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**SO GLAD YOU STAYED: A QUALITATIVE EXPLORATION OF LONG-TERM
PA EDUCATORS' REASONS FOR STAYING IN ACADEMIA**

by

Faye Denise Hodgin

Dissertation

Submitted to the Faculty of

Trevecca Nazarene University

School of Graduate and Professional Studies

in Partial Fulfillment of the Requirements for

the Degree of

Doctor of Education

in

Leadership and Professional Practice

May 2023

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DEDICATION

This finished work is dedicated to my husband, Scott. I am so thankful we have walked this doctoral journey together. I hope I can encourage you to finish as you have encouraged me! Thank you for all you have done to keep our household running while I disappeared to the office to write. You are my cheerleader and willingly sacrifice so I can succeed. I love you.

ABSTRACT

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This study investigated the factors, both personally and institutionally, long-term physician assistant (PA) faculty associate with longevity in their field. A qualitative, phenomenological design utilized extended interview interactions between the researcher and participants to understand why these individuals have continued in PA education for more than ten years when many faculty leave in the first three years of teaching. The personal traits of flexibility and organization were named most often as beneficial for PA educators. The data's thematic analysis revealed that collegiality, strong programmatic and institutional support, and faculty development starting with a formal onboarding process were associated with PA faculty retention. These themes correlated well with a literature review on faculty retention and job satisfaction in medical educators.

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CHAPTER I

INTRODUCTION

If what you are doing for 'work' isn't feeding your soul and isn't something that matters and is important to you, perhaps you need to rethink what you are doing - WhiteHorse

U.S. News and World Reports ranked the physician assistant (PA) profession as the best healthcare job and overall job in the United States in 2021, up from number three in 2020 (AAPA News Central, 2020; AAPA News Central, 2021). A physician assistant (PA) is a medical provider that can diagnose diseases and manage patient illnesses and injuries in collaborative practice with a physician. The demand for these professionals continues to rise, with a projected job growth of 28 % between 2021 and 2031 (Ruopp et al., 2019; U.S. Bureau of Labor Statistics, 2022). PAs are considered a cost-effective approach to providing medical care for the increasing number of Americans who need healthcare access (Ruopp et al., 2019).

Despite, or perhaps because of, this positive outlook for the PA profession, a predicament looms on the horizon related to educating future PAs. The demand for primary and specialty healthcare providers is projected to continue increasing for the foreseeable future in response to a growing population that requires healthcare. This issue and an ongoing physician shortage create the need for growth in PA numbers, precipitating a trickle-down effect on PA education. There has been an almost 80% increase in PA programs between 2010-2020, with the number of programs growing from 149 to 268 (Accreditation Review Commission on Education for the Physician Assistant, Inc, 2022). Between the beginning of 2021 and October 2022, 38 new programs were accredited. In the fall of 2022, there were approximately 30 more applicant programs in

the application process for accreditation (Accreditation Review Commission on Education for the Physician Assistant, Inc., 2022; Cawley et al., 2016; PAEA, 2020). These institutions exist to train PA students but can only do so with capable faculty members.

The demand for more PA faculty members requires increasing numbers of PAs to transition from practice into education, and these PAs must be qualified according to the accrediting body's standards. Recruiting and hiring PA faculty, especially those with teaching experience, is a struggle commonly reported by programs as many educators enter teaching directly from clinical practice (PAEA, 2019). Additionally, recruiting and hiring faculty is not enough- retaining these new educators is vital to creating a lasting solution to the problem. The retention of PA faculty faces multiple obstacles, including the ever-present draw to return to clinical practice and the discussion murmurs regarding the requirement of a doctoral degree for PA educators in the future (Gordes et al., 2021; Reed, 2006).

The challenge of hiring and retaining qualified faculty in the face of a shortage of healthcare providers necessitates further exploration of these topics. The following sections will examine various aspects of this issue in further detail, allowing for a deeper and broader understanding of the problem. Comprehending the extent of the need for PA faculty members, the barriers to filling open positions, and the challenges they face that cause them to consider leaving academia provided a platform for context. Learning how various stakeholders have attempted to provide training to address new faculty members' actual or perceived needs for support and education can be used to substantiate the stories of those faculty members who remain in PA education for extended periods.

Statement of the Problem

The problem to be addressed in this study is the lack of sufficient physician assistant (PA) educators to fill the faculty needs of the rapidly growing number of PA programs. There has been a significant increase in the number of existing PA programs over the last decade. Program directors have encountered increased difficulty finding candidates to fill full-time faculty and director positions that meet accrediting body requirements in experience, certification, and knowledge (Gordes et al., 2021). PAEA's most recent annual report on PA education from 2019 shows that 63% of PA faculty and program directors have been in PA education for four years or less (PAEA, 2020). An analysis of the 2017 survey indicated that 34.1% of the participating PA educators had recently considered leaving their current institution, while 41.5% considered leaving academia altogether (Hegmann, 2020; PAEA, 2020). These numbers did not reflect the number of faculty members planning to retire, and that information was not accessible for the last five years.

The need to graduate higher numbers of qualified, well-trained PAs that can enter the workforce is limited by the number of PA faculty available to teach them. A literature review revealed existing research exploring why medical school faculty members tend to stay in their current positions and what factors these instructors feel are crucial to their faculty retention. Additionally, the literature has examined the experiences of clinical PAs transitioning to faculty positions, the factors related to PA faculty's intent to leave or stay in their current positions, and the circumstances associated with PA educators' job satisfaction and turnover. No existing literature inquires what personal traits or institutional policies long-term PA faculty members feel have kept them in PA education

for ten years or more. Learning from those faculty members can assist institutions and PA program directors in making the best choices in their hiring practices.

Purpose of the Study

The purpose of this phenomenological study was to discover what factors, both personally and institutionally, long-term PA faculty members associated with their longevity in the field. The study's population was PA faculty members who have served in PA education full-time for ten years or more. These individuals provided narratives and lived experiences from their academic employment. Purposive sampling was undertaken to find participants who would represent long-term PA faculty members throughout the country. The rationale for purposive sampling was to find participants "who can best add to the understanding of the phenomenon under study" (Creswell & Creswell, 2018; Mills & Gay, 2019). Each participant was asked to reflect on their career, including their transition from clinical practice to academia, and consider what personal and institutional factors led to them persisting as PA educators long-term. The researcher defined the long-term as full-time service as a PA educator for ten years or longer. This time frame was used in other research that examined the concept of PA faculty members' intention to stay in academia (Graham, 2012). Additional criteria included for selection included being a certified PA or the *PA-C Emeritus* designation. Snowball sampling was utilized to connect with experienced PA educators who met the requirements, ensuring a sufficient number of participants was interviewed to reach saturation. The instrument used was a semi-structured interview with each participant via a phone call, Teams, or Zoom online platform. Virtual interviews were chosen due to geographic dispersion and to keep the interview platform consistent across all participants. Before conducting the

interview, each participant completed a demographic and information-gathering survey to learn more about their professional backgrounds and current and previous PA education roles.

Rationale

The issue of insufficient qualified applicants and PA faculty turnover limiting the growth and development of PA programs is familiar and is ongoing. PAEA analyzed PA faculty turnover between 1986 and 2005 in its biannual survey in 2005. Almost 20 years ago, turnover was trending upward, with 14.2% of faculty vacating their roles in the 2005-2006 academic year (PAEA, 2007). Though several facets of the problem have been studied, there has yet to be a previous qualitative study of long-term PA educators to understand factors related to their longevity in the field. Qualitative research about the transition of a PA from clinical practice to faculty member has been completed. There have been predictive quantitative studies regarding PA faculty members' intent to leave academia and mixed-method studies examining PA educators' intent to stay in academic roles. Other studies have investigated the relationship between job satisfaction and turnover in PA educators. PAEA performs a biannual survey of PA faculty that provides "key characteristics of PA personnel, as well as salary and employment trends that inform faculty benchmarking, workforce research, recruitment, and retention, "but the items are limited to demographic questions" (PAEA, 2020, p. vii).

The rapid expansion of the PA profession has spurred continued growth of the number of PA programs, and finding individuals who are "experienced, dedicated, and engaged faculty members is [sic] vital to any program in higher education" (Reed, 2006, p. 34). The need for qualified faculty members interested in moving into PA education

has been noted to be one of the biggest obstacles to the ongoing growth of the PA profession (Hegmann, 2020; Herrick et al., 2020). Furthermore, Reed (2006) notes the potential risk that these educators could leave to return to clinical practice if the conditions of their faculty roles do not meet their expectations. A similar pattern has been noted in academic medical centers, with 40% of physicians with new academic appointments leaving academia within the first ten years (Bucklin et al., 2014). The cost of recruiting any new faculty member is compounded if that faculty member leaves in the first several years of employment. From an institutional standpoint, the cost associated with dissatisfaction and turnover of faculty members may well warrant any expense related to preventing these issues.

For this reason, medical education leaders felt that a comprehensive review of the study of recruiting and retaining faculty members in medical training was critical (Herrick et al., 2020). The effects of COVID-19 and practitioner burnout on healthcare and medical faculty recruitment and retention are a subset of the topic of medical faculty turnover and attrition. The results from the 2019 PAEA Program Report research survey (the last year that data was collected due to the pandemic) included a statement that read, "Reports published by PAEA during the pandemic indicate that staffing was affected at many programs; these impacts are not captured in this report" (PAEA, 2020, p. 28).

Physician Assistants are commonly recruited directly from clinical practice into education with little to no experience or education in teaching, pedagogy, or the many administrative aspects required in higher education. PAEA surveys have calculated the percentage of new faculty members transitioning directly from clinical positions as high as 76%. (PAEA 2020b). The 2019 PAEA Program Survey showed that 59.6% of

programs had at least one faculty member leave the preceding year (PAEA, 2020). This trend of attrition, coupled with filling faculty roles with inexperienced new PA educators and the need to produce increasing numbers of medical providers, led PA education leaders to explore various topics to rectify the problem. One such topic is the correlation between job satisfaction in higher education and medical education and the retention of faculty members.

Another focus in PA education is prioritizing faculty development, starting with onboarding and continuing throughout the educator's career. Efforts to create academic fellowships began in 1998. Still, only three PA programs have formed a fellowship that produced graduates, likely due to the significant institutional investment required to host the fellowships. The fellowships are 12 months long and focus on "lecture development and delivery, student assessment, small group facilitation, interprofessional education, and committee work" (Herrick et al., 2020, p.140). Additionally, the fellows are exposed to administrative management and scholarship as these areas are often required of university faculty. Follow-up surveys of fellowship graduates suggest that these individuals entered PA education soon after completing the training and utilized the skills learned. PAEA endorsed strategic training for clinicians interested in transitioning into PA education. This focus led to the development of increased numbers of workshops and training that are more cost-effective and can be completed after a PA has become an educator.

The benefits associated with mentoring relationships between junior faculty and more experienced academicians were reviewed along with faculty development. The literature reveals that mentoring has positively impacted in multiple contexts in medical

education. 34% of former faculty members of a small, private university cited a lack of mentoring as the cause of their job dissatisfaction, a barrier to promotion, and a reason for leaving the institution (McRae & Zimmerman, 2019). In general academia, mentorship has been associated with positive outcomes, including increased scholarly work, faster academic promotion, and improved satisfaction in the faculty role (Choi et al., 2019). The impact of mentorship on advancing gender equality was an increased sense of self-esteem and decreased time to promotion in female medical faculty members (Farkas et al., 2019; Manne-Goehler et al., 2020; Tricco et al., 2021). Studies have demonstrated a positive effect on recruiting, retaining, and promoting underrepresented minority groups across organizations (Bonifacino et al., 2021; Murrell et al., 2021). In PA education, mentoring helps underrepresented minorities (URM) PA faculty maximize their professional potential. Faculty mentoring programs for URM PAs correlate with increased recruitment and retention of URM PA faculty. "Leveraging resources to implement mentoring programs costs program and institution little. Yet, failure to do so could end up costing PA students, the PA profession, and society in the long run" (Alexander & Sturges, 2019, p. 124). Beyond the increase in the number of scholarly works, improved job satisfaction, and faster faculty promotions, a study at Rush University confirmed that an extended mentoring program decreased early attrition rates, resulting in a retention rate as high as 65%, based on research by Sandi and Chubinskaya (2020).

Researchers who have studied higher education, including PA education, have examined the impact of mentoring on new faculty members. One consistent benefit of mentoring is its impact on the promotions and tenure process for faculty members. When

PA clinicians transition to higher education, the pillars of scholarship, leadership, and service become the responsibility of faculty members trying to learn how to create a syllabus, plan lectures and assessments, and mentor students in an accelerated medical education program. The promotion and tenure process has been associated with poor job satisfaction, increased stress, and decreased PA faculty retention. Researchers have noticed fewer publications produced by PA educators since 2010 and have hypothesized that the reduced number of scholarly works might be due to the increased number of new faculty members over the last decade. The high number of newer faculty resulted from the high turnover of PA faculty members (Hegmann, 2020).

Recent surveys revealed that less than 19% of PA faculty members are tenured or on a traditional academic tenure track. Frequently, PA faculty are on an alternate clinical track, allowing for a clinical release day in the work week and not requiring scholarly writings and presentations the traditional tenure track demands (Kayingo, 2020). An alternate promotion track could negatively impact the number of publications and presentations submitted (Hegmann, 2020). Faculty at academic medical centers have experienced similar stress related to the demand for scholarship to progress in faculty rank resulting in professors who are more to leave or consider leaving academia (Mullangi et al., 2020).

Another stressor contributing to faculty attrition and low numbers of applicants for open positions in PA education is the need to meet educator competencies as required by PAEA. A task force created by the PAEA reviewed the literature on faculty competencies in health professions education and created PA educator competencies based on their findings. The results were codified into nine groups that faculty needed to

be successful in their academic roles. These areas focused on foundational (teaching, learning, communication, and professionalism) and functional (curriculum design and implementation, program evaluation, scholarship development, leadership, and mentorship) competency domains (Zaweski et al., 2019). The Mission Advancement Commission of the PAEA recognized that the typical clinician was unprepared to navigate the transition to educator, researcher, and scholar without effective training, support, and time. Though the framework was designed to allow the competencies to be developed over time, many medical program faculty and PA educators leave academia frustrated before developing beyond the novice level (Hatem et al., 2011; Zaweski et al., 2019). A 2019 survey of PA faculty showed that only 30% of respondents felt their program completely supported them during their transition from clinical work to academia. Less than 30% of respondents to this survey reported being in PA education for more than ten years (PAEA, 2019). Though the competencies have been developed and accepted, a clear pathway to implementation that is consistently required across PA programs has yet to be developed.

Finally, learning more about the role of organizational and professional commitment in job satisfaction, faculty retention, and attrition provided an additional lens through which to view this study. The 2019 PAEA Faculty and Directors Report 4 reports that 43% of PA faculty have considered leaving academia for another job, and 16% of PA faculty were considering retiring from education; institutions and PA programs must determine what has kept long-term faculty in academia (PAEA 2020b). The demand for PA faculty was demonstrated in that 2019 report, as almost 21% of PA programs had vacancies for faculty, representing 358 open positions. Of those 358 openings, 252 were

hiring replacements for existing positions, and 106 were filling new ones (PAEA, 2020b). The need for more educators is clear. Learning what brings PAs into education and keeps them teaching long-term is crucial to developing highly qualified educators that serve in effective PA programs and produce competent new PA professionals.

Research Questions

Three research questions were addressed in the study to understand better what factors long-term PA faculty members associated with longevity in the field. They included:

1. What institutional characteristics, programming, or policies do long-term PA educators associate with their longevity in PA education?
2. What personal traits or experiences do long-term PA educators attribute to their tenure in PA education?
3. What do long-term PA educators believe allowed them to persist as junior faculty when many colleagues in similar situations did not?

Description of Terms

Accreditation Review Commission on Education for the Physician Assistant (ARC-PA). This independent accrediting body defines PA education standards and ensures programs comply. The standards outline the responsibilities of host institutions, faculty members, and clinical preceptors (ARC-PA Inc., n.d.).

Junior Faculty. Can be associated with the rank of lecturer or assistant professor and often does not have or has recently completed their doctoral work; for the context of this study, this term is considered a full-time faculty member who has taught for less than five years (Minshew et al., 2021).

National Commission on Certification of Physician Assistants (NCCPA). The non-profit organization for certification of physician assistants in the United States. Initial certification establishes the standards PAs must meet to begin practice. PAs must recertify every ten years by completing continuing medical education and passing a recertification exam. (National Commission on Certification of Physician Assistants (NCCPA, n.d.).

PA-C Emeritus. A PA who is at least 60 years old or unable to practice due to disability, retired from practice, certified for a minimum of 20 years as a PA, and has a clean disciplinary record with NCCPA (NCCPA, 2022).

Physician Assistant Education Association (PAEA). This national organization provides advocacy and support for PA education and PA programs, faculty, students, and other stakeholders within the United States (PAEA, 2022.).

Physician Assistant National Certifying Exam (PANCE). New physician assistants must graduate from an accredited PA program and pass this exam to be certified to practice as a PA (NCCPA, n.d.-b).

Contribution of the Study

This study contributed to the current PA faculty recruitment and retention knowledge base. Previous literature and research have examined various topics, including the transition from PA clinician to PA faculty member, a predictive study of PA faculty members' intent to leave or plans to stay in academia, and PA educator job satisfaction and turnover rate. No studies have focused on faculty members that have stayed in education long enough to become experienced educators (PAEA 2019). Data analysis obtained from interviews with participants sharing their narratives and experiences of

their long-term academic careers allows the researcher to identify recurring themes and subsequently correlate and compare these ideas with those prevalent in the literature.

The number of PA programs continues to rise, and the demand for more PA graduates to enter the healthcare workforce has been documented. Data from PAEA indicates that a lack of qualified applicants to fill PA education positions limits PA programs' quality of education. PA program director reports demonstrate a high turnover rate of PA educators after only several years in education (PAEA, 2019). For PA education to continue successfully training students who become competent PA professionals, institutions and PA programs should understand what type of support and training new faculty members need during their transition to education and in the ensuing years. The shortage of educators expands beyond the PA profession. A literature review shows that nursing programs and medical schools have faced this obstacle in recent years. The impact of COVID-19 and burnout of health professionals have been cited as two causes for the current shortage of doctors, PAs, and nurses, increasing the need for training a new generation of healthcare professionals (Reith, 2018).

The impact of this study has broader ramifications, specifically including healthcare policy implications and closing the gap in the physician shortage. With the passing of the Affordable Care Act (ACA), the demand for more medical providers has increased significantly. This political change, the increased number of aging citizens, and concomitant population growth have created the current shortage. The Bureau of Labor Statistics reported that the demand for physician jobs will increase by 13% between 2016 and 2026 (Zhang et al., 2020). Without sufficient educators to train healthcare workers, the challenge of correcting the national shortage of doctors in the United States,

documented intermittently since the 1960s, will persist. Non-physician providers like PAs and NPs are anticipated to help fill the projected need; using PAs and NPs could drastically reduce or eliminate physician shortages (Morgan, 2019). In the future, policy decisions regarding optimal team practice, the scope of practice, and independent practice for PAs could also shrink the gap of the provider shortage (Adams & Markowitz, 2018; Frogner et al., 2020).

Conceptual Framework

Theoretical Principles

Several theoretical frameworks can provide a viewpoint or lens to examine the issues related to faculty retention and PA faculty longevity. The central theoretical framework informing this study is the theory of organizational commitment. This theory provides the foundation and blueprint that forms the structure of each study component, including the research questions, methodology, and data analysis (Grant & Osanloo, 2014). Meyer and Allen's (1997) original organizational commitment theory was two-dimensional and was later expanded to a three-component approach to understanding an employee's motivation for commitment to their organization. The components of affective, continuance, and normative commitment were each found to impact employee performance and decision-making differently. An affective commitment was associated with an employee's "emotional attachment to, identification with, and involvement in the organization." Continuance commitment "refers to an awareness of the costs associated with leaving the organization," and "normative commitment reflects a feeling of obligation to continue employment" (Meyer & Allen, 1991, p. 67). Organizational

commitment theory, and its counterpart, professional commitment, have been studied and inform this phenomenological study regarding reasons faculty persist in PA education.

Another operative principle that impacts this study is the theory of inertia developed by Matier. This theory was based on factors that might cause faculty members to stay or leave a position after receiving employment offers from other institutions (Matier, 1990). This theory proposes that an employee in a current position develops inertia that must be overcome to motivate her to move. The force required to move or change positions must be significant enough to overcome the inertia that dulls one's discomfort in the current position to a tolerable level. Elements involved in overcoming inertia were ease of movement and low internal and external benefits (Matier, 1990). Ease of movement was related to personal characteristics like age, family impact, and financial stability, the degree of visibility from external academic colleagues offered (publishing, involvement in organizational committees), and the individual's desire to look for other positions and go through the hiring process and potential loss of current research (Matier, 1990). Internal factors were divided into tangible and intangible benefits and evaluated in the context of whether they enticed the faculty member to stay or leave for another opportunity. Matier found that the most important factors included intangible benefits like research opportunities, congeniality of associates, colleague and institutional reputation, and salary. Examining the responses of long-term PA educators for why they stayed in academia within the framework of Matier's theory of inertia provided insight for institutions and programs struggling to retain PA educators longitudinally.

Core Concepts

There are several core concepts that, when woven together, create a platform upon which to build this study. The lack of formal pedagogical education or training in essential topics for a successful teacher has impeded many PAs and doctors' transition from clinical practice to academia (Sairenji et al., 2018). Though there are opportunities for interested PAs to dip their toe in the water of education through various means, these situations do not replicate or fully prepare a PA for the rigors associated with becoming a full-time faculty member. According to Herrick et al. (2020), opportunities like guest lecturing, serving as adjunct faculty, assisting with lab skills sessions, precepting clinical students, or exam proctoring provide gradual and sporadic exposures. These roles are essential but fail to provide a big picture of the hardships and demands that coincide with becoming a full-time faculty member, including balancing the three-legged stool of research, teaching, and service in pursuit of promotion of rank or tenure.

Compounding this issue is the increasing need for high-quality PA programs to fill multiple open positions with qualified instructors and ensure new faculty retention. The accrediting body for PA education, ARC-PA, has stringent requirements that faculty members must meet to teach in a program, and PA faculty attrition creates a costly gap for programs. Losing a faculty member is expensive financially but also affects the program's quality, faculty-student ratio, and loss of that individual's educational experience (Lynch, 2020). The vacated position must also be filled, which PA program directors have noted is increasingly difficult as programs expand rapidly (Hegmann, 2020; Herrick et al., 2020).

The need for qualitative research and understanding within the profession regarding developing long-term PA faculty members is also a core concept. Though PA programs continue to spring up throughout the United States, little is known about what factors create an environment where PA faculty members want to stay for an extended period. Are there institutional programs and personality traits that can be associated with faculty members staying in a role or at a program for ten years or more? Given the rapid program expansion, those interested in and qualified to teach have many options. There was a 77% increase in PA programs between 2010-2020, with most of these located in private, non-profit institutions. As of Fall 2022, there are 300 accredited PA programs in the United States, and approximately 30 more are considering applying for accreditation (Accreditation Review Commission on Education for the Physician Assistant, Inc., n.d.). About one-third of these are new programs, defined by the fact that they are still under provisional accreditation. Most new programs are geographically situated with 26 miles of established programs, creating competition for high-quality faculty, staff, and potential students (Forister & Stilp, 2017).

Scope and Delimitations

The scope of the study incorporated the experiences of those serving a variety of roles within PA education long-term, defined as ten years or longer. Criteria for participation in this study included having been in PA education for at least ten years and serving in PA education in some capacity at the time of the involvement. Understanding the lived experiences of those PA faculty who persevered in academia past the average duration of three years requires this boundary. While other studies have focused on PA faculty members' transition from clinical practice to education, their intent to leave or

stay, and perceived job satisfaction, the problem of high faculty attrition rate within several years of entering academia persists. This problem, coupled with the growing need for more qualified faculty, compels the researcher to search further for answers to the question, "What makes long-term PA educators stay?" Seeking the answer to this query directly from those who have stayed helped delineate the choice of sampling and participants.

Delimitations describe the researcher's boundaries or controls on the study to narrow down what information was included or excluded (Roberts, 2010). In this study, the PA educators had to have ten years of working in academia full-time cumulatively. Though adjunct professors are commonly hired in PA education, these individuals may have limited knowledge of institutional support, university administration, and the inner workings of the PA program. For this reason, adjunct professors were excluded from participation unless they eventually transitioned to a full-time role as required by the participant criteria. Additionally, each participant was either a certified PA (PA-C) or PA Emeritus, indicating that at some point in their career, they were accredited to practice by NCCPA, the PA profession's certifying body, and spent some period of their professional life working clinically as a PA. This delimitation was essential to ensure participants had experience working as a clinician and could compare and contrast the requirements and skills for that role versus their jobs as faculty members teaching PA students. Lastly, participation was limited to those working in the United States and associated territories as defined by ARC-PA. Other locations outside the United States and her associated territories define and utilize PAs differently.

Assumptions

Assumptions are statements or ideas presumed to be true or accurate by the researcher but cannot be verified. The existence of assumptions made the study relevant and made studying the problem sensible to pursue (Latief, 2009). The assumptions made in the context of this study were necessary to collect information from the views and narratives of the interviewees' lived experiences. The following assumptions were made in this study:

1. The researcher assumed that study participants were honest in their replies during the interviews, making correct connections in their self-reflection and self-assessment, linking their experiences and staying in academia.
2. The researcher assumed the sampling technique incorporated participants that covered the general scope of experiences of long-term PA educators.
3. The researcher assumed that when thematic saturation was reached and data analysis was completed, this information was transferrable and could be used as a framework for creating new faculty onboarding strategies and developing institutional and programmatic policies and procedures.

Process to Accomplish

This study addresses the problem of insufficient physician assistant (PA) faculty members to support the expanding number of PA programs in the United States. The number of PA programs continues to grow, secondary to the need for more healthcare providers to care for those seeking medical care. Many PAs that transfer from clinical practice to PA education do not have a teaching background and leave academia within several years. This qualitative phenomenological study aimed to discover what factors, both personally and institutionally, long-term PA faculty members associated with their

longevity in the field. Using the theoretical framework of organizational and professional commitment provided a particular lens with which to view participants' interview responses and created a general scaffolding for the study (Meyer & Allen, 1997). The researcher also considered concepts from Matier's theory of inertia which provided insight into why individuals stay or leave their current position when offered another position (Matier, 1990).

Research Design

This study aimed to discover factors within the personal and institutional experiences that PA faculty members associated with their long-term connection with PA education. The study was exploratory by nature and employed a qualitative, phenomenological research design, allowing the researcher to interact for an extended time and on a deep level to understand the phenomenon from the participant's perspective (Merriam & Tisdell, 2016; Mills & Gay, 2019). This design was deemed appropriate for this study as the gap in the literature regarding the retention of PA educators was a lack of understanding of the lived experiences of those PA faculty members who were long-term PA educators. The result of this phenomenological study was a better understanding of the essence of the phenomenon or experience being studied through the memories, recollections, and narratives of those who have experienced it (Merriam & Tisdell, 2016).

Triangulation

Triangulation provides researchers with a means of validating that the research results are trustworthy and uses "multiple investigators, sources of data, or data collection methods to confirm emerging findings" (Merriam & Tisdell, 2016, p. 259). Guion (2002) described types of triangulation in qualitative research, including data and investigator

triangulation. Data triangulation was achieved by interviewing diverse participants in geography, age, clinical and teaching experience, and types of institutions where the participant worked. This diversity demonstrated that regardless of different characteristics and experiences, there were similarities in their narratives regarding their long-term commitment to PA education. An additional form of data triangulation was achieved by comparing the findings regarding critical subjects related to PA educator longevity in the literature review. Though only one researcher collected the data, one form of investigator triangulation (triangulating analysts) was utilized by having an independent, experienced researcher review several interview transcripts for thematic analysis (Butin, 2010; Merriam & Tisdell, 2016). These results were compared with the researcher's data for consistency.

Participants

The research population for this study included long-term physician assistant (PA) faculty who had been in PA education full-time for at least ten years cumulatively. To be consistent with accreditation standards and requirements for PA programs and faculty members, only educators who work in the United States were considered. Probability sampling was not conducive to this qualitative study as participants needed experiences to respond to the research questions, and the researcher's goal for the results was not generalization (Merriam & Tisdell, 2016). Instead, purposive sampling was used to identify participants with the criteria of serving as a long-term PA educator, being a certified PA (PA-C) or PA Emeritus (former PA-C), and having worked clinically as a PA before entering PA education.

Initially, PAs were verbally invited to participate in the study at the annual PAEA forum. PAEA members were invited and screened throughout the forum to determine if they met the designated criteria. Those that met the requirements and were willing to participate provided contact information to the researcher. Additional individuals were identified by snowball sampling from participants at the forum and through referrals from PA educators known to the researcher. The focus of the study excluded those who were part-time educators or those who had not worked clinically as a PA. Sampling continued until saturation or data redundancy was reached, requiring data analysis concomitant with the completion of interviews (Creswell & Creswell, 2018; Merriam & Tisdell, 2016). The researcher's target minimal sample size was 15 participants. There were no limitations on the sites (PA programs) where participants were employed. Categorical information regarding their places of employment (geographic location, in-person, online, or hybrid learning platform, and institution status (public, private, faith-based, or academic medical center) were collected in the pre-interview survey.

An email confirming the willingness to participate in the study was sent to each participant that included a link to the pre-interview survey in the body of the email. A consent form that included the purpose of the study, an explanation of study procedures, the volunteer nature of the study, the ability to withdraw from the study at any time, information regarding confidentiality, and contact information for the TNU IRB and the researcher was attached (Merriam & Tisdell, 2016; Mills & Gay, 2019). The participant's printed name and signature were required on this PDF document. This email also reviewed the study's inclusion criteria, a request for scheduling the interview, and the participant's preference for a platform with options including a phone call, a Microsoft

Teams meeting, or a Zoom meeting. The participant was asked to review the attachments, complete the pre-interview survey, and sign and return the consent form.

Instruments

Qualitative research frequently utilizes the researcher as the primary instrument for data collection; for this study, one-on-one interviews were the primary instrument used. The researcher also created a pre-interview survey to gather information about the participants' demographics, location, clinical and educational professional background, institution type, and reasons for entering PA education. This survey was distributed to the participants via email before the interview. Submission of the completed survey to the researcher was required to participate in the interview. An interview protocol was developed in consultation with experienced PA education researchers, incorporating questions that provided insight into the theoretical framework of organizational and professional commitment.

Data Collection

The pre-interview survey was completed and returned to the researcher before the commencement of the interviews. This survey helped guide the researcher during the interview by knowing the participant's professional re and previous and current roles in PA education before the interview. Data collection was completed through one-on-one, virtual semi-structured interviews, which allowed for some flexibility during the conversation, with no predetermined order of questions allowing the researcher to control the line of questioning (Creswell & Creswell, 2018; Merriam & Tisdell, 2016).

Table 1*Visualization of Research Questions, Instruments, and Analysis*

Research Question	Instrument Used	Analysis
RQ1: What institutional characteristics, programming, or policies do long-term PA educators associate with their longevity in PA education?	Pre-Interview Survey; Interview Protocol	Thematic analysis of interview transcripts
RQ2: What personal traits or experiences do long-term PA educators attribute to their tenure in PA education?	Pre-Interview Survey; Interview Protocol	Thematic analysis of interview transcripts, Descriptive statistics from the Pre-Interview Survey
RQ3: What do long-term PA educators believe allowed them to persist as junior faculty when many colleagues in similar situations did not?	Interview Protocol	Thematic analysis of interview transcripts

Agee (2009) wrote, "Qualitative inquiries involve asking the kinds of questions that focus on the why and how of human interactions" (p. 432). The interview protocol was designed to probe participants' thoughts and memories and better understand their lived experiences and perceptions that perpetuated them into staying in PA education year after year. RQ1 focused the interviewee on their hiring institutions' characteristics, programming, and policies. This query prompted the interviewee to recall events, training sessions, or experiences from their first educational employer through their current place of employment. These recollections helped the participant process what their hiring institutions did to support or discourage their longevity in PA education. RQ2 should turn the participant's thoughts and narratives introspectively, focusing on the personal traits,

relationships, and responses that perpetuated them into long-term academic service. RQ3 encouraged the participants to integrate their feelings, memories, and experiences and conclude why they are still involved in PA education while many former colleagues are not. RQ3 is a culmination of the thoughts and feelings from their interview. The interview protocol incorporates two overarching questions to guide the progress of the conversation as "a broadly framed question can serve as a basis for initial and emerging sub-questions... and give direction for the study design" (Agee, 2009, pp. 433-434). The two overarching questions incorporated into the interview protocol are "Please tell me why you decided to become a PA faculty member?" and "Why do you feel you are still in PA education?" These two questions initiated and ended each interview. Audio recording devices and Microsoft Teams or Zoom virtual platforms were used to create audio recordings of each interview. These audio recordings, plus written notes taken during the interviews, were used to ensure accurate data was collected during the conversation. The researcher also observed and recorded in writing non-verbal cues and communication by the participants.

Data Analysis

Data analysis aims to make sensible conclusions by taking the aggregate data apart to "winnow" it, examining the deconstructed material, and then reconstructing it to draw conclusions by analyzing recurring themes (Creswell & Creswell, 2018). Data analysis was an iterative process of reading, listening, reviewing, and asking for clarifying comments as needed. Data analysis was completed using a "multistage process of organizing, categorizing, synthesizing, analyzing, and writing about the data" (Mills & Gay, 2019, p. 568). The process began after the first interview was completed and

continued using a comparative approach allowing each new piece of data to be considered in the context of previously reviewed data.

Given the epistemological framework of this phenomenological study, the focus initially was on how participants viewed or experienced their time in PA education. Narrative data from the semi-structured interviews were transcribed and color-coded by themes and ideas using a systematic sequential process. The researcher incorporated observations and field notes into the transcription During this step. The next stage of the analytical process was performing the initial coding of the data, focusing on "insights related to your [sic] purpose and questions and guided by your [sic] theoretical framework" (Merriam & Tisdell, 2016, p. 208).

Open coding was completed by noting the central ideas or words from the interview responses in the margins of the transcripts. During this step, the researcher consolidated similar codes into potential themes to reduce redundancy. Once all transcribed interviews had been coded and segments of data that responded to each of the three research questions had been notated, a second analysis was completed to combine recurring themes into categories. These results were reanalyzed in comparison with themes from the literature review and, again, in the context of the theoretical framework. (Roberts, 2010). These categories were arranged into a conceptual mapping and converted into a thematic narrative presented in the discussion portion of the study (Creswell & Creswell, 2018).

Limitations

Inherent limitations in the methodology were human limitations in meta-cognition, emotional intelligence, the memory of participants, and the influence of

emotions connected to experiences which can bias an individual's perspective of reality. As with all phenomenological studies, the researcher had inherent biases and was aware of the need to "explicitly identify reflexively their biases, values, and personal background [sic], such as gender, history, culture, and socioeconomic status (SES) that shape their interpretations formed during a study" (Creswell & Creswell, 2018, p. 183).

The interview instrument was limited because the researcher created the interview protocol with limited knowledge to ask the correct questions that elicited the best responses. Still, the tool was reviewed by a PA with many years of research experience focused on PA education and the research faculty of their university to remove biased or leading questions. Another limitation was that the researcher was the only data collector, analyzer, and interpreter of the information obtained.

The limitations of the study design related to the participants included inherent bias involving what the interviewed individuals connect to their longevity and retention in PA education. Positive and negative emotions may alter their perceptions, and the participants may recount stories and anecdotal experiences of others they have heard that are not their personal experiences. The study's sampling may overlook some types of long-term PA educators. Another limitation of the phenomenological design is the inherent bias of the researcher, as mentioned previously.

Conclusion

The PA profession continues to expand, with almost 300 PA programs now accredited in the United States and more institutions preparing to apply for accreditation. The program numbers continue to grow in hopes of producing PA graduates that will fill the physician shortage gap. Still, program growth cannot continue if the need for

qualified PA faculty is not met and attrition rates remain high, leaving positions at both new and established programs open. PA programs are not alone in this problem- one study showed that 34% of medical school faculty members left within three years of their hire (Nausheen et al., 2018).

This study aimed to understand what institutional and personal factors contribute to long-term PA faculty remaining in education where they provide needed stability, experience, and expertise for programs. An exploratory phenomenological study was conducted by interviewing PA faculty teaching for at least ten years, seeking to discover those factors through personal narratives. Learning from first-hand stories and memories of those who decided to stay in PA education when many of their former colleagues left after just a few years is critical to improving PA faculty retention.

Empirical studies on this subject are sparse, but research to quantitate and understand higher education faculty members' intention to stay in academia, specifically PA education, has slowly emerged in the last 10 to 15 years. In the ensuing years, further study of PA education has explicitly focused on the obstacles facing practicing PAs transitioning to education, the correlation between job satisfaction and faculty turnover, and faculty members' intent to stay or leave academia (Boeve, 2007; Coniglio, 2013; Graham, 2012; Lynch, 2020; & WhiteHorse, 2017). By conducting this study, the researcher sought to contribute to the knowledge base surrounding faculty recruitment and retention to facilitate all PA programs' ability to hire qualified faculty in the coming years.

A review of the literature regarding faculty recruitment and development, the healthcare shortage, leadership and mentoring, the theory of organizational and

professional commitment, promotion and tenure in medical education, and retention follows in Chapter 2.

CHAPTER II

REVIEW OF THE LITERATURE

Introduction

The ever-increasing demand for healthcare workers has stimulated a rapid growth phase in Physician Assistant (PA) education. ARC-PA, the accrediting body for PA education, listed 246 accredited PA programs in 2018 and projected that 58 new programs would start by 2022 (Ruopp et al., 2019). Only 300 PA programs were accredited by the end of 2022; the projection was close and still represented a sizeable numerical increase (Accreditation Review Commission on Education for the Physician Assistant, Inc., 2023). The number of new PA programs developed in the last decade has subsequently increased the demand for educators to fill faculty positions in these new programs. Accrediting standards require that some faculty positions be filled before starting the application process for a program's initial accreditation. This decision can be high stakes for applicants, as a program may not ultimately be accredited. The need for instructors is exacerbated by high faculty attrition, especially newer faculty members. PA programs are reporting challenges in finding candidates to fill open faculty positions. There is increasing concern regarding how these positions will be filled to ensure the delivery of high-quality education to PA students, especially if PA educators do not commit to staying in education long-term.

This study aims to learn what factors exist, both personally and institutionally, that influence PA educators to stay in PA education long-term. Identifying and analyzing the common aspects these faculty members describe as attributing to their longitudinal

service in PA education can aid in improving the recruitment and retention of future faculty (Ables, 2018; Xu, 2008). The significance of this study is not simply to increase the number of active PA faculty members but to help recognize the right candidates to recruit, hire, and train. Faculty recruitment and retention are vital to maintaining the quality of a PA program. Previous research probes reasons PA clinicians become educators, why medical school faculty tend to stay at their current positions rather than transition to new institutions, what creates job satisfaction for medical educators, and faculty members' intent to stay in or leave academia (Boeve, 2007; Coniglio, 2013; Graham, 2012; Lynch, 2020; Matier, 1990, & WhiteHorse, 2017). There is a gap in the literature regarding common factors in PA faculty who have demonstrated a long-term commitment to education. Three research questions will provide an overarching construct to accomplish this purpose.

1. What institutional characteristics, programming, or policies do long-term PA educators associate with their longevity in PA education?
2. What personal traits or experiences do long-term PA educators attribute to their tenure in PA education?
3. What do long-term PA educators believe allowed them to persist as junior faculty when many colleagues in similar situations did not?

Literature Search Strategy

Several strategies were used to identify the works to be reviewed in the literature review. Multiple databases were utilized to perform searches incorporating basic and advanced search parameters, including Academic Search Complete, Education Full Text, Education Research Complete, Elsevier, PubMed, ERIC, ProQuest Nursing & Allied

Health Complete Source, Web of Science, Scopus, CINAHL Plus with Full Text, Sage Research Methods, and Academic Search Ultimate/EBSCO. Limiters included full-text and peer-reviewed sources with publishing dates restricted to those after 2017. Separate manual searches were completed to locate seminal sources that were included to provide context for some topics and the theoretical framework. Boolean searches were required using the operator "NOT" to limit the incorporation of literature about students in the results. Authors of dissertations that were not available through the ProQuest Dissertations and Theses database were contacted to request copies of their work. As there is a limited amount of literature specific to the retention of PA educators, the search expanded to a broader review of literature that included retention in higher education and other academic fields of medicine. The resulting sources' abstracts were reviewed for the appropriateness of inclusion, and additional strategies, including bibliography mining and searching applicable cited references, were utilized. Google Scholar was also used during the search process to generate an initial list of potential sources that could be cross-referenced for full-text articles within institutional databases.

Keywords for searches included physician shortage, PAs filling physician shortage, need for healthcare workers, onboarding in higher education and medical education, medical faculty recruitment, organizational commitment, professional commitment, leadership in higher education, employer loyalty, expectancy theory of motivation, and promotion and tenure in medical education. Additional searches used the terms PA educators, PA faculty, physician assistant/associate educator/faculty with advanced queries using leadership, competencies, transition into education, mentoring, faculty development, recruitment, onboarding, burnout, COVID-19, and job satisfaction.

Searches regarding qualitative research, research design, methodologies, and data analysis were also completed.

The literature review was an iterative process that required separate searches to understand the theoretical framework of organizational and professional commitment while broadening the researcher's knowledge base about the PA faculty shortage problem. The research process helped steer the direction of this study, expanded the list of contributing factors to the problem, revealed a gap in the literature, and clarified how this study contributes to filling that gap (Merriam & Tisdale, 2016). Initially, the literature review focused on the physician shortage in the United States, the rapid increase in PA programs, and the obstacle of insufficient program faculty members. The search then expanded to understand how PAs can contribute to solving the provider shortage and the need for an increasing number of PA educators. The topics of high PA faculty turnover and job satisfaction were prominent in the search, which led to further review of PA faculty competencies, recruiting, onboarding, faculty development, mentoring, retention, burnout, COVID-19, and the process of promotion and tenure. Expanding the search to encompass literature on general higher education and including other medical education groups provided a foundational understanding of faculty retention.

Table #2

Literature Reviewed

Total sources used	Seminal Sources	Peer-reviewed sources	Peer-reviewed Literature < 5 Years
#	## (%)	## (%)	## (%)
105	9/105 (8.6%)	99/105 (94.3%)	77/105 (73.3%)

Historical Perspective

A theoretical framework has been described as the scaffolding upon which a good study is built. The chosen framework uses theory to create a lens to view the problem and stems from the researcher's orientation and perspective on the topic being studied (Grant & Osanloo, 2014; Merriam & Tisdale, 2016). The focus of this study was to identify the personal and institutional concepts that promote longevity in the field of PA education. For this study, Matier's Theory of Inertia, Vroom's Expectancy Theory of Motivation, and Herzberg's Two Factor Theory of Motivation created the foundation for understanding and conceptualizing why some PA educators stay in education long-term.

Organizational and Professional Commitment Theories

PA education and faculty retention are relatively new topics, with most research emerging since 2000. In considering faculty retention, the theory of organizational commitment was reviewed, with literature predominantly found in human resources, psychology, and education. In the 1970s, Mowday, Steers, and Porter created the Organizational Commitment Questionnaire (OCQ), a measurement tool to measure and conceptualize employee commitment (1979). Organizational psychologists Allen and Meyer (1990) proposed a three-component organizational commitment model for considering employee turnover. Affective, continuance, and normative commitments were affiliated with employees' reasons to stay with their organization. An affective commitment was described as an emotional attachment (want to stay), continuance commitment was the perceived cost of leaving (need to stay), and normative commitment was defined as the degree of loyalty (ought to stay) when considering the reasons to

remain with their organization (Allen & Meyer, 1990; Meyer & Allen, 1990; Meyer & Allen, 1991).

In the early 1990s, Matier expanded upon the operative theory of inertia developed by Flowers and Hughes in 1973 regarding employees' rationale for staying with an employer. This application of inertia in the context of higher education and human resources suggested that an individual would stay with a company until a significant force motivated them to leave. Matier examined what factors caused an employee to stay or leave an organization after receiving an offer of employment from elsewhere (1990). Internal and external factors were evaluated in the context of external factors *pulling* the employee toward the new position or internal factors *pushing* the faculty member from their current role.

Matier found that push-pull dynamics are essential to understand in faculty retention as the employer can mitigate the internal factors that push faculty to consider external work options. External pull factors in isolation were usually insufficient to move a faculty member. The most impactful of those external forces were the desirability to move and ease of movement rather than higher pay or other tangible benefits. Internal forces like collegial relationships and strong leadership motivated the desire to stay (Matier, 1990). Research in recent years brings additional insights into organizational commitment and the dimensions of affective, continuance, and normative commitment. Examining impactful variables such as visionary leadership, work-life balance, and job satisfaction showed that these components contribute to one's organizational commitment and can positively impact job performance (Kesumayani et al., 2020; Sungu et al., 2019).

Berberoglu's (2018) research found a linear relationship between an organization's culture and healthcare workers' organizational commitment and performance in hospital settings. This offered additional validity to Matier's study of inertia and the value of internal factors. The works of these researchers all supply perspective on why faculty might stay in their current roles, or on a larger scale, in PA education, for longer terms. Understanding the influences that lead to faculty retention and what motivations impact organizational commitment can contribute to developing processes that support faculty retention and healthy hiring practices (Imran et al., 2017). Despite ample research in this area within higher education, there is a sparse application to PA education. Within healthcare specifically, a connection was established between organizational characteristics and organizational commitment. When considering whether to stay with their employer, workers who valued strong leadership, collegial relationships, and affective commitment tended to stay (Miedaner et al., 2018). This study also revealed occupational differences in the choices of doctors and nurses, indicating the need for profession-specific research. Maryam et al. (2020) reported a direct relationship between motivation and turnover intentions in higher education faculty using the theory of organizational commitment, leading to the consideration of a secondary theoretical framework, the expectancy theory of motivation.

Expectancy Theory of Motivation

Considering further why faculty leave higher education institutions beyond the "push and pull" factors outlined by Matier led to considering the expectancy theory of motivation and Herzberg's Two Factor Theory of Motivation. Herzberg viewed employee satisfaction through the dimensions of hygiene and motivation and described hygiene

issues like salary and status as external and unrelated to workplace satisfaction yet had to be present to prevent dissatisfaction. Motivation factors were directly related to workplace satisfaction by satisfying internal needs for recognition, growth, and advancement. These factors created contentment and growth when employees considered their jobs (Acquah et al., 2021; Thiagaraj & Thangaswamy, 2017). The pioneer of the expectancy theory of motivation, Victor Vroom, expanded on the cognitive concepts of Georgopolous, Mahoney, and Jones, and later, Porter and Lawler, providing a more complex look at the connection between valences, instrumentality, and expectations and an individual's motivation to continue pursuing an outcome. Valences are one's unique values or preferences for a particular outcome, while instrumentality focuses on secondary gains from succeeding in the initial outcome. Expectancy is the likelihood that particular action(s) will create success in the anticipated outcomes, which is linked to motivation. Vroom's Expectancy theory, then, is $\text{Motivational Force (MF)} = \text{Expectancy (E)} \times \text{Instrumentality (I)} \times \text{Valence (V)}$. This equation suggests a connection between motivation, expectations, effort, and values, ultimately leading to employee retention (Heneman & Schwab, 1972; O'Meara et al., 2016).

Though the expectancy theory was initially evaluated to assess the performance of manufacturing employees, researchers later connected this theory to job satisfaction in education. Often faculty unknowingly set expectations based on their own academic experiences and later ascribe them to their teaching experiences. These expectations are linked to outcomes that, if unmet, could lead to disappointment or resentment, causing turnover intentions to develop or hasten the faculty member's departure from an institution of higher education (O'Meara et al., 2016; White-Lewis et al., 2022).

Exploring the issue of faculty retention through the lens of the expectancy theory allows one to form a connection between the expectations that individuals have in entering academia, the values they hold, and the likelihood they will remain in higher education long-term.

Turnover intention is an employee's willingness to leave an organization in a determined amount of time, and this concept has been considered an antecedent to actual turnover (Lazzari et al., 2022; Ozkan et al., 2020). Multiple researchers have studied the idea of turnover intention due to the connection between intent and actual behavior. A meta-analysis study by Ozkan et al. (2020) examined the connection and impact of job satisfaction, organizational commitment, and empowerment concerning turnover intention. Findings showed that job satisfaction, organizational commitment, and empowerment harmed turnover intention negatively, with job satisfaction and organizational commitment having the most prominent influence (Ozkan et al., 2020). The remainder of this chapter will be devoted to a brief look at the physician shortage problem in America and a literature review regarding other higher-education variables connected to faculty retention. These topics cover the work environment (collegiality, burnout, leadership, and mentoring) and institutional characteristics (faculty development, recruiting, onboarding, and tenure).

Review of the Literature

Healthcare Provider Shortage

In examining the topic of physician assistant (PA) faculty retention, it is helpful first to evaluate why there is a demand for increased numbers of PA educators and other healthcare provider faculty across several professions. For many decades, a national

shortage of healthcare providers has been reported in the United States. Several issues, including the overall increase in the US population, the increasing aging population, many physicians approaching retirement age, and the Affordable Care Act's impact on the number of insured individuals, contribute to the rising demand for healthcare providers. The statistics regarding the increasing number of those who need healthcare but are not receiving it are often not reported but should be considered (AAMC, 2019; Hardoy, 2022). The Association of American Medical Colleges (AAMC) and the US Health Resources and Services Administration (HRSA) project a shortfall of up to 23,000 primary care physicians by 2025 and a shortage of all types of physicians numbering between 55,000 and 122,00 by 2034 (AAMC, 2021; Ahmed & Carmody, 2020; Morgan, 2019; Valentin et al., 2021; White et al., 2021). These numbers are exacerbated by the limited number of new physicians who cannot complete their graduate medical education due to a limited number of Medicare-supported residency positions. Though Congress added 1,000 new residency placements in 2020, the numbers remain insufficient to resolve the longstanding physician shortage (AAMC, 2021; Ahmed & Carmody, 2020). Despite these and other efforts, including waiving in-state medical school tuition and proposing to shorten the length of physician training, multiple studies indicate the physician shortage will "likely increase over the next ten years and may influence the delivery of healthcare, negatively affecting patient outcomes" (Zhang et al., 2020, p. 8).

Interestingly, a physician shortage was a primary reason the PA profession was created in the 1960s. The PA profession began over 50 years ago in response to medics and corpsmen returning home from the Vietnam conflict with significant medical experience but no formal training or education. Physician shortage at that time warranted

formally educating these veterans quickly so they could provide needed healthcare (Brock et al., 2011). Mid-level providers, primarily identified as nurse practitioners (NPs) and physician assistants (PAs), have been recognized as a solution to the described shortage. Morgan (2019) stated, "If workforce projections included a realistic assessment of the roles of NPS and PAs, these high-profile concerns over the supply of physicians might seem considerably less dramatic (p. 51). The popularity of the PA profession and the current healthcare provider shortage in the United States has spurred a rapid increase in the development of PA educational programs and applicants over the last decade (Forister & Stilp, 2017).

Further, there has been a projected increase in PA jobs of 37% between 2016-2026, which is above average compared to all other professions (Ruopp et al., 2019). The number of PA programs has increased by almost 80% over the last decade, and there are now 300 accredited PA programs in the United States (ARC-PA, 2023). Most of these are new programs, defined by the fact that they are still under provisional accreditation, and there are currently 30 more programs under development (ARC-PA, 2023). The need for more qualified PA educators is a natural consequence of this growth in numbers. Furr, the demand for programs to consistently produce knowledgeable, well-trained PAs who can safely and competently care for patients puts added weight on the quality of the education.

Faculty Recruiting

As the demand for physician assistants (PAs), and subsequently, PA educators, has grown, challenges in filling open positions with qualified applicants have also increased, creating increased risk to the "quality and sustainability" of PA education

(Bondy, 2019, p. 1). The top-ranked barriers to hiring new faculty in 2019 included a lack of applicants with teaching experience, salary discrepancy, and a paucity of well-qualified applicants (PAEA, 2020). Few PAs are formally trained in education and typically transition directly from clinical practice. Even fewer have the research experience needed to fulfill the scholarship requirements often expected from university faculty (Bondy, 2019). A similar issue exists in family medicine education as institutions search for junior faculty from physicians completing their residency programs. In medical education, faculty shortages persist due to the inability to fill vacant positions, high turnover rates, and the rapid increase in new programs developing (Irwin et al., 2021). Lin et al. (2018) concluded that "worsening faculty shortages in medical schools and residence programs are threatening the US medical education infrastructure (p. 204).

A commonality among medical education faculty is a lack of academic teaching experience as most new faculty transition directly from clinical practice and have no formal education in teaching. Roughly 76% of PA faculty transition directly from clinical practice, unclear of the expectations higher education will place on them and with no formal or practical experience in pedagogy or course development (Herrick et al., 2020). When considering new faculty, which Puri et al. (2012) defined as having less than three years of higher education experience, institutional and program leaders must consider how to position these new employees for success and retention (Bhakta & Medina, 2021). PA program leaders remain cognizant that most junior faculty know little about the demands and expectations of teaching beyond their personal educational experiences. Those in leadership should plan new faculty recruiting and onboarding to reflect the new hire's level of experience or inexperience.

Beyond the lack of formal education and training to become a PA faculty member, the pay differential between a clinically practicing PA and a PA educator requires skillful recruiting strategies to overcome. The median annual wage for a clinically practicing PA in 2021 was \$121,530. PAEA conducts an annual survey of PA programs and faculty. Due to the pandemic, the most recent data was published from the 2019 surveys. The most recent faculty salary surveys listed PA educators' median annual salary as \$99,771 (U.S. Bureau of Labor Statistics, 2021; PAEA, 2020). Some PA educators report continuing to work clinically after transitioning to education. Such practice has been reported to positively impact medical education by improving teaching quality, increasing access to clinical preceptors, providing relevant examples or cases for teaching, and promoting faculty credibility with the students (Gonzales et al., 2020). In the most recent PAEA program report, 67.4% of faculty reported doing some clinical work, with 14% doing so on their own time, 41.1% on release time from their program, and 12.3% on release time from the program with additional hours on their time. Total hours of clinical work reported by faculty members ranged from 0.5 hours to 60 hours per week. Most individuals (85.3%) retain this income themselves, but 4.3% have a portion of their supplementary income retained by the employing PA program (PAEA, 2020). Given the high number of clinical PA jobs available and the difference in pay, the draw to return to practice from education could be enticing, especially if expectations of the academic role are not met early in their teaching career.

Growing insight into the need to increase the diversity of medical faculty to include more individuals who are underrepresented in medicine (UIM) is exacerbating the problem of recruiting a sufficient number of candidates. Recruitment and retention of

UIM faculty positively impacts faculty members, the institution, and external and internal stakeholders, including students. Studies have shown that diversity recruitment and hiring strategies reduced the sense of isolation reported by many UIM faculty and students, a key benefit. Mentoring was essential for underrepresented faculty and students to ensure retention and success (Bonifacino et al., 2021). The literature reflects a trickle-down effect of these strategies on graduating PA professionals who can better understand social justice implications and care for diverse populations encountered in medicine (Davenport et al., 2022).

Onboarding and PA Educator Competencies

The 2019 PAEA Program Report stated that 47.5% of faculty had been in PA education for less than four years, and only 27.9% had been in PA education for ten or more years (PAEA, 2020). Given the challenges and demands of finding high-quality applicants and recruiting them to teach in PA programs, the goal would be to hire well and retain these faculty for an extended length of time. In a study of radiologists, Clark et al. (2018) suggested that the first five years of post-graduate practice are the most crucial window in the decision to leave academia and go into practice without academic responsibilities. Unfortunately, excelling as a PA practitioner or other medical provider does not ensure equivalent success in education as the competencies, though similar in some ways, also differ widely. New educators who are confident in the hospital or clinic are often plagued by self-doubt and frustration when faced with the newness of teaching (Warner, 2015).

Formal onboarding and orientation reinforced with formal and informal mentoring can lessen the culture shock of academia for a new faculty member. Further,

onboarding can improve new employee retention. One study revealed that the first ninety days of employment are crucial to becoming "functional, engaged, integrated, focused, and productive" (Bhakta & Medina, 2021, p. 169). In education and medicine research results, the onboarding process promoted professional development and integrated workers into their new roles and workplaces, preparing them for future advancement and career satisfaction (Anglin et al., 2021; Clark et al., 2018; Morgan et al., 2020). As such, the goals for onboarding should be forming collegial relationships, clarifying expectations, roles, and priorities, reviewing the organizational structure, culture, mission, and vision, and explaining development opportunities.

New PA faculty members may approach the transition to education with expectations and aspirations not realized during their clinical practice. Unfortunately, they often transfer these expectations to academia, specifically that PA faculty simply teach, creating the idea that work-life balance is easily attainable. At a minimum, PA education requires faculty to have the skills and time to teach, create curricula, assess students didactically and clinically, advise, complete administrative duties, perform scholarly and service activities, create a dossier to fulfill promotion or tenure requirements, groom students in professionalism, and potentially continue working clinically (Clark et al., 2018). Organizational skills and time management are vital for new PA faculty to learn as they prioritize tasks to meet expectations for teaching, clinical service, and research/scholarship (Clark et al., 2018; Frantz & Smith, 2013; Warner, 2015). The sooner new faculty are exposed to these requirements through onboarding and orientation, the more likely they will stay in education longer.

The demands listed above as requirements for PA faculty are consistent between most programs. Warner (2015) notes, "Institutional policies, local idiosyncrasies, and program policies can only be gleaned from senior faculty at a given institution" (p. 110). A well-planned orientation before starting work or over the first several days completes administrative tasks like obtaining an identification badge and keys, technology access, payroll, and benefits information and clears space for faculty-specific training (Bhakta & Medina, 2021). Providing time to work through the onboarding and orientation processes before the faculty member becomes inundated with routine responsibilities is essential to new faculty in medicine (Gustin & Tulskey, 2010).

Mentoring

Onboarding clinician PAs to best prepare them to be effective and efficient in practice is an essential aspect of the hiring process (Sanchez et al., 2020). ARC-PA standards require students in clinical rotations to receive onboarding to the clinical site upon starting there. Onboarding has been linked to the successful transition from PA clinician to educator, and it lays the foundation for employee retention, but that process "requires time, focus, and persistence" (Warner, 2015, p.110). Researchers have connected mentoring to achieving a positive transition for new faculty members, noting that effective mentoring improved faculty retention. A mentor can be described as a guide in learning the norms and culture of an organization while providing support, encouragement, and information that grows the mentee's confidence (Anglin et al., 2021). A mentoring relationship between new faculty members and senior colleagues often enhances formal onboarding benefits and allows the dyad to focus on individual needs (Bhakta & Medina, 2021; Holmes et al., 2018). There has been an increased focus on

mentorship in recent decades, with most literature focused on academicians in general higher education, medicine, or nursing. In contrast, though lack of mentoring is recognized as a barrier to PA faculty retention (Herrick et al., 2020), little has been written about mentorship for PA faculty.

Studies centered around mentoring vary widely, but several common themes surfaced, helping one to understand the people, processes, and goals of mentoring. Mentors should be accessible to those they are working with, approachable, supportive, willing to share knowledge, and align mentoring to meet the mentee's needs while gently guiding them in areas they are unaware of as new faculty (Efstathiou et al., 2018; Lin et al., 2018; Thomas et al., 2020). Mentors can be located within or outside the program of the mentee but should have competencies that include knowledge, credibility, communication, altruism, and commitment (Holmes et al., 2018; Mazerolle et al., 2018). These traits allow trust to develop in the mentoring relationship so that the mentee can receive constructive criticism, guidance, and encouragement (Efstathiou et al., 2018). Trust is vital as the mentor often connects the protege to the senior member's professional network, exposing the junior faculty to others who can teach them and connect them with new opportunities.

Mentoring has also been touted as a viable means of improving the recruitment and retention efforts of medical and nursing faculty, including PA faculty, while improving the ability of the faculty to evaluate their students (Herrick et al., 2020; Poorman & Mastorovich, 2017). Mentored medical faculty members were also noted to report increased job satisfaction, organizational commitment, and productivity and decreased faculty turnover, stress, and burnout (Clark et al., 2018; Efstathiou et al.,

2018). Furthermore, mentoring relationships diminished the sense of isolation reported by healthcare faculty of color. This emerging majority is underrepresented in medicine (UIM), making up only 13% of certified PAs and less than 12% of PA faculty in 2019 (PAEA, 2020). Medical faculty included in this subgroup who participated in mentoring had increased numbers of publications, grants, and promotions while reporting increased career satisfaction, feelings of being valued by the institution, and professional network expansion (Alexander & Sturges, 2019; Bonhila et al., 2019; Farkas et al., 2019; PAEA, 2020). Peer mentoring was reportedly well-received by those underrepresented in medicine, who described the culture as a safe haven. Still, some negatives of peer mentoring were also reported, including mentors' lack of knowledge of politics, critical players, the industry, and tracks to career advancement (Murrell et al., 2021).

The female academic medical center faculty subgroup was also considered underrepresented, as only 39% of full-time medical faculty are female, and an even smaller number are in leadership positions (Tricco et al., 2021). Women were noted to be less likely to have a mentor. (Farkas et al., 2019). Many academic medical centers implemented a mentoring program designed specifically for female faculty. Groups of female medical faculty engaged in formal mentoring programs using either a traditional dyad or group mentorship. The program was well-received, and mentees reported better results from their promotion and tenure attempts. One program reported a significant increase to 85% retention of involved faculty, which is higher than the national average (Farkas et al., 2019). Notably, in the 2019 PAEA Faculty Report, 70.1% of PA faculty members were females, but a much smaller percentage were program directors (PAEA, 2020).

The importance of mentorship for medical faculty was reinforced in a 2019 study by Choi et al. They explained that a "dynamic culture of mentorship is essential to the success of academic medical centers and should be elevated to the level of a major strategic priority" (Choi et al., 2019, p. 630). Despite the known benefits of mentoring, less than half of all academic medicine faculty have had a mentor during their career (Schulte et al., 2022). In addition to the benefits of increased faculty retention, scholarly productivity, promotion ranks, and job satisfaction, mentoring relationships fostered professional behavior, self-confidence, psychosocial support, collegial relationships, internal and external networking building, interprofessional engagement, and work-life balance (Choi et al., 2019; Efstathiou et al., 2018; & Li et al., 2018). Mentees who were new faculty also commented that the mentoring relationship improved their perception of institutional support and made them feel valued (Clark et al., 2018).

No best type of mentoring emerged from studies that compared traditional dyads, groups, coaching, near-peer, peers, circles, and other evolving mentoring practices. Lack of mentoring was seen as a barrier to faculty development, job satisfaction, and promotion by McRae and Zimmerman (2019). One study incorporated mid-career faculty in the mentoring programs. Even these participants, who had already been promoted to associate professors, reported that mentoring programs were valuable in advancing and shaping their careers and creating scholarly collaborations (Mullangi et al., 2020; Ozkan, 2020; Peterson, 2006). Mentors also reported positive experiences with mentoring, noting in higher education that it created an opportunity to groom students and junior faculty for higher academic roles and help them achieve their goals (Holmes et al., 2018; Li et al., 2018; Minshew et al., 2021). Institutions reported that a mentorship culture expanded the

number of diverse, strong leaders who stay at the institution longer, resulting in positive gains for the university financially, in faculty experience, and in intellectual productivity. Mentorship promotes the sustainability of an institution's most valuable resource- the people (Choi et al., 2019).

Despite the many positives associated with mentoring, obstacles have been reported, including the lack of protected time, insufficient mentor training, and poor mentor/mentee fit. Senior faculty mentors reported that protected time and formal mentoring training were essential for effective mentorship (Bonhila et al., 2019; Farkas et al., 2019; Sandi & Chubinskaya, 2020). Mentoring topics for a new faculty member included general faculty skills (syllabi writing, lesson planning, researching, and accessing resources) entwined with a focus on psychosocial support, relationship building, and managing work-life balance (Li et al., 2018; McRae & Zimmerman, 2019). Mentees can take an active role in the process by self-assessing their skills, staying motivated, being coachable, and creating goals when entering the mentoring relationship. Awareness of these variables early in the relationship helps assess interim progress (Gustin & Tulskey, 2010; McRae & Zimmerman, 2019).

Competencies and Faculty Development

While mentoring enhances faculty's relational development and career advancement, new faculty transitioning from clinical practice must also learn the teaching and organization skills needed for the professoriate. Faculty development can be acquired through time with their mentor, PA program or institutional activities, and events sponsored by national organizations (Thomas et al., 2020). The need for faculty grew when PA programs began growing rapidly ten years ago,. To ensure a uniform

compilation of baseline PA educator competencies required for teaching, PAEA developed the Physician Assistant Educator Competencies, loosely based on a similar document developed by the US medical education system decades before (Zaweski et al., 2019).

These PA Educator Competencies included teaching, learner-centeredness, interprofessional and communication skills, professionalism and role-modeling, system-based learning, program and curriculum design and implementation, program evaluation, scholarship development, leadership, and mentorship (Zaweski et al., 2019). Since PAEA adopted these competencies in 2018, the organization has worked to create workshops that teach the specific skills each competency requires and make them available to PA educators throughout the year. PA programs may elect to pay for a faculty member's enrollment in these programs, which are available online and in person (PAEA, 2023). In doing so, the PA program agrees to allow the faculty member to set aside a minimum of 2-4 hours per week to attend and complete the assigned work. These events and effective onboarding and mentoring contribute to faculty development. Additionally, opportunities to network and learn about opportunities for future service to the profession are available during the workshops and annual conferences.

As PA education continues to grow and develop, faculty development opportunities at the program, state, regional, and national levels also grow, providing training that produces qualified faculty. The strict accreditation standards for PA programs require PA faculty to be well-versed in a wide range of knowledge and skills, including the ability to perform self-assessment activities to maintain program accreditation (Kayingo, 2020). Dr. Kayingo provided suggestions for faculty

development related to the PA educator competencies, including promoting mentoring within and outside the PA profession, redefining scholarship using the Boyer model, creating program admission targets that identify and admit students with traits that might lead toward education, supporting the growing doctoral programs for PAs to facilitate the development of needed skills in writing, publishing, and assessment, creating combination degrees in PA programs to promote perpetual learning and scholarship, and creating state and regional consortiums (Kayingo, 2020).

Faculty fellowships have emerged due to an increased awareness of the need for faculty development. Herrick et al. (2020) noted that new faculty admitted to not wanting to ask too many questions and in fear of appearing ignorant of what is expected of them. Faculty development events, particularly fellowships, have been shown to facilitate new faculty making connections which helped them learn the culture of their department, institution, and other programs (Herrick et al., 2020). Suggested topics for new medical faculty included an overview of promotion and tenure, potential opportunities for junior faculty advancement, pedagogy, curriculum building, teaching skills, and the importance of mentorship (Loyal et al., 2018). Nationally, a partnership between the Council of Graduate Schools and the Association of American Colleges and Universities introduced *Preparing Future Faculty (Pff)*. This movement was designed to prepare master's and doctoral students for the challenges and skills needed to serve as a professor in higher education, like those listed above, but healthcare faculty were not included (Council of Graduate Schools, n.d.).

The PAEA attempted to provide this instruction for potential PA faculty and started the Future Educators Fellowship in 2015. This fellowship introduced PA students

to PA education as a career option and allowed them to explore fundamental concepts of teaching, interprofessional experiences, research, collaboration, and leadership. The Fellowship also introduced students to key leaders in PA education willing to develop mentoring relationships with the fellow. After completing the fellowship, students were exposed to the PA Educator Competencies and developed some skills within the Foundational and Functional PA Educator Competencies (PAEA website, 2023).

Upon completing their fellowships, surveys taken by medical educators indicated that most elected to participate in formal training to attain new skills or improve existing ones, become more competent teachers, and further their careers (Sairenji et al., 2018). The first institutionally based PA faculty fellowship started at Duke University in 1998, and several others followed. Generally, these fellowships are one-year programs designed to allow potential PA educators to test the waters of academia while gaining practical knowledge and experience. Many leadership and faculty positions in PA education require experience and 76% of PA faculty transition directly from clinical practice. For this reason, fellowships were especially beneficial to those who finished and decided to become full-time educators. The fellows are paid a small stipend to offset the loss of clinical time (Herrick et al., 2020). The curriculum varied between programs but offered exposure to many aspects of the PA academic career. Topics and experiences covered pedagogy, instructional design, lecture development, educational theory, building and giving assessments, leading small groups, case problem development, interprofessional education training, advising, academic law, teaching clinical skills, simulation, and leadership. Though these fellowships are expensive, they have been subsidized by state

and industry funding. The costs are considered tolerable compared to turnover expense, including recruitment and onboarding of a new faculty member (Herrick et al., 2020).

A more recent PA faculty development fellowship started in Maryland in July 2019 and initially enrolled four fellows. Termed PALLA (Physician Assistant Leadership and Learning Academy), this initiative is led by interdisciplinary graduate school faculty at the University of Maryland and funded by the state of Maryland. The program was designed to develop a pipeline of PA faculty in response to the rapid growth of PA programs and the knowledge that 44.1% of PA faculty have considered leaving their academic roles for another job (Bondy, 2019; Gordes et al., 2021). The scholarly activity requirements often required for promotion were shown to be highly stressful for many PA faculty and have been associated with attrition. Scholarly productivity has decreased over the last decade, perhaps due to the large number of junior and new faculty working in PA education (Hegmann, 2020). A backwards design based on the PA Educator Competencies mentioned previously was used to create the 10-month fellowship designed to train individuals to understand and be prepared for the range of responsibilities, knowledge, skills, and time demand PA education requires. The goal was to mitigate faculty attrition and become a model for faculty development programs elsewhere. Ongoing research is being conducted to determine the results of this training that incorporates not just the PA Educator Competencies but also components of the three pillars of a professorship (scholarship, service, and teaching) and knowledge of the ARC-PA standards for accreditation (Gordes et al., 2021). PALLA recently began accepting applications from individuals in states outside of Maryland to combat barriers to faculty retention nationwide (J. Cawley, personal communication, March 7, 2023).

An overview of the literature regarding faculty development in medical educators includes other topics for review. An overlooked component of faculty development is longitudinal student advising; the importance of advising throughout the PA program cannot be ignored. Clinical year students have fewer touchpoints with faculty as they are usually away from campus, yet these students have high-stakes decisions linked to their advising appointments. Faculty advisors must be knowledgeable and prepared to offer career advice, discuss the timing of the student taking the PANCE certification exam, and discuss temporary and permanent licensure requirements (Fleming et al., 2022). The advisor is often also the faculty member who identifies students who might have the potential to excel in precepting and teaching in the future.

Much information about faculty development was centered around educating new professors in teaching, scholarship, service, promotions and tenure, mentoring, and pedagogy-related topics. Nonetheless, other related topics mentioned less frequently still merit mention. Joyce (2021) commented that mastering feedback was a key skill in PA education. "Feedback literacy by definition is a process through which learners make sense of information from various sources and use it to enhance their work or learning strategies" (Carless & Boud, 2018, p. 1316). Feedback training is required to teach faculty members to go beyond giving superficial praise and criticism and train faculty to clarify what entails a good performance. Students should be directed toward reflection and self-assessment and encouraged to close the gap between the current level of performance and what is ultimately expected of them. Learning to give excellent feedback can be challenging for the new faculty member, but the literature suggested doing so in a timely manner allowed PA faculty to push their students toward personal

and professional development and helped them become more competent leaders by increasing their self-awareness and self-efficacy (Goldman et al., 2021; Joyce, 2021; Tung et al., 2021).

Just as students require an investment from others to grow and develop, new PA faculty members require an investment from their institutional and program leadership and senior faculty members. Most individuals transition into education with a professional identification associated with practicing clinically as a PA. The domains of professional identification progress over time and include transitioning to the new role and position of a professor, socialization within the new educational organization, and the incremental construction of their work as an educator (Montemayorr et al., 2020). This process often includes events associated with a crisis of identification, such as feeling a lack of support, experiencing an overload of administrative duties, earning disproportionate pay, or receiving poor teaching evaluations that may cause a faculty member to feel unqualified or unfit for the role. It takes time and experience to evolve one's professional identification to that of a faculty member, but doing so is associated with increased job satisfaction and, likely, retention (Montemayorr et al., 2020).

New faculty are not necessarily prepared to be high-quality educators through their previous educational pursuits and require mentoring, formal onboarding, and orientation early in their teaching careers. Though fellowships and faculty development may not immediately resolve the need for more faculty to fill empty positions in PA education, improving how potential PA faculty members are prepared for that role by helping them set proper expectations for the reality of teaching in higher education and providing comprehensive faculty development, has been associated with increased career

satisfaction and faculty retention in PA faculty members long-term (Herrick et al., 2020). Research demonstrated that faculty development for medical educators pays off. One study showed that 43% of first-time assistant professors who participated in a school-sponsored fellowship were still at that medical school more than ten years later. Almost 66% of fellows accepted a clinical educator position directly out of fellowship, and 62.5% were still in medical education in longitudinal follow-up (Sairenji et al., 2018). Further data from longitudinal studies are planned for these participants.

Promotions and Tenure

The promotions and tenure process is an essential facet of higher education for many faculty. Tenure evolves from the Latin verb *tenere*, which means *to hold* and historically has demonstrated loyalty or commitment from the faculty member and the institution (Cawley, 2010; Rizvi, 2015). The American Association of University Professors developed tenure in 1915 to protect a faculty member's livelihood when their thinking differed from the university. This protection allowed for academic freedom of thought, integrity in research, and the personal satisfaction of having achieved a significant professional goal (Bouchard, 2009; Cawley, 2010; Rizvi, 2015). Cawley (2010) outlined the traditional view of tenure as the "right to due process," meaning that a college or university cannot fire a tenured professor without presenting evidence that the professor is incompetent, behaves unprofessionally, or that an academic department needs to be closed due to the financial difficulty of the school.

The tenure process should be fair, timely, and consistent across all faculty to ensure excellence through a review of a faculty portfolio (Rizvi, 2015). Too often, faculty do not understand their institution's tenure process, creating challenges in executing the

required tenets of advancement. Junior athletic training faculty reported reasons for this misunderstanding included an unclear list of expectations, changes in leadership, and differing expectations between colleges and departments. The faculty desired improvements such as "formal, ongoing annual feedback, information communication with administrators, informal institutional mentorship, and instructional scaffolding, where others shared their promotion and tenure dossiers as examples (Singe et al., 2019). The value of tenure in modern academia has been questioned, and promotion and tenure reform has been considered for many years, especially within medical programs at educational institutions. The demand to produce scholarly works might feel unachievable when considering the competing demands for the faculty member's attention and time (Register & King, 2017). The tenure process often elevates the value of research over teaching and service. This incongruity makes the faculty unsure of where to prioritize their time and energy and makes the faculty review process challenging, especially in smaller schools where the quality of teaching and service is highly valued (Peterson, 2006; Schimanski & Alperin, 2018).

Recommendations for innovative views of scholarship have been entertained frequently in recent years. Many scholars feel the new understanding of scholarship should be built upon the constructs of Boyer and Shulman, especially in the fields of medicine, incorporating a holistic approach that uses scholarship to reinforce the expectations of teaching and service while allowing for a diversity of interests and experiences among faculty members (Kayingo, 2020; Register & King, 2017). Little has been written about the impact of tenure on PA faculty. Some universities do not offer PA faculty a tenure track. Instead, PA faculty are often placed on a clinical track without the

option for tenure but allowing for promotions based on contributions through clinical service. Some universities will not offer a tenure track for a faculty member who does not have a doctoral degree. At others, PA and other clinical faculty find themselves exempt from the privileges (yet perhaps not the responsibilities) of academe. PA education also tends to depend heavily on adjunct faculty, further impacting expectations for the tenure of the full-time PA faculty (Cawley, 2010).

Currently, the master's degree is the terminal degree for the PA profession, yet ongoing discussions debate changing this requirement to a doctoral degree for PAs. A review of hiring preferences for PA faculty was completed using a longitudinal retrospective observational study of faculty job postings between 2014 and 2020. The results showed that about 39% of job listings for PA faculty preferred or required a doctoral degree. Postings for program directors and PA program leadership described a preference for doctoral-degreed candidates 50% of the time, and just over 20% of these jobs were associated with tenure eligibility. A review of the annual PAEA survey showed that almost 50% of PA program directors and 24% of PA faculty held doctoral degrees (Kayingo et al., 2021). In 2019, the types of doctoral degrees held by PA program directors and faculty was divided between the Doctor of Health Sciences (DHS or DHSc), Doctor of Philosophy (Ph.D.), and Doctor of Education (EdD) and non-specified *other*, which represents newer post-professional PA doctorates like the DMSc (Kayingo et al., 2022). The dialogue regarding the need for a doctoral degree for an entry-level PA continues, with a Doctoral Summit planned for March 2023 (PAEA, 2023). Regardless of the decision for the profession, further discussion will be necessary to clarify the degree

needed for PA faculty members. The results of those discussions may change how university promotions and tenure committees view PA faculty.

Retention: Burnout, COVID-19, and Intent to Leave

Faculty in higher education have numerous responsibilities beyond teaching that are often unbeknownst to new faculty. When clinical professionals, like PAs, transition from practice to teaching, many have erroneous expectations of academic employment. Realizing the breadth of new responsibilities and work schedules accompanying teaching in a PA program may initiate an individual's first thought of leaving early in their faculty career (Essary et al., 2018). In the 2019 PAEA Faculty Report, the most recent available due to Covid, 81.3% of faculty had come directly from clinical practice. Approximately 10% of those faculty reported the transition was associated with some degree of stress. When surveyed on job satisfaction, the PA faculty scores indicated they were least satisfied with the salary fairness relative to others, institutional leadership, promotion potential, research opportunities, salary amount, and tenure requirements (PAEA, 2020). In a survey examining job satisfaction and PA faculty, the highest level of satisfaction was with co-workers; interestingly, the least correlative factors were between job satisfaction and academic rank (Graeff et al., 2014). In the same survey, 42.2% of PA faculty reported receiving a firm job offer from elsewhere, and 43.1% considered leaving academia for another job. Retention of faculty is an issue facing the PA profession and PA education.

Burnout

Workload and work-life balance are stressors frequently negatively associated with faculty retention. Though PA faculty report less burnout than medical school

faculty, 44% of PA professors have considered leaving education for a different role. Only 58% say they would choose education as a career again. More than 53% of PA programs experienced faculty attrition in the 2016-2017 academic year. Many prospective PA faculty expected their work-life balance would improve working in PA education, yet found the opposite true, which could contribute to attrition over time (Coplan, 2018; Essary et al., 2018). Research at a Texas university revealed that professors associated high expectations and competing priorities with a lack of institutional support. Professors' attempts to balance the requirements for research, teaching, and service described this internal conflict as stressful (Delello et al., 2014). Some studies use the term burnout to describe the result of longitudinal stress in many higher education faculty members. Burnout has received sizable attention in recent years in the context of COVID-19 and healthcare providers. Burnout is a "combination of exhaustion, cynicism, and perceived inefficacy resulting from long-term stress" (Reith, 2018, p. 1). Up to 48% of academic radiologists report burnout, and that percentage is consistent among other physicians (Clark et al., 2018). More than half of physicians in the United States, 33-43% of US nurses and PAs, and almost 70% of residents and medical students have reported signs and symptoms of burnout. The most reported causes were an overload of administrative responsibilities, spending too many hours at work, and the implementation of electronic medical records (EMR). Saving clinicians' time was one of the proposed benefits of computerizing medical practice; ironically, EMR has added hours to many healthcare workers' workdays (Reith, 2018).

Many PAs still engage in clinical work after becoming faculty members; thus, the risks of burnout may still apply to them. Additionally, PA faculty face similar issues of

overloading work responsibilities and working over their required hours. These same professionals are responsible for teaching the next generation of healthcare providers how to avoid the pitfalls that lead to burnout. A sentinel study of PA educator burnout was completed by Forister and Blessing (2007), as the PA faculty profession exists at the intersection of two highly challenging service professions: healthcare and education. That study concluded that most PA faculty were satisfied with teaching but still suffered from burnout. More recently, clinically practicing PAs in Minnesota were surveyed using a validated tool, the Maslach Burnout Inventory. Ironically, 35.3% of those PAs were found to have moderate levels of burnout, predominantly in the emotional exhaustion subscale, yet reported high levels of job satisfaction. Further, the study results indicated that PAs negatively associated career flexibility with burnout. These results raise the question of why PA faculty burnout is an issue and how it might impact retention (Osborn et al., 2019).

COVID-19

Since 2020, Covid-19 has been connected to varying psychological effects worldwide. Generally, educators reported significant increases in stress and low work morale related to the changes in their work environment associated with the pandemic. High levels of education and healthcare attrition were noted during the height of the pandemic for many reasons. Interestingly, studies conducted within PA programs revealed positive impacts, including better team communication, an increased sense of being appreciated as faculty, and increased job satisfaction during that time (Garvick et al., 2022). No updated surveys have been completed by PAEA post-pandemic for comparison, but those are scheduled to be completed during 2023. Peer support programs

have been recommended to help medical professionals deal with complex events and burnout (Sheather & Slattery, 2021). Post-pandemic research results are beginning to emerge to determine if burnout can be combated through leader involvement, encouraging work-life balance, peer support, self-care, and mental health treatment as recommended pre-pandemic. Prevention is the best therapy and, as such, should be addressed in faculty development and shared with students studying to become healthcare providers during their education (Reith, 2018; Shah et al., 2018).

Intent to Leave

Investigations that explored predictors of PA faculty's intent to leave demonstrated the areas of organizational support, age of the educator, and role conflict (when one's job places incompatible demands on an individual) as the most predictive (Coniglio & Akroyd, 2015). Further study of this topic used a Rasch regression analysis to learn reasons PA faculty would leave education and return to clinical positions. These results reinforced the findings by Coniglio and Akroyd, who found predictors of "recognition by administration, support for scholarly work, support of the PA program by administration, a fair promotion process, and a sense of institutional community" (Belyukova & Graham, 2017, p. 15). The results of a qualitative study by Graham-Burnet (2022) provided additional information through interviews with PA faculty who had already left the profession. The choice to study this group was informative as former faculty cited different reasons for leaving than faculty who merely reported an intention to leave. Those who tend to leave claimed prestige and salary issues were the cause, while those who already left claimed a poor work environment (White-Lewis et al., 2022). Former PA educators studied by Graham reported themes including faulty

expectations of academic work, subpar mentorship, and faculty development, ineffective leadership at the program and institutional levels demonstrated by unsustainable workloads, and the "pull" back to practice as the primary reasons for leaving. Although several participants reported their salary unsatisfactory, it was not reported as the primary cause for leaving (Graham, 2022). Faculty retention strategies studied at an academic medical center cited good communication with leadership, timely promotions, teaching feedback for junior faculty, protected research time, faculty development, listening to and implementing faculty input, and fair junior faculty workloads as helpful tools. In this study, only 11% of respondents felt promotions should be given based solely on research publications. Time promotions and department heads communicating directly with faculty during meetings were the most frequently suggested strategies for retention (Zehra et al., 2021). These factors could be linked to Herzberg's Theory of Motivation, described in the theoretical framework section.

The reasons for PA faculty attrition are multifactorial and important for PA program and sponsoring institutions' leadership to understand to slow the attrition of new faculty from PA programs in the early years of teaching and allow new and junior faculty to develop into senior faculty and professional leaders in their own right (King et al., 2018; Lee et al., 2017). Creating a smooth transition without immediate teaching demands allows new faculty the space and orientation to learn about their new role and culture while developing internal relationships. Sacrificing productivity upon hiring may limit the temptation for the PA to return to the safety of clinical practice where they feel accomplished and knowledgeable (King et al., 2018). Leadership understanding and considering the factors that allow programs to recruit and retain underrepresented faculty

in medicine is also essential. Some themes overlapped, such as the need for strong institutional support and mentorship, but the importance of recruiting individuals who were intrinsically motivated to improve healthcare for patients of color contributed positively to faculty job satisfaction, commitment, and retention. Connecting new faculty members to the Diversity and Inclusion Mission Advancement Commission allows networking with other faculty members throughout the country who are sensitive to the challenges faced by faculty who are underrepresented in medicine (LeLacheur et al., 2019). Viewing this critical concept through the lens of organizational commitment, specifically affective commitment, allows one to understand the relevance and value of the resulting high occupational commitment (Sungu et al., 2019).

Internal stakeholders in PA faculty retention can create the space needed to allow new faculty a slower-paced acclimation to their new role. Institutions that sponsor PA programs must work with the program leadership and develop an awareness of the work environment's qualities and what is essential for retaining each new faculty hired. Failure to do so is costly for all involved. (Lee et al., 2017; Nausheen et al., 2018; McRae & Zimmerman, 2019). Connecting this idea to Matier's "push-pull" factors mentioned earlier, factors such as large salaries and departmental prestige will not pull employees away if they are satisfied and feel successful at their current institution. Conversely, employees' intent to leave an institution is stirred by dissatisfaction with their current work environment, pushing them to explore other options. The push factors were determined to be weightier by researchers (O'Meara et al., 2016; White-Lewis et al., 2022). With numerous open positions posted and 50% of PA faculty intending to exit academia within the next two years, faculty retention and turnover limit PA education

(Klein et al., 2023). Many of the reasons given for attrition can be prevented through careful interventions by PA program leaders. The financial, temporal, and intellectual costs of losing a PA faculty member should motivate leaders to make needed changes to recruit, transition, and retain quality faculty members for an extended commitment.

Job Satisfaction and Job Embeddedness

Job satisfaction is highly researched and understood to be the positive emotional response to finding one's job enjoyable or positive. The concept of job satisfaction has been connected to motivation (Culibrk et al., 2018). The factors that contribute to job satisfaction and increase the odds of retention for a PA faculty member overlap with nursing and medical faculty. Key themes connected to job satisfaction included institutional support via faculty development, onboarding, and mentoring, strong leadership that protects the faculty member, transparent and just promotion policies, clear communication from leadership, good working relationships with colleagues and leadership, and pleasant work culture. These variables allow faculty, especially new faculty, to form an organizational commitment to an institution and a career (Thiagaraj & Thangaswamy, 2017). Strong organizational commitment and job satisfaction not only motivates an employee to perform well in their role and work hard for success but contributes to increasing faculty retention and decreasing attrition which is costly for the institution, the program, and the quality of education provided (Eliyana et al., 2019).

In considering this concept, human resource specialists have begun considering job satisfaction and job embeddedness when considering hiring decisions and retention (Shah et al., 2018). Job embeddedness incorporates all aspects influencing retention based on three sub-dimensions: links, fit, and sacrifices. Links refer to the ties the faculty

member (employee) has to people at work and in the community; fit is a description of how the employee sees their compatibility with role or the environment, and sacrifices describe what the employee would lose if they chose to leave the employer or the community (Holtom et al., 2020). An example of using job embeddedness to influence employee retention is a Human Resources department choosing to be sensitive to the quality of relationships or links the employee has with peers and management. In PA faculty, one might encourage a new faculty member to continue clinical work part-time to demonstrate their sensitivity to the faculty's links. Providing incentives like tuition remission or a university gym membership for the faculty's family members might elevate that employee's embeddedness. The more embedded they are in the three categories, the more difficult it is for them to leave (Holtom et al., 2020).

Summary & Conclusion

Though there is no paucity of literature regarding faculty retention or intent to leave, very little literature exists regarding PA faculty. Though there is some correlation between nursing or medical faculty and PA faculty, the information is not entirely transferrable. During a time when PA educators wonder if sufficient, qualified faculty are available to fill the vacant positions and current faculty members are often worn out from struggling under the heavy load to ensure students are well-educated, and the program's reputation stays intact, more information is needed specifically on recruiting, hiring, and retaining the right people to become PA faculty.

The demand for healthcare providers is not decreasing, and the shortage of primary care providers is not resolving anytime soon. The need for PA programs to produce providers prepared to fill this gap is ongoing and predicted to continue for the

foreseeable future. The current trend of perpetual turnover of PA faculty three years into their educational role is costly on several fronts for institutions and PA programs.

Existing literature provides some groundwork for programs and institutions to consider moving forward. There is information regarding onboarding, mentoring, intention to stay in education, predictors to leave academia or one's current faculty position, guidance for the transitioning of new PA faculty, recruiting and retaining underrepresented faculty, including people of color, and evidence for how to promote job satisfaction and embeddedness among employees. One area that has not been explored and will be studied in this research study is a qualitative investigation of long-term PA faculty that have overcome the obstacles identified in this literature review and stayed in PA education for ten or more years. A phenomenological study will explore what personal traits, experiences, and institutional or programmatic support allowed these individuals to remain in PA education when so many of their previous colleagues did not.

CHAPTER III

METHODOLOGY

Introduction

The number of physician assistant (PA) programs in the United States has risen rapidly in recent years. Program directors have been challenged to find qualified applicants to fill the expanding number of faculty openings created by program expansion (PAEA, 2020). Most PA faculty are individuals who transitioned directly from practicing clinically into education with no formal training in teaching and little to no knowledge of what is expected from a faculty member in higher education. The resulting problem is PA programs are staffed with faculty members who are new and inexperienced, or worse, understaffed (Gordes et al., 2021; PAEA, 2019). The issue deepens as there is an ongoing need in the United States for more healthcare providers, including PAs, to address the growing number of those seeking medical care and to replenish the practitioners who left healthcare as a by-product of the recent pandemic (Reith, 2018). As new programs will only be accredited with sufficient faculty staff, the number of programs that can produce these healthcare workers is decreased.

This qualitative study explored the experiences and insights of experienced PA faculty who have stayed in education for more than ten years. The most recent faculty and program survey conducted by PAEA (Physician Assistant Education Association), the national organization representing PA educational institutions, indicated that 47.5% of PA faculty respondents had been in education for less than four years (PAEA, 2020), and PA educators commonly report new faculty leaving education in the first three years. Understanding what factors, personally and institutionally, long-term educators associate

with their longevity in the profession can assist PA programs in recruiting, hiring, and transitioning clinicians into their new educator roles.

Research entailing PA faculty retention, intent to leave, and job satisfaction were scarce, and what existed was predominantly quantitative. The exception is a qualitative study examining the transition of PAs from clinicians to faculty members and the challenges and supports during their first three years in education (WhiteHorse, 2017). That study aimed to address the faculty shortage by identifying the motivating factors for this professional change. The current study was designed to address this gap in the literature by learning what factors long-term faculty members associate with their extended stint in education. Examining their narratives through the lens of organizational commitment and motivation theory added depth of understanding to the responses. Minimizing attrition and maximizing retention once PA faculty are hired is essential for staffing issues, the development of PA programs, and for producing quality education for PA students.

The following questions provided the framework for the present study:

4. What institutional characteristics, programming, or policies do long-term PA educators associate with their longevity in PA education?
5. What personal traits or experiences do long-term PA educators attribute to their tenure in PA education?
6. What do long-term PA educators believe allowed them to persist as junior faculty when many colleagues in similar situations did not?

Research Design

A qualitative research method was chosen for this study to gain a deeper understanding of the factors involved in recruiting, hiring, and developing PA faculty who will stay in education long-term. A qualitative study allows the researcher to examine a problem from others' perspectives and experiences to draw insights for viable solutions to the problem. A qualitative design was appropriate to use in this study as the information being sought was complex and required the collection of extensive narratives. Those narratives incorporated the participants' feelings and perceptions, including some self-reflection and self-assessment of their values and experiences. One essential facet of qualitative research is that the researcher is considered an instrument in the study. In this study, the researcher created the participant survey and interview protocol and conducted the interview and data analysis (Creswell & Creswell, 2018). As such, the researcher collected more than answers to interview questions but noted body language, vocal tone, and other non-verbal communication. Further discussion regarding data collection and analysis is included later in this chapter.

Similarly, a phenomenological approach was utilized for the research to provide an understanding of the participants' lived experiences regarding working as clinical PAs and PA educators. The phenomenological approach is "effective in describing rather than explaining subjective realities, the insights, beliefs, motivation [sic] and actions..." of participants (Qutoshi, 2018, p. 219). Participants typically have a shared experience of the phenomenon in question, allowing them to provide objective background information about their work history and reasons for transitioning to PA education. Further, the gap in the literature was a failure to understand the common factors reported by PA faculty who

stayed in education for more than ten years. This phenomenological study was designed to build a better understanding of faculty retention based on participants' memories, experiences, and narratives.

Reflexivity and the Qualitative Researcher

Qualitative research organically incorporates the researcher in the research process, including data collection. As such, a researcher should reflect on how their experiences, status, assumptions, beliefs, and judgments might influence the study's data and results. This process of assessment, acknowledgment, and truthful interpretation of collected data is termed reflexivity. Reflexivity is designed to minimize researchers inserting biased interpretations into a qualitative study (Olmos-Vega et al., 2023). In this study, the researcher participated in every aspect of the process, including participant recruitment and screening, data collection, transcription, data analysis, and interpretation of the data.

As the researcher has 28 years of clinical experience as a PA and has been a PA educator for the last five years, she had a professional interest in the study results. Reflexive practices by the researcher during the study were crucial to ensure that personal opinions and experiences of her first several years in PA education did not influence the data analysis or impact the interpretation of the data (Creswell & Creswell, 2018). These practices included the researcher noting her reactions to interviewees' thoughts and being careful that personal thoughts about emerging codes and themes were not included in the mapping and thematic analysis of the data. The researcher avoided sharing personal thoughts and responses to questions during the interviews.

Participants

Population

The target population for this study was PA faculty who had been teaching in PA programs for at least ten years cumulatively. PA program accreditation requirements and standards limited the population to US programs only. The chosen population was appropriate for the population as these professionals would have had the lived experiences to respond to the interview questions posed and the insights required to reflect longitudinally on their career in PA education and the factors that encouraged them to remain in academia despite the challenges or obstacles they faced throughout their career. The goal of this study was not to generalize to all faculty of higher education, medicine, nursing, or allied health, nor was the researcher pursuing knowledge of those who had not worked extensively in PA education. For this reason, the population included only PAs, specifically those certified or who held emeritus status.

The total number of PA educators is constantly changing due to ongoing growth and program development; therefore, the total number of this population is unknown. Estimates from the most recent faculty and program surveys in 2019 indicated 1,246 respondents, 911 of whom were faculty, and 201 were program directors. Additionally, 79 medical directors, who by definition and standards requirements are not PAs, and several respondents who did not fully complete the survey and were excluded from the results, responded to the survey. The mean age of the faculty was 45.4 years and 51.3 years for program directors. Two hundred sixty-four indicated their gender identity as male, 669 as female, four as indigenous or other cultural gender minority, three as something else, and 14 said they preferred not to answer (PAEA, 2020).

PA programs are divided into four main geographic regions: Northeast, Midwest, South, and West. The Northeast is further divided into New England and Middle Atlantic divisions, the Midwest region into East North Central and West North Central divisions, the South into South Atlantic, East South Central, and West South-Central divisions, and the West region into the Mountain and Pacific divisions. An overwhelming majority indicated their race was white (n=841), 29 were Black or African American, 29 preferred not to answer, 20 were Asian, 19 were multiracial, four were "other," two were American Indian or Alaskan Native, and two were Native Hawaiian or Pacific Islander. In response to ethnicity, 877 were not Hispanic, Latino, Latina, or Spanish in origin, 41 were Hispanic, Latino, Latina, or Spanish, and 24 preferred not to answer. One hundred eight respondents were considered an Underrepresented Minority Status (URM), and 806 were considered Non-URM (PAEA, 2020).

Research Site

Qualitative research generally does not rely on collecting data in a lab. Instead, the research site is generally where the participants interface with the topic. The data collected is often collected personally by the researcher or her designee (Creswell & Creswell, 2018). In this study, the data was collected via interviews between the researcher and the participants. All interviews used the Zoom or Teams digital platform, based on the participant's preference. All participants completed the pre-interview survey remotely and returned it to the researcher via email.

Sampling Plan

When considering the sample for this qualitative study, the researcher had to consider sampling choices that would allow the study's purpose to be achieved.

Qualitative research generally requires fewer participants than quantitative research; however, the participants must be able to provide insight into the focal phenomenon. For this reason, purposive sampling, a method to find participants that meet identified criteria, was used initially to identify PA faculty who met the study criteria. The criteria included ten years of cumulative experience in PA education, not including adjunct faculty status, PA-Certified or PA-Emeritus status through NCCPA (National Commission on Certification of Physician Assistants), and some experience practicing clinically before becoming an educator. The length of ten years as a criterion was based on a previous study's use of this time frame during a study of PA faculty members' intent to stay in academia (Beltyukova & Graham, 2017).

The purposive sampling was designed to represent the population of long-term PA faculty throughout the United States. The rationale for purposive sampling was to include participants who understood the phenomenon being studied and could provide personal insights based on their professional career experiences. Each participant was asked to reflect on and share thoughts and examples of personal and institutional factors contributing to their long-term PA education employment. Snowball sampling, identifying potential participants through referrals by current participants, was also used to identify and connect with potential PA educators referred by participating PAs.

The emergent nature of qualitative research requires flexibility on the researcher's part. Though ten to twenty participants are considered sufficient for most qualitative research, the concept of information power suggests that "the more information the sample holds, relevant for the actual study, the lower amount of participants is needed" (Malterud et al., 2015, p. 1754). Though the definite number of participants was unknown

throughout data collection, eleven interviews were initially scheduled with consenting participants. However, only nine interviews were completed due to the unavailability of two participants.

Each participant completed a pre-interview survey using a Microsoft forms document that contained three sections of questions, two of which included demographic and professional background questions. The queries regarding their professional history include asking about positions held in PA education, their current role, the number of years in clinical practice and PA education, and information describing the characteristics of their current institution. A third section of the survey used a Likert scale to collect participants' thoughts on why they entered PA education. Descriptive statistics were used to analyze the participants' demographic and professional information by evaluating the relative number of participants in each category. This information provided context for the interview but could also be used to compare participants in future studies. Finally, data analysis was conducted regarding participation percentages, as some individuals completed the survey but did not complete the interview.

Ethical Treatment of Participants

One responsibility of the researcher is to protect the rights of participants in a study (Creswell & Creswell, 2018). The Belmont Report, developed by the Department of Health, Education, and Welfare, outlined standards of research ethics with human subjects, prioritizing respect, beneficence, and justice for research participants (U.S. Department of Human Health and Services, 1979). In this study, these guidelines were upheld by outlining the risks and benefits of the study, creating fair criteria for inclusion, and providing informed consent for participation prior to participation.

Further, before formally agreeing to participate, individuals were given a written document describing the purpose and nature of the study and a general explanation of the procedures. Each participant subsequently signed a consent that reviewed this information and outlined the voluntary nature of their participation and the right to discontinue the study at any time. The efforts to maintain confidentiality and the study's minimal risks and expected benefits were listed. The researcher maintained coded folders on her password-protected laptop. The consents containing the participants' signed consents were saved in separate folders from all data collected, including interview recordings, written notes, and interview transcripts of those recordings. Participants were provided with assurances regarding their privacy and confidentiality regarding participation in the study. This study had been reviewed and approved by an Institutional Review Board, and the email address for that IRB was provided in the consent form.

Final Participants

All participants in this study were either currently certified or certified emeritus through the NCCPA, the national certifying organization for physician assistants (PAs). Emeritus designation is granted to honor PAs who have shown a commitment to lifelong learning and the board certification process and have retired from clinical practice. Requirements for being awarded this designation include age 60 or older (or unable to practice due to disability), retired from clinical practice, having a history of NCCPA certification previously for at least 20 cumulative years, and an NCCPA record with no disciplinary blemishes (NCCPA, n.d.). Each had practiced clinically since graduation from an accredited PA education program and had at least ten years cumulatively working as a PA educator.

Once these criteria were established, PAs were invited to participate in two separate ways using purposive sampling. Initially, PAs attending the annual PAEA Forum were verbally invited to participate in the study. If interested, a cursory verbal screening was completed covering the inclusion criteria, and contact information was secured for follow-up communication. All PAs were asked for referrals for other potential participants. Individuals known to the researcher, herself a PA and PA educator, also suggested possible participants based on the stated criteria. From those referrals, the researcher used the faculty directory compiled by the PAEA, which contains listings for all PA faculty and programs within the United States, to obtain email addresses for potential participants.

Each potential participant was emailed a "Request for Participation" Appendix 1) that included the researcher's name, a description of the study, and the study requirements, including a link to the Microsoft Forms page for the "Participant Demographic and Informational Survey" (Exhibit 2). A study requirement was that the survey had to be completed to participate. A consent form (Exhibit 3) was attached to this email correspondence with the request to review and return the form to the researcher to indicate a willingness to participate and be scheduled for an interview slot. The informed consent outlined the voluntary nature of participation in the study, the ability to withdraw at any time, and a reminder of steps taken to maintain confidentiality and protect the individual's and their university's privacy. Those individuals who did not meet the inclusion criteria were sent an email response thanking them for their willingness to participate and explaining the reason for their ineligibility. All participants who met the criteria, completed the survey, and signed and returned the consent form were contacted

again to establish an interview date and time. Each was reminded that interviews would be held via their preference of the Microsoft Teams or Zoom platform due to the geographical distance.

Instrumentation

There were two instruments used to collect information for this study. Participants were asked to complete the *Demographic and Informational Survey*, designed and created by the researcher as a Microsoft form. This survey was available via a link, and it was completed online. This 31-item survey took respondents an average time of 5:30 to complete. The first seven questions were demographic, followed by 14 questions regarding their role, professional history, institutional employer, and educational history. Seven questions responding to the stem, "Reasons for entering PA education were..." followed by a response offering a possible reason for the transition and a Likert scale with the ratings of 1= Strongly Disagree, 2= Disagree, 3=Neutral, 4= Agree, and 5= Strongly Agree. The reasons listed included a better work-life balance, burnout in clinical practice, dissatisfaction with patient care, dissatisfaction with job duties or practice culture, unfavorable changes in employment/employer, and desire to give back to the professions. The final three questions collected contact information and preferences for follow-up as needed. This survey aimed to calculate descriptive statistics regarding participants' demographics, professional experiences, and institutional characteristics. The questions with Likert scale responses were based on topics associated with entering PA education in previous research. They would be compared to codes and themes that emerged in the thematic analysis.

A second instrument used in this study was an interview between each participant and the researcher. The researcher developed a protocol for virtual semi-structured interviews that focused on gathering data that addressed the research question and probed the participants for insights regarding motivation and organizational commitment.

The protocol was divided into three sections and utilized as a roadmap for these semi-structured interviews. Each section included open-ended questions designed to avoid leading the interviewee. The first section addressed how the participants got involved in PA education, their expectations of being in academia, and whether their new roles met their expectations. Participants could recall experiences and share memories of what made the transition easy or more challenging. Promotion and tenure were raised in this portion of the interview. The second section of the interview focused on personal traits participants associated with PA education and their levels of organizational commitment. Participants were asked where they saw themselves professionally in the next five to ten years. The third section included queries regarding their educational history and plans for additional schooling. As the PA profession is considering requiring a doctorate as the terminal degree, this line of questioning is a hot button currently. Additionally, questions were posed about mentoring and the state of the professional community in PA education. Each interview ended with the question, "Why do you feel you are still in PA education?"

Evidence of Reliability and Validity

Reliability and validity are critical components of valuable qualitative research. A study's validity confirms the instrument's accuracy in producing trustworthy and sensible data. External validity also represents that the results are transferable to the study's

population (Guion, 2002; Mills & Gay, 2019). Further research could provide knowledge on the study's external validity using a more significant number of participants and more stringent inclusion criteria.

Several methods were used to check the internal validity of the findings of this study and strengthen the credibility of the findings. Triangulation was used to evaluate internal validity using multiple data collection methods, varied participant demographics, and multiple theories (Merriam & Tisdell, 2016). Data collected in the interviews were compared to the information collected in the literature review. The participants represented multiple types of institutions, locations, ages, and years in PA education ranging from ten to 49 years. Additionally, multiple theoretical frameworks were considered during data analysis to deepen the understanding of remaining in PA education long-term. Other efforts to promote validity were made by minimizing researcher bias (reflexivity), acknowledging sampling bias, creating detailed interview notes and correct transcriptions, and using detailed emergent coding and analysis (Mills & Gay, 2019). Three experienced researchers reviewed the interview protocol and suggested removing bias-inducing questions and clarifying two unclear questions.

Reliability in qualitative research describes the consistency of things measured, suggesting the data is reproducible and dependable. Nevertheless, reliability in a qualitative study is challenging as the data is based on an individual's thoughts, experiences, and feelings about a subject, which could vary from one data collection period to another. Instead, reliability in qualitative research is established by seeing consistency between the data collected and the results (Merriam & Tisdell, 2016). Given the scarcity of comparative qualitative studies, reliability will best be evaluated in the

future as the researcher has further longitudinal and correlative studies planned by using the instruments created for this research. Instrument reliability was increased in several ways. The researcher had three experienced researchers perform peer examination of the interview questions and pilot-tested the survey. Feedback was provided to the researcher regarding the time needed to complete the survey and questions that needed clarification or revision. The researcher practiced conducting interviews with individuals unrelated to the study or PA education to improve that skill. The researcher also took detailed notes during the interviews to aid in thematic analysis. An audit trail was completed during the study, with the researcher taking detailed notes that tracked details of data collection and the data analysis process (Creswell & Creswell, 2018; Merriam & Tisdell, 2016).

Data Collection

Data collection for this study involved a multi-step process that included returning the signed consent form, completing the online survey, and interview participation with the researcher. Interviewing provided a forum for all participants to reflect on their professional experiences as they considered transitioning to teaching and during their time as PA educators. All interviews were conducted virtually as one-on-one, semi-structured meetings using the Microsoft Teams or Zoom platform. The researcher chose the semi-structured interview format to provide shape and focus while allowing the interviewer to explore ideas that emerge throughout the interview (Adeoye-Olatunde, 2021; Mills & Gay, 2019). The interview protocol consisted of closed and open-ended questions. The interviewee was encouraged to elaborate on desired questions, and the interviewer probed for additional information if needed. Each interview was recorded,

and the interviewer wrote detailed notes about particular feelings, thoughts, or emerging ideas.

Participants were invited to participate in the study in two ways using purposive sampling. The researcher spoke with multiple PA educators about participating in the study during the annual PAEA Forum. At that time, the researcher collected the names and emails of those interested in participating, and they were sent a follow-up email using a "Request for Participation" template. This template included the researcher's name, a description of the study, the requirements, and the inclusion criteria. The same "Request for Participation" was emailed to other PA educators identified through referrals from potential participants and others known to the researcher. These potential participants' email addresses were obtained through the referral source or the directory of PAEA members. The study consent form was attached to all these email communications, and each included a link to the Microsoft forms survey. Follow-up emails were sent weekly to those that had not responded to the initial email until data collection was completed.

Participants indicated their interest in participating in the study by returning the signed consent form. Once the researcher received that form and reviewed the completed survey ensuring eligibility to participate, she sent a second email proposing potential interview dates and times, taking time zones into account as participants lived from coast to coast. This recruitment process took place over four months, and interviews were scheduled via the Microsoft Teams or Zoom platform over six weeks. An Excel spreadsheet was used for tracking the dates of correspondence, completion of the consent form and survey, and the date and time of the scheduled interview.

Each interview began identically, with the researcher reading the study topic, reviewing the inclusion criteria, and reading a statement requesting permission to record the interview and assuring the participant that all efforts had been made to ensure anonymity for them and any associated universities during their educational career. Once the participant agreed to that request, the same request was made to start the data collection: "Please tell me how you became a PA faculty member." Further questions probed deeper into the participant's professional background, including previous teaching or precepting experience. Section One of the interview protocol included questions about their transition into education, the institutions they have worked for, the promotion and tenure process, and their thoughts about things they found helpful or detrimental in their first year of PA education. Section Two of the interview included questions that asked them to reflect on personal traits and organizational commitment. Several questions were prepared for each component of the three-component model of organizational commitment. Section Three included questions regarding the participant's thoughts on the terminal degree for PAs, mentoring, professional community, and whether they had ever considered leaving PA education. The interview's final question was typically, "Why do you feel you are still in PA education?" Each participant was asked this question unless answered earlier in the conversation. The researcher offered the opportunity for participants to add any other information they felt contributed to the topic. The researcher also requested permission to contact the participant if clarification or additional information was required later in the research process before ending the interview. Each participant was sent an email thanking them for their time and insights following the interview.

The researcher took detailed notes during the interview, capturing non-verbal communication and interesting points. The interviews were recorded to ensure accuracy and transcribed in preparation for analysis. Before the transcription, any identifying information was removed and replaced with a coded identification. Each participant's coded identification was included on the tracking spreadsheet mentioned previously. Each audio file and the associated transcript generated by the virtual meeting platform were saved on the researcher's laptop computer in a folder used only for this purpose. The folder was housed in a password-protected and encrypted cloud-based storage system. Hard copies of the interview protocols, including the researcher's notes and the printed transcripts, were secured in a locked document container. Files within the digital storage system will be permanently deleted at the end of seven years, and hard copies will be shredded at that time.

Analytical Methods

The purpose of data analysis is to make sense of qualitative data. It is typically conducted simultaneously with ongoing data collection (Creswell & Creswell, 2018). In this study, data analysis was both inductive and comparative, keeping the goal of answering the research questions a priority. Through iterative reviews of the interview data using a comparative approach, bits of data emerged that became codes and themes when correlated or compared with other data (Merriam & Tisdell, 2016).

Data Analysis

Thematic analysis was used to identify patterns that emerged in that data. As each interview was completed, the corresponding Zoom or Teams transcript was edited while concurrently listening to the interview's audio recording. All participant and university

names were redacted in the transcript edits as described in the participant consent form. Time stamps were retained, and the completed transcriptions were saved as Word documents in a folder separate from the participants' consents and recordings. Each Word document was titled "Transcription [Participant's Code] Interview" and included sufficient space in the left margin for notes. The interview data were processed by reviewing the typed interview transcripts and notating comments or thoughts that provided insight into the research questions. (Merriam & Tisdell, 2016).

To begin the open coding process, each interview transcript and the associated researcher's notes were reviewed, and data segments were organized and labeled to create a codebook. Data segments were short phrases that represented ideas from the interviews. Several potential codes emerged from the literature review or related to the theoretical framework. Though the researcher included these ideas in the codebook, she also wanted to be open to developing other codes that surfaced from reviewing the interview sequentially. Therefore, a hybrid approach of deductive and inductive coding was utilized.

Once an initial analysis was completed, a second review of the coded data was undertaken to group codes into themes or categories. Each iteration used a constant comparative approach. This process applied causal conditions and assimilated context to observations, codes, and quotes from all interviews. Repeated thoughts, observations, or data connected to the study's phenomena were compiled, and codes were connected to create themes. Codes that included minimal data were either merged into other codes in the codebook or reexamined for inclusion and explanation of importance.

Triangulation is crucial in research to promote the credibility and validity of a study's findings. In this study, triangulation efforts were made by evaluating the data against known themes found in the literature review and the constant comparative nature of thematic analysis. Additionally, participant checking was used to ensure the researcher's analysis was consistent with the interviewee's intention (Creswell & Creswell, 2018; Merriam & Tisdell, 2016). The themes that resulted from the iterative process described above were compared and correlated with themes noted in the literature review and considered in the context of the theoretical framework. These resulting themes were drawn out on a whiteboard to develop the thematic narrative of the study. Creswell and Creswell outlined this stepwise process in their description of thematic analysis for qualitative study (2018). The Delve software program was utilized in the thematic analysis of the study's data to facilitate the process. The final analysis is as a narrative included in Chapter 4 and connects the interview findings with themes noted in the literature review and the context of the theoretical framework.

Conclusion

A phenomenological approach was used for this research study to understand the shared experiences of faculty who have transitioned from clinical practice to teaching and taught for more than ten years in physician assistant (PA) education. A qualitative study was considered appropriate to examine the participants' extensive narratives with the depth necessary to glean insight into the complex topic of long-term PA faculty retention. Each interview involved significant self-reflection and assessment of an individual's personal and professional experiences as a PA and PA educator. Chapter 3 included an overview of the design and methodology of this study, including details of the participant

selection process, the instrument, data collection methods, and data analysis. Further details of the themes and findings that resulted from the study will be summarized in Chapter 4, along with a summary of the limitations present in the design and execution of the study and resulting implications and recommendations for future research.

CHAPTER IV

FINDINGS AND CONCLUSIONS

Introduction

The ongoing shortage of primary care physicians has created a demand for more healthcare providers in the United States. Utilizing PAs to their highest level of training can improve this shortage but requires enough faculty members to teach in the nation's programs. Program directors have struggled to find qualified candidates willing to commit long-term to full-time faculty positions. Finding, hiring, and retaining qualified faculty members to teach in the quickly expanding number of physician assistant (PA) programs in the United States is challenging. Most PAs lack formal education or training in teaching and have had little exposure to higher education outside of their own programs. Further, many PA faculty members leave education within the first two to three years of entering academia. The purpose of this study was to learn what personal and institutional factors promoted professional longevity in physician assistant (PA) faculty members. Longevity was defined as individuals who had served as PA faculty members for ten years or more in this study.

This study aimed to identify factors that impacted a long-term PA faculty member's decision to stay in education. The study concept was conceived in response to several conversations the researcher observed and PAEA meeting presentations regarding faculty retention and the significant turnover of PA faculty members in their first several

years of employment. The qualitative, phenomenological research design is, by definition, useful for exploring a phenomenon from a participant's perspective and experiences. The nature of the research allows the researcher to understand these ideas on a deeper level through meaningful interaction with the participants. In this study, the research design allowed the researcher to hear first-hand what experiences, expectations, and insights long-term PA educators reported regarding their tenure in the profession. The research design was also considered appropriate to decrease the gap in the literature regarding the qualitative study of the lived experiences of long-term PA faculty. The result was to better understand the essence of the phenomenon studies through the narratives and recollections of those who experienced it.

Data Assurance

Trustworthiness is established in qualitative studies by demonstrating that the study's findings are credible, confirmable, and dependable (Merriam & Tisdell, 2016). Triangulation creates credibility by using multiple sources to confirm that the study's results are trustworthy. In this study, triangulation was achieved by interviewing a diversified group of participants. Despite different backgrounds, varying institutional employer characteristics, and ages, thematic analysis of the data showed recurring ideas between participants. Furthermore, comparing the analyzed themes with those found in the literature created a deeper level of triangulation. High dependability is the extent that a study's findings are repeatable by a different researcher. In this study, dependability was established by requesting an audit of the methodology and the thematic analysis findings using an independent reviewer/researcher (Stahl & King, 2020).

Member checking, confirming the accuracy of the researchers' thoughts, was utilized by the researcher to ensure she was clear on the participant's intentions in their responses. The researcher was careful to perform member checking in a reflective rather than leading way (Candela, 2019; Stahl & King, 2020). Transferability, similar to generalizability in quantitative research, is another component of validity and demonstrates that the study's results are applicable to other contexts (Fitzpatrick, 2019). The goal of this study was to learn what impacted long-term PA faculty members to stay in education so that knowledge could be applied to the phenomenon of faculty retention throughout PA programs. Using the phenomenological exploratory design for this study allowed the researcher to hear the widely varied personal experiences and thoughts of nine long-term PA educators.

The use of thick description increases the transferability of qualitative research findings, allowing researchers to apply those findings to other contexts (Merriam & Tisdell, 2016; Younas et al., 2023). Though challenging for a novice researcher, a thick description of the interview responses and thoughts was attempted by evaluating comments within the context of the participants' histories, experiences, and non-verbal communications (Younas et al., 2023). Deeper significance and insight were obtained through probing and patient listening during the interviews, adding richness to the responses. The insights gained through the thick descriptions in this study promoted the transferability of the findings to other situations. Confirmability also contributes to validity, promoting neutral findings and ensuring that the study's findings are free of bias or personal agendas. Confirmability further suggests that the researcher's findings would be confirmed by independent researchers (Nassaji, 2020). The researcher created an

interview protocol to guide the interview and facilitate the reproduction of the interviews for use in subsequent studies. As mentioned previously, the researcher requested an experienced researcher to review the methodology, analysis, and findings, providing an informal audit trail to promote the validity of this study.

Findings

The purpose of this study was to advance the understanding of what personal and institutional traits contribute to PA faculty remaining in education long-term. The researcher reviewed existing quantitative and mixed-method research that studied faculty turnover and intent to stay or leave academia and qualitative studies about the transition of PAs from clinicians to faculty members. Noting a gap in the literature of qualitative research examining PA faculty who have remained in education for over ten years, the researcher designed a study using a phenomenological qualitative approach to round out the literature and gain insight regarding PA faculty retention and job satisfaction. The analysis was completed in the context of the theoretical frameworks of organizational and professional commitment with the goal of addressing the study's research questions.

The process of qualitative data analysis is "primarily *inductive* and *comparative*" (Merriam & Tisdell, 2016, p. 201). The collected data was initially reviewed to create familiarity with the transcripts. Subsequent interactive reviews were completed, searching for recurrent patterns and later themes from the participants' lived experiences. The researcher sought meaning within these experiences to create rich descriptions from the data (Sundler et al., 2019). Constant comparison during and after each interview facilitated this process. Interview transcripts were reviewed using open coding to identify and group code segments into categories. As patterns and themes emerged, they were

organized further to develop meanings, and specific text related to the research questions was noted. Member checking was utilized to ensure researcher accuracy several times during this process. The Delve coding system was used to assist in thematic analysis.

Participant Demographics

The participants in this study were all long-term faculty who had served in PA education for at least ten years. Non-probability purposive sampling was incorporated to limit participants to individuals who met the inclusion criteria for the study, including longevity in the field beyond ten years, remaining certified or emeritus PAs, and experience working as a practicing PA. These requirements stemmed from the need for participants who had experiences, context, and insights into the phenomenon being examined (Merriam & Tisdell, 2016).

Though the goal for sample size in this qualitative study was saturation, the researcher planned for a minimum sample size of 15 participants. Email correspondence requesting participation in the study was sent to 46 PA educators who met the inclusion criteria. Thirteen individuals responded, completed the pre-interview survey, and signed a consent form, and one of those failed to respond to multiple requests to set a date for the interview. Three additional individuals scheduled and later canceled their interviews due to work and travel constraints resulting in nine interviews being conducted. As shown in Table 1, the results of the pre-interview survey, the sampling represented a diverse group of individuals in terms of age, gender, race, and geographic location. A review of their employing institution type, years in clinical practice and PA education, and academic degrees and disciplines was compiled in Table 2. Figure 1 illustrates the variety of PA education roles they hold currently and have held previously. The diversity represented

by the participants in multiple categories strengthened the case for transferability. Of note, two of the nine participants had experience teaching in a school setting before working in PA education, and one had a bachelor's degree in education.

Table 3

Demographic Data (self-reported)

Participant Number	Age Group	Gender	Location	Race	Ethnicity
1	46-50 years	Female	Midwest Region- East North Central Division	White	Non- Hispanic
2	51-55 years	Female	Midwest Region- East North Central Division	Asian	Korean
3	66+ years	Female	South Region- West South Central Division	Caucasian	White
4	41-45 years	Female	South Region- South Atlantic Division	Caucasian	Non- Hispanic
5	31-35 years	Female	Northeast Region- New England Division	White	Non- Hispanic
6	46-50 years	cisgender Male	West Region- Pacific Division	White	Latino
7	56-60 years	Male	Midwest Region- East North Central Division	Caucasian	White
8	66+ years	Male	Northeast Region- Middle Atlantic Division	White	Caucasian
9	61-65 years	Male	Midwest Region- West North Central Division	Caucasian	Non- Hispanic or Latino

Table 4

Professional History

Participant Number	Years in PA education ^a	Current Academic Rank	Tenure Track Status	Total years working clinically as a PA	Clinical years prior to starting in PA education	Type of institution where you currently work	Have you worked in a developing program	Hybrid, completely remote, or in-person
1	17	Professor	Non-tenure track/Clinical track	22	5	Private; Faith-Based	Yes	In-person
2	24	Associate Professor	Non-tenure track/Clinical track	8	2	Private; Academic Medical Center	No	In-person
3	26	Associate Professor	Non-tenure track/Clinical track	23	14	Public; Academic Medical Center	No	In-person
4	13	Associate Professor	Tenure track	20	7	Private; Faith-Based	Yes	In-person
5	11	Associate Professor	Tenure track	12	1	Public	Yes	In-person
6	25	Professor	Non-tenure track/Clinical track	26	1	Academic Medical Center; Public	Yes	In-person
7	15	Assistant Professor	Non-tenure track/Clinical track	10	3	Private; Academic Medical Center	Yes	In-person
8	49	Professor	Tenured	3	3	Academic Medical Center; Public	Yes	Hybrid
9	26	Assistant Professor	Non-tenure track/Clinical track	20	10	Private; Faith-Based; Academic Medical Center	Yes	In-person

Participants' current position is listed in Figure 1

Figure 1
Roles in PA Education

Participant 1		Participant 2		Participant 3	
Administrative Roles Held	Current Role	Administrative Roles Held	Current Role	Administrative Roles Held	Current Role
Director of Didactic Education	Faculty	Director of Clinical Education Director of Didactic Education	Director of Clinical Education	Program Director Assistant Program Director Director of Clinical Education Director of Didactic Education Assistant Dean	Principal Faculty
Participant 4		Participant 5		Participant 6	
Administrative Roles Held	Current Role	Administrative Roles Held	Current Role	Administrative Roles Held	Current Role
Assistant Program Director Director of Clinical Education	Associate Program Director	Assistant Program Director Director of Clinical Education	Assistant Program Director Director of Clinical Education Associate Professor	Program Director Director of Clinical Education Director of Didactic Education Curriculum Coordinator Other	Associate Dean Founding Program Director
Participant 7		Participant 8		Participant 9	
Administrative Roles Held	Current Role	Administrative Roles Held	Current Role	Administrative Roles Held	Current Role
Program Director Other	Principal Faculty	Program Director Other Director of Clinical Education	Visiting Professor Scholar-in-Residence	Assistant Program Director Director of Clinical Education Director of Didactic Education	Director of Clinical Education

There are nine study participants and 13 jobs represented. Each PA educator has held PA administrator responsibilities within their tenure in PA education.

The researcher designed an interview protocol that a seasoned researcher reviewed. Question wording and order were adjusted based on the reviewer's recommendations. The interview protocol was divided into an introduction and three

additional sections. Though the protocol contained 29 numbered questions, not all questions were asked of each participant as these semi-structured interviews were flexible, and the participant's responses dictated the course of questioning. The interview questions were developed to explore topics related to the research questions. Each interview conducted started with the statement, "Please tell me how you became a PA faculty member." The answer was followed with questions regarding the participant's expectations of PA education, how academia met those expectations, and a discussion about the first several years of their academic experience.

The following section included questions that addressed institutional policies and characteristics that impacted the participant's transition to PA education. The promotions and tenure process at their institution(s) were discussed in this section. Next, participants were asked questions about personal traits and attitudes about their involvement in PA education. Each participant was asked at least one question addressing organizational commitment's affective, normative, and continuance components. Finally, the last section of the protocol addressed topics like the proposed transition to a terminal doctoral degree, mentoring, and their view of support offered by the national organizations that support PA education and the PA profession. The interview concluded with the question, "Why do you feel you are still in PA education?" Participants were encouraged to share answers reflecting both their current professional experience and the history of their academic experiences since becoming PA educators.

Transitioning from Practice to Teaching

Each interview began attempting to understand what prompted the participant to transition from clinical practice into PA education. Several participants commented that

they "fell" into teaching; Scott even described it as "serendipitous." Only two described previous classroom experience, one as a middle school teacher and the other student taught in college. Austin, who taught middle school, said he "liked education in general" and the experience "helped his transition" into PA education. Six of the nine indicated they had precepted PA students, meaning teaching students in the clinical setting. Four of those were recruited to teach by a PA program because of that relationship. Four participants returned to teach at their PA program alma mater.

Interestingly, three participants indicated they knew during PA school or early in clinical practice that they would transition to education. Two of them attributed this foresight to faculty encouragement as a student. Seven of the nine indicated they enjoyed clinical practice but wanted to try something different when the opportunity presented itself through recruitment or incidentally seeing an ad. Several indicated that once they interviewed and met the people they would be working with, they "just knew." Interestingly, less than one-third of the participants indicated they were actively seeking to leave clinical practice when they heard of the opportunity in education.

Follow-up questions focused on participants' expectations when considering leaving clinical practice to begin working in education. Eight of nine respondents indicated they expected a better work-life balance in PA education, less work stress, and more flexibility in their schedules. Several had family members in education/higher education, and these participants expected the work and the workload to be "challenging," and "weighty," and "not a cakewalk." Three participants indicated they were "anxious" about entering higher education due to a lack of knowledge and experience. Several individuals commented about their lack of experience.

Along with a lack of experience, participants commented on their lack of skills; even those who had previously taught expressed some trepidation. When asked in hindsight for thoughts about needed skills, a few first noted that skills could be learned. Several mentioned the benefits of customer service skills, the ability to organize large amounts of information quickly, and negotiation skills. Still, most felt that the most critical were simply learning the basics of writing a syllabus and assessment, delivering a lecture, and communicating key points to students. There were also comments on the importance of demonstrating professionalism as an example for junior colleagues and students. Courtney felt the ability to think ahead and "on the fly" has been essential during her teaching career. Two mentioned that if faculty do not develop skills other than these basic ones, they will not last in education. "You have to learn to speak and understand the language of education," Megan mentioned.

When asked what traits are helpful for PA educators to possess, the responses ranged widely. Six participants responded with the answer "organization," five answered "flexibility," three mentioned "communication," and two answered "curiosity" and "patience." Other responses included being an independent worker, having a heart for students, having leadership traits, having a positive attitude "as it will be challenged," hard worker, committed to consistency, knowledge-seeker, learner, having humility, grit, resilience, being thick-skinned, and passionate. One participant noted, "Not every PA can do this job. Persevering in PA education requires a combination of the right personal traits, strong support on several levels, and professional development. Oh, and a little luck."

Participants noted they had some surprises when entering PA education. Kayla noted, "I knew there were politics in higher education, but the extent of the challenges-crazy!" Two-thirds commented on the lack of orientation. Austin said, "There was no sitting down and saying, 'Hey, here's what you will be doing, here's what you'll be teaching, here's how to do it, here's how to work on a syllabus, blah, blah, blah. Absolutely nothing!'" Scott noted he sat in his office for four weeks after being hired, looking for stuff to do until another faculty member asked if they were ready to teach the medicine class. Scott responded, "I had no clue I was in charge of it. It was baptism by fire, to say the least." Several people echoed this sentiment, noting that "there is typically no gradual introduction to PA education due to the great need for faculty." Courtney noted, "Usually, you just have to jump in right in the deep end with no time to ease your way in." Kimberly commented, "I did not have the experience and the foundational pieces of curriculum and understanding of a lot of the whys behind what we were doing. I just tried to survive. In clinical practice, I was confident about what I was doing."

One of the biggest surprises was the pay differential between clinical practice and education. Kimberly admitted she was frustrated with the salary and had second thoughts when she received her first faculty contract. She said, "When you add on the salary aspect where you're making a lot less than you were making as a clinical PA and taking way more home at night...it's hard." Megan, a female faculty member who has served in multiple teaching and administrative roles in PA education said, "The biggest downside was the pay cut, but I thought it was important for my sanity to not [practice] for a few years." She has been in PA education for several decades now and feels the problem is not improving. Many described the salary decrease from clinical practice as

disappointing, yet not enough to cause them to return to medicine full-time. Bob noted surprise at the pay differential he has seen based on gender. He thought jobs in education might "neutralize" that difference compared to clinical practice. Courtney noted discrimination in her contract, saying, "Yeah, there was definitely an element of reverse ageism. Even though I had more experience, the fact that the other person was a male and older with a family made it horribly inequitable. And I was single, so it didn't matter. Yeah, it was rough." Another issue regarding salary is that PA programs run year-round, and many universities are not prepared for that type of contract and salary structure.

Institutional Support and Program Leadership

Participants were asked about the institutional processes or policies that impacted them as faculty members. Seven of the nine participants had worked in PA education at three institutions, one at four and one at two. Their responses reflected their experiences at all the institutions where they had worked, and eight of the nine had a negative experience at one or more institutions in the context of institutional support.

Support for mentoring and providing faculty development opportunities was considered a positive influence. Most participants stated they were not equipped with the knowledge or training to be skilled faculty members. Thus, it was not surprising that seven of nine participants noted that mentoring made a positive impact on them and continues to do so. The two who did not comment on the impact of mentoring stated they had not developed a mentoring relationship during their academic career. Still, they had people whom they could get information from if needed. Several participants have worked with PAEA, AAPA (American Association of Physician Assistants, or ARC-PA

(Accreditation Review Commission on Education for the Physician Assistant) during their careers.

Often relationships formed within the committees or co-facilitators at these organizations provide mentor-type situations for mid-career PA educators. Austin, a participant who did not have a professional mentor stated he "bounces ideas off" these peers, but "it would be great to have a mentor. I haven't ever developed that relationship, so I would value it, but I don't have that." Those who had mentors early in their educational career commented that the mentors "took them under their wing" and helped them understand the three-legged stool of higher education (knowledge, service, and scholarship), contract renewal, how to get on committees, and "who [sic] to know" and "who was who" among colleagues and administration. Scott mentioned that his mentor helped them understand the concept of workload and helped him correct the course overload situation he was facing. Jeanette said her mentor instructed her, "We'll tell you what is important to do, what you should do, and what you should not waste your time doing." All participants commented that they currently mentor a junior colleague.

New faculty appreciated the verbal and non-verbal support of both program and institutional leaders; the opposite was also true. One participant noted that some senior faculty were supportive, and others were known to "eat their young" and be particularly hard on new faculty. This educator noted that issues related to interpersonal dynamics were the biggest challenge of her first several years. Kimberly noted she almost left education soon after starting due to a toxic, hostile work environment at her first institution. Several participants noted that the leadership at their program and institution set the tone for whether the culture encouraged retention or attrition. Often, these faculty

reported not feeling valued by the institution, but most reported feeling valued at the program level, noting one's relationship with the dean of the school or chair of the department can affect whether they feel valued also.

Each participant interviewed felt that encouraging faculty to attend workshops, trainings, and conferences by PAEA or other organizations that support PA education encouraged them to stay in PA education. When the program paid for these events, it was an even stronger demonstration of support. One faculty member states that attending these types of nationally sponsored events got her involved in serving with these groups. Additionally, she feels it helps educators become aware of what's going on in the professions and helps generate a positive awareness of the support available to them at the national level. More than half of the participants felt that budgetary constraints prevented them from attending this type of event and related that to a lack of institutional support.

The promotions and tenure (P & T) process was mentioned several times in the context of institutional support. Each participant was asked about the P & T process at their current and previous institutions. Some participants had little interest in pursuing tenure, while others felt it was a vital component of higher education. Many stated they did not understand the P & T process, and others were unsure if the process was fair and attainable. Two participants were unsure if PA faculty members were eligible for tenure. Some institutions offered tenure to PA faculty while others did not. Several people mentioned they are not sure they will stay at their current institution, so they are not sure it is worthwhile to pursue tenure. One participant noted that he revamped and wrote his institution's current P & T process, so he understood it well. More individuals were

interested in promotion than tenure, as they felt it confirmed success in their career choice, allowed them to feel valued by the institution, and motivated them to continue pursuing the institutional demands of knowledge, service, and scholarship. Many attributed their mentors with assisting them in completing the required scholarship for promotion. For both the promotion and tenure process, several participants were unclear about how much service and scholarship were required to meet the expectations of the institution.

A topic that emerged from the P & T discussions was changing the terminal degree for PAs from a master's to a doctorate. A PA doctoral summit was held recently, and two participants had been invited and were planning to attend when they were interviewed. There was a wide variety of experiences and thoughts about this subject. Several interviewees had trouble finding jobs or obtaining promotion or tenure and were told it was because of lacking a doctorate. Five participants felt it should be mandatory for PA educators, even if clinically practicing PAs were not required to have an advanced degree. Several mentioned that they felt "less than" in their programs and at their institutions because they did not have this terminal degree. The biggest concern was that the challenge of finding PA faculty would intensify with this new requirement. The need for PA educators could increase as senior faculty without doctoral degrees opted to leave the profession. Several comments related to the feeling that there would not be a grandfather clause wide enough to incorporate the large numbers of experienced faculty without the terminal degree. One individual who would be considered mid-career stated, "I am not paid enough to get another degree, and with my years of experience, I don't believe it would enhance my ability to teach PA students."

The final topic that participants related to institutional support was the opportunity for clinical release during the work week. Several have worked at institutions that either did not allow them to continue working clinically as educators or required them to give the pay they received to the institution as it took away a day in their work week. Given that several mentioned how hard it was to leave full-time clinical practice, the opportunity to continue practicing at a reduced level was welcomed. Two people mentioned that they went to PA school to practice medicine, not to teach. It felt like a sacrifice when their institutions did not allow them a clinical release day. Half of the participants pointed out that staying in clinical practice, even part-time, enhances their teaching. The participants viewed it negatively when the university did not allow those that want to practice to doing so. Several noted that the positive impact of practice on their teaching ability diminished the longer they taught, but it was "nice to have new stories to tell students." Eight of the nine said they recommended new faculty be given clinical release time for the positive impact it could have on their teaching.

Affective, Continuance, and Normative Organizational Commitment

The participants were asked several questions about the affective, continuance, and normative pieces of organizational commitment. Questions about their affective commitment yielded comments about satisfaction with their work, their love for their job, and how they found fulfillment in their roles. Kayla said, "Within education, once you've been around for a while, we're all kind of interconnected." She added that she finds fulfillment in mentoring junior colleagues, teaching PA students, and interacting with her peers, despite periods of frustration with all three at times. Several faculty members indicated that relationships are what they like most about their jobs, some describing their

work colleagues as family. Three participants noted they have orchestrated starting a new job with the caveat that a group of colleagues from their old job would be hired as well. Though each individual reported areas for improvement within their program and nationally, they all reported they loved education and working with students. Interestingly, several of them noted that they do not feel burned out in education despite having some of those symptoms when working clinically full-time. Each faculty used positive terms like love, respect, value, appreciated, and motivated.

The continuance and normative portions of organizational commitment included questions that asked participants to assess the cost of leaving their organizations or the need to stay in their roles or at their institution. Only three of the nine participants had seriously considered leaving PA education during their tenure in academia. Those thoughts consistently stemmed from issues with either program or institutional leadership decisions. Two others are beginning to consider what will happen if they retire as they are approaching that decision. Two of the three stepped away from their academic role temporarily to work with AAPA, PAEA, or ARC-PA for two to three years, and all three returned to a faculty or administrative role in a PA program.

The lack of strong leadership was frequently given as a reason why they would not leave education. Megan noted when things are difficult, she tells herself, "I can stay a little bit longer." Karen, pausing for several seconds before replying answered, "I know we have a deficit of leaders in PA education... I am not naturally a leader, so I would have a lot to learn if made that transition. So, I don't really know except to say I'll be in PA education. That's all I know." Another pointed out that three of the students she taught are currently junior faculty members in the program she serves. She is committed to stay

and help them mature into senior faculty, receive their first promotion, and finish training them as faculty. Every participant felt there was a significant cost to their program or the profession if they left. Other than looming retirement, none expressed interest in leaving academia. Each interview included the question, "Where do you see yourself in the next five to ten years?" Again, other than those contemplating retirement, every responder felt they would still be in PA education, though perhaps in a different role.

Summary of the Findings

The research questions for this study were designed to examine the personal and institutional traits that long-term PA faculty members feel contributed to their longevity in the profession. Understanding these contributing factors could help PA programs, host institutions, and supporting national organizations recruit, hire, onboard, and develop training for PA faculty to promote their long-term commitment to the profession. A qualitative study using interviews with long-term PA faculty was employed to learn from these professionals' experiences and insights within the contextual framework of organizational commitment. Three main themes emerged from this study that impacted participant retention in the PA profession: the value of collegiality and collaboration, strong supportive experiences, and faculty development. Jeanette summarized, "Not every PA can do this job. Persevering in PA education requires a combination of the right personal traits, strong support on several levels, and professional development. Oh, and a little luck."

Valuing Collegiality and Collaboration

Overwhelmingly, the participants in this study noted that one reason they stayed in PA education is related to their personal values of collaboration and collegiality. The

PA profession was based on the concept of collaborative medical practice between the physician and the PA. This value is carried over into education. Most participants noted they valued collaborative relationships between peers, preceptors, administrators, and students, all contributing to their longevity in PA education. Early and longitudinal mentoring relationships were either valued or appreciated by every sample member. Several individuals recognized they lacked early mentoring relationships and sought out informal mentorship through national organizations. Mentoring was noted to provide needed knowledge and support during the transition from clinical practice to higher education. The participants felt early mentoring contributed to their retention and spurred them to become mentors as they progressed to becoming senior faculty. More than half of those interviewed either transitioned between institutions with a group of colleagues or chose to work at a program because of their professional relationship with someone there.

Strong Support

The theme of having strong support from both institutional and programmatic sources was illustrated in several ways. Sub-themes of strong support were financial backing, strong onboarding procedures, strong leadership, and a positive work environment. Many participants described feeling supported at the program level but not always at the institutional level. Many reported that a lack of financial support resulted in a lack of resources and can communicate to faculty that they are not valued. When finances are strained, the participants have experienced insufficient program staffing and heavy workloads, which cause increased stress. A review of the literature indicated insufficient staffing decreases job satisfaction for faculty, and this thought is echoed in this study.

An organized onboarding process can also be considered under the theme of faculty development, but the transition period is considered important enough to include in both themes. Onboarding acclimates new faculty to the culture and people of the institution and provides the knowledge and insights new faculty should have to be successful in their new careers. Creating clear policies and sharing these policies with new faculty should be one goal of onboarding. The promotion and tenure process is one area new faculty should understand. The literature documents that a lack of experience and training in education leads to faculty attrition, and these interviews confirmed this idea.

The interview data revealed a need for strong leadership in PA education at both the national and programmatic levels. According to this study, poor leadership at the programmatic level contributes to workload inequalities, poor collegiality, and subpar communication. These issues create dissension among colleagues and can precipitate attrition. Poor leadership at the institutional level is a violation of ARC-PA standards and could cause a program to lose accreditation. Further, the institutional leadership establishes how the program is situated and prioritized among other programs and departments at the school. These sub-themes contribute to an enjoyable work environment that promotes collegiality, relationships, and professional satisfaction.

Faculty Development

The literature documents the need for new PA faculty development. Most PA educators transition directly from clinical practice to teaching with no formal experience or training in higher education. The concern that a doctoral degree might soon be required for all PAs or at least PA educators was a concern for all interviewees. Still,

there was no predominant single opinion elicited based on their narratives. One mentioned a survey done at a state-supported PA teaching fellowship that is connected with a PA program. The fellowship's research team received a grant to study the impact of the entry-level doctorate in health professions. One study conducted by this group showed that over 70% of clinicians and approximately 70% of students oppose the change for PAs.

Consistently, participants in this study concurred that they felt poorly equipped to start teaching due to their lack of training. PAEA has worked to develop an increasing number of workshops and training recently to meet this need. Though several long-term faculty members expressed concern that these opportunities are still too limited due to geographical and cost constraints, an institution can demonstrate support for PA faculty by paying for these opportunities and providing time off for faculty to attend them. Faculty development can be promoted at the university level as well. One suggestion was to share resources with other departments. This reinforces the opportunity to build community and collaboration at the university level as well. Participants reported the need for faculty development in the periods from hire to the third year of teaching and from the third year on. All nine participants commented on the need for development and learning at the institutional level and at the regional and national levels. Previous attempts made at institutionally based fellowships were referenced, with most noting they had not been successful historically. A new effort, PALLA (Physician Assistant Leadership and Learning Academy), is associated with a state-sponsored PA program. This Faculty Fellowship program provides PAs with the training and experience needed to become

faculty. It is currently expanding to train non-PA health professionals from outside the state to serve in PA programs.

In summary, the findings from this qualitative study support many of the findings presented in the literature review regarding mentoring, faculty development, collegiality, and faculty support. During thematic analysis, the researcher noted that these emerging themes connected with themes found in the literature and were complementary to each other. The main themes that emerged from the analysis were the value of collegiality and collaboration, strong supportive experiences, and faculty development. The researcher was challenged when placing sub-themes under the titles as the sub-themes could be integrated under multiple labels. One example is mentoring. Mentoring is one means of faculty development but also interfaces with collegiality. Further, if the institution provides mentoring training and allows time for the development of mentoring relationships, this could be classified as faculty support. There were no themes discovered that were contradictory to the others.

Limitations

Several limitations were present in this study's design and execution, but the primary one was the humanity of the participants and researcher. Phenomenological studies are effective because they use the narratives and lived experiences of those that are closest to the phenomenon under scrutiny. In the telling of those stories, there were human limitations related to the participants' meta-cognition and memory recall. Affective attachments to events can skew response recollection in these interviews, and over time, participants may adopt anecdotal stories that they have heard rather than experienced (Creswell & Creswell, 2018). Given these limitations, the researcher

carefully asked clarifying questions during the interview and probed for additional insights and clarity of responses with participants to ensure the correct interpretation of specific responses. Additionally, the researcher noted her personal reflections during data collection and thematic analysis to identify and minimize personal bias or influence in her conclusions.

The researcher utilized delimitations for participant inclusion, including a ten-year minimum in PA education and current PA certification status. These participants, in part, were recruited from the annual conference attendees for PA educators and their referrals, creating an inherent bias in the participants. Those attending likely have an existing commitment to PA education, and many are long-term leaders within the field. Another limitation of the study was the interview instrument, as the researcher created it with limited knowledge of developing tools to collect data to address the research questions. This limitation was minimized by an experienced PA education researcher reviewing the methodology and interview protocol before data collection began. The researcher was the sole data collector and analyzed and interpreted the participant's responses.

One limitation of qualitative study designs is the risk that the study will not be transferable to a larger population in PA education. Though it is acceptable to incorporate only a small number of participants in qualitative studies and despite hearing saturation in several topics, the small number of participants could limit the generalizability of this study to educators and PA programs as a whole. The small number also limited the diversity of participants' experiences. Incorporating a variety of ages, genders, backgrounds, institution types, and educational roles in the participants minimized the impact of the small number of participants in this study (Ross & Bibler-Zaidi, 2019).

Implications and Recommendations

The relative newness of the PA profession and the paucity of literature addressing faculty recruitment, development, and retention created an inherent gap in the literature. This study addresses this gap using a phenomenological qualitative approach to gain insight into the topics of PA faculty retention and job satisfaction through the lived experiences of a group of long-term PA faculty. Though PA education has strict standards for programs enforced through ARC-PA, there is a wide berth of variability between programs in the areas of admissions, curriculum, culture, and mission. The same holds for PA faculty. Though the requirements to serve as a PA educator are specific, each program and host institution has unique ways of recruiting, hiring, onboarding, and developing its faculty. A familiar phrase heard among PA educators is, "If you've seen one PA program, you've seen one PA program."

With those considerations in mind, this study aimed to gather narratives from long-term PA faculty willing to share their experiences and insights into the areas impactful in their tenure in education. In the area of faculty recruitment, flexibility and organization were repeatedly mentioned as positives by these faculty. As programs recruit faculty, looking for evidence of these traits could be a basis for a potentially good PA educator. Looking within programs and encouraging PA students with these traits to consider education in the future or encouraging them to apply for the PAEA Student Educator Fellowship or other fellowship training programs could grow the educator pipeline.

Leadership emerged as a recurrent theme at the programmatic, institutional, and national levels. Each PA that participated in this study noted that PAs are inherently

leaders. When PA educators fail to function as leaders, the results include decreased collegiality, dissension in the faculty and staff, and poor integration of new faculty. Both the educators and the students are affected. Leadership at the institutional level provides accountability for program leaders and sets the tone for how PA faculty are valued. Participants noted that faculty view an institution's financial allocation, prioritization of mentoring and faculty development, and assurance that the PA programs has sufficient faculty and staff as ways strong institutional leaders demonstrate support for faculty.

On the national level, PAEA and other organizations provide opportunities to further develop leaders and promote leadership and service. As this level of leadership establishes the future direction of the PA profession, weak or absent leadership weakens all involved in the profession. Participants noted that PAEA must provide strong leadership that promotes the development of strong PA educators. Doing so builds the confidence of these faculty to do their jobs well and positions them to help train others, promoting collegial relationships that collaborative service. Developing strong PA faculty and programs that can meet the expectations of PAs transitioning from clinical practice to education is one way to support retention and minimize attrition. Figure 2 illustrates some of the reasons faculty give for transitioning from clinical practice to education.

Interestingly, the desire to give back to the PA profession ranks the highest followed by the expectation for a better work-life balance. Meeting these hopes or failing to meet these expectations could contribute to PA faculty attrition soon after they become full-time faculty members.

The theoretical frameworks for this study were the theory of organizational commitment and Matier's theory of inertia. Examining the influences that push PAs to

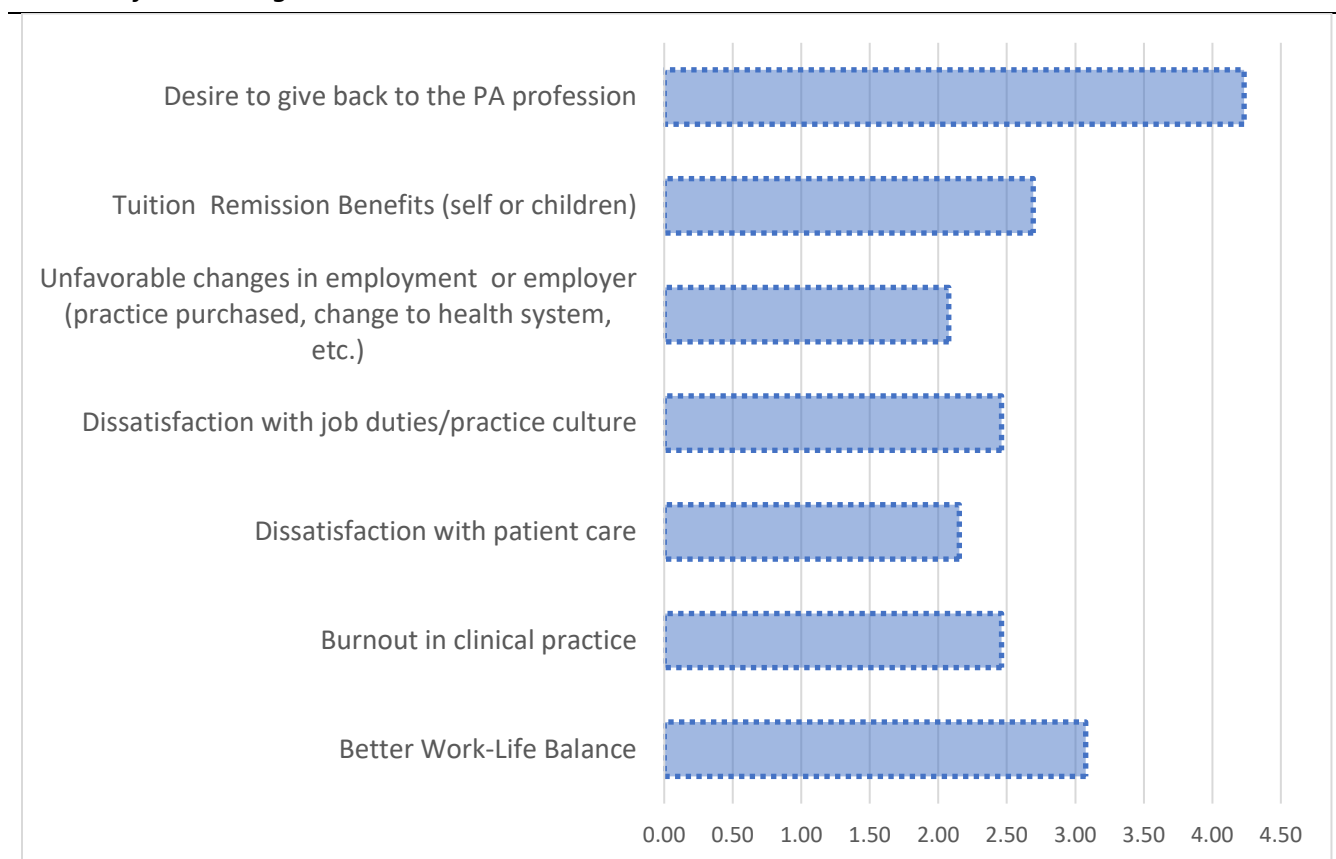
transition from clinical practice into education and pull them to stay in education must be identified, recognized, and incorporated into our recruiting and retention efforts. Efforts to employ the situations and circumstances long-term PA faculty claim to develop a commitment to the organization of PA education can aid in decreasing the early attrition of faculty members. The ongoing need for PA faculty and the challenges associated with recruiting and hiring faculty demand current program directors, institutional administrators, and national PA education leaders to incorporate these findings into the development of new PA faculty. Lower salaries are not the root cause of PA faculty attrition. Instead, the answer to improvements in programs and institutions meeting the basic expectations and needs of new faculty and helping them feel supported and valued.

Future Studies

This study just begins the research needed to understand how to improve the recruitment, onboarding, and development of new PA faculty members to promote job satisfaction and retention. Verification of this study using a larger number of participants and including those who had not participated in national leadership for any of the supporting organizations would be insightful. This qualitative study provides fodder for discussion, but more knowledge is needed. This research demonstrates that the experiences one has early in their PA educator career impact their decision to stay as a faculty member. The long-term PA faculty members' insights into what influenced them to stay could be used to assess how newer faculty members value those suggestions. A longitudinal study of new faculty members at one year, three years, and seven years after

Figure 2

Reasons for Entering PA Education



Scale: 1- Strongly Disagree, 2- Disagree, 3- Neutral, 4- Agree, 5- Strongly Agree

The graph represents the calculated mean of responses

starting in academia could be undertaken to assess for correlative findings. Additional research examining a formal onboarding process that provides the component knowledge needed for PA faculty suggested by this study should be completed as this transition period appears to be highly impactful on whether faculty stay early in their academic career. Following the research and results of the PALLA fellowship should provide significant data that can be analyzed for additional recommendations.

Conclusion

The need for educators to train PAs continues to grow as the need for healthcare providers expands, but as one study participant mentioned, it is not for everybody. Understanding the pushes and pulls of clinical practice and the challenges and skills PA education requires helps those considering a transition to academia make informed decisions. Education fellowships available through PAEA and PALLA are one way of gaining knowledge and testing out academia, but they do not ensure success in higher education. An individual's reasons for entering PA education and later leaving the profession are typically multifactorial. As universities and academic medical centers work to fill their PA faculty positions in both new and established programs, those involved in the hiring process must understand what traits do well in PA education and how to onboard and develop new faculty.

In-depth conversations with long-term PA faculty members about their baptism into education and experiences and events throughout their time serving PA students allowed this researcher to better understand what helps retain a new faculty member. Collegiality and collaborative relationships, the support of strong leaders at the program, institution, and national levels, and well-designed faculty development encourage the

engagement of new faculty into the family of PA educators and allow them to feel valued in their role. Committing to providing these needs for new faculty helps them meet the expectations they had upon arriving in education and encourages them to stay in PA education long-term. The participants in this study indicated they desired to give back to the PA profession by teaching students and noted that these expectations were fulfilled by seeing understanding in students' eyes. Established PA educators helping to guide these new colleagues through the first several years in higher education through mentoring and collaborative support will allow them to see past the transitional challenges of becoming an educator and focus on a long-term career in PA education.

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Appendix A

Trevecca Institutional Review Board Approval

Attachments:

- Protocol Approval Notification.pdf

Trevecca Nazarene University IRB

Approval Notification

To: Faye Hodgkin
From: Andrea Fowler, IRB Chair
Subject: Protocol #811
Date: 12/09/2022

Thank you for submitting your proposed research project, **So Glad You Stayed: A Qualitative Exploration of Long-Term PA Educator's Reasons for Staying in Academia**, to the Trevecca Nazarene University Institutional Review Board (IRB) for review. Your protocol was approved on **12/09/2022**.

The approval of your study is valid through **12/13/2023**, by which time you must submit an annual report either closing the protocol or requesting permission to continue the protocol for another year. Please submit your report by **11/15/2023** so that the IRB has time to review and approve your report if you wish to continue it for another year.

Please make sure you follow the research procedures as described in the application when you conduct your research. Should you make any modifications to your research project, you must submit an Amendment in Protocol application for IRB approval (located in the Amendments tab at the bottom of your approved application). Additionally, you must notify the IRB of any problems connected with the use of human subjects as they occur.

We wish you the best in your research.

Respectfully:

Andrea Fowler, EdD
IRB Chair
afowler@trevecca.edu

Appendix B

Request for Participation

Dear PA Educator Colleague,

I am writing to request your participation in a research study examining long-term PA faculty members entitled, *So Glad You Stayed: A Qualitative Exploration of Long-term PA Educators' Reasons for Staying in Academia*. The purpose of the study is to understand better the experiences of those who have persisted in academia with the intent of contributing to strategies for the recruitment and retention of sufficient high-quality faculty for our growing profession.

Inclusion criteria for the study include:

- Experience as a full-time PA faculty member for a minimum of 10 years (cumulative)
- PA-C or PA Emeritus status with NCCPA
- Experience working as a PA in a clinical role
- Currently serving as PA faculty or associated role in a PA program

Each participant in the study will be required to complete a survey available online (a paper copy is available upon request) which should take approximately four minutes to complete. Following completion of the survey, a one-hour time will be scheduled for a 1-on-1 interview to learn more about your thoughts regarding your PA teaching experience(s).

An informed consent document is attached to review, complete, and sign. Please return the consent form and complete the survey at your earliest convenience to indicate your willingness to participate. Your participation is voluntary, and you may withdraw from the study at any time.

The survey may be accessed at [Participant Demographic and Informational Survey](#)

Each survey will be coded to maintain confidentiality. Consent forms will be saved separately from the survey responses, and all data and signed consent forms will be saved and stored in a password-protected database. The study results will be stored without identifying information, and the results will be analyzed in aggregate form. Interviews will be voice-recorded, and the transcription will be saved in a password-protected database. Though the results of this study may be published or presented in the future, no identifying information will accompany any quotations from the interview. Every effort will be made to ensure that participants cannot be identified.

This study has been reviewed and approved by the Institutional Review Board (IRB) at Trevecca University in Nashville, TN. Should you have any questions or concerns pertaining to your rights as a research participant, please contact TNU's Institutional Review Board at IRB@trevecca.edu

The research is conducted in partial fulfillment of the requirements for the degree of Doctor of Education. This research is conducted under the direction of Dr. Ryan Longnecker. If you have any questions, please contact me at the number below.

Thank you for being willing to participate! I appreciate your input, time, and knowledge!

Sincerely,

Faye Hodgin, EdD (cand.), MPAS, PA-C

Doctoral Candidate - Trevecca University, Nashville, TN
Cell: 972-832-1564

Appendix C

Consent Form for Study Participation

Purpose: This consent form is a request for your participation in a research study by Faye Hodgin, MPAS, PA-C, a doctoral candidate at Trevecca Nazarene University. This research is being conducted under the supervision of Dr. Ryan Longnecker. The purpose of this research is to explore the reasons PA educators stay in academia long-term.

Voluntary Participation: Your participation in this study is voluntary. Moreover, you may discontinue participation at any time and for any reason without negative consequences by contacting the researcher using the contact information below.

Explanation of Procedures: You will be asked to participate in an interview conducted by the researcher either in person or virtually. In either case, the researcher would like to record the interview to ensure accurate transcription later. The researcher may also make written notes during the interview.

Prior to participating in the interview, you will be asked to complete a survey that provides the researcher with some demographic and background information about the participants. The survey will take approximately 8 minutes to complete.

Confidentiality: You will be asked to provide a signature at the bottom of this page signifying that you understand the information contained in this consent form. The researcher will keep this document separate from your completed survey such that there will be no way to connect survey responses with individual respondents. Moreover, as much as possible, minimal demographic and identifying information will be collected in order to help preserve your privacy.

Completed surveys and the signed consent forms will be kept in password protected folders on the researcher's computer in the researcher's office. After collection, survey data will be entered into a password-protected Excel file and stored on a private password-protected computer to which only the researcher has access.

Discomforts and Risks: Risks from participation in this study are minimal. One potential risk is an accidental breach of confidentiality. The steps outlined above will be taken to maintain confidentiality.

Expected Benefits: PA education administrators and other interested parties will benefit from this research by better understanding the factors and situations that contribute to PA faculty remaining in academia and how institutional factors affect PA faculty retention. You may benefit from participating in this research by experiencing a better understanding of your reasons for staying in PA education. This self-reflection may contribute to your understanding of why your colleagues may stay or leave a PA

program after only several years of teaching.

Use of Research Data: The information from this research will be used only for scientific and educational purposes. It may be presented at scientific meetings and/or published in professional journals or books, or used for any other purposes, which Trevecca Nazarene University considers proper in the interest of education, knowledge, or research. As noted earlier, data will be analyzed and presented in the aggregate such that all individual responses will be kept confidential. Neither your name or educational institution will be included in the final draft of the dissertation

Approval of Research: This research project has been approved by the Institutional Review Board at Trevecca Nazarene University in Nashville, TN.

Should you have any questions/concerns about your rights as a research participant, please contact TNU's Institutional Review Board at IRB@trevecca.edu

Consent to Participate: By signing below, I consent to voluntarily participate in this study.

I acknowledge that:

1. I have read and understand the above description of the study.
2. I understand that if I participate, I may withdraw at any time without penalty.
3. I consent to participate in this research.
4. I consent to having this interview recorded.
5. I consent to the researcher taking written notes during the interview.

Faye Hodgin, MPAS, PA-C, Doctoral Candidate, fdhodgin@trevecca.edu

Participant's printed name: _____

Participant's signature: _____

Appendix D

Pre-Interview Survey (designed and completed on Microsoft Forms)

Demographic and Informational Survey Questions

* Required

1. What is today's date? *
2. Please input date (M</DD/YYYY)
3. First initial and Last Name *
4. Age *
5. Gender *
6. Race *
7. Ethnicity *
8. Based on PAEA regional distribution options, please identify the region of the country where the PA program you are currently employed with is located. *
 - Northeast Region- New England Division
 - Northeast Region- Middle Atlantic Division
 - Midwest Region- East North Central Division
 - Midwest Region- West North Central Division
 - South Region- South Atlantic Division
 - South Region- East South Central Division
 - South Region- West South Central Division
 - West Region- Mountain Division
 - West Region- Pacific Division

9. Are you currently working in PA education full-time? *

10. Total number of cumulative years employed in PA education. Please include full and part-time employment but exclude time served solely as an adjunct faculty role. *

11. Administrative roles held in PA education (please check all that apply) *

- ☐ Program Director
- ☐ Assistant Program Director
- ☐ Director of Clinical Education
- ☐ Director of Didactic Education
- ☐ Curriculum Coordinator
- ☐ Medical Director
- ☐ Director of Assessment
- ☐ Dean
- ☐ Assistant Dean
- ☐ Other

12. If marked "Other" to question 10, please enter your role(s). If not, please write "N/A". *

13. What role(s) do you currently hold in PA education?

14. List your current academic rank. *

- ☐ Lecturer
- ☐ Assistant Professor
- ☐ Associate Professor
- ☐ Professor
- ☐ None

15. Total number of years working clinically as a PA *

16. How many years did you work clinically as a PA prior to starting in PA education? *

17. Please list your degrees earned and courses of study. *

18. Type of institution where you currently work (check all that apply). *

- ☐ Public
- ☐ Private
- ☐ Faith-Based
- ☐ Academic Medical Center

19. Is the PA program where you work: *

- ☐ Stand-Alone (no other medical/healthcare programs)
- ☐ Embedded with other healthcare programs

20. Have you ever worked in a developing PA program? *

21. The PA program you currently work for is: *

- ☐ In-person
- ☐ Completely Remote
- ☐ Hybrid

Reasons for entering PA education were...

Instructions: 1-Strongly disagree, 2- Disagree, 3-Neutral, 4- Agree, 5- Strongly Agree

22. Better Work-Life Balance *

23. Burnout in clinical practice

24. Dissatisfaction with patient care *

25. Dissatisfaction with job duties/practice culture *

26. Unfavorable changes in employment or employer (practice purchased, change to the health system, etc.) *

27. Tuition Remission Benefits (self or children)

28. Desire to give back to the PA profession

29. Preferred method of contact if follow-up needed: *

☐ Phone

☐ Email

30. Email Address *

31. Preferred Phone number *

This content is neither created nor endorsed by Microsoft. The data you submit will be sent to the form owner.

 Microsoft Forms

Appendix E

Interview Protocol

Title of Dissertation: *So Glad You Stayed: A Qualitative Exploration of Long-term PA Educators' Reasons for Staying in Academia*

Interviewer: Faye Hodgin, EdD (Cand.), MPAS, PA-C; fdhodgin@trevecca.edu; 972-832-1564

Interviewee(s): PA faculty who have been in PA education for 10 years or more, have practiced as a PA, and are currently either classified as PA-Certified or PA-Emeritus.

Date and Time: 3/8/2023 @ 3:00 am EST- W13

Location: Online (Zoom)

Again, I want to tell you how much I appreciate your willingness to participate in this study.

Primary Interview Topic:

- The purpose of this study is to explore why PA faculty report staying in academia long-term (10+ years). This study involves a virtual interview with the researcher with an anticipated length of 45-60 minutes.

Consent to record and confidentiality: As a reminder, to facilitate accuracy, I am recording this audio interview today for transcription later. Though I may make notes during the interview, I want to assure you that the survey you took previously, the interview recording and transcription, and any notes associated with this interview will be saved in a password-protected file on my computer. Neither your name nor your university name will not be included in the final draft of this dissertation in an effort to keep these identifying pieces of information confidential. Do you agree to proceed?

Introduction: The criteria for participating in this study include that you are a PA who has been teaching in PA education for at least ten years, has practiced clinically as a PA and is currently classified as a certified PA or PA-Emeritus through NCCPA. Can you confirm that you meet the criteria?

To start, let's talk about your start in PA education:

- **INITIAL QUESTION:** Please tell me how you became a PA faculty member.

Additional Questions:

Section 1:

1. **Do you remember what expectations, barriers, or deterrents you had when considering your transition to PA education? Did these bear out to be true?**
2. What challenges have you found in academia that you did not experience in practice? 1b. Were any of these unexpected?

3. Was your first year in education harder than you expected? If yes, in what ways?
4. Have you practiced as a clinical PA since beginning your career in PA education?
5. **What institutional processes, programs, or policies did you find beneficial as an educator?**
6. **What institutional processes, programs, or policies did you find detrimental or unhelpful?**
7. How do you feel your institutional administration supports your PA program?
8. **How do you feel your institutional administration supports you as an educator?**
9. Would you say your institution values you as an educator? If no, why do you feel that way?
10. **Are PA faculty members eligible for tenure at your institution?**

10b. Do you feel the promotion and tenure process at your institution is fair and achievable?

Section 2:

11. Personal Traits Question 1: Do you consider yourself a role model? If so, why, and how does that play into your role in education versus when you were a clinician?
 12. **Personal Traits Question 2: What personal traits do you see as helpful or positive in PA education?**
 13. **Org. Commitment (Affective) 2: Are you satisfied in and feel positive about your work?**
 14. Org. Commitment (Affective) 3: How important is the continued improvement and strength of PA education and the PA profession to you?
 15. Org. Commitment (Affective) 4: How do you derive personal and professional fulfillment from your work within PA education and specifically with your organization?
 16. Org. Commitment (Affective) 1: Do you love what you do?
 17. Org. Commitment (Continuance) 1: What would you do if you weren't in PA education?
 18. **Org. Commitment (Continuance) 2: What factors or benefits associated with your role do you feel keep you there?**
 19. Org. Commitment (Continuance) 3. Have you considered leaving PA education? If so, why?
- 19b. If you have considered leaving, what keeps you from moving on or makes you stay?

20. Org. Commitment (Continuance) Why do you feel you are still here when many other PAs have not stayed in education for more than a few years?
- 21. Org. Commitment (Normative) 1: How impactful would leaving your role be to your program, the institution, and the PA profession?**
22. Org. Commitment (Normative) 2: Where do you see yourself in the next five years? 10 years?

Section 3:

23. Do you have a doctoral degree?

11b. If answers no, ask: If a doctoral degree were required to continue teaching, would you pursue furthering your education?

- 24. How has the PA education community, for example, PAEA or PA faculty colleagues either in your program or elsewhere, played a role in your longevity as an educator?**

- 25. Do you have a mentor in your professional life?**

26. Are you currently mentoring anyone professionally?

27. What percentage of each week do you work remotely? Do you anticipate this schedule continuing indefinitely?

28. How connected do you feel to the academic community outside the PA program at your institution?

28bb. What changes would make you feel more like a part of that community?

- 29. FINAL QUESTION: Why do you feel you are still in PA education?**

Post-Interview Comments:

I am grateful for your time with me today. Are there other institutional or personal factors or traits that I have not previously asked you about that you feel keep you in PA education that you would like to share with me?

Thank you again for sharing your thoughts and experiences from your time in PA education. As mentioned previously, I will transcribe this interview looking for ideas related to why PA faculty stay in education long-term. Sometimes this process generates new questions. If so, can I contact you in the future if needed?

Is there anyone you would recommend I reach out to regarding my research? I would appreciate it if you could share those names with me.

***(NOTE: The interviews were semi-structured by design. Bolded questions were asked in every interview as written. Other questions were asked based on the direction of the interview or if needed as probing questions to use as needed).**