

_____ 35-

_____ 36-

5a. What, if anything, do you feel are the main differences between a Physician's Assistant and a doctor? (PROBE)

_____ 37-

_____ 38-

_____ 39-

5b. What, if anything, do you feel are the main differences between a Physician's Assistant and a nurse? (PROBE)

_____ 40-

_____ 41-

_____ 42-

6. (HAND SHUFFLED GREEN CARDS) Here are several statements which describe different types of people. Please select those which you would most want to be true of a (READ RED CHECKED OCCUPATION) who might care for you. (RECORD ALL SELECTIONS FOR FIRST OCCUPATION THEN REPEAT FOR OTHER TWO OCCUPATIONS.)

| | | Doctor | Nurse | Physician's Assistant |
|---|---|---|---|---|
| 08 | Male | 43-1 | 45-1 | 47- 1 |
| 12 | Female | 2 | 2 | 2 |
| 13 | Younger | 3 | 3 | 3 |
| 18 | Older | 4 | 4 | 4 |
| 22 | College Educated | 5 | 5 | 5 |
| 27 | A few years of experience | 6 | 6 | 6 |
| 36 | Many years of experience | 7 | 7 | 7 |
| 40 | Very closely supervised | 8 | 8 | 8 |
| 43 | Free to make decisions on his/her own | 9 | 9 | 9 |
| 45 | Same ethnic group as myself | 0 | 0 | 0 |
| 66 | Several years of training | X | X | X |
| 70 | Interested in going further in the medical profession | Y | Y | Y |
| 73 | Is very honest | 44-1 | 46-1 | 48- 1 |
| 79 | Is very skilled in his/her work | 2 | 2 | 2 |
| 87 | Is friendly and courteous | 3 | 3 | 3 |
| 98 | Charges reasonable fees | 4 | 4 | 4 |

7a. Do you feel that all doctors need the help of a physician's assistant or do you feel that only doctors in certain places need the help of a physician's assistant.

All doctors 49-1
↳ SKIP TO Q. 8

Doctors in certain places 2

7b. Where?

_____ 50-

_____ 51-

8. (HAND CARD 8) Which of these statements best describes how you feel physicians' assistants might affect the cost of medical services?

(a) The costs of medical services would be <u>much lower than they are now</u> if physicians' assistants were used 52-1

(b) The costs of medical services would be <u>somewhat lower than they are now</u> if physicians' assistants were used 2

(c) The costs of medical services would be <u>about the same as they are now</u> if physicians' assistants were used 3

(d) The costs of medical services would be <u>somewhat higher than they are now</u> if physicians' assistants were used 4

(e) The costs of medical services would be <u>much higher than they are now</u> if physicians' assistants were used 5

Don't know Y

9a. (HAND CARD 9) Thinking about the State of California as a whole, which statement best describes how much you feel that physicians' assistants are needed to help the doctors in California? (RECORD BELOW)

9b. (HAND CARD 9 AGAIN) Now thinking about your community, which statement best describes how much you feel that physicians' assistants are needed to help the doctors in your community? (RECORD BELOW)

9c. (HAND CARD 9 AGAIN) Now how about the doctor that you go to. Which statement best describes how much you feel that physicians' assistants are needed to help your doctor? (RECORD BELOW)

| | 9a. California | 9b. Community | 9c. Doctor |
|---|---|---|---|
| (a) The help of physicians' assistants is greatly needed | 53-1 | 54-1 | 55-1 |
| ) The help of physicians' assistants is somewhat needed | 2 | 2 | 2 |
| ) The help of physicians' assistants is not needed that much | 3 | 3 | 3 |
| (d) The help of physicians' assistants is not needed at all | 4 | 4 | 4 |

10a. (HAND CARD 10) I'm going to read you a list of tasks which someone who is not a doctor might be trained to do well. For each one please tell me which statement on this card best describes your willingness or lack of willingness to have a physician's assistant do it for you. (START WITH RED CHECKED STATEMENT. ASK FOR ALL STATEMENTS)

| | a. Definitely Would | b. Probably Would | c. Might or Might Not | d. Probably Would Not | e. Definitely Would Not | Don't Know |
|---|---|---|---|---|---|---|
| A blood test | 56-1 | 2 | 3 | 4 | 5 | Y |
| Removal of a cast | 57-1 | 2 | 3 | 4 | 5 | Y |
| Physical therapy | 58-1 | 2 | 3 | 4 | 5 | Y |
| Remove tonsils | 59-1 | 2 | 3 | 4 | 5 | Y |
| An eye test | 60-1 | 2 | 3 | 4 | 5 | Y |
| Care of a superficial wound, that is an external wound such as a bruise or cut | 61-1 | 2 | 3 | 4 | 5 | Y |
| Removal of stitches after an operation | 62-1 | 2 | 3 | 4 | 5 | Y |
| Diagnosing illnesses | 63-1 | 2 | 3 | 4 | 5 | Y |
| A skin test | 64-1 | 2 | 3 | 4 | 5 | Y |
| An immunization such as a small pox vaccine | 65-1 | 2 | 3 | 4 | 5 | Y |
| Caring for sprains | 66-1 | 2 | 3 | 4 | 5 | Y |
| Blood pressure tests | 67-1 | 2 | 3 | 4 | 5 | Y |
| Injections such as pennicilin shots | 68-1 | 2 | 3 | 4 | 5 | Y |
| Ear tests | 69-1 | 2 | 3 | 4 | 5 | Y |
| Care of a burn | 70-1 | 2 | 3 | 4 | 5 | Y |
| Drainage of skin infec. | 71-1 | 2 | 3 | 4 | 5 | Y |
| Writing prescriptions for drugs | 72-1 | 2 | 3 | 4 | 5 | Y |
| Setting a broken leg | 73-1 | 2 | 3 | 4 | 5 | Y |

CARD I

10b. (HAND CARD 10 )In general, which statement best describes your interest in being cared for by a physician's assistant assuming he was well qualified to perform the task? (RECORD BELOW)

10c. (HAND CARD 10 )Which statement best describes your interest in having your (husband/wife) cared for by a physician's assistant assuming he was well qualified to perform the task? (RECORD BELOW)

10d. (HAND CARD 10 )Which statement best describes your interest in having your children under 6 years old cared for by a physician's assistant assuming he was well qualified to perform the task? (RECORD BELOW)

10e. (HAND CARD 10 )Which statement best describes your interest in having your children 6-12 years old cared for by a physician's assistant assuming he was well qualified to perform the task? (RECORD BELOW)

10f. (HAND CARD 10 )Which statement best describes your interest in having your children 13-17 years old cared for by a physician's assistant assuming he was well qualified to perform the task? (RECORD BELOW)

| | 10b. Respondent | 10c. Husband/wife | 10d. Child Under 6 | 10e. Child 6-12 | 10f. Child 13-17 |
|---|---|---|---|---|---|
| I definitely would be willing to have the physician's assistant do it | 74-1 | 75- 1 | 76-1 | 77-1 | 78-1 |
| I probably would be willing to have the physician's assistant do it | 2 | 2 | 2 | 2 | 2 |
| I might or might not be willing to have the physician's assistant do it | 3 | 3 | 3 | 3 | 3 |
| I probably would not be willing to have the physician's assistant do it | 4 | 4 | 4 | 4 | 4 |
| I definitely would not be willing to have the physician's assistant do it | 5 | 5 | 5 | 5 | 5 |
| None in family | | 0 | 0 | 0 | 0 |
| Don't know | Y | Y | Y | Y | Y |

79-
80- 1

CARD II

11a. (HAND CARD 11) In general, which of these statements best describes your current health? (RECORD BELOW)

11b. (HAND CARD 11) Which of these statements best describes your (husband's/wife's) current health? (RECORD BELOW)

11c. (HAND CARD 11) And the health of your children under 6 years old? (RECORD BELOW)

11d. (HAND CARD 11) And your children 6-12 years old? (RECORD BELOW)

11e. (HAND CARD 11) And your children 13-17 years old? (RECORD BELOW)

| | 11a. Respondent | 11b. Husband/Wife | 11c. Child Under 6 | 11d. Child 6-12 | 11e. Child 13-17 |
|---|---|---|---|---|---|
| Health is excellent | 14-1 | 15-1 | 16-1 | 17-1 | 18-1 |
| Health is good | 2 | 2 | 2 | 2 | 2 |
| Health is fair | 3 | 3 | 3 | 3 | 3 |
| Health is not too good | 4 | 4 | 4 | 4 | 4 |
| Health is poor | 5 | 5 | 5 | 5 | 5 |
| None in family | | 0 | 0 | 0 | 0 |
| Don't know | Y | Y | Y | Y | Y |

12. Have there been any serious illnesses in your family within the past few years?

Yes 19-1
No 2

13a. (HAND CARD 13) Which of these best describes the type of medical care you are receiving?

(a) I usually go to a private doctor who has an office by himself 20-1
(b) I usually go to a private doctor who works with about 2-4 other doctors 2
(c) I usually go to a private doctor who works with about 5-10 other doctors 3
(d) I usually go to a private doctor who works with about 11 or more other doctors 4
(e) I usually go to a pre-paid medical care group, such as Kaiser 5
(f) I usually go to a health department clinic 6

13b. Do you have any health insurance?

Yes 21-1
SKIP TO Q.14 ▲ — No 2

13c. Does your insurance cover most of your medical and hospital care or only major medical and hospital care?

Most 22-1
Only major medical 2

14. Now, just a few questions for classification purposes. Including yourself, how many members of your family are living at home?

_____ 23-

15. What is the present occupation of the head of your household? (DO NOT READ LIST) (RECORD OCCUPATION ON LINE AND CIRCLE APPROPRIATE CODE)

| | |
|---|---|
| Top management, top talent, and major professional | 24-1 |
| Executive, administrative, lesser professional | 2 |
| Owner: small retail store or business | 3 |
| Technicians, minor administrative, and low supervisory | 4 |
| White collar, clerical (non-supervisory) | 5 |
| Skilled and semi-skilled labor | 6 |
| Unskilled labor | 7 |
| Farmers (owners and managers) | 8 |
| Retired | 9 |
| Unemployed | 0 |
| Student | X |
| Housewife | Y |

16. (HAND CARD 16) What is the last grade completed by the head of your household? (CIRCLE THE HIGHEST ONE ONLY)

| | |
|---|---|
| a. Grammar school | 25-1 |
| b. Some high school | 2 |
| c. Graduated high school | 3 |
| d. Some college | 4 |
| e. Graduated college | 5 |
| f. Post-graduate work | 6 |

17. Does the female head of your household work outside the home either full time or part time?

| | |
|---|---|
| Yes | 26-1 |
| No | 2 |
| No female head | 3 |

18. (HAND CARD 18) Which of the following categories best represents your total family income?

| | |
|---|---|
| a. Under $5,000 | 27-1 |
| b. $5,000-$7,999 | 2 |
| c. $8,000-$9,999 | 3 |
| d. $10,000-$11,999 | 4 |
| e. $12,000-$14,999 | 5 |
| f. $15,000-$19,999 | 6 |
| g. $20,000 and over | 7 |

Thank you for your cooperation on this study!

RECORD RESPONDENT'S NAME, ADDRESS (INDICATING ZIP CODE), AND PHONE NO. ON FIRST PAGE. ALSO RECORD YOUR NAME, THE DATE, AND THE TIME ENDED. BE SURE TO RECORD THE CLUSTER # FROM YOUR HOME SELECTION DIAGRAM, CIRCLE THE CODE FOR THE TYPE OF SAMPLE (P OR S) RECORDED ON YOUR HOME SELECTION DIAGRAM), CIRCLE THE CODE FOR URBAN OR RURAL (DESCRIBED ON YOUR HOME SELECTION DIAGRAM), RECORD THE ETHNIC GROUP AND CIRCLE THE CODE FOR MALE OR FEMALE.

28-
29-
30-
80 - 2

Haug Associates, Inc.
Study #372-001
October - November, 1972

4-

Type of Sample:
Urban Non-Min. 5- 1
Urban Min. 2
Rural 3

PROJECT PASS

Physician's Interview

Male 6- 1
Female 2

NAME Dr. _____

ADDRESS _____

CITY/TOWN _____ ZIP CODE _____

TELEPHONE # _____ TIME STARTED _____ a.m. p.m.

TIME ENDED _____ a.m. p.m.

INTERVIEWER _____ DATE _____, 1972

VALIDATED BY _____ DATE _____, 1972

(TO DOCTOR:) Hello, my name is _____ from Haug Associates, a public opinion firm. We're taking a survey of attitudes among physicians in California. You may have received a letter regarding this survey and it's very important that we include your opinions.

1a. (HAND CARD 1a) Which of these statements best describes your present employment?

a. Employed full time in medical profession 7-1
b. Employed part time in medical profession 2
c. Employed only outside the medical profession 3
d. Not currently employed 4
e. Retired 5

TERMINATE THE INTERVIEW

b. (HAND SHUFFLED BLUE CARDS) There are many problems facing our community today. Here are some problems that different people have mentioned to us regarding the quality of products and services. Please pick 2 or 3 that you, yourself, are most concerned or worried about.

15 Poor quality of products and services 8- 1
29 Shortage of lawyers 2
41 Competence of judges 3

45 Poor quality schooling 4
51 Shortage of doctors 5
63 Care of senior citizens 6

72 Poorly trained teachers 7
81 Shortage of medical services 8
96 Corrupt policemen 9

None of these 0
Don't know Y

1c. (HAND CARD 1c) Which of these statements best describes your feelings toward whether or not a shortage of physicians exists in the State of California?

| | | |
|---|---|---|
| a. | There is a severe shortage of physicians in most places in the State. | 9- 1 |
| b. | There is a shortage of physicians in many places in the State. | 2 |
| c. | There is a shortage of physicians in some places in the State. | 3 |
| d. | There is a shortage of physicians in only a few places in the State. | 4 |
| e. | There is no shortage of physicians in most places in the State. | 5 |

SKIP TO Q.2

1d. In what places in the State do you feel that a shortage of physicians exists? (PROBE)

_____ 10-

_____ 11-

_____ 12-

1e. (HAND CARD 1e) In which, if any, of these situations do you feel that a shortage of physicians exists in this state?

| | | |
|---|---|---|
| a. | Cities | 13-1 |
| b. | Suburbs | 2 |
| c. | Rural places | 3 |
| d. | Places with a high percentage of minority people | 4 |
| e. | Places with a high percentage of non-minority people | 5 |
| f. | Places with a high percentage of young adults | 6 |
| g. | Places with a high percentage of middle-aged people | 7 |
| h. | Places with a high percentage of older people | 8 |
| i. | Places with mostly above average income people | 9 |
| j. | Places with mostly average income people | 0 |
| k. | Places with mostly below average income people | X |
| l. | Private solo practices (1 physician) | 14-1 |
| m. | Small medical group (2-4 physicians) | 2 |
| n. | Medium sized medical group (5-10 physicians) | 3 |
| o. | Large medical group (11-74 physicians) | 4 |
| p. | Very large medical group (75 or more physicians) | 5 |
| q. | Large clinic | 6 |
| r. | Teaching hospital | 7 |
| s. | Hospital | 8 |
| | Other (SPECIFY:) | |

_____

1f. What, if anything, do you feel should be done to eliminate the shortage of physicians in those places of the State where a shortage exists? (PROBE)

_____ 15-

_____ 16-

_____ 17-

2. (HAND CARD 2) This card contains a description of a program which is in effect in some states and may be used in other states sometime in the future. Please take your time to read this card because I would like you to understand it well enough to give me your opinion about it. (ALLOW ENOUGH TIME TO READ CONCEPT AND UNDERSTAND IT.)

2a. What, if anything, do you feel are the advantages of the Physician's Assistant Program? (PROBE)

_____ 18-

_____ 19-

_____ 20-

2b. What, if anything, do you feel are the disadvantages of the Physician's Assistant Program? (PROBE)

_____ 21-

_____ 22-

_____ 23-

3a. What, if anything, do you feel are the main differences between a Physician's Assistant and a physician? (PROBE)

_____ 24-

_____ 25-

_____ 26-

3b. What, if anything, do you feel are the main differences between a Physician's Assistant and a nurse? (PROBE)

_____ 27-

_____ 28-

_____ 29-

3c. (HAND CARD 3) Which of these statements best describes your overall feelings toward the Physician's Assistant Program?

| | |
|---|---|
| It sounds like an excellent program | 30-1 |
| It sounds like a good program | 2 |
| It sounds like a fair program | 3 |
| It sounds like a poor program | 4 |
| It sounds like a very bad program | 5 |

3d. In what ways, if any, do you feel that the Physician's Assistant Program could be improved? (PROBE)

_____ 31-

_____ 32-

_____

4. (HAND SHUFFLED PINK CARDS) Here are several statements which describe different types of people. Please select those which you would most want to be true of a (READ RED CHECKED OCCUPATION) who might work with you. (RECORD ALL SELECTIONS FOR FIRST OCCUPATION THEN REPEAT FOR OTHER TWO OCCUPATIONS.)

| | | Physician | Nurse | Physician's Assistant |
|---|---|---|---|---|
| 08 | Male | 33-1 | 35-1 | 37-1 |
| 12 | Female | 2 | 2 | 2 |
| 13 | Younger | 3 | 3 | 3 |
| 18 | Older | 4 | 4 | 4 |
| 22 | College Educated | 5 | 5 | 5 |
| 27 | A few years of experience | 6 | 6 | 6 |
| 36 | Many years of experience | 7 | 7 | 7 |
| 40 | Very closely supervised | 8 | 8 | 8 |
| 43 | Free to make decisions on his/her own | 9 | 9 | 9 |
| 45 | Same ethnic group as myself | 0 | 0 | 0 |
| 66 | Several years of training | X | X | X |
| 70 | Interested in going further in the medical profession | Y | Y | Y |
| 73 | Is very honest | 34-1 | 36-1 | 38-1 |
| 79 | Is very skilled in his/her work | 2 | 2 | 2 |
| 87 | Is friendly and courteous | 3 | 3 | 3 |

5a. Do you feel that all doctors need the help of a physician's assistant or do you feel that only doctors in certain situations need the help of a physician's assistant?

| | |
|---|---|
| All doctors → SKIP TO Q.6a | 39-1 |
| Doctors in certain situations | 2 |

5b. What types?

_____ 40-

_____ 41-

_____ 42-

5c. (HAND CARD 5) In which, if any, of these situations do you feel that a physician's assistant would be needed?

| | | |
|---|---|---|
| a. | Cities | 43-1 |
| b. | Suburbs | 2 |
| c. | Rural places | 3 |
| d. | Places with a high percentage of minority people | 4 |
| e. | Places with a high percentage of non-minority people | 5 |
| f. | Places with a high percentage of young adults | 6 |
| g. | Places with a high percentage of middle aged people | 7 |
| h. | Places with a high percentage of older people | 8 |
| i. | Places with mostly above average income people | 9 |
| j. | Places with mostly average income people | 0 |
| k. | Places with mostly below average income people | X |
| l. | Private solo practices (1 physician) | 44-1 |
| m. | Small medical group (2-4 physicians) | 2 |
| n. | Medium sized medical group (5-10 physicians) | 3 |
| o. | Large medical group (11-74 physicians) | 4 |
| p. | Very large medical group (75 or more physicians) | 5 |
| q. | Large clinic | 6 |
| r. | Teaching hospital | 7 |
| s. | Hospital | 8 |

Other(SPECIFY:)_____

6a. (HAND CARD 6) Thinking about the State of California as a whole, which statement best describes how much you feel that physicians' assistants are needed to help the physicians in California? (RECORD BELOW)

6b. (HAND CARD 6 AGAIN) Now thinking about your community, which statement best describes how much you feel that physicians' assistants are needed to help the physicians in your community? (RECORD BELOW)

6c. (HAND CARD 6 AGAIN) Now how about your practice. Which statement best describes how much you feel that physicians' assistants are needed to help you? ( RECORD BELOW)

| | 6a. California | 6b. Community | 6c. Respondent |
|---|---|---|---|
| The help of physicians' assistants is greatly needed | 45-1 | 46-1 | 47- 1 |
| The help of physicians' assistants is somewhat needed | 2 | 2 | 2 |
| The help of physicians' assistants is not needed that much | 3 | 3 | 3 |
| The help of physicians' assistants is not needed at all | 4 | 4 | 4 |

(HAND CARD 7a)

7a. In general, which statement on this card best describes your interest in having a qualified physician's assistant work for you?

| | |
|---|---|
| I definitely would be interested in having a physician's assistant | 48-1 |
| I probably would be interested in having a physician's assistant | 2 |
| I might or might not be interested in having a physician's assistant | 3 |
| I probably would not be interested in having a physician's assistant | 4 |
| I definitely would not be interested in having a physician's assistant | 5 |
| Don't know | Y |

7b. Why do you feel that way? (PROBE)

_____ 49-

_____ 50-

_____ 51-

_____ 52-

8a. Assuming for the moment that you had a physician's assistant, what types of tasks, which you feel could be delegated to a physician's assistant, do you need the most help with? (DO NOT READ LIST. RECORD UNAIDED RESPONSES BELOW)

FOR EACH PRE-LISTED TASK NOT MENTIONED IN Q.8a, ASK Q.8b & 8c CONSECUTIVELY:

8b. Do you feel that (TASK) could be delegated to a physician's assistant? (RECORD BELOW)

8c. Do you need help with (TASK)? (RECORD BELOW)

| | 8a. Unaided | 8b. Delegated Yes | 8b. Delegated No | 8c. Need Help Yes | 8c. Need Help No |
|---|---|---|---|---|---|
| A blood test | 53-1 | 55-1 | N | 56-1 | N |
| Removal of a cast | 2 | 2 | N | 2 | N |
| Physical therapy | 3 | 3 | N | 3 | N |
| An eye test | 4 | 4 | N | 4 | N |
| Care of a superficial wound, that is an external wound such as a bruise or a cut | 5 | 5 | N | 5 | N |
| Removal of stitches after an operation | 6 | 6 | N | 6 | N |
| A skin test | 7 | 7 | N | 7 | N |
| An immunization such as a small-pox vaccine | 8 | 8 | N | 8 | N |
| Caring for sprains | 9 | 9 | N | 9 | N |
| Blood pressure tests | 0 | 0 | N | 0 | N |
| Injections such as penicillin shots | X | X | N | X | N |
| Ear tests | Y | Y | N | Y | N |

Other(SPECIFY:) 54-

_____ ☐

_____ ☐

_____ ☐

_____ ☐

_____ ☐

9a. (HAND CARD 9) Which statement best describes your likelihood of reducing or not reducing your fees, if you had a physician's assistant?

| | |
|---|---|
| Would reduce my fees substantially | 57-1 |
| Would reduce my fees a little | 2 |
| Would not reduce my fees | 3 |

9b. If you had a physician's assistant, would you be likely to pay him a salary, a fee for each service performed, or some other way?

| | |
|---|---|
| Salary | 58-1 |
| Fee for each service | 2 |
| _____ Other way (SPECIFY:) | |

10a. If you were to have a physician's assistant would you prefer that the physician's assistant be male or female, or wouldn't it make any difference to you?

| | |
|---|---|
| Male | 59-1 |
| Female | 2 |
| No difference | 3 |

10b. (HAND CARD 10) In which of these age categories would you prefer that a physician's assistant working for you be, or wouldn't it make any difference to you?

| | |
|---|---|
| a. 18-24 | 60-1 |
| b. 25-29 | 2 |
| c. 30-34 | 3 |
| d. 35-39 | 4 |
| e. 40-44 | 5 |
| f. 45-49 | 6 |
| g. 50 and over | 7 |
| No difference | 8 |

11a. (HAND CARD 11a) What kind of background would you prefer your physician's assistant to have?

| | |
|---|---|
| Corpsman | 61-1 |
| R.N. | 2 |
| _____ Other (SPECIFY:) | |

11b. Would you prefer to have a physician's assistant who is a generalist or one that is a specialist?

| | |
|---|---|
| Generalist | 62-1 |
| Specialist | 2 |

11c. Do you feel that after minimal training, chiropractors should be qualified to be physicians' assistants or not?

| | |
|---|---|
| Yes | 63-1 |
| No | 2 |

11d. Do you feel that unlicensed foreign physicians should be qualified to be physicians' assistants without additional training or not?

| | |
|---|---|
| Yes | 64-1 |
| No | 2 |

12. (HAND CARD 12) Now I'd like to ask you a few questions about your practice. How many years have you been practicing medicine?

| | | |
|---|---|---|
| a. | Less than 6 years | 65-1 |
| b. | 6-10 years | 2 |
| c. | 11-15 years | 3 |
| d. | 16-20 years | 4 |
| e. | 21-25 years | 5 |
| f. | 26-30 years | 6 |
| g. | 31-35 years | 7 |
| h. | 36 years or more | 8 |

13a. Are you a general practioner or a specialist?

| | |
|---|---|
| General practioner (SKIP TO Q.14) | 66-1 |
| Specialist | 2 |

13b. What is your specialty?

67-
68-

14 (HAND CARD 14) Which of these best describes your practice?

| | |
|---|---|
| Private | 69-1 |
| Governmental | 2 |
| Research | 3 |
| Other (SPECIFY:) _____ | |

15a. Are you currently in solo practice, group practice, or some other type?

| | |
|---|---|
| Solo (SKIP TO Q.16) | 70-1 |
| Group | 2 |
| Other (SPECIFY:) _____ | |

15b. (HAND CARD 15b) Which of these categories best describes the size of your group?

| | |
|---|---|
| Small medical group (2-4 physicians) | 71-1 |
| Medium sized medical group (5-10 physicians) | 2 |
| Large sized medical group (11-74 physicians) | 3 |
| Very large sized medical group (75 or more physicians) | 4 |

16. (HAND CARD 16) Which of these best describes the percent of your patients that are White?...Mexican-American?...Black?...Oriental?...Other ethnic group?

| | | |
|---|---|---|
| White | _____% | 72- |
| Mexican-American | _____% | 73- |
| Black | _____% | 74- |
| Oriental | _____% | 75- |
| Other (SPECIFY) | _____ | 76- |

17. (HAND CARD 17) Now, just a few questions for classification purposes. Which category on this card best describes your age group?

| | | |
|---|---|---|
| a. | Under 35 | 77-1 |
| b. | 35-44 | 2 |
| c. | 45-54 | 3 |
| d. | 55-64 | 4 |
| e. | 65 and over | 5 |

18. (DO NOT ASK) Ethnic Group

| | |
|---|---|
| White | 78-1 |
| Mexican-American | 2 |
| Black | 3 |
| Oriental | 4 |
| Other (SPECIFY:) _____ | |

Thank you for your cooperation on this study!

RECORD RESPONDENT'S NAME, ADDRESS (INDICATING ZIP CODE), AND PHONE # ON FIRST PAGE. ALSO RECORD YOUR NAME, THE DATE, AND THE TIME ENDED. BE SURE TO RECORD THE TYPE OF SAMPLE AND CIRCLE THE CODE FOR MALE OR FEMALE.

79- 1

Haug Associates, Inc.
Study #372-001
October - November, 1972

4-
5-

PROJECT PASS

Allied Health Professions Interview

NAME _____ Male 6- 1 Female 2

ADDRESS _____

CITY/TOWN _____ ZIP CODE _____

TELEPHONE # _____ TIME STARTED _____ a.m. p.m.

TIME ENDED _____ a.m. p.m.

INTERVIEWER _____ DATE _____, 1972

VALIDATED BY _____ DATE _____, 1972

(TO ALLIED HEALTH PROFESSIONAL) Hello, my name is _____ from Haug Associates, a public opinion firm. We're taking a survey of attitudes among people in the health professions in California and I would like to include your opinions. (GO DIRECTLY TO Q.1a)

1a. (HAND CARD 1a) Which of these best describes your present occupation?

| | | | |
|---|---|---|---|
| Allied health administrator | 7-1 | Clinical administrator | 5 |
| Allied health teachers | 2 | Physical therapist | 6 |
| Licensed vocational nurse | 3 | Laboratory technician | 7 |
| Registered nurse | 4 | Psychologist | 8 |
| | | Other (Specify:) _____ | |

1b. (HAND SHUFFLED BLUE CARDS) There are many problems facing our community today. Here are some problems that different people have mentioned to us regarding the quality of products and services. Please pick 2 or 3 that you, yourself, are most concerned or worried about.

| | | |
|---|---|---|
| 15 | Poor quality of products and services | 8- 1 |
| 29 | Shortage of lawyers | 2 |
| 41 | Competence of judges | 3 |
| 45 | Poor quality schooling | 4 |
| 51 | Shortage of doctors | 5 |
| 63 | Care of senior citizens | 6 |
| 72 | Poorly trained teachers | 7 |
| 81 | Shortage of medical services | 8 |
| 96 | Corrupt policemen | 9 |
| | None of these | 0 |
| | Don't know | Y |

1c. (HAND CARD 1c) Which of these statements best describes your feelings toward whether or not a shortage of physicians exists in the State of California?

| | | |
|---|---|---|
| a. | There is a severe shortage of physicians in most places in the State. | 9-1 |
| b. | There is a shortage of physicians in many places in the State. | 2 |
| c. | There is a shortage of physicians in some places in the State. | 3 |
| d. | There is a shortage of physicians in only a few places in the State. | 4 |
| e. | There is no shortage of physicians in most places in the State. | 5 |

SKIP TO Q.2

1d. In what places in the State do you feel that a shortage of physicians exists? (PROBE)

_____ 10-

_____ 11-

_____ 12-

1e. (HAND CARD 1e) In which, if any, of these situations do you feel that a shortage of physicians exists in this state?

| | | |
|---|---|---|
| a. | Cities | 13-1 |
| b. | Suburbs | 2 |
| c. | Rural places | 3 |
| d. | Places with a high percentage of minority people | 4 |
| e. | Places with a high percentage of non-minority people | 5 |
| f. | Places with a high percentage of young adults | 6 |
| g. | Places with a high percentage of middle-aged people | 7 |
| h. | Places with a high percentage of older people | 8 |
| i. | Places with mostly above average income people | 9 |
| j. | Places with mostly average income people | 0 |
| k. | Places with mostly below average income people | X |
| l. | Private solo practices (1 physician) | 14-1 |
| m. | Small medical group (2-4 physicians) | 2 |
| n. | Medium sized medical group (5-10 physicians) | 3 |
| o. | Large medical group (11-74 physicians) | 4 |
| p. | Very large medical group (75 or more physicians) | 5 |
| q. | Large clinic | 6 |
| r. | Teaching hospital | 7 |
| s. | Hospital | 8 |

other (Specify:)_____

1f. What, if anything, do you feel should be done to eliminate the shortage of physicians in those places of the State where a shortage exists? (PROBE)

_____ 15-

_____ 16-

_____ 17-

. (HAND CARD 2) This card contains a description of a program which is in effect in some states and may be used in other states sometime in the future. Please take your time to read this card because I would like you to understand it well enough to give me your opinion about it. (ALLOW ENOUGH TIME TO READ CONCEPT AND UNDERSTAND IT.)

a. What, if anything, do you feel are the advantages of the Physician's Assistant Program? (PROBE)

_____ 18-

_____ 19-

_____ 20-

b. What, if anything, do you feel are the disadvantages of the Physician's Assistant Program? (PROBE)

_____ 21-

_____ 22-

_____ 23-

3a. What, if anything, do you feel are the main differences between a Physician's Assistant and a physician? (PROBE)

_____ 24-

_____ 25-

_____ 26-

3b. What, if anything, do you feel are the main differences between a Physician's Assistant and a nurse? (PROBE)

_____ 27-

_____ 28-

_____ 29-

3c. (HAND CARD 3) Which of these statements best describes your overall feelings toward the Physician's Assistant Program?

| | |
|---|---|
| It sounds like an excellent program | 30-1 |
| It sounds like a good program | 2 |
| It sounds like a fair program | 3 |
| It sounds like a poor program | 4 |
| It sounds like a very bad program | 5 |

3d. In what ways, if any, do you feel that the Physician's Assistant Program could be improved? (PROBE)

_____ 31-

_____ 32-

_____

4. (HAND SHUFFLED WHITE CARDS) Here are several statements which describe different types of people. Please select those which you would most want to be true of a (READ RED CHECKED OCCUPATION) who might work with you. (RECORD ALL SELECTIONS FOR FIRST OCCUPATION THEN REPEAT FOR OTHER TWO OCCUPATIONS.

| | | Physician | Nurse | Physician's Assistant |
|---|---|---|---|---|
| 08 | Male | 33-1 | 35-1 | 37-1 |
| 12 | Female | 2 | 2 | 2 |
| 13 | Younger | 3 | 3 | 3 |
| 18 | Older | 4 | 4 | 4 |
| 22 | College Educated | 5 | 5 | 5 |
| 27 | A few years of experience | 6 | 6 | 6 |
| 36 | Many years of experience | 7 | 7 | 7 |
| 40 | Very closely supervised | 8 | 8 | 8 |
| 43 | Free to make decisions on his/her own | 9 | 9 | 9 |
| 45 | Same ethnic group as myself | 0 | 0 | 0 |
| 66 | Several years of training | X | X | X |
| 70 | Interested in going further in the medical profession | Y | Y | Y |
| 73 | Is very honest | 34-1 | 36-1 | 38-1 |
| 79 | Is very skilled in his/her work | 2 | 2 | 2 |
| 87 | Is friendly and courteous | 3 | 3 | 3 |

5a. Do you feel that all doctors need the help of a physician's assistant or do you feel that only doctors in certain situations need the help of a physician's assistant.

| | |
|---|---|
| All doctors ↳ SKIP TO Q.6a | 39-1 |
| Doctors in certain situations | 2 |

5b. What types?

_____ 40-

_____ 41-

_____ 42-

5c. (HAND CARD 5) In which, if any, of these situations do you feel that a physician's assistant would be needed?

| | | |
|---|---|---|
| a. | Cities | 43-1 |
| b. | Suburbs | 2 |
| c. | Rural places | 3 |
| d. | Places with a high percentage of minority people | 4 |
| e. | Places with a high percentage of non-minority people | 5 |
| f. | Places with a high percentage of young adults | 6 |
| g. | Places with a high percentage of middle aged people | 7 |
| h. | Places with a high percentage of older people | 8 |
| i. | Places with mostly above average income people | 9 |
| j. | Places with mostly average income people | 0 |
| k. | Places with mostly below average income people | X |
| l. | Private solo practices (1 physician) | 44-1 |
| m. | Small medical group (2-4 physicians) | 2 |
| n. | Medium sized medical group (5-10 physicians) | 3 |
| o. | Large medical group (11-74 physicians) | 4 |
| p. | Very large medical group (75 or more physicians) | 5 |
| q. | Large clinic | 6 |
| r. | Teaching hospital | 7 |
| s. | Hospital | 8 |

Other(SPECIFY:)_____

6a. (HAND CARD 6) Thinking about the State of California as a whole, which statement best describes how much you feel that physicians' assistants are needed to help the physicians in California? (RECORD BELOW)

6b. (HAND CARD 6 AGAIN) Now thinking about your community, which statement best describes how much you feel that physicians' assistants are needed to help the physicians in your community? (RECORD BELOW)

6c. (HAND CARD 6 AGAIN) Now how about your practice. Which statement best describes how much you feel that physicians' assistants are needed to help you? ( RECORD BELOW)

| | 6a. California | 6b. Community | 6c. Respondent |
|---|---|---|---|
| The help of physicians' assistants is greatly needed | 45-1 | 46-1 | 47-1 |
| The help of physicians' assistants is somewhat needed | 2 | 2 | 2 |
| The help of physicians' assistants is not needed that much | 3 | 3 | 3 |
| The help of physicians' assistants is not needed at all | 4 | 4 | 4 |

7. I'm going to read you a list of tasks which someone who is not a doctor might be trained to do well. For each one please tell me which statement on this card best describes whether or not you feel the task could be performed by a physician's assistant. (START WITH RED CHECKED STATEMENT. ASK FOR ALL STATEMENTS)

| | Could Be Performed By a Physician's Assistant | Could Not Be Performed By a Physician's Assistant | Don't Know |
|---|---|---|---|
| A blood test | 48-1 | 2 | 3 |
| Removal of a cast | 49-1 | 2 | 3 |
| Physical therapy | 50-1 | 2 | 3 |
| An eye test | 51-1 | 2 | 3 |
| Care of a superficial wound, that is an external wound such as a bruise or cut | 52-1 | 2 | 3 |
| Removal of stitches after an operation | 53-1 | 2 | 3 |
| A skin test | 54-1 | 2 | 3 |
| An immunization such as a smallpox vaccine | 55-1 | 2 | 3 |
| Caring for sprains | 56-1 | 2 | 3 |
| Blood pressure tests | 57-1 | 2 | 3 |
| Injections such as penicillin shots | 58-1 | 2 | 3 |
| Ear tests | 59-1 | 2 | 3 |

8. (HAND CARD 8) Which of these statements best describes how you feel physicians' assistants might affect the costs of medical services?

a. The costs of medical services would be <u>much lower than they are now</u> if physicians' assistants were used 60-1

b. The costs of medical services would be <u>somewhat lower than they are now</u> if physicians' assistants were used 2

c. The costs of medical services would be <u>about the same as they are now</u> if physicians' assistants were used 3

d. The costs of medical services would be <u>somewhat higher than they are now</u> if physicians' assistants were used 4

e. The costs of medical services would be <u>much higher than they are now</u> if physicians' assistants were used 5

Don't know Y

9a. Now, just a few questions for classification purposes. What is your present job title? 61-
62-
63-

_____

9b. Are you currently employed full time or part time?

| | |
|---|---|
| Full time | 64-1 |
| Part time | 2 |

10. (HAND CARD 10) How many years have you worked in the health profession?

| | |
|---|---|
| a. Under 6 years | 65-1 |
| b. 6-10 years | 2 |
| c. 11-15 years | 3 |
| d. 16-20 years | 4 |
| e. 21-25 years | 5 |
| f. 26-30 years | 6 |
| g. 31-35 years | 7 |
| h. 36 years or more | 8 |

11. (HAND CARD 11) Which of these categories best describes your age?

| | |
|---|---|
| a. Under 25 | 66-1 |
| b. 25-34 | 2 |
| c. 35-44 | 3 |
| d. 45-54 | 4 |
| e. 55 and over | 5 |

12. (DO NOT ASK) Ethnic Group

| | |
|---|---|
| White | 67-1 |
| Mexican-American | 2 |
| Black | 3 |
| Oriental | 4 |
| Other (SPECIFY:) _____ | |

68-
69-
70-
71-
72-
73-
74-
75-
76-
77-
78-
79- 2

Thank you for your cooperation on this study!

RECORD RESPONDENT'S NAME, ADDRESS (INDICATING ZIP CODE), AND PHONE # ON FIRST PAGE. ALSO RECORD YOUR NAME, THE DATE, AND THE TIME ENDED. BE SURE TO RECORD THE TYPE OF SAMPLE AND CIRCLE THE CODE FOR MALE OR FEMALE.