Looking to get out
I just finished your retirement article [“Retirement challenge looms large,” page 4], and I really wish I could mentor and encourage the lab field. But being a 10-year certified MT and still not making the starting pay of an AS RN, I am myself looking to get out. Unfortunately, there are not many lateral moves MTs can make without going back to school.

I find the lack of respect for this field quite disheartening, and I strongly advocate alternative careers to anyone who asks. Labs are becoming more like sweat shops. I love people, and I want more involvement and interaction in their care. Processing 10,000 CBCs a night (not to mention the deficiency in pay) just is not a satisfying career. As labs get more automated, I believe the need for MTs will be eliminated altogether.

—Name Withheld By Request

Success filling area openings
I enjoyed reading your editorial in the January 2008 MLO [“Retirement challenge looms,” page 4]. I recognized the laboratory-staffing crisis several years ago as well. When I was over laboratory services several years ago, I organized a meeting of hospital and reference laboratory managers at our local advanced technology center to discuss the formation of a MLT program. We will have our first class graduate in August of this year. It took a lot of work, but we are very pleased that there will be MLT graduates available to fill the many openings in our area. We also worked very hard in obtaining scholarships from foundations, hospitals, national lab companies, and individuals. Check mexicoledger.com, and you will see that we made the front page today with one of those scholarships. Hopefully, many more schools will open in the near future.

—David N. Buhr
Director of Business Development
Audrain Medical Center
Mexico, MO

Not “rah-rah”
I am a little behind on my reading but wanted to comment on your “retirement” article in the January 2008 MLO. I, too, am approaching retirement after 35 years in the laboratory of which 30+ I have spent as the supervisor of the chemistry department in a large hospital. I love my job and feel I have had a long and interesting career doing what I love to do.

We had our own MT school but were forced to close it due to budget cuts. We are now affiliated with the MT program at University of Central Florida where we do the clinical training of eight students per year. We do enjoy training and mentoring and have seen many wonderful students graduate over the years and become our own employees!

The shortage in the MT field is due to salaries. I cannot tell you how many employees I have lost in the last five years due to wages that are too low to support singles or single moms. Most singles cannot even buy a house on our salaries. These people are realizing that they will never make ends meet if they continue in the laboratory field. The employees I have lost are going back to school for pharmacy, nuclear medicine, and other careers outside the laboratory. I am sad each time I lose a great employee. It is not fair after four years of college — of which the last year can be very grueling — only to graduate and then find out that you cannot live on what you make. Many employees pick up overtime wherever they can, but this does not allow for much of a life outside of work.

Sadly to say, my employees are not “rah-rah” when it comes to our field. Many employees encourage the younger ones to get out and go find a career that they can live comfortably on without killing themselves. I see it firsthand and am concerned about our future. Who will be doing my lab work when I retire? Probably the nurse doing POCT, or the robot!

I wish I had better news from the field. Until there is a serious shortage and the salaries improve, I am afraid we are going to see many labs short staffed with stressed-out and overworked employees reporting out suboptimal lab results. Thank you for listening.

—Susan White
Chemistry Manager
Florida Hospital
Orlando, FL

MLO welcomes letters to the editor. We ask that you include a phone number for verification. While we prefer to publish the writer’s name, we will publish a letter with “name withheld by request,” but our editorial staff must have the writer’s name confirmed for our files. MLO reserves the right to edit any letter for style and length.
Letters to the editor

Educating students
I wanted to comment regarding the special-report article regarding Labs Are Vital (“Survey reveals need to educate students about profession,” March 2008, page 8). If labs want to maintain MTs and MLTs in the profession, then increase the pay and the respect of the profession— it is that simple. I have been in the lab for 17 years —13 years were in the civilian sector where many of my counterparts left the profession because of the lack of pay. I left and joined the military because that was the only way I could increase my pay, [and] have a decent raise, upward mobility, and recognition.

When I graduated in 1992, my starting salary was $11.12 an hour. By the time I approached 13 years, I had only increased my pay to $20.15 an hour. I am now in the military, and my yearly salary after four years is now six figures. That would never have happened in the civilian workplace. Plus, I am able to be promoted and have yearly raises of 5% to 10%, whereas, in the lab field, there is no room for promotion, so it is stagnant and the 1% to 3% raises were a joke. Until hospitals and the public know the importance of competent lab workers, what the lab brings to the diagnoses of patients, and [that the lab is] critical to a pandemic or epidemic, and pays accordingly, the lab field will continue to lose critical staff.

Why would a new graduate who spent $50K or more on an education want to go to a job that, at best, pays a starting salary of $20K to $30K a year and have to work weekends and holidays, pull call, work short and long hours, work nights and evenings with no bonuses, and/or receive little or no raises? I know I would not if I were 18 and entering college knowing what I know now. It is the second most stressful job, and the lab continues to be a faceless entity; yet, the lab is the first one blamed for any medical errors or problems and receives no respect from the other medical staff, and [we] are constantly being told how to do our lab jobs or that we are compromising the integrity of the specimen or testing from those who are not qualified in the lab.

I know quite a few high-school grads who went to a lab booth at a health fair, and the first question they asked was what the pay was; when told, they walked away and said, “No way.” One hospital where I worked did something “sneaky.” I had 12 years of experience and was making $19.78 an hour, and new hires [with] no experience were hired a starting salary of $18.15. There were techs who had three years’ experience at the same hospital, and they were making $17.23. When that leaked out, it almost caused a riot. Everyone got a bump in pay — but not much; my pay got bumped to $20 an hour. We were given stern lectures about not discussing pay. If we had not discussed wages, we would never have gotten the bump in pay. Not only is starting pay [a problem], but also there needs to be payment adjustment for experience as well.

—Tracy Harrelson, Capt. USAF
Bolling AFB
District of Columbia

Second annual EWC Scholarship awarded to a “Georgia peach”

The winner of the second annual Executive War College Scholarship program is Cynthia Parrish from Thomasville, Georgia’s JDArchbold Memorial Hospital. Parrish has more than 27 years’ experience in the clinical laboratory by way of hospital, reference, and physician-office laboratories as a generalist, within a specialty, and in laboratory management. She has been a member of ASCP since 1980; was elected to the National Council for Laboratory Professionals in 2007; and has been an ASCLSL member since 2000 and a CLMA member since 2003.

She is very active in-house at Archbold, having served on the Audit (HIPAA) Compliance Committee; the Patient Safety Sub-Committee; Matrix Management; the Relay for Life and American Heart Association teams; and as a CAP inspector, as well as national service for ASCP’s Council for Laboratory Professionals.

Parrish accumulated more than 130 hours of continuing education over the past three years, including a graduate-level course in management of biomedical laboratories offered through Michigan State University. She also coordinated the matrix management of the laboratories of a five-hospital system, participated in the education and training of JDArchbold’s nursing staff on the pneumatic-tube system; revamped and overhauled the hospital’s POCT program; and participated in preparing for CAP inspections.

When Parrish was not busy at work, she was a featured speaker in 2006 and 2007 at the local MLT technical college pinning ceremony and she continues to take part in health-career days at local middle and high schools as well as hospital healthcare-career initiatives.

When asked why she applied for the EWC Scholarship, Parrish says, “To obtain education on up-to-date laboratory-management ideas and techniques, and to gain more insight on personnel management. I would like to better understand the differences in how laboratory and other healthcare professionals assimilate knowledge, and how the laboratory fits into the ‘big picture’ of the hospital and its goals, as well as to better work with other healthcare professionals for the good of the patient. I am always willing to attempt to change and learn from my experiences and from others.”

Parrish adds, “My employees tell me they want fair and consistent treatment, and I try to meet that request. I am always open to suggestions as to how to do things better and more efficiently.”

The staff and readers of The Dark Report along with MLO’s staff and its readers thank this year’s judges for their diligence in selecting Cynthia Parrish: Leo Serrano, FACHE, CLSup(NCA); William Neeley, MD, FCAP, DABCC; and C. Anne Pontius, MBA, CMPE, MT(ASCP).