Survival of the fittest

By Amy Haigh, Associate Editor

Popular reality television shows feature determined contestants pitted in off-the-wall battles from which one survivor emerges to win a prize of majestic proportions. What would a true-to-life game show based in an American medical laboratory look like? Competitors in white coats, safety glasses, masks, and gloves would hover over a collection of slides, each containing a sample of an unidentified exotic disease or bioterror agent. Their mission would be to handle each slide and identify the substance to determine the appropriate biosafety level. Inhaling would be denied until each sample was properly identified.

The next challenge would be to recall which regulations and standards apply to a series of unique tests. Each contestant would have to explain how to use the latest in laboratory equipment, and then troubleshoot a specific problem. Consulting any references would be prohibited.

To stay in the competition, our contestants would need to resolve three major management issues and, in only 24 hours, come up with their solutions.

Having mastered these obstacles, our competitors would then be required to attend at least 10 continuing education courses, train on three different brand-new analyzers, and choose 10 new testing products (out of 100) that would be of most use in the lab. While participating in this segment of our lab reality show, any contestant complaining about the enormity of her assignment would be disqualified automatically.

The picture becomes clear; reality TV is not reality. Working in a hospital, reference, or rural lab is where the true reality exists. Who would survive our reality challenge — and what would be her prize? This year, a total of 2,128 of you who survived the 2004 real-life lab experience sent in your employment statistics! Here is the outcome.

Our clinical laboratorian survivor

According to MLO’s survey respondents, the representative laboratory reality survivor is a female (70%), 48.85 years of age, working in an urban area (46%) somewhere in Texas (8%), California (7%), or New York (6%). She has a supervisory position (26%) as a lab manager (23%) or section supervisor (22%) in a hospital lab (61%), and she generally works an eight-hour shift (69%). Her salary is $67,566, compared to the average yearly salary for a medical technologist at $47,613.

Our representative clinical lab pro leaps over hurdles for an organization with either one to 10 employees (23%) or 21 to 50 employees (23%), where the annual test volume is more than 1,000,000 (28%). She is a graduate of a college or university (58%) and is certified in her field (93%). She has run the track of a continuing education program with more than 10 CE classes yearly (28%). She has worked in the clinical laboratory field for more than 20 years (68%) and has been with her current employer for her entire career (32%).

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There are wide variations in salary among our reality contestants. No doubt some of the salary differences relate to competency level, business conditions, or personality factors, and it is not possible to evaluate these from responses to a questionnaire. Several easily defined factors, however, seem to contribute to different pay structures. These include education, geographic location, job function, and the length of time a person has been in the clinical laboratory profession.

The reality of differentiators

Education
Generally, education is a significant differentiator in the salary structure. The typical employee with a high school diploma makes about $16,076 less than one with a post-graduate college degree (Figure 1). Even the employee with a bachelor’s degree is likely to experience a $16,140 shortfall as compared to her post-graduate counterpart.* The typical salary difference between a pathologist and a medical technologist is $111,625.

Geographic area
Those in the Northeast and Pacific regions receive the highest salaries ($67,183 and $77,330, respectively), while compensation in the Central, Southeast, and Mountain parts of the United States does not fluctuate as widely ($61,950, $63,932, and $64,866, respectively) (Figure 2).

Job function
Understandably, a person’s primary job function is a significant salary differentiator. As physicians, pathologists are the leading contenders with an average salary of $159,238 (Figure 3). They are followed by lab directors and managers/administrators at average yearly salaries of $86,698 and $67,566, respectively. Medical technologists average $47,613 yearly.

Years in the industry
In general, our clinical laboratorian’s salary increases the longer she stays in the professional game (Figure 4). The average pay in the first two years is $58,305, increasing incrementally to $67,439 in the 20-year-plus time period.*

The grand prize
Our average clinical laboratorian says her employer awards some substantial benefit prizes. As part of her contract, healthcare insurance (98%), 401(k) (84%), life insurance (87%), dental coverage (89%), disability insurance (78%), and bonuses (20%) were part of her 2004 annual compensation package. She expects a salary increase of 2% to 4% (63%) this year, and believes that her job — with which she is somewhat satisfied (51%) — is also somewhat (46%) or very secure (46%).

Finally, the typical clinical laboratorian has experienced a moderate impact on her laboratory due to the shortage of medical personnel (44%), which has so far not made it necessary to outsource (86%). Her lab did, however, automate and/or further automate procedures last year (61%), and intends to continue automating in the coming year (66%).

Salute to survivors
Accolades go to the healthcare specialists who survive and thrive in labs throughout our country and whose dedication to the medical laboratory profession brings a resounding “job well done” from patients and other medical professionals. MLO salutes you!

* The anomalies of lab professionals with bachelor’s degrees receiving lower pay than those with high school degrees (Figure 1), and professionals with three to five years and 10 to 14 years of experience receiving lower pay than those with less experience (Figure 4) might be influenced by a combination of the survey respondents’ job functions and regions of residence, as well as other factors that cannot be measured here.