Medical assistants (MAs) are key members of the healthcare team, with expanding roles in office and clinic-based health care settings, and in 2015 there were 500,000 to 600,000 employed MAs in the U.S. MAs are listed among the 20 fastest-growing occupations in the nation, fueled by increasing demand for primary care services and mounting pressure to reduce healthcare costs through task shifting to lower-cost providers. In Washington, the only state to credential MAs, employers report that recruiting and maintaining a qualified MA workforce is difficult despite a relatively large number of MAs relative to demand. Understanding how MAs’ backgrounds and education pathways align with their job settings and roles, as well as their attitudes and perceptions about career pathway opportunities, is important for developing effective recruitment and retention strategies for MAs and other frontline workers who provide routine but essential services across healthcare settings. This study used original survey data to examine the characteristics and roles of a defined MA workforce and the relationship to MAs’ career pathways.

METHODS
We collected survey responses from a representative sample of 3,355 of Washington’s MAs with certified status (MA-Cs) to understand their demographic, education and employment backgrounds; job satisfaction; and career plans. We calculated descriptive statistics on survey topics, and conducted logistic regression analyses to predict whether MA-Cs agreed with the statement “I plan to seek training and/or employment in another healthcare occupation in the next five years”. Regression models controlled for demographic variables including age, sex, race, and household composition; labor market variables including hourly wage rate, weekly work hours, and years of experience working as an MA; the nine healthcare planning regions within the state; MA education (for-profit vs. not-for-profit); whether the MA felt overwhelmed by their workload; and whether the MA was satisfied with opportunities for promotion.

KEY FINDINGS
The following were key study findings:

- Washington’s MA-Cs had a mean average wage of $19.91, varying across state regions from $16.93 to $21.73, with relatively little variation within each region (Figure 1).
- 93.0% of the state’s MA-Cs were female, and higher percentages were Hispanic, Black, Asian/Pacific Islander, and more than one race compared with the overall Washington population.
- Most (88.8%) reported their work location as a medical clinic, and primary care/family medicine was the medical focus of one third of MA-Cs’ primary work setting. Many other medical specialties were selected at low frequencies, including by MA-Cs who indicated working as “floats” across multiple specialties.
- While generally satisfied, 56.2% indicated they would seek training or employment in another healthcare occupation within five years, with higher percentages among MA-Cs who felt overwhelmed by their workload and/or not satisfied with promotion opportunities (Figure 2).
- Regression analyses showed Hispanic, Black and Asian MA-Cs were more likely than White MA-Cs to express interest in other healthcare careers.
Figure 1. Mean hourly wage* of MA-Cs statewide, overall and by health planning region**

<table>
<thead>
<tr>
<th>Region</th>
<th>Mean, overall</th>
<th>King</th>
<th>North Sound</th>
<th>Cascade Pacific</th>
<th>Pierce</th>
<th>SW WA Regional Health Alliance</th>
<th>Olympic</th>
<th>Better Health Together</th>
<th>North Central</th>
<th>Greater Columbia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean, overall</td>
<td>$19.92</td>
<td></td>
<td>$20.34</td>
<td>$19.64</td>
<td>$19.64</td>
<td>$19.59</td>
<td>$18.93</td>
<td>$17.86</td>
<td>$17.32</td>
<td>$16.82</td>
</tr>
</tbody>
</table>

Number of responses by region: Overall 2,509, King 848, North Sound 403, Cascade Pacific Action Alliance 185, Pierce 194, SW WA Regional Health Alliance 156, Olympic 144, Better Health Together 247, North Central 77, Greater Columbia 255.

* Two standard deviations indicated by error bars

**Regions in western Washington shown in medium blue, regions in eastern Washington shown in light blue

Figure 2. MA-Cs’ level of agreement with career and job-related statements

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I feel overwhelmed by the amount of work that I am given</td>
<td>12.7%</td>
<td>45.1%</td>
<td>24.6%</td>
<td>17.5%</td>
</tr>
<tr>
<td>I am part of a team with a common mission</td>
<td>4.9%</td>
<td>29.3%</td>
<td>64.6%</td>
<td></td>
</tr>
<tr>
<td>My work improves the health of our patients</td>
<td>1.9%</td>
<td>27.4%</td>
<td>70.5%</td>
<td></td>
</tr>
<tr>
<td>I am directly involved in improving my work</td>
<td>19.3%</td>
<td>35.0%</td>
<td>53.4%</td>
<td></td>
</tr>
<tr>
<td>I am satisfied with opportunities for promotion at work</td>
<td>10.0%</td>
<td>30.6%</td>
<td>28.5%</td>
<td>30.8%</td>
</tr>
<tr>
<td>My work gives me a feeling of accomplishment</td>
<td>6.7%</td>
<td>34.1%</td>
<td>57.5%</td>
<td></td>
</tr>
<tr>
<td>I have opportunities at work to learn and grow</td>
<td>13.1%</td>
<td>34.2%</td>
<td>49.2%</td>
<td></td>
</tr>
<tr>
<td>My job duties and responsibilities are clearly defined</td>
<td>7.9%</td>
<td>37.7%</td>
<td>53.5%</td>
<td></td>
</tr>
<tr>
<td>I enjoy the work that I do</td>
<td>1.7%</td>
<td>28.0%</td>
<td>69.9%</td>
<td></td>
</tr>
<tr>
<td>I plan to seek training and/or employment in an occupation other than healthcare in the next 5 years</td>
<td>38.3%</td>
<td>40.8%</td>
<td>11.0%</td>
<td>9.9%</td>
</tr>
<tr>
<td>I plan to seek training and/or employment in another healthcare occupation in the next 5 years</td>
<td>13.4%</td>
<td>30.4%</td>
<td>24.8%</td>
<td>31.4%</td>
</tr>
</tbody>
</table>

CONTACT INFORMATION
Susan Skillman, Deputy Director, University of Washington, Center for Health Workforce Studies
skillman@uw.edu  206.543.3557. http://depts.washington.edu/uwchws/
Facebook: https://www.facebook.com/uwchws | Twitter: @uwchws | Website: http://depts.washington.edu/uwchws/

REFERENCE TO PUBLISHED FINDINGS

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