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

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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 identify trends in CSP workforce in hospital use since the 2010 passage of the ACA

Background

What is Clinical Support Personnel (CSP)?
- CSPs are a portion of the latest 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 paraprofessional support workers that are not supported by other registered personnel
- CSPs fall under three categories: 1) Jobs that require more than a 6-to-12 week certified training, to on the job training
- CSP jobs typically require anything from an associate degree, to support workers that are that are supervised by other clinicians
- 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., 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 (Tuahon 1996, Zimmerman 2003, Oline et al. 1998, Keenan 2010)

What Are Missing in the Literature?
- Studies to date have been state-specific
- In 2012, about 60 percent (9.1 million) of healthcare jobs required 6-to-12 week certified training, to on the job training

Identification Strategy

- Identification criteria for CSP title was based on the skill mix category and job description in Premier’s operational database
- Inclusion Criteria: 1) Job titles that belong to “clinical non-licensed” jobs, 2) Titles with “assistant”, “aid”, or “technician” suggesting providing supports for diagnostic, technical, and clerical tasks under the direction of licensed clinicians or other professionals, and 3) Jobs that work in clinical or hospital settings

Measurement

Labor Hour: The annual average number of worked hours for each CSP job title in facility
- Includes 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 patients and provide certain services
- Adequate to assess the actual CSP usage in hospitals

Data Source

2010-2014 Premier’s operational database
- The database contains information on basic facility characteristics, department descriptions, job title and description, and staffing information such as labor hours, expenses, and skill mix category

Classification Strategy

CSP jobs was categorized into 3 levels based on the entry-level educational requirements as follows:
- Level-3 CSPs: require a postsecondary non-degree or a certificate
- Level-2 CSPs: require a postsecondary degree or a certificate
- Level-1 CSPs: require an associate’s degree

Results

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 share number of these workers suggest 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 health care professionals
- Ultimately, future studies should explore the relationship of specific CSP staffing mix ratio to quality and cost outcomes

Analytical Approach

Quantitative Analysis
- Examined the 2014 distribution of CSP average worked hours among all CSP jobs
- Examined the trends of CSP average worked hours by job titles in hospitals in the absence of 1990s demographic data
- 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 period. Only level-3 CSPS remained 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 care (Aiken et al. 2013, Chaudhry et al. 2013)
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Limitations

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

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