Clinical Support Personnel in the U.S. Hospitals: Job Trends From 2010-2014

Patricia Pittman, PhD, Suhui Li, PhD, XinXin Han, MS
The George Washington University Health Workforce Research Center

Objective

• To obtain a detailed and up-to-date picture of hospital-based CSP workforce in the U.S.
- To understand how hospitals are using CSPs currently
- To explore changes in hospital use of CSPs since the 2010 passage of the ACA

Background

What Is Clinical Support Personnel (CSP)?

• CSPs is a portion of the allied health workforce who perform clinical tasks under the supervision of registered nurses or other licensed healthcare professionals in hospitals
• CSPs include Unlicensed Assistive Personnel (UAP), whose primary function is to support nurses, and additional patient facing support workers that that are supervised by other clinicians
• CSP jobs typically require anything from an associate degree, to 6-to-12 week certified training, to on the job training
• In 2012, about 60 percent (9.1 million) of healthcare jobs required post-secondary or less degree; this group of workers is projected to grow to about 11.8 million by 2022, with a 36 percentage-points higher growth rate than physicians and nurses
- CSPs form a large part of this group of workforce

Why Is CSPs Important?

• The aging population coupled with expanded health insurance coverage creates an increasing healthcare demand. Concerns have been expressed about the potential shortfall of clinicians, e.g. physicians, nurses, and licensed allied professionals, in particular due to their long training periods (Roehrig *et al.* 2015)
• The use of various forms of CSPs has been a primary strategy for hospitals to manage professional shortages while at the same time reducing costs (Huston 1996, Zimmerman 2000, Orne *et al.* 1998, Keenan 2003)

What Are Missing in the Literature?

• Limited research on hospital-based CSPs
- Most research to date has been focused on UAPs, a subset of CSPs (e.g., nurse assistant, nurse aides) that undertakes tasks delegated and supervised by nurses in hospitals
• Studies to date have been state-specific
- A 1994 study in California found that the use of full-time UAP grew between 1990 and 1992 (Barter *et al.* 1996). At that time, only 26 percent of responding hospitals required a high school diploma for UAP jobs and 29 percent preferred certification for nursing assistants
- A 2013 study in Washington, D.C. suggests that hiring requirements for UAPs may have been increased (Jenkins & Joyner 2013). All responding hospitals required a high school or equivalent degree for UAPs and most also preferred a certification as nursing assistant

Data Source

2010-2014 Premier's operational database

• The database contains information on basic facility characteristics, department description, job title and description, and staffing information such as labor hours, expenses, and skill mix category
• Data are collected regularly from a subset of Premier's member hospitals, which represents over 500 healthcare systems with a presence in all 50 states and District of Columbia
• Final analytical data included 438 facilities, 214 departments, and 285 unique job titles

Identification Strategy

• Identification criteria for CSP titles was based on the skill mix category and job description in Premier's operational database
- Inclusion Criteria: 1) Titles that belong to "clinical non-licensed" skill-mix category, 2) Titles with "assistant", "aide", or "technician" suggesting providing supports for diagnostic, technical, and therapeutic services to other clinical licensed professionals, and 3) Jobs that work in clinical or hospital settings
- Exclusion Criteria: 1) Jobs that are universally mandated to be licensed, and 2) Any jobs requiring a baccalaureate degree
• A total of 26 unique job titles were finally identified

Classification Strategy

• CSP jobs was categorized into 3 levels based on the entry-level educational requirements as follows:
- Level-1 CSPs: require an associate's degree
- Level-2 CSPs: require a postsecondary non-degree or a certificate
- Level-3 CSPs: require a high school diploma and on-the-job training
• Educational requirements was based on various sources of information, including requirements reported by BLS, job descriptions from major online job boards, and key informant interviews with industry experts

Measurement

Labor Hour: The annual average number of worked hours for each job title by each facility
• Included regular work, overtime, education, meetings, call back (excluding on-call hours during which staff are not actually called in) and other worked hours, representing the time necessary to care for reported admissions, discharges, and outpatient visits
• Able to assess the actual CSP usage in hospitals

Results

Figure 1. Percentage Distribution of Each CSP Worked Hours Among all CSPs, 2014

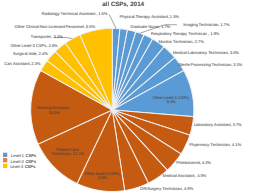


Figure 2. Percentage Change of Mean Number of Specific CSP Hours in Hospitals by Job Levels, 2010-2014

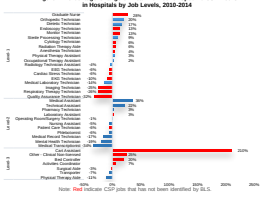


Figure 3. Trends in Mean Number of CSP Worked Hours in US Hospitals by Levels, 2010-2014

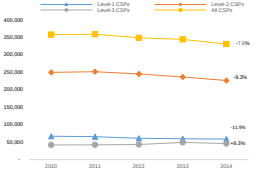
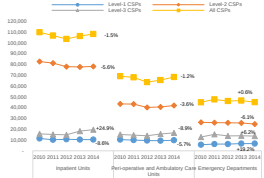


Figure 4. Trends in Mean Number of CSP Hours By Levels and Hospital Units, 2010 - 2014



Conclusion, Policy Implications, and Future Research

• In the absence of representative data on CSPs, this longitudinal analysis demonstrates the importance of examining CSP workforce in greater detail that BLS is able to do
• The sheer numbers of these workers suggest that they represent critical job opportunities for Americans and are critical to delivering safe and cost effective healthcare
• Our current analysis lays the groundwork for future research to examine how the CSPs relates to hospital staffing, particularly nurses and other licensed clinicians
• Ultimately, future studies should explore the relationship of specific CSP staffing mix ratios to quality and cost outcomes

Analytical Approach

Quantitative Analysis

• Examined the 2014 distribution of CSP average worked hours across all CSP jobs
• Examined the trends of CSP average worked hours by job levels in hospitals overall and by 3 distinct units: inpatient units, peri-operative and ambulatory care units, and emergency departments
• Examined percentage change in average worked hours for each CSP job from 2010-2014

Discussion

• Hospitals reduced the use of higher paying CSPs while increasing those require the lowest education level and remuneration during the study period; Only level-3 CSPs experienced growth in our findings, while levels-2 and level-1 jobs have been declining over time
- It could be part of an effort to reduce labor costs, or attributable to changes in patient demographics, such as an increasing proportion of the older patients who require a higher level of personal care (LaMantia *et al.* 2010, Chaudhry *et al.* 2013)
- At alternative explanation could be linked to the minimum patient-to-nurse ratio laws (Cook *et al.* 2012, Aiken *et al.* 2010)
• Despite the overall decrease, the use of level 1 CSPs was increased use in EDs over time
- This may be a result of increased acuity of patients admitted to EDs (Skinner *et al.* 2014)
• The use of non-licensed nursing students, i.e., Graduate Nurses, is growing
- This could reflect the use of foreign-educated nurses who, because of the visa backlog for nurses that began with the great recession, may be entering the country with student visas and working part time in U.S. hospitals (Pittman *et al.* 2012)

Limitations

• Our analysis is limited by the fact that it is a convenience sample
• The sample contained a greater proportion of large facilities, possibly stemming from software costs and the availability of appropriately trained staff to participate in Premier data collection effort

Contact Information

Patricia Pittman, PhD, Co-director
The GW Health Workforce Research Center
ppittman@gwu.edu