FINDING AND TRAINING TECHNICIANS

What's behind the current staffing challenges, and how can ophthalmology practices optimize their recruiting and training processes?

BY JANE T. SHUMAN, MSM, COT, COE, OCS, OSC

Ophthalmology practices throughout the nation are shorthanded in every department, but nowhere is worse than the clinical area. Many positions there went unfilled before the pandemic, and the number has increased dramatically since. According to Indeed, there were 2,978 openings for ophthalmic technicians in the United States in January 2022.[1]

Ophthalmology is not alone in its staffing shortage. In November 2021, 4.5 million Americans left their jobs, and 4.3 million did so in December.[2] Many women left because they secured a job with better pay, hours, or benefits, including the opportunity to work remotely.[3] What's behind the lack of applicants for technician positions? Chances are, it was a perfect storm of events.

THE PANDEMIC'S INFLUENCE ON STAFFING

Many ophthalmic staff members were furloughed because of the pandemic's effect on health care operations, and not all were asked to return. Some found jobs elsewhere—and not necessarily in health care—and many positions remained unfilled even as patient volume increased again. Several factors are contributing to the staffing shortages

No. 1: Increased burden of child care. When schools went virtual, many staff members had to make changes to both their work and personal lives to accommodate child care. They took the following actions:

- Reduced hours;
- Relocated to be closer to relatives who could help with child care; or
- Opted to use relief funds to replace or supplement income and remain home to provide child care.

No. 2: Aging workforce. In the 2021 Ophthalmic Professional Annual Salary Survey, 26% of respondents reported that they'd been in the field of ophthalmology for more than 30 years.[4] Many technicians who were close to or at retirement age at the outset of the pandemic prioritized their health over their jobs and left the workforce.

No. 3: Burnout. In 2019, before the pandemic began, workplace burnout was included in ICD-11 and defined as "a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed. It is characterized by three dimensions:

- Feelings of energy depletion or exhaustion;
- Increased mental distance from one's job, or feelings of negativism or cynicism related to one's job; and
- Reduced professional efficacy."[5]

For the staff members who stayed, the problem of burnout is real. With the practice already shorthanded, the most loyal employees became responsible for covering for coworkers who called out. Additionally, allied health staff have reported difficulties with argumentative patients upset about mask or vaccine requirements. When the administrator or physician intervenes in such situations, employee morale can improve. On the other hand, burnout generally increases when staff members are left to defend practice policies independently.

BUILDING FROM THE GROUND UP

Together, the aforementioned factors have left practices to recruit and train staff from the ground up. Historically, job postings for ophthalmic technicians favored experienced techs with certification. This demand was unsuccessful in most markets before the pandemic, and the situation has only worsened during and after the health care emergency.

Some practices were fortunate to find a furloughed or relocated technician, but most were not. Early on, the most creative administrators realized that the right people could be trained to be techs or scribes. Some cross-trained business staff to work in the clinic.

HOW TO RECRUIT THE RIGHT PEOPLE

There are numerous qualities the right people possess. They have a good work ethic and understand that they are being presented with a career opportunity. If they are willing to put in the effort to learn and excel, their opportunities for advancement are great. The ideal candidates enjoy working with people and respect people's needs and differences.

Given the current staff shortages and requirements/preferences for social distancing, practices must get creative with their recruiting efforts.

Job fairs. Small and large practices alike can organize job fairs, especially if they have openings in multiple departments.

Employee referral bonuses. Practices can provide employee referral bonuses, paid out in part after new hires complete their first 90 days of service and the remainder paid after a predetermined period. Generally, current employees refer only people they feel will do well.

Students. Referral-based practices have been known to hire hopeful medical students on a gap year. These individuals leave after 1 or 2 years, but they are likely to be quick learners who have an excellent work ethic. Susan Feigenbaum, the administrator of Pepose Vision in St. Louis, has begun reviewing résumés of recent college graduates with a degree in the sciences in anticipation that they might be interested in a position and grow with the practice.

Shadowing. Potential employees should spend time in the office before receiving an offer. This allows them to observe what they will be doing and lets the current staff assess the candidate. Interviewees are often on their best behavior during a formal meeting and are more likely to let their guard down while shadowing the staff. Each person who interacts with the candidate may have different observations. More importantly, candidates who claim to have eye care experience can be asked to demonstrate those skills and understanding.

WHEN TO HIRE

When acquiring instrumentation, a practice considers the frequency and cost of use and the expected reimbursement to determine when the purchase will be paid off and become profitable. Similarly, a practice must consider two costs when deciding when to hire new technicians. First is the current cost of recruitment. This includes the time spent interviewing and the cost of marketing the position. Second is the cost of turnover, which is estimated as up to twice the employee's annual salary.[6] This figure includes lost productivity (ie, longer patient wait times and increased patient dissatisfaction) and increased burnout among existing staff members, which may further increase turnover. When the budget allows the hiring of more people than needed, many practices do just that with the expectation that not all will succeed.

TRAINING TECHNICIANS

Historically, the most experienced technician works with new technicians until the former feels confident that the new technicians can be independently productive. This approach works well when the practice is almost fully staffed with few unplanned call-outs. During the pandemic, however, this method has increased turnover because new hires either do not feel productive or they are confused because they do not fully understand the ocular system.

The approach is also ineffective when multiple technicians are starting simultaneously. When training several new technicians, it can be helpful to take them off the floor to learn the foundations of the ocular system first. Slowly, hands-on skills training can be added in.

Skills training should be consistent and involve time with the trainer and with other technicians. A training plan is a must. When doctors review a chart, they assume the same test is performed in the same way by each technician, so the results must mean the same thing to each staff member. The trainer—or the senior techs who perform their tasks in the same fashion as the trainer—should be the person trainees go to when they have a question. Bringing their questions to others can lead to inconsistencies in technique. This is most evident with refraction.

A common mistake is to train new hires during clinic hours. This often requires multiple people to serve as trainers, and they may have different techniques. New employees may feel confused and unproductive as a result and ultimately quit.

EMBRACE THIS TIME FOR CHANGE

It may be time to evaluate what has always been done in your practice to onboard technicians and revise the training program. Many changes in workflow brought on by the pandemic are expected to remain in place for the foreseeable future. Examples include telehealth, new software efficiencies, drive-through IOP checks, and automated appointment reminders. The hiring and training of technicians should be another. ■

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