

Southwest Regional POC Group Webinar: Medical Laboratory Staffing: Where is Everyone?



August 11, 2022

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Current personal role in issue

- Rohde R.E. ASCP Workforce Steering Committee. June 1, 2022 – Present. <https://www.ascp.org/content/get-involved/institute-of-science-technology-policy/workforce-initiatives#>
- Rohde R. E. APHL Workforce Development Committee. July 1, 2022 – Present. https://www.aphl.org/professional_development/Pages/default.aspx
- Past – President, ASCLS – Texas & Past Chair, ASCLS Public Health and Microbiology Scientific Assembly
- Active Subject Matter Expert and Science Communicator - #1 quoted Texas State Expert during COVID and Monkeypox outbreaks



ASCP Workforce Steering Committee

- February 2022: ASCP Workforce Steering Committee was formed
- To serve as the strategy drivers for the program by initiating discussions and taking an active role in calling attention to the three focus areas developed from extensive research.
- Occupational Roles: laboratory professionals (from MLS to PBT) laboratory training program educators, pathologists, researchers/advocates
- Demographics: gender or gender identity; ethnicity, cultural identity, and race; age; sexual orientation
- Prioritize/rank the 10 core recommendations from the Blueprint for Action

Three Focus Areas

- 1** Improve the visibility of clinical laboratory occupations

- 2** Improve workforce recruitment and retention

- 3** Focus on diversity and inclusion in the laboratory



Aim 1: Increase the visibility of clinical laboratory occupations

- Recommendation 1: Encourage interest in clinical laboratory career education and training by exposing elementary and middle school students to the laboratory field
- Recommendation 2: Promote visibility of the clinical laboratory occupations in high school, college campuses, and professional groups
- Recommendation 3: Support education programs and clinical training
- Recommendation 4: Promote consistent use of occupational titles and roles

Aim 2: Expand and improve workforce recruitment and retention of laboratory professionals

- Recommendation 5: Refine recruitment strategies to find qualified laboratory professionals
- Recommendation 6: Encourage professional development and promote job satisfaction
- Recommendation 7: Examine opportunities for on-the-job training

Aim 3: Continually increase the diversity and inclusion of the clinical laboratory workforce

- Recommendation 9: Promote diversity in academic recruitment
- Recommendation 10: Encourage employer efforts to increase workforce diversity

Priorities and Opportunities: Build a Coalition

and campaign for action that would support the laboratory workforce of the future.

[https://ascpcdn.s3.amazonaws.com/static/ISTP/Siemens Clinical+Laboratory+Workforce Blueprint.pdf](https://ascpcdn.s3.amazonaws.com/static/ISTP/Siemens_Clinical+Laboratory+Workforce_Blueprint.pdf)



Overview

- The medical (clinical) laboratory has long been dealing with employment staffing shortages due to a number of factors. With the ongoing COVID-19 pandemic, the laboratory staffing issue has been faced with a critical and dangerous breaking point due to several already known, but now amplified challenges. This webinar will explain several factors (retirements, burnout, free agency travelers, etc.) at the intersection of laboratory staffing and quality patient healthcare.



Learning Objectives

1. Explain the challenges around recruitment and retention in the laboratory revealed in ASCP's Wage and Vacancy surveys.
2. Discuss the evolution of medical laboratory staffing over the past several decades.
3. Describe how factors such as retirement, burnout, traveling laboratory professionals (free agency) and visibility play a role in staffing shortages.
4. Discuss the challenges of education, visibility and salary on the future of our profession as it relates to staffing.

Context

According to the Bureau of Labor Statistics, approximately 4,900 students graduate from MLS and MLT programs in the U.S. every year. But there are 9,000+ job openings. So, what's behind the 46% vacancy rate? And what can we do as laboratory professionals to address these significant staffing shortages?



AMN Healthcare

Starting Background – ASCP Workforce Report, 2019

- Participation:
 - 19,397 respondents (individuals who have hiring responsibilities) representing 32.6% increase
- Conducted through collaboration between ASCP's Institute of Science, Technology, & Policy in Washington, DC, the Evaluation, Measurement, and Assessment division and Board of Certification in Chicago, IL.
- Vacancy Survey Working Group, whose members work in the field of laboratory medicine, reviewed the survey questions and critiqued the report.



"COVID-19 Frontline Health Workers" by UN Women Asia & the Pacific is licensed under CC BY-NC-ND 2.0

81% female & 19% male

Starting Background – ASCP Workforce Report, 2019

Table 1 Percentage Distribution of All Survey Respondents by Ethnicity

Ethnicity	No. (%)
White	13,186 (74.47)
Asian	1,447 (8.17)
Black	1,339 (7.56)
Hispanic or Latino	1,085 (6.13)
Mixed race	452 (2.55)
American Indian or Alaska Native	128 (0.72)
Native Hawaiian or Other Pacific Islander	59 (0.33)
Other	11 (0.06)

Table 2 Percentage Distribution of All Survey Respondents by Level of Education

Educational Level	No. (%)
High school	258 (1.45)
College credit not equivalent to a degree	1,009 (5.67)
Associate's degree	3,395 (19.09)
Bachelor's degree	10,427 (58.62)
Master's degree	2,240 (12.59)
Doctorate degree	143 (0.80)
MD, MD/PhD, or DO	149 (0.84)
Other	167 (0.94)

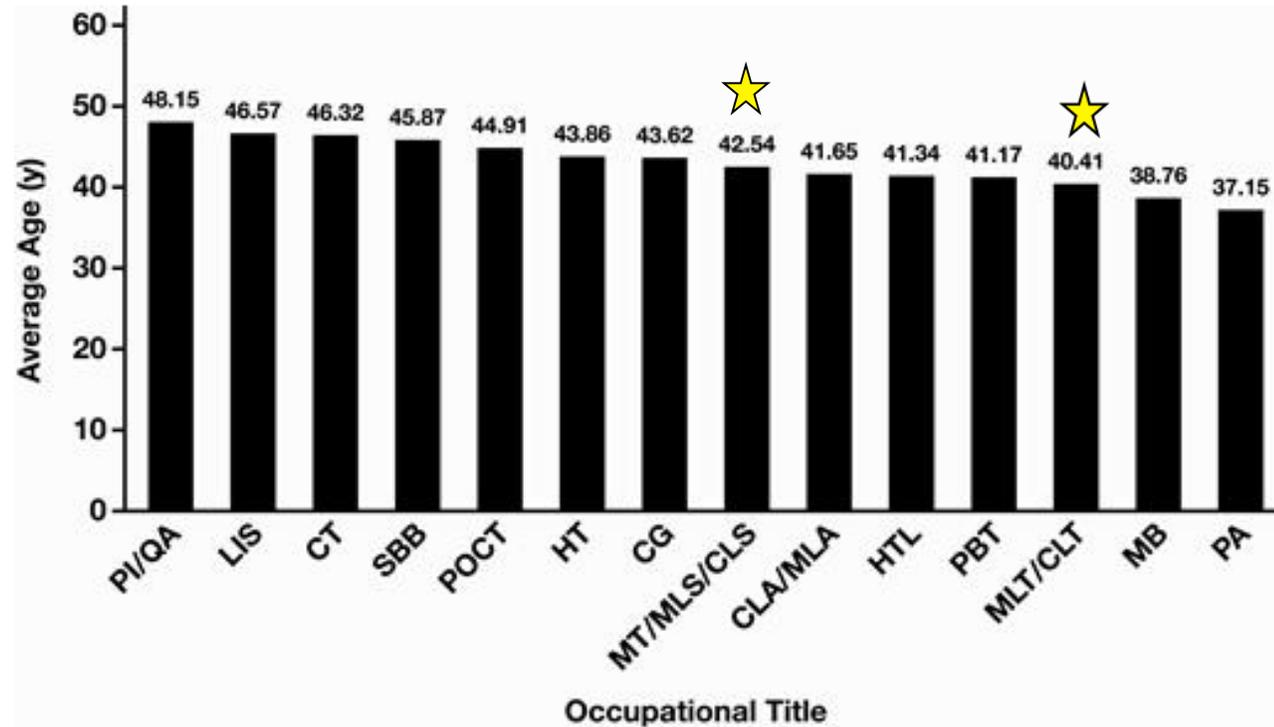
81% female & 19% male

Garcia E, Kundu I, Fong, K. American Journal of Clinical Pathology, Volume 155, Issue 5, May 2021, Pages 649–673, <https://doi.org/10.1093/ajcp/aqaa197>.



Starting Background – ASCP Workforce Report, 2019

Figure 4





Starting Background – ASCP Workforce Report

Highest Laboratory Vacancy Rates in Central Northeast States: 2018 ASCP Vacancy Survey Report

Publication Date: Jun 17, 2019

As most of the Baby Boomers who had planned to retire in 2016 have already retired, the medical laboratory profession has experienced the loss of personnel with a vast amount of experience, according to the 2018 ASCP Vacancy Survey report, published in the May 2019 issue of *AJCP*.

And, while overall retirement rates are at their lowest since 2016, vacancy rates for laboratory positions across all departments surveyed are considerably higher, according to the findings. That's due, in part, because fewer individuals have been entering the profession to fill the vacancies of those who have retired.

Starting Background – ASCP Workforce Report, 2018

- Across the nation, the overall vacancy rate was highest for phlebotomy department (13.20%) and lowest for point-of-care department (4.03%).
- Phlebotomy (13.59%) has the highest nonsupervisory vacancy rate in the nation while point-of-care (4.08%) has the lowest staff vacancy rate.
- The highest supervisor vacancy rate occurred in the phlebotomy department (7.57%) and the lowest supervisor vacancy rate occurred in the specimen processing department (2.29%).
- LIS/QA/PI department has the highest overall percentage (27.12%) of employees anticipated to retire in the next 5 years. Phlebotomy has the lowest rate of employees expected to retire in the next 5 years, at 9.63%.

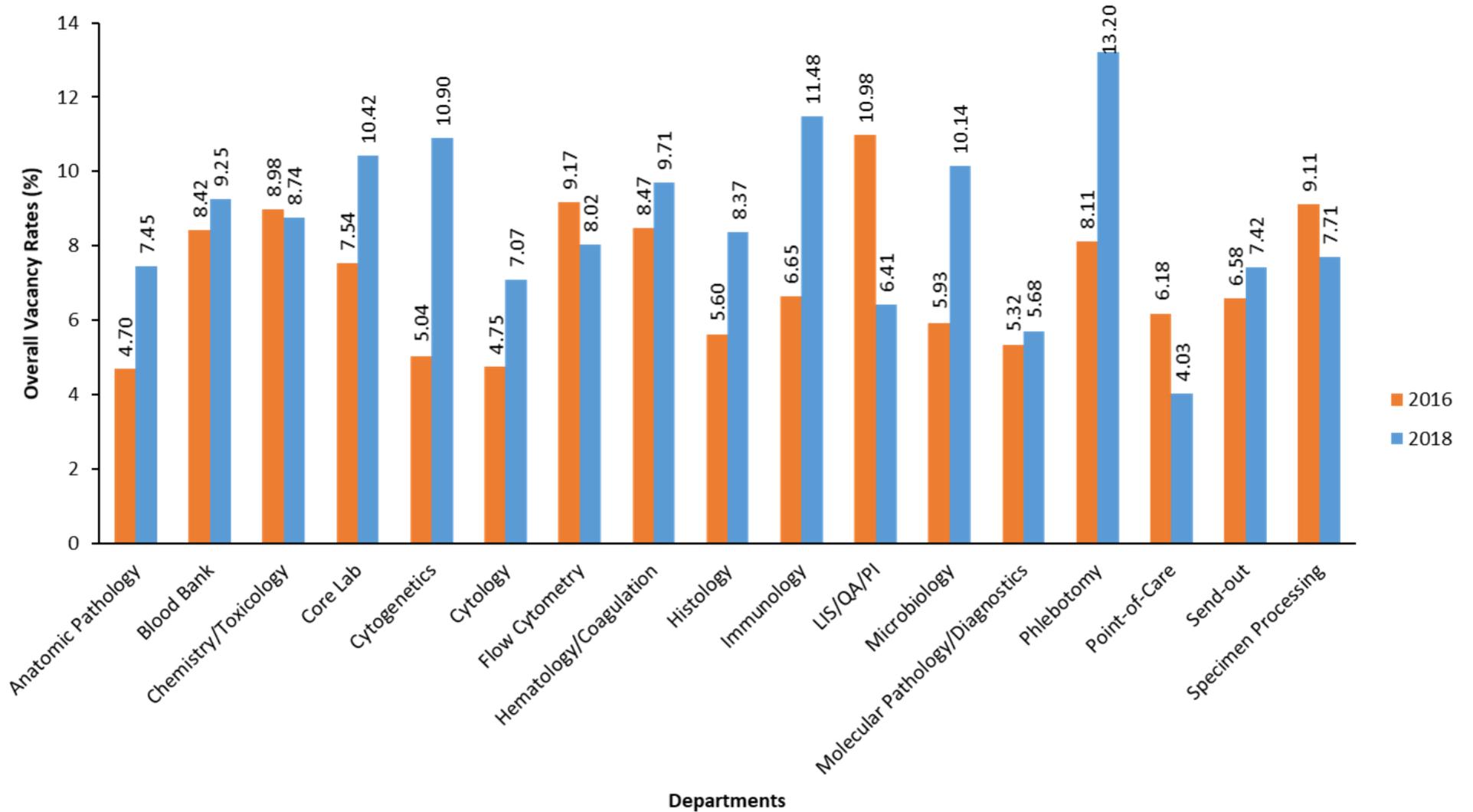


"GCC Center for Workforce phlebotomy lab" by Germanna CC is licensed under CC BY 2.0

2018 ASCP Vacancy Survey - Summary of Findings

- Overall, survey results show that it takes between 0 to 6 months to fill positions in the departments surveyed.
- On average, hiring staff for most departments takes 3 to 6 months, while hiring supervisors take 3 months to 1 year.
- The Central Northeast region reported the highest overall vacancy rate compared to other regions (11.10%); the Central Northwest had the lowest vacancy rate (5.62%).

2018 vs 2016 ASCP Overall Vacancy Rates



2018 vs 2016 ASCP Overall Vacancy Rates

- Results of the 2018 vacancy survey shows **increased vacancy rates** for laboratory positions (except for chemistry/toxicology, flow cytometry, LIS/QA/PI, point of care and specimen processing) **across all departments surveyed compared to 2016.**
- **#1 laboratory workforce concern this year = 21.10%** of respondents reported the need for **better salaries** for laboratory personnel and increased effort in heightening the profile of the laboratory profession in the medical field.

2018 vs 2016 ASCP Overall Vacancy Rates

- **#2 top concern = qualified laboratory professionals** (18.35%). Respondents indicate that there is a great need for more graduates from accredited laboratory training programs to fill the vacancies created by retirement.
- **#3 concern = education and training programs** (9.17%). There is a crucial need to **promote** the field in high schools and colleges. They also mentioned the need for **increased internship offerings** for laboratory training programs and training in molecular biology.



Vacancy Survey Overall Retirement Rates

Department	Overall Retirement Rate %			
	2018	2016	2014	2012
LIS/QA/PI	27.12%	28.30%	-	-
Flow cytometry	20.50%	17.39%	18.00%	
Hematology/Coagulation	19.21%	23.78%	19.51%	7.00%
Chemistry/Toxicology	18.35%	22.89%	23.60%	10.00%
Microbiology	17.38%	20.14%	19.48%	9.00%
Blood Bank	17.25%	20.97%	19.19%	7.00%
Core Lab	17.13%	20.72%	16.90%	9.00%
Cytology	16.28%	17.65%	14.49%	8.00%
Immunology	16.20%	22.13%	21.05%	10.00%
Cytogenetics	15.68%	19.86%	6.06%	4.00%
Send-outs	13.57%	18.23%	15.56%	-
Point-of Care	13.49%	24.72%	17.50%	-
Anatomic Pathology	12.99%	15.83%	13.76%	8.00%
Histology	11.83%	17.02%	18.84%	6.00%
Specimen Processing	11.56%	14.69%	11.29%	5.00%
Molecular Pathology/Diagnostics	11.25%	14.68%	17.65%	5.00%
Phlebotomy	9.63%	10.76%	11.54%	4.00%

Overall retirement rates by department since 2012. Data from 2012-2016 gathered from past ASCP vacancy surveys.



ASCP Vacancy 2018 Report Summary



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- Data from this survey show that vacancy rates are considerably higher in most of the departments compared to that in the 2016 report.
- For the first time since 2012, the retirement rates for most of the departments surveyed were at their lowest.
- Certification requirements continue to increase for most departments, suggesting the hiring manager's need for more qualified and certified laboratory personnel.



Vacancy Survey Overall Retirement Rates

- Results from the qualitative analyses suggest:
 - The need for more graduates from accredited laboratory training programs to fill the vacancies left by retirement.
 - A vigorous recruitment campaign should be put in place now to address future shortages.
 - The critical need to focus on retention of lab professionals currently working in the field.



Vacancy Survey Overall Retirement Rates cont.

- Results from the qualitative analyses suggest:
 - Strategies on advocating for better salaries for laboratory personnel both in the local and national level should be discussed.
 - The field should also concentrate on the multi-generational differences between laboratory personnel as it relates to retention.



“In the past 3 years, we have lost 34% of our staff and only regained about 10%. It is mainly due to retirement for older techs and dissatisfaction with current practice for new techs. Sign on bonuses and better wages are drawing new techs away.”



“We are in a disparate place with pending retirements and difficulty recruiting. We need a concerted national effort to heighten the profile of the laboratory profession, or we will not have anyone in the lab to do the necessary work to support our patients and providers. We read about the nursing shortage, and the physician shortage in the news, but the lab profession shortage does not get the attention it deserves.”



2018 vs 2016 ASCP Overall Vacancy Rates

- For the first time since 2012, retirement rates (for those who anticipate retiring in the next five years) for laboratory professionals are at its lowest across most departments.
 - [****My personal interaction** in the current pandemic indicates that **this may not be “holding,”** as we are witnessing a significant number of retirements – 2020 ASCP Report is not currently published.]



2018 vs 2016 ASCP Overall Vacancy Rates

- Retirement rates for both staff and supervisor have also declined, except for the anatomic pathology, cytogenetics, flow cytometry, and phlebotomy departments for staff, and cytology, flow cytometry, molecular pathology/diagnostics, and point-of-care departments for supervisors.
- Previous ASCP vacancy reports have suggested that the field will experience a loss of laboratory personnel who have been in the field for a long period of time and have a vast amount of experience. Current data suggests that this loss of personnel has already occurred.



> Am J Clin Pathol. 2020 Mar 9;153(4):470-486. doi: 10.1093/ajcp/aqaa008.

The American Society for Clinical Pathology's Job Satisfaction, Well-Being, and Burnout Survey of Laboratory Professionals

Edna Garcia ¹, Iman Kundu ¹, Melissa Kelly ², Ryan Soles ², Lotte Mulder ³, Geoffrey A Talmon ⁴

Affiliations + expand

PMID: 32080719 DOI: [10.1093/ajcp/aqaa008](https://doi.org/10.1093/ajcp/aqaa008)

Abstract

Objectives: To examine job satisfaction, well-being, job stress, and burnout among laboratory professionals.

Methods: The study utilized a cross-sectional survey design. The survey was administered online via the American Society for Clinical Pathology's survey tool, to elicit information about job satisfaction, well-being, job stress, and burnout among medical laboratory professionals.

Results: Although this survey shows high job satisfaction among respondents, overall job-related stress is high and burnout is prevalent. The majority of the respondents rated their work-life balance as "fair." The main contributing factors to job stress, burnout, and work-life balance are quantity of workload and understaffing.

Conclusions: Based on the results of this survey, creating targeted interventions may help improve the quality of well-being programs for laboratory professionals. A comprehensive wellness program developed at the institutional, local, and national levels may improve morale and alleviate the recruitment and retention challenges faced by medical laboratory professionals.



<https://www.achievers.com/blog/burnout-job/>

History of staffing – looking over 30 years

- Hospital-based programs versus academic programs
- Numbers of programs in different regions / states of the United States
- Licensed versus non-licensed states
- Certification



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History of staffing – looking over 30 years

- Revenue / reimbursement in healthcare
- Automation / technology
 - Still need “the brain / troubleshooter”
 - Informatics / computer science upgrades in our education
- Cost of programs / academic misunderstanding



"Money" by thejedi is licensed under CC BY-NC-ND 2.0



History of staffing – looking over 30 years cont.

- Awareness / Recognition
 - Upstream and downstream issues
 - What is in a name?
- Clinical placements / rotations
 - Consolidation of microbiology
& blood bank is a national problem



Texas State University – CLS Program



ASCP's 2019 Wage Survey of Medical Laboratories

Staff	2015*	2017*	2019	% Change 2017 to 2019
PA	\$45.95	\$43.37	\$45.19	4.20%
HT	\$25.90	\$26.95	\$27.60	2.41%
MLT/CLT	\$22.16	\$22.72	\$23.19	2.08%
MB	\$29.13	\$28.74	\$29.25	1.78%
PBT	\$15.89	\$16.39	\$16.64	1.54%
HTL	\$28.46	\$28.01	\$28.17	0.56%
CT	\$34.37	\$35.97	\$35.84	-0.36%
CLA/MLA	\$17.46	\$18.77	\$18.66	-0.62%
MT/MLS/CLS	\$29.61	\$30.24	\$30.02	-0.72%
CG	\$33.00	\$34.27	\$32.40	-5.44%



STRONGER TOGETHER

Table 3. Percent change in overall annual hourly wage for staff between 2015, 2017 and 2019.

Sample size constraints prevented further analysis of percent change in overall annual hourly wage for some occupational titles.

*2015 and 2017 wages adjusted for inflation as of 2019



ASCP's 2019 Wage Survey of Medical Laboratories

Lead	2015*	2017*	2019	% Change 2017 to 2019
POCT	-	\$33.63	\$35.76	6.36%
HT	\$29.72	\$29.73	\$31.59	6.28%
MLT/CLT	\$24.98	\$24.98	\$26.39	5.63%
PA	\$50.73	\$49.87	\$52.20	4.69%
CG	\$37.68	\$38.50	\$40.10	4.16%
PBT	\$18.00	\$18.03	\$18.68	3.58%
HTL	\$32.38	\$30.62	\$31.61	3.25%
CT	\$36.86	\$39.36	\$40.23	2.20%
MT/MLS/CLS	\$33.46	\$34.06	\$34.65	1.71%



STRONGER TOGETHER

Table 4. Percent change in overall annual hourly wage for leads between 2015, 2017 and 2019.

Sample size constraints prevented further analysis of percent change in overall annual hourly wage for some occupational titles.

*2015 and 2017 wages adjusted for inflation as of 2019



ASCP's 2019 Wage Survey of Medical Laboratories

Supervisor	2015*	2017*	2019	% Change 2017 to 2019
HT	\$32.60	\$32.51	\$33.78	3.91%
CT	\$39.21	\$42.63	\$44.11	3.48%
MT/MLS/CLS	\$35.47	\$35.81	\$36.13	0.88%
MLT/CLT	\$26.88	\$27.41	\$27.23	-0.63%
HTL	\$33.85	\$35.19	\$33.39	-5.12%

Table 5. Percent change in overall annual hourly wage for leads between 2015, 2017 and 2019.
 Sample size constraints prevented further analysis of percent change in overall annual hourly wage for some occupational titles.
 *2015 and 2017 wages adjusted for inflation as of 2019



ASCP's 2019 Wage Survey of Medical Laboratories



Time in current title, years	CLA/MLA	CG	CT	HT	HTL	LIS	MLT/CLT	MT/MLS/CLS	MB	PA	PI/QA	PBT	POCT	SBB
0-5	\$17.39	\$32.72	\$34.40	\$27.86	\$28.02	\$38.85	\$22.34	\$29.50	\$29.13	\$47.95	\$44.66	\$16.03	\$29.94	\$33.77
6-10	\$19.83	\$35.26	\$35.75	\$29.20	\$30.55	\$41.13	\$24.49	\$32.14	\$33.30	\$51.22	NA	\$17.07	\$33.06	\$37.73
11-15	\$20.81	\$33.07	\$37.53	\$31.32	\$32.27	NA	\$25.44	\$34.01	NA	\$55.90	NA	\$20.31	NA	\$37.22
16-20	NA	\$37.68	\$38.53	\$30.01	\$33.88	NA	\$27.55	\$34.97	NA	\$51.94	NA	\$18.96	NA	NA
21-25	NA	\$37.71	\$40.81	\$30.76	\$34.82	NA	\$26.81	\$34.88	NA	\$51.31	NA	\$21.01	NA	NA
26-30	NA	NA	\$42.73	\$32.01	NA	NA	\$28.41	\$37.14	NA	NA	NA	\$20.89	NA	NA
31-35	NA	NA	NA	NA	NA	NA	\$29.38	\$37.20	NA	NA	NA	NA	NA	NA
36-40	NA	NA	NA	NA	NA	NA	\$31.35	\$37.65	NA	NA	NA	NA	NA	NA
41+	NA	\$36.22	NA	NA	NA	NA	NA	NA						



STRONGERTOGETHER

Table 7. Average hourly wage by time in current occupational title.

Comments from ASCP's 2019 Wage Survey of Medical Laboratories Participants

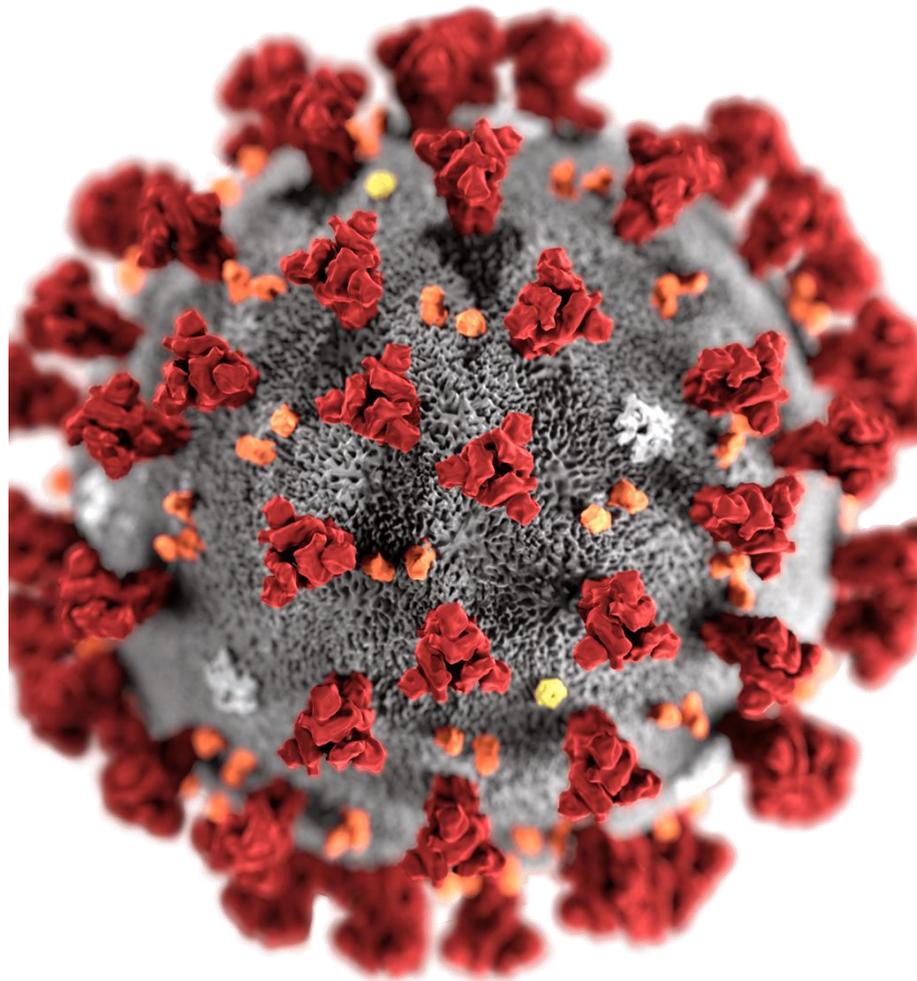
- Total comments received: 3,891
- Addressed being underpaid/underappreciated especially compared to nursing and other allied health professions
- Indicated that there are shortages due to hiring, retention, and staffing challenges





Comments from ASCP's 2019 Wage Survey of Medical Laboratories Participants cont.

- Commented on feeling lack of appreciation from their peers and lack of recognition in the health care field in general, despite being highly qualified and being an important part of patient care
- Commented on low wages and lack of staff leading to early burnout in rural areas; those belonging to urban areas noted that their wages are not enough to meet the high cost of living



“EVERYTHING WE DO BEFORE A PANDEMIC WILL SEEM ALARMIST. EVERYTHING WE DO AFTER WILL SEEM INADEQUATE”

~ Michael Leavitt



History of staffing factors – SARS-CoV-2 / COVID-19

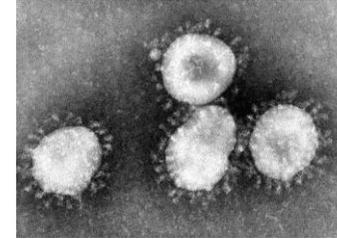
- The “COVID-19 Pandemic effect”
 - The National Testing strategy
 - Too MUCH work versus NO work due to cancellation of non-critical surgery, procedures, etc.
 - Free agency MLS



History of staffing factors – SARS-CoV-2 / COVID-19 cont.

- High burnout due to massive COVID testing demands on top of regular workload
 - “some fear of infection” / “caregiver issues”
- Younger / newer professionals may be leaving field
 - ASCP Survey / personal information shows that staffing appears to be coming back

History of staffing factors – SARS-CoV-2 / COVID-19



- The Pandemic Spotlight can help:
 - International, national, state coverage by news, articles, and other media outlets
 - Increasing visibility of our college MLT / MLS / Specialists / DCLS programs leading to more majors in programs
- Education / Academic impact
 - Faculty lines / tenure impact [travel, research, etc.]
 - Budgets
 - Prerequisite courses / major course loss of “class / lab time”

The Future – What are some of the biggest challenges

- Staffing!
 - Retirement of seasoned veterans / experts
 - Recruitment / retention
 - Mentoring towards administration / leadership
 - Flex scheduling / cross-training / flex shifts

The Future – What are some of the biggest challenges

- **Pipeline** of future laboratory professionals
 - Generational differences / health disparities / urban versus rural / diversity
- Education of future laboratory professionals
 - Lack of clinical placements / rotations
 - We are at crisis mode now in the United States



"Trans-Alaska Oil Pipeline" by rickz is licensed under CC BY-NC-ND 2.0

The Future – What are some of the biggest challenges

- Supply Chain
 - Must take an “agnostic” view of vendors
 - No more multi-year solo vendor agreements
 - Multiple vendors supporting multiple platforms
- BIG DATA
 - Manage and respond to analytics / metrics in real-time [genomics, etc.]
- LIS [and other] single point entry to communicate across multiple internal and external stakeholders for EMR, etc.
- Observe / Study what “others” are doing well
- Cross-functional teams and listening to others

Who are the recent TXST graduates?



Clinical Laboratory Science	Class Entering in Fall of	2015	2016	2017	2018	2019	2020	2021
Completed Applications		37	45	45	38	37	32	41
Qualified Applications		36	39	45	37	36	28	37
Applicants Accepted		22	19*	21	19	21	21 *	20
Gender	Female	16	16	17	12	14	16	17
	Male	6	3	4	7	7	5	3
Ethnic Minorities	Number/Percent	10/45%	12/63%	13/62%	12/63%	13/65%	11/52%	14/70%
Age Range		19-35	19-36	18-28	19-33	18-31	19-37	19-30
Second Degree	Number/Percent	7/32%	4/21%	7/23%	1/5%	4/19%	6/28%	7/35%
Prerequisite GPA		3.28	3.31	3.37	3.48	3.52	3.18	3.41
Science GPA		3.14	3.16	3.16	3.31	3.26	2.91	3.26

Students Starting the CLS Program in Fall 20XX

* One MLT for Senior Year Only

<https://www.health.txstate.edu/cls/CLS-Admission-Profile.html>



TXST CLS Program – Profile



CLS Outcomes & Admission Profile

Texas State University CLS Program Outcomes

Look at our CLS Outcomes to view statistics from our previous cohort(s) regarding student progression in the program and activity after graduation.

Outcomes	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Attrition – Program (2 yrs)	18.8%	0%	10%	5.3%	0%	10%	0%	5%	25%	0%
Attrition – Final Year	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Graduation	93%	100%	90%	100%	100%	90%	100%	100%	100%	100%
Certification *	67%	89%	94%	94%	100%	100%	94%	100%	93%	100%
Placement **	100%	100%	100%	94%	100%	100%	100%	100%	100%	100%

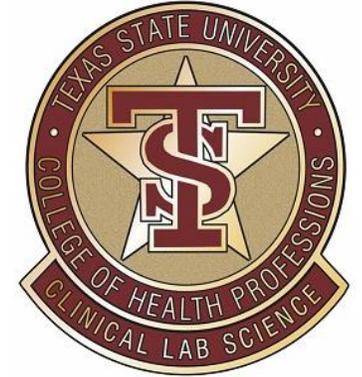
Attrition – Program (2 yrs) is not reported to NAACLS. All other statistics as reported in Annual NAACLS Survey

* Passes within one year of graduation

** Students who found employment (in the field or in a closely related field) and/or continued their education within one year of graduation.

<https://www.health.txstate.edu/cls/CLS-Admission-Profile.html>

Common values/traits observed in many recent graduates

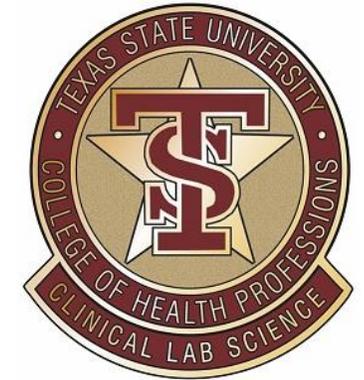


- Prioritize work-life balance
- Desire variety and constant stimulation
- Want their voices heard
- Need affirmations (positive feedback)
- Personal values reflected in where they work, shop, and play

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What lures them into applying?



Rotations (exposure)

Accommodating schedules (4-10s, 7on/7off, 3-12s)

Cross-training & mobility

Feeling wanted & appreciated (bonding)

Strong management (positive attitudes in the lab)

What makes them accept an offer?



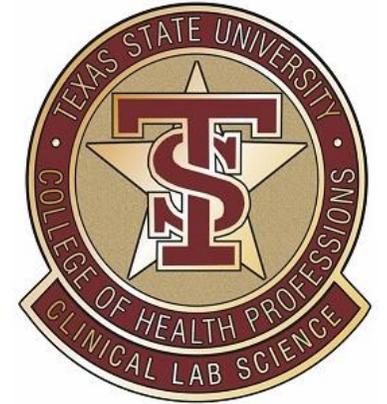
Base pay of \$29/hr

Sign-on bonus ~\$10k
(~1 year commitment)

Benefits (loan forgiveness, tuition reimbursement, conference registrations and paid time off, pet insurance, etc.)



Why do they jump ship?



- Toxic people (negativity frenzies)
- Perpetual understaffing/overtime
- Lack of autonomy (micromanaging)
- Undesirable schedules
- Lack of recognition/growth opportunities
- New grads with no experience getting paid more than them

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Clinical Associate Professor & Clinical Coordinator;
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Many new professionals participate in meme culture, so.....

**“Nothing will kill a great employee faster than watching you tolerate a bad one.”
- Perry Belcher**



Thank you for all of your hard work. We are going to reward you by giving you other's people's work to finish.



your  cards

**YEAH, WERE GOING TO SHORT
STAFF YOU ALL YEAR**

**SO IF YOU COULD DO THE WORK OF 3,
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Thanks / Questions



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