

2003

Review of Temporary Healthcare Staffing Trends and Incentives

Med *Travelers*

The logo for Med Travelers features the word "Med" in a bold, dark blue sans-serif font, followed by "Travelers" in a gold-colored script font. A dark blue, brush-stroke-like underline is positioned beneath the word "Travelers".

a new direction in allied professional staffing



Summary Report

2003 Review of Temporary Healthcare Staffing Trends and Incentives

Overview

This report marks the second Review of trends in temporary healthcare staffing presented by Med Travelers, focusing on the temporary imaging technologist industry. Much of the information presented in the past regarding traveling imaging technologists was based upon anecdotal evidence. The purpose of this and future annual Reviews is to quantify trends and attitudes in the temporary healthcare staffing industry and provide a useful benchmark for imaging technologists and healthcare administrators alike.

The 2003 Review is based on search assignments through staffing firms, searches conducted by healthcare facilities, and survey data collected from travelers and those responsible for hiring travelers at healthcare facilities—labeled in this study as “administrators.” For the 2003 Review, we contacted 13,125 administrators at hospitals, group practices, and other facilities nationwide, and received 1,156 completed surveys, for a response rate of 8.8 percent. We contacted 22,145 imaging technologists known to have worked temporary assignments from 2000 through 2002 and received 1352 completed surveys, for a response rate of 6.1 percent. The data from search assignments was gathered during the 2002 calendar year, with follow-up interviews conducted between February 1 and February 21, 2003.

The breakdown by region and modality:

Healthcare facilities surveyed

Northeast (251) Southeast (334) Southwest (164) Midwest (230) West (177)

Imaging technologists surveyed

RT (239) RTSP (51) NMT (204) USS (105) MAM (36) MRT (113) UTVE (70)
XRT (42) CTT (163) ECC (88) Multiple Modalities (241)

RT=Radiologic Technologist RTSP=RT Special Procedures NMT=Nuclear Medicine Technologist
USS=Ultrasound Sonographer MAM=Mammographer MRT=MRI Technologist UTVE=US/Vascular
Technologist XRT=X-Ray Technologist CTT=CT Technologist ECC=Echo Cardiographer

Part I - The Traveling Imaging Technologist Industry

Traveling is a relatively recent but very popular career option. It refers to mid-level providers working on a temporary basis, filling immediate needs at healthcare facilities nationwide. Travelers typically work from two weeks to two months at a location before accepting another temporary opportunity.

The popularity of traveling is largely due to financial and career control benefits. An imaging technologist may well realize \$7.00 more per hour traveling than in a staff position—and be able to set their own schedule. That nationwide fill rates—the percentage of demand actually covered by a temporary professional—jumped from 39 percent to 59 percent reflects the rapid acceptance of traveling as a career option. Yet as more technologists “hit the road,” the challenges facing hospital recruiters and departmental directors continue to grow.

Imaging Technologists, Average Cost Per Day 2002: \$801*
Unfilled Imaging Shifts, Average Per Day 2002: 3,332
Imaging Shifts Filled By Travelers, Average Per Day 2002: 4,925

Fill Rate	2002	2001	Facilities currently searching
	59%	39%	for temporary services: 49%

Total Spending On Temporary Imaging Services, 2002 (estimate): \$1.4 billion*

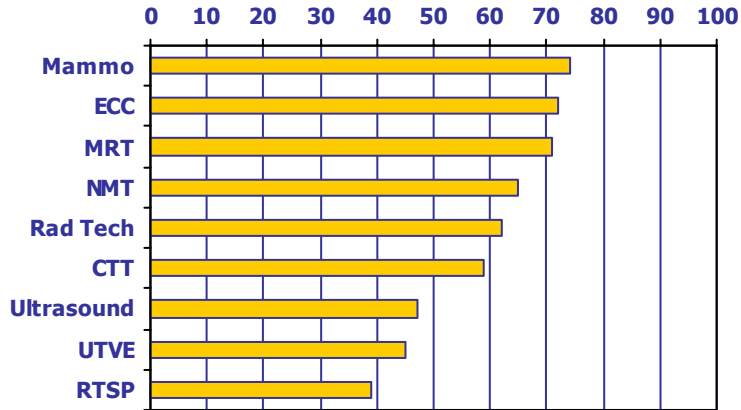
**Figures include cost of travel, housing, malpractice insurance, recruiting, professional services, and other ancillary expenses.*

Traveling Imaging Modalities, by Demand

Demand is measured by shift coverage requested for each modality.

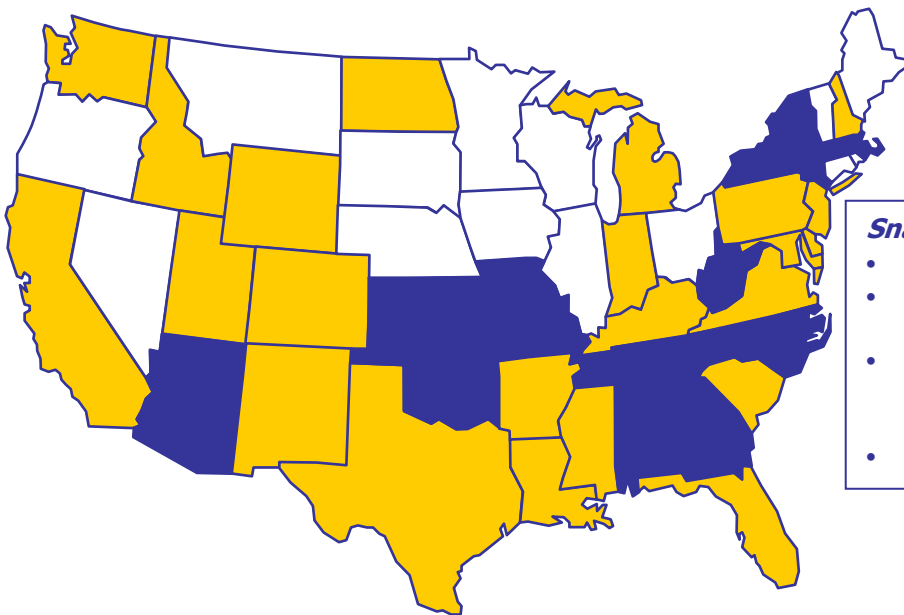
Modality	Demand	
	2002	2001
Radiologic Technologist	29%	38%
Nuclear Med Technologist	19%	17%
CT Technologist	16%	13%
Ultrasound/Vascular Tech.	11%	11%
MRI Technologist	7%	2%
Ultrasound Sonographer	6%	4%
Mammographer	4%	7%
Echo Cardiographer	3%	3%
Rad Tech/Special Procedures	1%	3%
Other	4%	2%

Fill Rate By Modality



Modality	Unfilled Shifts/Day
Mammographer	80.7
Echo Cardiographer	75.2
MRI Technologist	172.5
Nuclear Med Technologist	558.9
Radiologic Technologist	891.1
CT Technologist	554.3
Ultrasound Sonographer	277.1
Ultrasound/Vascular Tech.	512.5
Rad Tech/Special Procedures	63.7

Fill rate, by state



76% or higher
 50% to 75%
 Less than 50%

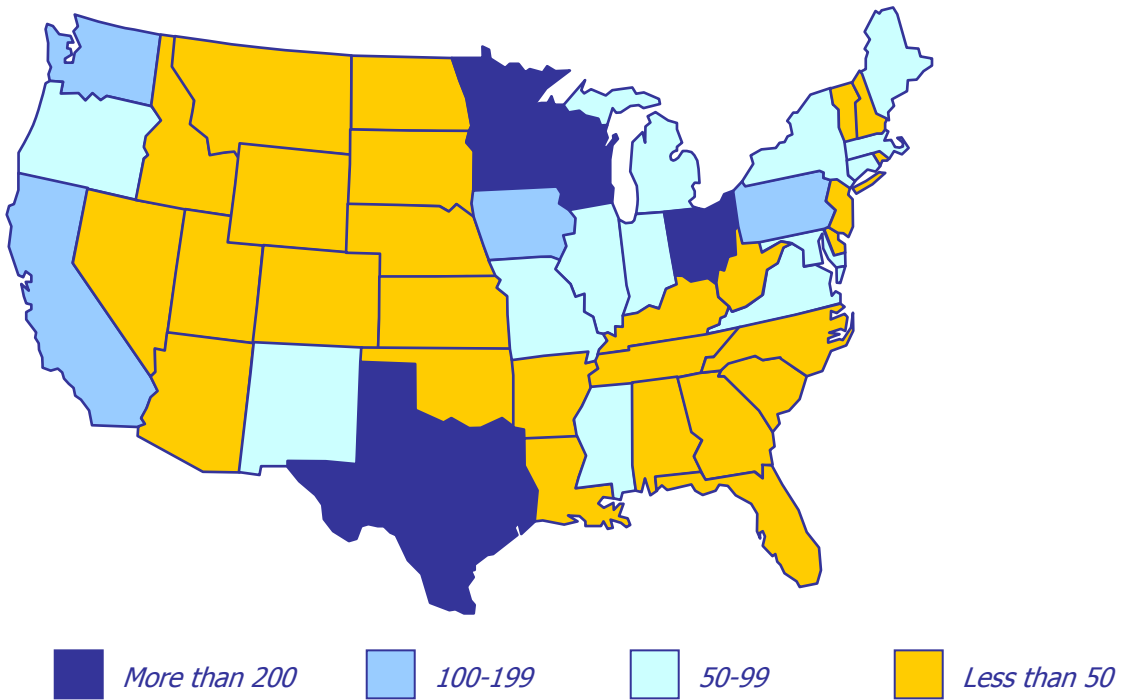
Snapshot Oklahoma

- 88% (fill rate, tops in the nation)
- 125.9 (average shifts filled per day by travelers)
- \$23 million (amount facilities statewide spent on temporary imaging services in 2002)
- \$501 (average cost per covered shift)

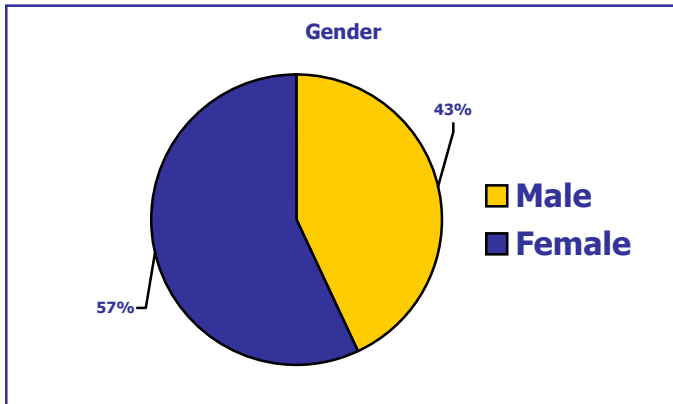
Average shifts filled by travelers per day, top 5 states

Texas	480
New York	340
California	297
Missouri	292
Pennsylvania	270

Average vacant (unfilled) shifts per day, by state



Who travels?



Years Experience

	2002	2001
Just out of school	3%	4%
1-5 years	23%	48%
6-10 years	28%	17%
11-20 years	26%	12%
More than 21	20%	19%
Ten or fewer	54%	69%
11 or more	46%	31%

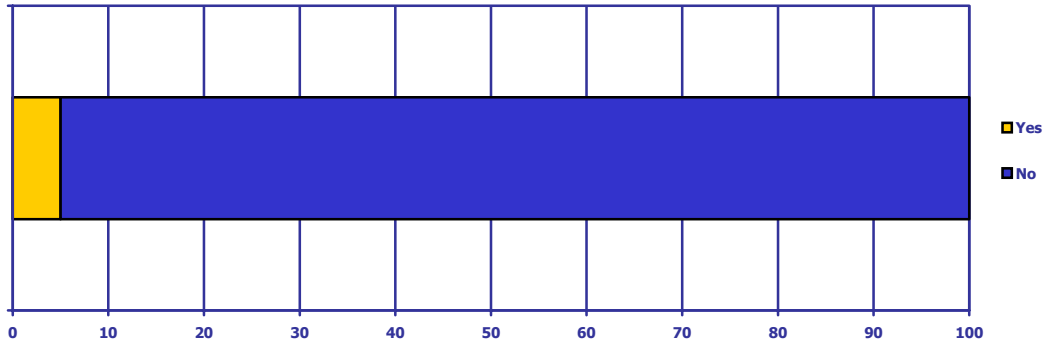
How long have you worked as a traveler?

Less than 1 year	39%
1-3 years	42%
More than 3 years	19%

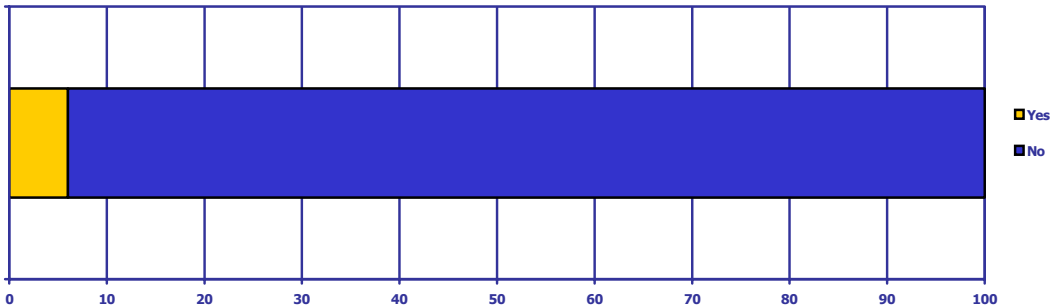
How long do you intend to work as a traveler?

Until I find a permanent position	4%
Less than 1 year	2%
1-3 years	36%
More than 3 years	58%

Are you currently in a permanent position?



Are you currently looking for a permanent position?



What are the benefits of working as a traveler?

(more than one answer accepted)

	2002	2001
Higher pay	68%	68%
Experience/Professional Development	35%	17%
Travel	35%	39%
Career Control	19%	24%
Freedom/Flexibility	16%	43%
No politics	12%	5%

	MM*	RT	NMT	USS	MRI	UTVE	CT	ECC
Higher pay	62%	81%	71%	77%	74%	50%	74%	51%
Experience/development	38%	32%	44%	41%	21%	37%	32%	27%
Travel	38%	45%	22%	33%	28%	44%	21%	53%
Career control	13%	12%	16%	24%	25%	23%	27%	22%
Freedom/flexibility	15%	17%	29%	29%	14%	13%	12%	6%
No politics	15%	7%	3%	11%	24%	17%	31%	1%

MM= multiple modalities

What are the drawbacks of working as a traveler?
(more than one answer accepted)

Away From Home	47%
Uncertainty*	18%
Certain Locations	11%
Learning Hospital Protocol	10%
Travel	8%
Lack Of Benefits	2%
Other	4%

**Defined by respondents as uncertainty over meeting colleagues at new facility, timing of next opportunity, or quality of equipment at new facility*

How many firms do you work with?

None	3%
One	16%
2-3	57%
4 or more	24%

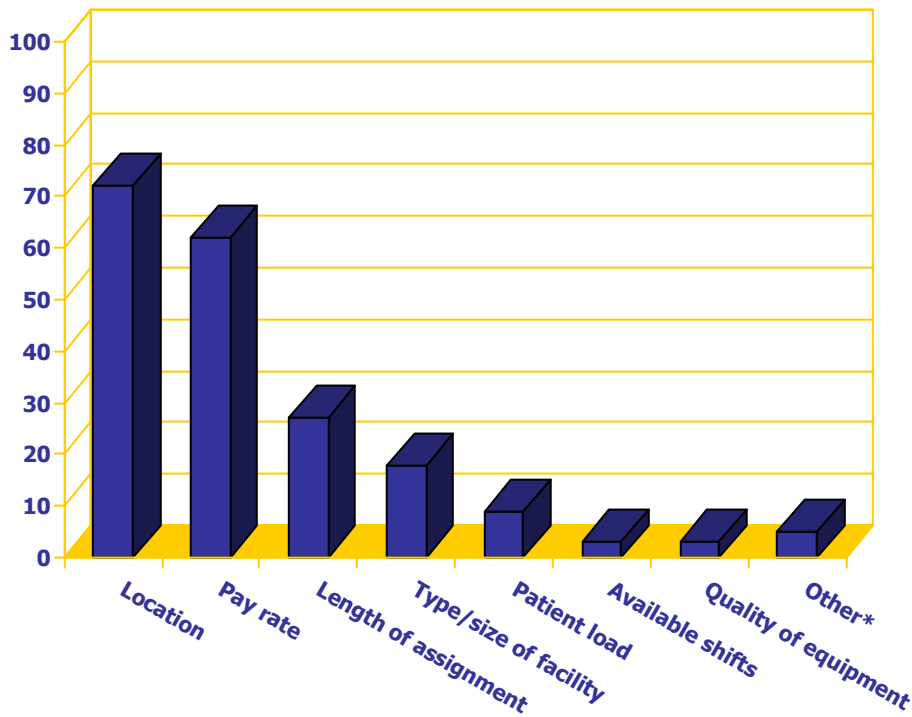
How do you select a firm? (more than one answer accepted)

	2002	2001
Number of opportunities	57%	n/a
Customer service	56%	n/a
Pay rates	54%	90%
Location of opportunities	51%	23%
Reputation/name recognition	38%	39%
Malpractice insurance	14%	6%
Other	4%	8%

	MM*	RT	NMT	USS	MRI	UTVE	CT	ECC
Number of opportunities	68%	69%	53%	38%	48%	61%	44%	49%
Customer service	70%	57%	64%	53%	42%	75%	56%	41%
Pay rates	68%	59%	73%	19%	58%	51%	42%	26%
Location of opportunities	64%	60%	76%	25%	36%	46%	40%	41%
Reputation/recognition	43%	48%	28%	33%	57%	39%	23%	27%
Malpractice insurance	26%	11%	11%	7%	3%	34%	13%	1%

MM= multiple modalities

How do you select an opportunity? (more than one answer accepted)



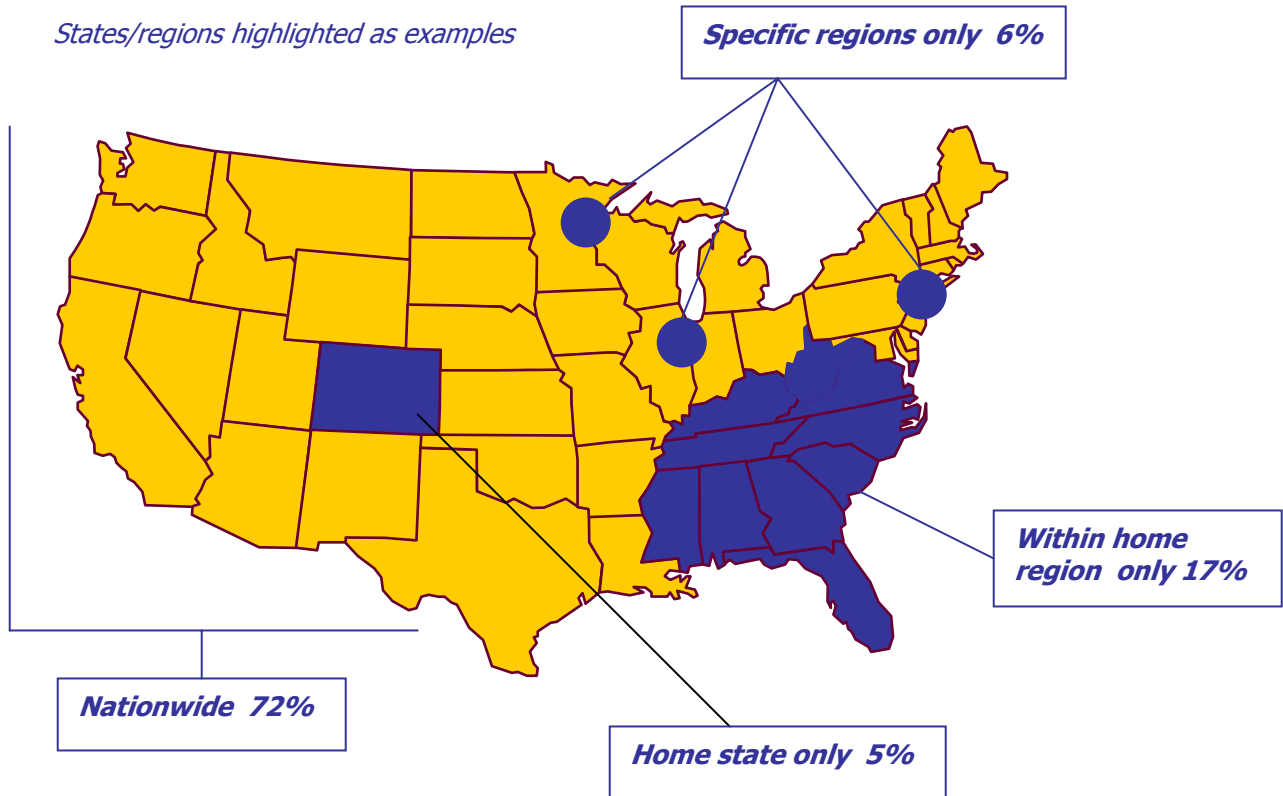
*Of respondents cross-trained in modalities, 13% select opportunities based upon modality. That figure is included in Other here.

	MM*	RT	NMT	USS	MRI	UTVE	CT	ECC
Location	87%	79%	81%	70%	73%	69%	70%	83%
Pay rate	63%	72%	81%	47%	69%	49%	55%	32%
Length of assignment	28%	31%	24%	20%	41%	18%	16%	26%
Type/size of facility	27%	10%	20%	22%	3%	14%	30%	3%
Patient load	16%	10%	9%	4%	7%	4%	7%	0%
Available shifts	2%	9%	5%	2%	4%	6%	0%	1%
Quality of equipment	8%	1%	2%	0%	12%	0%	0%	0%
Other	13%	4%	2%	0%	0%	0%	0%	0%

MM=multiple modalities

How far are you willing to travel?

States/regions highlighted as examples



As a traveler, are you

	Yes	No/Tolerated
Accepted by colleagues	92%	8%
Accepted by physicians	94%	6%
Accepted by patients	99%	1%

Accepted by colleagues

	MM*	RT	NMT	USS	MRI	UTVE	CT	ECC
Yes	89%	91%	95%	100%	82%	98%	87%	100%
No/Tolerated	11%	9%	5%	0%	18%	2%	13%	0%

Accepted by physicians

Yes	96%	88%	98%	94%	89%	100%	90%	94%
No/Tolerated	4%	12%	2%	6%	11%	0%	10%	6%

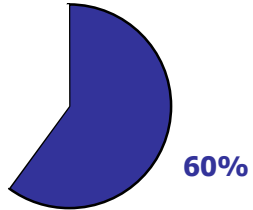
Accepted by patients

Yes	100%	95%	99%	100%	100%	100%	100%	100%
No/Tolerated	0%	5%	1%	0%	0%	0%	0%	0%

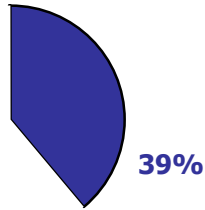
MM=multiple modalities

What is your greatest value to the hiring facility?

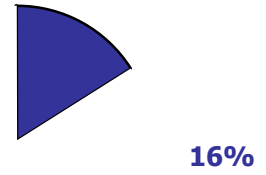
Maintain patient care



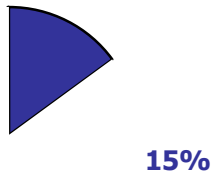
Prevent staff burnout



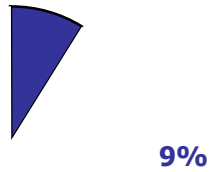
Generate revenue



Specific skill



Not certain



	MM*	RT	NMT	USS	MRI	UTVE	CT	ECC
Maintain patient care	55%	59%	79%	54%	54%	53%	54%	52%
Prevent staff burnout	43%	34%	37%	39%	50%	26%	33%	45%
Generate revenue	9%	17%	27%	10%	23%	29%	15%	5%
Specific skill	22%	8%	17%	15%	26%	33%	13%	7%
Not certain	13%	13%	6%	7%	8%	1%	9%	15%

MM= multiple modalities

Part I - Trends and Observations

The first change apparent in the 2003 Review is the dramatic increase in fill rates—the percentage of demand actually covered by an interim provider. In 2001, facilities and staffing firms covered a mere 39 percent of vacant days. Last year, performance jumped to 59 percent.

No single factor contributed to this shift. Rather, imaging technologists are becoming committed to traveling over a longer term, more providers are cross-training into new modalities thus increasing the range of opportunities for which they are available, hospitals and other facilities have developed more effective strategies to fill short term gaps, and so forth. Despite the increase in staffing efficiency, well over 3,000 shifts sit vacant every day, on average. Four high-demand modalities—nuclear medicine technologists, radiologic technologists, CT technologists, and vascular technologists—account for 75 percent of these vacancies.

Also in 2002, demand for MRI technologists, CT techs, and nuclear med techs edged upward, at the expense of rad tech searches. Rad techs, however, still account for 29 percent of all demand, far more than any other single modality, and almost 900 RT shifts sit vacant each day due to the continuing shortage of both traveling and permanent providers.

Traveling has become very popular with imaging technologists, despite their concerns over time spent away from home and the constant “gear-shifting” as they enter a new workspace. An overwhelming 96 percent of those traveling are not looking for permanent position; more than half intend to travel for several years; and the experience level of travelers ticked upward in 2002. There are just too many opportunities for travelers. Studies indicate that patients 65 and older use imaging services at three times the rate of younger patients, so the aging of the population assures a significant need for providers into the near future. Technical innovations also spur demand for imaging technologists. Reimbursement regulations affect demand, as well.

The need for travelers is reflected not only in results covering demand and vacant days, but in the percentage of travelers who rate preventing staff burnout as their greatest contribution to a facility. We had expected travelers to rate patient care as their greatest value to a facility by close to a nine to one margin. Instead, survey respondents drew a 60-40 line between patient care and staff burnout. The issue becomes more prevalent in section two.

This may have something to do with the surprising level of acceptance claimed by travelers.

Part II - The Need For Travelers: Demand and Hiring

Healthcare facilities spent an estimated \$1.4 billion on temporary imaging services in 2002.

Clearly facilities recognize the contributions made by temporary providers. Hospital use of MRI and CT procedures have increased 7.5 percent each year since 1996, over 95 percent of hospital imaging departments reported a profit last year, and studies predict continued growth in the use of imaging procedures. The shortage of technologists, however, is more pronounced than the nursing or physician shortage. According to the American Hospital Association, in fact, patient care facilities report an 18 percent vacancy rate for radiologic technologist positions alone.

Administrators understand that travelers maintain patient care and profitability, whatever the perceived downsides.

Why consider travelers? *(More than one answer accepted)*

	2002	2001
Loss of staff	83%	50%*
Vacation coverage	14%	42%
Adding staff (new position)	12%	n/a
Test marketing need	5%	3%
Increase in census	4%	13%
Medical leave only	4%	n/a
Other	12%	5%

**Response listed in 2002 Review as Permanent Recruiting*

What are the benefits of using travelers? *(More than one answer accepted)*

	2002	2001
Allow continued treatment of patients	56%	59%*
Prevent staff burnout	42%	6%
No lost revenue	29%	16%
Immediate availability	29%	n/a
Shift coverage	10%	n/a
Specific skill	3%	n/a

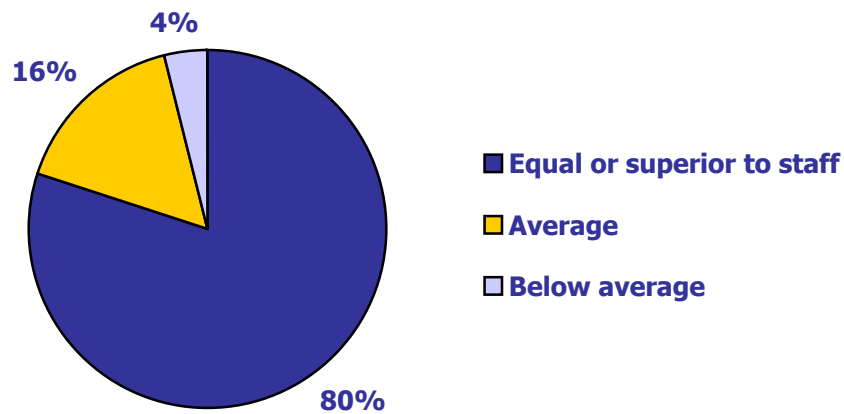
**Response listed in 2002 Review as Staffing Shortage impairing patient care*

What are the drawbacks of using travelers?
(More than one answer accepted)

	2002	2001
Cost	79%	55%
Familiarity with practice	16%	18%
Learning equipment/protocol	12%	11%*
Effect on staff morale	12%	n/a
Team commitment/loyalty	3%	4%
Other	3%	4%

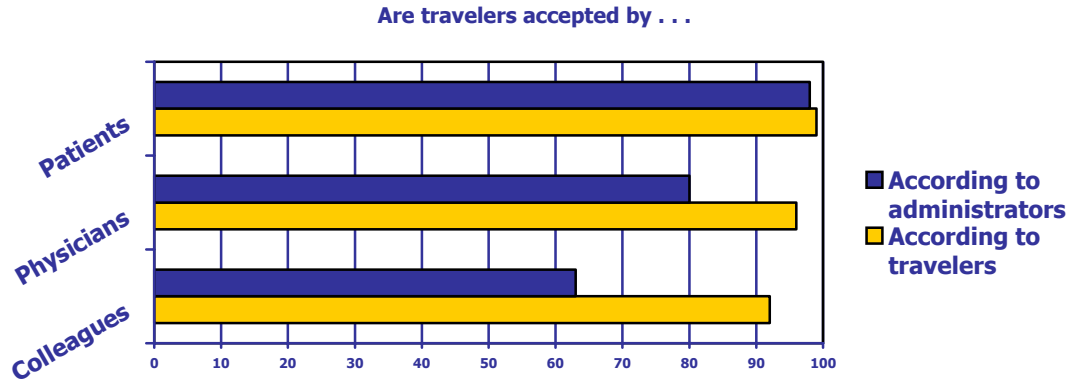
**Response listed in 2002 Review as Continuity*

What is your perception of the skill level of temporary providers?



Are travelers accepted by

	Yes	No	Tolerated
Colleagues	63%	8%	29%
Physicians	80%	1%	19%
Patients	98%	1%	1%



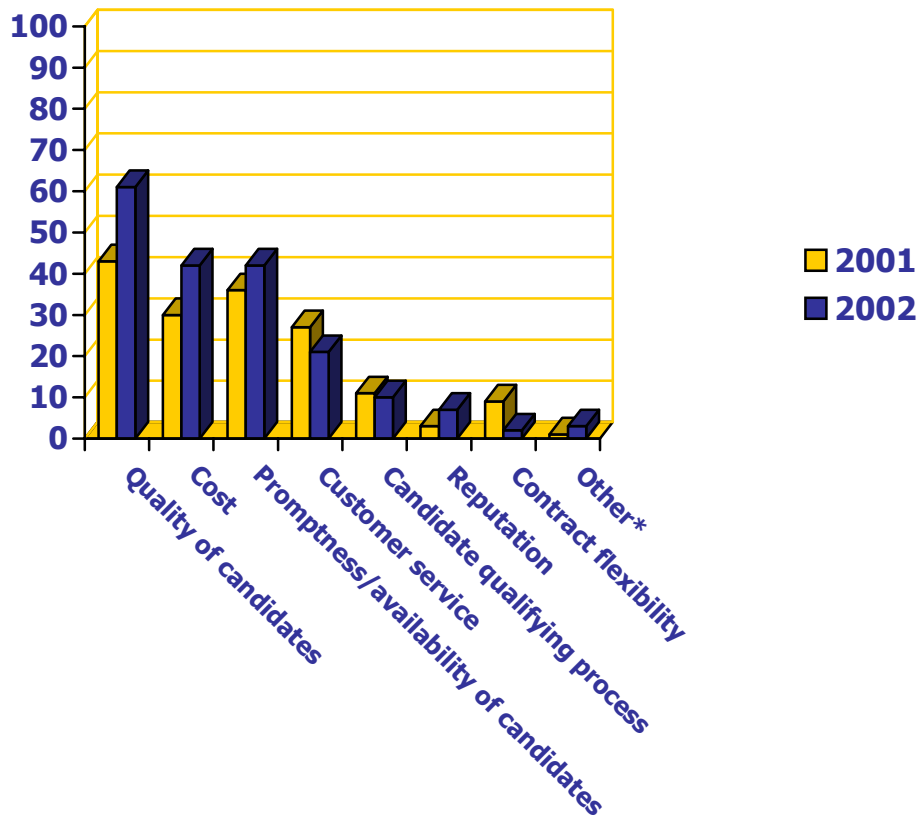
Are travelers accepted by

Group	Yes	No	Tolerated	Average
Colleagues				
Northeast	66%	4%	30%	63% yes
Southeast	58%	10%	32%	
Midwest	62%	5%	33%	
Southwest	72%	11%	17%	
West	64%	8%	28%	
Physicians				
Northeast	86%	0%	14%	80% yes
Southeast	78%	1%	21%	
Midwest	75%	1%	24%	
Southwest	80%	1%	19%	
West	79%	1%	20%	
Patients				
Northeast	98%	0%	2%	98% yes
Southeast	98%	1%	1%	
Midwest	100%	0%	0%	
Southwest	98%	1%	1%	
West	99%	0%	1%	

How many staffing firms do you work with when recruiting temporary providers?

None	3%
One	16%
2-3	59%
4 or more	22%

What are the most important factors in selecting a firm?
(More than one answer accepted)

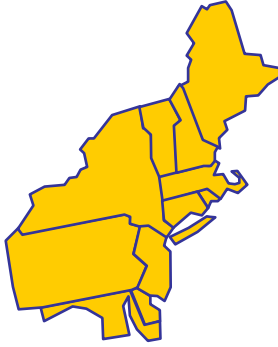


**Includes medical malpractice concerns*

Is the value of a traveler

Worth the cost	38%
Not worth the cost	12%
Uncertain	50%

Regional Variations



Northeast

Fill rate 64% **Currently searching** 45%
Avg vacant shifts/day 673.2

The benefits of using travelers?

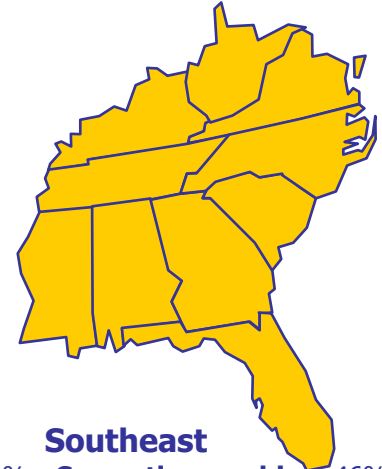
Continued treatment of patients	56%
Prevent staff burnout	31%
No lost revenue	28%

Your perception of travelers' skill level?

Equal or superior to staff	84%
Average	14%
Below average	2%

Important factors in selecting a firm?

Quality of candidate	62%
Cost	39%
Prompt availability of candidates	36%
Customer service	27%



Southeast

Fill rate 76% **Currently searching** 46%
Avg vacant shifts/day 303.9

The benefits of using travelers?

Continued treatment of patients	56%
Prevent staff burnout	33%
No lost revenue	31%

Your perception of travelers' skill level?

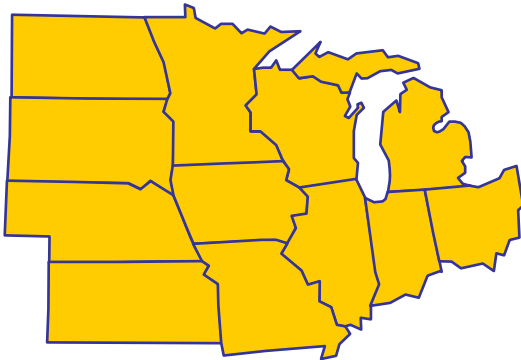
Equal or superior to staff	73%
Average	21%
Below average	6%

Important factors in selecting a firm?

Quality of candidate	64%
Cost	43%
Prompt availability of candidates	42%
Customer service	18%

Midwest

Fill rate 48% **Currently searching** 50%
Avg vacant shifts/day 1,375.3



The benefits of using travelers?

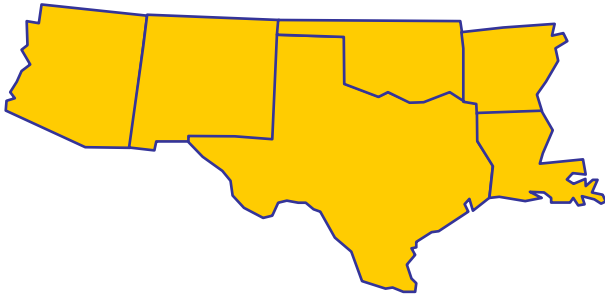
Continued treatment of patients	60%
Prevent staff burnout	54%
No lost revenue	35%

Your perception of travelers' skill level?

Equal or superior to staff	82%
Average	13%
Below average	5%

Important factors in selecting a firm?

Quality of candidate	60%
Cost	43%
Prompt availability of candidates	43%
Customer service	23%



Southwest

Fill rate 66% **Currently searching** 57%
Avg vacant shifts/day 478.2

The benefits of using travelers?

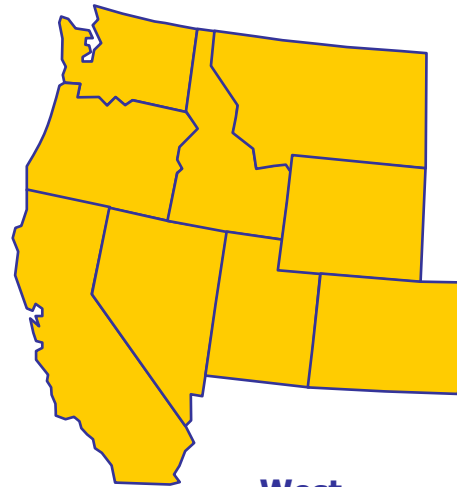
Continued treatment of patients	50%
Prevent staff burnout	54%
No lost revenue	23%

Your perception of travelers' skill level?

Equal or superior to staff	83%
Average	12%
Below average	5%

Important factors in selecting a firm?

Quality of candidate	62%
Cost	43%
Prompt availability of candidates	46%
Customer service	19%



West

Fill rate 52% **Currently searching** 50%
Avg vacant shifts/day 472.7

The benefits of using travelers?

Continued treatment of patients	55%
Prevent staff burnout	50%
No lost revenue	24%

Your perception of travelers' skill level?

Equal or superior to staff	81%
Average	16%
Below average	3%

Important factors in selecting a firm?

Quality of candidate	55%
Cost	39%
Prompt availability of candidates	43%
Customer service	19%

Part II - Trends and Observations

Continuing a theme expressed in part one, the shortage of mid-level providers creates a discomforting level of additional work for staff technologists, including overtime and extra duties. Note that 83 percent of survey respondents seek temporary support when they lose a staff provider, and 42 percent cite preventing staff burnout as a benefit of using travelers. Indeed, stress and work overload is so commonplace that stemming burnout now ranks a close second to treatment of patients when administrators consider the benefits of temporary coverage.

Cost ranks as the most significant drawback of temporary staffing. Yet the expense—averaging \$801 per day when travel, lodging, malpractice coverage, and other factors are added—does not deter demand for travelers. When selecting a staffing firm, cost rates evenly with the prompt availability of candidates and well behind the quality of candidates presented by the firm. The urgency lies not with expense, but with the timing and quality of coverage. With imaging procedures generating thousands of dollars in charges and 95 percent of hospital imaging departments operating in the black, \$800 is more of a minor annoyance than a concern. In fact, only 12 percent of administrators consider traveling technologists not worth the cost.

The emergence of travelers on the healthcare landscape sparked considerable debate in 2002, including a thoughtful series in the *Advance* publications. One highlight of the printed discussions was the emphasis on the presumed erosion of workplace morale when a facility recruited travelers. Travelers earn more than staff technologists and are able to avoid workplace issues while concentrating on patient care. The perceived friction between travelers and staff is evident in this year's Review: only 63 percent of administrators expect travelers to be accepted by their colleagues, while 29 percent say staff technologists merely tolerate their presence. Note, however, that the travelers themselves cite overwhelming acceptance—92 percent—by staff providers. And while additional comments penned on several response sheets blamed travelers (or rather, their wages) for stirring up discontent, an equal number of administrators remarked that travelers were welcomed by colleagues because it meant a brief respite from a stressful workload. Surprisingly, considering the concerns expressed on issues such as cost and morale in the Review, 80 percent of administrators regard traveling imaging technologists as equal or superior to their current staff.

The debate may be moot, anyway. Patient care being the most important part of the staffing equation, both administrators and travelers say that patients recognize little or no difference between staff and travelers.

For more information regarding this survey, please contact:



a new direction in allied professional staffing

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