

UNDERSTAFFED

OVERWORKED

**Report on the
Workload and Shortages
of Laboratory and X-Ray
Technologists
in Saskatchewan**

April 15, 2002



Introduction

There is a serious shortage of qualified staff – medical laboratory technologists, medical radiation technologists, combined x-ray and lab technicians - in the province of Saskatchewan.

The staff shortages have created crushing workloads, high levels of stress, increased numbers of overtime hours and call-backs, and tremendous frustration that nothing is being done to resolve the problem.

In addition, the staff shortages have led to longer turn-around times for test results and delays in patient treatment.

This situation can't continue.

This issue has been brought to the attention of the Saskatchewan Association of Health Organizations on many occasions, but few remedial measures have been taken to fix the staffing problems across the province.

Last fall, a special wage and market adjustment was provided to x-ray staff in the Regina Health District. Under pressure from other health districts and the unions representing these classifications, SAHO agreed to extend the wage and market supplement to x-ray classifications across the province.

However, they refused to provide the same monetary increase to the hundreds of medical technologists, combined x-ray and lab technicians and related classifications across the province, that also face chronic staff shortages. SAHO's "do-nothing but review the situation" attitude combined with the fact that the two groups have always had wage parity, has incensed medical laboratory technologists, who walked off the job in Regina last fall to demonstrate their anger and frustration.

That anger and frustration has not abated.

SAHO established a provincial market supplement committee to review classifications facing staff shortages, but it refused to allow unions to participate in a joint process. Last month, SAHO's review concluded that, with the exception of cytology in the Regina Health District, there were no staff recruitment and retention problems in labs across the province.

This report, prepared by medical technologists represented by CUPE, SEIU and SGEU, tells a completely different story, one based on the day-to-day reality of working in lab and x-ray departments in Saskatchewan.

Throughout the month of February, lab and x-ray staff documented the staff shortages shift after shift, week after week. Their “short-shift” reports, excerpted here, show there are staffing problems in every single health district.

This report also shows, through moving first-hand accounts, that many staff are reaching the breaking point. The unbearable workload is having a devastating impact on medical technologists’ personal health, their families and patient care. Here’s just one example:

“Staff feel overwhelmed by the workload. There are staff vacancies that have been advertised but there have been no suitable applicants. The majority of staff have had to carry over their vacations because there is a shortage of qualified staff and relief staff. During the month of February, the lab worked short staff on nearly every shift. Staff morale is poor and employees seem to be perpetually tired.”

Clearly, as this report shows, urgent action is needed address the staffing shortages.

Immediate measures must include:

- A provincial labour market supplement to retain existing professionals working in labs and x-rays
- The restoration of wage parity between x-ray and lab staff across the province
- A province-wide staff recruitment and training strategy
- The establishment of a joint market supplement review committee, consisting of equal representation by unions and health districts

The work of Laboratory and X-Ray Technologists

Medical Laboratory Technologists (MLTs) and Medical Radiation Technologists (MRTs) work in the laboratories and radiology departments of the health districts, normally within a hospital. In the urban health districts there is a high concentration of both Medical Laboratory Technologists and Medical Radiation Technologists and in specialized positions, such as Cytology Technologists, Sonographers, Mammographers, Cardiographers and other classifications. In the rural health districts, it is more common to have combined positions such as Combined Lab and X-Ray Technicians (CLXT).

Across the province, medical technologists perform a wide range of laboratory and diagnostic tests. They test blood and urine samples for sugars or electrolytes, analyze throat swabs for strep throat, do blood counts, and examine cells for cancer. Medical Radiation Technologists do a range of diagnostic imaging such as mammograms, angiography, ultrasound and x-rays. The combined classifications in rural health districts do lab tests and diagnostic imaging such as x-rays.

If you have broken your leg, the doctor cannot set the bones until a technologist has done an x-ray. If a woman needs a caesarean section, or someone has been in a car accident and needs a transfusion, a Medical Laboratory Technologist must first perform a cross-match of blood. If your doctor suspects you may have cancer, it is one of our Cytology Technologists that examines the cells and reports the results to the physician.

Laboratory and diagnostic imaging work is demanding and requires high levels of concentration, attention to detail and accuracy. Physicians and other health providers depend on accurate test results and at times they need the results immediately. Long delays and error can create complications in patient care. There is a high level of responsibility placed on Technologists even when they have their full staffing levels.

Both Medical Laboratory Technologists and Medical Radiation Technologists must complete a two-year training course at SIAST. Part of this training includes practical experience in a laboratory or radiology department. After completing the educational program at SIAST, graduates are eligible to write the exams for national certification with the Canadian Society for Medical Laboratory Science or the Canadian Association of Medical Radiation Technologists. This certification allows the Technologist to work throughout Canada.

Technologists can pursue further specialized training in fields such as Cytology and Diagnostic Imaging. Combined Lab and X-Ray Technicians (CLXT) must complete a one-year program at SIAST.

Shortages of Staff

Over the last number of years, however, our province has experienced a severe shortage of MLTs, MRTs and CXLTs in the province. The situation has become very acute. Saskatchewan Health's Employer Surveys from 1994 and 1999 show that there has been a 10.4% decline in the number of FTE (full-time equivalent) MLTs in the province. In 1994, health employers reported 721 FTE and by 1999, four years later, that number had dropped to 645.8 FTE.

The same 1999 Sask Health Employer Survey noted that 10 health districts were recruiting MLTs and 16 health districts were actively recruiting CXLTs.

Many technologists have left Saskatchewan for provinces that offer better pay and working conditions. We have a serious problem keeping our skilled technologists here or recruiting new ones because of low pay and heavy workload.

The Regina Health District, for example, had a vacancy rate of 50.9% for Cytology Technologist I as of December 31, 2001.¹ The vacancy rate changes on a constant basis, however, as more technologists leave for better jobs outside this province.

The staff shortage becomes more alarming when we realize that the workforce is aging and that a large number of technologists will be eligible to retire in the next ten years. The Canadian Society for Medical Laboratory Science in its National Human Resources Review estimates that SIAST will not be producing enough graduates in the MLT, MRT and CLXT programs to replace those retiring or leaving the province. The report states that "Saskatchewan must offer competitive salaries if it is to avoid a 'brain drain' to the rest of Canada."²

The Canadian Society for Medical Laboratory Science also reports that about 40% of the cross-trained technicians (CLXTs) in Saskatchewan will retire in the next five years.³

The number of students graduating from SIAST will not even come close to replacing the retired workforce. Prior to 1990, SIAST had capacity for 55 students in the MLT program but cut this down to 26. In 1995 the program decreased the number of seats once again to 16. The MRT and CLXT programs also accept 16 students each year. The capacity of SIAST is not high enough to meet the need in the province.

¹ Regina Health District application to the Provincial Market Supplement Program, Jan 15, 2002.

² Canadian Society for Medical Laboratory Science, National Human Resources Review, p. 18.

³ Health Canada, *An Environmental Scan of the Human Resource issues Affecting Medical Laboratory Technologists and Medical Radiation Technologists*, May 1999, p.29.

Retirements, coupled with the loss of Lab and X-ray Techs to other provinces, will create an even greater shortage of medical technologists unless action is taken now to increase training positions.

Crushing Workloads

An Environmental Scan of the Human Resource Issues Affecting Medical Laboratory Technologists conducted in May 1999 by Health Canada reported an increase in laboratory testing across the country. Advances in technology, new tests being developed and health reform were some of the reasons for these increases.

Many technologists concur that there has been an increase in workload over the last number of years. "The work has doubled or tripled in the last six years but there has been no increase in staff," reported one technologist from a rural health district.

On top of the increased quantity of work, there has been a decline in the number of medical technologists doing the work.

Staff shortages have left the remaining technologists working short staffed, many of them working excessive hours of overtime and being repeatedly called back to work after having completed their shift. Vacant positions are not filled or, in the case of many rural health districts, are filled by laboratory aides who cannot carry out the full range of duties.

During the month of February, Lab and X-Ray Technologists from across the province decided to document their crushing workloads. In every health district, technologists kept track of how many staff they were working short and how many hours of overtime, callbacks and standby they worked.

The results were shocking. In every health district, technologists are working chronically understaffed and under crushing workloads. Their personal accounts tell us moving stories of how they and their families are affected. The appendix to this document summarizes all of those reports but here is a sampling of the workload that was reported:

Assiniboine Health District

- worked short staff on 45 of 133 shifts
- worked 40.25 hours of overtime
- had 163 callbacks
- were on standby for 2,407 hours

Central Plains Health District

- worked short two full-time positions
- worked 71.75 hours of overtime
- had 64 callbacks
- on stand-by for 371.5 hours

North Valley Health District

- worked 8 shifts short-staff
- put in 22 hours of overtime
- had 55 callbacks
- were on standby for 916 hours

Saskatoon Health District

- worked short staff on 74 of 215 shifts (34% staff shortage rate)
- worked 177 hours of overtime

Regina Health District

- worked 584 positions short
- have 29 vacant full-time equivalent RT positions
- worked 283 hours of overtime
- were on standby for 540 hours

The Impact of Workload on Technologists

Medical Radiation and Laboratory Technologists are suffering from high levels of stress and burnout because of this overwhelming workload. The workload reports show that they are working short-staffed on an almost continuous basis, being called back to work several times after completing a shift, putting in hundreds of hours of overtime, not being replaced when ill and often denied vacation time.

How does understaffing and overwork affect technologists? It creates a stressful and unhealthy work environment, it impacts their personal health and their family and community lives. Here are some of the stories that technologists have told.

- **The heavy workload**

“We are always working short-staffed. The only thing that changes is whether we are working 15% short or 40% short. The week of February, we were called-back to work four nights out of five after midnight”. (Swift Current)

“The pressure of the heavy workload is stressful both at work and at home. After I return home from a callback in the night, I often cannot get back to sleep. Due to staff shortages, we also are on stand-by more often. When you’re on stand-by you can’t do very much other than wait by the phone, even though it is your day off.”
(North Central)

- **Personal health: increased sick days**

The heavy demands at work and constantly being on call is hurting technologists’ health. One technologist reported that a colleague in a rural health district had been on call for 300 days straight and eventually went on stress leave. Others report increased use of sick leave or workers going to work while sick because they know they won’t be replaced.

“The constant busy scheduling is starting to show in the number of sick days being taken for knee, back and shoulder problems as well as stress-related problems. We are barely able to staff adequately now so we have no idea how we will cope with summer holidays.” (Yorkton)

- **Personal and family lives: “my life is not my own”**

Medical Radiation and Laboratory Technologists love their jobs and are strongly committed to patient care. But they also want to have a personal life, spend time with their families and participate in their communities. The workload and stress is taking its toll on them.

“My life is not my own. I am at the beck and call of my employer. I have missed many family events due to being called-back, including supper with my daughter on her 15th birthday. I have been unable to attend relatives’ funerals because there are just not enough people to work.”
(North Central)

“Being on standby and returning to work on call-backs basically puts your home life on hold. Home life is virtually non-existent. You work without time off for days on end. You are unable to get groceries, pay bills, bank, see a doctor, attend family functions – life passes you by.”
(North Central)

“My boss wasn’t sure I could even have the weekend off when I got married because of tech shortages.”
(Moose Jaw Thunder Creek)

Impact of workload on patient care and quality

The Technologists know that they cannot continue to work understaffed and overworked. Physically, it is not possible to continue to work at this pace. They know this is affecting their health and their families, but they also fear that patient care is at risk.

- **Quality of work suffers**

Extreme workload, fatigue and high levels of stress increase the possibilities of error. When a MLT, MRT or CLXT works all day and then is called back to work several times during the night and is still expected to work the next day, the quality and accuracy of their work is put in jeopardy.

Medical Laboratory Technologists and Medical Radiation Technologists must maintain standards and provide quality assurances of their work or they could lose their license. Yet they can barely keep up with their tests let alone do quality control procedures.

*“Work quality is suffering because of staff shortages. There is not time to address accuracy. This is a concern for both the employee and the patient.”
(Central Plains)*

*“Technologists should not have to come to work too tired to perform their duties properly. This will result in errors that could have serious consequences.”
(North Valley)*

*“The staff shortages result in things not getting done such as budget, quality control, counting units, ordering supplies.”
(Assiniboine)*

- **Patient care at risk**

Patient care is already being affected by the shortage and workload of technologists. Many technologists reported that labs and services have been cancelled because of a shortage of technologists to perform the work.

“Staff shortages have made it necessary to cancel many appointments for mammography and CT scans. For example, last year there were 39 days where mammography appointments were cancelled due to technologist shortages.”
(PA)

“The lab has been reduced to one day per week because there is no Tech available to fill temporary part-time position. This week the lab was closed all week due to no relief staff.”
(Invermay, Assinboine Valley)

“Many days we have had to cancel mammogram and screening so that we have enough Techs to cover the floor. Our waiting time for these appointments is now at least three weeks.”
(Yorkton).

Patients and their health providers are waiting longer for test results. In suspected cases of serious disease, such as cancer, there should be as quick turn around as possible, but this is not happening. For example, in the Regina Health District, the turn around time in Cytology (testing of cells for cancer) has increased from three (3) days in December 1999 to 18 days in December 2001.⁴

Technologists are suffering from the extreme workload and need immediate action. The shortages are already affecting patient care and the situation will only get worse.

The cost to the employer

Technologists in the province are frustrated by the failure of SAHO and the provincial government to address the serious problem of staff shortages. The provincial market supplement committee established by SAHO has not recognized the severe shortages that exist in all lab and x-ray classifications.

Perhaps SAHO does not want to acknowledge the shortages because they believe it will cost too much money to provide a market adjustment to all classifications. We would like to point out, however, that the present staff shortages are already costing employers and the health care system dearly.

First of all, the combined cost of overtime, standby pay, weekend and shift premium pay, and callback pay to the employers is exceedingly high. The report from one rural health district for the month of February indicates that the

⁴ Regina Health District Application to Provincial Market Supplement Committee, Appendix C.

Medical Laboratory Technologists (MLT) and the Combined X-Ray and Lab Technicians (CLXT) racked up 40.25 hours of overtime, 2,407 hours of standby and were called back to work 163 times.

The callbacks alone for that month would have cost the employer between \$9,200 and \$10,575, depending on how much of the callback time was paid at time and a half or at double time rates⁵. That amount would be enough to pay the full-time salaries of several additional Techs.

Technologists from the Saskatoon Health District reported 177 hours of overtime for the month of February. Without knowing the exact wage rates of all the MLTs and MRTs that were paid overtime, a conservative estimate of a wage rate of \$20 an hour would yield between \$5,310 and \$7,080 in overtime costs for that month.

Technologists from the Regina Health District reported 283 hours of overtime for the month of February. This is mostly likely lower than actual overtime hours because not all Technologists had time to report their overtime. Assuming a wage rate of \$20 an hour, the overtime costs for February for just MLTs would have been between \$8,500 and \$11,300.

Crushing workloads lead to increased sick leave, stress leave or long-term disability, creating further costs to the employer. If the understaffing and workload continues, employers will be paying even higher costs and the health system will be in crisis.

No one gains by ignoring the staff shortages and heavy workload. The high costs of overtime, callbacks and standby pay that employers are paying could easily pay for a significant increase in staff and market adjustments for these classifications. It is unacceptable that health care dollars would be used so inefficiently and unwisely.

The solution: market adjustment and recruitment strategy

The provincial government and the Saskatchewan Association of Health Organizations must act immediately to address the shortage and workload of Medical Radiation Technologists, Medical Laboratory Technologists and Combined Laboratory and X-Ray Technicians. Urgent action is needed before we lose more technologists to other provinces and the remaining technologists collapse under their workloads.

⁵ Assuming a wage rate of \$16.22 for a CLXT at a minimum of 2 hours pay for each call back. The technologists reported that as much as one-half of the callbacks would have been for MLTs, who are paid at a higher rate.

Immediate measures must include:

- a provincial labour market supplement to retain existing professionals working in labs and x-ray;
- the restoration of wage parity between Medical Radiation Technologists and Medical Laboratory Technologists across the province;
- the development of a province-wide staff recruitment and training strategy that addresses current and future needs;
- the establishment of a joint market supplement review committee, consisting of equal representation by unions and health districts.

CS/ng:opeiu 491
Cheryl/Health/Understaffed and Overworked.doc
April 11, 2002

Appendix

Understaffed and Overworked Reports from x-ray and lab departments across Saskatchewan

Assiniboine Valley Health District

Report compiled by Shelly Fogg, Combined X-Ray and Lab Tech

The lab and x-ray departments in our health district worked short-staff on 45 of 133 shifts in February. During this period, the Combined X-Ray and Lab Technicians (CLXT) and Technologists worked 40.25 hours of overtime and spent 2407.5 hours on standby. They had 163 callbacks, when they were on their time-off.

Our health district has a number of vacant positions, including a Medical Radiology Technologist and a CLXT position. In addition, one of our full-time Medical Laboratory Technologists was off sick and one full-time CLXT was on disability. Our part-time CLXT position was filled during this period, but it is vacant again because the technician took another job in a neighboring health district, which provides a market supplement to technicians' wages.

“Patients are supposed to be number one, but due to increased workloads, and staff shortages it is very difficult to maintain good turn around time for patient results. Management expectations of us are to keep everything functioning the way it was before health reform. But with the reduced number of techs, it is nearly impossible. This is very tiring and very stressful. Everyone suffers – patients, co-workers, our families and us. Techs are starting to burn out fast. We need more techs and we need them now.”
Shelly Fogg, CXLT Assiniboine Valley

A week in the lives of x-ray and lab staff

“We worked short-staff on 18 of 38 shifts this week [February 1 – 7] in our district due to the employer’s failure to fill vacant positions. There is a shortage of trained staff and relief staff here. We also had 40 callbacks involving another 12 hours of overtime. Due to staff shortages, we were required to be on stand-by for 659 hours.”

“We worked two positions short this week as we don’t have enough trained staff in this district. We were on stand by for 101.5 hours

this week and were called back twice on Saturday, three times on Sunday and once on Wednesday night.”

Preeceville

“The lab has been reduced to one day per week because there is no tech available to fill temporary part-time position. This week the lab was closed all week due to no relief staff.”

Invermay Health Centre

“We worked short staff on every shift this week. It was very difficult. One technologist was on sick leave; another could not come to work after her vehicle hit a deer. Her car was too damaged to drive. On Monday, February 4, the tech had a lot of callbacks and did not get much sleep. As a result she could not come into work on Tuesday. The staff shortages result in things not getting done such as budget, quality control, counting units, ordering supplies.”

Canora Lab

Central Plains Health District

Report compiled by Donelda Still, Medical Laboratory Technologist

Staff are feeling very frustrated by the rising workloads. The work has doubled or tripled in the last six years but there has been no increase in staff. The lab and x-ray often work short staff. In the month of February, for example, they worked the equivalent of two full-time positions short. The remaining staff recorded 71.75 hours of overtime and were called back 64 times.

A week in the lives of x-ray and lab staff:

“We have too much work for too few technologists. Staff members feel overwhelmed, pressured and burned-out. There is no relief in sight. This week we were short-staff on 20 of 61 shifts. We recorded 26.75 hours of overtime and were on stand-by for 371.5 hours. We were called back 26 times. At what point will we get help?”

“Work quality is suffering because of staff shortages. There is no time to address accuracy. This is a concern for both the employee and the patient.”

Lloydminster Health District

Report compiled by Jackie Girodat, X-ray tech

Staff in lab and x-ray routinely work short-staffed. Vacant positions have not been posted and no relief staff are being called in or hired. As a result, staff members are being denied vacation time and required to be on stand-by more and more often. A full-time position has not been filled on days. The workload, overtime and callbacks are continuing to increase.

A week in the lives of x-ray and lab staff:

“This week [February 1-8], we needed extra staff to cover three hours of an evening shift and be on-call. Casual staff already was covering day shift due to a vacant position that hasn’t been filled since last October. The tech scheduled to cover the three hours was ill, so the tech that worked days came back and took calls.”

“Our sonography technician works on average 15-30 minutes overtime daily!”

“Three techs were refused holidays this week [January 24 – January 31] because there was no relief staff available.”

Moose Jaw – Thunder Creek Health District

Report compiled by Melanie Meeks, Medical Laboratory Technologist

Moose Jaw Union Hospital Laboratory: The laboratory reduced its staff last summer to compensate for holidays. One tech was removed from working the weekend and a three-quarter time evening tech was replaced with a phlebotomist. The laboratory is still running now with last summer’s staff reduction.

The laboratory also has been short a full-time Tech III (hematology) since November 2001 with no prospects in site to fill the position. There are currently two techs on maternity leave and one more will be joining them in May. There are 3.5 tech 1 positions vacant in the lab.

Lab management is currently brainstorming ideas to manage this year’s vacation time. Our patient clinics may be closed and reduced lab hours may result. It is obvious that we will be forced to continue bench duties and that lab techs may be replaced with lab assistants in some instances.

Moose Jaw Union Hospital Radiology: The Radiology Department as MJUH is currently short 1.5 full-time equivalent ultrasound technologists, and

one casual x-ray technologist. The department has difficulties covering for holidays and sick time.

Surrounding centres: Craik, Central Butte, Rockglen, Assiniboia and Gravelbourg. The biggest complaint in the smaller hospitals is the technologists have no replacements to provide coverage for sick time or holidays. The techs also have to work a lot of stand-by.

A week in the lives of x-ray and lab staff:

“The cutbacks at Grasslands Health Centre have left us with only 14 hours a week in the laboratory. We used to have one full-time technician. The cutbacks have increased our workload. We work 8 hours on Tuesday and 6 hours on Friday.

*“During the cold and flu season, I often work overtime on Tuesday, and additional hours on Friday. There is no one to replace me on sick days. I have less than one-half of my vacation time covered.”
Lab and X-Ray Tech, Rockglen*

*“My boss wasn’t sure I could even have the weekend off when I got married because of tech shortages.”
MLT, Moose Jaw*

North Central Health District

Report compiled by Norrine Berge, Medical Laboratory Technologist

Staff feel overwhelmed by the workload. There are staff vacancies that have been advertised but there have been no suitable applicants. The majority of staff have had to carry over their vacations because there is a shortage of qualified staff and relief staff. During the month of February, the lab worked short staff on nearly every shift. Staff morale is poor and employees seem to be perpetually tired.

A week in the lives of x-ray and lab staff:

“My life is not my own. I am at the beck and call of my employer. I have missed many family events due to being called-back, including supper with my daughter on her 15th birthday. I have been unable to attend relatives’ funerals because there are just not enough people to work.”

“The pressure of the heavy workload is stressful both at work and at home. After I return home from a callback in the night, I often cannot get back to sleep. Due to staff shortages, we also are on stand-by more often. When you’re on stand-by you can’t do very much other than wait by the phone, even though it is your day off. “

“Being on standby and returning to work on call-backs basically puts your home life on hold. Home life is virtually non-existent. You work without time off for days on end. You are unable to get groceries, pay bills, bank, see a doctor, attend family functions – life passes you by.”

“You go from a busy work day to a call-back at night (sometimes three or four calls), then back to work for another full day, then another night on call. It seems like you go days without time off. It’s very stressful and very hard on families.”

North East Health District

Staff shortages are a big problem. In February, there wasn’t a week we weren’t short-staffed. The worst week [February 18-24] we worked 49% short.

Northwest Health District

Report compiled by Penny Burroughs, Registered Technologist, Radiology

Staff shortages in lab and x-ray are creating problems. Staff members are coming to work sick because there is no one to replace them. In addition, many staff may be denied holidays this summer because of the shortage of relief staff.

A week in their lives of x-ray and lab staff:

“We are currently working short one staff member in the lab about two days per week because an employee is on sick leave, recovering from surgery and there is no full-time replacement.”

“The situation is going to get worse because several staff members are eligible to retire in the next five years and this is no one to replace them.”

North Valley Health District

Compiled by District Technologists

During the month of February, we were on standby for 424 hours in Melville and 492 hours in Esterhazy. We were called back a total of 55 times during the month and worked more than 22 hours of overtime in the three labs in our district.

These simple statistics illustrate the impact the shortage of MLTs is having on our work lives. As present we are working more hours than what our letters of appointment state, compounded with the ever-increasing amount of callbacks and standby hours. This has caused more sick time hours to be utilized than every before. It also has negatively impacted our family life. Callbacks after midnight greatly fatigue a person, and yet we are still expected to report for work the following day.

Technologists should not have to come to work too tired to perform their duties properly. This will result in errors that could have serious consequences.

We are urging the parties involved to acknowledge this shortage and take action to rectify the problem before it escalates out of control.

Prince Albert Health District

From Diagnostic Staff in X-ray and Lab

We have a number of concerns that are impacting our daily work lives and jeopardizing patient care.

Increased workloads. We are facing increasing daily workloads, as we have assumed responsibility for more work, which had been done previously in clinic labs. The clinic work is done during evening and nights when we are operating with a minimum staff (one or two techs.)

Aging equipment: The increased workload is being done with diagnostic equipment that is in many instances at the end of its work life. The equipment requires frequent repairs and maintenance by the technologists, adding to our workload. In diagnostic imaging this had led to numerous cancellations of imaging procedures, directly impacting patient care.

Staff shortages: Staff face forced callbacks and are denied holidays because there is no replacement or casual staff. Staffing levels are inadequate to replace staff that are away on extended leaves and stress leaves. This in turn increases the workload and stress on remaining staff. The failure to reassign qualified staff has led to management personnel and other staff performing procedures they are not fully qualified to do. In addition, staff shortages have

made it necessary to cancel many appointments for mammography and CT scans. For example, last year, there were 39 days where mammography appointments were cancelled due to technologist shortages.

Regina Health District

Report compiled by X-Ray and Lab Staff

All areas of the x-ray and lab departments are working short-staffed. When workload surveys were collected the week of February 4 - 8 from Cytology, Hematology, Transfusions, Nuclear Medicine, Radiology and Ultrasound, we found we were 138 positions short! When we canvassed departments for the entire month (February 4 – March 1), we found we worked 584 positions short, 540 hours of standby and 283 hours of overtime.

We are frustrated this problem has been allowed to continue for so long. We are all dedicated professionals but our primary concern is for our patients. Our desire is to give the best care possible in a timely manner. But it is becoming increasingly difficult to accomplish that goal. Moral is extremely low. We feel strongly that patients and staff deserve action on the staff recruitment and retention problems of registered technologists and combined x-ray and lab technicians.

Report from Nuclear Medicine: Since hospital amalgamation, the workload in Nuclear Medicine at the Regina General Hospital has increased significantly. The type of patients also has changed, as we are now the critical care site for southern Saskatchewan.

We should have 7 full-time techs, but are two techs short. If we have one tech on a banked-day off and another tech on holidays, it means three techs are trying to run a four-camera department. Gone are the days of one on one patient care. Safety issues speak for themselves.

Lack of staff has contributed to high stress, increased workloads, missed coffee breaks, decreased level of care for patients due to time constraints, increased out patient waiting lists and increased number of occasions staff must be “on-call.” It also means there is no relief.

Recruiting is difficult as we are on a lower pay scale than Alberta.

Possible retirement by staff in the next few years also weigh heavily on technologists.

No one has time now to keep up with the current workload, let alone any extra demands that pop up. If you wish to avoid staff burn out, these issues will certainly have to be addressed.

A week in the lives of x-ray and lab staff:

"In the Cytology Department at the Pasqua Hospital we are currently working at a vacancy rate of greater than 60%. This month we lost another technologist to Alberta and this week we were informed that our only Tech III is leaving. When will it end? When there are no techs left to do the job? All of the disciplines are feeling the same pressures."

Judy Lowey, Medical Technologist

Rolling Hills Health District

There is only one tech in Herbert and she has virtually no relief. The closest techs that are available to work live at Gravelbourg and Eastend. These techs can work a day but then they go home and do not take standby. Consequently the Herbert tech is on call 7 days a week. During the week of February 4, she received nine callbacks in five days.

"I am unable to take my earned time off because there is no replacement."

Ponteix

Saskatoon Health District

Report compiled by Celine Hounjet and Vera Giesbrecht, MLTs

There are many staffing problems in lab and x-ray in our health district.

First, there are tremendous staff shortages. During the week of February 18, for example, we should have had 215 positions. Instead, we worked 74 positions short. That represents a "staff shortage rate of 34%. In February we worked 177 hours of overtime.

We have difficulty filling vacant positions because there are not enough training positions at Kelsey. In addition, new graduates are not staying here, because wages are not competitive with Alberta or British Columbia.

There is a lack of full-time positions to entice qualified technologists to the province. Technologists will not move or stay here to work in casual and part-time positions.

There also aren't enough relief staff to provide coverage when technologists are away on vacations, sick leave, long term disability, bank days, educational leaves and so on.

Southwest Health District

We are three positions short in this health district.

We have been trying to fill a full-time position since December 1, 2001, but have had no applicants. The staffing shortage is filled as much as possible by part-time and casual staff. However, those staff members are not always available, as they don't want to work full-time hours.

South East Health District

Report compiled by Sherlynn Best, Combined X-Ray and Lab Tech

In rural Saskatchewan, the reality is there are literally no relief workers for the CLXTs, MLTs, or MRTs. As a part-time worker, the expectation is you will work hours of overtime and spend countless hours on call. In a small rural health centre, you may be the only one employed in the lab/x-ray department and the entire workload falls on your shoulders.

Other centres may be fortunate enough to have two techs. There are many times that your reality is that you work an 8-hour shift with one – two hours of overtime and then you go on standby. You are called back to work at 8 p.m. and possibly again at 1 a.m. But you still have to report to work at 7 a.m. that same day.

Techs throughout the province are stressed-out and burnt-out with the workload. We need a staff retention and recruitment plan in place, as well as a provincial market supplement for the entire province, to ensure all technologists earn the same rate of pay.

We live day-to-day wondering when another tech will leave our district, to pursue better wages and a more reasonable workload in other places.

A week in the lives of x-ray and lab staff:

The staff complement in the x-ray and lab is inadequate. The employees in x-ray and lab constantly are constantly feeling stressed and pressured by workload demands.

“We are operating with the bare minimum of staff. This week [February 10] our small staff complement worked 8.5 hours overtime and were on standby for 327 hours. God help us if anyone gets sick. Our holidays always are pending, as there are not enough trained staff. We have no relief or casual staff.”

Swift Current Health District

Report compiled by Patricia Brown

We are always working short-staffed. The only thing that changes is whether we are working 15% short or 40% short. The week of February, we were called-back to work four nights out of five after midnight.

“Not only are we short technologists, but we also are short secretarial staff and our director was away on holidays this week (February 24 – March 2.) We have to cover those positions and complete our own work. The same week we had 7 call-backs after midnight, but that doesn’t change the fact that the technologists must be at work for the next day’s shift.”

“We are not staffed for emergencies. We are not staffed for routine workload. We need techs!”

“After two weeks of holidays, I should have come back to work feeling rested and refreshed. Instead, my last day off was spent feeling depressed about setting foot back in the door . . . Recently worked with 7 instead of 10 staff. Even though we were short, we were still expected to put out the same amount of work, including 100+ outpatients. We had a machine problem, which took about two hours of a tech’s time during the day. To top off an already busy day, the operating room had a major bleed during surgery. This kept two of our already depleted staff busy for the entire afternoon. And we wonder why lab techs are unhappy and short-tempered both in the workplace and at home.”

Yorkton Regional Health Centre

Report compiled by staff in Yorkton

“In the past few weeks, we have worked short almost on a daily basis due to illness, banked time, etc. Staff are either not replaced to cut costs or because there is no one available. Most of our casuals will not work more than two or three days per week.

The constant busy scheduling is starting to show in the number of sick days being taken for knee, back and shoulder problems as well as stress-related problems.

We are barely able to staff adequately now so we have no idea how we will cope with summer holidays. Many days we have had to cancel mammogram and screening so that we have enough techs to cover the floor. Our waiting time for these appointments is now at least three weeks.”

:ng opeiu 491