Alternate careers for ‘burned-out’ medical lab personnel

By Carren Bersch, Editor

In conjunction with the ongoing concern about the lack of qualified personnel to staff the nation’s medical laboratories in the not-too-distant future, there is an equal concern about the departure of qualified personnel who have “burned out” because of any number of reasons including shift scheduling and substandard salaries. Where do these well-educated healthcare professionals go once they have left the lab? While there are many lab workers who have changed jobs over the years of their healthcare careers [see MLO, August 2007, “When lab techs find a love outside the lab: A conversation about changing life goals,” page 28] probably none have made a more dramatic change than Bea Arthur, the statuesque, gravel-voiced actress, who won acclaim as the sardonically witty Dorothy Zbornak of the television series, “The Golden Girls.” But for the others, do they find satisfaction in their alternative careers? Or do they discover that the grass really was not greener on the other side?

Looking to get out of the laboratory

An employee of a hospital lab who asked to remain anonymous relayed to MLO his dissatisfaction with the daily life of a medical laboratory technologist. When asked what he would prefer to do, he quickly answered: “That is easy! I would love to go to medical school; however, I just do not want to put my wife and daughter through such a financial burden. The physician’s assistant program is an alternative, but the closet one to my location costs $50,000 a year.”

Our “secret lab pro” has researched a new career throughout the years and has found that most laboratorians “jump ship” to the IT department. “We recently lost a highly skilled MT/SBB, with 20+ years’ experience. She had just had enough with the lab and expressed surprise at how many other MTs she was finding in her new career field.”

The only other move of which our subject is aware of laboratorians among his acquaintance is to analyzer repair. “What I have found most often is even more job dissatisfaction in the new field. One fellow said he was considering going back into the lab just to get away from a 60-hour work weeks in the analyzer-repair business!” That did not include time he spent answering calls and e-mails at home.

“What really gets me the most is having a wife who is a registered nurse and seeing the difference in her pay and mine, or knowing about the numerous bonuses — even the increase in shift differential — nurses get that the lab team never hears about. She is so excited and motivated about her job and has innumerable opportunities available to her. I could go on and on.”

Lab tech devoted to family

Michelle Crase spoke to us from Northern Illinois University (NIU) about her career in the laboratory versus her “new” career of almost 20 years in the university’s Environmental Health and Safety Department (EHS).

“I suppose I fit into this category — although I did not see myself as ‘burned out.’ I left the clinical lab in 1989 after about 12 years, mostly in a hospital setting, to work for NIU. The main reason for the job and career change was to have a more ‘normal’ schedule and to receive the additional benefits. Since changing jobs, I have had weekends, evenings, and holidays free; more vacation time; and additional education benefits. While the hospital was much more ‘exciting’ and ‘active’ than the university setting, it was tough on family life.

“I worked days mostly — I was lucky — but there were weekends that I had to work while the rest of my family was free. I worked about half to a third of the holidays. When another shift was short, others of us would need to help. I had to work overtime with little or no notice. If you had young children to pick up from daycare, you always had to have back-up plans. This situation would play havoc with those who had small children.”

Crase claims that she “fell into” EHS. The department was looking for a biosafety specialist, she thought she was qualified. “I was working nights, and my spouse asked me to check it out. I did not need to be retrained. My pay, which is salaried, is much better than the ‘average pay’ for a tech.”

In addition to sick leave and holidays, Crase has five weeks of vacation yearly. “We ‘group’ some holidays, so I have the week between Christmas and New Year’s off, without using my own vacation time.” She also enjoys free tuition, and classes are held on campus where she works. “My schedule is much more stable; I am ‘on call’ but get called in rarely.”

She still ponders over the lab profession. “My daughter just graduated from college with a chemistry degree. She is starting at or above what an average medical technician is making after several years of work. I do not believe much has changed in the
almost 20 years since I left. There is still a shortage of workers. From what I hear, staffing levels are still low. Pay ranges for the education and training are still low. Many of the same problems exist.” Crase thinks many of them stem from the way techs are viewed by the rest of the medical profession. “I am hopeful that someday clinical laboratory scientists will be seen as licensed healthcare professionals as much as any other healthcare group and will be paid appropriately for their education, training, and expertise. So far, that has not happened.”

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Tracy Harrelson, CAPT USAF, is now stationed in Washington, DC.

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Military career is one solution

For Tracy Harrelson, CAPT USAF, leaving the hospital lab after 13 years in the civilian sector and joining the military was the only way she believed she could increase her base pay, get decent raises, and find upward mobility and recognition.

While lab results and interpretation aid physicians in making between 70% and 90% of their diagnoses (percentages vary among statistics), Harrelson claims lab professionals are the first to be blamed for any medical errors or problems, and they receive little or no respect from other medical staff. [See Harrelson's letter on page 8.]

As for her new career in the military, Harrelson — currently stationed at Bolling Air Force Base in the District of Columbia — says she has gained valuable experiences in disaster and preparedness training as well as pandemic response; writing contracts and overseeing budgets; attending meetings at the Surgeon General’s Office and at the Pentagon; chairing various committees; maintaining physical fitness; and attending both civilian and military fully funded continuing education classes, to name but a few of her experiences in her four years of service.

“I have participated in flu research studies and, most recently, vaccine research.

“The military stresses the importance of education,” says Harrelson. “For me to be promoted to the next rank, a master’s degree is required. I have not yet had the opportunity to go overseas or be deployed. There is stress, but I do not come home exhausted mentally or physically. Joining the military was the best decision for me. I do not regret it for a second.”