

STILL WAITING:

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



Medical Technologist and Technician Membership Survey Report

INTRODUCTION

Medical technologists and technicians play critical roles in a high-quality health care system. Many work behind the scenes preparing medications or doing laboratory tests. Others provide hands on care to patients, doing x-rays, CT or MRI scans and other diagnostic tests to support treatment. The timely and accurate results from medical technologists and technicians are an essential step in the continuum of care as they support illness diagnosis and the development of a treatment plan for patients in need.

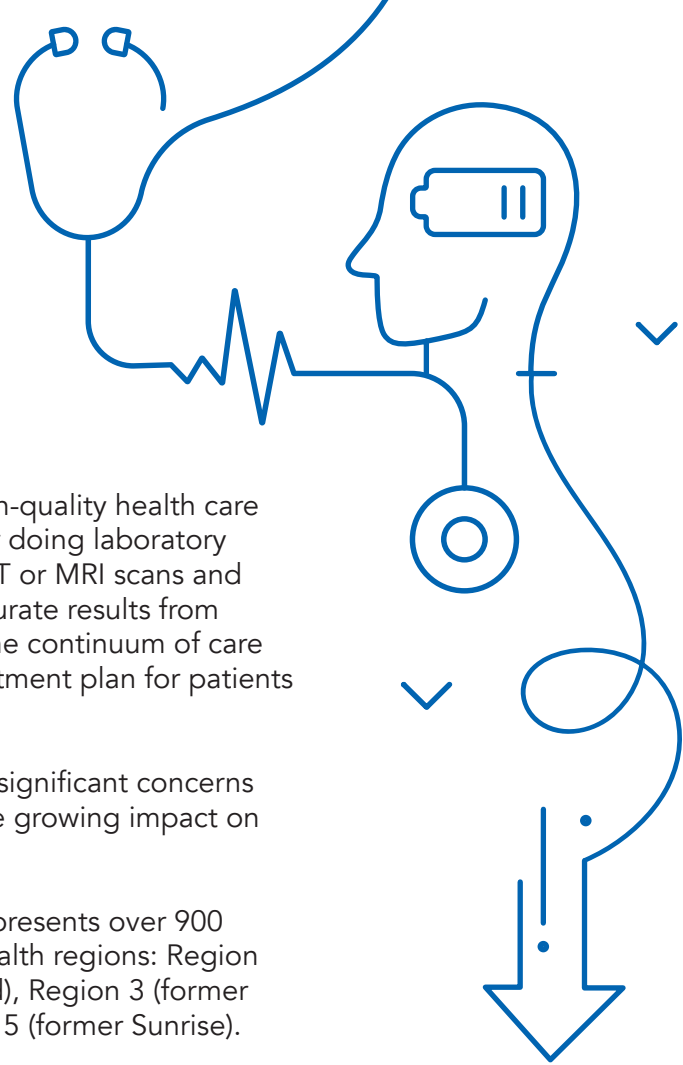
A recent survey of medical technologists and technicians raises significant concerns about the impact of increased workloads on their health and the growing impact on the timeliness and quality of care for patients.

The Canadian Union of Public Employees (CUPE) Local 5430 represents over 900 medical technologists and technicians working in five former health regions: Region 1 (former Prairie North), Region 2 (former Prince Albert-Parkland), Region 3 (former Regina Qu'Appelle), Region 4 (former Sun Country) and Region 5 (former Sunrise).

In 2024, CUPE 5430's Medical Diagnostic Technologists & Technicians Committee decided that a survey of CUPE medical technologists and technicians should be undertaken to determine whether workloads had increased for members working in these classifications and the impact on quality of care provided to patients, their personal health and work-life balance.

A survey of CUPE med techs undertaken in 2017, the results of which were published in a report entitled *Under Pressure: Report on Workload of CUPE Medical Technologists and Technicians in Saskatchewan*, was used as a benchmark for the 2024 survey. Since most of the questions were identical, comparisons could be made with the 2017 survey results to assess how workload, and its impacts, may have changed over this seven-year period. That said, this survey did introduce some new questions, including ones dealing with facility closures or service reductions due to understaffing, which has unfortunately become more common in recent years.

The results of this report were generated through an online Lime survey that was open from July 8 to July 26, 2024, inclusive. CUPE 5430 sent a link to this survey by email to CUPE medical technologists and technicians through the union's NationBuilder database. The survey comprised 28 questions, including several demographic questions and one open-ended question, which generated 105 responses.



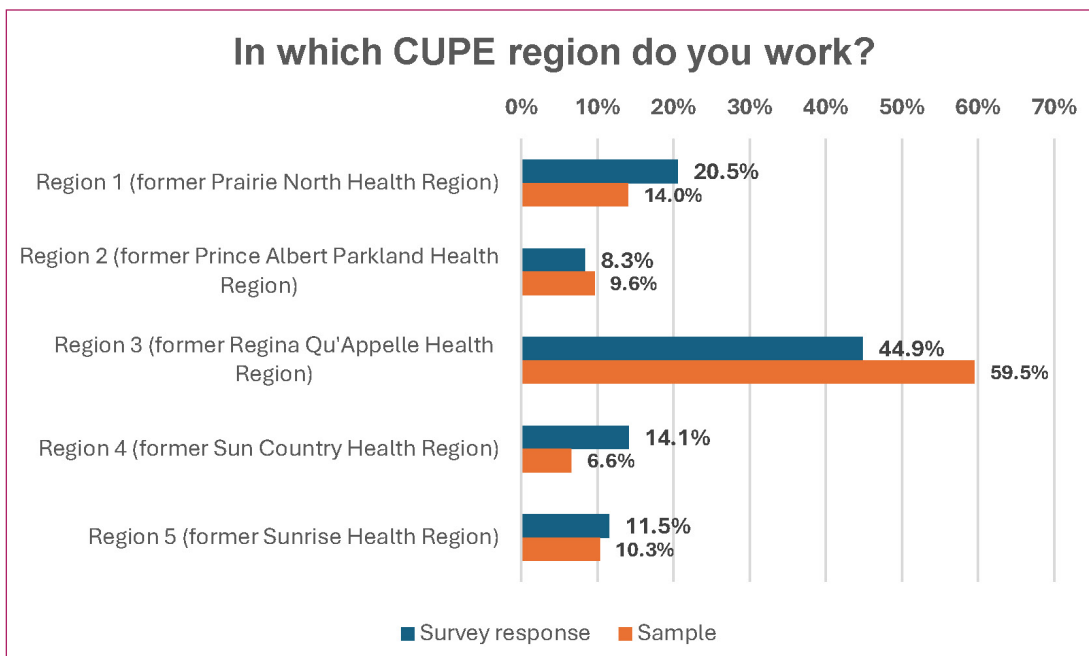


RESPONSE RATE

There were 156 responses to this survey out of a possible 906 CUPE medical technologists and technicians for a response rate of 17.2%. The response rate is lower than the 22.4% of med techs who responded to the 2017 survey.

Response by region

The chart below shows the response rate from each CUPE region compared to the actual breakdown of medical technologists and technicians based on dues information provided by CUPE 5430.¹



The largest number of survey responses were from Region 3 (former Regina Qu'Appelle Health Region), making up 44.9% of total responses. However, the response rate from this region is actually lower than the proportion of medical techs that actually work in Region 3, which is 59.9%.

¹ Med tech breakdown by region is based on March 2023 dues information.

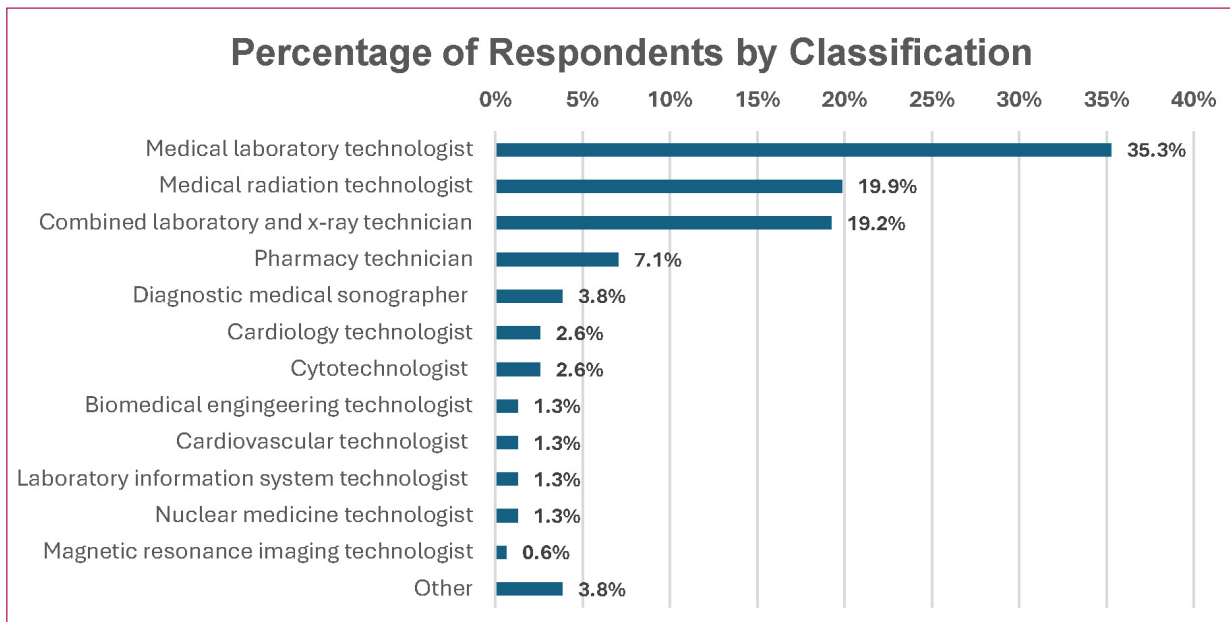


Three regions – Region 1, 4, and 5 – had response rates that were higher than the percentage of medical techs in their region, though Region 5 was mostly closely aligned. The response rate from Region 2 (former Prince Albert/Parkland Health Region) was lower than the actual percentage of medical techs working in the region, but the variance was not as great as Region 3.

As noted in the 2017 report, there are different possible explanations for the higher or lower than average response rates for each region. Some regions of CUPE 5430 may have promoted the survey more than in other regions, or medical techs in some regions may have been more motivated to complete the survey due to greater concerns.

Response by classification

There are over 20 medical technologist and technician classifications covered by the CUPE 5430 provincial health care agreement. The majority of these classifications are listed in the chart below.



There were six “other” responses as follows:

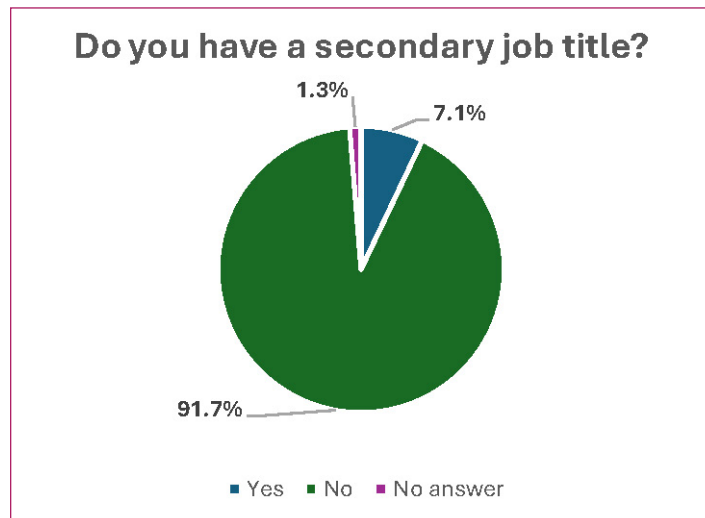
- Diagnostic cardiac sonographer
- Medical laboratory assistant
- RIS PACS Admin
- Diagnostic Imaging Information Systems Technologist
- Med lab assistant
- Cardiac Rhythm Device Technologist



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

- Medical Laboratory Technologist – 55 responses (35.3% of respondents)
- Medical Radiation Technologist – 31 responses (19.9%)
- Combined Laboratory and X-ray Technician (CLXT) – 30 responses (19.2%)
- Pharmacy Technician – 11 responses (7.1%)
- Diagnostic Medical Sonographer – 6 responses (3.8%)

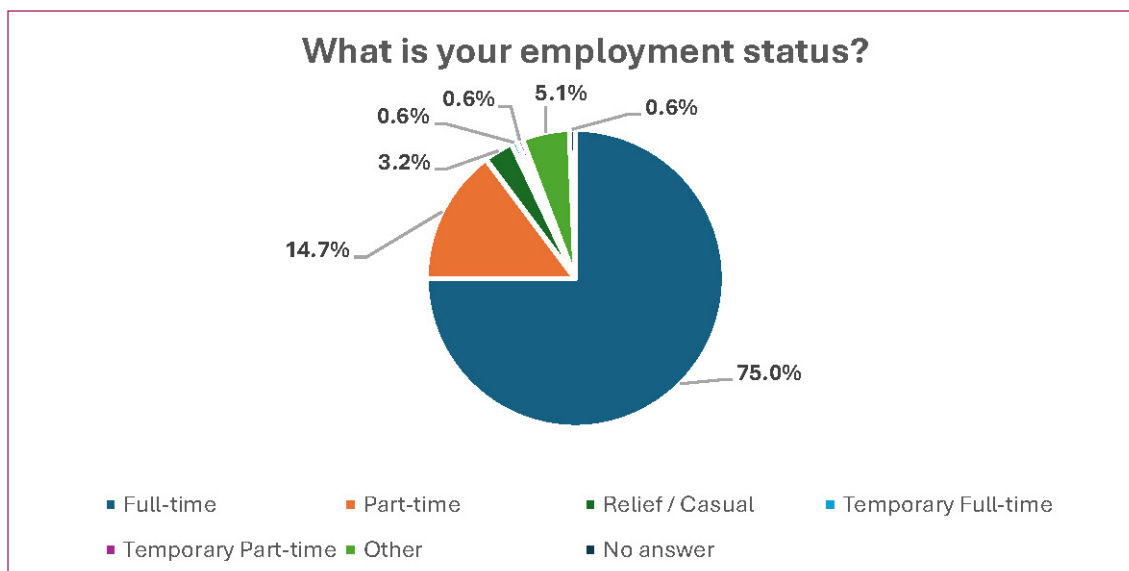
As the chart shows, 91.7% of respondents do not have a secondary job title.



BACKGROUND

Employment status

The next chart shows that the vast majority of respondents (75%) work in permanent full-time positions, while 14.7% are employed on a permanent part-time basis. Only 3.2% of medical techs responding to the survey work on a relief or casual basis.



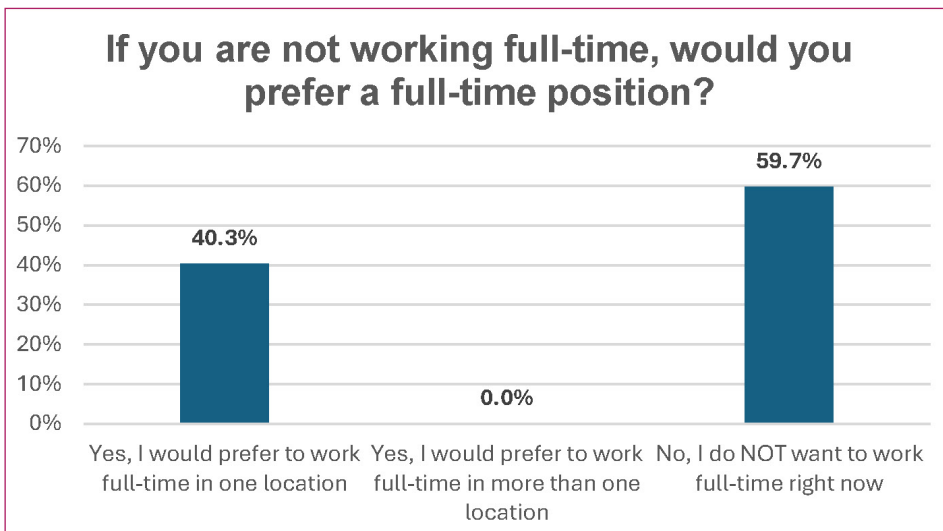


Eight respondents checked the “other” option. These verbatim responses are shown below:

- Maternity leave. Permanent Full time. (1)
- Part time with additional relief/ casual position (5)
- Full time plus on-call. (1)
- Part time position but with a full-time rotation of on-call (1)

The percentage of full-time permanent positions held by medical technologists and technicians is much greater than the other classifications such as continuing care assistants, food service workers and environmental services workers who are much more likely to be in part-time or relief positions.

The next chart shows that 59.7% of respondents who are not working full-time, would not want to work full-time “right now” compared to 40.3% who would like to work full-time in one location. No respondent indicated they would like to work full-time in more than one location.

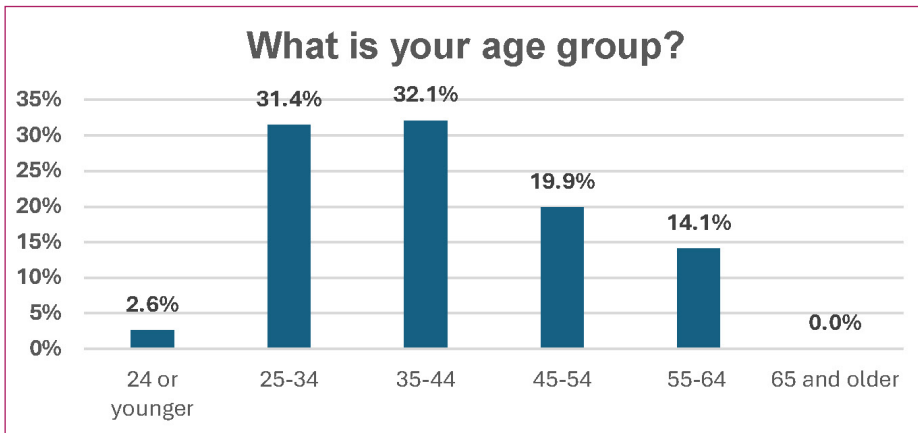


In the 2017 survey, there was a higher percentage of respondents working other than full-time (68.6%) who preferred full-time work.



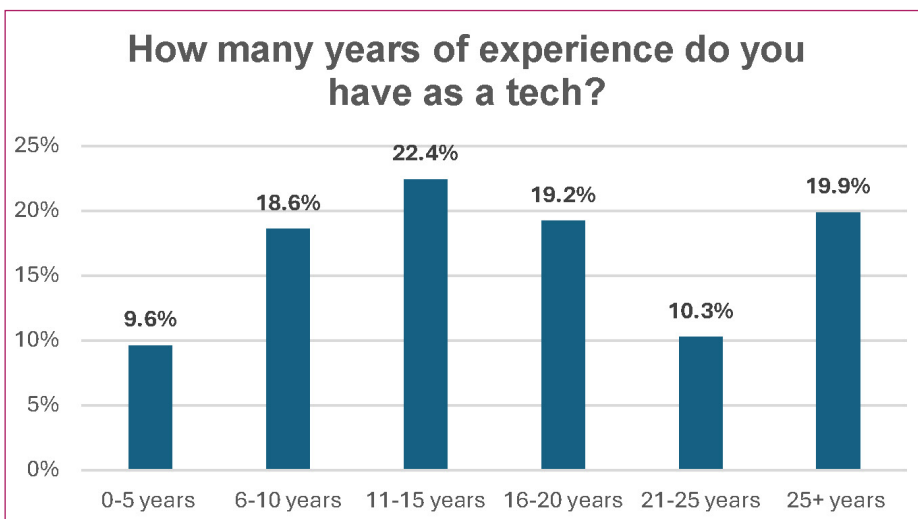
Age

The next chart shows that nearly two-thirds (63.5%) of medical techs responding to this survey fall into the 25 to 44 age demographics. Compared to the 2017 survey, fewer respondents were in the older age categories of 45-54 (19.9% vs. 26.9%) and 55-64 (14.1% vs. 16.1%). However, in this year's survey there was a smaller proportion of respondents in the 24 or younger category – 2.6% vs 6.2% in the 2017 survey.



Length of service

The chart below shows that a plurality of respondents (22.4%) have worked as a tech for 11 to 15 years. Over 60% of respondents have worked as a tech for 6 to 20 years. However, nearly 20% of respondents have worked as a medical tech for 25 years or more.

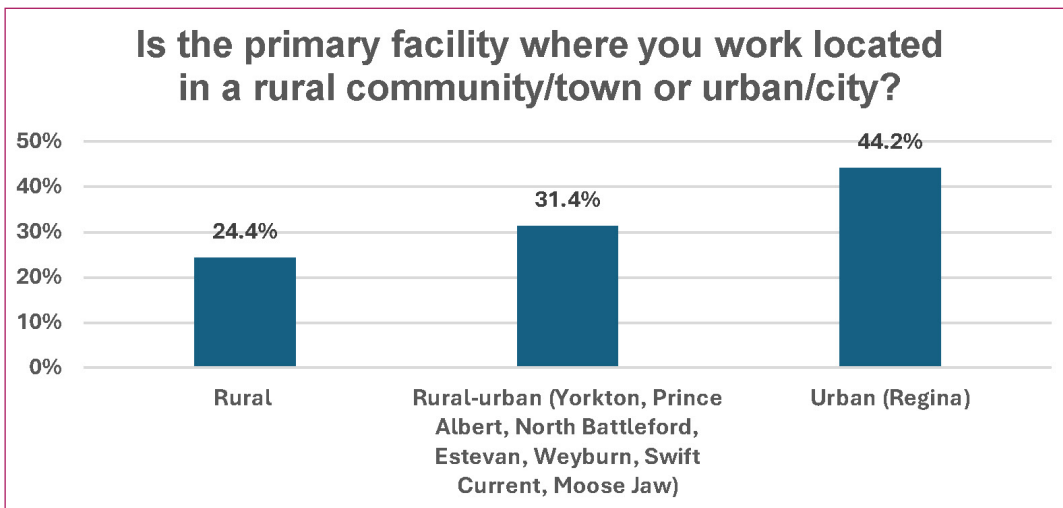




In contrast to the 2017 survey, there is a smaller percentage of respondents who have worked as a tech for five years or less (9.6%). In 2017, 22.3% of respondents fell into this category.

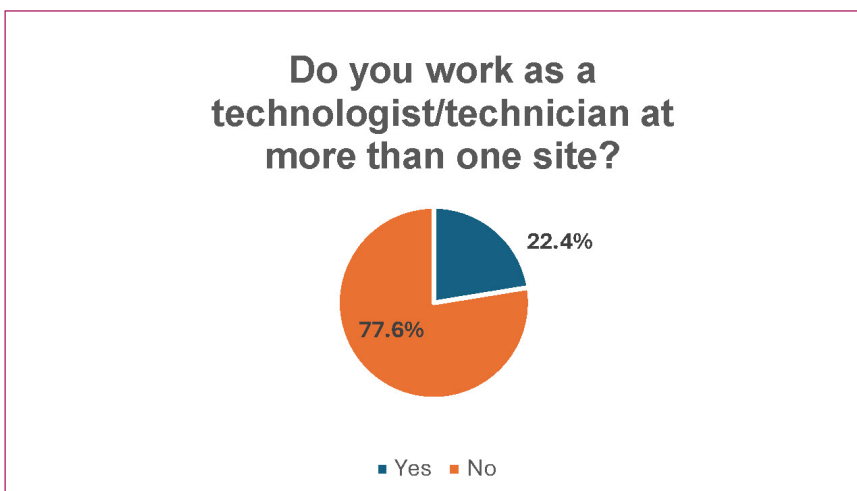
Rural-urban

As the chart below shows, 44.2% of respondents said the primary facility where they work is in an urban setting or city, while 31.4% said they work in rural-urban (Yorkton, Prince Albert, North Battleford) and 24.4% said they work in a rural facility.



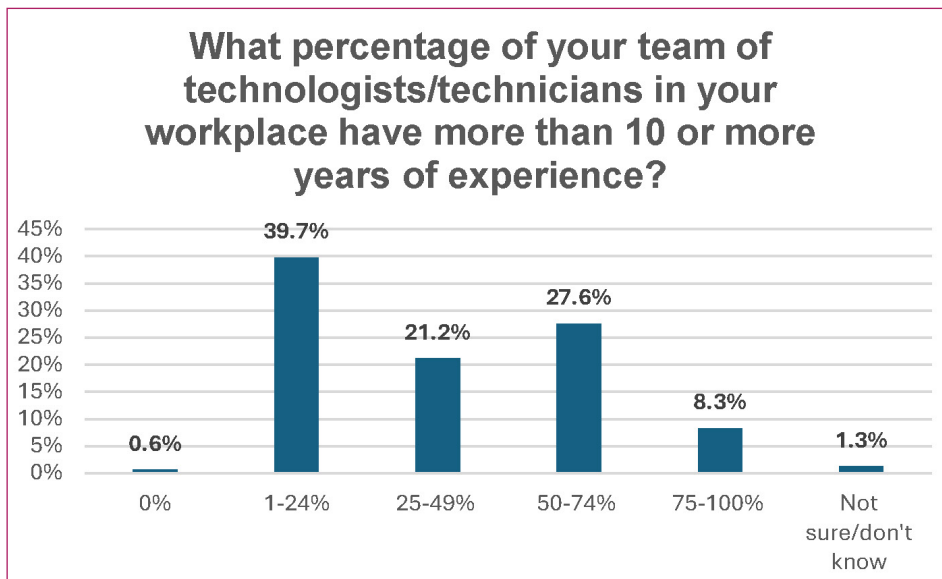
Multi-site work

Respondents were asked if they work as a technologist/technician at more than one site. Thirty-five respondents, or 22.4%, answered yes.



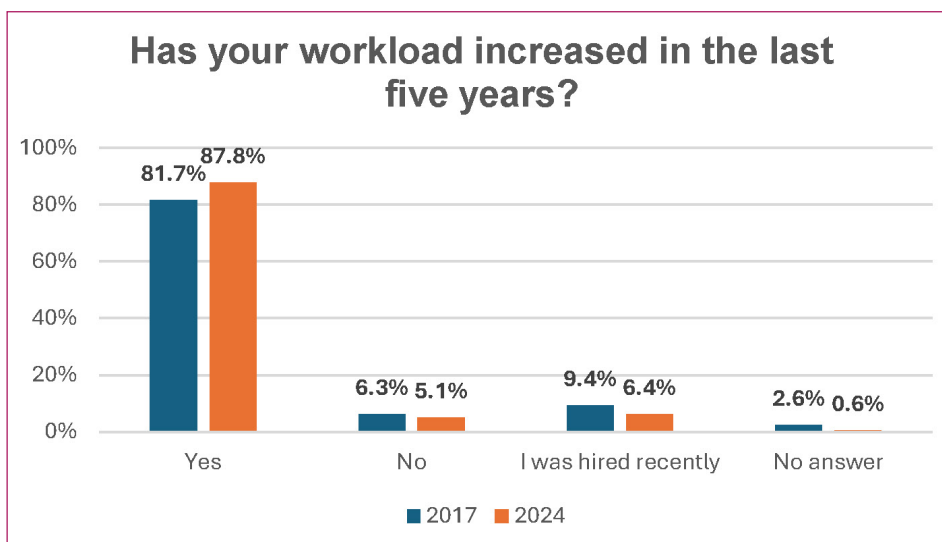


Respondents to this survey were asked a new question relating to the length of experience of their team of medical technologists/technicians. As the chart below shows, a plurality of respondents (39.7%) answered that 24% or less of their team has 10 or more years of experience.



INCREASE IN WORKLOAD

The chart below shows that 87.8% of respondents say their workload has increased in the last five years. This is an increase from 81.7% who said their workload increased when asked the same question in the 2017 survey.



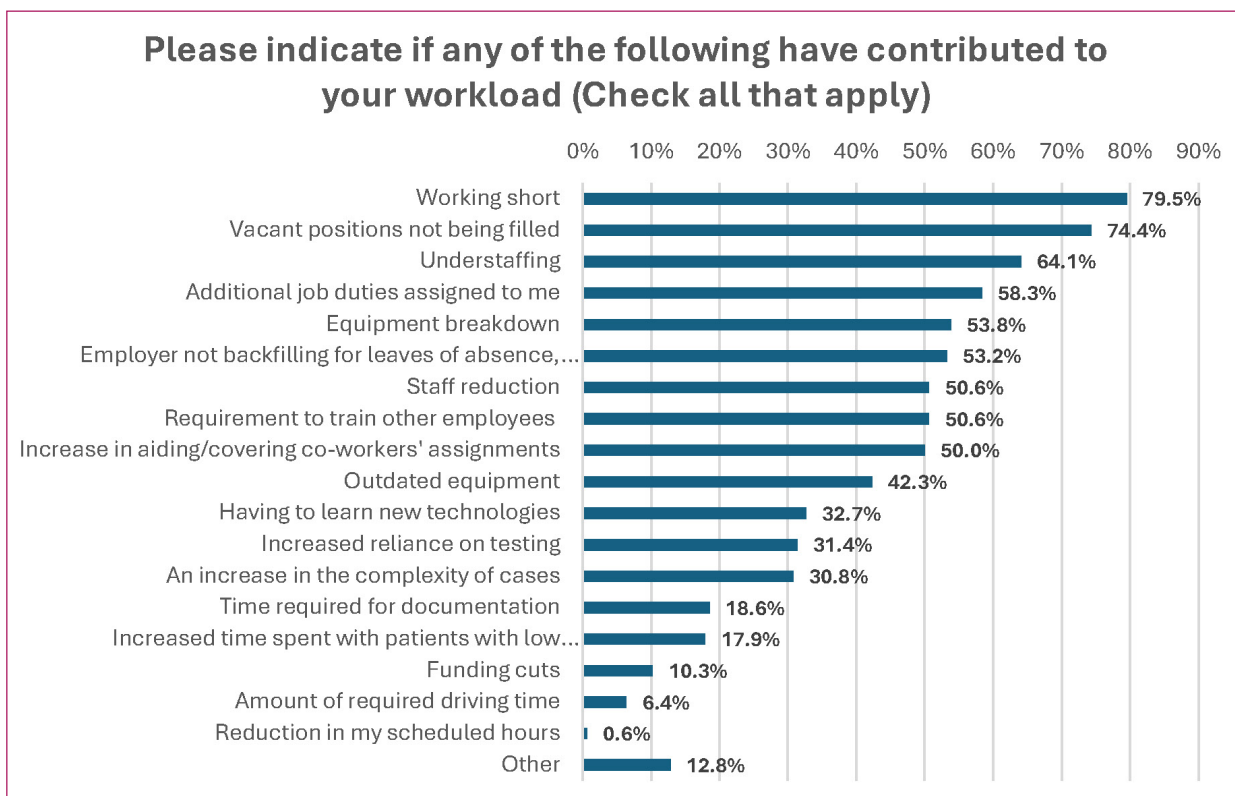


Factors contributing to workload

Respondents were asked if any of 18 possible factors contributed to their increased workload. They could check as many options as applicable. Respondents were also given the option to identify other factors than those listed.

As shown in the table below, “working short” was the factor most identified as contributing to the workload of respondents. This was cited by an overwhelming 79.5% of respondents. “Working short” was closely followed by “vacant positions not being filled” which was cited by 74.4% of respondents.

Rounding out the top five factors contributing to workload were: understaffing (64.1%), assignment of additional duties (58.3%) and equipment breakdown (53.8%).





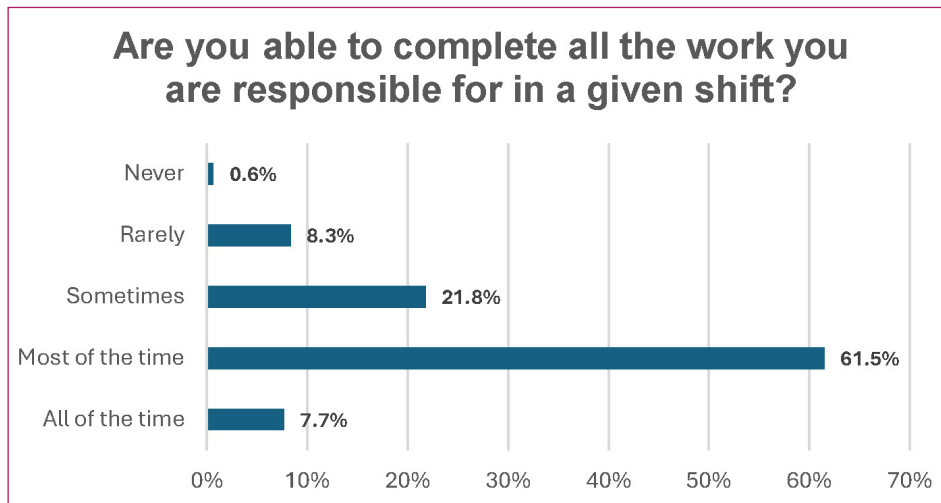
Twenty respondents cited other reasons. These responses exposed concerns in the following areas:

- Bringing on more students to train and training while working short.
- Additional duties associated with training are not compensated for.
- Unqualified management or poor management.
- Significant increases in the number of callbacks.
- Frequent callbacks at all hours without mandatory rest periods prior to the next shift(s).
- Being mandated for shifts, working doubles with call.
- Increased patient volume with same staffing levels as 20 years ago.
- Greater volume of ordered tests and expanded testing availability.
- No on-site Laboratory Information System Tech.
- Busier ER and hospital, higher acuity patients.
- Sick calls.
- Management refusal to post any job listings making it impossible to fill positions.
- Inadequate or deficient policies, poor communication from management.
- Baseline staffing not being reassessed since before Covid pandemic.
- Management denial of requests for replacement of damaged equipment that cannot be repaired.
- Increase in rural ER closures at other nearby facilities due to lack of staff, resulting in increased
- workload and after-hours callbacks for surrounding facilities.
- No parking, everyone has to move their cars every 2 hours, and we have to cover each others' areas.
- Amalgamation of working sites.

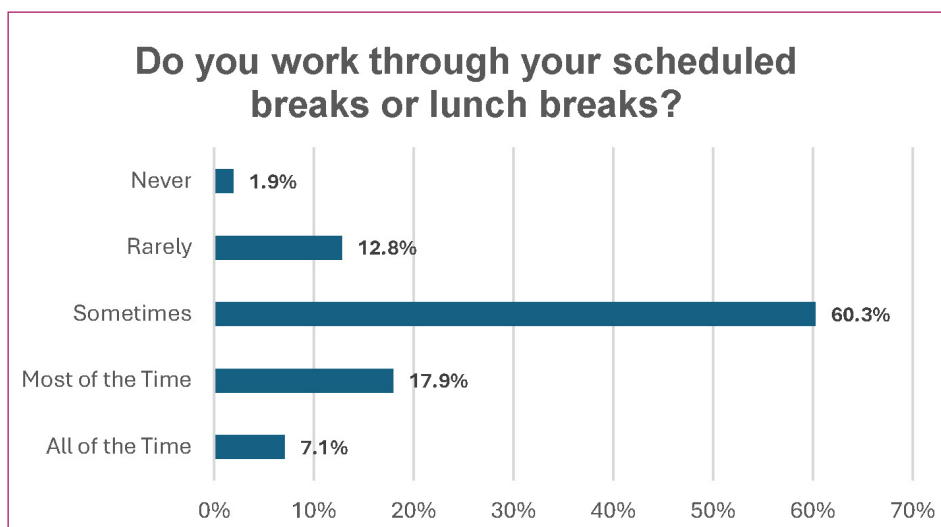


How med techs are addressing their workload

As the chart below shows, a majority of med techs responding to this survey (61.5%) said they are able to complete all the work they are responsible for in a given shift. Only 7.7% of respondents said that they were able to do this "all of the time" while 21.8% said "sometimes" and 8.3% answered "rarely."

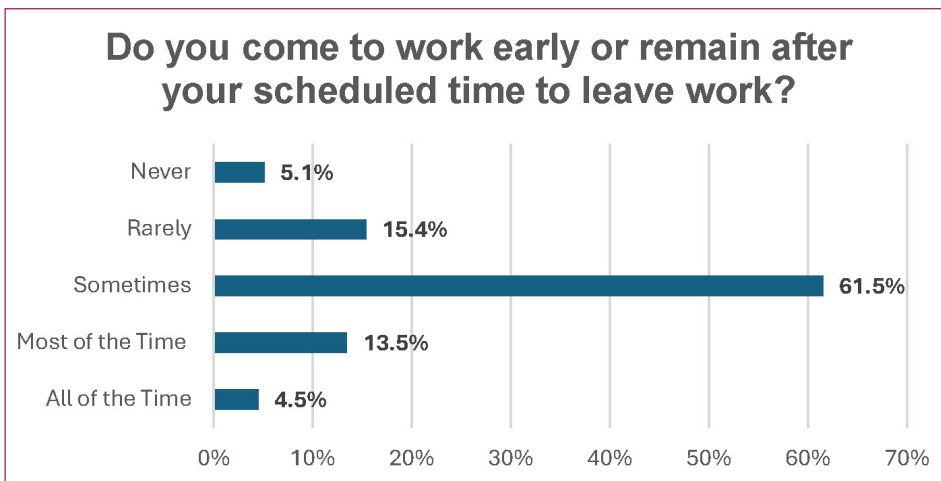


Similarly, the next chart shows that 60.3% of respondents sometimes work through their scheduled breaks or lunch breaks. A further 17.9% of respondents say they do this "most of the time" and 7.1% do this "all of the time."

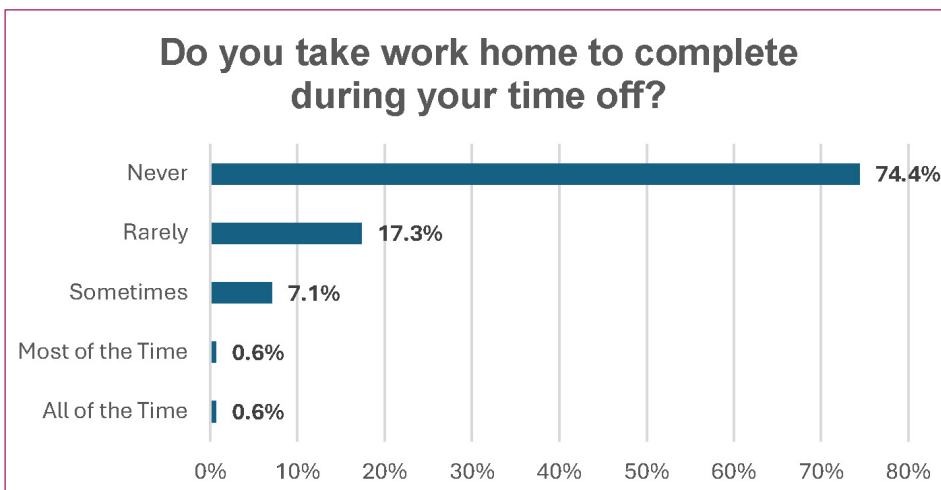




The chart below shows that a majority of respondents (61.5%) said they sometimes come to work early or remain after their scheduled time to leave work. A further 13.5% said they do this "most of the time" while 4.5% said they come to work early or leave work late 4.5% "all of the time."

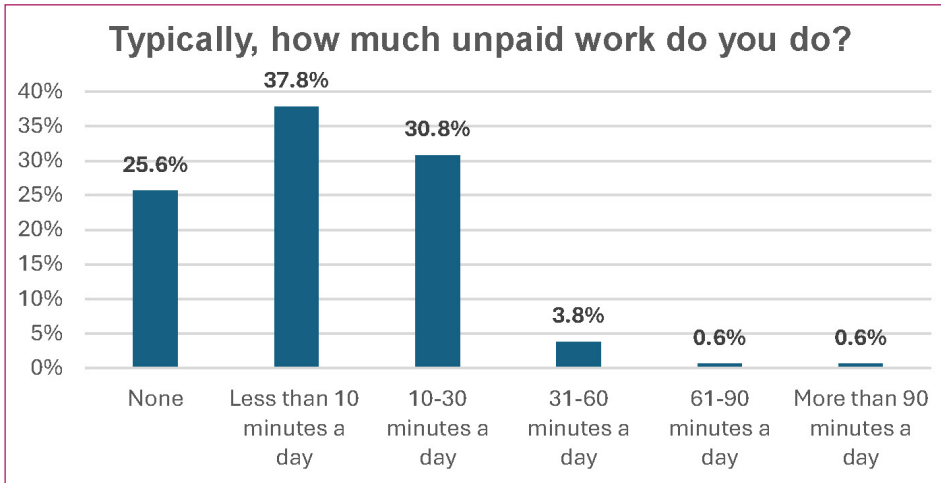


The chart below shows that three-quarters of respondents (74.4%) say they never take their work home to complete during their time off. Still, 17.3% say they "rarely" do this, and 7.1% say they "sometimes" do this.



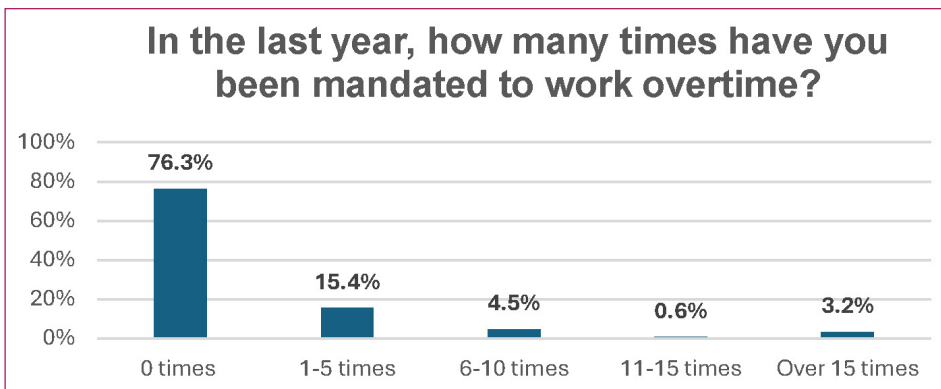


The next chart shows that nearly three-quarters of respondents perform unpaid work to some degree. A plurality of respondents (37.8%) say they do this for less than 10 minutes a day, while 30.8% say they perform 10-30 minutes a day of unpaid work.



Mandated overtime

As the chart below shows, 76.3% of respondents say they have not been mandated to work overtime in the last year. By contrast, 15.4% of respondents say they have been mandated to work overtime one to five times in the last year. On the extreme end, 3.2% of respondents say they have been mandated to work overtime over 15 times in the last year.



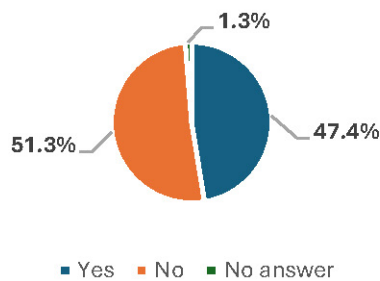


Facility closures and service reductions

Over the last two years, there have been many reports of service disruptions across the province resulting from understaffing of various health care positions. Understaffing also affects medical technologists and technicians.

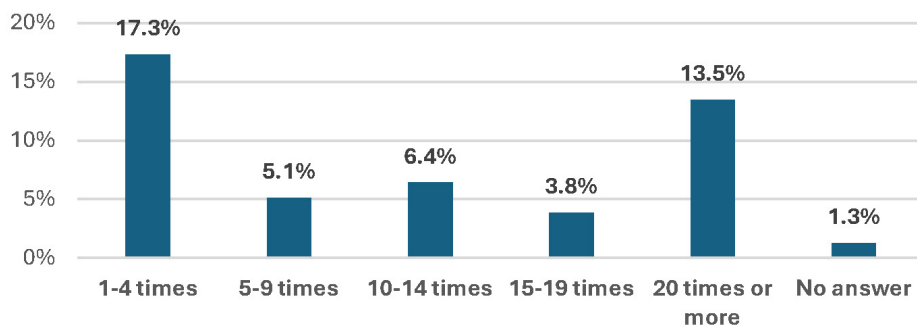
About half of respondents (47.4%) say their facility has experienced a service reduction or closure due to understaffing, while slightly more (51.3%) say their facility has not experienced a service reduction or closure for these reasons.

Has your facility experienced service reduction or closures due to understaffing?



Respondents who said their facility had experienced a service reduction or closure were asked a follow-up question about the frequency of such reductions or closures. As the chart below shows, a plurality of respondents (17.3%) said this has happened one to four times in the last year. On the other extreme, 13.5% of respondents said this has happened 20 times or more in the last year.

How many times in the last year has your facility experienced service reductions/closures due to understaffing?





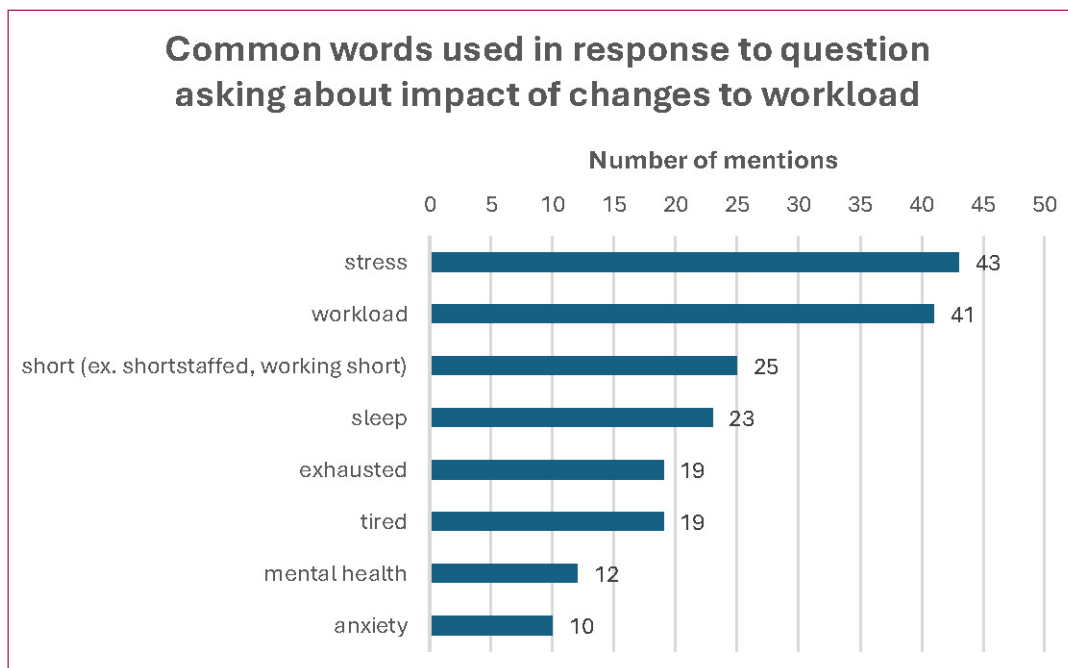
IMPACT OF WORKLOAD ON WORKERS AND PATIENTS

Survey respondents were asked several specific questions about the impact of workload on the quality of service to patients, health and safety of patients, as well as the impact on the personal life, health and morale of med techs.

In addition to these quantitative questions, survey respondents were also asked the following open-ended question: How has changes to workload affected your health and personal life and the quality of services you provide to patients/residents?

Over two-thirds of respondents (105 respondents) answered this question. A selection of these responses will be interspersed throughout the following sections of this report to provide more context and insight into the many challenges that increasing workloads pose to medical technologists and technicians.

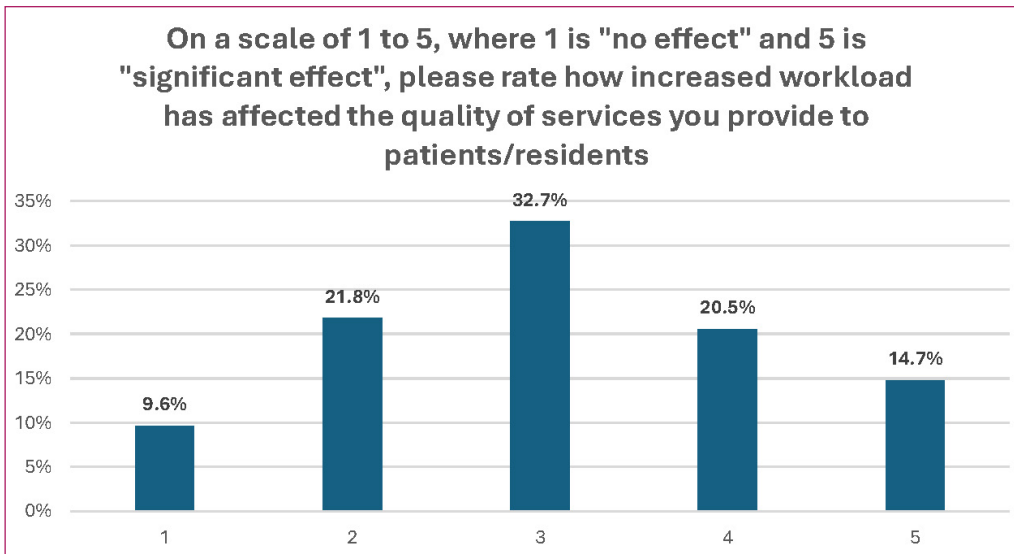
There were consistent themes in these responses, many of which were quite detailed and wide-ranging. In short, medical technologists and technicians are physically exhausted, stressed and burned out from increased workloads, short staffing and callbacks. Below is a chart which shows the number of mentions some common words were used in responses to the open-ended question.





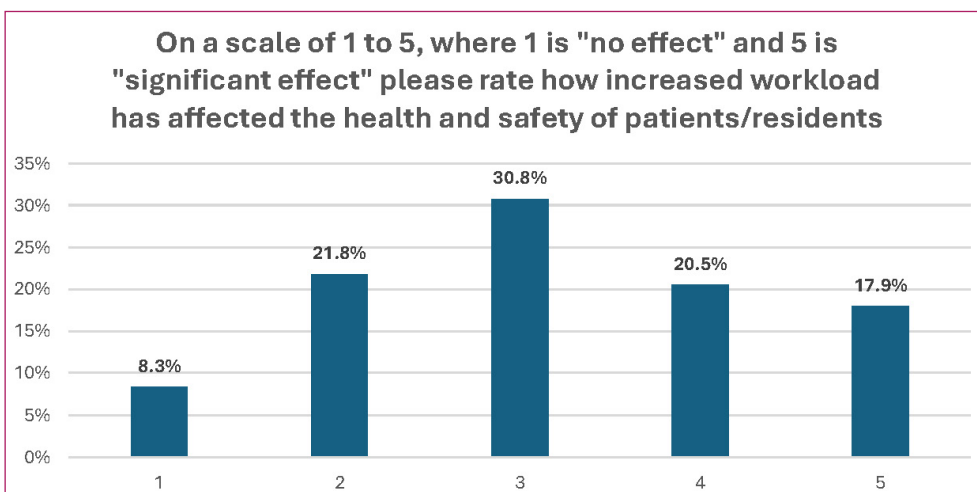
Quality of service to patients

As the chart below shows, a plurality of respondents (32.7%) gave a rating of 3 out of 5 when asked how increased workload has affected the quality of services provided to patients/residents. On the extreme ends of the scale, 14.7% of respondents said increased workload had a "significant effect" on the quality of services provided versus 9.6% who answered it had "no effect."



Respondents were also asked how increased workload affected the health and safety of patients/residents. The chart below shows that this question drew similar results to the previous question. A plurality of respondents (30.8%) gave a rating of 3 out of 5 when asked about the effect increased workload had on the health and safety of patients/residents.

Still, a greater percentage of respondents answered that increased workload had a "significant impact" on the health and safety of patients/residents (17.9%) versus those who said it had "no effect" (8.3%).





Several survey respondents commented on how heavy workloads have affected the quality of care or patient safety. Below is a sample of these comments:

- Being short-staffed means we have to reduce the number of booked patients we can do in a day, causing our already long wait lists to get longer. We're unable to get scans done in the recommended time frame, impacting patient care and outcomes, especially in the cases of time sensitive oncology patients.
- We are so busy that our booked appointments for bloodwork consistently have a 2-3 week wait time. At times this is due to high volume of patients, and other times we have limited appointments available due to lack of staff. We are also consistently overbooked due to having a large amount of patients with urgent work needed, such as cancer and dialysis patients. On top of our booked patients we also have a steady stream of ER and inpatient work to be done, which can affect the time our booked patients are spending in the waiting room due to limited staff. Also very limited to no time to complete things such as month end paperwork, external quality assure programs, and machine maintenance. All of this results in very highly stressful situations, from delayed ER results due to machine breakdowns to verbal abuse (both over the phone and in person). I feel constantly tired and run down, with high anxiety coming to work and even higher anxiety being on call by myself. All of this has definitely put a strain on my personal relationships. Quality control and maintenance of machines, and therefore patient results are being affected.
- Staff working conditions are patient conditions. So, all the stress and mental/physical overwhelm affects patients. Increased risk of staff and patients being hurt when the appropriate resources and staffing aren't available.
- Increased workload at work equals less time spent with patients giving them quality care.
- Having to rush through samples to get the work finished which can increase mistakes and end up delaying results.
- Due to the short staffing, patients are having to wait longer for emergent scans that delays their diagnosis. The technologists do their best but with the short staffing and the increased need for medical imaging, studies need to be pushed to the next day or week.
- The less people to do the work the more you try to do and to be able to get everything done you do not pay as close attention to the work you do. So, in the end your work quality decreases, your main thought is to just get it done and not to make sure it's done right.
- As a result of heavy/increase in workload, I feel pressure to work too quickly in order to meet the number of patients that need to be seen. Having to work quickly often leads to an increase in patient positioning errors and leads to increase in repeat radiation exposures to patients. I also don't feel I have enough time to build good rapport and trust with patients and I have little or no time to attend to their non-imaging needs. There is little time to listen to or answer their questions and concerns, no time to attend to their emotional needs or comfort needs. We take their images and send them on their way wondering if anyone else will have the time to meet these needs.



- This is not how a lab should run. Patient care is dropping and the fact that the majority of the lab personnel wants to walk out and quit is horrifying.
- I have to rush through patients not giving them the attention and care I want to. Unable to chat much and make them feel cared for.
- Increased workload has caused anxiety and stress to finish required assigned work by the end of shift during the day. To complete the workload, younger techs and those learning new benches often depend on additional help from supervisors or other techs that were able to complete their work early. Or attempting to rush through work too quickly, causing the release of erroneous results that can cause a detrimental effect on treatment and patient care. There is no time to carefully think through the new problems experienced as there is a pressure to work quickly.
- Sometimes you feel defeated because you can't properly give time and attention to patients. It's mentally draining and depressing.
- Talking to patients and proper patient care is now considered taking up time we don't have.
- Most importantly, this affects the safety of patients. Being understaffed with our workload affects the attention to detail and time of which we need to complete tasks. In pharmacy, this is stressful because safety is the most important part of our job.
- Always worrying that a clerical error may happen even though I'm careful to double-check work.

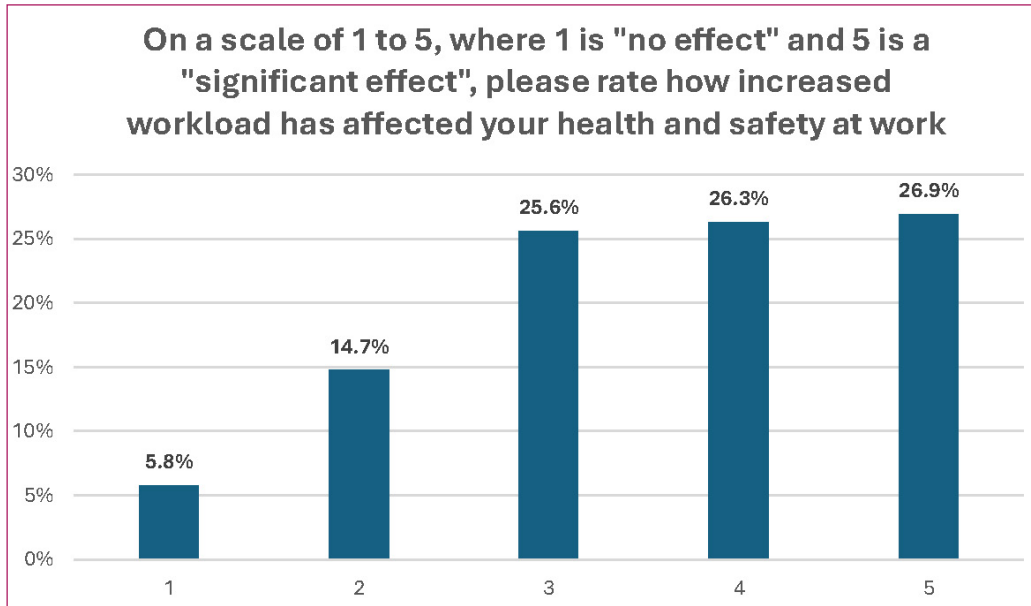
Some survey respondents also pointed to the relationship between instrument failures and workload.

- Unable to provide quick repairs due to massive increase of equipment and duties in last few years while receiving no additional staff. Preventative maintenance can no longer be completed causing increased equipment failures.
- Instruments we currently have are outdated and well-used above their capacity intended, due to increase of specimens that we received. Instruments are frequently giving errors and breakdowns, even given maintenance and preventive maintenance recommended by the manufacturer. This slows us down trying to provide results to patients when it could be done faster. It also increased unnecessary manual labour that is meant to be automated for the MLTs and lab assistants. The frequent instrument failures has led to more physical stress on our bodies, hence more sick calls, and more short-staffed and the problem just keep getting worse and worse.

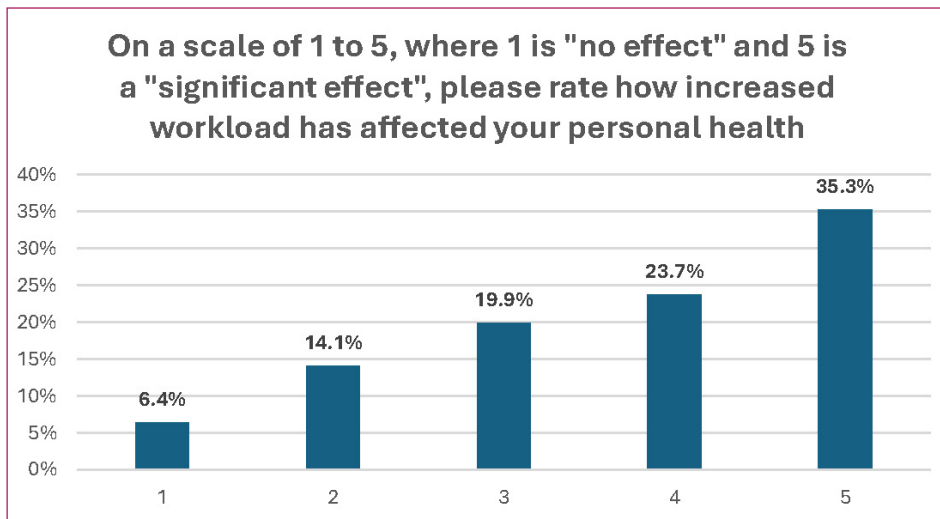


Impact of workload on health and safety, personal health and home life

The chart below shows 26.9% of respondents said increased workload had a “significant effect” on their health and safety at work. This was followed closely by 26.3% who indicated a rating of 4 out of 5 (slightly less significant effect) for this question.



Similar to the last question, 35.3% of respondents said that increased workload has had a “significant effect” on their personal health. The next highest response (23.7%) picked a ranking of 4, which indicates that workload had a close to significant effect on their personal health. Only 6.4% of respondents indicated that workload has had “no effect” on their personal health.



The percentage of respondents indicating that workload has had a significant impact on their personal health (a ranking of 5) in this 2024 survey (35.3%) is ten percentage points higher than the equivalent figure in the 2017 med tech survey (25.3%).

Numerous survey respondents addressed the heavy toll that increased workloads were having on their health and safety, personal health, work-life balance, personal and family life.



Impact on health & safety and personal health

- Having to come in in the middle of the night and still be expected to work a full workday is not only unsafe when you haven't slept or gotten maybe one hour. But your patience for patients is zero.
- Stress from constantly working short with extra call shifts to cover. Feeling burnt out.
- Finding I am exhausted physically and emotionally at the end of the day leaves me feeling like I have no energy to deal with at home problems and just want to be alone. Not being able to ask for days off because I know there is no one to replace shift therefore missing out on family events or having to say no to events that I would like to take part in.
- I come home just exhausted and just want to go straight to bed.
- At RRPL, we have no staff in the main area of Micro. I feel bad calling in sick because there is absolutely no one to cover. The tech 2 and 3 are working benches everyday. There's OT offered everyday, but we are getting burnt out. My health is suffering with headaches everyday and cold sore outbreaks. My family members don't understand when I say I HAVE to go to work.
- I used to love my job, and now I can't say I do. I am overworked and exhausted. Our workload is increasing, and instead of having more staff, we work short or close sites (which then makes us busier when we're short), and on top of that we are working a ton of call/standby. We are actually having to pick up/mandated even more call than what we already work.
- The increase in workload has affected my health to the point where my GP has reduced my hours I am able to work due to an underlying health condition and the stress from being on call and standby.
- Lots of strain on my body and increased repetitive strain injuries. Mental health decline due to taking the stress of work home.
- I feel physically and mentally exhausted. My patience gets reduced during more difficult and long cases.
- Mental health break down, now medicated for anxiety and depression.
- I'm exhausted. Some days feel like I'm being snippy to co-workers and family. Too tired when I get home to do anything with family. Body feels broken some days.
- Having to work OT on scheduled days off decreases rest and family time and increases illness and likelihood of injury. We have no replacement so working injured or sick is common.



Work-life balance

- My days off I am being called in for overtime. Feel like there is not a work-life balance anymore and people are becoming drained.
- Weekends are spent at home just recovering in preparation to do it all over again.
- I have to cancel plans with family/friends, miss medical appointments, and lose hours of sleep due to the effects of increased workload. Over time, the loss of sleep and lack of work life balance negatively affects the quality of work.

Impact on personal life

- By the time I get home I'm frequently too exhausted after a long problem-filled day to engage in any personal activities. After a particularly stressful day that can cause insomnia, I'm left either completely exhausted the next day or after a few of those sleepless nights unable to attend work.
- The black hole of medical imaging has affected my personal life. I don't enjoy things I used to. I go home and sit on the couch and struggle to get household chores done. Patient wise, I have no patience with them.
- Strain at work bleeds into home life. [I'm] too tired from work to enjoy things I normally would.

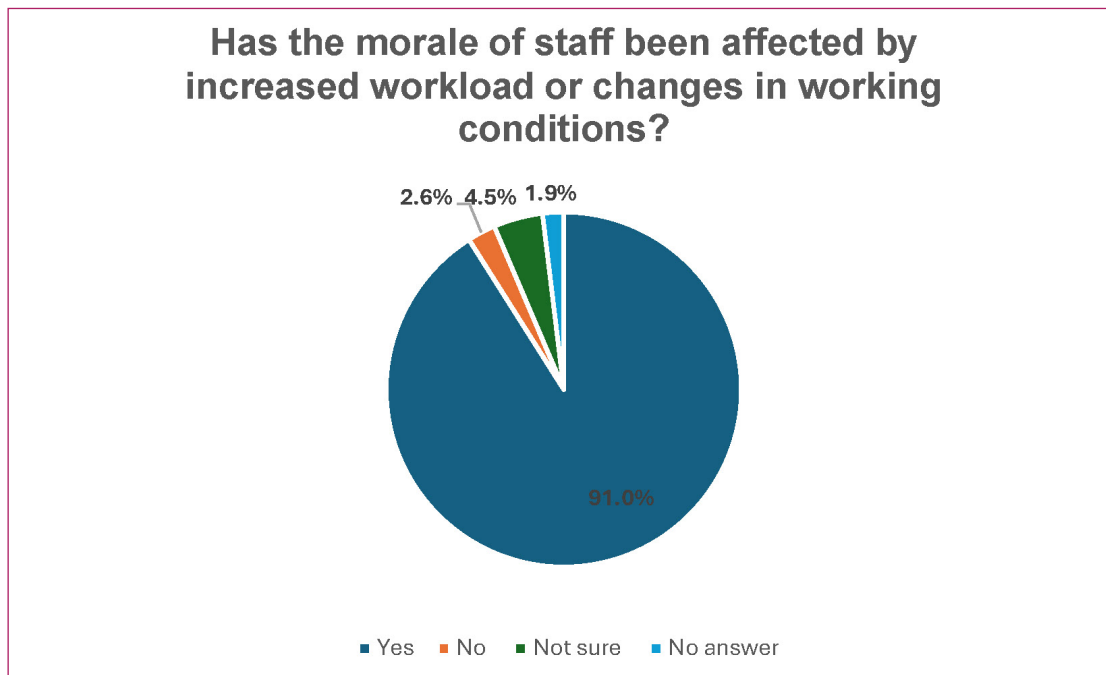
Impact on family

- I have no time to take care of myself. I am on call and being called back too often. I am burnt out and hate my job. I try to be the best for my patients, and in turn my family probably gets the worst version of me.
- You go home exhausted and frustrated with what we are faced with. You don't have the patience with your own family because you're so stressed coming home from work.
- In my personal life, I am always exhausted after my shifts, and I have nothing left to give to my family or to my own self-care needs. I don't want to be social after work. I have a hard time cooking for my family.
- The work/homelife balance is tough. My patients get what they deserve, and my family gets what is left over. It's not fair.
- I am stressed out, angry when I get home. I am currently seeking a psychiatrist for issues I am having.



Impact on staff morale

As the chart below shows, an overwhelming majority of med tech respondents (91.0%) say that increased workload or changes in working conditions has affected the morale of staff. Only 2.6% of respondents indicated that increased workload or changes in working conditions had not affected the morale of staff, while 4.5% said they weren't sure.



The percentage of respondents indicating that increased workload or changes in working conditions has impacted the morale of staff has jumped significantly from the equivalent percentage in the 2017 med tech survey – 79.5% to 91.0%.

The following comments illustrate the impact heavy workloads are having on the morale of medical technologists:

- Our workload has increased dramatically, and we have several vacancies that we've been unable to fill. When we have to work faster, with fewer people, morale and also quality of our work suffer.
- I actually had to find a different job in my department because my mental health was taking a toll on me, and it actually hasn't gotten that much better. Our staff has missed funerals, family appointments, children's sporting/school events, etc. And because of all this, the morale is not good at all. Multiple staff are looking at other jobs or have applied already or just quit without a new job lined up. Something needs to be done, or there will be no staff left.



- Everyone in my department is so checked out from this job, and the morale is a big indicator of that. We are working short more than we are working fully staffed, but our workload keeps increasing. It is very hard to come into work when no one wants to be there because everyone is so burnt out from doing the work half-staffed. We are also on call all the time, getting record amounts of callbacks, and coming back to work at 8 am, like we weren't just up three times in the middle of the night. It is unsafe for our patients, and for ourselves. You can't even enjoy the two days off you might get because you are sleeping and too tired to do anything from that week. Holidays are being denied because we don't have the bodies to cover, people are coming to work when they are not feeling well, have family stuff going on, or personal stuff because we don't want to leave the department even shorter (or shutting down a site). It is not an enjoyable workplace anymore.
- The workplace is irritable and apathetic because nothing we say or do changes anything and patients are experiencing longer and longer wait times and more errors as we struggle to keep up and rush through everything.

Crushing workloads and low morale have led many med techs to consider other employment.

- Over the last few years, the staff turnover has dramatically increased, with most departments now have over 50% of staff with experience under 3 years.
- There are days I think about just walking out and quitting. I have no idea how I'm going to get all of the things done that I need to get done in a week. I have always loved my job, but now all I can think about is finding another job.
- As the workload increases, the staff retention has decreased causing more training therefore increasing the workload more.
- I loved being a Cardiology Tech and do miss it, however it was affecting my home life too much. I was away from my children and miserable at work due to the short staffing and management problems. I decided to switch careers to give me more time with my family.

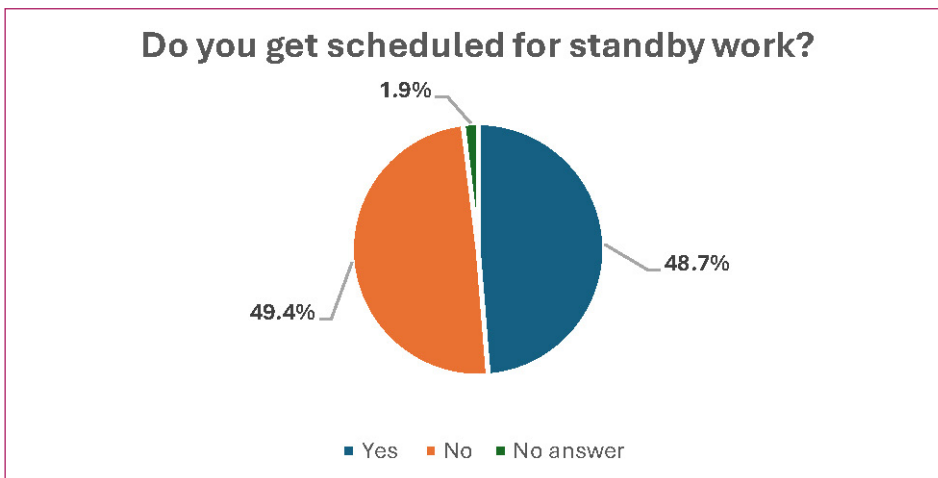
Some med techs reported they have voluntarily reduced their hours of works in response to the crushing workloads.

- The increased workload without the corresponding increase in staffing has forced me to take a part-time position so I am able to spend more time with my family. The current roto we have has many full-time employees working 5 out of 9 weekends. There is always OT available, it is very difficult to get approved time off.
- I am currently working as a casual in CT due to full-time workload being too much. We were doing every third day on call for CT as well as every third weekend. I was missing out on family/friend time and was too tired from doing so much call. I had no time or energy to do anything.

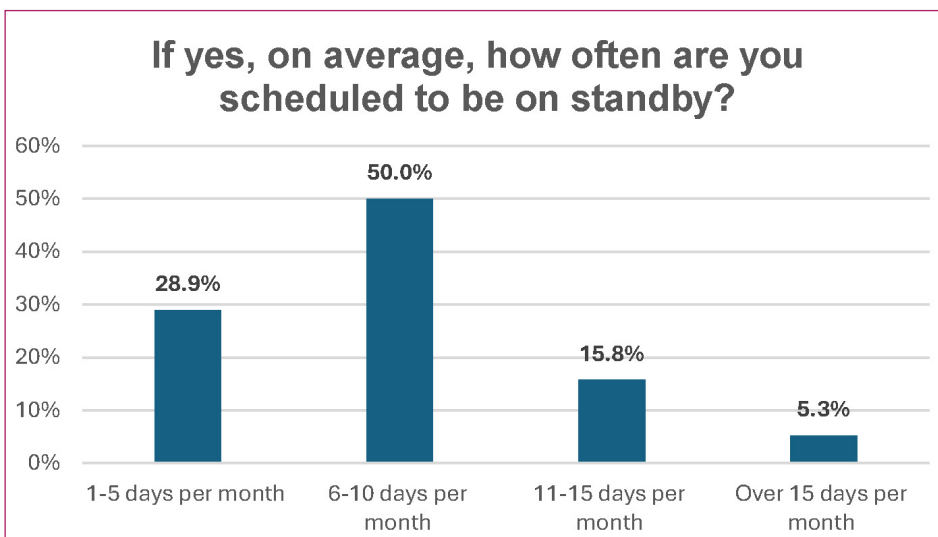


SCHEDULED STANDBY AND CALL BACK HOURS

As can be seen from the chart below, about half of respondents (48.7%) say they get scheduled for standby work, which is only slightly less than those who don't get scheduled for standby work (49.4%). The percentage of respondents who say they are scheduled for standby work is up slightly from the 45.6% who indicated they were scheduled for standby or on-call work in the 2017 survey.

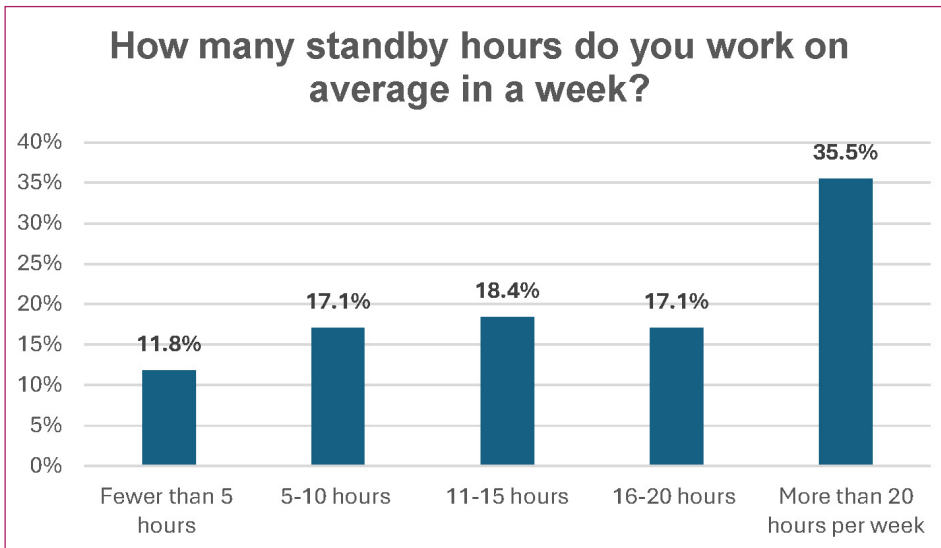


For those who are scheduled for standby work, 50% say they are scheduled six to ten days per month, while 28.9% are scheduled one to five days per month. On the higher end, 15.8% are scheduled 11-15 days per month and 5.3% are scheduled over 15 days per month.

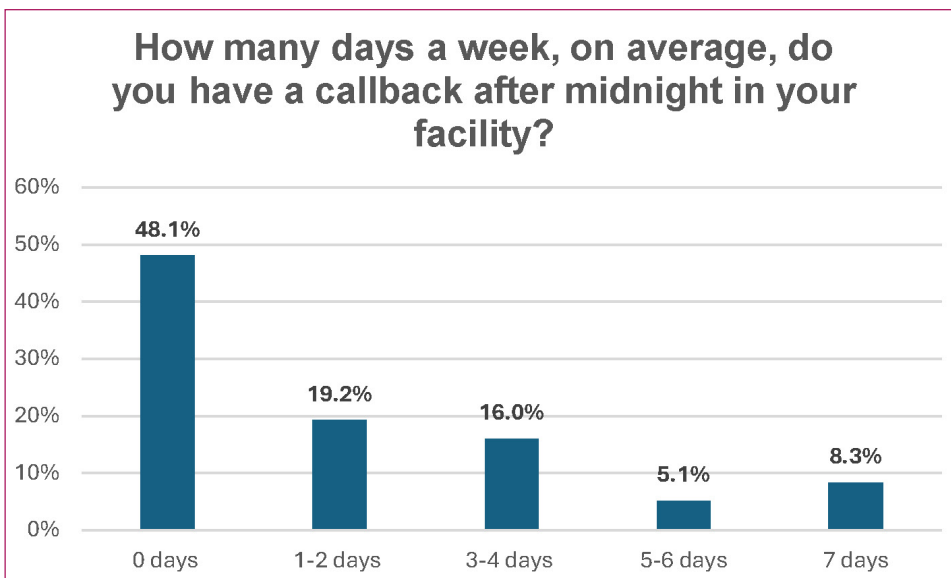




The chart below shows that over one-third of med tech respondents (35.5%) are scheduled on average more than 20 standby hours per week.

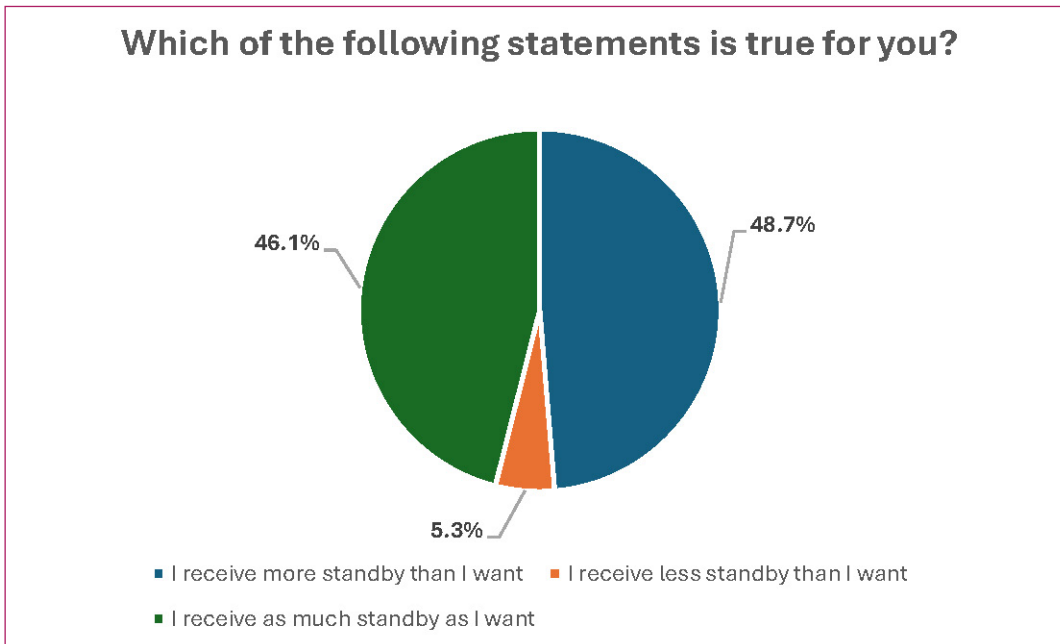


As per the chart below, nearly half of respondents (48.1%) indicate that they don't have callbacks after midnight in their facility. The next most common response is 1-2 days, which is cited by 19.2% of respondents, followed by 3-4 days, cited by 16%.





Respondents were asked one final question regarding standby. As the chart below shows, respondents who are scheduled standby were split between those who receive more standby than they want (48.7%) and those who say they receive as much standby as they want (46.1%). Only 5.3% of respondents scheduled for standby say they receive less than they want.



The percentage of med tech respondents who indicate they are receiving more standby than they would want has increased notably from 41.2% in the 2017 survey to 48.7% in the 2024 survey.

Many of the responses to the open-ended question included comments addressing challenges related to being on standby. Below are a few examples:

- Callbacks have increased dramatically. We sometimes are at work for two days straight with no sleep.
- My mental health suffers by the constant anxiety of waiting for my phone to ring or checking my phone every 5-10 minutes to see if I missed a call from a doctor. Especially with being short staffed, we are expected to take on more calls than we want to cover the sick person. I have had mental breakdowns due to the workload and been put off on stress leave previously.
- In the last two years I have worked one-third of the year on call. That is not right. How is one supposed to show up for their patients and co-workers when they are sleep deprived and burnt out? How am I supposed to show up for my family when I am exhausted from this job.



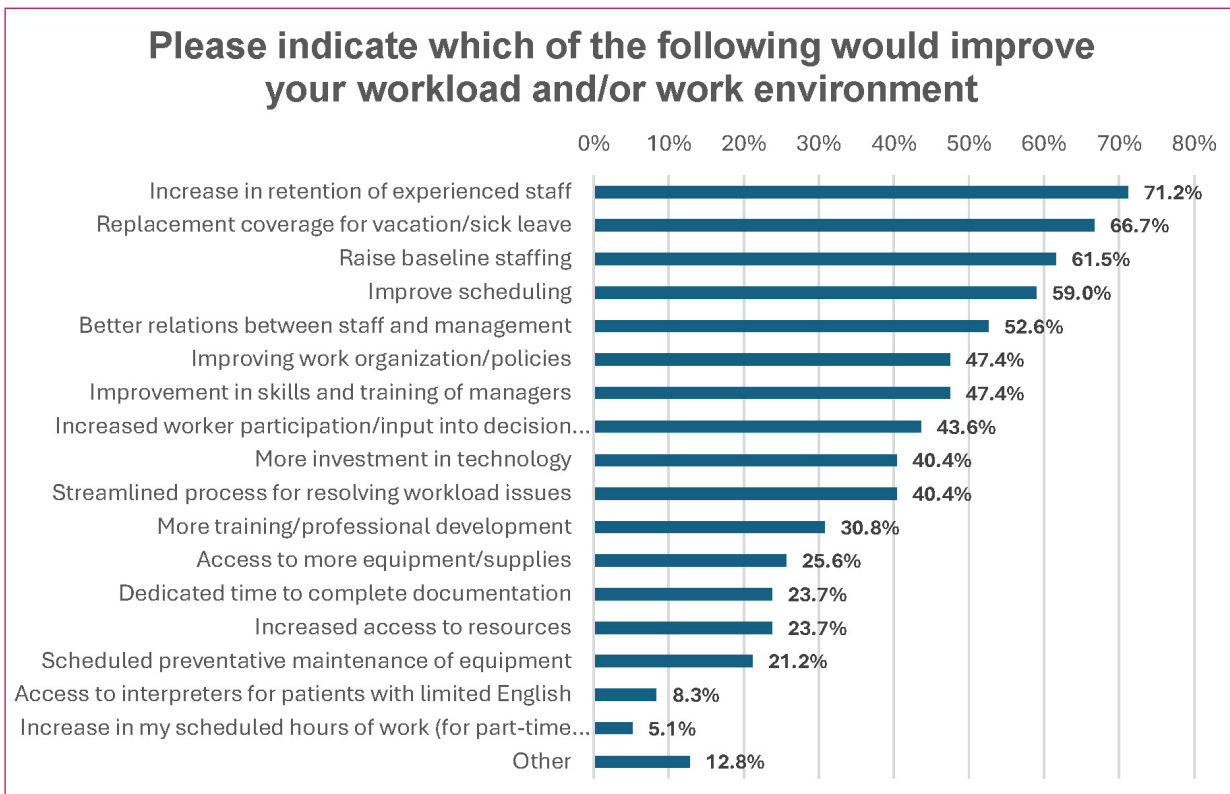
- Working call, and several hours standby etc., and having to work the next day is draining, unsafe, and puts patients at risk as more mistakes are made with very little sleep. One week I work Monday-Friday, 8 hour days, and on call from 4:30 pm - 7:00 am. If I am called out at 1 am, 2 am, 3 am, 4 am, 5 am and so on, I am still expected to be at work for my 7:30 am shift to work my 8 hour day, as staffing would be impacted and services possibly reduced. Not a very good system.
- Having to work the next day after being on call definitely affects the quality of my work, not just from lack of sleep from calls after midnight, but if calls are busy in the evening as well, if we don't get a true break for personal time at home, it can affect my days' work the next day if I don't feel refreshed and prepared for another day at work. We often do six workdays in a row and on call with no overtime permitted past the six days, which often causes a burnout by the end. As a part-time employee, I usually get one day off to break up the stretch and then am scheduled back at work.
- Calls throughout the evening and night are common in my workplace, and we are often scheduled multiple 8-hour day shifts with on call shifts up to 6 days in a row. Not having the personal time at home to take care of families, or having time prepare for work the next day (such as healthy, sustaining meals), and lack of sleep can definitely affect the quality of care to patients and my own mental health.
- Being understaffed causes the staff we do have to be over scheduled for standby and call. We have less time for our personal life, and it takes a big toll on our health when we are called back in the night and get on average 5 hours of sleep but are expected to be at work the next day at 7:30 where we are still understaffed and extremely busy, there is no time for rest and it leads to burnout very quickly. I have transferred to working in another facility 90 km from my home, in a lower job classification for less pay to save my health, decrease stress levels and enjoy a better work-life balance.
- We are having to cover extra calls that we do not want. It is causing me to become depressed missing out on my personal events to be on call. Being a full-time tech and having to do extra call is way too much. We are becoming tired and burning ourselves out. Standby has been busier this last year so some days I feel like I live at the hospital all day and night just to do the same thing the next day.
- There is absolutely no work/home balance when being on call in a rural site as you can be called in anytime while you're working 24/7. Working 12 days straight, we cannot even get groceries while we are working these hours. The amount of callbacks alone has increased markedly in the 12 years I have been working.
- Getting more calls overnight and expected to work the next day tired. On weekends working two days with call, feels like working the full 48 hours with how many calls per day we are getting. On my days off I feel too exhausted to do anything after being on call the night before.

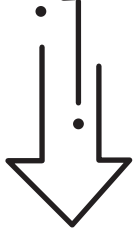


WHAT WOULD IMPROVE WORKLOAD AND WORK ENVIRONMENT

Med tech respondents were asked what, of 17 possible solutions, would improve workload and their work environment. Respondents could check as many solutions as they wanted.

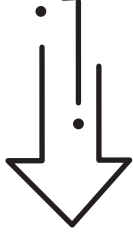
As the chart below shows, the most popular response was “increase in retention of staff” which was cited by 71.2% of respondents. This was followed by “replacement coverage for sick/vacation leave” (66.7%), “raise baseline staffing” (61.5%), “improve scheduling” (59%) and “better relations between staff and management” (52.6%).





Twenty respondents cited other potential solutions to improve their workload and/or work environment. These responses included the following suggestions:

- Wage increase.
- Working with technologists to create schedules that meet their needs, allowing casuals to be casual instead of demanding 100% availability.
- Offering shifts rather than assigning against wishes (similar to how Saskatoon MI schedulers work with casuals).
- Fill vacant positions.
- Increased recruitment of MLTs by having a nationally competitive wage.
- Decreased people in management roles. More staff for the floor.
- Less call for fulltime employees. Working fulltime and doing call is too much.
- More Qualified Staff.
- Wage increase, this will help bring more staff and help retain senior staff.
- Better management.
- Have supervisors that actually supervise and improve the department flow and not just sitting at the front desk as a secretary.
- Have more permanent 3/4-time positions so Part times can trade and pick up if someone is sick.
- Pay matching job.
- Get rid of AIMS.
- Faster backfill of vacant positions.
- Having managers that have worked in a laboratory or x-ray setting that understand the job requirements of their staff.
- Being able to get time off for work life balance. Nothing will get approved because we are so short staff.



CONCLUSION

The findings of this survey underline the need for urgent action to address the crushing workloads facing Saskatchewan's medical technologists and technicians.

The survey indicates that the problem of workload is getting worse, not better. As noted above, 87.8% of survey respondents report that their workload has increased in the last five years, compared to 81.7% when the same question was asked of medical technologists and technicians in the 2017 survey.

The reasons for increased workloads are numerous, but not surprising. Working short, vacant positions not being filled, understaffing, additional job duties, staff reductions, leaves of absences not being filled, equipment breakdown, and requirements to train other employees, are all cited by the majority of respondents who participated in this survey.

Most med techs are unable to complete all their work in a given shift, so many are working through their scheduled breaks, coming in early or leaving work late or taking work home with them to finish their daily tasks. The survey shows that almost three-quarters of respondents are performing some amount of unpaid work each day to manage their workload. Almost one-third of respondents (30.8%) say they do 10-30 minutes of unpaid work a day.

This chronic understaffing has many consequences. Nearly half of respondents (47.4%) say that their facility has experienced a service reduction or closure due to understaffing. Of those who reported this, 13.5% said this happened 20 or more times in the last year.

It is not surprising that the med techs who participated in this survey are identifying serious understaffing levels and heavy workloads. With a growing population, the demand for MRI and CT scans and tests continues to grow, while the supply of med techs continues to stagnant or even decline in some cases. The Saskatchewan Society of Medical Laboratory Technologists, for instance, reports that the number of Saskatchewan MLTs with practicing licenses dropped from 828 in 2018 to 747 in 2023.²

For the 2022 Report (Volume 2), Saskatchewan's Provincial Auditor conducted a performance audit on the Saskatchewan Health Authority's efforts to fill hard-to-recruit health care positions. The Provincial Auditor noted that Medical Laboratory Technicians would be one of three positions contributing to the largest staffing gaps in the following five years. The identified staff gap for this position was 28 for 2022-23 and 177 in five years time.³

² Saskatchewan Society of Medical Laboratory Technologists, 2023 Annual Report, p. 8.

³ Provincial Auditor of Saskatchewan, 2022 Report – Volume 2,



Underlying the importance of MLT positions to the delivery of quality health care services, the Provincial Auditor notes,

...almost all patients entering a hospital require some laboratory tests generally conducted by medical laboratory technicians, one of the identified hard-to-recruit positions. Having insufficient medical laboratory technicians can impact the Authority's ability to complete these tests in a timely manner. The results of these tests are critical tools that aid healthcare staff in determining and providing the most appropriate patient care.⁴

The Provincial Auditor also reported that a number of med tech positions had chronic vacancy rates greater than 5% as of March 31, 2022. These positions included Combined Laboratory and X-ray Technician (9.6%), Electroneurophysiology Technician (8.3%), and Sonographer – Cardiac and Diagnostic (6.5%). The Auditor also pointed to the SDA Culture of Safety Survey which pointed to high rates of burnout, noting that "hiring more staff is not the only solution to addressing resource gaps – the Authority also needs to ensure it fosters working conditions that encourage staff to stay, especially in the roles here it needs them most."⁵

Finally, the Saskatchewan Health Authority maintains a list of hard-to-recruit professions on their website. In their most recent update (August 2024), over one-third of these professions (11 of 31) were medical technologist or technician classifications.⁶

As our survey shows, the ongoing problem of understaffing and crushing workloads is not only leaving medical technologists and technicians exhausted, stressed and sleep deprived, it is also taking an enormous toll on their personal and family lives. Unreasonable workloads are also negatively impacting the quality of services provided to patients and residents. Patients are waiting longer for scans and test results and there is less time to listen to patients and greater chances of errors occurring.

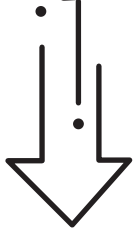
This situation is untenable. Additional staff are desperately needed to ensure retention of current med techs who are quickly burning out.

The following recommendations are informed by the findings, experiences and proposed solutions of the medical technologists and technicians who took part in this survey.

4 Ibid., p. 143.

5 Ibid., p. 155.

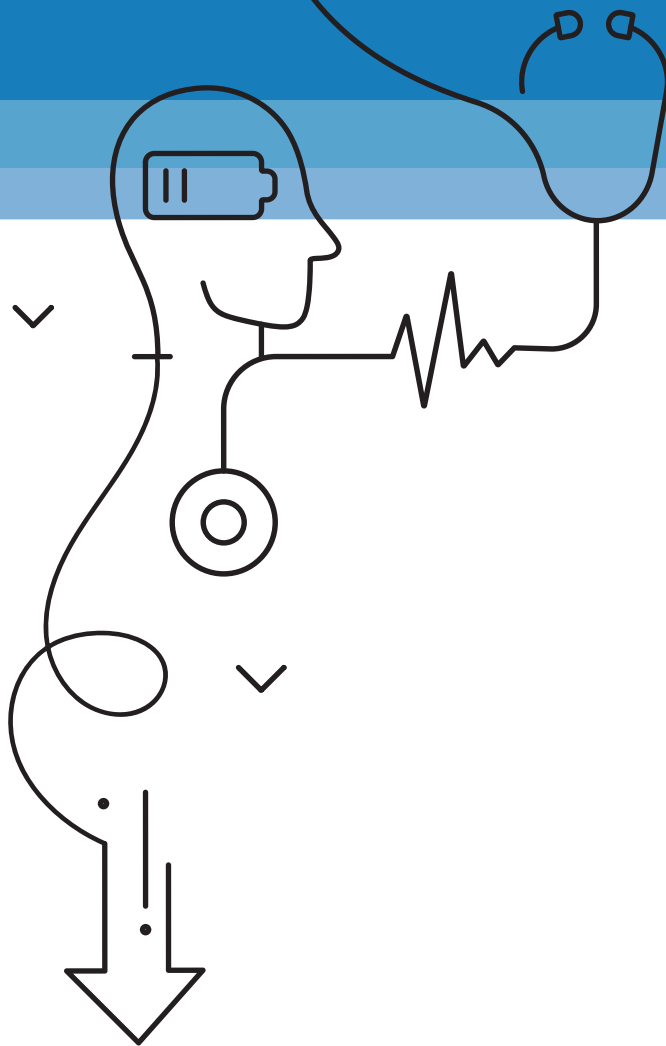
6 These classifications were: Cardiology Technologist, Cardiovascular Technologist, CLXT, Diagnostic Cardiac Sonographer, Diagnostic Medical Sonographer, Electroneurophysiology Technologist, MLT, MRT, MRI Technologist, Nuclear Medicine Technologist and Pharmacy Technician. See <https://www.saskhealthauthority.ca/careers-volunteering/careers/hard-recruit-opportunities>



Recommendations

1. The Ministry of Health increase baseline funding to the Saskatchewan Health Authority dedicated to hire additional medical technologist and technicians to address workload issues, to better support mentorship of new graduates, and to ensure the safe and timely delivery of patient care.
2. The Ministry of Health, working with the Saskatchewan Health Authority, revise its Health Human Resources Action Plan to expand and recruitment incentives for new medical technologist and technician graduates and introduce new retention incentives for technologists and technicians currently employed by the Saskatchewan Health Authority.
3. The Ministry of Health provide necessary funding to allow the provincial government's bargaining agent (Saskatchewan Association of Health Organizations) to negotiate a new deal with CUPE 5430 workers that have been without contract since April 2023 that includes wage increases that keep pace with inflation and address issues around call-back hours, scheduled standby and vacation/sick leave relief.

CUPE Local 5430 is the largest health care union in Saskatchewan, representing over 13,600 members. We represent a wide range of health care providers in five major classification areas: clerical, technical, nursing, support and plant operations. Together, we each contribute to the well-being of hospital patients, long-term care residents and home care clients.



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