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Recruitment and Hiring Practices in United States Infection Prevention and Control Departments: Results of a National Survey

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Abstract

Background—Infection prevention is a profession that requires highly specified skills and clinical experience. Infection Preventionists (IPs) direct interventions that protect patients from healthcare-associated infections across clinical and community settings. To enhance the hiring and recruitment of diverse IPs, it is key to understand current recruitment and hiring practices.

Methods—A national on-line survey was performed with members of the Association for Professionals in Infection Control and Epidemiology (APIC) who participate in the recruitment and hiring of IPs in their organization. Descriptive statistics were calculated for respondent and organizational demographics, IP recruitment strategies and hiring practices.

Results—In the fall of 2019, 522 APIC members from 101 of 113 APIC chapters (89% chapter response rate) participated in the survey. A vacant IP position was reported by 25% (n = 126) of respondents. Recent IP hires were primarily nurses (70%; n = 346) recruited from outside the organization (54%; n = 270). Online job-boards (e.g., Indeed, Monster) and internal organizational job postings were the most frequently used recruitment strategies.

Conclusion—The results provide a summary of practices for IP recruitment and hiring that can inform local and national initiatives to increase the number and professional diversity of IPs.

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Keywords

Infection Preventionist; Recruitment; Hiring; Training; Infection Control

Introduction

Infection prevention and control is a healthcare profession that requires highly specified skills and clinical experience.[1] Infection Preventionists (IPs), implement interventions that protect adults, children, and infants from healthcare-associated infections (HAIs) in hospitals, nursing homes, surgery centers, community-based practices, and specialty care settings around the world.[2] IPs receive initial healthcare training in the fields of nursing, public health, epidemiology, microbiology, laboratory science, pharmacy, and medicine among others. The specialized training necessary to function in the IP role occurs either on the job or through educational programs created by professional societies and health sciences schools. The role of the IP requires an understanding of infectious disease processes, surveillance and epidemiologic investigations, prevention and controlling the transmission of infection agents; employee-occupational health; management and communication (leadership), education and research.

Due to the evolving needs of healthcare systems, the increase in oversight for outpatient, ambulatory, and home health settings, increasing regulatory reporting and new regulatory requirements and the anticipated retirement of nearly 40% of current IPs,[7] more IPs will be needed to fill the gap. Identifying candidates from a wide range of healthcare professions is needed to fill currently vacant positions.[5,6] New IPs can also bring innovative and novel ideas to the field needed to address current infection prevention challenges.[4] Due to the unique role of this profession in the healthcare system, the expanding role of IPs, and the anticipated retirement of large numbers of senior IPs in the coming years, the infection prevention community is focusing on how the next generation of IPs will be recruited and trained.[5,8]

The Association for Professionals in Infection Control and Epidemiology (APIC), a United States based professional society for IPs, distributed the APIC MegaSurvey in 2015.[7] The purpose of the survey was to describe the current state of infection prevention and control department staffing, IP demographics, the role of IPs in their organizations and key aspects of IP practice. The findings of this survey have been used to inform IP practice and APIC programming.[5,9–13] A gap noted in the APIC MegaSurvey is an understanding of how IPs are recruited and hired by healthcare facilities.[5] The purpose of this project is to gain an understanding of current IP recruitment and hiring strategies in the United States. The goal is to establish a baseline to inform IP practice and future APIC programming.

Methods

This was a national cross-sectional on-line survey study. In 2019, all current and active APIC members were invited to participate through an email letter with a link to the online survey. A reminder email invitation was sent one week later. Promotion of the survey occurred at local chapter meetings, the national APIC conference, and APIC publications.

The survey homepage included an overview of the survey, definitions and contact information for the investigators. Survey administration and data collection was conducted by an independent survey company, Peer Panels.

To identify IPs who participate in the hiring and recruitment of IPs, the survey began with the following question: “Do you oversee/participate in the recruitment and hiring of Infection Preventionists in your organization?” If the answer was yes, the respondent gained access to the survey items. If the answer was no, the respondent was asked to forward the survey to the appropriate person in their organization. No personally identifiable information was associated with individual responses. Respondents were given the option to provide a name and contact information to receive the results of the survey. The study was deemed not human subject research by the Colorado Multiple Institutional Review Board (18–1799).

Survey Measures

The survey was developed by the authors and members of the APIC Research Committee with guidance from the infection prevention and human resources literature. In 2018, the Recruitment and Hiring Practices in United States Infection Prevention and Control Department survey was pilot tested with members of the APIC Mile High and Delaware Valley/Philadelphia chapters. Additional insights were gathered during a presentation of the pilot findings at the APIC 2019 Annual Conference. Content validity was achieved through multiple iterations of the survey. The following domains were captured in the survey: Respondent demographic characteristics, organizational characteristics, IP recruitment and hiring practices (Table 1).

Statistical Analysis

Data from the online survey were managed in Microsoft Excel v.16.34 (Microsoft Corp, Redmond, WA). The survey response rate was calculated at the APIC chapter level for the goal was to assess geographic representativeness of the sample versus a count of those invited and those who completed the survey. The aim was at least one response per APIC chapter. Survey responses were reviewed for completeness and clarity. Frequency and descriptive statistics were computed for all variables in SPSS version 26.

Results

Of 14,675 current active APIC members, 1,135 (8%) opened the survey and 522 of this group (46%) indicated they participated in the hiring and recruitment of IPs in the United States. Responses were received from 101 of 113 (89%) United States based APIC chapters (range: 1–26 responses per chapter). Respondents reported holding a job title of IP (n=200; 39%) Infection Prevention Manager (n=149; 29%) or Director of Infection Prevention (n=141; 28%). The majority of respondents reported a nursing background (n=335; 65%), followed by public health (n=60; 12%) and microbiology (n=32; 6%). The highest degree earned was dominated by master’s degrees (n=261; 51%), followed by a bachelor’s degree (n = 194; 38%). Respondents reported significant healthcare experience with 35% having worked for 16+ years (n=180) and 23% having worked for 6–10 years (n=119). Time in their current role ranged from 3–5 years for 30% (n=151) of respondents to 11–15 years for 13%

(n=68) of respondents. Finally, 85% (n=380) of respondents reported hiring and training 0–5 IPs in their current role. Demographic characteristics of respondents are shown in Table 2.

Survey respondents worked primarily in non-governmental/not-for-profit healthcare facilities (n = 261; 59%), though there was representation from other American Hospital Association categories such as outpatient settings (n = 90; 20%) and ambulatory surgery centers (n = 75; 17%). All regions of the United States were represented, with the largest response from the Southeast (n = 161: 31%), followed by the Midwest (N = 145; 27%), Mountain/West (n = 112; 22%) and Northeast (n = 107; 21%). Facilities from urban settings were the largest group represented (n = 146; 33%), followed by suburban (n = 84; 19%) and rural organizations (n = 64; 14%). Organizational characteristics of respondents are shown in Table 3.

IP Hiring Practices

IP vacancy rates, defined as a vacant IP position in the organization at the time the survey was completed, was 25% (n =126), with 75% (n =376) of respondents reporting no vacancies. The majority (56%; n = 70) of IP vacancies were for < 3 months, with 24% (n = 30) reporting a vacant position for 3 to 6 months and 15% (n = 19) for 6 to 12 months. For the last IP recruited for a vacant position in their organization, respondents reported professional experiences of nursing (87%; n = 433), infection prevention (41%; N=205), public health (39%; n=195), microbiology (28%; n=137) and laboratory (22%; n=109). The professional experiences of the IP who was ultimately hired was predominantly nursing (70%; n=346), followed by infection prevention experience (regardless of profession) (30%; n=146) and public health (21%; n=101). Over 50% (n=27) of recent IP hires were not current employees of the organization (Table 4).

IP Recruitment Strategies

Respondents reported the strategies used in their organization to recruit new IPs. On-line job boards such as Indeed (www.indeed.com) and Monster (www.monster.com) were used by 100% (n=443) of respondents. Internal job postings were used by 75% (n=367) of respondents and requests for employee referrals or word of mouth referrals were used by 55% (n=269). Less frequently used recruitment strategies included email recruitment methods such as list serves or APIC chapter email lists (28%; n=137), infection prevention or epidemiology job posting boards such as APIC or the Society for Healthcare Epidemiology of America (SHEA) (21%; n=104), and social media platforms such as LinkedIn, Facebook or Twitter (14%; n=70). Additional recruitment strategies are presented in Table 5.

Discussion

The results of the Recruitment and Hiring Practices in United States Infection Prevention and Control Departments Survey provide an understanding of current IP leadership characteristics along with recruitment and hiring strategies in the United States. We were interested in gathering knowledge that can inform local and national initiatives to increase the number and professional diversity of IPs.[5,6] The data from this survey will add to the

body of literature that report on the state of staffing and structure of infection prevention and control programs,[10,13–16] along with approaches to quantifying infection prevention staffing and coverage needs,[17] methods to build a successful IP program,[18] and recommendations for compensation and professional development of IPs.[9]

Our study has four main findings. First, hiring and recruitment of IPs is conducted by professionals within the IP field not by administrators or human resource departments. The majority of respondents reported significant healthcare and infection prevention backgrounds and had hired multiple IPs during their tenure. The experience and institutional knowledge of these IP leaders can provide crucial support and mentoring for new IPs within an organization, especially those without clinical training (e.g. masters of public health graduates).[6] With many anticipated retirements in the coming years, it is crucial to train the next generation of IPs, with a focus on diverse backgrounds to ensure a robust pool of potential IP talent. Of note, 65% of respondents reported a nursing background. This finding is not surprising considering the dominance of this profession in infection prevention.[5] However, considering the propensity of human beings to hire and put their faith in people who look, or have similar training to themselves,[19] concerted efforts may be required to diversify the IP profession beyond nurses.[6] We received responses from all regions of the United States, all facility types, and many non-hospital settings, including ambulatory surgery centers and outpatient clinics. Future manuscripts will report the differences in IP leadership characteristics, hiring and recruitment practices based on region, facility type and American Hospital Association Category.

The second main finding was the 25% IP vacancy rate for responding organizations. This is a startling finding considering the 2020 National Health Care Retention and Nurse Staffing Survey reported a national nurse vacancy average of 9%.[20] In our sample, it took 3 to 6 months to recruit a new IP, which is longer than the 2.5 month average to recruit an experienced nurse.[20] This is a significant finding for the field of infection prevention and control because it is widely acknowledged that vacant positions in healthcare adversely impact quality and costs.[21–23] Persistently vacant IP positions can negatively impact core IP functions, including surveillance, prevention, education, and control of healthcare associated infections. Further, vacant positions raise workload for remaining staff, which can increase stress and negatively influence morale. The financial costs associated with replacing departed IPs has not been established. However, estimates for nurses range from $33,000 to $56,000 per registered nurse depending on specialty and region.[20] These estimates include the costs associated with recruitment, orientation, training and lost productivity. As the demand for infection prevention and epidemiology professionals increases due to emerging infectious diseases, expanding mandatory requirements in ambulatory and long-term care and retirements, we can expect the vacancy rate to increase. These findings suggest that proactive IP recruitment and hiring practices are imperative to the long-term success of the field.

The third main finding was that over half of recent IP hires in our sample were not current employees of the organization. Healthcare organizations that are in close proximity to one another often compete for highly trained or specialized nurses.[24] Coined the IP shuffle, the shifting of experienced IPs within a region is common, for demand often exceeds supply.

This results in chronic, long-term vacancies in some regions. Further, organizations have been known to compete for healthcare staff from neighboring facilities.[24] For organizations with vacant IP positions or a need to expand the infection control department, the applicant pool may predominantly be clinicians with minimal infection prevention experience. To ensure a strong, committed and diverse IP workforce, leaders must embrace professionals from within and outside their organizations who are new to infection prevention. New hires must be provided with evidence-based curriculums, on-the job training and mentoring, and a healthy work environment to ensure their organization becomes the employer-of-choice for IPs in their community.[21]

The final finding was that recruitment of IPs occurred using multiple communication channels. All respondents indicated they used well-established on-line job boards (e.g. Indeed, Monster) that post job openings quickly, collect applicant resumes and can be accessed anywhere in the world. These sites broaden the talent pool of potential recruits, as long as the job description invites applicants from all healthcare professions. Internal job postings and word of mouth referrals were the next frequently used recruitment strategy. This supports the theory that it is everyone's job in an organization to contribute to the successful recruitment of talented people who share the organizational mission, vision, and values.[25] The IP community is a tight-knit world with local APIC chapters supporting IPs across a region. Organizations known to be a great place to work, with career advancement opportunities and a healthy work environment will attract IP talent. Conversely, organizations that lack professional growth opportunities or are led by ineffective managers who create a toxic work environment may experience recruitment challenges.

Two untapped resources for IP recruitment include professional societies and healthcare school placement offices. Members of professional societies such as APIC, SHEA, the American Nurses Association and public health groups most likely have the experience, skill, and professional engagement to become a highly skilled and committed member of infection prevention and control departments. Recent healthcare graduates may require longer training and mentoring periods to become an independent IP. However, there are advantages to crafting and influencing the values and professional practice of a novice IP. Employing recruitment and hiring best practices will take collaboration between infection prevention and control department leadership, IPs, and human resources. The benefits will be a proactive, long-term strategy that will result in successful recruitment and hiring of IPs and a pipeline of future talent.

We employed national sampling and achieved an acceptable response rate. However, several limitations must be acknowledged. First, we relied entirely on self-report from healthcare professionals that indicated they oversaw or participated in the recruitment and hiring of IPs in their organization. Due to this, our findings may not reflect the views or beliefs of all healthcare employees and may not be generalizable to other organizations or healthcare specialties. It is also possible that respondents over or understated recent hiring experiences and recruitment practices. Second, we received responses from across the United States and all types of healthcare facilities. However, participating organizations may have different recruitment and hiring practices to non-participating organizations. Finally, it is possible that our survey questions did not fully capture the context of infection prevention departments,

nor recruitment and hiring practices currently in use. Still, we captured novel information to help characterize how IPs are currently hired and recruited by healthcare facilities.

Conclusions

We provide a snapshot of recruitment and hiring strategies for IPs among infection prevention and control departments in the United States. The findings indicate that evidence-based recruitment and hiring strategies are in use but could be optimized to efficiently fill current and anticipated vacancies with professionals from diverse healthcare backgrounds. Ensuring infection prevention and control departments are fully staffed with highly skilled and engaged IPs will safeguard the health and safety of patients and employees in our healthcare systems and communities.

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Table 1.

Survey Categories and Sample Questions

Category	Sample Questions
Respondent demographic characteristics	Current job title/position in the organization Previous work/practice area prior to current role Highest degree earned Years in infection prevention/healthcare Years in current role Number of IPs hired and trained in your current role
Organizational characteristics	Region Facility type American Hospital Association category
IP recruitment and hiring practices	Current IP vacancy How long to fill last vacant IP position Candidate experience: Recruited versus hired Internal/external candidate Recruitment strategies

Key: IP: Infection Preventionist.

Table 2.

Demographic Characteristics of Survey Respondents

Respondent Characteristics	**N**	**%**
Job Title/Position		
System Infection Preventionist	6	1.2
Director of Infection Prevention	141	27.5
Infection Prevention Manager	149	29.0
Infection Preventionist	200	39.0
Administration	7	1.4
Other	9	1.8
Work Experience Prior to Current Role		
Registered Nurse	335	65.4
Public Health Professional	60	11.7
Laboratory Scientist	25	4.9
Microbiologist	32	6.3
Respiratory Therapist	13	2.6
Veterinary Scientist	3	0.6
Medical Epidemiologist	6	1.2
Physician	3	0.6
Advanced Practice Provider	5	1.0
Other	9	1.8
Nurse + Other Professional Background (i.e., Microbiology, Public Health, Lab)	32	6.3
Highest Education Degree Earned		
Associates	33	6.4
Bachelors	194	37.9
Masters	261	51.0
Doctorate	19	3.7
Other	5	1.2
Previous Healthcare Experience		
0 – 2 years	57	11.2
3 to 5 years	64	12.6
6 to 10 years	119	23.4
11 to 15 years	88	17.3
16+ years	180	35.4
Not Applicable	1	0.2
Previous Infection Prevention Experience		
0 – 2 years	48	9.4
3 to 5 years	96	18.8
6 to 10 years	110	21.6
11 to 15 years	101	19.8

Respondent Characteristics	**N**	**%**
16+ years	153	30.0
Not Applicable	2	0.4
Years in Current Role		
0 – 2 years	133	26.1
3 to 5 years	151	29.6
6 to 10 years	85	16.7
11 to 15 years	68	13.3
16+ years	72	14.1
Not Applicable	1	0.2
IPs hired and trained in current role		
0 – 5	380	85.4
6 – 10	36	8.1
11 – 15	14	3.1
>15	7	1.6
Do Not Know	8	1.8

Key: IP: Infection Preventionist.

Table 3:

Organizational Characteristics of Survey Respondents

Organization Characteristics	**N**	**%**
Region		
Northeast	107	20.5
Midwest	145	27.2
Southeast	161	30.8
Mountain/West	112	21.5
Facility Type		
Multi-location Health System	149	33.6
Rural	64	14.4
Suburban	84	19.0
Urban	146	33.0
American Hospital Association Category (check all that apply)	N	%
Non-governmental/Non-profit community hospital	261	58.9
Investor own (for profit) community hospital (includes short-term and specialty hospitals)	36	8.1
State and local government community hospital	37	8.4
Federal government hospital	17	3.8
Non-federal psychiatric hospital	18	4.1
Non-federal long-term care	14	3.2
Non-federal long-term acute care	10	2.3
Ambulatory surgery center	75	16.9
Dialysis center	22	5.0
Free-standing emergency/urgent care	46	10.4
Outpatient clinics	90	20.3
Healthcare system (multiple types of facilities)	174	39.3
Not applicable	6	1.4
Other	20	4.5

Table 4.

IP Hiring Practices

	N	%
Do you currently have an IP vacancy in your department		
Yes	126	25.1
No	376	74.9
If yes, how long has this position be posted		
< 3months	70	55.6
3 to 6 months	30	23.8
6 to 12 months	19	15.1
>12 months	5	4.0
Do not know	2	1.6
Thinking back to the last time you recruited for a vacant IP position, what were the candidate's professional experience? (Check all that apply)	**N**	**%**
Nursing	433	86.9
Infection prevention	205	41.2
Public health	195	39.2
Laboratory	109	21.9
Microbiology	137	27.6
Respiratory therapy	13	2.6
Veterinary science	3	0.6
Medicine	29	5.8
Epidemiology	84	16.9
What was the professional experience of the IP who was hired?		
Nursing	346	70.0
Infection prevention	146	29.6
Public health	101	20.5
Laboratory	47	9.6
Microbiology	49	10.0
Respiratory therapy	1	0.2
Veterinary science	0	0.0
Medicine	5	1.0
Epidemiology	34	6.0
Did you hire an internal or external candidate?		
Internal (current employee of organization)	223	44.4
External (Not current employee of organization)	270	53.8
Do not known	9	1.8

Key: IP: Infection Preventionist.

Table 5.

IP Recruitment Strategies

What recruitment strategies were used by you and/or your human resources department?		
Internal job posting	367	75.4
Requests for employee referral (word of mouth)	269	55.2
Email recruitment methods (e.g. list serve, APIC chapter email list)	137	28.1
Infection prevention/Epidemiology job posting board (e.g., APIC, SHEA)	104	21.4
On-line job boards (e.g., Indeed, Monster, etc.)	443	100.0
Healthcare professional society job boards (e.g., American Nurses Association, public health groups)	49	10.1
Social media platforms (e.g., LinkedIn, Facebook, Twitter)	70	14.4
Targeted recruitment from internal departments	53	10.9
Targeted recruitment from external infection prevention departments	54	11.1
Internship program	16	3.3
Rehire	20	4.1
School placement offices (e.g., health science university, colleges, schools)	8	1.6

Key: APIC: Association for Professionals in Infection Control; IP Infection Preventionist; SHEA: Society for Healthcare Epidemiology of America