CSMLS SCSLM

Canadian Society for Medical Laboratory Science
Société canadienne de science de laboratoire médical

Mental Health Status of Medical Laboratory Professionals

Final Report
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1.0 Executive Summary

1.1. Report Scope

This report focuses on the changes in mental health status observed by CSMLS members since 2016, with particular attention on comparing current 2023 results to the most recent past study, carried out in 2021.

1.2. Purpose

The Canadian Society for Medical Laboratory Science gauges and compares the level and impact of mental health issues, including stress and burnout, as well as mental wellbeing of medical laboratory technologists, assistants and other related professionals. The study seeks to:

- determine the level of stress, burnout, mental health issues, and psychological distress within the profession (spectrum of mental health) as defined by key questions extracted from the National Institute for Occupational Safety and Health (NIOSH) Quality of Work-life Survey, and complete questions sets from the Maslach Burnout Inventory (General), Mental Health Inventory and the Kessler Psychological Distress Scale (K6);
- determine the overall level of job satisfaction and quality of work-life in relation to the specific climate/culture questions as defined within the NIOSH Quality of Work-life Survey associated subsection and;
- identify any relationships between the workplace and mental health indicators.

1.3. Participants

The study received 939 responses out of a potential 12974 eligible CSMLS members. This affords a 3.08% margin of error at a of 95% confidence interval. Key professions and their response counts were as follows:

- 651 Medical Laboratory Technologists (MLTs)
- 109 Medical Laboratory Assistants (MLAs)
- 122 Managers or supervisors

1.4. Key Findings

1.4.1. Employment

- 92% of respondents are employed at the time of the survey.
- Mental health issues have contributed to 32% of the instances of unemployment

1.4.2. Quality of Work-life and Mental Well being

- Generally, a downward trend for quality and wellbeing metrics is observed since 2018;
  - with the exception of job security, which remains very good
  - The sentiment that there are too few people at work also remains consistent with the 2021 value
- The increase in stress, noted in 2021, has been sustained in 2023
- Less people indicate they have access to stress reduction programs in 2023 in comparison to 2021. However, at 49% confirmed to have access, this value is still an improvement over the 2018 findings.

1.4.3. Maslach Burnout Inventory

- Respondents burnout levels have increased since 2021
- Each of the three independent scales used to assess burnout (emotional exhaustion, depersonalization and personal accomplishment) are trending towards higher levels of burnout

1.4.4. Mental Health Index

- Considering the margin of error in the study, values obtained for the Mental Health Inventory in 2023 remain fairly consistent with those obtained in 2021.
  - However, anxiety, depression and behavior control appear to be on a worsening trend since 2018

1.4.5. Kessler-6 Psychological Distress Scale

- 38% of CSMLS members are experiencing incidences of nonspecific serious psychological distress.
- Incidences of nonspecific serious psychological distress have shown an increasing trend since 2016
- 46% of respondents perceived increases in psychological distress in the month prior to the survey, however the option to choose “about the same as usual” saw the largest gains in 2023.
    - However, when focusing on those who are experiencing severe psychological distress, 69% of those respondents noted an increase in distress in the month preceding the survey.
    - Distress factors are continuing to compound within the Medical Laboratory Science profession
- Respondents reported that the feelings associated with psychological distress affected their ability to work 6.7 days per month on average. This includes 2.2 days they were totally unable to work, and an additional 4.5 days they spent doing only half or less of what they would normally have been able to do.
    - These values have increased since 2021

2.0 Introduction to the Mental Health Status of Medical Laboratory Professionals

2.1. Report Scope

This report focuses on the changes in mental health observed for CSMLS members since 2016 by comparing current findings with those obtained in 2016, 2018 and 2021.

2.2. Purpose

The Canadian Society for Medical Laboratory Science gauges and compares the level and impact of mental health issues, including stress and burnout, as well as mental illness of medical laboratory technologists, assistants and other related professionals. The study seeks to:

- determine the level of stress, burnout, mental health issues, and psychological distress within the profession (spectrum of mental health) as defined by key questions extracted from the National Institute for Occupational Safety and Health (NIOSH) Quality of Work-life Survey, and complete questions sets from the Maslach Burnout Inventory (General), Mental Health Inventory and the Kessler Psychological Distress Scale (K6);
- determine the overall level of job satisfaction and quality of worklife in relation to the specific climate/culture questions as defined within the NIOSH Quality of Work-life Survey associated subsection and;
- identify any relationships between the workplace and mental health indicators.

2.3. Objectives

The following are the study objectives:

- collect and examine mental health data for medical lab professionals via survey
- examine current CSMLS mental health data as compared to past results
- examine data to determine similarities and differences between medical lab professionals and other related professions including SC (Sonography Canada). CAMRT (Canadian Association of Medical Radiation Technologists) and other Organization for Health Action (HEAL) members.

2.4. Chronological List of Survey Changes

Dissemination	CREB No.	Survey Comments
2016	007	Inaugural survey
2018	009	Joint submission with SC and CAMRT
2021	016	Joint Submission with SC. CAMRT launched an independent but identical study at the same time.
2023	017	Joint submission with SC and CAMRT Question randomization was introduced to help reduce potential bias, and implemented for the MBI and work quality questions where applicable.

2.5. Data Analysis History

- 2018 Data analysis by Laura Zychla
- 2021 data analysis by Laura Zychla and Brandon Djukic
- 2023 data analysis by Brandon Djukic

2.6. Survey Dissemination

The survey was open for a three-week period in May 2023. An invitation was sent to all members, followed by two reminders. In the second week, a reminder was sent to those who did not open the original invitation and then in

the third week, a reminder email to all members. The participation rate was deemed acceptable after the 3-week period. No addition data collection time required and it was closed permanently.

2.7. Participation

All current CSMLS members at the time of survey distribution were invited to participate in this study. There are no exclusionary criteria based on membership type, professional group, employment status or title, gender, or any another demographic categorization as the study is intended to determine and examine mental health issues associated with the entire population of members. However, members who 18 years of age are or younger were excluded from this study as they may require additional monitoring and survey questions beyond the intent of the current application. Students and other member categories where the individuals' ages are 19 years or older, are included in this study and considered 'adults.

At the time of this survey there are 12974 active CSMLS members and a total of 939 members responded, which results in an overall 3.08% margin of error assuming a 95% confidence interval (MoE-95CI). The error associated with various subgroups is displayed below.

	Total	Responses	MoE-95CI
Medical Laboratory Technologist (MLT) [all types]	8866	651	3.70%
Medical Laboratory Assistant / Technician (MLA)	1839	109	9.11%
Manager / Supervisor	1199	122	8.41%
Other	1148	26	19.10%
Student	1097	31	17.36%
Total	12974	939	3.08%

3.0 Participant Demographics

3.1. Description

This section of the report breaks down the demographic information of the report.

3.2. Key Results

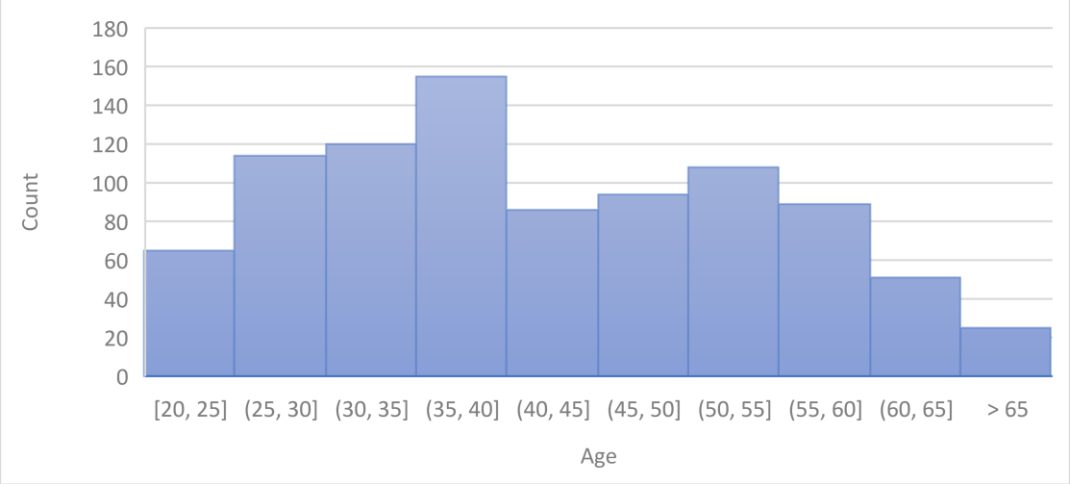
- Good representation of membership demographics in the responses collected
  - Broad distribution of ages
  - Gender responses and ratios are consistent with CSMLS EDIB demographics
  - Provincial representation is in line with CSMLS membership information
- 92% of respondents were employed at the time of the survey
  - Consistent with 2021 employment rates

3.3. Profession Demographics

Medical Laboratory Technologist (MLT)	651
Medical Laboratory and X-Ray Technologist	30
Medical Laboratory Technologist in Clinical Genetics	20
Medical Laboratory Technologist in Cytology	19
Medical Laboratory Assistant / Technician (MLA)	109
Manager / Supervisor	122
Team Lead / Assistant lead	2
Other	26
Another profession	3
Assistant / Support	4
Consultant	4
Director	3
Educator	5
Retired	7
Student	31

- Professions with less than 10 respondents have been grouped together as ‘Other’ for the purposes of analysis in this report.

3.4. Age Demographics



- 16/25 people aged 66 or higher indicated they were still employed

3.5. Gender Demographics

Response	Count	
Female	777	83.1%
Male	133	14.2%
Prefer not to answer	17	1.8%
None of the above. I identify as:	4	0.4%
Agender, non-binary	1	0.1%
Non-binary	1	0.1%
Non-binary, genderqueer	1	0.1%
Trans-masculine non-binary	1	0.1%

3.6. Provincial Demographics

	Responses	2021 Census
Alberta	11%	11%
British Columbia	12%	14%
Manitoba	9%	4%
New Brunswick	8%	2%
Newfoundland and Labrador	6%	1%
Northwest Territories	0%	0%
Nova Scotia	12%	3%
Nunavut	0%	0%
Ontario	29%	38%
Prince Edward Island	2%	0%
Quebec	3%	23%
Saskatchewan	5%	3%
Yukon	1%	0%
I do not reside in Canada.	2%	-
Response total	931	

3.7. Employment Demographics

Employed?	All	MLT	MLA	Man.
Yes	92%	96%	89%	98%
No	8%	4%	11%	3%
	931	617	109	120

3.8. Unemployment

3.8.1. Is the cause of your unemployment due to mental health illness or issues?

	2016	2018	2021	2023	
No	66%	85%	86%	68%	No
Yes	34%	15%	14%	25%	Yes, partly
				7%	Yes, entirely
				69	Responses

3.8.2. Is the cause of your unemployment due to physical health issues?

	2016	2018	2021	2023	
No	81%	90%	95%	77%	No
Yes	19%	10%	5%	17%	Yes, partly
				6%	Yes, entirely
				69	Responses

3.8.3. Efforts to find a new job

How likely is it you will make a genuine effort to find a new job with another employer within the next year?

	2023
Not at all likely	30%
Somewhat likely	19%
Very likely	51%
	69

4.0 Quality of Work-life and Mental Wellbeing

4.1. Description

In 2000, the National Institute for Occupational Safety and Health (NIOSH) entered into an interagency agreement with the National Science Foundation to add a special module assessing the quality of work life in America to the 2002 General Social Survey. The General Social Survey is a biannual, nationally representative, personal interview survey of U.S. households conducted by the National Opinion Research Center and funded by the National Science Foundation. Using a small group process with internal and external expert teams, NIOSH selected 76 questions dealing with a wide assortment of work organization issues. These include (but are not limited to) hours of work, workload, worker autonomy, layoffs and job security, job satisfaction/stress, and worker well-being. Half of the questions in the Quality of Work-life module were taken directly from the 1977 Quality of Employment Survey, allowing comparisons of worker responses over a 25-year period. The current study extracts specific questions from this survey to identify stress, job satisfaction, and job culture/climate.[1]

4.2. Key Results

- Generally, a downward trend for quality and wellbeing metrics since 2018 is observed;
  - with the exception of job security, which remains very good
  - The sentiment that there are too few people at work also remains consistent with the 2021 value
- The increase in stress noted in 2021 has been sustained in 2023
- Less people have access to stress reduction programs in 2023, however this value is still better off than it was in 2018

4.3. Chronological Reference for Quality of Work-life and Mental Wellbeing

	2018	2021	2023
My job lets me use my skills and abilities	91%	93%	87%
Respondents indicating good job security	90%	92%	93%
Respondents satisfied with their job	79%	77%	63%
Somewhat or very likely to look for a job	34%	42%	49%
I have too much work to do everything well	58%	67%	72%
Too few people to complete all work	ND	87%	89%
Work is stressful 'often' or 'always'	55%	68%	68%
Confirmed access to stress reduction programs	40%	53%	49%
I trust management at the place where I work	52%	55%	46%
The safety of workers is a high priority with management where I work	75%	76%	74%
There are no significant compromises taken when worker safety is at stake	78%	78%	73%
At the place where I work, I am treated with respect	77%	79%	72%
Experienced discrimination at work	ND	21%	26%

- 2023 values highlighted in red indicate a lower quality or wellbeing metric in comparison to 2021

[1] http://www.cdc.gov/niosh/topics/stress/qwlquest.html

4.4. Quality of Work-life and Mental Wellbeing Metrics by Profession

4.4.1. My job lets me use my skills and abilities

	All	MLT	MLA	Man.
Strongly Agree	31%	31%	24%	36%
Agree	56%	57%	52%	55%
Disagree	11%	10%	14%	8%
Strongly Disagree	3%	2%	9%	2%
Responses	826	575	90	115

4.4.2. Respondents indicating good job security

	All	MLT	MLA	Man.
Very true	61%	62%	47%	64%
Somewhat true	33%	31%	43%	29%
Not too true	4%	5%	5%	1%
Not at all true	2%	1%	5%	6%
	842	582	96	115

4.4.3. Respondents satisfied with their job

	All	MLT	MLA	Man.
Very satisfied	17%	17%	20%	15%
Somewhat satisfied	46%	46%	33%	58%
Not too satisfied	26%	27%	29%	19%
Not at all satisfied	11%	10%	18%	9%
	850	584	96	117

4.4.4. Likelihood to make a genuine effort to find a new job with another employer within the next year

	All	MLT	MLA	Man.
Not at all likely	51%	53%	31%	57%
Somewhat likely	29%	28%	41%	26%
Very likely	20%	19%	28%	17%
	842	582	96	115

4.4.5. Too much work to do everything well

	All	MLT	MLA	Man.
Strongly Agree	33%	31%	32%	50%
Agree	38%	40%	28%	37%
Disagree	26%	27%	34%	13%
Strongly Disagree	2%	2%	6%	1%
Responses	824	573	90	115

4.4.6. Frequency there are too few people to complete all the work

	All	MLT	MLA	Man.
Often	64%	63%	63%	72%
Sometimes	25%	26%	27%	19%
Rarely	10%	9%	8%	8%
Never	2%	1%	2%	1%
	842	582	96	115

4.4.7. Frequency of a stressful workplace

	All	MLT	MLA	Man.
Always	22%	20%	26%	30%
Often	46%	47%	40%	47%
Sometimes	29%	30%	28%	21%
Hardly ever	3%	3%	6%	2%
Never	0%	0%	0%	0%
Responses	851	585	96	117

4.4.8. Confirmed access to stress reduction programs

	All	MLT	MLA	Man.
Yes	49%	47%	38%	64%
Unsure	28%	31%	28%	17%
No	23%	22%	34%	19%
Responses	850	585	96	117

4.4.9. I trust management at the place where I work

	All	MLT	MLA	Man.
Strongly Agree	10%	9%	8%	17%
Agree	36%	33%	39%	46%
Disagree	32%	34%	30%	26%
Strongly Disagree	22%	25%	23%	10%
Responses	826	575	90	115

4.4.10. The safety of workers is a high priority with management where I work

	All	MLT	MLA	Man.
Strongly Agree	21%	19%	18%	31%
Agree	53%	54%	47%	58%
Disagree	20%	21%	23%	9%
Strongly Disagree	7%	6%	12%	3%
Responses	824	574	90	114

4.4.11. There are no significant compromises taken when worker safety is at stake

	All	MLT	MLA	Man.
Strongly Agree	23%	22%	21%	33%
Agree	50%	49%	56%	52%
Disagree	22%	25%	13%	13%
Strongly Disagree	5%	5%	10%	2%
Responses	827	576	90	115

4.4.12. At the place where I work, I am treated with respect

	All	MLT	MLA	Man.
Strongly Agree	17%	17%	14%	21%
Agree	55%	51%	53%	65%
Disagree	22%	26%	24%	11%
Strongly Disagree	6%	6%	8%	3%
Responses	826	575	90	115

4.4.13. Experienced discrimination at work

	All	MLT	MLA	Man.
Yes	26%	27%	32%	20%
No	74%	73%	68%	80%
	843	582	96	115

5.0 Maslach Burnout Inventory

5.1. Description

"Recognized for more than a decade as the leading measure of burnout, the Maslach Burnout Inventory incorporates the extensive research that has been conducted for more than 25 years since its initial publication. The survey addresses three general scales as described, which combine to provide a burnout indicator:

- Emotional Exhaustion measures feelings of being emotionally overextended and exhausted by one's work
- Depersonalization measures an unfeeling and impersonal response toward recipients of one's service, care treatment, or instruction
- Personal Accomplishment measures feelings of competence and successful achievement in one's work.

Several studies carried out by Iwanicki & Schwab (1981) and Gold (1984) support reliability such as the three-factor structure and internal reliability. Cronbach alpha ratings of 0.90 for emotional exhaustion, 0.76 Depersonalization, and 0.76 for Personal accomplishment were reported by Schwab; very similar ratings were reported by Gold. Time periods of a few weeks, 3 months, and 1 year were used for test-retest reliability. Scores in the 'few weeks' range were the highest (.60-.82) whereas scores in the year range were the lowest (0.54-0.60). The test manual covers validity for the MBI by noting patterns that appear again in the field. For example, male teachers score higher than females in the depersonalization scale, which is consistent with other helping professions."[2]

5.1.1. Emotional exhaustion

Respondents are asked how frequently the following situations arise at work. The values are then combined to determine the overall emotional exhaustion score.

- I feel emotionally drained by my work.
- Working with people all day requires a great deal of effort.
- I feel like my work is breaking me down.
- I feel frustrated by my work.
- I feel I work too hard at my job.
- It stresses me too much to work with people.
- I feel like I'm at the end of my rope.
- I feel tired when I get up in the morning.
- I have no patience by the end of my work day

5.1.2. Depersonalization

Respondents are asked how frequently the following situations arise at work. The values are then combined to determine the overall depersonalization score.

- I feel I look after certain patients impersonally, as if they are objects
- I have the impression that my patients make me responsible for some of their problems.
- I really don't care about what happens to patients.
- I have become more insensitive to people.

5.1.3. Personal accomplishment

Respondents are asked how frequently the following situations arise at work. The values are then combined to determine the overall personal accomplishment score.

- I accomplish many worthwhile things in this job.

[2] https://www.statisticssolutions.com/maslach-burnout-inventory-mbi/

- I feel full of energy.
- I am easily able to understand what my patients feel.
- I look after my patients' problems very effectively.
- In my work, I handle emotional problems very effectively.
- I feel that I have a positive influence on people.
- I am can easily create a relaxed atmosphere with my patients.
- I feel refreshed when I have been close to my patients at work.

5.2. Key Results

- Each of the three independent scales are trending towards higher levels of burnout
- Taken together, respondents burnout levels have increased since 2021

5.3. Chronological Reference for the Maslach Burnout Inventory

	2016	2018	2021	2023
High emotional exhaustion	38%	41%	56%	65%
High depersonalization	10%	13%	14%	33%
Low personal accomplishment	32%	40%	36%	58%

5.3.1. Comparison of Burnout Indicators between 2021 and 2023 by Profession

	2021				2023				
	All	MLT	MLA	Man.	All	MLT	MLA	Man.	
Emotional Exhaustion	25%	27%	17%	15%	15%	14%	19%	16%	Low
	19%	19%	17%	19%	20%	20%	16%	19%	Medium
	56%	54%	66%	66%	65%	66%	65%	64%	High
Depersonalization	67%	71%	53%	59%	37%	39%	28%	35%	Low
	19%	19%	20%	22%	30%	29%	26%	37%	Medium
	14%	10%	28%	19%	33%	32%	47%	29%	High
Personal Accomplishment	36%	33%	44%	42%	58%	62%	43%	55%	Low
	23%	22%	28%	23%	22%	19%	30%	29%	Medium
	41%	45%	29%	34%	19%	19%	27%	16%	High
					765	534	86	104	Responses

- Some values remain consistent between 2021 and 2023
  - Emotional exhaustion for MLAs and mangers/supervisors
  - Personal accomplishment for MLAs
- Otherwise, higher levels of burnout are indicated

6.0 Mental Health Inventory

6.1. Description

"As a part of the National Health Insurance Study, the Mental Health Inventory (MHI) is a method for evaluating mental health issues such as anxiety, depression, behavioral control, positive effect, and general distress. This instrument helps in the measure of overall emotional functioning. The Mental Health Inventory includes 38 items in which the respondent uses a 6-point Likert-style response. According to the National Multiple Sclerosis Society, the Mental Health Inventory has a reported .93 Cronbach alpha rating[3] whereas its abbreviated version has .82. This test is well-known and has been field tested in extensive populations. Also, the Mental Health Inventory showed a high correlation rating with MSQLI, or Multiple Sclerosis Quality of Life Inventory."[4]

6.1.1. Anxiety

Respondents are asked the following questions about how they feel, and how things have been during the past 4 weeks prior to taking the survey. The values are then combined to determine an overall anxiety score. Higher scores indicate better mental health states. The question number appears in parentheses.

- (4) have you been a very nervous person?
- (6) have you felt tense or high-strung?
- (10) were you able to relax without difficulty?
- (11) have you felt restless, fidgety, or impatient?
- (18) have you been anxious or worried?

6.1.2. Depression

Respondents are asked the following questions about how they feel, and how things have been during the past 4 weeks prior to taking the survey. The values are then combined to determine an overall depression score. Higher scores indicate better mental health states. The question number appears in parentheses.

- (2) did you feel depressed?
- (9) have you felt downhearted and blue?
- (12) have you been moody, or brooded about things?

6.1.3. Behavioral Control

Respondents are asked the following questions about how they feel, and how things have been during the past 4 weeks prior to taking the survey. The values are then combined to determine an overall behavioral control score. Higher scores indicate better mental health states. The question number appears in parentheses.

- (5) have you been in firm control of your behavior, thoughts, emotions, feelings?
- (8) have you felt emotionally stable?
- (16) did you feel you had nothing to look forward to?
- (17) have you felt so down in the dumps that nothing could cheer you up?

[3] https://stats.idre.ucla.edu/spss/faq/what-does-cronbachs-alpha-mean/
[4] http://www.statisticssolutions.com/mental-health-inventory-mhi/

6.1.4. Positive Affect

Respondents are asked the following questions about how they feel, and how things have been during the past 4 weeks prior to taking the survey. The values are then combined to determine an overall behavioral control score. Higher scores indicate better mental health states. The question number appears in parentheses.

- (1) has your daily life been full of things that were interesting to you?
- (7) have you felt calm and peaceful?
- (13) have you felt cheerful, light-hearted?
- (15) were you a happy person?

6.2. Key Results

- Considering the margin of error in the study, values obtained for the Mental Health Inventory in 2023 remain fairly consistent with those obtained in 2021.
  - However, anxiety, depression and behavior control appear to be on a worsening trend since 2018

6.3. Chronological Reference for the Mental Health Inventory

	2016	2018	2021	2023
Anxiety	64%	70%	54%	52%
Depression	69%	80%	60%	57%
Behavior Control	74%	73%	67%	63%
Positive Affect	53%	44%	46%	46%
Total	ND	ND	57%	54%

- Higher scores indicate better mental health states.

6.3.1. Comparison of Burnout Indicators between 2021 and 2023 by Profession

	2021				2023			
	All	MLT	MLA	Man.	All	MLT	MLA	Man.
Anxiety	54%	54%	52%	56%	52%	51%	51%	50%
Depression	60%	60%	59%	63%	57%	56%	58%	57%
Behavior Control	67%	66%	66%	72%	63%	62%	64%	62%
Positive Affect	46%	45%	48%	47%	46%	45%	45%	47%
Total	57%	57%	56%	60%	54%	54%	55%	54%
Responses	1156	814	194	73	762	510	89	103

7.0 Kessler-6 Psychological Distress Scale

7.1. Description

"The Kessler Psychological Distress Scale (K6) was developed with support from the U.S. government's National Center for Health Statistics for use in the redesigned U.S. National Health Interview Survey (NHIS). As described in more detail in Kessler et al. (2003), the scale was designed to be sensitive around the threshold for the clinically significant range of the distribution of nonspecific distress in an effort to maximize the ability to discriminate cases of serious mental illness (SMI) from non-cases. A small validation study carried out in a convenience sample in Boston found evidence that the scales perform quite well and that, in fact, the six-question scale is at least as sensitive as the ten-question scale for the purpose of discriminating between cases and non-cases of SMI. The K6 is now included in the core of the NHIS as well as in the annual National Household Survey on Drug Abuse. The Kessler Psychological Distress Scale which utilizes 10 questions (K10) instead of 6, is also included in the National Comorbidity Survey Replication (NCS-R) as well as in all the national surveys in the World Health Organization's World Mental Health (WMH) Initiative. [5]

After the K6 was used in two of the largest ongoing national health tracking surveys in the U.S. (the Centers for Disease Control and Prevention's Behavioral Risk Factors Surveillance Survey and the SAMHSA National Household Survey), other countries began studying the validity of the K6. All of these studies concluded that the K6 is found to be consistent when used in multiple surveys, the K6 performed just as well as the K10. The K6 has also been proved to have little bias in regards to education and sex."[6]

Participants indicate how often they have had six different feelings or experiences during the past 30 days using a 5-point Likert scale: 4 (All of the time), 3 (Most of the time), 2 (Some of the time), 1 (A little of the time), and 0 (None of the time). The feelings and experiences for this first item are the following:

- nervous?
- hopeless?
- restless or fidgety?
- so depressed that nothing could cheer you up?
- that everything was an effort?
- worthless?

"The scores is then determined by summing the numerical value associated with the scale for each question. With total scores ranging from 0 to 24, a standard cut-off score of 13 or higher on the K6 has been used to identify persons with nonspecific serious psychological distress (SPD; i.e., those with a high likelihood of having a diagnosable mental illness severe enough to cause functional limitations and to require treatment."[7]

7.2. Key Results

- 38% of CSMLS members are experiencing incidences of nonspecific serious psychological distress.
- Incidences of nonspecific serious psychological distress have shown an increasing trend since 2016
- 46% of respondents perceived increases in psychological distress in the month prior to the survey, however the option to choose "about the same as usual" saw the largest gains in 2023.
    - However, when focusing on those who are experiencing severe psychological distress, 69% of those respondents noted an increase in distress in the month preceding the survey.
    - Distress factors are continuing to compound within the Medical Laboratory Science profession
- Respondents reported that the feelings associated with psychological distress affected their ability to work 6.7 days per month on average. This includes 2.2 days they were totally unable to work, and an additional 4.5 days they spent doing only half or less of what they would normally have been able to do.
    - These values have increased since 2021

[5] http://www.hcp.med.harvard.edu/ncs/k6_scales.php
[6] https://www.statisticssolutions.com/kessler-psychological-distress-scale-k6/
[7] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5468522/

- The majority of respondents (42%) indicated their ability to work was affected, however they chose not to talk to a professional.

7.3. Psychological Distress Data

7.3.1. Chronological Reference for Psychological Distress

	2016	2018	2021	2023
· Incidences of nonspecific serious psychological distress	13%	16%	32%	38%

7.3.2. Comparison of Psychological Distress Levels between 2021 and 2023 by Profession

	2021				2023			
Distress level	All	MLT	MLA	Man.	All	MLT	MLA	Man.
Low	23%	24%	18%	25%	13%	12%	12%	17%
Moderate	46%	46%	43%	48%	50%	50%	43%	50%
Severe	32%	30%	39%	27%	38%	39%	44%	34%
Responses	1249	877	213	75	819	546	97	107

7.3.3. Did these feelings occur more often in the past 30 days?

Respondents were asked if the feelings of psychological distress were occurring more frequently in the 30 days prior to taking the survey. The results indicated that 46% of participants were feeling an increase in distress in the month preceding the survey.

	2021				2023			
	All	MLT	MLA	Man.	All	MLT	MLA	Man.
Less often than usual	7%	7%	8%	2%	10%	9%	17%	7%
About the same as usual	36%	38%	29%	34%	44%	46%	36%	41%
More often than usual	56%	55%	63%	65%	46%	45%	47%	51%
Responses					807	537	96	107

However, when focusing on those who are experiencing severe psychological distress, 69% of those respondents noted an increase in distress in the month preceding the survey. Combined with the finding that there are more people experiencing severe distress overall, this finding supports that distress factors are continuing to compound within the Medical laboratory Science profession rather than stabilize to “about the same as usual”.

	2023			
	All	MLT	MLA	Man.
Less often than usual	4%	3%	2%	3%
About the same as usual	27%	29%	19%	22%
More often than usual	69%	67%	79%	75%
Responses	304	209	42	36

7.3.4. How often have physical health problems been the main cause of these feelings?

The study also considers how often physical health problems contributed to the feelings and experiences associated with psychological distress. The majority of respondents indicated low correlation between physical problems and these feelings. This is consistent with similar findings in 2021. However, physical health problems are contributing to feelings of distress slightly more often in 2023. This can be observed in the table below by noting that the "none of the time" option is selected less often in favor of more frequent occurrences and the other responses are all more popular choices than they were in 2021.

	2021				2023			
	All	MLT	MLA	Man.	All	MLT	MLA	Man.
None of the time	48%	48%	42%	68%	42%	42%	38%	45%
A little of the time	24%	25%	27%	14%	27%	26%	27%	33%
Some of the time	19%	20%	21%	15%	21%	22%	23%	16%
Most of the time	6%	6%	9%	4%	8%	9%	10%	3%
All of the time	1%	2%	0%	0%	2%	2%	2%	4%
	1173	821	201	74	763	512	90	103

7.3.5. The Impact Feelings Associated with Psychological Distress has on the Ability to Work

	2021	2023
Days totally unable to work	1.5	2.2
Days doing half or less of the work than normally able to do	3.4	4.5
Ability to work was not affected and did not talk to a professional	43%	31%
Ability to work was affected but did not talk to a professional	37%	42%
Ability to work was affected and talked to a professional	20%	27%
Average number of visits for those who talked to a professional	2	2
Responses	1106	699