Factors Influencing Career Longevity in Pediatric Hospital Medicine

JoAnna K Leyenaar, MD, MPH, MSc¹ and Mary Pat Frintner, MSPH²

¹Geisel School of Medicine at Dartmouth, Hanover, NH, US; ²Department of Research, American Academy of Pediatrics, Itasca, IL, US

Presented at the 2018 Pediatric Academic Societies Annual Meeting

Background: In 2016 hospital medicine was approved by American Board of Medical Specialties to become a pediatric subspecialty. Understanding hospitalists’ career goals and retention in the field are important for workforce planning and fellowship training.

Objective: Examine a) proportion of US pediatricians who remain hospitalists after 5 years and b) factors associated with hospitalist retention.

Methods: We used national, 2012 and 2016 survey data from the AAP longitudinal study of early career pediatricians (PLACES) with 2 cohorts: 1) 2009-2011 and 2) 2002-2004 residency graduates. Retention was defined as being a self-reported hospitalist on both surveys. Chi-square examined if retention varied by demographic and work factors and satisfaction in 2012. Multivariable logistic regression examined factors associated with retention, including cohort, gender, race/ethnicity, international medical school (IMG), region, work setting, and factors with p<.10 in bivariate analysis.

Results: In 2012, 11% (206/1804) of participants were hospitalists. Of these, 180 responded in 2016. 122 participants (68%) who were hospitalists in 2012 were still working as hospitalists in 2016. 75% of the 2002-2004 cohort and 65% of the 2009-2011 cohort (p=.17), 74% of male and 66% of female (p=.36), and 92% of IMG and 66% of US graduates remained hospitalists (p=.05).

Participants concerned with their educational debt in 2012 were less likely than those without concern to remain hospitalists (59% vs 77%, p<.05). Those earning $175,000 or more in 2012 were more likely than those earning less to report still being a hospitalist (86% vs 63%, p<.01). Participants who knew their work schedule 2 or more months in advance were more likely than those with less notice (73% vs 56%, p<.05) and those satisfied with their job were more likely than those not satisfied (73% vs 39%, p<.001) to remain hospitalists.

In multivariable analysis, participants who are IMG, earning more, and satisfied with their hospitalist job were more likely than those who are US graduates (aOR 13.30, 95% CI 1.19-148.91), earning less (aOR 4.07, 95% CI 1.27-13.01), and less satisfied (aOR 3.89, 95% CI 1.39-10.87) to remain hospitalists. Those concerned with their debt were less likely than those without concern to remain hospitalists (aOR .37, 95% CI .17-.83).

Conclusion: Two-thirds of early to mid-career pediatricians continue to work as hospitalists 5 years later. Advance preparation of hospital medicine schedules, salary advancement, and financial planning supports may improve hospitalist retention.