

Describing Mental Health Issues for Medical Laboratory Professionals in the Workplace

Summary Report

Investigators:

Michael Grant, CSMLS
Gerald Bramm, Bramm Research Inc.
Laura Zychla, CSMLS

Abstract:

Medical Laboratory professionals (MLPs; Medical Laboratory Technologists and Medical Laboratory Assistants/Technicians) are experiencing greater workplace burden associated with changes in human health resources, staffing models, rapid technological change and organizational fiscal restraint. The current study examined the personal accounts of mental health issues experienced due to workplace stress, utilizing an asynchronous online forum discussion board. Results confirmed major stressors at the personal, organization and professional levels and were associated with: inadequate staffing, increased workload, management/organization issues, inadequate equipment, and coworker characteristics. Core causes of these issues centre on fiscal constraints, human health resource shortages and related policies, as well as a lack of public awareness in regards to the profession (community and other healthcare providers).

Background

In a recent study conducted with the Canadian Society for Medical Laboratory Society members,¹ it was found that medical laboratory professionals (Medical Laboratory Technologists and Medical Laboratory Assistants/Technicians; MLA and MLT respectively) are encountering a high degree of unethical issues in the workplace related to increased workload due to staff shortages (91%), poor workplace training (57%), inappropriate professional relationships (56%), inadequate access to physical resources (52%), and actions against personal or religious views (48%). The data that was derived is valuable but only provides a high level understanding of these situations. Medical laboratory scientific research has limited case examples detailing these occurrences. Grey literature and discussion boards provide some information² but there is a need to expand this knowledge base using research methodology to limit bias in reporting. The missing link is the formalized collection of these case studies to provide awareness for others and feedback to the profession.

Purpose

From the perspective of medical laboratory professionals in Canada, the study examined the personal accounts of workplace mental health issues in the form of stress or as identified by participants (stressors).

Methodology

An online focus group discussion board was utilized with an asynchronistic approach (participation time unrestricted within 3 day period). Facilitation of all discussions occurred with participants as anonymous and included the option to hide responses from the larger group if desired. Each individual within the discussion board had the option to comment on other participant's answer at their own accord in addition to moderator probe questions. They were also able to go back to previous days and read/post information again. On a given day, the qualitative questions were designed to follow a consistent pattern: identify an issue, discuss the root cause of that issue, and provide solution(s) for that issue if possible. Across the three day period, the qualitative questions tailored the content to the personal and professional experience of the individual within the workplace/department, the individual as an employee within an organization, and the individual as a member of a profession.

¹ Angers M (2013). Ethics in the Medical Laboratory Profession: Road to a CSMLS Code of Ethics

² Examples: McQueen, M. J. (1990). Ethics and laboratory medicine. *Clinical Chemistry*, 36(8), 1404-7. Retrieved from <http://www.clinchem.org/content/36/8/1404.2.full.pdf>

Reddit Discussion Board (2015). Medical Laboratories are a breeding ground for Workplace Mobbing Behavior: Please educate yourselves. MedLabProfessionals. Retrieved https://www.reddit.com/r/medlabprofessionals/comments/36xzm/medical_laboratories_are_a_breeding_ground_for/

VanSpronsen, A. (2015). Cultural Diversity in the Workplace: A Medical Laboratory Technologist's Guide. *Emerging Trends in Medical Laboratory Science*. Retrieved from <https://mlsci420.wordpress.com/2015/04/22/cultural-diversity-in-the-workplace-a-medical-laboratory-technologists-guide/>

Results

A total of 39 individuals consented to participate in the study. Overall, 74% (29/39) of potential participants provided at least one comment within the focus group during their study period. Demographic information consistent with CSMLS membership characteristics was strived for but could not be fully achieved based on those who choose to participate. The study participants consisted mainly of MLTs (n=27) with only a small number of MLAs (n=2) joining the focus group. There was also a highly disproportional number of woman (n=26) compared to men (n=3). Demographic indicators for geographic location and age band were well represented.

Table 1: Geographic Residence

Residence	Number of Participants	Percentage of Participants
Alberta	3	10%
British Columbia	3	10%
Manitoba	2	7%
New Brunswick	2	7%
Newfoundland and Labrador	1	3%
Northwest Territories	1	3%
Ontario	15	52%
Saskatchewan	1	3%
Prince Edward Island	1	3%
Grand Total	29	100%

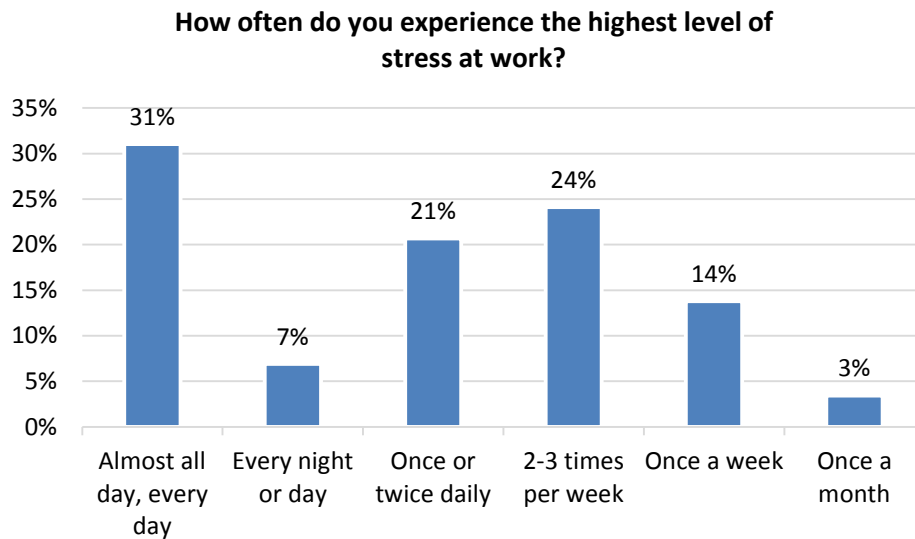
Table 2: Age Band

Age Band	Number of Participants	Percentage of Participants
20 - 29	4	14%
30 - 39	6	21%
40 - 49	4	14%
50 - 59	14	48%
60 - 69	1	3%
Grand Total	29	100%

Workplace Stressors

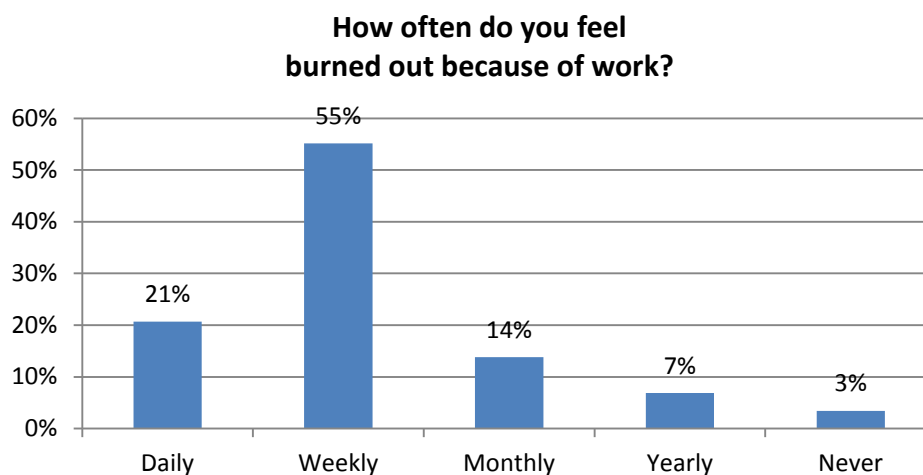
It is apparent from the discussions held by participants in this study that there is a high degree of workplace stress within the medical laboratory profession at the individual, organizational and professional levels. A staggering 31% (9/29) of participants reported a 'high' level of stress experienced at work on a regular basis. The majority (52%, 15/29) still experienced a moderate level of stress, while only 17% (5/29) said that they had low stress levels. The impact of this stress was further emphasized in the frequency in which participants felt stress was at its highest.

Graph 3: Stress Frequency



On any given day, 59% (17/29) of participants felt the highest level of stress at least once, if not more and/or consistently throughout the day. Stress was not limited to daily; it was also noted to a high degree on a weekly basis as well by 38% (11/29) of participants. Only one participant indicated stress occurring at its highest level was experienced monthly. This stress was further experienced through burnout. Of the respondents, 76% (22/29) felt burnt out at least weekly if not daily because of work stressors. This suggests that the high level of stress experienced by participants is at a critical level (and chronic as suggested in their commentary) given the frequency of burnout, a state that is characterized by an exasperation due to stress.

Graph 4: Burnout Frequency



Workplace stress in reference to the individual was highly consistent with thematic analysis repeating results across all questions within this study. Participants were able to provide specific examples within their workplace they had experienced or that was causing them immediate stress at the time of the study.

Five major themes were identified in regards to the cause of workplace stressors impacting the individual. Participants were asked to provide the top 3 concepts and although, individual circumstances may have been different between participants, there was an intertwined and consistent causal relationship between the themes. Of these themes, the first three were the most noted and discussed.

Inadequate staffing - Participants recognized that there was a current shortage of staff either due to skills or individuals in the workplace. Concerns regarding staffing models reflected this opinion.

- “Shortage of technologists, a lot of experience has retired, new techs do not have the same work ethic. Morale in workplace is low.”

Increased Workload – Due to the limited staffing, there was an associated increase in workload that was not counterbalanced by advances in technology. Additional reference to the fast paced environment and multiple demands as having increased across time was also noted.

- “High volume of work and fewer people to perform that work.”

Management Issues – Concerns regarding management not receiving appropriate supervisory related training and their inability to be unbiased when dealing with critical issues were paramount to the discussion. Concerns regarding the lack of communication, lack of support and lack of department direction were also important.

- “Pressure to have work done by a certain time, heavy workload and pressure from supervisor”
- “...there has been some discrimination and conflict in the workplace that has not been addressed and has led to a negative work environment.”

Coworker Issues – Unfavorable interpersonal skills were identified within and between departments as a direct cause of conflict and stress. These issues generally tended to be associated with outward conflict rather than internal or personal stressors.

- “As a Medical Laboratory Technologist I often feel under-valued by our fellow professionals (doctors, nurses, other providers), our voice is often disregarded.”
- “Extreme apathy on the part of most co-workers with regard to keeping up with technological change.”

Inadequate Equipment – In line with workload and staffing concerns, equipment (whether the relevance of or number of machines) was a limiting factor in the speed and ability of a professional to complete their job under other the other stressor themes.

- “1. When the machine breaks down and I have to do trouble shooting while patients are waiting for me to get their blood done.2. Cannot deliver or release the results on time due to machine's mechanical issue and we have no back-up.3. I do everything in the lab because I'm all alone doing the processing of blood and phlebotomy at the same time semen analysis.”

Participants identified that there are root causes to these uncomfortable situations and that specific individuals are not likely the true issue at hand for the majority of occurrences i.e., there are more system level barriers in place that inhibit individuals to work effectively together. Three main themes arose: fiscal burdens, human health resource considerations, and management or organizational constraints.

- “Budget restraint staffing model is so lean there is very limited flexibility with little to no redundancy however the workload and complexity of the tests increases.”
- “In a lot of cases, the employee is promoted in the manager role without any proper training on EQ skills or leadership. They might not be the right people for the job but they need a warm body in the position. Training is essential part of any job. Success is a key.”
- “I feel, lack of corporate style thinking is missing at the workplace especially at the decision making level. There is disregard about individual pace of learning and management skills are not in abundance primarily because instead of performance driven promotions are based on number of years of service.”

Again, each of these concepts was part and parcel of the other. Given the current Canadian healthcare constraints, participants indicated that their organization and specifically their laboratory departments were financially limited, affecting staff and equipment purchasing required to complete workload on time. Staffing models were indicated as insufficient to meet demands (e.g., use of MLAs when MLTs are required, use of part time staff when full time are required). Commentary around the hiring process of management was specifically discussed. Participants were unsatisfied with current management hiring practices that support seniority over best fit characteristics. Recognition that management can only do so much in the workplace due to the constraints of the organization upon them was noted. Participants identified that there was a lack of support for their department, lack of management training, and lack of overall direction as well.

When asked if there was a solution to the stressor(s) and their root cause(s), participants provided conflicting answers as some discussed more personal issues while other discussed the larger issue at hand.

Table 5: Ability to Affect Change for Proposed Solution

Solution	Ability to Affect Change			Grand Total
	No	Unsure	Yes	
Management/Organization Based	7	5	11	23
Personal and Management/Organization Based	0	1	5	6
Grand Total	7	6	16	29

When speaking to a concept that discussed a personal issue, participants identified more control over the situation, whereas in external concepts (management or organization

based), there was less control and participants were more likely to suggest that change could not happen.

- “I always think that everything can be improved upon, but workplace negativity is as catching as a cold, and it will take good leaders (official and unofficial) to remind us to have some self-awareness and not get sucked in, and to realize that no MLT goes to work to do a substandard job, and that we are all on the same team.”
- “This is hard one to answer. We do have to voice our concerns more, although at our last lab staff meeting someone did and was basically shot down, which leaves people hesitant to do so in the future. Perhaps our professional society could help, but lately it is hard to even get volunteers for the executive. What I am afraid will happen is a major mistake could happen in the lab and that’s when people will take notice of what is really happening.”
- “No - unfortunately I do not believe this situation can be resolved. The rationale is this: time, people and finances are required. Unfortunately the transformational change required needs all three to be successful. Further the enablers/infrastructure is simply not in place to assist with this change - I am referring specifically to a common integrated Information System.”

Participant physical and emotional reaction to workplace stressors is an indicator that they feel heavy pressure. There was a mixture of positive, negative and combined reactions seeing a large spectrum of responses. Some participants discussed their emotional state in terms of anger, withdrawal, and sadness while other documented their desire to problem solve, discuss the situation with others or tackle the problem face on. Physical reactions were consistent with chronic stress and burnout, including stomach aches, headaches, insomnia, and concentration issues.

Support for dealing with workplace stressors was identified at the majority of organizations where participants were employed. Employee Assistant Programs (EAPs) were the most noted (n=19) with additional wellness programs (n=6), resources or similar activities offered by organizations, and open door policies by management (n=16). There was a mixed sense on the value of such programs. Unfortunately, some participants were quick in their responses to indicate a lack of trust in many cases for these services, and specifically with the open door policies. The organizations may offer the program; however, without the built in confidence by the user that the system process will be fair, equitable and provide resolution, the participants were unlikely to use the resources available to them.

- “Yes my employer is very proactive with support, I can make an appointment with the manager at any time and in fact they have stated that I should come to them sooner than later if there are any problems. They also provide EAP which I have not utilized.”
- “EAP program available, talk with others, can request assistance from wellness team. Feel very isolated and if ask for support is frowned upon, my perception.”
- “There is a better culture of mental illness and issues about anxiety and depression in most workplaces however hospitals seem to be falling behind in this regard. They say the right things and post the right posters but when push comes to shove the stigma is still there. If someone does take a stress leave, they are never treated the same.”

These results indicate an increased need to ensure that mental health initiatives are viewed as supportive and that the management and organization provide consistent support and communication around these. Comments by participants suggest that organizations can do more to support them through increased management training (e.g., crucial conversations, mental health awareness, dispute resolution), providing an environment where listening is non-judgmental and that there is a core goal to solve the problem, and ensure open door policies are truly met/supported but senior executives. At the crux of many responses, was the important concept of valuing the employee as more than a worker but also an emotional person who is trying to do their best.

After the participants had discussed their personal experience and the organizational barriers, the group was asked to identify the top 3 workplace stressors on their profession as they were aware. The consistency in themes was highly apparent again in this section - inadequate staffing (nation-wide shortages), inadequate equipment (inability to meet staffing demands), and management/organizational issues (policy and training inadequacies) were echoed for the entire profession. However, this time there was a heightened awareness of the larger fiscal burden the healthcare system is facing and that the human health resources shortages effecting workload and staffing models are systemic.

- “I agree with the other participants that this is a direct result of government cutbacks from about ~20 years ago. These cutbacks resulted in less staff and resources to which we have never caught up. The "normal" work environment is full of stress but every worker has a breaking point. I notice more co workers routinely losing their temper than compared to 30 years ago. Even though this has always been a stressful profession, it is definitely worse now.”
- “The management issue is because there are fewer experienced managers that have "worked the bench" and there are also financial restraints that realign the management priority to money as opposed to keeping good people. The poor direction and inter professional image is partially due to the fact we are a behind the scenes profession but also the colleges are not clarifying the roles and making it public knowledge. Need more publicity other than med lab week.”

Also, a new theme emerged that had only been touched upon previously, the lack of public recognition for the profession (by the public community and other healthcare professions). As noted in the above comment, participants recognized that the profession was ‘behind the scenes’ and ‘not visible’, and suggested that greater campaigning would be valuable.

General solutions to fix the profession level stressors were less optimistic than the personal or organization ones. There was recognition for the efforts of CSMLS to advocate on the profession's behalf and advocate for greater recognition as noted in this comment: “The CSMLS has done its best to up the profile of the profession. There is national Laboratory Week, where they have an advertising campaign and displays in the hospital lobbies. The CSMLS also lobbies the government for lab resources and funding to open more training facilities.” The participant continues to discuss the situation and makes reference to a marketing concept that may be of value, a grass roots campaign: “All this is well and good, but given the fact that most politicians don't even understand what a lab does or needs all of the lobbying may fall on deaf ears.” Knowing that funding changes are unlikely anytime soon (but should still be tackled), participants mainly focused on the idea of providing greater public communication strategies that targeted the community, politicians and other

healthcare professions to recognize what the profession does, the value of those tasks and the importance of behind the scenes work.

- “...more publicity would speak volumes to the understanding of the vital role we play in the health care. If more people understand our profession perhaps we would not be the brunt of cuts when finances dictate, thus allowing the managers to focus more on the people perhaps.”

The final question in the discussion board allowed participants to describe any further comments they wished to provide. Participants praised CSMLS for the study and acknowledged that the mental health issues occurring in the profession were a subject of great importance to be recognized and studied further. Participants were thankful to recognize the consistent themes across the questions/days and even provided comments on how they felt ‘they were not alone’ in their struggles.

- “I am discovering that stopping to think about the stressors in my workplace in a constructive manner like this survey is helping to lessen the stress.”
- “I am finding this discussion very helpful. As much as each of us feels we work in our own environment - reading the same responses from across the country reinforces that this is a national issue, not necessarily provincial or specific to one health authority.”
- “It's really nice to see that we're all on the same wavelength.”

Conclusion

The results of this study speak to and bring awareness of workplace mental health issues in the medical laboratory profession. Although the sample size was small, the qualitative richness encapsulates concerns that members, and by extension the profession, are experiencing. The impact of human health resource shortages and the strategies that are being used by employers to accommodate the supply and demand needs of the industry are directly impacting and causing stress and burnout in medical laboratory professionals.

Dissemination of Results

The online discussion provided valuable case examples and thematic analysis of medical laboratory professional’s experience of workplace mental health issues. As part of the Mental Health Toolkit (approved by the CSMLS Board of Directors and Research Ethics Board approval for the study), the collection of profession specific workplace burden examples will be used as a way to start discussion as well as mechanism for other member’s to review, comment and/or relate too (personal identifiers removed) in addition to general content highlights. This report provides an overview of the information obtained and analysis completed. However, there is more direct content that will be used to support this report’s findings within the Toolkit that is in line with the themes identified. In addition, the contents of this report will be disseminated at national conferences and other speaking opportunities to bring awareness the impact mental health issues has on the profession.