

Clinical Support Personnel in U.S. Hospitals: Jobs Trends 2010-2014

Suhui Li, Patricia Pittman, Xinxin Han, John Martin, Tim Lowe, & Kevin Davidson

OBJECTIVE

The aging population coupled with expanded health insurance coverage creates an increasing demand for medical services in the United States. The purpose of this analysis is to better understand how hospitals are using Clinical Support Personnel (CSP), and to explore changes that may have occurred since the 2010 passage of the Affordable Care Act.

DATA

A study sample of 438 member hospitals from five-year data (January 1, 2010 – December 31, 2014) drawn from an operational database maintained by Premier, Inc. (Premier) was used. Premier is the nation's largest healthcare performance improvement alliance with more than 3,600 hospitals (> 60% of all U.S. registered hospitals) and over 112,000 ancillary providers.

DESIGN

Authors examined trends in hospitals' use of CSP between 2010 and 2014. This study employed a mixed-method approach for the analysis. The qualitative analysis involved a crosswalk comparison of CSP jobs identified from Premier's data versus those reported by the Bureau of Labor Statistics (BLS). For each CSP job found in Premier's data, authors determined whether the title could be closely matched to any BLS-reported occupation, based on its title and job description.

RESULTS

This study found a large number of CSP job titles that were not reported in the BLS occupational classification system, and some of them account for a significant proportion of the CSP workforce. Authors also found that the intensity of CSP use varied across hospitals, with larger hospitals, hospitals located in urban settings, and teaching facilities having relatively more CSP hours. In addition, hospitals seem to be reducing higher paying CSP jobs while increasing those that require the least education and remuneration during the past five years.

CONCLUSIONS

In the absence of representative data on CSP, this longitudinal analysis demonstrates the importance of examining the CSP workforce in greater detail that BLS is able to do. By differentiating jobs by educational requirements and wages, authors were able to observe divergent trends, with the least skilled jobs constituting the primary area of growth, and the other two levels, contrary to aggregate analyzes, showing a slight reduction. While this study's analysis cannot explain why these changes are occurring, it does lay the groundwork for new research designs that can help answer those questions.

Key Words: clinical support staff, wages, labor