

The other big workforce shortage

As laboratory technology wanes as a career choice, a staffing crisis grows

We in healthcare are all too familiar with “silent killers,” those conditions or diseases that can devastate a body while producing vague symptoms or none at all. For example, hypertension taxes the heart and can damage the kidneys without any warning signs. Many cancers can flourish for years in the body and only cause pain in their later stages. A similar phenomenon now threatens our healthcare system. Like the silent killers that affect our patients, it has gone largely unnoticed by both the public and even by many who work in healthcare, because its full impact has yet to be realized. I am referring to the shortage of medical laboratory professionals, a problem so serious that back in 2001, then-HHS Secretary Tommy Thompson declared it to be an even greater menace to the delivery of healthcare than the well-publicized nursing shortage.

For many years, laboratory medicine has faced a shortage of qualified technologists and technicians (sometimes referred to as clinical laboratory scientists). This shortfall is evident in almost every part of our country. At the same time, the Bureau of Labor Statistics projects that by 2014, the U.S. would need 81,000 additional medical technologists and technicians to replace retiring staff and another 68,000 to fill newly created positions. With fewer than 4,700 individuals graduating each year from accredited training programs, the number of graduates would need to increase more than threefold to meet the estimated demand.

A recent report on allied health personnel shortages (including nursing) in my state, California, was conducted by Health Workforce Solutions for the not-for-profit Campaign for College Opportunity. The report concluded that the profession experiencing the greatest need was technologist-level laboratory practitioners. In order to eliminate current shortages, the supply of all allied health professionals in the state would have to be increased 79%, while the supply of laboratory personnel in the state would have to be increased a whopping 559%. Further complicating matters, the study indicated that some healthcare systems in California have a technologist workforce with an average age of well over 50.

Every two years, the American Society for Clinical Pathology conducts its nationwide Wage and Vacancy Survey, which provides a thorough benchmarking of key employment statistics in America’s clinical laboratories. In



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the 2005 survey, nearly 44% of responding laboratories across the country reported difficulty filling positions. On average, it was taking more than two months to fill medical technologist, histotechnologist and cytotechnologist openings. The current vacancy rate for histotechnologists is exceptionally high at 30%. Furthermore, the impending retirement of thousands of baby boomers threatens to transform a serious personnel shortage into nothing less than a national healthcare crisis.

There are many dimensions to this shortage, and understanding the reasons for it will be essential to formulating an effective strategy to alleviate it. A major challenge to recruitment and retention of qualified laboratory professionals include salaries that are low compared with other health professions and fail to be commensurate with employer education and competency requirements. Limited opportunities for advancement and heavy competition for technologists from the industry are also contributing factors. In addition, the Clinical Laboratory Improvement Amendments of 1988 may have inadvertently played a part in today’s shortage by relaxing the educational requirements for those permitted to perform laboratory tests, allowing some lab managers to hire previously unqualified individuals at lower wages.

This change in criteria for laboratory per-

sonnel coupled with a declining interest in laboratory medicine as a career over the past two decades has led to the closure of numerous training programs. As a result, the number of accredited medical technology programs dropped from 709 in 1975 to 222 in 2007.

Like the nursing shortage, solving the clinical laboratory personnel shortage will require a multifaceted approach (See related story, p. 26). Many of the issues believed to be contributing to the shortage of nurses are the same factors affecting the shortage of laboratory personnel. Implementing recruitment and retention strategies similar to those employed by the nursing industry might prove to be equally effective in battling the laboratory personnel shortage. For like a shortage of nurses, a shortage of qualified laboratory staff trained to perform tests that make early disease detection possible or enable physicians to diagnose and treat medical symptoms seriously compromises patient care and safety.

Dialogue on this important issue needs to begin immediately. The ASCP is working with the Coordinating Council on the Clinical Laboratory Workforce, a coalition of clinical laboratory organizations, government agencies and industry partners, to examine the situation and determine what the profession as a whole can do. However, we will need the involvement of stakeholders outside the laboratory, including other clinicians, healthcare administrators, legislators and the public, if we are to avert a crisis in our hospitals and waiting rooms.

I urge everyone to take the time to meet with the laboratory professionals in your own institution as well as the directors of training programs in your area. These meetings will help you gauge the status of this workforce shortage in your community and allow you to begin developing strategies to address it.

Awareness is the first step—don’t let the laboratory workforce shortage be a silent killer in your institution. <<

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