

# ***Under Pressure:***

*Report on Workload of CUPE Medical Technologists and Technicians in Saskatchewan*



MAY 2017

**CUPE** HEALTH CARE WORKERS





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## EXECUTIVE SUMMARY

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Medical technologists and technicians play a critical role in our health care system. Many of them work behind the scenes doing laboratory tests or preparing medications for patients. Others work directly with patients doing x-rays, CT or MRI scans or other critical diagnostic tests. Doctors rely on timely and accurate results from medical technologists and technicians so they can diagnose illnesses and establish a treatment plan for their patients.

A recent survey of medical technologists and technicians raises concerns about how increased workload is impacting the quality of services to patients and the health of technologists.

The Canadian Union of Public Employees (CUPE) represents 874 medical technologists and technicians in five health regions in Saskatchewan: Regina Qu'Appelle, Sun Country, Sunrise, Prince Albert Parkland and Prairie North. In November 2016, the Medical Technologists and Technicians committee of CUPE's Health Care Council conducted an online survey of medical techs to better understand how workload impacted patients and technologists.

The results from the survey indicate that increased workload and understaffing of medical techs is putting them under extreme pressure and compromising patient care. Increased workload means that medical techs cannot complete all their work on shift, which pushes them to work through scheduled breaks, come to work early or leave late. This can lead to delays in patient diagnosis, errors and staff burnout.

The heavy workload is affecting the personal and mental health of medical techs in the province. This report measures the impact that workload has had on medical techs and includes moving first-hand accounts that describe the cost to their personal health and family lives.

The following points summarize the key findings in our report.

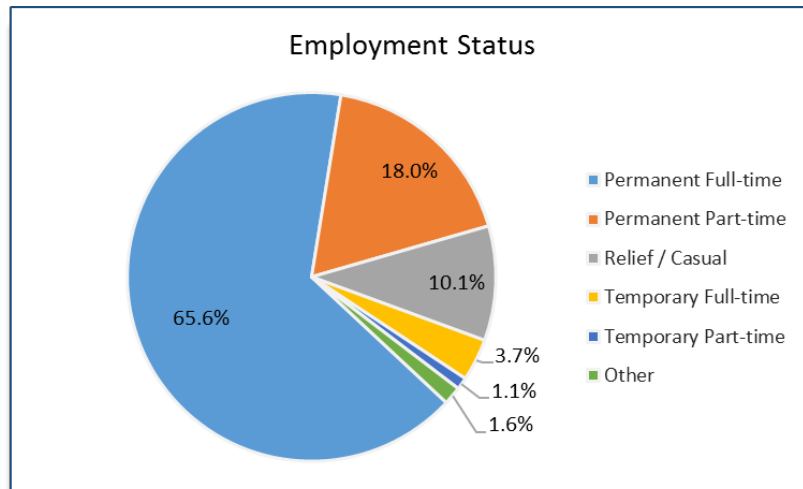
### **Response rate**

- The response rate to the survey was 22.4%
- The classifications with the highest number of responses to the survey were: Medical Laboratory Technologists (41.0% of respondents); Combined Laboratory & X-Ray Technicians or CLXTs (24.1%); Medical Radiation Technologists (16.4%);

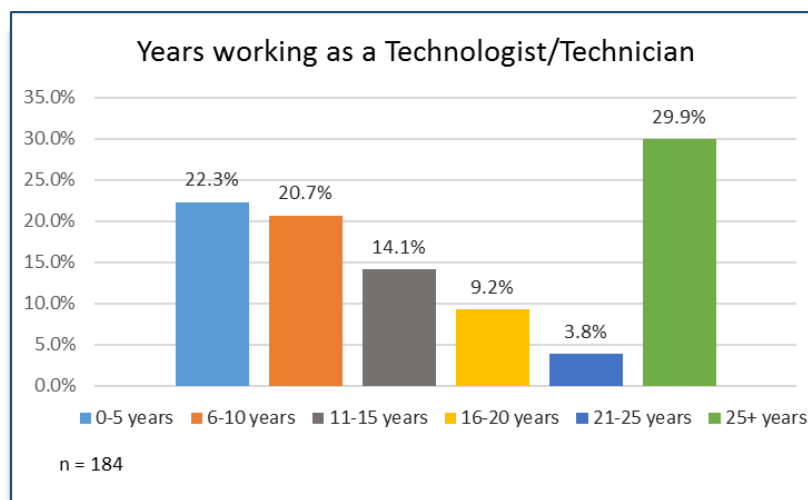
Pharmacy Technicians (3.6%) and Magnetic Resonance Imaging (MRI) Technologists (3.6%)

### Background information

- almost two-thirds (65.6%) of medical techs work in permanent full-time jobs, compared to 36.6% of all health care workers in CUPE. The medical techs who are *least likely* to work full-time are the CLXTs: 56.8% of them work in part-time, temporary or casual positions



- The survey indicates a significantly new workforce with 43% of respondents having worked ten years or less in their classification; 30% of respondents say they have worked for 25 years or more and are nearing retirement.

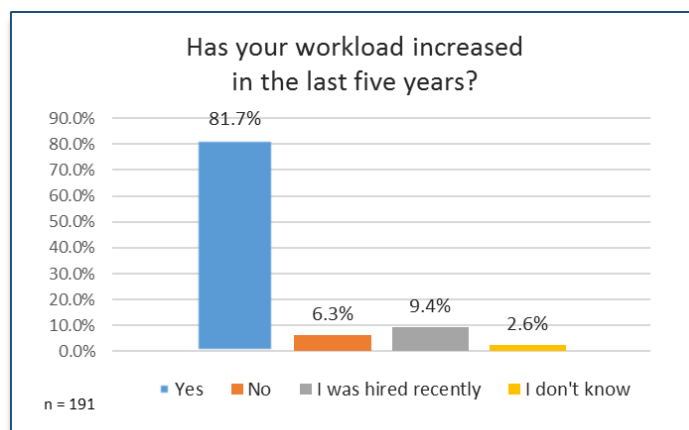


- Response to our survey indicates a very young workforce: 38.8% of respondents are younger than 35 years. There were very few respondents who were 65 years of age or older and only 16.1% were between the ages of 55 and 64.
- 92.2% of respondents were female and 7.8% identified as male. About 86% of all CUPE health care workers are women.

### Workload has increased

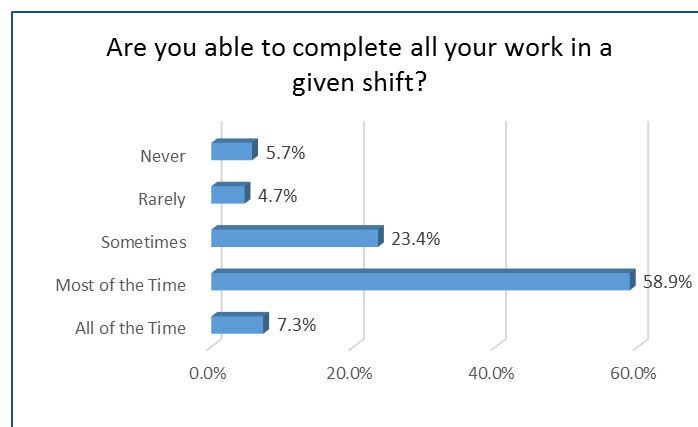
- 81.7% of medical techs reported that their workload increased over the last five years. Only 6.3% said their workload had not increased.

- Among the classifications, 100% of pharmacy technicians and MRI technologists, and 92.2% of medical laboratory technologists reported an increase in workload.



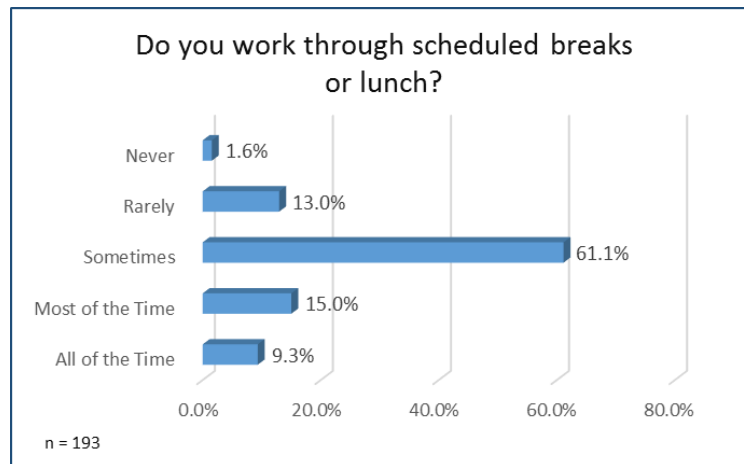
- “Working short and understaffing” was the most frequently mentioned factor contributing to workload: 27.5% of respondents selected this. The second most common factor was “additional job duties assigned to me.” Almost one in five (19.7%) selected this. The next three most chosen factors were: “employer not backfilling for leaves” (13%), “outdated equipment/equipment breakdown” (12.4%), and “vacant positions not being filled” (10.4%).

- Almost one-quarter of respondents said they “sometimes” complete all their work in a shift and 10.4% said they “rarely” or “never” finish their work.

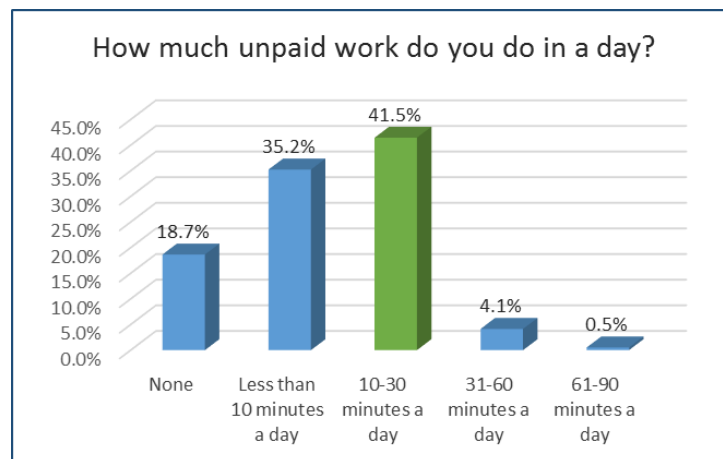


- Only 7.3% said they complete their work “all the time,” and 58.9% said they finish their work “most of the time.”

- 44.6% of medical laboratory technologists and 42.9% of MRI technologists said they “never, rarely or sometimes” complete their work during the shift.



- 24.3% of medical techs said they work through scheduled breaks or lunch “most or all of the time.” MRI technologists reported the highest rates of working through breaks: 100% said they work through breaks “all or most of the time”.
- More than one out of four (26.4%) medical techs come to work early or leave late “most or all of the time.” Only 15.6% said they “never or rarely” come to work early or leave work late to address workload.

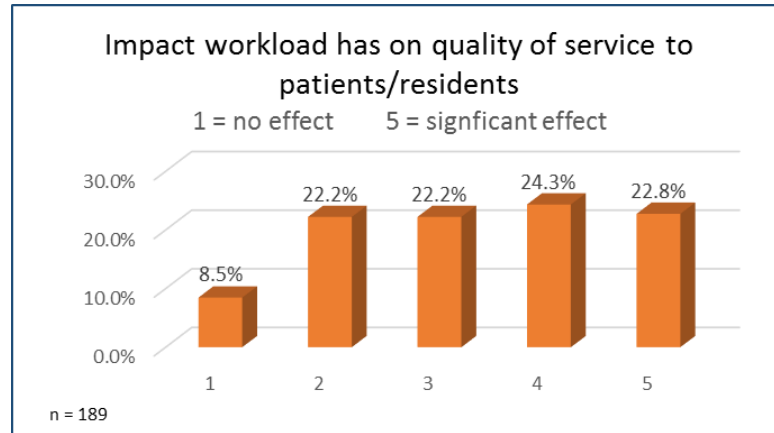


- Because of heavy workload, medical techs are working additional unpaid minutes per day that add up over a week, a month and the year. 41.5% reported that they provide 10 to 30 minutes of unpaid work on an average day. That adds up to between 50 minutes and two and a half hours per week of unpaid work.



## Impact of workload on patient care

- About 47% of medical techs reported that increased workload had a significant effect on the quality of services to patients.



- Almost the same number of medical techs (47.1%) felt that increased workload had a significant impact on patients' health and safety. Among the classifications, the MRI Technologists showed the highest level of concern that their workload is affecting the health and safety of patients. All of them (100%) selected 4 and 5, indicating they believe their workload is impacting patients' safety.

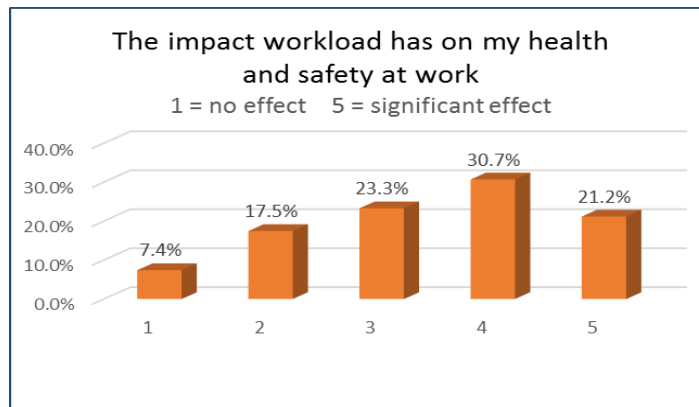
### Some of the comments highlight the concerns of medical techs:

*It doesn't allow for proper patient care. When you have 10 patients waiting and you need to be completed by a certain time (end of the day) or else the patients will be sent away, how is that having the proper care for each individual patient? Patients' one on one time with us is being robbed from them because we are continuously way too busy to give them our full attention that they need and deserve.*

*We are being asked to 'cut corners' in order to maximize the number of patients seen each day in our department, as well as to do this without incurring overtime. This is very frustrating because it affects the health and safety of our patients and our staff.*

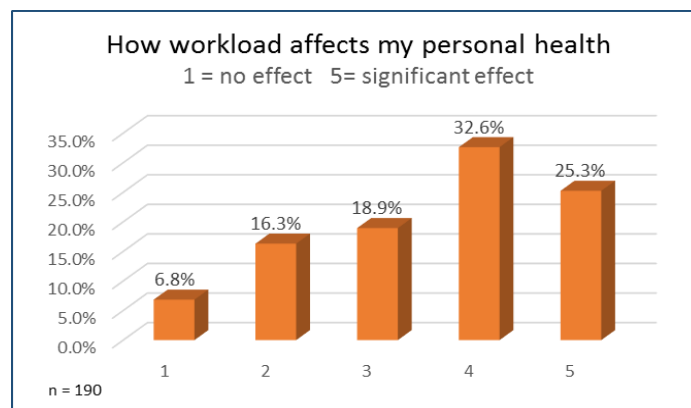
## Impact of workload on the health and personal lives of medical techs

- Over one-half of medical techs (51.9%) reported that workload had a significant effect on their personal health and safety at work; 71.4% of MRI technologists and 68.9% of medical radiation technologists gave the same rating.



*"I go home exhausted and in a fog because I barely have time to think about what I am doing. It takes longer to relax at home and let go of the day."*

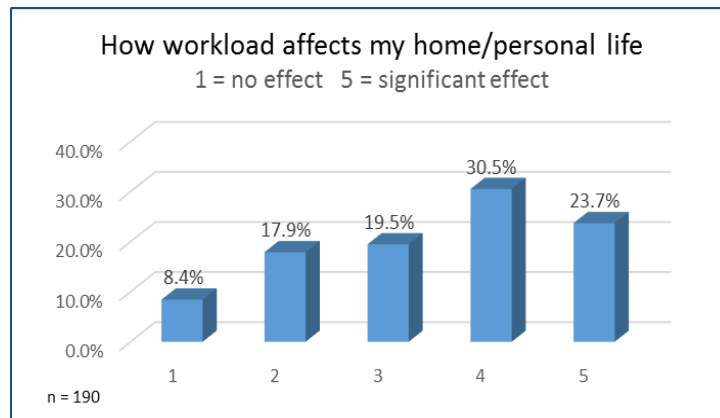
*We have doubled our workload in the last year, but the department still has the same number of full-time staff. The staff is working a great deal of overtime and often keeps working through breaks. The staff in our department is getting run down and exhausted. The stress is becoming overwhelming at times.*



*"We have had an increase in strain on our bodies. We are doing a larger volume of the same thing and it's hard on our hand, neck and back."*

*I've had evening shifts where I am on the brink of an emotional meltdown. I have had to calm myself down and pull it together because everyone is feeling the same way, and you simply don't have the time to go take a break and step away from your benchwork. There's no one to 'step in' for you.*

*"Stressful. My personal relationships have faltered! My health has been affected. I had to cut back on hours because it was killing me."*



*There has always been a heavy workload in my one tech lab. It has affected my ability to take time off when my children wanted me to attend school functions etc. I rarely get more than a couple of days off in a row as I have no replacement and have not had for most of the 24 years I have worked in this position.*

*"I have no energy left for my family at the end of the day. I have gone home with tightness in my chest. I used to love my job but now am counting the days until retirement."*

Seventy-five percent of respondents took the time to elaborate on how workload has affected them and their work. Medical technologists and technicians said that they are tired, exhausted, under pressure, unable to sleep well and frustrated. They are worried about making mistakes, feel that their personal and mental health is suffering under the increased demands and say the morale in the workplace has deteriorated.

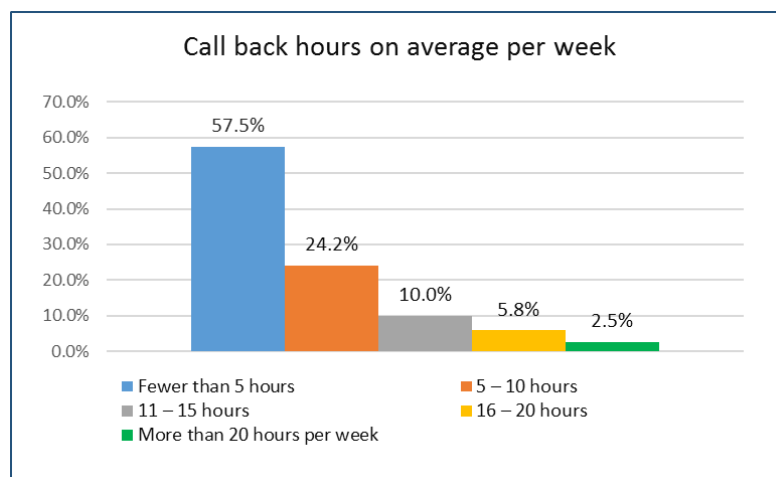
*"Being understaffed, a very heavy workload and malfunctioning/not working equipment has dramatically increased my stress and anxiety to the point where it can be difficult to want to go to work."*

*Our stress level is very high due to lack of staff, increased demands on staff, overtime, and inability to get time off because there is no staff to cover. Staff are not well rested. We are at a critical staffing level - our lab is on the point of collapse! Staff are giving up hope, after months of these circumstances, that things will improve, and are seeking jobs elsewhere, such as out of province and outside of Canada.*

## Call back hours

One of the key issues affecting medical techs is the frequency of call back hours. Medical technologists and technicians have scheduled hours of work, may be scheduled to work on call but they may also be called back to work after completing a full shift to deal with an emergency or unforeseen work.

Over 61% of all respondents to the survey said they get called back to work. Of those, over one-half (57.5%) said they are called back to work for five hours or less in an average week. Another 24.2% are called back to work for five to ten hours every week. Just over 18% of respondents are called back to work more than 11 hours in a week.



Medical techs report being tired and exhausted, unable to think straight or concentrate, and they are worried about making mistakes that put patients at risk. The exhaustion from on call work affects their physical and mental health and it interferes with their personal and family life.

*“When you work a full shift and then are on call all night and then work a full shift the next day it can sometimes be difficult to give it your all without making mistakes. It can be dangerous to patient care and patient outcomes.”*

*There was recently a night where I started at 715. From 345 to 515 I had to work OT. Then I was called back at 7 and was there until midnight. I FINALLY called in a new tech after trying to reach my manager with no luck. I couldn’t function. I couldn’t think. Things were going wrong in CT because I couldn’t focus. It is jeopardizing patients!!!*

*“If you have a bad night of call and you have to work the next day, you are almost like you are impaired. You are so tired you cannot think straight; it can be a real danger to clients.”*

## **What would improve workload?**

Respondents were asked what kind of measures would improve their workload and working conditions. The four most common responses were:

- Replacement for vacation and sick leave (65.8%)
- Raise baseline staffing (56.1%)
- Improve scheduling (46.9%)
- Increased worker participation/input into decision making at workplace (39.3%)

## **CONCLUSION**

The results of this survey call for immediate action to address the crushing workload and staff shortages of medical technologists and technicians in the province. The situation is critical and steps need to be taken to improve staffing levels and working conditions.

This is about patient care. Medical technologists and technicians are under pressure to provide safe, accurate, high quality and timely results to physicians and their patients. Patients' health is at risk if there is a mistake on a blood test or if a critical diagnosis is delayed because of workload or equipment failure. The provincial government must alleviate workload by increasing staffing levels of medical techs.

CUPE is concerned that increased workload, understaffing and workplace stress will cause many medical techs to leave the workplace or the province. There were many comments in our survey indicating that many medical techs are already considering this. There is also a need to create a long-term recruitment and retention plan to replace medical techs who are nearing retirement.

**CUPE recommends that:**

1. The Ministry of Health and each Regional Health Authority conduct a provincial audit of vacant positions and appropriate staffing needs for medical technologist and technician positions in health care. We request that you consult front-line staff during the audit process and share the results of the audit with us.
2. The Ministry of Health increase funding to Regional Health Authorities dedicated to hire additional medical technologists and technicians to address workload and staffing requirements for safe and quality patient care.
3. The Ministry of Health, working with Regional Health Authorities, revise its Health Human Resources Plan to address the existing and forecasted shortages in medical technologist and technician positions.

# INTRODUCTION

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Medical technologists and technicians play a critical role in our health care system. Doctors would not be able to diagnose most illnesses or establish a treatment plan for their patients without the work of medical technologists and technicians.

Many medical techs work behind the scenes, such as medical laboratory technologists, analyzing blood or urine samples for sugar, electrolytes or infection, doing blood counts and cross-matches and conducting other lab tests so doctors have complete information to properly treat a patient.

Pharmacy technicians are another integral part of the health care team, preparing medications and filling prescriptions for patients and residents in both urban and rural facilities. Pharmacy techs maintain precise records and must pay careful attention to detail to ensure accurate and safe medications are delivered to patients.

Other medical techs, such as medical radiation technologists, magnetic resonance imaging (MRI) technologists, x-ray technicians, combined laboratory x-ray technicians (CLXTs), ultrasound techs, cardiovascular techs and ECG techs, work directly with patients. Medical techs capture diagnostic images of patients' bodies for fractures, broken bones, tumors, abnormalities with internal organs or brain development; they monitor hearts and complete stress tests.

The daily work of medical techs is generated by physicians who order tests for their patients, but medical techs are also called in to do urgent tests when there is a medical emergency such as an auto accident, serious injuries from violent incidents or falls, brain injuries, heart attacks and strokes.

In every situation, medical techs need to pay close attention to detail, understand complex reactions and be completely accurate in their work. Their accuracy is vital for the correct diagnosis of an illness or injury. Long delays or errors can create complications in patient care.

## **Why this survey**

The Canadian Union of Public Employees (CUPE) represents 874 medical technologists and technicians in five health regions in Saskatchewan: Regina Qu'Appelle, Sun Country, Sunrise, Prince Albert Parkland and Prairie North.

The Diagnostic Medical Technologists and Technicians Committee of the CUPE Health Care Council decided to conduct a survey of CUPE medical techs because they were concerned about mounting reports of increased workload, excessive on call hours and understaffing issues.

The committee wanted to identify the extent of the problem and understand how these issues were affecting medical techs and the quality of patient care. The results of the survey would help the committee and the CUPE Health Care Council develop strategies to address workload and make recommendations to employers and the provincial government.

The online survey was available to CUPE medical techs from October 24 to November 18, 2016. The CUPE Health Care Council and each CUPE health care local provided the link to the online survey by email and by letter mail to the 874 medical techs represented by CUPE in five health regions. The Diagnostic Medical Technologists and Technicians committee also promoted the survey to members in the workplace.

The results from the survey indicate that increased workload and understaffing of medical techs is creating a dangerous situation for patient care and is putting medical techs under extreme pressure. Increased workload means that medical techs cannot complete all their work in a given shift so they work through scheduled breaks, come to work early or leave late.

The heavy workload is affecting the personal and mental health of most medical techs in the province. This report measures the impact that workload has had on medical techs but it also includes moving first-hand accounts describing the cost to their personal health and family lives.



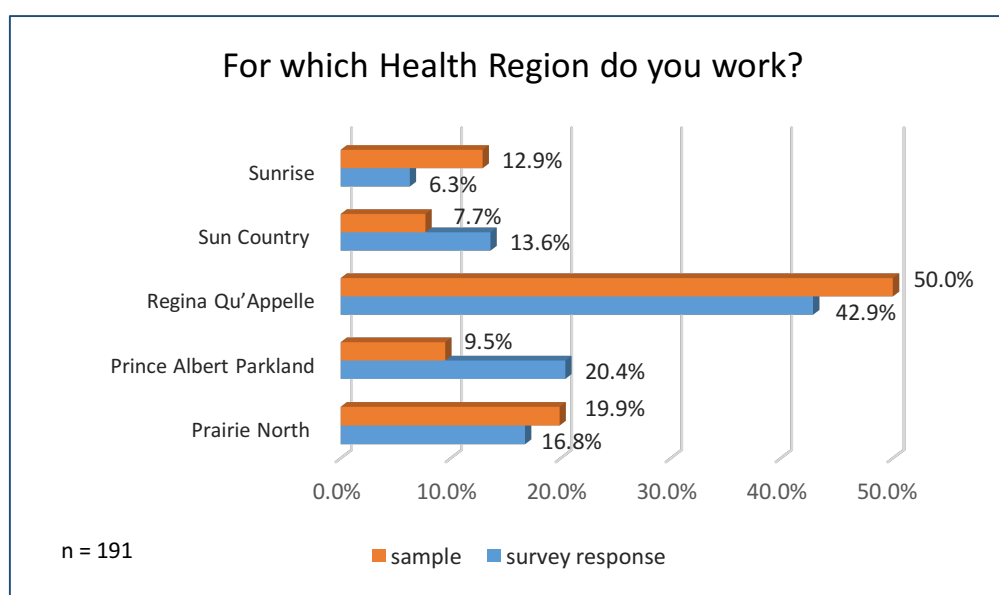
## RESPONSE RATE

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There were 196 responses to the survey out of a possible 874 for a response rate of 22.4%.

Chart 1 shows the response rate to the survey (blue line), and compares it to the distribution or percentage of medical technologists and technicians by health region (the sample).

**Response by Health Region (Employer)**  
**Chart 1**



The largest number of responses came from the Regina Qu'Appelle Health Region (RQHR), making up 42.9% of all responses. The response rate was high from this region because 50% of all Medical Techs in CUPE work in RQHR. The response rate from Prairie North Health Region is also fairly representative of the numbers of Med Techs in that region: 16.8% response to 19.9% of Medical Techs.

Two health regions – Prince Albert Parkland and Sun Country – had survey response rates much higher than the percentage of medical techs in their region. The response rate from PA Parkland (20.4%), for example, was double their proportion of medical techs (9.5%). The number of respondents from Sunrise Health Region, however, was half of the sample of medical techs in that region (6.3% v 12.9%).

There could be a number of different reasons for higher than average response rate by health region. The CUPE local may have had stronger promotion of the survey to medical techs than other locals. Or it is possible that the medical techs in a particular region had greater concerns and were more motivated to complete the survey.

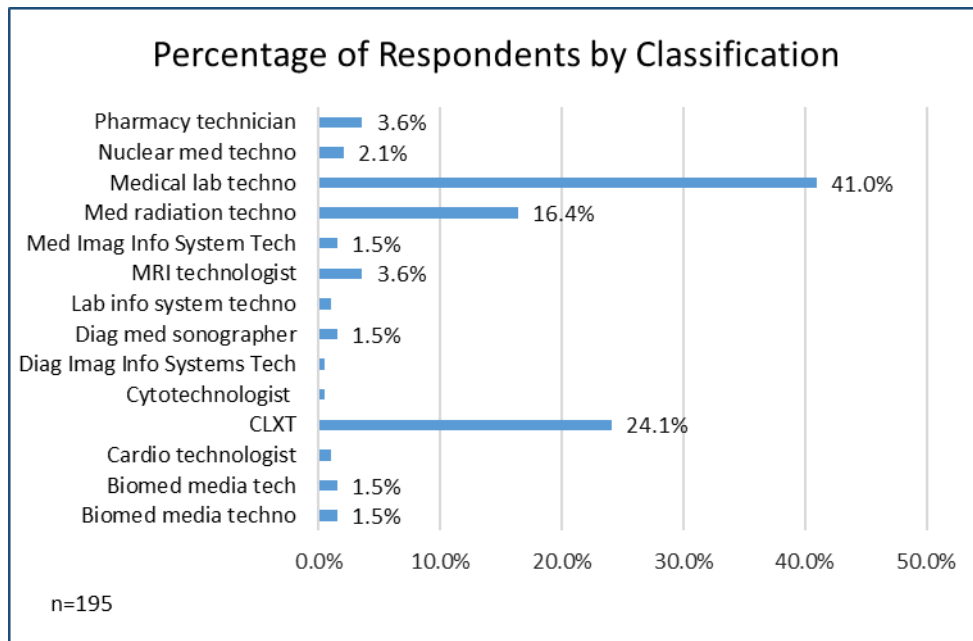
### Response by Classification

There are over 20 medical technologist and technician classifications in the CUPE provincial health care agreement. The majority of classifications are listed in Chart 2 below.

The classifications with the highest number of responses to the survey were:

- Medical Laboratory Technologist 80 responses (41.0% of respondents)
- Combined Laboratory & X-Ray Technician 47 responses (24.1%)
- Medical Radiation Technologist 32 responses (16.4%)
- Pharmacy Technician 7 responses (3.6%)
- Magnetic Resonance Imaging Technologist 7 responses (3.6%)

Chart 2



The medical laboratory technologists (MLT) had the highest response rate (41%), which is higher than their overall numbers within the five health regions (approximately 34% of all med techs are MLTs).

The second highest response rate was from the Combined Laboratory X-Ray Technicians (CLXTs) at 24.1%. Members in this classification responded to the survey at a rate higher than their overall numbers, which is 17% of all med techs.

The classification with the third highest response rate was the medical radiation technologists who comprised 16.4% of all responses. This is slightly lower than their numbers in the health regions which is 19.9% of all Medical Techs.

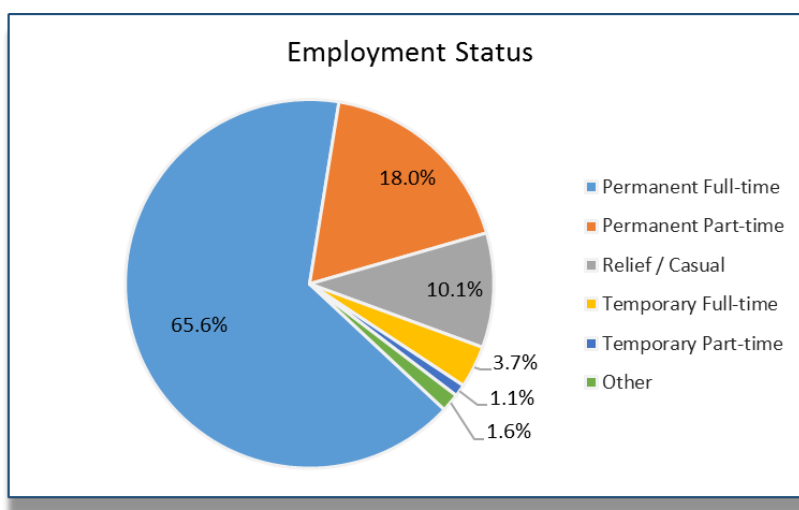
# BACKGROUND INFORMATION

## Employment Status

Chart 3 shows that almost two-thirds of medical techs work in permanent full-time jobs. This is higher than other classifications in health care such as continuing care assistants, food services workers and environmental and laundry services workers who are more likely to be in part-time or relief positions. Only 36.6% of CUPE's health care members work in permanent full-time positions.

Almost one in five (18%) Medical Techs work in a permanent part-time position and another 10.1% work in relief or casual positions.

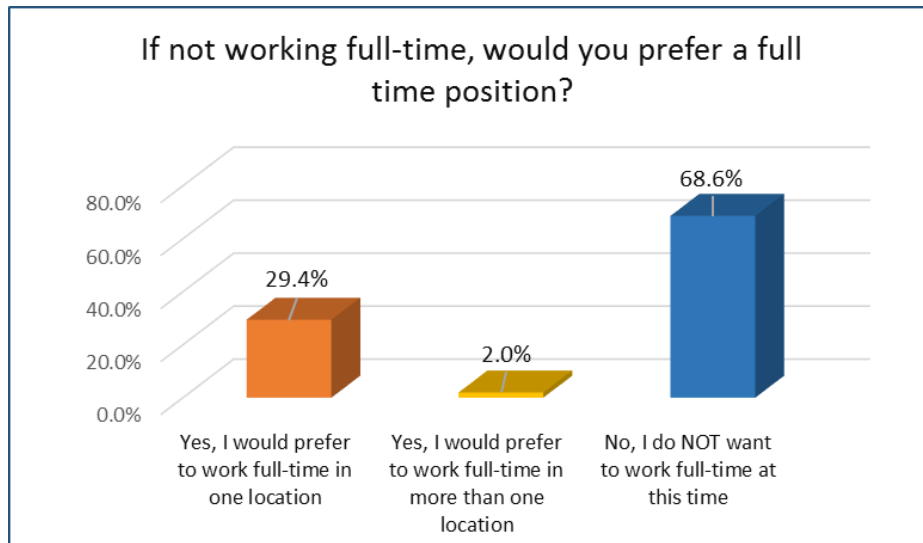
Chart 3



Of those who do not work in a permanent full-time position, the majority (68.6%) do not want a full-time job and 29.4% said they would prefer a permanent full time job at one site (see Chart 4).

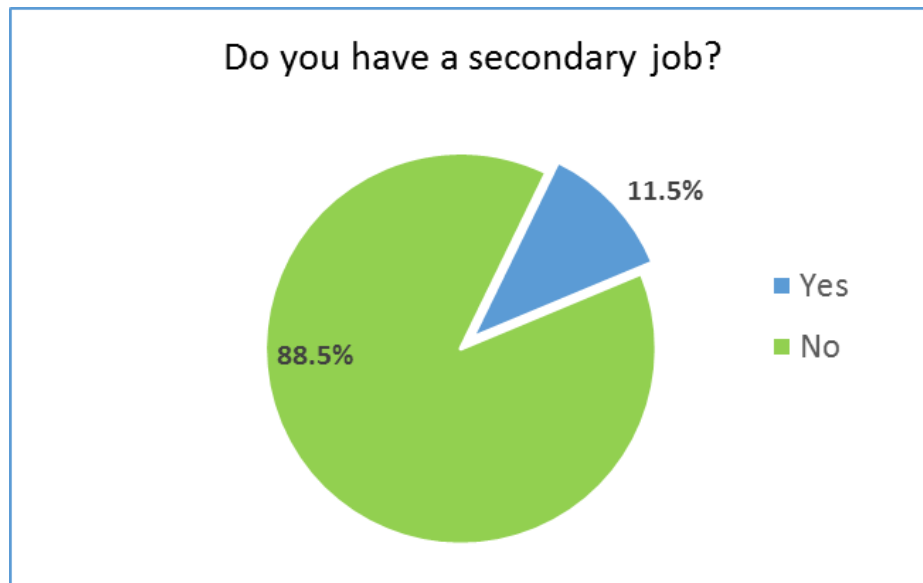
The response to this question, however, varied significantly by classification and health region. Exactly one-half (50%) of pharmacy technicians and 42.1% of CLXTs indicated they would like to work full time in one location. It is not surprising that pharmacy technicians and CLXTs are more likely to want full-time positions because the majority (56.8%) of CLXTs work in part-time, temporary or casual positions and almost 30% of pharmacy technicians said they worked permanent part-time.

**Chart 4**



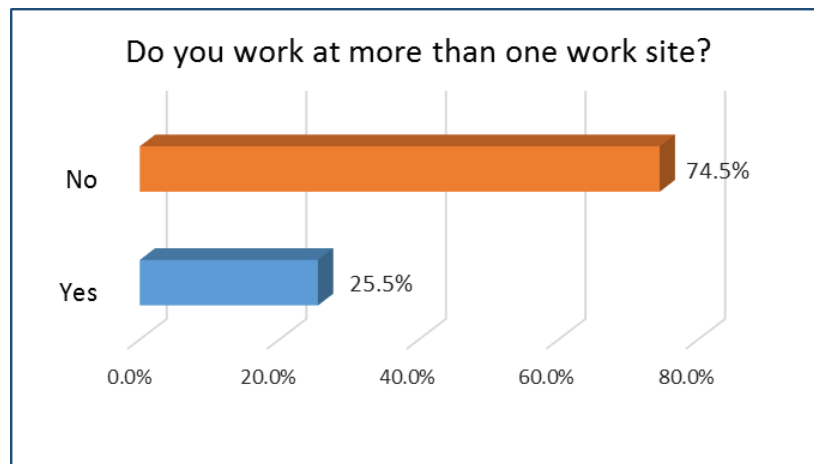
Only 20 people (11.5% of respondents) said they have a second job.

**Chart 5**



## Multi-Site Work

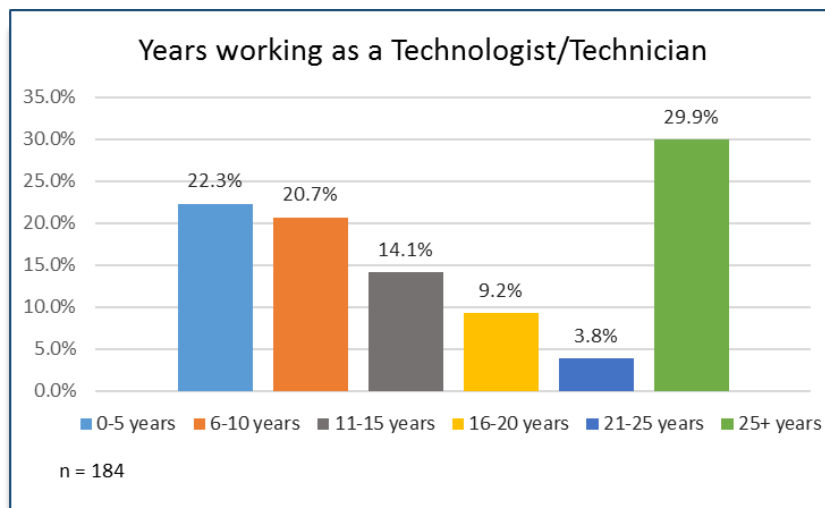
Chart 6



More than one in four (25.5%) of respondents said they work at more than one site.

## Years working as a Technologist/Technician

Chart 7



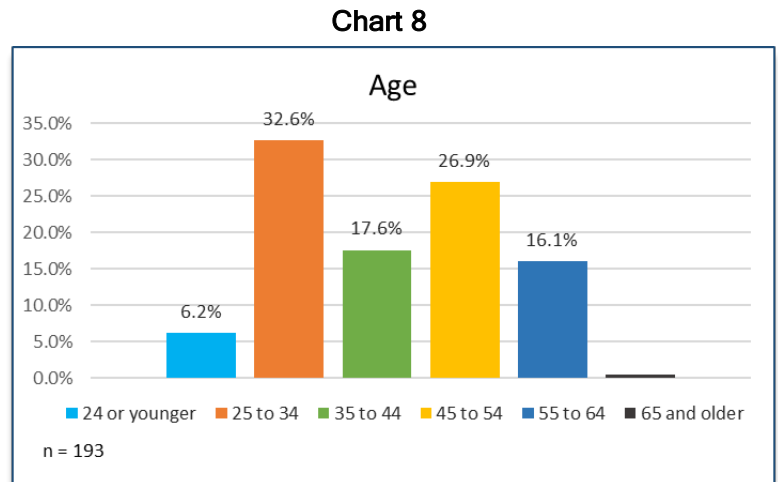
A significant percentage of medical technologists and technicians (22.3%) are new to the workplace and have worked for only five years in their field. Those who have worked between 6 and 10 years as a technologist or technician is also a large group comprising 20.7% of respondents to the survey. The survey indicates a significantly new workforce with 43% of respondents having worked ten years or less in their classification.

On the other end of the spectrum, 30% of respondents say they have worked for 25 years or more as a technologist or technician. This cohort represents a significant number of technologists and technicians that would be nearing retirement.

## Age

The chart showing the age range of respondents also indicates a very young workforce: 38.8% of respondents are younger than 35 years. There were very few respondents who were 65 years of age or older and only 16.1% were between the ages of 55 and 64.

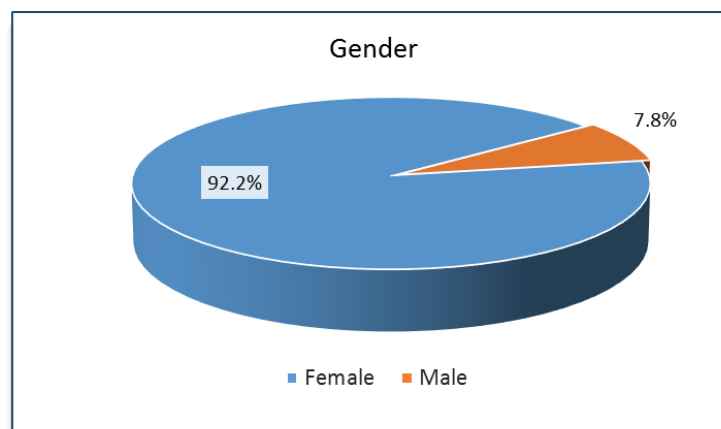
Among the various classifications, the MRI technologists are the youngest: 57.1% are between the age of 25 and 34. Medical radiation technologists are also very young; 47.4% are between the age of 25 and 34 and 6.5% are 24 years of age or younger.



## Gender

About 86% of CUPE health care workers in the province are female but the medical technologists and technician classifications have a higher representation of women. In our survey, 92.2% of respondents identified themselves as female and 7.8% identified as male.

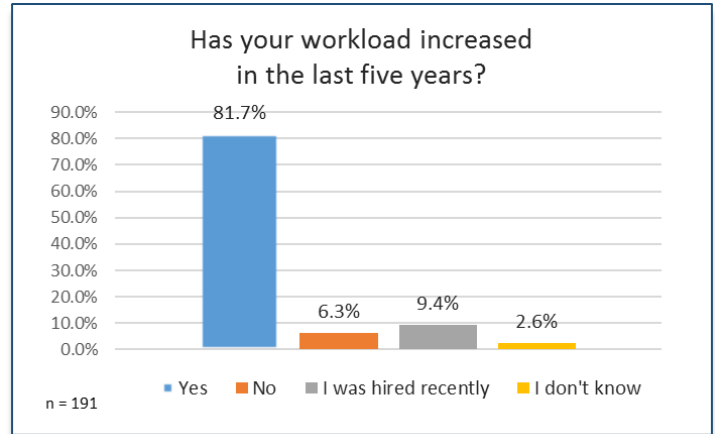
**Chart 9**



# INCREASE IN WORKLOAD

The vast majority of medical technologists and technicians – 81.7% - reported an increase in their workload over the last five years. Only 6.3% said their workload had not increased, 2.6% did not know and 9.4% said they were hired recently and could not assess the change in workload.

**Chart 10**

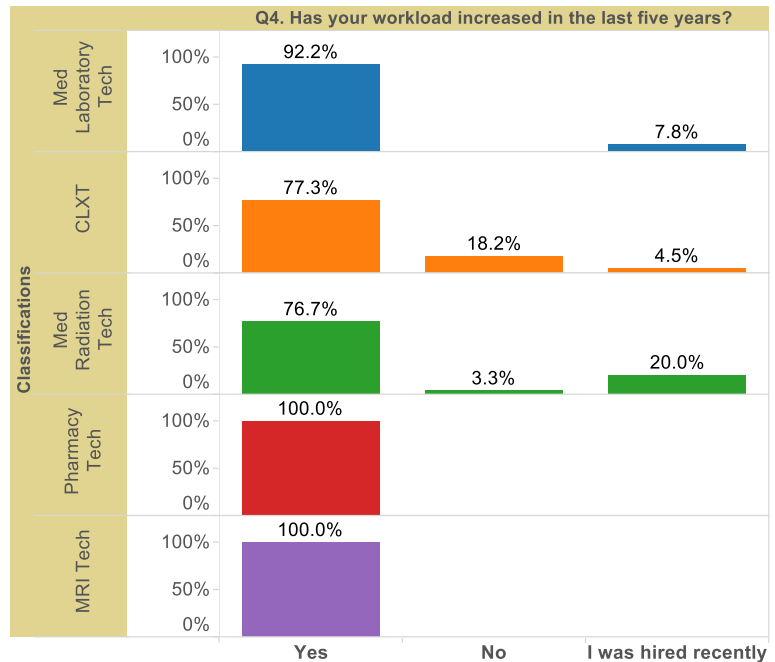


This confirms what CUPE’s Medical Technologist and Technician Committee has heard about increased workload from medical techs in the workplace.

Among the classifications (see Chart 11), those who were most likely to report an increase in workload were pharmacy technicians and MRI technologists (100% of them reported an increase in workload) and medical laboratory technologists (92.2% of them reported an increase in workload).

**Chart 11**

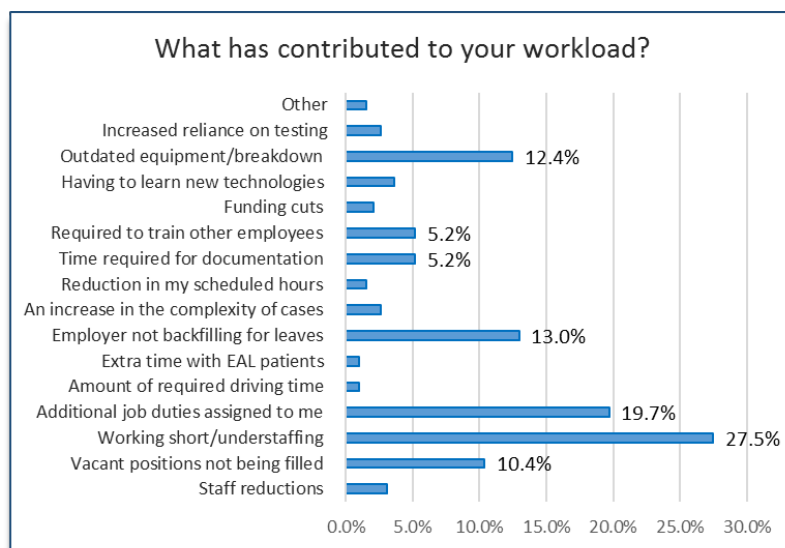
Chart 11 also shows that one in five or 20% of medical radiation technologists said they were hired recently and could not answer the question.





## What contributes to your workload?

Chart 12



The survey asked respondents to identify key factors that contribute to their workload. The most common response was that “working short and understaffing” added to workload; 27.5% of respondents selected this factor. The second most common factor was “additional job duties assigned to me.” Almost one in five (19.7%) selected this. The next three most chosen factors were: “employer not backfilling for leaves” (13%), “outdated equipment/equipment breakdown” (12.4%), and “vacant positions not being filled” (10.4%).

The responses from the survey strongly demonstrate that under staffing is the predominant issue that is increasing workload for medical technologists and technicians. Of all the factors contributing to workload, over one-half of respondents selected factors related to not having enough staff: understaffing, employer not filling for workers on leave and vacant positions not being filled.

### What do med techs do to address their workload?

Through a series of questions, we found that medical technologists and technicians cannot complete all their work within a shift and are addressing their workload by working through scheduled breaks, coming to work early or leaving late, and in a few cases, taking work home to complete.

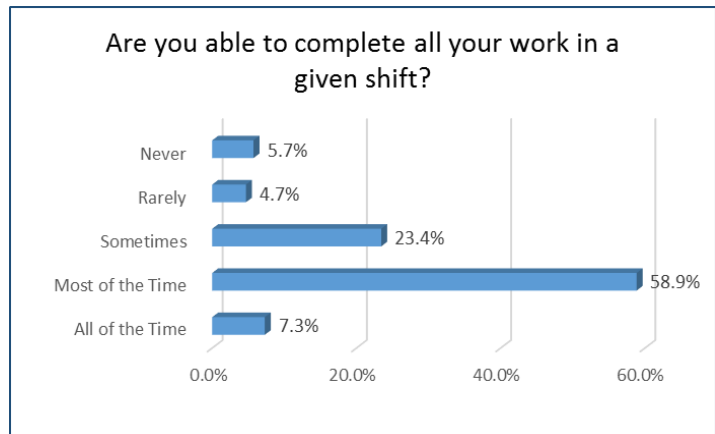
When asked, “are you able to complete all the work you are responsible for in a given shift”, only 7.3% of all respondents replied “all of the time.” Almost 60% said they could complete

their work, “most of the time.” Almost one-quarter of respondents said they “sometimes” complete all their work in a shift and 10.4% said they “rarely” or “never” finish their work.

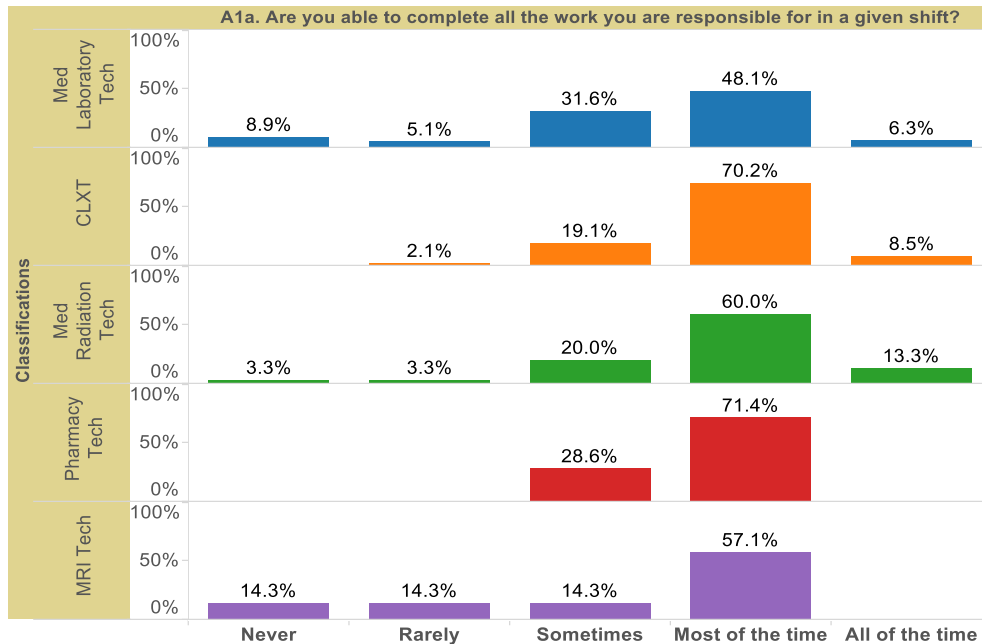
It is important to point out that the tasks being done by medical technologists and technicians are time-sensitive and critical for patient diagnosis and care. The fact that one-third of medical technicians say they cannot always finish all their work in a given shift is concerning.

The classifications that were most likely to say they could not complete all their work during a shift were the MRI technologists and medical laboratory technologists. The chart below shows that 28.6% of MRI technologists “never or rarely” complete their work on a given shift, and 14% of medical laboratory technologists “never or rarely” complete their work on a shift. When we include those who said they only “sometimes” complete their work, 44.6% of medical laboratory technologists and 42.9% of MRI technologists are not able to complete their work done during their shift.

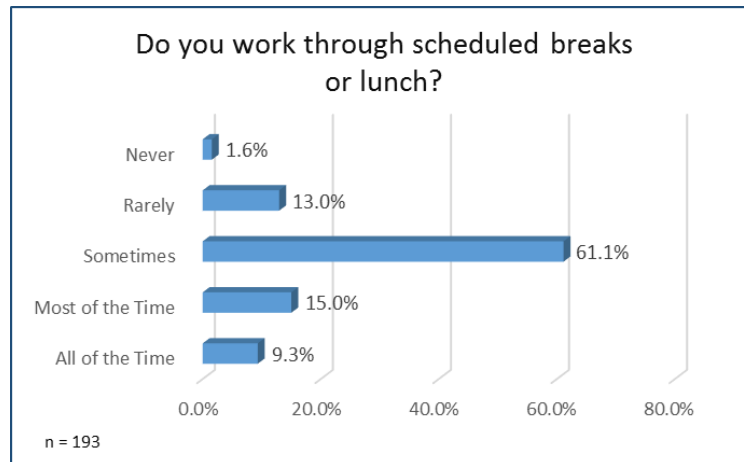
**Chart 13**



**Chart 14**

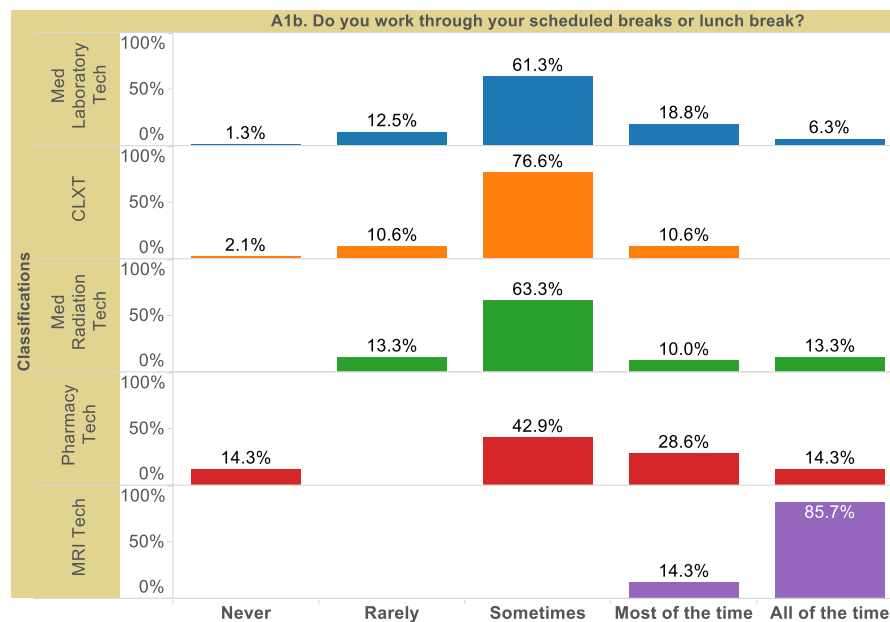


**Chart 15**



As Chart 15 demonstrates, almost one of four respondents (24.3%) said they work through their scheduled breaks or lunch “most or all of the time”. Only 14.6% of respondents said they “never or rarely” work through breaks or lunch.

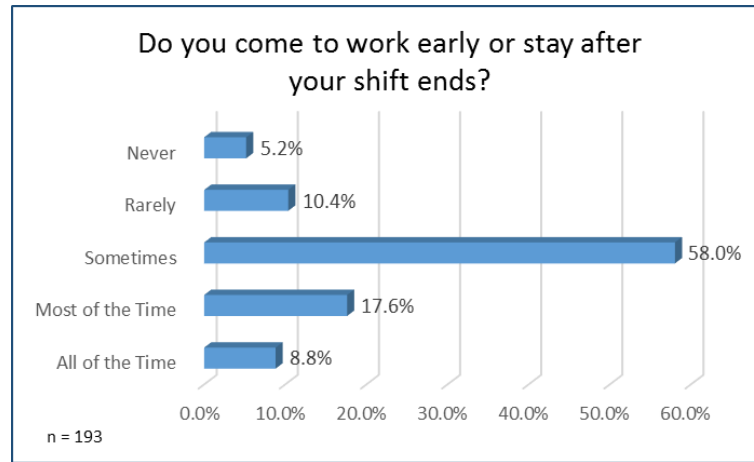
**Chart 16**



The classification that was most likely to work through scheduled breaks was the MRI technologist: 85.7% said they work through breaks “all of the time”. Another 14.3% said they work through breaks “most of the time”. Every single MRI technologist who responded to the survey works through scheduled breaks and lunch most or all of the time (see Chart 16).

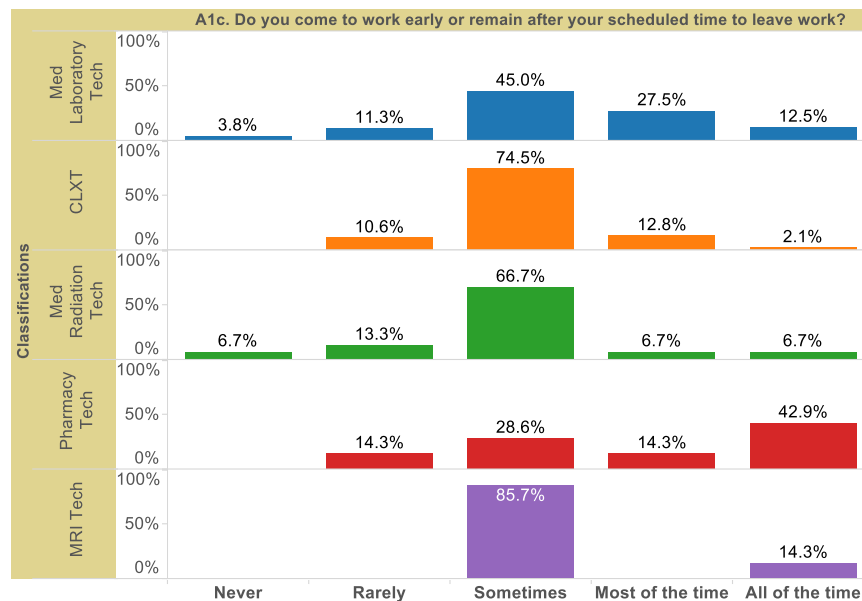
Pharmacy technicians were the other classification most likely to work through breaks. 42.9% of them said they work through breaks “most or all of the time.”

Chart 17



Our survey confirms that many medical technologists and technicians are coming in to work early or staying after their shift ends to address workload. Chart 17 shows that more than one out of four (26.4%) come to work early or leave late “most or all of the time.” Only 15.6% said they “never or rarely” come to work early or leave work late to address workload.

Chart 18

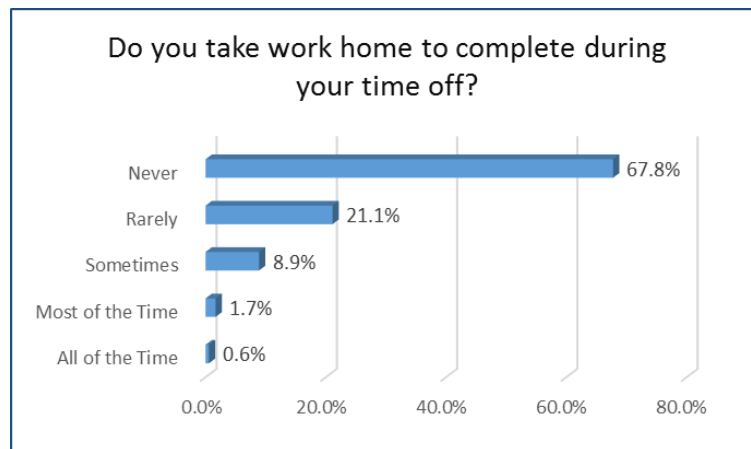


Pharmacy technicians and medical laboratory technologists are most likely to come to work early or stay after their shift ends, as Chart 18 illustrates. Almost 60% of pharmacy

technicians (57.2%) say they come to work early or leave late “most or all of the time”; 40% of medical laboratory technologists report the same.

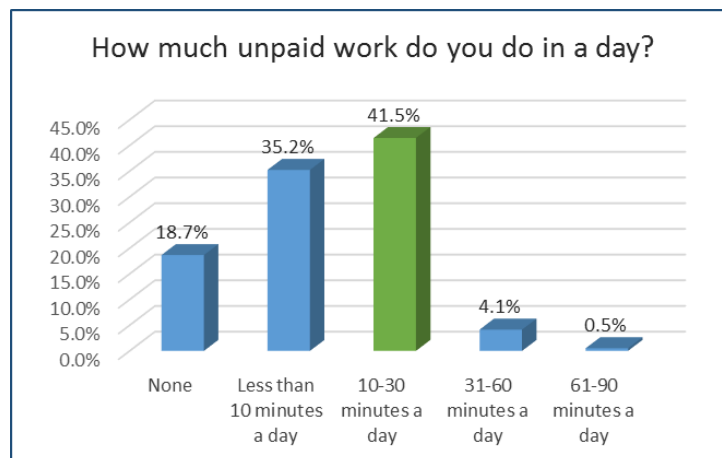
Among the health regions, technologists in the Prairie North Health Region are most likely to report arriving at work early or leaving late: 54.8% of all technologists report doing this most or all of the time, compared to 26.4% of all respondents.

**Chart 19**



Very few medical technologists and technicians reported that they take work home to complete during their time off. As Chart 18 shows, 67.8% of respondents said they “never” do this. Pharmacy technicians, however, are the most likely to do this: 14.3% said they take work home “most of the time”. One in five (20%) MRI technologists said they “sometimes” take work home to complete.

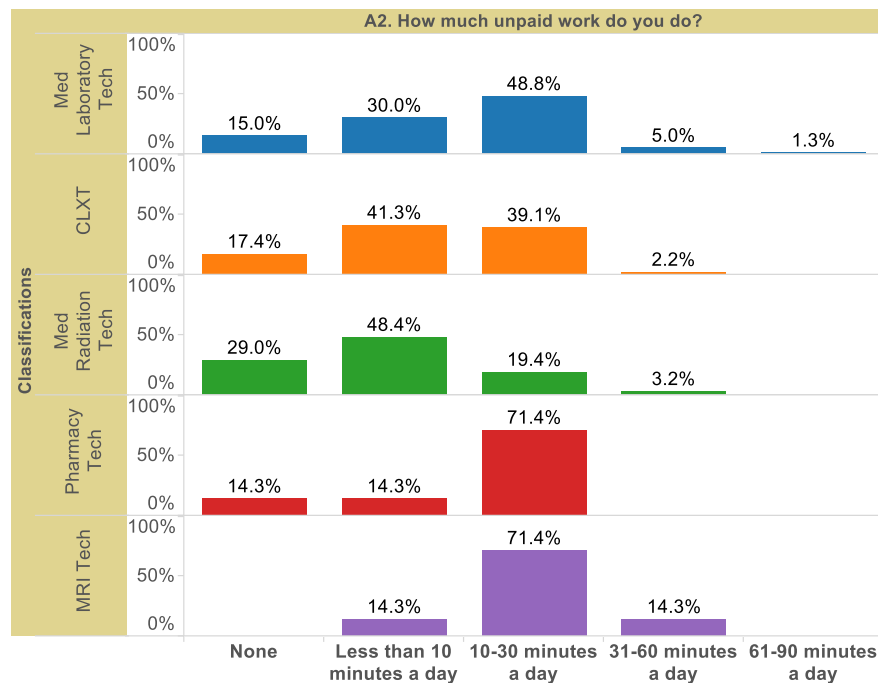
**Chart 20**



We asked medical technologists and technicians to report how much unpaid work they do in a typical day. Only 18.7% reported that they do no unpaid work in a typical day. Over one-third are doing less than ten minutes a day, 41.5% provide ten to 30 minutes a day unpaid labour, and another 4.6% are working more than 31 minutes a day without compensation.

It is important to highlight that this unpaid work every day adds up to higher amounts over a week, over a month and a year. We cannot calculate the total number of unpaid hours but we know that 41.5% of medical techs are giving between 40 and 120 hours of additional unpaid time to their employer over a year.

**Chart 21**



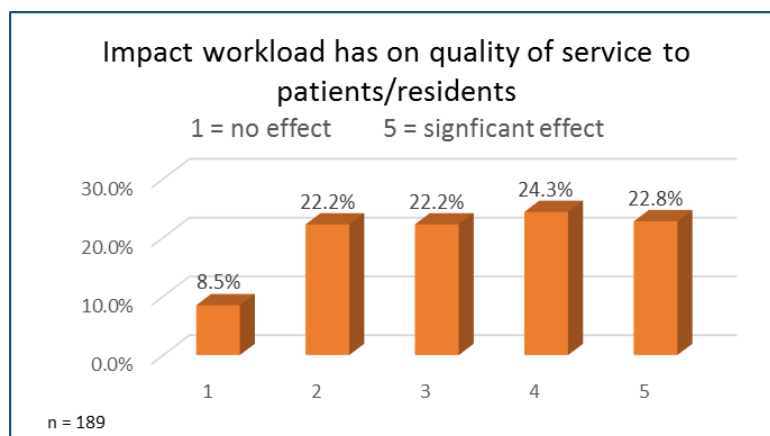
As Chart 21 illustrates, MRI Technologists and pharmacy technicians reported the highest number of unpaid minutes worked: 71.4% of both groups said they do between 10 to 30 minutes of unpaid work per day, and another 14.3% of MRI Technologists reported doing 31 to 60 minutes of unpaid work on a typical day.

## THE IMPACT OF WORKLOAD ON WORKERS AND PATIENTS

Our survey asked medical technologists and technicians to measure the impact their workload has on patients or residents and on their work and personal life. They were asked to assess the impact of workload on a scale of one to five where the number one indicated “no effect” and five indicated “significant effect”.

### Quality of service to patients

Chart 22

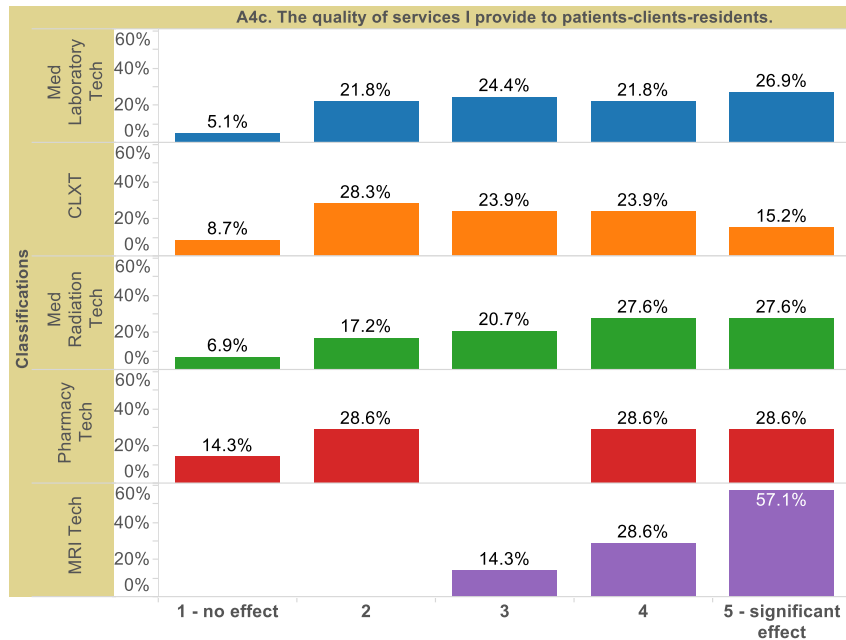


If we combine the columns 4 and 5 in Chart 22, we see that almost one-half (47.1%) of Medical Techs felt that increased workload had a significant impact on the quality of service to patients and residents. Only 8.5% felt it had no effect

Among the classifications, the MRI Technologists had the greatest concerns about the impact of their workload on the quality of services to patients and residents (see Chart 23). Over 57% of MRI Technologists selected number 5 “significant effect”, compared to 22.8% of technologists and technicians overall. The vast majority (85.7%) of MRI Technologists selected 4 and 5 indicating they believe their workload has had a serious impact on the quality of services to patients.

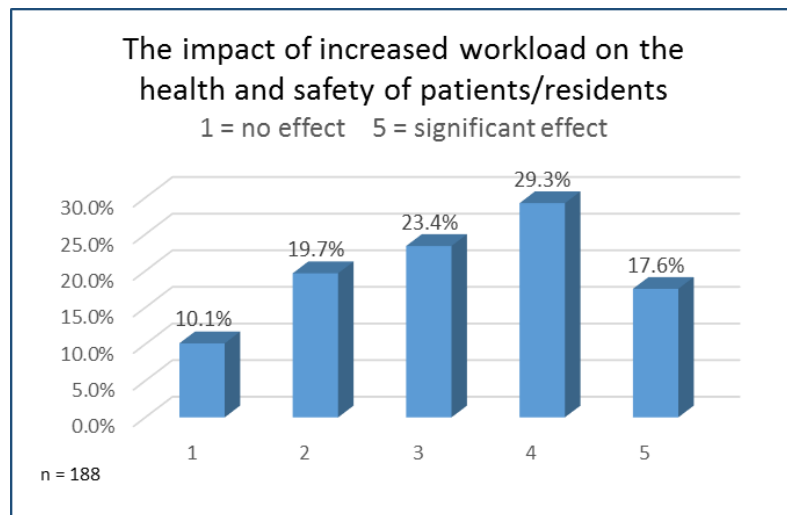
The technologists and technicians from Sunrise Health Region had the highest level of concern among all regions. Two-thirds (66.6%) selected 4 and 5 to indicate the impact of their workload on patients, compared to 47.1% of all medical techs.

Chart 23



**Impact of Increased Workload on the Health and Safety of Patients**

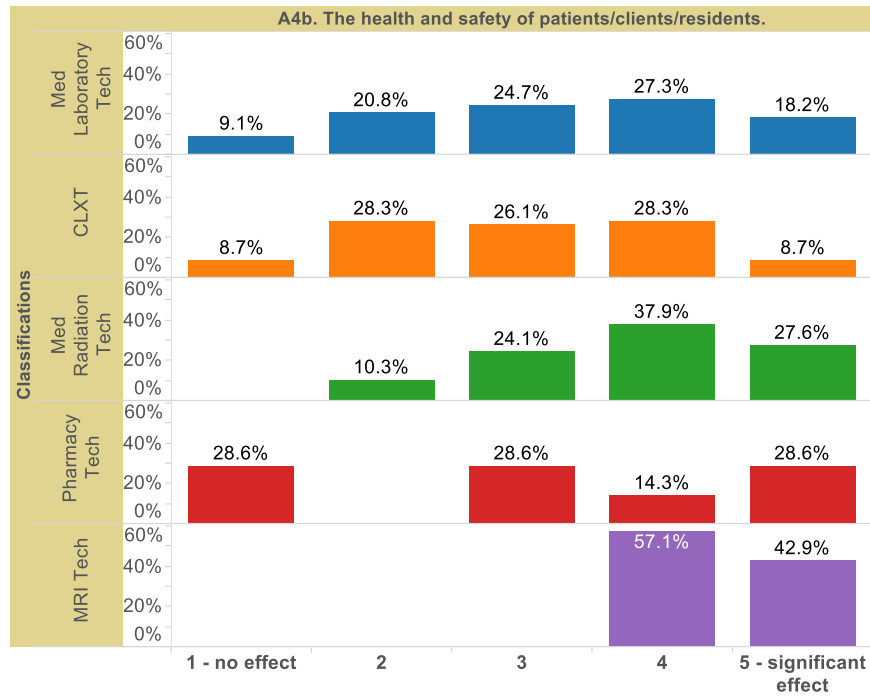
Chart 24



Almost the same number of medical techs (46.9%) as in Chart 22 (47.1%) felt that increased workload had a significant impact on patients’ health and safety. Not as many chose number 5 (17.6%) compared to the previous chart, suggesting that medical techs feel that quality of service to patients has been affected by workload more seriously than the health and safety of patients. There were 10.1% who felt it had no impact.



Chart 25



Among the classifications, the MRI Technologists showed the highest level of concern that their workload is affecting the health and safety of patients or residents. All of them (100%) selected 4 and 5, indicating they believe their workload had a major impact on patients' safety.

### Comments on the Impact of workload on patient care

Below is a selection of comments from the survey that highlight how Medical Techs feel about their workload impacting patient care.

*It doesn't allow for proper patient care. When you have 10 patients waiting and you need to be completed by a certain time (end of the day) or else the patients will be sent away how is that having the proper care for each individual patient? Patients' one on one time with us is being robbed from them because we are continuously way too busy to give them our full attention that they need and deserve.*

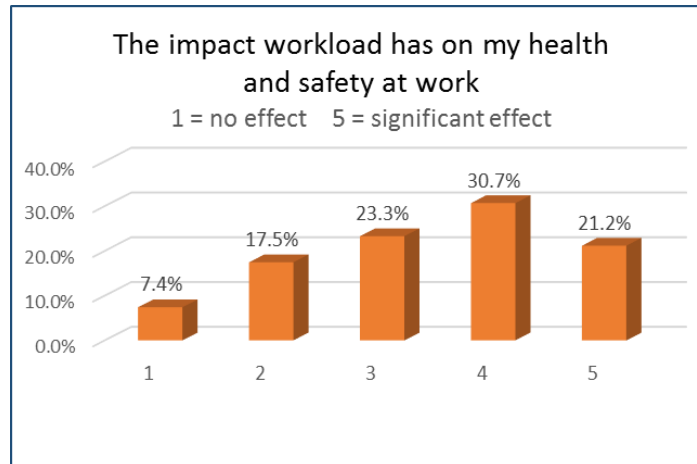
*With so much multi-tasking, I am not able to give the patient the attention they deserve. I have forgotten to do some scans, I have not double checked scans and patients have had to come back for more scanning. This, in turn, makes me feel awful at my job.*

*We are being asked to 'cut corners' in order to maximize the number of patients seen each day in our department, as well as to do this without incurring overtime. This is very frustrating because it affects the health and safety of our patients and our staff.*

*“More mistakes made. Short with patients – no time for idle chit chat.”*

## The impact of workload on personal health, safety, personal life

Chart 26



Over one-half (51.9%) of respondents reported that increased workload had a significant impact on their health and safety at work.

Among the classifications, MRI and medical radiation technologists had highest levels of concerns that workload is affecting their personal health and safety at work. 71.4% of MRI technologists and 68.9% of medical radiation technologists felt workload impacted their health and safety compared to 51.9% of all medical techs.

Below are some of the comments made on the survey about how workload affects medical technologists and technicians' health.

### Working short

*It makes your day very stressful. We are here for patient health and we try to get everything done in an appropriate time frame but it is very difficult when we continually work short but are expected to complete the same amount of work.*

*We are doing a significant number of more specimens with the same staffing or less as previous years. They are not filling shifts when we are below even what used to be considered minimum staffing...Even our minimum staffing level is not enough to cover the increased workload and that has been the case for a number of years. Even experienced techs like myself are making more mistakes than ever before because of this and that is putting patient safety as well as our health at risk.*

*Feeling frustrated and overwhelmed on a daily basis rather than having a sense of accomplishment on providing a much needed diagnostic service. Long standing staff shortages and vacancies leave a person feeling defeated and discouraged. Working overtime paid and unpaid is draining and has not helped address the increased work.*

## **Exhaustion and fatigue at work**

*Anxiety, physical tension and fatigue due to increased pressure to perform at a high level, highly technical, precise and critical laboratory analysis within strict turn-around times.*

*"I go home exhausted and in a fog because I barely have time to think about what I am doing. It takes longer to relax at home and let go of the day."*

*"Most days you are exhausted because you're doing the job of two or more techs."*

*"I have started going for routine massage therapy for my shoulder which my doctor believes to be repetitive stress. I'm 26, worked for 3 years and have a repetitive stress injury."*

*"We have had an increase in strain of our bodies. We are doing a larger volume of the same thing and it's hard on our hand, neck and back."*

## **Increased workload and working through breaks**

*"I love what I do and I still do it but it is a lot more stressful now. We are in a small city and there is only 4 techs on a day. We run 4 departments do phlebotomy as well as ECGs. You are constantly juggling putting samples on an analyzer running to emergency, prepping samples. Taking blood from outpatients, going to inpatients, etc. You feel like you are running in 5 different directions all day."*

*"It is harder to get everything that needs to get done in a day done properly. There is so much work to be done that you often have to skip all of your breaks or not finish things completely."*

*We have doubled our workload in the last year, but the department still has the same number of full-time staff. The staff is working a great deal of overtime and often keeps working through breaks. The staff in our department is getting run down and exhausted. The stress is becoming overwhelming at times.*

*As we are required to pick up an increased work load (taking care of "the board" of inpatients, booking inpatients, answering the phone constantly -answering questions from nurses on the ward as well as patients, organizing STAT cases), it takes away time that us as techs should be using to ensure patient safety (ex: screening, transferring, prepping them for their exam). We are also required to do pre-screening of*

patients, which was once the job of our front-end staff (receptionist/booking clerks).

Since our workload has increased, staff feel obligated to work through their breaks so that the necessary work gets done, and all the patients get scanned. Since our wait list is so long, we are often not approved to reschedule patients if we are running extremely behind.

**Chart 27**

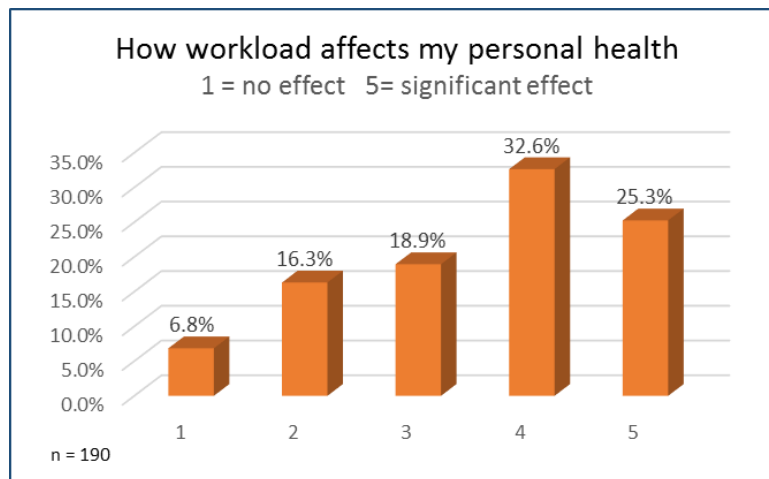


Chart 27 shows that medical techs feel that workload has had a major impact on their personal health: 57.9% rated the impact on health a level four or five.

Among the classifications, medical radiation technologists (72.4%) and pharmacy technicians (71.5%) reported the highest impact of workload on their personal health, compared to 57.9% of all techs.

Below are some comments that illustrate how their personal health is affected by increased workload.

### **Physical and mental health suffers**

*I've had evening shifts where I am on the brink of an emotional meltdown. I have had to calm myself down, and pull it together, because everyone is feeling the same way, and you simply don't have the time to go take a break and step away from your benchwork. There's no one to 'step in' for you.*

*"I find I am more irritable at home, have more headaches and am very tired by the end of the day."*

*"Stressful. My personal relationships have faltered! My health has been affected. I had to cut back on hours because it was killing me.*

*"I have felt stress to the point of headache and stomach ache at the thought of having to go to work."*

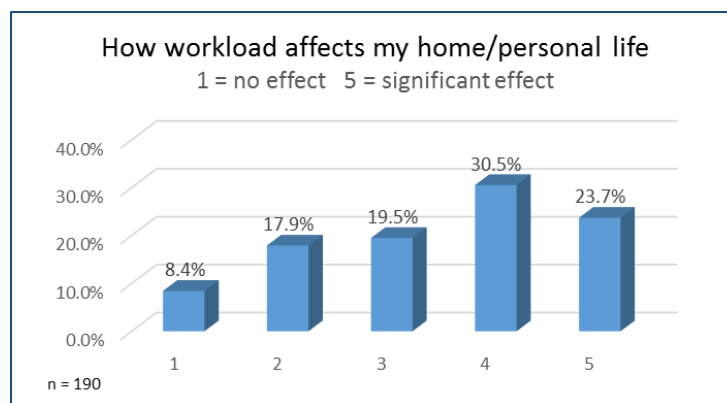
*"Am currently taking an increased dose of blood pressure medication."*

*The stress is having an impact on my physical health, to the point of being prescribed medication. Lack of sleep due to stress makes it difficult to have a proper thought process while at work. Frustration with management to deal with issues increases this stress. Department morale has been very affected by it. Has become a very negative and difficult place to work.*

*This exhaustion has driven me to the point of physical sickness (headache, nausea, vomiting, etc) as well as affecting my ability to make decisions when it comes to my work, which certainly can affect patient care.*

*"I have recently been diagnosed with hypertension, and there are several times at work when my blood pressure is quite high."*

**Chart 28**



Just over one-half (54.2%) of all technologists rated the effect of workload on home or person life as four or five on a scale of one to five.

Among the classifications, the MRI and medical radiation technologists reported highest impact of workload on their home or personal life: 71.5% of MRI technologists and 69.0% of medical radiation technologists selected levels 4 or 5.

The medical techs in one health region reported higher than average impact of workload on home life: Prairie North Health Region. In that region, 72.4% of medical techs selected levels 4 or 5, indicating that workload had a significant impact on their home and personal life.

## Impact on personal life and home

*When your workload is increased, and you leave work at the end of the day, it's in the back of your mind: did you do all the tests, did you do the tests on the right sample, etc. Your mind never shuts off, and as a result your mental health is affected which takes a toll on your physical health which then affects your and your family's life.*

*"More stress! Breakdown at work and home. Unable to sleep when on standby. Missed family events."*

*"Very stressful, go home at the end of the day unable to perform my home duties, unable to think properly."*

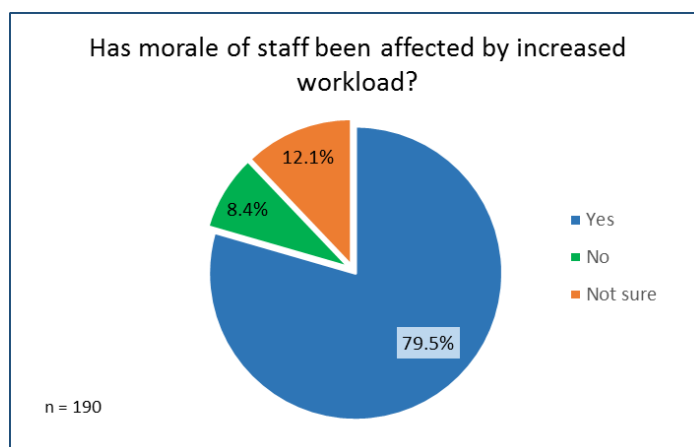
*There has always been a heavy workload in my one tech lab. It has affected my ability to take time off when my children wanted me to attend school functions etc. I rarely get more than a couple of days off in a row as I have no replacement and have not had for most of the 24 years I have worked in this position.*

*"I have no energy left for my family at the end of the day. I have gone home with tightness in my chest. I used to love my job but now am counting the days until retirement."*

*The additional stress and workload wears on you. You feel responsible for not completing work. Deadlines come and go and aren't met and it makes you feel guilty and inadequate and those feelings come home with you as well as some of the work. It strains a family, it leaves me burnt out for my kids and my husband. Makes it very difficult to balance the two.*

*The increase in workload has affected me in personal ways. I'm not able to plan my life or day care arrangements since I am constantly being moved around in my master rotation schedule. Scheduling and managers say they can move workers to any shift they want as long as it's within two weeks. It's impossible to plan daycare for my child or make plans in advance since I don't know when I'll be moved.*

Chart 29



A large majority of medical technologists and technicians (79.5%) reported that staff morale has been affected by increased workload or changes in their working conditions. Only 8.4% said that staff morale has not been affected.

The 12.1% of respondents who replied that they were not sure if staff morale is affected corresponds almost exactly to the percentage of respondents in Chart 10 (12%) who could not say whether workload had increased in the last five years because they were hired recently (9.4%) or did not know (2.6%).

The highest response among the classifications on this question came from MRI technologists: 100% of them said morale of staff has been affected by workload.

There was fair amount of divergence in responses by health region. 97.3% of medical techs from the PA Parkland Health Region and 87.1% of medical techs from Prairie North Health Region said workload has affected morale. Only 41.7% of medical techs from Sunrise Health Region and 50% of medical techs from Sun Country said morale had been affected. The last two health regions, however, had higher percentages of members saying they were “not sure”: 26.9% of Sun Country Health Region respondents and one-third of Sunrise Health Region respondents were not sure.

## **Consequences of Workload**

Of the 196 respondents to the survey, 147 of them (75%) took the time to elaborate on how workload has affected them and their work as medical technologists.

The most frequently used word in the comments was the word “stress” or “stressful”, which appeared 77 times. The next common phrase used by medical techs was “work through breaks” or “missing breaks”, referring to the fact that their workload is so heavy they work through or miss their scheduled breaks.

In the comments, medical techs spoke frequently about their “increased workload” and the fact that they are working “short or short staffed” or that the employer is “not replacing staff or filling shifts”.

Medical technologists and technicians said that they are tired, exhausted, under pressure, unable to sleep well and frustrated. They are worried about making mistakes, they feel that their personal and mental health is suffering under the increased demands and the morale in the workplace has deteriorated.

Below are more comments from the survey.

## High level of stress in the workplace

*"Being understaffed, a very heavy workload and malfunctioning/not working equipment has dramatically increased my stress and anxiety to the point where it can be difficult to want to go to work."*

*The increased stress has led me to adopt an 'I don't want to go to work today' attitude which I have never felt before since becoming an MLT 6 years ago. It has gotten to the point where my husband and I have actually discussed a reduction in my work hours as a possibility to help reduce the stress levels I feel are attributed to the increased workload, poor scheduling, and not filling sick hours at my job.*

*"The extra work load gives you more stress. You always feel like you are never finished work. It is always on your mind."*

*"Stress—a lot of stress!!!"*

*"I don't want to be at work anymore. I am personally stressed out on shift."*

*"The stress of increasing workload coupled with short staffing and continual training has really diminished morale and created tensions in a once fun work environment."*

## Workload and understaffing make it difficult to retain staff

*I come home regularly with a headache and just feeling like my brain is in a fog from the "go-go-go" pressures at work. They have introduced urgent care, increased doctors, but not increased lab staff. It's getting to the point where I wonder if I want to continue with this career forever. I currently hold a part time position and know that when our full-time employee retires next year I will not apply for the position. I can't handle this stress every day.*

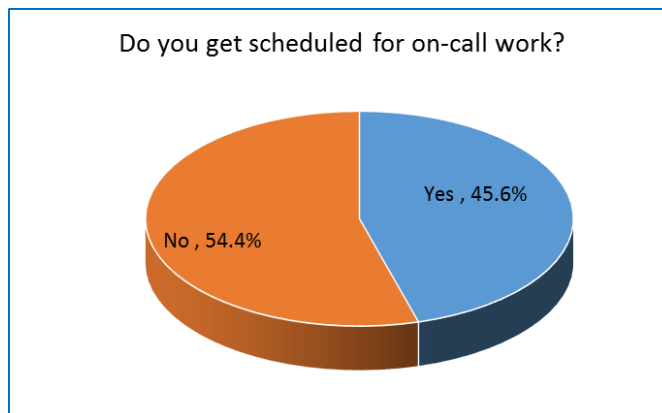
*Increased burn out from doing the duties of at least two people every day has caused me to be sick more often, make more mistakes at work because I don't have enough time to pay proper attention to the results I am giving. The level of stress in our lab has caused many, including myself, to start looking for jobs outside of our current health region. In a lab where we should have 10 full time staff we currently have 4 working, with no postings being put up to fill leaves and no efforts being made to retain current staff.*

*Our stress level is very high due to lack of staff, increased demands on staff, overtime, and inability to get time off because there is no staff to cover. Staff are not well rested. We are at a critical staffing level - our lab is on the point of collapse! Staff are giving up hope, after months of these circumstances, that things will improve, and are seeking jobs elsewhere, such as out of province and outside of Canada.*



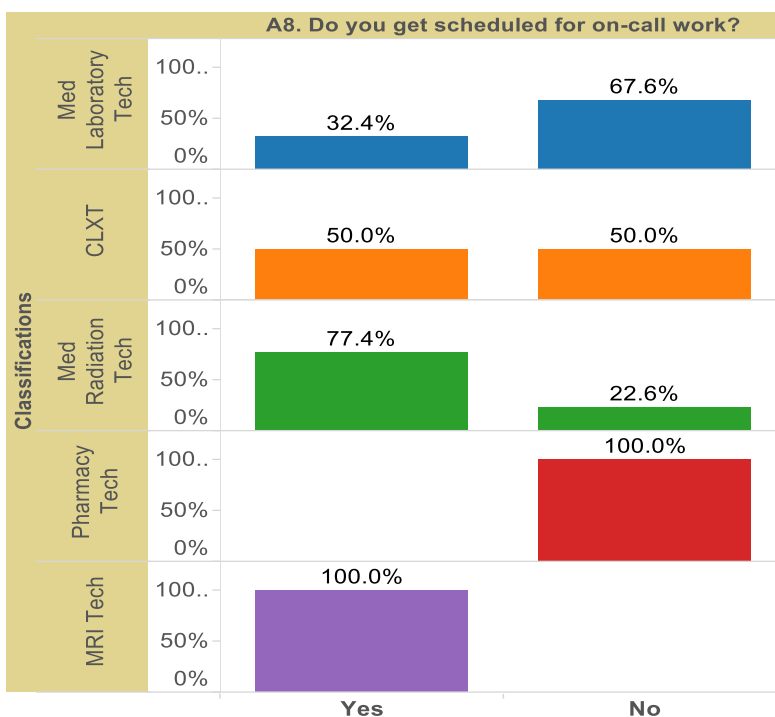
# SCHEDULED ON CALL AND CALL BACK HOURS

Chart 30



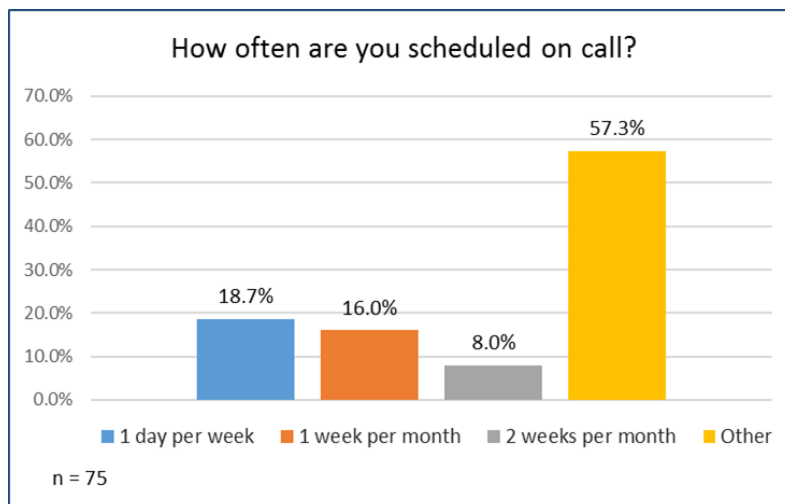
Just under one-half (45.6%) of respondents reported that they are scheduled for on-call work. The two classifications that had the highest rate of on-call work were the MRI technologists (100%) and medical radiation technologists (77.4%), as showing in Chart 31.

Chart 31



The frequency of on call scheduling varies significantly and was difficult to capture in a precise way through the survey questionnaire. As Chart 32 illustrates, almost 60% of the 75 respondents to this question (out of a possible 82 members who said they are scheduled to work on call) chose “other” to describe their on call schedules.

Chart 32



There was a wide range of responses under “other”. Medical techs could be scheduled on weekends, more often than once during the week or month, or end up being on call more often than what they are scheduled to work.

**Per week:** There were six medical techs who said they were scheduled to work on call more than one day per week; most worked two days per week but two worked on call three or four times per week. One wrote she worked three or four times a week and often gets called every night.

**Per month:** A number of medical techs reported on call schedules of five to six days per month, 10-12 days per month, seven days on/seven days off, one weekend every four or six weeks, or two weekends every 12 weeks. One wrote “some months have been more than 15 days.”

**By rotation:** There were seven respondents who are scheduled on call for one week per six-week rotation. One person wrote “when I first started, I was in a 1 in 6 rotation, but with staff shortages, it has turned into 50% on call. NOT at all what I signed up for.” Another person said she is scheduled to be on call one week out of six but covers days for other people. “I have ended up being on call for two to three weeks out of six for the last few months,” she wrote.

Chart 33

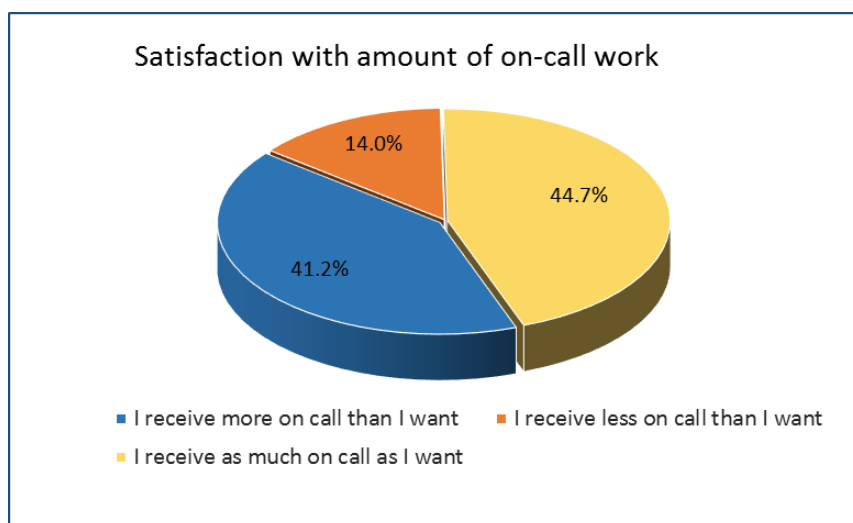


Chart 33 demonstrates that two out of five respondents (41.2%) receive more on-call work than they want. This was highlighted in some of the comments from respondents. Almost 45% are happy with the amount of scheduled on call work and only 14% said they receive less on call work than they want.

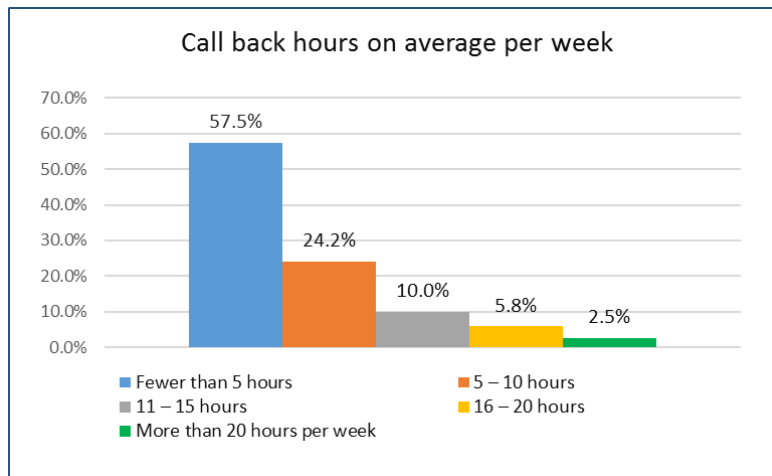
The top classifications who said they receive more on call work than they want were: MRI technologists (57.1%), combined laboratory and x-ray technicians (55.6%) and medical laboratory technologists (50%).

### Call Back Hours

Medical technologists and technicians have scheduled hours of work, may be scheduled to work on call but they may also be called back to work after completing a full shift to deal with an emergency or unforeseen work.

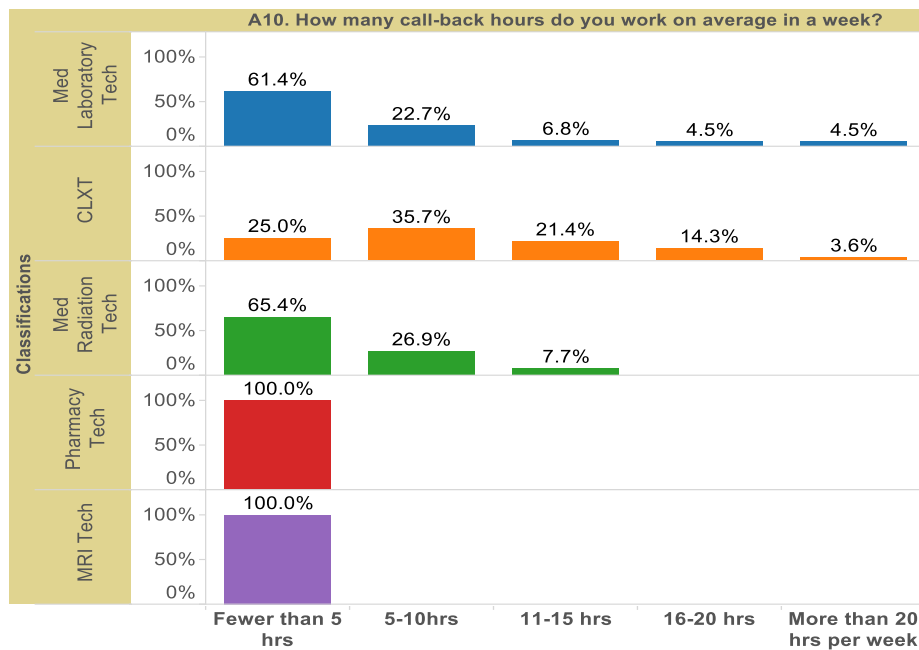
Over 61% of all respondents to the survey said they are called back to work. Of those, over one-half (57.5%) said they are called back to work for five hours or less in an average week. Another 24.2% are called back to work for five to ten hours every week. Just over 18% of respondents are called back to work more than 11 hours in a week.

**Chart 34**



The classification with the highest number of call back hours were the combined laboratory and x-ray technicians (CLXTs) and medical laboratory technologists, as illustrated in Chart 35. Almost 40% of CLXTs are called back for more than 11 hours per week on average. Medical techs from Sun Country Health Region had the highest number of call back hours among health regions: 44% reported they are called back for more than 11 hours per week on average.

**Chart 35**



## The effect of being on call

The comments from medical technologists and technicians about the effects of being on call focused on their physical and mental exhaustion. Those who do on call work are called frequently at night after or before they complete a full day of work.

They report being tired and exhausted, unable to think straight or concentrate, and they are worried about making mistakes that put patients at risk. The exhaustion from on call work affects their physical and mental health and it interferes with their personal and family life.

### Physical exhaustion

The majority of comments from medical techs focused on how tiring and exhausting being on call is. There were 48 mentions of the words “tired”, “fatigued”, “exhausted” and “drained”. They raised concerns about the dangers of working alone, the frequency of callbacks, fears that exhaustion will lead to mistakes and increased danger to patients. Here are a few examples of the comments made.

*“It is tiring because you have to work the next day. And they call every night. In a 3-month period there was only 3 days I did not get called.”*

*“Exhaustion, fatigue, short tempered, forgetful, head ache, not focused. Irritable. Feeling of dread and not being able to make any plans away from work.”*

*It can be incredibly exhausting, especially with late night/early morning call-ins and busy weekend call. There are times that I have found myself making errors, being short with other staff and occasionally patients, and even nearly falling asleep at computers when I have worked all day, then been back and forth for call outs during the night, then had to work again the next day.*

*“I hate call. I always show up exhausted to work the next day and it takes day for my sleep to correct.”*

*“Some nights of call have us working there multiple hours in the night to return for a day shift with few hours of rest. This can occur for multiple days in a row sometimes which results in very exhausted staff by the end of a call week.”*

*“Unable to sleep! Having to work a full day after a bad night of call. Focus is not clear!”*

### Dangers of Working Alone

*“Too many nights of call followed with busy shifts leads to fatigue, especially as usually shifts leading up to call the technologist is staff alone.”*

*"It is very difficult to be on call all weekend and work alone, you could potentially be there for 48 hours straight which is unfair and exhausting."*

*"Tiring and stressful. Our shift runs 15:30-0000 and call from 0000-0700. We are usually there most of the night, if not the whole night. We are also alone, which is unsafe."*

### **Concerns that fatigue will lead to mistakes, increased danger to patients**

*"When you work a full shift and then are on call all night and then work a full shift the next day it can sometimes be difficult to give it your all without making mistakes. It can be dangerous to patient care and patient outcomes."*

*There was recently a night where I started at 715. From 345 to 515 I had to work OT. Then I was called back at 7 and was there until midnight. I FINALLY called in a new tech after trying to reach my manager with no luck. I couldn't function. I couldn't think. Things were going wrong in CT because I couldn't focus. It is jeopardizing patients!!!*

*"If you have a bad night of call and you have to work the next day, you are almost like you are impaired. You are so tired you cannot think straight; it can be a real danger to clients."*

*"Tired on shift as not enough time to recover; mentally sluggish; more prone to injuries and mistakes during work and call-back hours; physical and mental detriments; little patience for patients/staff."*

*"The exhaustion leads to reduced ability to focus and concentrate – increased risk of harm to patients; increased risk of harm to public and personal health when having to drive when called back."*

### **Impact on personal health and family life**

*We are a very busy lab that should have a night shift. However, we do not have the staff to accommodate this. When on call, you usually work seventeen hours straight with majority of that being alone. Sometimes, you don't get a chance to eat, drink, or even go to the bathroom. Not healthy. Also, difficult to bounce back after three days of this. Allowed two days off, then back on day shifts. Headaches, stomach issues, the usual can be bothersome for about a week following.*

*"Life has to be on hold for too little pay. Not good for out of city or single parents as myself."*

*"Often, we work exhausted, sleepy, and feeling guilty that we are unable to be fully engaged in either our work or family life. We have no spare time to take up a hobby or some personal time for debriefing, destressing or self-care."*

*"Interferes with my family life, children."*

*"If I am called in the middle of the night, I am tired and not thinking straight the next shift. Sometimes being on call and coming in for many call-backs causes me to feel 'married' to my job and my home life suffers."*

*"Mostly callbacks – don't get much sleep. Working every second weekend which means I get 4 days off a month. Continuously being called in the middle of the night lately – working on very little sleep a lot."*

### **Night shifts vs on call**

A couple of technologists pointed out that a night shift was created to address the problems with on call work. This can only happen, however, if there are enough staff for a night shift.

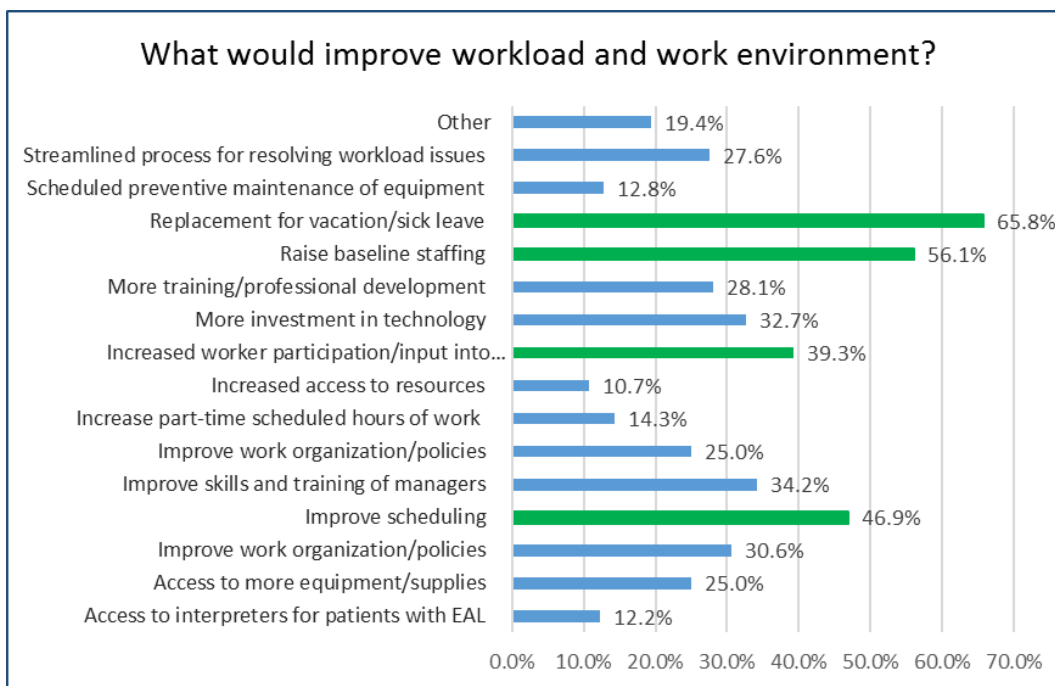
*"They took us off call and implemented a night shift. This helps us and our lab but because there is a critical shortage of staff we are getting working more nights and evenings to cover this lab."*

*"We now have a night shift which has eliminated our on-call. If our staffing levels continue to drop we may have to go back to taking call."*

# WHAT WOULD IMPROVE WORKLOAD AND WORK ENVIRONMENT

The survey asked respondents to select from a list of suggestions on what would improve their workload or work environment. Respondents could select more than one option and therefore the responses do not add up to 100%.

Chart 36



The four most frequently selected proposals were:

- Replacement for vacation and sick leave (65.8%)
- Raise baseline staffing (56.1%)
- Improve scheduling (46.9%)
- Increased worker participation/input into decision making at workplace (39.3%)

When we examined the responses by classification, some classifications had stronger support for certain proposals. For example, pharmacy technicians and medical laboratory technologists had the strongest support for replacement of workers on vacation or sick leave: 85.7% of pharmacy technicians and 75% of medical laboratory technologists chose this option (average was 65.8%).



Medical laboratory technologists also had higher than average support for the proposal “raise baseline staffing”: 76.3% chose this (compared to an average of 56.1%). As well, 62.5% of medical radiation technologists supported more baseline staffing.

For the third most selected proposal “improve scheduling”, - 100% of MRI technologists and 65.6% of medical radiation technologists chose this, compared to 46.9% of all technologists.

Regarding the fourth proposal “improve worker participation and input into decision making at the workplace,” 71.4% of MRI technologists chose this compared to 46.9% of all medical techs.

Some proposals were not strongly supported by all medical technologists but had higher support among certain technologists. For example,

- More investment in technology garnered 85.7% support from MRI technologists compared to 32.7% of all medical techs;
- Access to more equipment/supplies was supported by 71.4% of MRI technologists compared to 25% of all medical techs;
- Improvement in skills and training of managers was selected by 57.2% of pharmacy technicians compared to 34.2% of all respondents;
- Access to interpreters for patients with limited English was chosen by 42.9% of MRI technologists but only by 12.2% of all medical techs.

## CONCLUSION

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The results of this survey call for immediate action to address the crushing workload and staff shortages of medical technologists and technicians in the province. The situation is critical and steps need to be taken to improve staffing levels and working conditions.

This is about patient care. Medical technologists and technicians are under pressure to provide safe, accurate, high quality and time results to physicians and their patients. This is at risk if staffing shortages and workload are not addressed.

For the last couple of years, the provincial government has asked health regions to reduce overtime and other staff costs such as sick time. This has meant that health employers have not filled vacant medical tech positions and they are not replacing staff on sick leave or other leaves, resulting in dangerous workloads for medical techs. In addition, the Saskatchewan population has increased significantly, doctors are ordering more tests but the overall number of medical techs has not increased.

It is not surprising that our medical laboratory technologists (MLTs) report in the survey severe staff shortages and heavy workloads. The registration statistics from the Saskatchewan Society of Medical Laboratory Technologists shows that the number of MLTs in the province has dropped by 7.2% since 2012 (from 901 to 836 MLTs).<sup>1</sup> This decline happened while the province's population grew by 6.3% from 2011 to 2016.<sup>2</sup>

There is also evidence that the demand for testing, especially diagnostic imaging scans, has increased in the last number of years. The provincial government has boasted that the number of patients who received MRI scans in the province more than doubled since 2007/08 – from 15,700 to 33,500.<sup>3</sup> The number of MRI technologists has increased, but not by sufficient numbers to address the increase in demand.

Furthermore, CUPE is concerned that increased workload and staff shortages will cause many medical techs to leave the province or the workplace. There were many comments in our survey indicating that many medical techs are already considering this. There is also a need to create a long term recruitment and retention plan as many medical techs are nearing retirement.

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<sup>1</sup> Saskatchewan Society of Medical Laboratory Technologists, 2015 Annual Report, p.2.

<sup>2</sup> Saskatchewan Bureau of Statistics, Saskatchewan Census Population 1986-2016.

<sup>3</sup> “Access to MRIs improved for Saskatchewan people,” Government of Saskatchewan news release, October 20, 2016.

**CUPE recommends that:**

1. The Ministry of Health and each Regional Health Authority conduct a provincial audit of vacant positions and appropriate staffing needs for medical technologist and technician positions in health care. We request that you consult front-line staff during the audit process and share the results of the audit with us.
2. The Ministry of Health increase funding to Regional Health Authorities dedicated to hire additional medical technologists and technicians to address workload and staffing requirements for safe and quality patient care.
3. The Ministry of Health, working with Regional Health Authorities, revise its Health Human Resources Plan to address the existing and forecasted shortages in medical technologist and technician positions.

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