Brief Report

Characterizing the Hospice and Palliative Care Workforce in the U.S.: Clinician Demographics and Professional Responsibilities

Arif H. Kamal, MD, Janet Bull, MD, Steven Wolf, MS, Gregory P. Samsa, PhD, Keith M. Swetz, MD, MA, Evan R. Myers, MD, MPH, Tait D. Shanafelt, MD, and Amy P. Abernethy, MD, PhD

Duke Cancer Control and Population Sciences (A.H.K., S.W., G.P.S., A.P.A.), Duke Cancer Institute (A.H.K., E.R.M., A.P.A.), and Division of Clinical and Epidemiologic Research (E.R.M.), Department of Obstetrics and Gynecology, Duke University, Durham, North Carolina; Four Seasons (J.B.), Flat Rock, North Carolina; and Mayo Clinic (K.M.S., T.D.S.), Rochester, Minnesota, USA

Abstract

Context. Palliative care services are growing at an unprecedented pace. Yet, the characteristics of the clinician population who deliver these services are not known. Information on the roles, motivations, and future plans of the clinician workforce would allow for planning to sustain and grow the field.

Objectives. To better understand the characteristics of clinicians within the field of hospice and palliative care.

Methods. From June through December 2013, we conducted an electronic survey of American Academy of Hospice and Palliative Medicine members. We queried information on demographics, professional roles and responsibilities, motivations for entering the field, and future plans. We compared palliative care and hospice populations alongside clinician roles using chi-square analyses. Multivariable logistic regression was used to identify predictors of leaving the field early.

Results. A total of 1365 persons, representing a 30% response rate, participated. Our survey findings revealed a current palliative care clinician workforce that is older, predominantly female, and generally with less than 10 years clinical experience in the field. Most clinicians have both clinical hospice and palliative care responsibilities. Many cite personal or professional growth or influential experiences during training or practice as motivations to enter the field.

Conclusion. Palliative care clinicians are a heterogeneous group. We identified motivations for entering the field that can be leveraged to sustain and grow the workforce. J Pain Symptom Manage 2016;51:597–603.

Key Words

Workforce, palliative care, physicians, nurses

Introduction

Health care professionals, patients, caregivers, health systems, and payers are all progressively accepting palliative care as a timely solution to improve the quality of life of a growing population living with serious illness.[1] To match this expanding need, specialty palliative care has increased its penetration into hospital-based settings by almost 150% in the last decade.[2] Further growth into the outpatient and community-based settings are ongoing.[3–5] Rapid expansion into all the geographic locations of care for those living with serious illness requires a multidisciplinary workforce prepared to respond at times of crisis (e.g., active dying) while also providing regular upstream palliative care for planning and goal setting from time of diagnosis onward.[6]

To provide more upstream and multidisciplinary palliative care across disease trajectories and locations of care, the discipline must be prepared to meet current challenges and plan for future growth. In doing so, a rigorous understanding of the current workforce is needed. To date, rigorous characterization of the professionals who care for the more than six million[7] patients who receive palliative care annually has been missing. Evaluations of who comprises the field, their

Address correspondence to: Arif H. Kamal, MD, Duke Clinical Research Institute (DCRI), 2400 Pratt Street, Room 8041, Durham, NC 27705, USA. E-mail: arif.kamal@duke.edu

Accepted for publication: October 23, 2015.

0885-3924/$ - see front matter
http://dx.doi.org/10.1016/j.jpainsymman.2015.10.016

professional clinical responsibilities, and motivations for entering and leaving the field would help inform future planning. Such planning would include efforts to improve clinician retainment, derive more ideal ways to divide clinical and administrative responsibilities within the field, and attract additional professionals to care for the growing population of patients and caregivers who will benefit.

In partnership with the American Academy of Hospice and Palliative Medicine (AAHPM), we aimed to evaluate the current palliative care clinician workforce to better understand its roles, stresses, and future plans. We conducted an expansive survey of clinician members to better characterize the field, the responsibilities of the clinician members, and the future plans of those clinicians.

Methods

We conducted an electronic survey of workforce characteristics of hospice and palliative care clinicians. Participation was voluntary, and no remuneration was offered. The study was reviewed and exempted by the Duke University Institutional Review Board (Pro00045381). The survey concept was approved by the Board of Directors of AAHPM, but the Board did not have influence over the content of the survey itself.

Participants

We invited all clinician members of the AAHPM with an available e-mail address to participate in the survey. Nonclinicians were excluded from analysis. AAHPM provided a roster of member e-mail addresses for those who were active members as of June 1, 2013.

Survey

We conducted an electronic survey from June 26 through December 18, 2013. An initial electronic invitation letter was sent to 4456 functional e-mail addresses of AAHPM members on June 26. Electronic reminder letters were then sent on July 27 and August 2. Furthermore, invitations via Facebook posts, Twitter messages (June 26, June 28, July 24), blog posts (September 9), and electronic newsletters (November 19) also were sent throughout the survey period.

The survey comprised 30 questions regarding demographics, job characteristics, and motivations for entering the field. This workforce survey was attached to a burnout survey, which was conducted simultaneously. Categorical, continuous, and open-ended answers were included. The survey was developed by experts in palliative care (A. H. K., K. M. S., A. P. A., J. B.), discipline-wide survey techniques (T. D. S., E. M.), and biostatistics (G. P. S., S. W.). Two rounds of face and content validity evaluations were conducted with an external panel of palliative care clinicians to develop and refine the survey.

Statistical Analysis

We calculated descriptive statistics and chi squares on difference in proportions between subgroups. Our two main groups for analysis involved dividing the respondents by primary clinical role (palliative care only vs. hospice only vs. mix of both) and clinical role (physician clinicians vs. nonphysician clinicians). We were not powered to compare across further clinician subgroups because of small sample sizes. For this analysis, we use the term "nonphysician clinicians" to designate registered nurses, advanced practice providers, chaplains, and social workers. All analyses were performed using either R, version 2.15.1 (graphics), or SAS, version 9.4 (SAS Corp., Cary, NC).

Assessment of External Validity. Because the survey was performed using crowdsourcing methodology, we performed a comparative analysis of age ranges and years in hospice/palliative care between the respondents within the survey to the membership profile provided by the AAHPM. This profile reflected the current data that AAHPM had for its members as of October 10, 2013.

Results

Overall

A total of 1365 persons opened the survey, of whom 1348 responded to at least one question. This yielded an overall response rate of 30%.

Demographic Characteristics

Table 1 summarizes the demographics of the respondents, stratified by location of clinical practice (palliative care only, hospice only, or mix of both). Most of the respondents were physicians (68%) followed by advanced practice clinicians (11%). Overall, most clinicians had been in the field for less than 10 years (67%) and a high proportion (77%) are married. Across all settings, a higher proportion of women than men responded. Key differences across settings include as follows: hospice clinicians were more likely to be over 50 years old, clinicians were more likely to be female in either hospice or palliative care only settings compared to a mixed setting, and mixed setting providers were more likely to be physicians compared to the other settings (all $P < 0.05$). Furthermore, the hospice care setting was more likely to have more than 10 colleagues compared to the other settings (40%).