

# Salaries on the Rise

Results are in for the *ADVANCE* Salary Survey 2007-2008.

By **Matthew T. Patton** and **Amanda Koehler**

**T**he results are in. And the news is good. Salaries, on the whole, are on the rise according to the 2,104 respondents of this year's *ADVANCE* salary survey.

## Hitting Your Salary Target

Many agree taking on additional responsibilities and pursuing a managerial role will definitely beef up your salary. It may also be worth taking a look at your current compensation and determining whether you can learn new promotion-worthy skills.

"Increasing your income is a universal challenge, because everyone wants to earn more money. If you realize you are not being compensated fairly, and you are good at your job, you can request a pay raise, or find a new job that will pay you what you're worth," explained Victor P. Gaines, II, team lead, talent acquisition, McKesson Corp., San Francisco.

"If you are already compensated fairly, or above average for your field, you may want to start developing skills that will earn you a promotion into a more senior-level role, or a management position," he said.

"Another option, if you decide to move to a new company, is to identify hospitals ►►



**TABLE 1: AVERAGE SALARY BY TITLE**

Title	Avg. Salary	Respondents
administrative director/manager	\$74,690	348
bench technologist	\$49,651	789
chief technologist	\$57,143	131
educator	\$63,672	78
information systems specialist	\$59,571	29
medical laboratory technician	\$40,682	297
pathologist	\$105,500	2
phlebotomist	\$26,297	48
point-of-care testing coordinator	\$54,008	49
section supervisor	\$63,033	333



### More on the Web

- What happens if you look at the salary survey and see salaries in your laboratory specialty appear to have gone down? To find out, read "Error by Design: It's All About Personal Experience When It Comes to Salary" at [www.advancesformlp.com](http://www.advancesformlp.com).
- In an exclusive podcast, Glen McDaniel, CLS(NCA), provides his take on the results of the *ADVANCE* salary survey.

## [ SALARY SURVEY ]

**TABLE 2: AVERAGE SALARY BY SPECIALTY**

Specialty	Avg. Salary	Avg. Salary (2005)
blood banking/transfusion services	\$58,972	\$57,936
clinical chemistry	\$57,099	\$60,153
cytology/cytotechnology	\$60,898	\$59,246
flow cytometry	\$55,549	\$56,718
generalist	\$52,982	\$54,674
hematology	\$57,688	\$56,357
histology	\$56,988	\$52,061
immunology	\$49,349	\$56,799
information systems	\$60,039	\$60,655
microbiology	\$55,861	\$55,140
molecular diagnostics/genetics	\$64,909	\$54,674
pathology	\$74,259	\$87,542
phlebotomy	\$31,162	\$37,870
toxicology	\$57,333	\$58,222
urinalysis	\$38,500	\$54,387
virology	\$62,789	\$44,614
other	\$60,713	\$63,232

**TABLE 3: AVERAGE SALARY BY REGION**

Region	Avg. Salary	Respondents
East North Central (IL, IN, MI, OH, WI)	\$51,166	299
East South Central (AL, KY, MS, TN)	\$48,560	122
Middle Atlantic (NJ, NY, PA)	\$56,197	295
Mountain (AZ, CO, ID, MT, NM, NV, WY)	\$57,436	187
New England (CT, MA, ME, NH, RI, VT)	\$59,424	142
Pacific (AK, CA, HI, OR, WA)	\$66,316	153
South Atlantic (DC, DE, FL, GA, MD, NC, SC, VA, WV)	\$55,362	449
West North Central (IA, KS, MN, MO, ND, NE, SD)	\$52,528	218
West South Central (AR, LA, OK, TX)	\$54,828	239

## SNAPSHOT OF RESPONSES

**W**e are pleased to report 2,104 subscribers of *ADVANCE* responded to the 2007-2008 salary survey. The wide variety of laboratory professionals included administrative directors, managers, bench technologists, section supervisors and educators. A closer look at those respondents revealed the following:

- 77 percent were female; 23 percent were male.
- The majority (30 percent) are aged 50-59.
- 37.5 percent hold a primary position as bench technologist.
- 94 percent are certified.
- 68 percent work in a hospital setting.

recognized as a 'best place to work' by your colleagues and peers. Those hospitals often have vibrant cultures in addition to offering unique benefits and above-average compensation."

The exciting news is salaries for laboratorians are good (**Table 1**), with average salaries for most positions exceeding the average income of most U.S. residents, Gaines noted. (The median household—not individual worker—income was \$50,233, according to the U.S. Census Bureau). "Further, healthcare is an industry less prone to short-term shifts in the economy as some other fields, so those levels of income are more likely to remain steady or increase, and laboratorians are less likely to be laid-off."

### Specialty and Regional Disparities

*ADVANCE* readers revealed in this year's salary survey the average amount earned by laboratorians in each specialty, with those in pathology and molecular diagnostics/genetics at the high end, and those in phlebotomy and urinalysis at the low (**Table 2**).

"I think there are several things about the data which should serve as encouragement," said William Jacobson, MD, staff pathologist, Ameripath, Indianapolis. "I think the starting salaries are decent—not great, but there is strong evidence if one is ambitious, there is certainly room to move up the ladder in terms of salary." Dr. Jacobson suggested laboratorians who notice their salary dropping since the 2005 survey might explore the possibility of training in another specialty.

"As far as salaries going down, I guess if I were in a position to be flexible and were starting out, I probably would try to choose an area where the salaries were on the higher side," he advised. "I think one has to keep in mind the fact that laboratories all across the nation are undergoing enormous changes involving automation and specialization. For those who are ambitious and are willing to work hard and study, the pay will be there."

This year's survey also revealed what several previous *ADVANCE* salary surveys concluded: The Pacific Region of the

country pays the highest salaries, and the East South Central states pay the lowest (Table 3). Gaines stressed, however, that the results don't necessarily mean laboratorians should be packing their bags and heading to Hawaii.

and West Virginia," he said.

Cost-of-living differences often drive organizations to pay an additional 10 percent or more for positions in expensive areas. It may seem unfair at first, but consider the differences in expenses for someone who

**TABLE 4:  
SALARY BY CERTIFICATION**

Certified?	Avg. Salary	Respondents
no	\$46,979	132
yes	\$55,952	1,972

#### Certification Differentiation

Shelia O'Neal, executive director of NCA, says the salary difference for certified vs. non-certified professionals (Table 4) speaks for itself.

"I believe these stats illuminate the importance of certification to the employer, the practitioner and to the healthcare consumer. Further, I think these stats provide documentation that there is a significant benefit (almost \$9,000) in being certified and that the employer values it enough to pay for it," O'Neal continued, saying ►►

## 'I believe these stats illuminate the importance of certification to the employer, the practitioner and to the healthcare consumer.'

—Sheila O'Neal

"When reviewing salary survey data, consider the full context of the numbers. Laboratorians working in areas that are notoriously expensive, such as San Francisco, Los Angeles, Boston and Manhattan will have significantly higher salaries than folks working in Arkansas, South Dakota

lives in Atlanta, where a three-bedroom house averages \$200,000, vs. Los Angeles, where that same house may cost \$500,000 to \$700,000. The mortgage is three times as expensive, yet laboratorians in L.A. may only earn 10 percent more than someone living in Atlanta.

## THE GENDER GAP

According to salary survey results, female laboratorians are being paid about \$8,000 less than male laboratorians (see Table). Unfortunately, this is not new to this field or any other for women. "One of the interesting things in compensation surveys is that, across the board, whatever field it is, there are gender disparities," said attorney Lauren Stiller Rikleen, author of *Ending the Gauntlet: Remaining Barriers to Women's Success in the Law* and executive director of the Bowditch Institute for Women's Success, a group working with organizations to improve the retention and advancement of women in their workplaces. "This is a discriminatory result at its fundamental core."

"The gender wage gap is illegal, but it goes on in practically every workplace," said Evelyn F. Murphy, PhD, former Lt. Gov. of Massachusetts and author of *Getting*

*Even: Why Women Don't Get Paid Like Men and What To Do About It*. "There are women who will lose over a million dollars in their working life."

One of the major reasons for this difference is women do not know how to or do not get a chance to negotiate their salaries, Rikleen said. "Most women are told what the salary level is," she explained. "I really think it is important for women to start speaking up in the workplace about these issues. We have to be more comfortable negotiating for ourselves at the outset."

Another reason the wage gap exists is because of old stereotypes or biases, such as women can get by on less, added Dr. Murphy. "But men get paid more money for doing the exact same work, and having the same performance review and experience. Women may talk themselves out of acting even when they know they are being paid unfairly for legitimate reasons, like 'I really need this job,'" Dr. Murphy said. "That's because they have not yet learned how to benchmark their worth for the job they do and then negotiate to be paid fairly."

Rikleen said she sees in many studies that men are more aggressive in negotiating salaries or compensation than women. "And as a result, once you start with that first salary negotiation,

that gender gap will continue to widen because generally, annual raises are based on a percent of your overall starting salary," she said. "Every time that salary is increased, it is going to widen the gap between two equal candidates of different genders."

To solve this, female laboratorians should be more vigilant about understanding pay inequities and trying to address them. Women need to do some research on what they are earning and what they should be earning. One place to do this is <http://wageproject.org>, the Web site for the WAGE Project, an organization Dr. Murphy started to end discrimination against women in the workplace.

Additionally, Rikleen suggested women in a laboratory work together to address the problem with Human Resources or their manager. "Women feel isolated in this issue and they need to form allies and work together to try and help address the concern," Rikleen advised.

Dr. Murphy also noted women need to research how to negotiate first. "You have to do this in a strategically sound way. Just to walk in and say you are underpaid, even with the data, leaves you vulnerable," she said. "It's not hard, but you need to know the principles and how they can work for you."

—Amanda Koehler

**TABLE: SALARY BY GENDER**

Gender	Avg. Salary	Respondents
female	\$53,720	1,628
male	\$61,099	476



**TABLE 5: SALARY BY AGE**

Age	Avg. Salary	Respondents
21-29	\$41,882	266
30-39	\$50,036	489
40-49	\$56,386	580
50-59	\$61,783	643
60-plus	\$67,458	126

certification has several advantages (see “The Value of Certified Laboratory Professionals” at [www.advanceweb.com/mlp](http://www.advanceweb.com/mlp)).

“First and foremost, it demonstrates to the employer and ultimately to the consumer that you are qualified to do the work you do. Second, the employer recognizes certified practitioners as a measure of protection for the public and therefore invests in you as an employee by paying a higher salary,” she said.

#### The Older You Are ...

Like most other professions, the older the medical laboratory professional, the higher the salary (Table 5). “It’s evident the laboratory field provides an above-average and lucrative salary for individuals entering the field, with the potential for an approximate 47 percent increase over the next 30 years,” explained Donna R. Kirven, education coordinator, Laboratory Quality Systems, John Muir Health, Walnut Creek, CA.

“This could be interpreted a couple of ways. One perspective could be this is a field with significant financial potential. Another perspective could be that for those

individuals who can’t envision 30 years in the same profession, this could be a deterrent for considering this particular career field, regardless of the salary potential.”

#### Deep Pockets?

Our salary survey showed those working at commercial and reference laboratories tend to earn more than those at other types of facilities, with laboratorians at physician office laboratories, in particular, falling at the lower end of the spectrum (Table 6). Mark Terry, freelance writer, editor and market analyst, explained a possible reason for the salary span.

“Keeping in mind the limits of this survey based on the number of respondents, commercial and reference laboratories can be more competitive with pay and benefits because they are for-profit and as such, they can focus on maximizing profit. To do this, they can shift the bulk of their test menus toward higher paying tests and away from lower-reimbursed tests,” he said.

Terry, author of the *Laboratory Industry Strategic Outlook 2007*, *LISO 2009*, as well as the *Laboratory Market Leaders Report 2008*, noted hospitals sometimes don’t have that luxury. They offer what tests need to be done or send them out to a reference laboratory and may lose money in the process.

“In my experience, hospital laboratories also perform a certain amount of what could be called pro bono work—that is to say, they sometimes do lab work for patients they do not get reimbursed for. That can be an indigent population or an uninsured population,” Terry said.

“Physician office labs don’t have pockets

as deep as hospital or reference laboratories and tend to focus more on CLIA-waived tests instead of more high-complexity non-waived tests; this also brings their overall profits down, meaning less money to go around,” Terry continued. “On the other hand, POLs may be able to offer their laboratory employees benefits commercial or hospital laboratories cannot, which is to say, scheduling flexibility.”

Kim Ledingham, who works in a POL, agreed with Terry. “I have always felt the difference had to do with affordability. POLs, on average, just can’t afford an employee making what hospitals or reference laboratories pay. There are trade-offs no matter where you work and I always looked at the lower salary as a fair trade off for being off weekends and holidays,” she said.

#### Is Money Everything?

Indeed, when it comes to disparities in salary among those from different specialties, different regions, different genders and different educational levels, the experts agree there’s danger in looking at any job solely in terms of the money it can bring you and dismissing the level of satisfaction it can generate.

“Although this sounds old fashioned, salary alone shouldn’t be the main motivation,” Dr. Jacobson said, noting enjoying what you do is sometimes more important than the money you get paid for doing it. Feeling challenged and appreciated in your specialty is also vital, he said.

“Consider, too, areas like Kentucky, where the cost of living is lower than New York, may provide a higher quality of life,” Gaines agreed. “Factors such as home prices, crime rates, traffic, general education of the population, accessibility and job options may hold a greater value than a higher salary in a place ranking lower in some of those categories.

“In other words,” Gaines concluded, “it may be worth it to you to earn less if you’re happier.” ■

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**TABLE 6: AVERAGE SALARY BY FACILITY TYPE**

Facility Type	Avg. Salary	Respondents
commercial/reference	\$59,501	158
hospital	\$55,554	1,439
other	\$58,779	190
physician office lab	\$45,456	166
public health	\$50,995	36
university/research	\$58,731	93
VA medical center	\$54,656	24