Keeping Up in a Down Economy

Lorenza Clausen has seen the ups and the downs in radiography. Her advice: Learn and do more in lean times.
Only a decade ago, the vacancy rate for medical imaging technologists exceeded the vacancy rate of nurses. Seasoned and newly graduated radiologic technologists enjoyed ample job opportunities, rising salaries and significant perks including hefty sign-on bonuses.

Now, with the economy in a downward spiral and an oversaturation of R.T.s looking for work, job prospects are vanishing and paychecks are shrinking. Recent graduates are struggling to find work and even veteran R.T.s are beginning to wonder whether their jobs are secure as their medical facilities cut costs and millions of Americans lose health care benefits along with their jobs.

“Gone are the days when students graduated and could be picky about hours, pay and benefits,” said Lorenza Clausen, R.T.(R)(CT)(MR)(M), an MR and CT technologist at Mercy General Hospital in Sacramento, Calif. “Most graduates are only finding supplemental, per diem or part-time work. And our last ‘traveler’ left to take a permanent position at a deep cut in pay because traveler positions are also decreasing.”

And it’s not just students who are concerned about jobs, according to Debbie Hullen, B.S., R.T.(R), manager at Washington Radiology Associates in Bethesda, Md. “I think most experienced technologists are staying put in their current positions because seniority, job certainty and benefits are more important than risking being the last hire somewhere new. I know here at Washington Radiology, our techs are very happy with the benefits. We get education reimbursement and lots of other good stuff. It would be hard to find that somewhere else.”

In today’s economy, it is especially hard, the upshot of the global financial crisis. But the fundamental problem is intensified by an abundance of students graduating from radiologic science programs, states that do not require certification, fewer technologists retiring and reduced medical spending overall, at least anecdotally.

“As the economy has become strained and reimbursements from the third-party payers (including the government) have declined, institutions have tightened their belts and either eliminated some positions or instituted hiring freezes,” said Michael DelVecchio, B.S., R.T.(R), technical director of the department of radiology at Brigham and Women’s Hospital in Boston.

“The result is fewer jobs available for technologists in many areas such as diagnostic technologists. We are also seeing a sizable reduction in elective surgeries, which will further reduce the need for jobs,” Michael said, adding that there is still a need for sonographers.

Jill Schwieeters, of the recruitment firm Pinstripe Healthcare, said a recent study conducted by the Institute of Healthcare Executives & Suppliers showed that CEOs are reporting a 2.1 percent decline in patient volume.

And a recent study by Novation, a health care contracting services company, showed that 60 percent of responding hospitals were affected by the economic crisis; 47 percent foresaw staff cuts in the near future and 84 percent planned to reduce spending, with 49 percent of these hospitals anticipating a 6- to 10-percent reduction.

Adding to the crisis, Dawn Sturk, M.S., C.T.E., R.T.(R), RCIS, program director at Hurley Medical Center School of Radiologic Technology in Flint, Mich., where the economy is driven by the besieged automobile industry, has seen a steep increase in the number of patients who have lost health care coverage.

“We are seeing more and more patients without insurance as unemployment is skyrocketing. Our staple here at the inner city hospital that I work at is Medicare/Medicaid. Without it, our doors would not stay open. As the
Debbie Hullen, B.S., R.T(R), manager of Washington Radiology Associates in Bethesda, Md.

"I don’t think radiology is totally immune. People will not be going for routine exams if they cannot afford to pay their copays and this will have a direct effect on the volumes coming into radiology practices. But compared to other careers, I think R.T. jobs are pretty secure in bad economic times, especially if you work for a well-run organization."

Take Action!

- **Obtain** more education and advanced certifications.
- **Get Involved** in local and national professional organizations to network and show commitment.
- **Accept** per diem and part-time positions with the hope that they will lead to full-time work.
- **Consider** working in physician offices and free-standing imaging centers.
- **Be Willing** to take on work outside your imaging duties.
- **Demonstrate** excellent work habits and ethics. Be flexible and dependable.
- **Separate** fact from fear and maintain a positive attitude.
- **Attend** local conferences and classes whenever available.
- **Stay** informed about regulations and legislation that affect your work.
- **Ask** coworkers and supervisors to teach you new skills.

We expect the supply and demand to fluctuate from year to year; this dip just happens to be at a more difficult time.

Considering that additional painful job cuts may be looming on the horizon, imaging technologists and radiation therapists — employed and unemployed — are under great pressure to find ways to weather the storm. And many are asking themselves what career approach is best during these times.

The answer, Lorenza and other R.T.s say, lies in making the most of three opportunities: education, networking and creative flexibility. This is the strategy Lorenza employed when she graduated during a similarly challenging, although not as severe, low point for R.T.s during the mid-1990s.

"I came in at the bottom when managed care came to the area in 1993. They thought they could do more with less and the market became impacted. I was in the last class of my hospital-based program in 1996. Most of the graduating class of 1994 didn’t find any work in my area. Many left the area or never pursued a position in the field. Such a shame after all that hard work,” Lorenza said. “I entered the job market two years later with every skill I could get while I was in training.”

**Learn Everything Possible**

Staying abreast of technical innovations and shifts in medical imaging practices requires technologists to hone and broaden their skills. Although a good general diagnostic technologist is a valuable commodity, becoming certified in other disciplines and specialties shows your ability to learn and adapt when needed, Dawn said.

The more skills, education and certifications technologists possess, the more likely they are to be hired or evade layoffs.

"I used my time to learn surgery skills and mammography,” Lorenza said. "Upon completing my program, I sat for the fluoroscopy permit exam (necessary in California) and the mammography exam with the state of California, the month after graduation. I was able to offer more than just radiography skills with the additional specialty of mammography."

The good news is that many health care occupations are still in demand. U.S. Department of Labor reports showed that the health care sector added more than 30,000 jobs between December 2007 and December 2008. And the trend is expected to continue as the large baby boomer population gets older and people are living longer, especially if federal dollars are earmarked for health care.

In fact, the Bureau of Labor Statistics, a division of the Department of Labor, predicted that between 2004 and 2014, seven of the 10 fastest-growing jobs in the United States will be health care related, providing evidence that the country’s long-term health demands may overshadow the existing economic woes.

For R.T.s in particular, new opportunities will continue to exist in part because updated technology continues to raise the bar of excellence and expectations for education and skill levels,
according to Janet McEwen, M.A., CAE, ASRT director of development and corporate relations.

“As technology advances at a rapid pace, R.T.s must continuously learn new strategies and techniques in the workplace. Plus, many R.T.s are pursuing advanced degrees for promotion into management; therefore, they have to learn the skills necessary to become leaders in the profession,” Janet said.

R.T.s with certifications in MR and CT will be in high demand because of increased use of these specialties and the requirements for accreditation stipulated by the recently enacted Medicare Improvements for Patients and Providers Act, Lorenza said, adding that her facility had difficulty finding either permanent staff or traveler personnel with experience in multidetector-row computed tomography scanning.

“The big thing that I think is important, but I don’t think many take it as seriously as I do, is education,” Lorenza said. “I read everything that I can about the profession, both in the specialties that I perform as well as other disciplines and specialties. I feel I can help myself and my patients by being knowledgeable. So many times I have seen student technologists sitting around when there was nothing to do. This is valuable time to go observe or learn something else.”

Or as Kevin J. Powers, Ed.S., R.T.(R)(M), director of education at ASRT, put it, “Education, education, education.” He added that CT, MR, interventional radiography and mammography are excellent areas to cross-train in. “If you are multiskilled, you are a little more insulated from potential downturns.”

Lorenza said that in addition to formal education and multiple certifications, she sees two easy ways to differentiate oneself: attend local conferences and stay informed about regulations and legislation that affect your work.

“Continuing education means just that. We do not finish learning when we get that diploma at the end of the program. It is a career-long requirement, in my opinion. We are professionals, after all,” Lorenza said.

Make an Impression
Dawn tells graduates in her program that their first job will not be their dream job.

“Take whatever you can get and keep searching,” Dawn said. “In this economy, you cannot afford to be picky. I recently had one student take a job that was one weekend a month. It was a foot in the door and within three months turned into four days per week.”

Lorenza said she made sure she made a good impression on the supervisors, staff and management everywhere she went. When it came to applying for positions at graduation, it gave her an edge over other applicants, even seasoned technologists.

Another way to make an impression is to get involved in the state affiliate, especially if you are a student. This opens you up to networking

“Employers are not handing out full-time positions like they used to. Take advantage of tuition reimbursement programs, if you have one. Get a degree! It shows your commitment to learning.”

Dawn Sturk, M.S., C.T.E., R.T.(R), RCIS, program director at Hurley Medical Center School of Radiologic Technology in Flint, Mich.
Responding to an oversupply of radiographers in the state, the University of New Mexico, in Albuquerque, placed its radiography program on a moratorium two years ago.

And now Elizabeth J. Greer, M.Ed., R.T.(R), the program director and advisor for the UNM radiologic sciences program, is opposing the opening of an entry-level program at a UNM branch in Gallup, a small city in western New Mexico.

“Even if they are experiencing a shortage of technologists — approximately five — within one graduating class, they will saturate the area,” she said, adding that residents do not typically move away from this traditional Indian reservation community. “I would not like to see these students being forced to relocate because there are no jobs.”

Elizabeth saw what happened in southern New Mexico last year when only 12 of the 40 New Mexico State University radiologic science students found jobs after graduating. Most of those jobs were in Texas.

New Mexico produces approximately 210 radiographers per year — too many for the current job market. This is why UNM is moving toward offering a bachelor of science in radiologic sciences with a concentration in radiography or nuclear medicine as a degree completion program for students who already have earned an associate degree or certificate.

“Under these concentrations the emphases would be in CT, MR and management, as well as a proposed PET-CT curriculum. The advanced imaging areas, as noted by the Bureau of Labor Statistics, are the areas in our field that are growing with jobs and have a need for technologists as of 2009,” Elizabeth said.

The job market for R.T.s is as bleak in New Mexico as it is in places throughout the nation. Peruse discussion boards in any radiology group on Facebook and you will read the same story about Ohio, Florida, Illinois, New York and elsewhere. “The colleges are full of students, but the students are having a hard time finding a job,” an Ohio R.T. wrote on Facebook, adding that this has been ongoing for two years.

Kevin J. Powers, Ed.S., R.T.(R)(M), director of education at ASRT, said some program managers nationwide have made the responsible decision to reduce enrollments in line with the potential job market.

As Elizabeth works to do just that, and throttle back the flow of students in some areas, she is focused on providing distance education to technologists living in small towns or rural areas. These returning students can gain additional credentials to keep them competitive, she said. And new graduates who cannot find work can continue their education to gain the skills they need to find a job.

The most competitive candidates in the job market have bachelor’s degrees and dual certifications, she said.

“I advise all students from throughout the state to dual certify in radiography and a specialty or nuclear medicine and CT or PET-CT. A recent job posting in California stated a nuclear medicine technologist with CT certification and experience would be earning a six-figure salary,” Elizabeth said. “CT and MR as well as up-and-coming PET-CT are the areas needing technologists.”

And those earning degrees could benefit from upcoming requirements because starting this year, the Joint Review Committee on Education in Radiologic Technology is requiring radiologic science program directors to hold master’s degrees and clinical coordinators to have bachelor’s degrees, although they can serve in an acting capacity until January 2010.

Elizabeth said these changes are already prompting talk of attrition resulting from technologists who may be unable or unwilling to commit to further education. As a result, jobs in education are expected to open within the next year. Similar restrictions are expected in PET-CT, creating more opportunities for those going to school.

One thing is clear in today’s job market: Jobs are hard to find and the medical arena, although resistant to the recession, is not immune. Elizabeth said there are bright spots in the R.T. job world, but they will surface only with creativity and education.

Elizabeth J. Greer with her last radiography class.
opportunities by meeting hiring professionals within your state who also are involved in the affiliate. It puts your name out there as someone who is dedicated to the field and hardworking — kind of a pre-interview. Elizabeth Nelson, a senior in the radiologic science program at Northwestern State University in Shreveport, La., said a student’s clinical performance often can lead to a job interview and a permanent position. Networking during conferences and other professional activities also can reveal job opportunities that match your qualifications and interests, she said.

Be Flexible. Be Creative.

When the traditional path is not available, take a detour. Being open to opportunities that might be outside medical imaging can improve your value as an employee.

“Someone with sound communication skills and a knack for facilitating learning may have the opportunity to be a coordinator of in-house education. Maybe there is an opportunity to work in marketing, human resources or some other area that is of value to the organization that may not be directly related to imaging,” Kevin said.

Medical facilities are under great pressure to hold the line on salaries and introduce creative approaches to spread available funds over a larger number of technologists. A valuable employee is a technologist who is willing to work different shifts and a manager who is more hands-on.

Kenneth said maintaining a positive attitude can go a long way for working technologists.

“With all the negativity in the media, some people worry excessively about what ‘might’ happen and that can certainly affect their work. Ask yourself this: If you were looking for a job today, would you be happy to have the position you’re in? Take responsibility for your attitude and look for things to be thankful for,” Kenneth said.

Other ideas include following recent legislative changes and seeking out jobs in states that only recently required certification in specific modalities. Take on PRN roles and hours at nearby facilities for the opportunity to learn other systems and meet more leaders in the profession.

In many regions, there still is a great need for ultrasound technologists, and Lorenza said California health care facilities lack technologists who have the requisite training and education to do PET-CT. Also in California, technologists who are certified in radiography and nuclear medicine have a jump on the competition and still have their pick of jobs as well as sign-on bonuses in some areas.

Lorenza opted to take two per diem jobs with two employers just to get her foot in the door after she graduated.

“I worked any shift, any day, and most days at both places. I went from one job to another, worked 20 days in a row before I had an actual day off. I considered working only one shift a day as a day off. It was a good experience,” she said. “I kept up my skills and, subsequently, was able to get a full-time, benefited position.”

She left that job in 2001 for the chance to learn MR. “It was a significant cut in pay, but has paid me back in the long run, both financially and professionally,” Lorenza said, adding that despite the circumstances, she still thinks health care is a “good bet.”

“We need health care. We may not always have the best pick of job opportunities or pay, but as with anything, there is an up and down cycle that always comes around,” she said.

Things will change, Lorenza predicted. But if you want to work in health care, you have to be willing to work the holidays, the off hours and put in manual labor. “It is not the same as working behind a desk.

“Eventually with time, you can work into a better shift or position as your experience grows.”

There is one thing, however, that will not change and that is the need for health care.

“People are still going to get sick. People are still going to need care. Diseases are not getting less prevalent,” Kevin said. “If anything, there is a projection of a positive demand for services. The key is going to be getting paid for those services and paying those people who are providing the services. It will be a constant struggle and balance going forward.”

“There were times when employers would take any warm body with an education and a set of hands. Now they don’t have to and can make more critical choices in terms of the caliber of the person they hire in their departments.”

Kevin J. Powers, Ed.S., R.T.(R)(M), director of education at ASRT