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Major Article

Factors affecting annual compensation and professional development support for infection preventionists: Implications for recruitment and retention

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Background: Factors affecting annual compensation and professional development support have been studied for various healthcare professions. However, there is little understanding of these factors for infection preventionists (IPs).

Methods: Using secondary data from the Association for Professionals in Infection Control and Epidemiology 2015 MegaSurvey, we designed a descriptive, correlational study to describe IP annual compensation and professional development support. We tested for associations between demographic variables and annual compensation and investigated for predictors of higher annual compensation.

Results: Median salary for IPs was \$75,000. IPs who indicated that their compensation was based on industry benchmarks reported a median salary of \$85,000 ($P < .001$). IPs with advanced degrees reported a median salary of \$90,000. IPs with bachelor's degrees or lower reported a median salary of \$50,000 ($P < .001$). IPs with CIC® reported a median salary of \$85,000. IPs without CIC® reported a median salary of \$65,000 ($P < .001$).

Conclusion: This study can be used to develop recruitment and retention guidelines that lead to a well-educated, well-compensated, and competent IP workforce.

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The data for the submitted manuscript, "Factors Affecting Annual Compensation and Professional Development Support for Infection Preventionists: Implications for Recruitment and Retention," are a secondary data analysis that belongs to the Association for Professionals in Infection Control and Epidemiology and are available upon request and in accordance with their data release guidelines and policies. None of the authors of this manuscript has access to any identifiable information for the patients about whom data are reported.

Over the past 2 decades, transformative changes in healthcare have caused the role of the infection preventionist (IP) to evolve. These changes include legislative mandates for public reporting, pay-for-performance initiatives, healthcare-associated infection (HAI) prevention collaboratives, concerns about new and emerging pathogens, Occupational Health and Safety Administration mandates, and the first National Action Plan to Reduce HAIs.¹ The IP scope of practice is founded on employee and patient education, policy setting, surveillance, and epidemiologic investigations. New responsibilities include leading performance improvement teams, acting as champions for a safety culture, and encouraging integration of prevention activities into the work of every department.² The IP role in patient safety has been discussed in recent studies and as a result healthcare facilities that employ IPs are more likely to implement evidence-based practices to prevent HAIs and reduce the spread of multidrug-resistant organisms.³⁻⁵

Recruiting and retaining highly skilled IPs to run infection prevention programs is a focus of most healthcare organizations. In

healthcare organizations, work environment factors such as job satisfaction, workplace empowerment, and burnout are known to influence the retention of nurses.⁶⁻⁸ Less is known about the role of financial factors, such as annual compensation and professional development support. These factors, operationalized through competitive wages, comprehensive benefit packages, and money for education, training, and professional certifications, are well-known human resource strategies (Bhatnagar & Srivastava, 2012⁹; Bhattacharyya, 2015¹⁰; Hoffman, 2015¹¹; Milkovich et al., 2008¹²). However, these factors have not been fully evaluated for professionals in the field of infection prevention and control. Exploring the current annual compensation and professional development support for IPs, and investigating factors that influence annual compensation, could inform recruitment and retention strategies that would benefit IPs and patient safety.

We sought to assess factors that affect annual compensation,¹³ performance-based compensation such as bonuses,¹⁴ knowledge of compensation criteria, benefits, professional development support, and support for specialty certification, which, to our knowledge, have been rarely investigated for IPs. Using secondary data from the Association for Professionals in Infection Control and Epidemiology (APIC) 2015 MegaSurvey, we designed a descriptive, correlational study to describe IP annual compensation and financial support provided by employers for professional development. We tested for associations between demographic variables and annual compensation and investigated for predictors of higher annual compensation.

METHODS

Sample

The data used for this secondary analysis were drawn from an existing dataset: the 2015 APIC MegaSurvey. The purpose, design, and methods of the APIC MegaSurvey have been previously described.¹⁵ Survey participants were active members of the APIC who identified themselves as professional IPs. De-identified survey responses were used to conduct the analyses.

Survey measures

Respondent characteristics

Respondents were asked their position level within their organization (senior manager, director, manager, coordinator, or practitioner); if they had achieved certification in infection control and epidemiology (CIC®); their years of experience as an IP (0-2, 3-5, 6-10, 11-15, or 16+); their educational background (high school, 1-year technical training, associate's degree, bachelor's degree, master's degree, or doctorate degree); and the U.S. region in which they resided.

Criteria for compensation, knowledge and perception

Survey items used to establish the criteria for annual compensation included years of experience, educational degree, CIC® status, facility location, achievement of performance measures, and supervisory experience. Additional items included if compensation was based on industry benchmarks (yes, no, or unknown), if the IP clearly understood the basis for their compensation (yes or no), and their overall satisfaction regarding their annual compensation (satisfied or neutral/dissatisfied).

Annual compensation and bonuses/incentives

To capture an IP's annual salary (excluding any retirement or bonuses), respondents were asked to indicate their current annual

salary compensation in dollars. This item was analyzed as a continuous variable. Items related to participation in a bonus or incentive program (yes or no), the amount of bonus received that year (open ended), and the criteria the performance bonus was based on (organizational performance, department performance, personal, or other) were also included.

Financial support for professional development and benefits

The survey asked IPs to indicate all professional support offered by their employer, including the maximum dollar amount their employer contributes annually for continuing education (seminars, training, etc.) and for conference attendance. Additionally, respondents were asked to indicate if certifications, professional association dues, and professional publications were paid fully by their employer, paid fully by the employee, were a joint contribution, or the benefit was not provided. Regarding employee benefits offered by employers, respondents were asked to indicate if they received 401k or 403b plans, retirement plans, Section 125 plans, defined benefit plans, other defined compensation plans, educational reimbursement for the IP, educational reimbursement for an IP's family, profit sharing, or none.

Data analysis

Annual compensation, bonus and incentive amounts, criteria for compensation, knowledge and perception of compensation, professional development support, and benefits were analyzed using descriptive statistics and multivariate analyses. The data were then grouped into categories. The position level in an organization was grouped into upper management (senior manager, director, manager) and coordinator/practitioner. CIC® status was grouped into 2 categories: certification and no certification. Educational background was grouped into standard education (high school, 1-year technical training, associate's degree, and bachelor's degree) and advanced education (master's or doctoral degree). U.S. region was grouped as Northeast (New England and Middle Atlantic), South (South Atlantic, East and West South Central), Midwest (East and West North Central), and West (Mountain and Pacific). Participants with any missing data were excluded from the analyses. The denominator for each survey item was determined by the total number of respondents for each question.

Univariate and multivariate analyses were conducted to compare and predict annual compensation with the reported level of position, CIC®, years worked as an IP, highest level of education attained, and U.S. region. The relationship between IPs' satisfaction with their annual compensation, knowledge about their compensation being based on industry benchmarks, and the relationship with annual compensation were also explored. All statistical tests were 2-sided, with $P \leq .05$ considered statistically significant. Data analyses were performed using IBM SPSS Statistics for Windows (Version 24.0. IBM Corp; Armonk, New York).

RESULTS

Respondent characteristics

Almost 40% ($n = 1259$) of IPs reported their position level within their organization to be upper management, whereas 60.6% ($n = 1933$) reported their position as a coordinator/practitioner (Table 1). Approximately 46.9% ($n = 1914$) of IPs reported having CIC® versus 53.1% ($n = 2167$) of IPs who did not. In this sample, 20.3% ($n = 646$) of IPs reported 0-2 years of experience, whereas 21.9% ($n = 693$) had 16+ years of experience (Table 1).

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