Times Are Tight: Staff Shortages Prompt New Strategies

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Healthcare has been the second largest industry sector hit by the "Great Resignation," with tens of thousands of workers abandoning their posts or the field altogether.[1] Radiology, experiencing shortages across various positions and modalities, is struggling to both maintain staffing levels and bring in new talent.

"Staffing is a major issue, and it exists at multiple levels for a hospital," says Levon Nazarian, MD, FAIUM, FACR, American Institute of Ultrasound in Medicine (AIUM) president and professor of radiology at Sidney Kimmel Medical College of Thomas Jefferson University in Philadelphia. "No practice of any kind is exempt from this problem—from the smallest private group with four staff members to the biggest academic center with 150, everybody is experiencing the same problem."

The reasons for shortages in radiology—and radiation oncology—vary across geographical regions, imaging modalities, work environments, and positions. For technologists, educational challenges are impacting the supply of trained professionals, while the COVID-19 pandemic has shifted the career outlook for many imaging professionals and physicians.

"We're seeing workforce shortages that are widespread, and they're coming for multiple reasons," says Eric M Rubin, MD, FACR, chair of the American College of Radiology (ACR) Human Resources Commission, and partner in Southeast Radiology LTD in suburban Philadelphia. "We're experiencing an increasing overall workload as the impact of the Baby Boomer generation is in full force. We're seeing an increase in the need for subspeciality reads in radiology, and also an increasingly fluid workforce where people are more likely to switch jobs. We do recognize that groups are struggling right now to properly staff and get the daily work done," he says.

Association data

While shortages in radiology are being reported nationwide, professional organizations are looking for data-driven evidence to provide a deeper understanding of the job market and its influencing factors. Both the ACR, through its workforce survey, and the American Society of Radiation Oncology (ASTRO), through its Workforce Task Force, are performing "deep dives" into data analysis to evaluate the staffing and hiring landscape; final results are not yet available.

The ACR put a pause on compiling data in 2020 due to the pandemic and has completely revamped its survey to glean deeper insights, Dr Rubin reports.

The American Society of Radiologic Technologists (ASRT) notes that the pandemic has likely impacted its most recent Radiologic Sciences Staffing and Workplace Survey results. The survey showed a slight decrease in vacancy rates for most medical imaging disciplines in 2021. Radiography is the only modality that experienced a long-term decline in the average number of budgeted full-time equivalents (FTEs) per department, the ASRT says. Data show that in 2003, the average was 10.1 FTEs in radiography, with 9.3 budgeted FTEs in

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2021. Statistics for average budgeted FTEs for five other modalities for 2021 vs 2003 are:

- Computed tomography, 6.2, up from 3.4;
- Magnetic resonance imaging, 4.7, up from 1.7;
- Mammography, 4.9, up from 2.1;
- Nuclear medicine, 3.6, up from 1.8; and,
- Sonography, 5.0, up from 2.6

The U.S. Bureau of Labor Statistics (BLS) projects that radiologic and MRI technologist employment will grow 9% by 2030, about as fast as the average for all occupations, estimating 20,800 openings for these positions each year, on average.[2] The BLS statistics point to a trend that more technologists will be needed to meet growing demand for imaging services.

Educational Challenges

Nancy Godby, MS-MHA, MA, RT(R)(M), ARRT, CHC, director of radiology at Cabell (WVa) Huntington Hospital, notes her greatest staffing challenge is in radiography and says she's had difficulty attracting talent since July of 2021. Huntington's universities only offer four-year imaging programs.

"I've been reaching out to leaders of our local universities to encourage them to do a needs assessment in the community," Godby says. "Yes, we need all the higher modality imaging professionals, but we also really need people who want to be X-ray techs."

"We used to have people waiting in line for jobs here. That's just not the case now," Godby adds, noting her reliance on agency technologists and mandatory overtime to meet demand for imaging services.

In radiation oncology, a lack of programs is contributing to shortages of physicists and dosimetrists and, to a lesser extent, radiation therapists, says Bruce G Haffty, MD, FACR, FASTRO, FASCO, chair of ASTRO's workforce subcommittee, associate vice chancellor of Cancer Programs at Rutgers Biomedical and Health Sciences, and professor and chair of the department of radiation oncology at Robert Wood Johnson and NJ Medical School, Rutgers Cancer Institute of NJ.

"For physicists we're seeing a shortage and a potential undersupply because we're not getting enough of them certified," Dr Haffty says. He noted that the recent requirement for residency has left some physicists behind, and that training options for dosimetrists are limited.

"Word on the street is they are harder to come by. We could also do a bit better [at] training more [radiation] therapists," he says.

On the physician side, Dr Haffty says, ASTRO's Workforce Task Force has been commissioned to study supply and demand over the next five to 10 years using Medicare data and various treatment projections.

"There's concern that there's a relative oversupply of radiation oncologists, but we really need an unbiased and expert group to do an analysis so we can understand that better," he says.

Pandemic perceptions

While certain subspecialties like mammography and interventional radiology have been experiencing shortages for years, remote-working options sparked by the pandemic exacerbated them, says Dr Rubin.

"When COVID came along, many radiology groups began developing and heavily implementing remote work within their own practices as opposed to hiring outside companies to do that work for them," he explains, referring to "nighthawk" imaging companies.

"My group has always tried to make sure we pay attention to work-life balance, and this [remote reading environment] has created a level of satisfaction among our radiologists," Dr Rubin says.

While he personally prefers his dosimetrists to work on site, Dr Haffty acknowledges the popularity of work-from-home options has had an impact and has the potential to pull specialists such as physicists out of the field entirely or to different work environments.

Godby, who manages 500 to 700 exams daily at her trauma center, says the intensity of the hospital environment has become too demanding for some staff, who have begun weighing quality-of-life issues into their employment choices.

"We've got a lot of urgent care centers and free-standing emergency centers popping up, and these lower volume institutions are pulling some of our technologists away from the hospital," she explains. "People have taken a step back to ask themselves, 'Is this really what I want to continue to do?'"

She says the trend may impact her institution's ability to bring new talent into the profession and may even reduce the number of applicants to radiologic technology programs, "because people don't want to work in a hospital anymore."

In Dr Nazarian's view, many radiologists and technologists feel stuck in a situation of having too much work to do and not having enough people to do it.

"The pandemic has led to burnout levels as high as we've ever seen in medicine and in radiology," he says, adding that he has witnessed many staffers taking early retirement or choosing to work part-time or work in only some aspects of the field, such as teleradiology.

"For the people that remain, work multiplies on them," Dr Nazarian says. "On top of that, take the increased volumes of very sick people due to COVID itself."

Staffing Strategies and Support

Considering the regular waxing and waning of staffing, the current systemic problem of shortages presents a conundrum for organized radiology, Dr Nazarian points out. "If we train more people, it takes years to see the effects of that," he says. "In the past it's been cyclical—need, then glut. So, is this a permanent downcycle, or just a 'normal' cyclical phenomenon that's going to work its way out?"

As there is no certain answer to that question, industry associations continue to offer support in the form of survey analyses, career resources, and job banks. On the provider side, hiring managers are implementing tried-and-true and novel recruitment and retention strategies.

Godby's organization is connecting with student technologists before graduation with perks like sign-on bonuses; tuition support is also being considered. In light of the increasingly mobile workforce, Dr Rubin's practice is focusing on a flexible reading environment as well as on how artificial intelligence can be applied for more effective patient management. Dr Haffty stresses the need to offer competitive compensation and benefits—"the whole package,"—particularly when staff start to drift away for parallel-level jobs.

"It's always better to retain than recruit," Dr Haffty says.

Yet, even amid the shortages, experts agree that aside from an occasional longer-then-normal wait time, patient care has remained largely unaffected by staffing woes.

"The way we're trained is that when there's stress, we take it on ourselves and we work harder," Dr Nazarian says. "We don't pass it on to the patient or decrease the quality of care we provide."

References

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