Career Pathways Report Available Online

The ASRT joined forces with Health Careers Futures, a supporting organization of the Jewish Healthcare Foundation of Pittsburgh, Pa., to better understand how and why those involved in the radiologic sciences enter their chosen disciplines. More than 2,300 medical imaging technologists and radiation therapists responded to the survey.

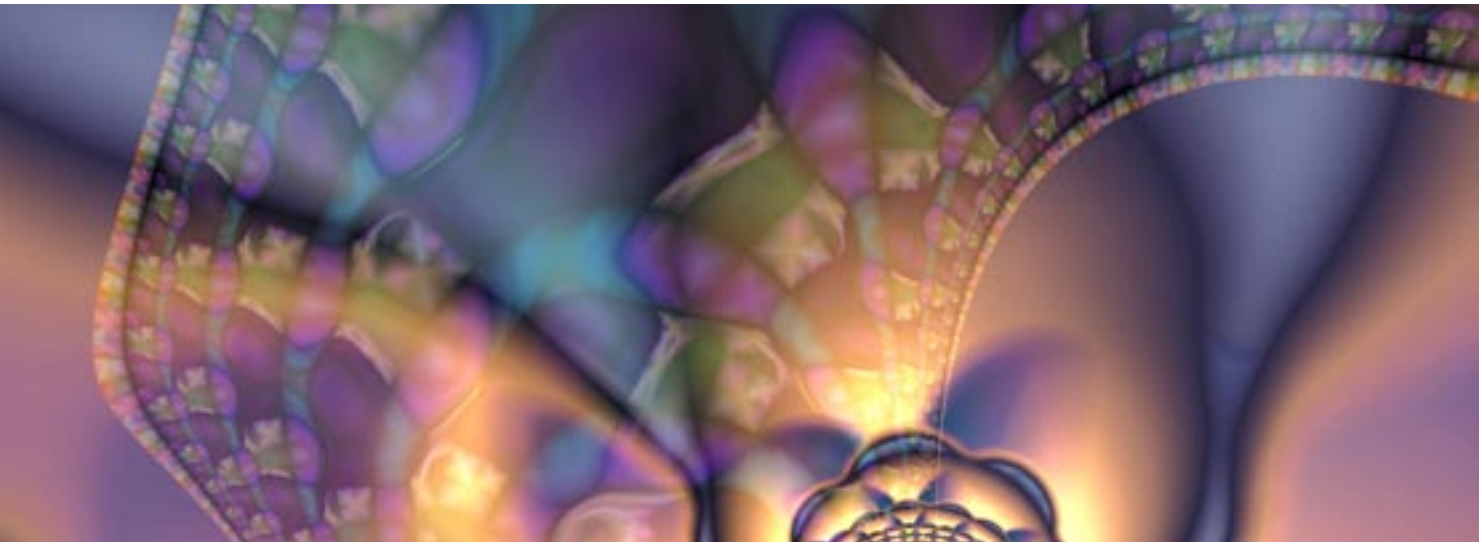
Results of the survey included approximately 80% reporting that they would recommend their current profession to a friend or relative, with about 4% answering that they would not. The survey also showed the highest-rated factor influencing career choice was, wanted a profession that is interesting (mean of 3.7 on a 1-4 scale). About 97% of respondents rated this attribute as moderately or very important. In addition, 92% rated wanted a profession that helps people as moderately or very important.

Substantial percentages (for example, 39% of mammographers) of those in what ARRT defines as postprimary specialties report that they entered their current profession without work experience in any prior health care profession. (ARRT defines postprimary specialties as those requiring prior certification in radiography, radiation therapy, or nuclear medicine to sit for the certification exam.)

The mean age at which R.T.s became interested in their current profession was 21; the mean age at which R.T.s began training for their current profession was approximately 23. About 43% of respondents developed an interest in their current profession at or before age 18. However, less than 20% felt that advice from a high school counselor had been moderately or very important in choosing their current profession.

RESEARCH

Career Pathways Taken by Radiologic Technologists



A Joint Research Project of the American Society of Radiologic Technologists and Health Careers Futures (a supporting organization of the Jewish Healthcare Foundation)

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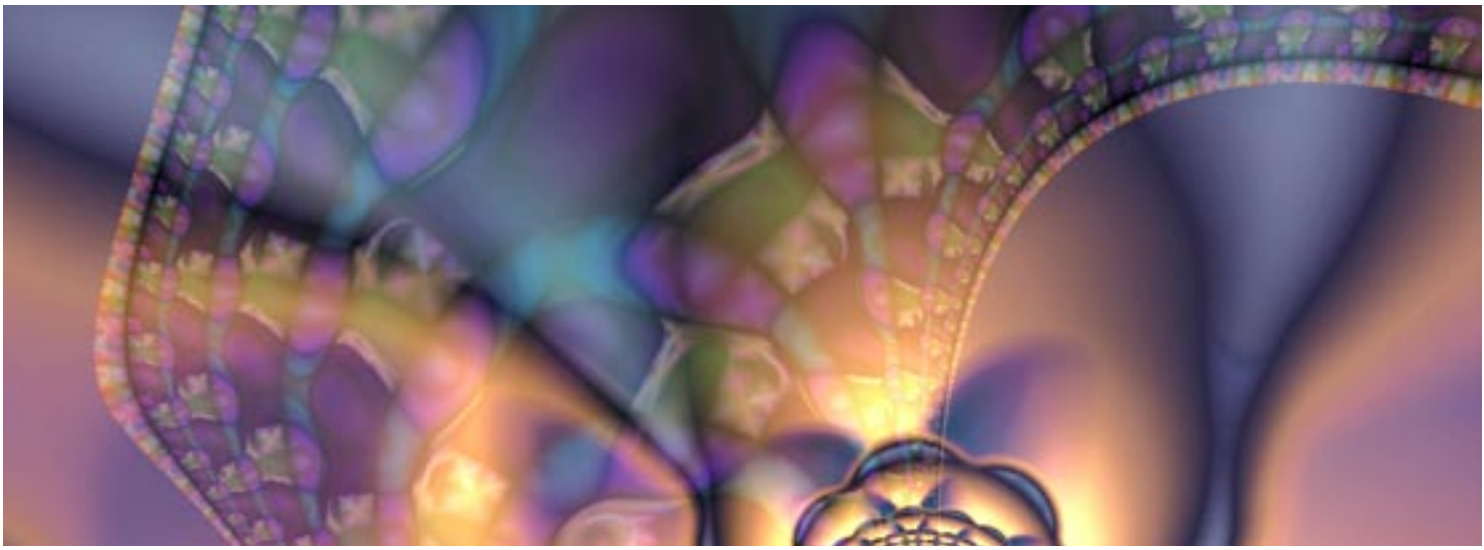

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CAREER PATHWAYS TAKEN BY RADIOLOGIC TECHNOLOGISTS

A Joint Research Project of the
American Society of Radiologic Technologists and
Health Careers Futures
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Reported May 2005

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BACKGROUND AND OBJECTIVES

In the fall of 2003 Health Careers Futures (HCF), a supporting organization of the Jewish Healthcare Foundation (JHF, Pittsburgh, PA) embarked on a focused research initiative to obtain a better understanding of how and why healthcare professionals enter their chosen careers. The data collected through this effort were intended to drive targeted interventions to increase interest, and ultimately new entrants, in health careers. The initial focus of this research effort was on high-demand therapist and technician/technologist occupations that typically require two years of training. Although these are well-paying occupations and are in high demand, they are not as visible as other health careers. In turn, little information is available about the types of people who enter these fields and how they came to choose them.

A two-page Health Career Pathways Survey was developed by HCF research staff in collaboration with representatives of the Western Pennsylvania region's major healthcare employers and training organizations. This survey focused on nine occupations whose vacancy rates in that region exceeded the vacancy rate for registered nurses, namely

- Cardiovascular Technologist
- Medical Laboratory Technicians
- Medical Laboratory Scientists and Technologists
- Radiological Technicians and Technologists
- Diagnostic Medical Sonographers
- Nuclear Medicine Technologists
- Radiation Therapists
- Radiological, CT, or MRI Technologists
- Respiratory Therapists

The questionnaire, which was distributed to both incumbent workers and students currently in training for one of the targeted occupations in the Western Pennsylvania region, addressed the following central research questions:

- When do people become interested in the targeted occupations?
- How long does it take people who are interested in an occupation to enter a training program?
- What are the demographic and educational backgrounds of individuals who pursue the targeted occupations?
- What role do the media play in shaping the career choices?
- What role do academic, personal and extracurricular experiences play in shaping career choices?

The results of that survey (**Health Career Pathways: Results from a Survey of Pittsburgh Area Healthcare Professionals and Students**) are available at http://www.hcfutures.org/ (click on "NEW! HCF Report on Health Career Pathways"). In March of 2004 Eric Hamilton of JHF and HCF contacted Dick Harris of ASRT about the possibility of extending the aspects of the Pathways survey relevant to the radiologic

sciences to a national audience by sampling ASRT's membership. Over the next few months JHF, HCF, and ASRT staff revised the online version of the Pathways survey to focus on radiologic technologists and radiation therapists, and to be relevant to a national audience. The result was the questionnaire reproduced in Appendix A of this report. Invitations to participate in this survey were distributed via email to ASRT members, beginning in June 2004 and continuing in waves until the goal of 2,000 or more responses was achieved in August 2004.

METHODOLOGY

Questionnaire

The questionnaire – which is reproduced in Appendix A – was adapted from the online version of the regional survey of nine healthcare occupations described in the *Background and Objectives* section of this report. It addressed the same issues as did the earlier survey, namely
When do people become interested in the targeted occupations?
How long does it take people who are interested in an occupation to enter a training program?
What are the demographic and educational backgrounds of individuals who pursue the targeted occupations?
What role do the media play in shaping the career choices?
What role do academic, personal and extracurricular experiences play in shaping career choices?
It, however, focused on professions within the radiologic sciences, namely

- Cardiovascular technologist
- CT or MRI technologist
- Diagnostic medical sonographer
- Nuclear medicine technologist
- Radiation therapist (including dosimetrists)
- Radiographer (including mammographers)

Response Medium

The questionnaire was constructed and made available online by HCF staff using Survey Monkey™. All responses were collected online, with each R.T. connecting to the appropriate Web page via a link provided in the email invitation to participate. The online responses automatically populated an Excel™ spreadsheet, which was then converted to an *SPSS*™ data file for subsequent analysis.

Sample

Participation was solicited via successive email blasts to random samples of ASRT members for whom email addresses were available. The number of email addresses in each blast was designed to result in about 1,000 returns, so as to accommodate the limit on the number of questionnaires Survey Monkey™ will process without charge per month. Altogether about 24,500 emails (about 20% of which "bounced") were sent out to obtain the 2,304 completed questionnaires that constituted the final sample. The response rate (as a percentage of emails that actually made it to the designated inboxes) was therefore a bit under 12%.

Identification and Treatment of Outliers

In addition to responses that appeared to us impossible or wildly implausible (e.g., the report of having worked in the current profession for 1619 years), we also singled out for special treatment (omission from analyses involving that variable or reporting results separately with and without the outlier) pairs of responses that, taken together, seemed implausible. In particular,

- If reported **years in the current profession** exceeded reported **years in healthcare**, both responses were treated as missing – i.e., were omitted from statistical summaries -- *unless* the response to the current-profession question was "not in any of these professions." (The respondent might not consider her or his current profession a healthcare profession.)
- **Prior healthcare profession** was treated as missing if the response was "no prior healthcare profession" but the respondent reported more years in healthcare than in her or his current profession -- even if s/he reported that the current profession isn't a healthcare profession, since that still implies having had a healthcare profession prior to the current profession. (There were 196 such cases.)
- Twenty-nine (29) respondents indicated they began **training for their current profession** before they **first became interested** in it. Of these, 5 indicated a lag of 5 or

more years between training and interest. We did *not* omit these cases in the analysis of the interest/training lag (negative in each of these cases) because they could plausibly have been indicating that they entered their current professions for reasons other than interest but subsequently discovered it to be an interesting (as well as accessible or financially rewarding?) profession.

- Individuals who failed to check any of the response alternatives for **type of educational institution that provided training** for the current profession were assigned a value of zero for all of the alternatives, rather than being treated as missing, because they could have obtained their training in some other way – e.g., via on-the-job training.

Weighting

The primary concern about the low (< 12%) response rate is that those who respond may differ in systematic ways from radiologic technologists in general. To attempt to correct for this, data from three sources [the American Registry of Radiologic Technologists' [ARRT's] "R.T. Census by State and Modality" (http://www.arrt.org/web/registration/rtcensus.htm), a download of the demographic information in ARRT's renewal-form database as of 8/30/2003 provided to ASRT by ARRT, and ASRT's "Environmental Scan Of the Radiographer's Workplace, Phase 3, 2002: Subgroups of Radiographers and Types of Workplaces" (http://www.asrt.org/content/RTs/SurveyResults/EnvironmentalScans/Environmental_Scan3.aspx) were used to provide population distributions of demographic and professional-environment variables to use as targets to which to adjust the results of this Pathways survey to estimate the results that would have been obtained had we been able to obtain responses from all ARRT-registered radiologic technologists.

In particular, we compared the Pathways sample to population distributions of current healthcare profession, state in which workplace is located, age, ethnicity, and years in current profession. (The response categories for type of facility used in the Pathways questionnaire were sufficiently different from those used in the ARRT renewal form that we decided not to attempt to adjust Pathways sample results to the ARRT percentages on that variable.) The end result of these comparisons was that the sample of R.T.s who responded to the Pathways Survey, relative to the general population of ARRT-registered R.T.s and to the population of ARRT registrants who access the Internet once a month or more often:

- Underrepresented 18-29 year-olds and 30-39 year-olds, while overrepresenting 50-59 year-olds.
- Underrepresented sonographers and nuclear medicine technologists, while overrepresenting radiation therapists.
- Underrepresented R.T.s from Texas and Illinois, while overrepresenting Massachusetts-based R.T.s.
- Was somewhat more diverse in that it contained a higher percentage of R.T.s with ethnicities other than Caucasian, Hispanic, or African-American.

None of these differences between sample and target population was large. If, however, responses to a given question on the Pathways questionnaire were found to be affected statistically significantly by one or more of the above demographic variables (age, current profession, workplace state, and/or self-reported ethnicity), *SPSS*'s "WEIGHT BY" command was employed to multiply each individual's response by a weight computed as follows:

- If a single one of the four variables significantly affected responses to the question, the weight for an individual falling in a particular category of that demographic variable was computed as the ratio between the population percentage of R.T.s in that category and the corresponding Pathways sample percentage. (For this purpose, only categories that were significantly under- or over-represented in the Pathways sample were considered. For instance, when adjusting to the population percentages in the various specialties, one weight was applied to sonographers, one to nuclear medicine technologists, one to radiation therapists, and one to all other current professions.) If information on a

particular respondent's position on that demographic variable was unavailable, a weight of 1.0 was applied.

- If two or more of the four demographic variables significantly affected responses to the question, the two- and three-way interactions among the individually significant variables were checked. If none of these interactions were statistically significant, the weight applied to respondents in each combination of the two or more demographic variables was computed as the product of the weights for the individual demographic variables.
- If, however, one or more interactions were significant, the weight applied was equal to the ratio of the percentage of ARRT-registered R.T.s in that *combination* of categories (e.g., 30-39-year-old sonographers), divided by the corresponding percentage in the Pathways sample.

Lists of the particular weights employed are available from the ASRT Research Department by request to rharris@asrt.org.

Unless otherwise explicitly stated, all results in this report have been weighted in accordance with the above weighting scheme. (Where not prohibitively costly of space, unweighted results are also reported.)

Margin of Error

The sample size of 2,304 returns yields a margin of error for overall percentages (width of the 95% confidence interval for the population percentage) of a maximum plus or minus 2%.

For percentages computed on subsets of respondents, the margin of error increases as the square root of the size of the subset. Thus, the margin of error for percentages based on a subset of 100 respondents would be plus or minus 10% or less, and for a subset of 30 respondents plus or minus 18.3% or less. (The "or less" comes from the fact that the margin of error for percentages is greatest for percentages in the 40% to 60% range and is less than one-half as wide for percentages below 5% or above 95%.)

EXECUTIVE SUMMARY

In the fall of 2003 Health Careers Futures, (in collaboration with representatives of the Western Pennsylvania region's major healthcare employers and training organizations) developed and distributed a two-page Health Career Pathways Survey. The purpose of the study was to determine how and why healthcare professionals, specifically imaging, laboratory, and respiratory therapy workers, enter their chosen careers. Six hundred and seventy-six incumbent workers from 13 different hospitals and 131 students in training at a regional community college completed surveys.

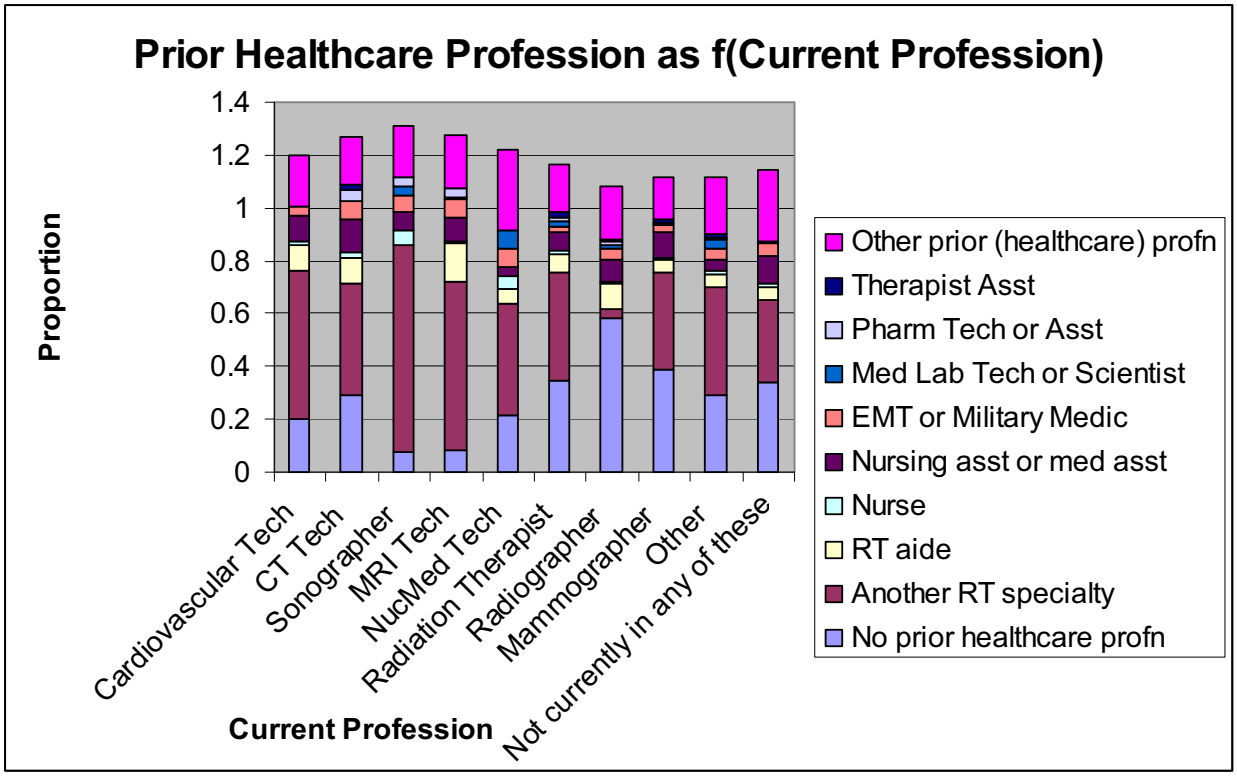
In June of 2004 the Pathways survey was extended to the national level with focus on radiologic technologists. Invitations were sent via email to ASRT members to participate in an online version of the Pathways survey. In August of 2004, the goal of 2,000 or more responses was attained with 2,304 completed questionnaires representing the final sample. The response rate (as a percentage of emails that actually made it to the designated inboxes) was a bit under 12%. To avoid the possible impact of systematic differences between those who chose to respond and R.T.s in general, all results (other than the demographic variables themselves) were weighted so as to be representative of the entire population of ARRT-registered R.T.s with respect to demographic and professional variables. (See Weighting under METHODOLOGY for more detail,)

Respondents and Their Facility

- About 40% of the respondents chose "Community Hospital" as the type of medical facility that they work in, with another 10% in government hospitals and university medical centers and 14% working in free-standing clinics.
- Approximately 45% responded that their facility is located in an urban setting, with 37% in a suburban setting, and 17% in a rural setting.
- Mean commute time for respondents working in an urban setting was approximately 26 minutes, while commute times for facilities located in suburban and rural areas were approximately 23 minutes.
- Respondents worked in facilities located in all 50 states plus DC and Puerto Rico.

Respondents and Their Profession

- Almost 40% of the respondents chose "Radiographer" as their current healthcare profession, with approximately 12% choosing "Radiation Therapist," 9% choosing "CT Technologist," and another 9% choosing "Mammography."
- The mean length of employment in these radiologic technologist professions was 14 years, with the longest-tenured discipline being mammographers at a mean of 15 years and MRI technologist having the lowest mean tenure in their specialty, approximately 10 years. The mean length of employment within the general healthcare profession (averaged across the various current professions) was approximately 18 years.



- Approximately 40% of the respondents reported that they had no prior healthcare profession. Radiographers (58%) ranked at the highest percentage of having no prior healthcare experience, with sonographers and MRI technologists being least likely (8% each) to report that they began their healthcare careers in their current discipline, rather than having gone through another healthcare profession.
- Substantial percentages (e.g., 39% of mammographers) of those in what ARRT defines as post-primary specialties, requiring prior certification in radiography, radiation therapy, or nuclear medicine (the primary specialties) even to sit for the certification exam, nonetheless report that they entered their current profession *sans* work experience in any prior healthcare profession. Although ARRT data indicate that, e.g., only 54% of those who consider CT their primary discipline are certified in that discipline, it is surprising that such a high percentage (29% in the case of CT) either had no radiography experience at the time they began practicing their post-primary discipline, or do not consider radiography a healthcare profession..

- About 26% responded that they had previous experience in another RT specialty. However, that figure was considerably higher for every specialty except for radiographers, only 3.5% of whom report experience in another RT specialty before becoming a radiographer. About 78% of diagnostic medical sonographers responded that a different RT specialty was their prior healthcare profession, followed in this respect by MRI technologists (64%), cardiovascular technologists (56%), nuclear medicine technologists (42%), and radiation therapists (41%). Some respondents may have been led to consider prior experience in, e.g., radiography as not falling into the category of "another radiologic technology specialty" because of ASRT's position statement that "The four disciplines in radiologic technology are radiography,

radiation therapy, sonography and nuclear medicine. Specialties in radiologic technology include mammography, magnetic resonance, cardiovascular-interventional imaging, computed tomography and other specialty areas" (https://www.asrt.org/media/pdf/practice_issues.pdf). However, "Other prior profession" would appear to be a more logical alternative category than "No prior healthcare profession" (chosen by 39% of mammographers) into which to fit one's prior experience in radiography.

- Approximately 8% of the respondents (but none of the diagnostic medical sonographers) reported prior work experience as an RT aide. Only 1.4% reported prior experience as a nurse, though 8% had worked as a nursing assistant or medical assistant and another 4% as an EMT or military medic.

Respondents and Their Education

- The overall proportion of R.T.s with non-degree certification or a non-degree diploma was 57%. Diagnostic medical sonographers were significantly more likely (76%) to report holding a non-degree certificate or diploma than were respondents in other disciplines. Similarly, respondents who listed "High School/GED" as their highest level of education were much more likely (93%) than those with a bachelor's or graduate degree (55%) or those whose highest educational level was an associate's degree (42%) to indicate that they held a non-degree professional certificate or diploma. Non-degree certification among R.T.s appears to be on its way out, in that the percentage of non-degree certificate/diploma holders increases nearly linearly from 38% of 18-29-year-old R.T.s to 72% of those 50 years of age or older.
- Approximately 47% of respondents chose hospital-based program as the type of educational institution that provided training for their current profession, following by community college (43%) and four-year college or university (25%). Generally the highest level of education of any of the institutions that provided training for one's current profession drops with increasing age of the respondent. Bucking this overall tendency, however, is the tendency for the younger age cohorts to be less likely to have obtained any of their training for their current profession in graduate school: 0.5% of 18-29-year-olds as compared to 10% of 60-and-overs.

Respondents' Interest in the Profession

- The mean age at which R.T.s became interested in their current profession was 21; furthermore, the mean age at which R.T.s began training for their current profession was approximately 23. This approximately two-year lag between first interest in the profession and first training did not vary significantly between age groups. About 43% of respondents developed an interest in their current profession at or before age 18; one, at two years of age.

Respondents' Endorsement of the Profession

- Approximately 80% responded that they would recommend their current profession to a friend or relative, with about 4% answering that they would *not*, and 16 % responding that they *might* recommend their current profession to a friend or relative.

Radiation therapists had the highest percentage (88%) who *would* recommend their profession to a friend or relative, while CT technologists had the highest percentage (7%) who would *not* recommend their profession to a friend or relative.

Factors that Influenced Respondents to Enter the Field

- Highest rated factor influencing career choice was, "You wanted a profession that is interesting," mean of 3.7 on a 1-4 scale, 97% rating as moderately or very important. Also rated as moderately or very important by half or more of the respondents were "Wanted a profession that helps people" (92%), "Wanted a profession with plenty of jobs" (88%), "Wanted … opportunities for career advancement" (87%), "Career that pays well" (73%), "Advice from a friend or relative" (71%), "Less than four years of training" (55%), and "Being a patient or a family member being a patient" (51%). Lowest mean rating was of "Information from movie, television or radio program" (8%, mean = 1.4).
- There was a strong tendency for older R.T.s to rate *all* influence factors as less important than did younger R.T.s. To correct for this general tendency (whatever might be causing it), analysis of age differences in perceived importance focused on the *relative* importance of each influence factor, defined as the R.T.'s rating of the importance of that factor, minus her average importance rating across all 21 factors.
- Influences on their career choices that were rated as relatively more important by older than by younger R.T.s to a statistically significant degree were "Advice or information from a high school guidance counselor," ditto from a "High school teacher" along with "Having been a patient or a family member's having been a patient," and "Wanting a profession that requires less than 4 years of training."
- Influences that were rated as relatively more important by younger than by older R.T.s were "Information from the Internet" and "Information obtained at a career fair or job fair."
- In a more complicated vein, wanting a profession that helps people was rated as relatively less important by R.T.s 30-39 years of age than by the other 4 age groups, and opportunities for career advancement were rated as having had the most influence (relative to other influence factors) on the career choices of the 18-29 age group and the least influence on the 50-59 age group
- When asked to assign up to 25 points to a list of reasons for entering their current profession, the leading point-getter, with a mean of 4.2 points, was to "To help people." The lowest number of points garnered was by "Like science and math" with a mean of 1.5. The major apparent discrepancy between the importance-rating results and the point-allocation results was that "You wanted a profession that is interesting" was highest-rated of the 21 influence factors, while "Interesting work" was allocated only 2.9 points, next to last among the five items common(?) to both lists.
- Radiation therapists assigned significantly more points to "Helps people," "Like science and math" and "Like interaction with people" and significantly fewer points to "Job security/plenty of jobs" and "Requires less time in school than other jobs" than did those in other specialties.
- MRI technologists assigned fewer points to "Helps people" than did the other respondents.

- Radiographers assigned significantly fewer points to “Like science and math” and “Like technology” than did those in other specialties.
- When asked to “Please provide any additional comments in the space below,” about a third of the respondents provided additional comments. These comments are summarized and listed in Appendix B to this report.

DETAILED RESULTS

1. What is your current healthcare profession? (Check 1).

Discipline	Pathways Sample		Pathways Sample, Weighted to ARRT Age Distribution		ARRT Registrants	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Cardiovascular Interventional Technologist	95	4.1	99	4.3	3602	1.8
Cardiac Interventional[a]	0	.0	0	.0	2953	1.3
Vascular Interventional[a]	0	.0	0	.0	3293	1.6
CT Technologist	207	9.0	216	9.4	19989	9.8
Diagnostic Medical Sonographer	42	1.8	40	1.7***	13854	5.9
MRI Technologist	174	7.6	179	7.8	17908	8.8
Nuclear Medicine Technologist	50	2.2	49	2.1***	10024	4.9
Radiation Therapist	273	11.8	278	12.1***	11827	5.8
Radiographer	884	38.4	902	39.2	93787	46.0
Mammographer	225	9.8	209	9.1	18647	9.1
Other	154	6.7	143	6.2***	6816	3.3
Not currently practicing in any of these professions	200	8.7	188	8.2	24479	10.4
Total valid	2304	100.0	2304	100.0	228347	100.0
No response	0	.0	0	.0	7856	3.3
Total	2304	100.0	2304	100.0	236203	100.0

[a]Categories used on ARRT renewal form after 1/03 but not response alternatives for Pathways questionnaire.

*$p < .05$ **$p < .01$ ***$p < .001$ for difference between Pathways and each of the comparison populations.

The only substantial differences between the Pathways sample and either ARRT population with respect to representation of disciplines were the Pathways sample's underrepresentation of diagnostic medical sonographers (2% versus 5 and 7%) and of nuclear medicine technologists (2.4% versus 4.9 and 5.3%), coupled with an overrepresentation of radiation therapists (13% versus 6%).

Note that as of January 2003 ARRT no longer administers exams in Cardiovascular Interventional Technology; instead, new certifications are in either Cardiac Intervention Technology or in Vascular Interventional Technology or both, but not CVIT.

2. How long have you been employed in this profession?

			Pathways Sample	Pathways Sample, Weighted by Age, Ethnicity	ARRT Registrants
N	Valid		2261	2260	213669
	Missing		43	44	22534
Mean			15.8510	14.0757	12.2139
Median[a]			14.4099	11.9403	11.1253
Mode			2	2	15.50
Std. Deviation			10.87151	10.58980	8.45897
Minimum			.00	.00	.50
Maximum			51.00	51.00	25.00
Percentiles[a]		5	1.3833	1.1728(b)	.8605
		25	6.4060	4.8479	4.4222
		75	24.1879	21.3460	19.7199
		95	35.1816	34.2933	> 20[c]

[a] Calculated from grouped data.

[b] ARRT data categorical; oldest category was "> 20 years," which was checked by 22.1%

Note: Omitted cases where years in current profession > years in health care *and* respondent didn't check "not in any of these professions" in question 1. Also omitted from q2 analyses the one person who reported being in current profession 1619 years.

The relationship between years in current profession and what profession that is (weighted by age and ethnicity) is as follows:

Years in Current Profession for Different Disciplines

	Pathways Sample, Weighted by Age and Ethnicity								Un-Weighted Mean, Pathways Sample	Mean for ARRT Regis-trants
					95% Confidence Interval for Mean					
Current Profession	N	Mean	Std. Deviation	Std. Error	Lower Bound	Upper Bound	Min	Max		
Cardiovascular Technologist	97	12.0080	9.94070	1.00816	10.0069	14.0091	1.00	51.00	11.9025	11.0235
CT Technologist	216	11.4040	8.62242	.58657	10.2479	12.5602	.00	43.00	11.4055	10.2089
Diagnostic Medical Sonographer	40	14.2099	8.24415	1.30738	11.5650	16.8549	2.00	40.00	14.2300	11.8671
MRI Technologist	176	9.8798	6.83044	.51559	8.8622	10.8974	1.00	39.00	9.9041	8.4238
Nuclear Medicine Technologist	48	14.2839	10.21629	1.48057	11.3048	17.2631	1.00	45.00	13.7836	14.0706
Radiation Therapist	273	13.6558	8.46352	.51228	12.6473	14.6643	.00	37.00	13.4449	12.3162
Radiographer	887	14.5604	11.81187	.39656	13.7821	15.3388	.00	51.00	14.5224	13.3173
Mammographer	207	15.4520	9.27285	.64388	14.1825	16.7214	1.00	43.00	15.3759	12.6582
Other	137	15.0598	11.55547	.98857	13.1048	17.0148	.00	44.00	14.9475	11.5318
Not currently practicing in any of these professions	180	18.3196	11.62170	.86608	16.6105	20.0286	.00	48.00	18.3823	12.7748
Total	2260	14.0757	10.58980	.22274	13.6389	14.5125	.00	51.00	14.0055	12.1998

Years in current profession differed significantly among the various disciplines [F (9,2250) = 9.389, p < .001], with the more recently established specialties (especially MRI) having practitioners with fewer years of service in the profession. In particular, cardiovascular-interventional technologists, CT techs, and MRI

techs (averaged together) had significantly fewer years in their respective specialties than did diagnostic medical sonographers, nuclear medicine technologists, radiation therapists, radiographers, and mammographers, who in turn had worked in their respective specialties fewer years than had respondents who were not currently employed in the radiologic sciences, $F(1,2250) = 13.47$, 26.96, and 18.04, respectively, $p < .001$ in each case.

The relationship between years in current profession and ethnicity (weighted by age to reflect the ARRT-registrant population) is as follows:

Ethnicity	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Min	Max	Un-Weighted Mean, Pathways Sample
					Lower Bound	Upper Bound			
African American	67	11.1004	9.75763	1.19090	8.7228	13.4780	.00	37.00	13.3582
Asian	46	9.8947	9.05301	1.33556	7.2047	12.5848	.00	32.00	11.7561
American Indian	6	26.2987	9.02200	3.75759	16.4943	36.1031	15.00	40.00	26.5714
Hispanic/Latino	55	9.9551	8.17900	1.10286	7.7440	12.1662	1.00	35.00	11.1698
White	1904	14.1513	10.58500	.24260	13.6755	14.6271	.00	51.00	16.1183
Other	39	10.6117	7.60843	1.21115	8.1608	13.0625	1.00	30.00	11.7568
Total	2117	13.8202	10.49186	.22803	13.3730	14.2674	.00	51.00	15.7807

The differences among respondents with different ethnic backgrounds were statistically significant, $F(5,2111) = 6.513$, $p < .001$. In particular, the American Indian mean of 26.3 years, even though based on only 6 respondents, was significantly higher than Whites' 14.2 mean years in healthcare [$F(1,2111) = 7.81$, $p = .005$], which was in turn significantly higher than the average of the means for the other four ethnic backgrounds [$F(1,2111) = 23.51$, $p < .001$].

3. How long have you worked in healthcare, including all types of jobs?

			Pathways Sample	Pathways Sample, Weighted by Age, Ethnicity, and Current Profession
N	Valid		2265	2270
	Missing		39	34
Mean			19.7011	17.6603
Median[a]			19.5921	16.5325
Mode			30.00	10.00
Std. Deviation			10.97911	10.92564
Minimum			.00	.00
Maximum			51.00	51.00
Percentiles[a]		5	2.8524	2.3415
		25	10.5284	8.6698
		75	28.4770	25.5690
		95	37.7889	36.8003

[a] Calculated from grouped data.

Note: Omitted from these analyses anyone (other than those not currently practicing in a healthcare profession) who reported more years in healthcare than in their current profession.

Relationship between years worked in healthcare and current profession, weighted by age and ethnicity:

Current Profession	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Min	Max	Un-Weighted Mean, Pathways Sample
					Lower Bound	Upper Bound			
Cardiovascular Technologist	97	16.4202	10.08684	1.02298	14.3896	18.4507	1.00	51.00	18.6344
CT Technologist	217	15.6783	9.57720	.65011	14.3969	16.9597	1.00	43.00	17.7923
Diagnostic Medical Sonographer	40	21.2997	8.61895	1.36682	18.5346	24.0649	6.00	40.00	22.8333
MRI Technologist	175	16.9398	8.79290	.66563	15.6260	18.2535	1.00	43.00	18.4419
Nuclear Medicine Technologist	48	19.1665	10.80490	1.56587	16.0157	22.3173	1.00	47.00	20.6400
Radiation Therapist	273	16.9720	9.66940	.58527	15.8198	18.1243	.00	49.00	18.7370
Radiographer	885	16.0804	11.73401	.39439	15.3064	16.8545	.00	51.00	18.5381
Mammographer	205	20.4127	10.32831	.72065	18.9919	21.8336	3.00	45.00	22.0320
Other	137	22.4803	10.08962	.86317	20.7732	24.1873	2.00	45.00	24.2245
Not currently practicing in any of these professions	189	21.4248	11.30246	.82238	19.8025	23.0471	.00	50.00	22.8392
Total	2265	17.6111	10.91178	.22927	17.1615	18.0607	.00	51.00	19.7011

Differences among respondents with different primary disciplines (current professions) were statistically significant, F (9, 2255) = 11.132, $p < .001$. In particular, cardiovascular technologists, CT technologists, MRI techs, radiation therapists, and radiographers had, on average, fewer total years in healthcare than did sonographers, mammographers, specialists in "other" disciplines, and those not currently practicing in any of these professions, F(1, 2255) = 50.524, $p < .001$. Differences within those two subgroups were not statistically significant.

Relationship between years in healthcare and ethnicity, weighted by age and current profession:

	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Min	Max	Un-Weighted Mean, Pathways Sample
					Lower Bound	Upper Bound			
African American	68	14.9241	10.41826	1.26803	12.3927	17.4554	.00	40.00	18.2647
Asian	39	13.3173	9.44544	1.51594	10.2480	16.3866	.00	38.00	14.7805
American Indian	9	25.1617	9.38851	3.19802	17.7223	32.6011	18.00	40.00	30.2857
Hispanic/Latino	53	15.1764	9.36066	1.28893	12.5897	17.7632	1.00	36.00	17.1538
White	1920	17.7007	10.93121	.24945	17.2115	18.1900	.00	51.00	19.8920
Other	44	13.1123	8.55648	1.29176	10.5070	15.7177	1.00	35.00	15.6216
Total	2132	17.4063	10.85535	.23511	16.9452	17.8673	.00	51.00	19.6337

The differences among respondents with different ethnic backgrounds were statistically significant, F(5,2116) = 4.893, $p < .001$. In particular, the American Indian mean of 25.2 years, even though based on only 9 respondents, was significantly higher than Whites' 17.7 mean years in healthcare [F(1,2116) = 7.02, $p = .008$], which was in turn significantly higher than the average of the means for the other four ethnic backgrounds [F(1,2116) = 19.62, $p < .001$].

4. Please indicate which of the following healthcare professions, if any, you worked in prior to your current profession.

Overall distribution of prior (healthcare) profession:

	Pathways Sample, Weighted by Age, Ethnicity, and Current Profession			Pathways Sample, Unweighted		
	N	Number Checking	Proportion Checking	N	Number Checking	Proportion Checking
No prior healthcare profession (if consistent with q3 vs. q2)	1997	789	.3953	1990	802	.4030
Another RT specialty	1997	570	.2853	1990	561	.2814
RT aide prior	1997	166	.0828	1990	152	.0759
Nurse prior*	1993	31	.0153	1990	19	.0095
Nursing asst or med asst prior	1997	177	.0889	1990	176	.0884
EMT or Military Medic prior	1997	90	.0444	1990	85	.0422
Med Lab Tech or Scientist prior	1997	32	.0162	1990	32	.0161
Pharm Tech or Asst prior	1997	30	.0153	1990	29	.0146
Therapist Asst prior	1997	16	.0081	1990	18	.0090
Other prior (healthcare) profession	1997	409	.2040	1990	405	.2020

*Weighted by current profession and state.

Note: Did not include case if said no prior healthcare profession, but reported more years in healthcare than in current profession – even if current profession isn't a healthcare profession, since that still implies having had a healthcare profession prior to the current profession. There were 196 such cases. Also omitted from q4a if checked a prior profession other than "Other". (Could have put them in the "Other" category, but that seemed presumptuous.)

Also treated as missing, cases where q4miss = 1 – i.e., respondents who checked none of the q4 alterrnatives, including "No prior" and "Other".

Three hundred eighty-one of the respondents cited a particular profession other than the ones on the checklist. These responses appeared to fall into the following categories:

Code	"Other" Prior Career, specified	Frequency	Percent
2.1	Another imaging or RT specialty	43	11.3
3.1	Particular type of RT aide	6	1.6
3.2	Orderly, transporter, etc	17	4.5
5	Medical assistant, nurse aide, nursing asst	3	.8
5.1	Particular type medical assistant	43	11.3
6	EMT	2	.5
7.1	Particular type Med Lab tech, scientist	8	2.1
10	Administration, management	17	4.5
11	Clerical, billing, secretarial, etc	88	23.0
12	Athletic trainer	5	1.3
13	Candy striper, medical volunteer	20	5.2
14	Medical practitioner (chiropractor, occupational therapist, etc)	5	1.3
15	Teaching, including clinical instructor	7	1.8
16	Research	6	1.6
17	Maintenance, housekeeping, kitchen,etc.	5	1.3
18	Medical sales	1	.3

19	Military service (role not specified)	2	.5
19.1	Corpsman	15	3.9
19.2	Other military health care role	1	.3
20	Student	12	3.1
66	Multiple prior careers	17	4.5
77	Ambiguous	39	10.2
88	None of the above	19	5.0
88	NA	1	.3
	Total	382	100.0

Relationship between current profession and prior profession, weighted by age & ethnicity:

1. What is your primary healthcare profession?		No prior healthcare prof'n (if cons w q3 vs. q2)	Another RT specialty	RT aide prior	Nurse prior#	Nursing asst or med asst prior	EMT or Military Medic prior	Med Lab Tech or Scientist prior	Pharm Tech or Asst prior	Therapist Asst prior	Other prior (healthcare) prof'n
Cardiovascular Technologist	Proportion checking (N = 82)	.2024	.5628	.0969	.0130	.0981	.0316	.0000	.0000	.0000	.1955
CT Technologist	Proportion checking (N = 175)	.2937	.4224	.0948	.0185	.1278	.0669	.0037	.0390	.0243	.1758
Diagnostic Medical Sonographer	Proportion checking (N = 37)	.0788	.7816	.0000	.0522	.0718	.0614	.0359	.0359	.0000	.1906
MRI Technologist	Proportion checking (N =141)	.0827	.6364	.1452	.0076	.0937	.0667	.0074	.0345	.0000	.2015
Nuclear Medicine Technologist	Proportion checking (N = 44)	.2124	.4229	.0607	.0455	.0380	.0670	.0683	.0000	.0000	.3049
Radiation Therapist	Proportion checking (N = 252)	.3441	.4110	.0712	.0126	.0700	.0183	.0198	.0181	.0164	.1844
Radiographer	Proportion checking (N = 817)	.5810	.0350	.0996	.0026	.0877	.0384	.0170	.0128	.0068	.2017
Mammogra-pher	Proportion checking (N = 165)	.3851	.3715	.0487	.0059	.0957	.0298	.0000	.0028	.0139	.1610
Other	Proportion checking (N = 127)	.2891	.4122	.0439	.0148	.0430	.0440	.0334	.0052	.0181	.2132
Not currently practicing in any of these	Proportion checking (N = 158)	.3387	.3138	.0494	.0124	.1035	.0458	.0084	.0000	.0042	.2644
Overall F(9,N-10)		28.20***	58.36***	2.48**	2.37*	.96	1.04	2.25*	2.03*	1.12	1.40

*, **, *** $p < .05, .01, .001$, respectively.

Relationship between current profession and prior profession as observed in Pathways sample (i.e., unweighted).

1. What is your primary healthcare profession?		No prior healthcare prof'n (if cons w q3 vs. q2)	Another RT specialty	RT aide prior	Nurse prior	Nursing asst or med asst prior	EMT or Military Medic prior	Med Lab Tech or Scientist prior	Pharm Tech or Asst prior	Therapist Asst prior	Other prior (healthcare) prof'n
Cardiovascular Technologist	Proportion checking	.2025	.5316	.1013	.0127	.0886	.0380	.0000	.0000	.0000	.2152
	N	79	79	79	79	79	79	79	79	79	79
CT Technologist	Proportion checking	.2994	.4192	.0958	.0180	.1317	.0719	.0060	.0359	.0240	.1737
	N	167	167	167	167	167	167	167	167	167	167
Diagnostic Medical Sonographer	Proportion checking	.1026	.7692	.0000	.0513	.0513	.0513	.0256	.0256	.0000	.1795
	N	39	39	39	39	39	39	39	39	39	39
MRI Technologist	Proportion checking	.0803	.6277	.1314	.0073	.1022	.0803	.0073	.0365	.0000	.2117
	N	137	137	137	137	137	137	137	137	137	137
Nuclear Medicine Technologist	Proportion checking	.2391	.4348	.0435	.0435	.0435	.0652	.0652	.0000	.0000	.2826
	N	46	46	46	46	46	46	46	46	46	46
Radiation Therapist	Proportion checking	.3401	.4170	.0607	.0121	.0648	.0202	.0202	.0162	.0162	.1862
	N	247	247	247	247	247	247	247	247	247	247
Radiographer	Proportion checking	.5885	.0374	.0885	.0025	.0860	.0387	.0187	.0137	.0062	.1983
	N	802	802	802	802	802	802	802	802	802	802
Mammogra-pher	Proportion checking	.3526	.3873	.0462	.0058	.1098	.0289	.0000	.0058	.0116	.1792
	N	173	173	173	173	173	173	173	173	173	173
Other	Proportion checking	.2963	.4370	.0370	.0148	.0519	.0370	.0370	.0074	.0148	.2074
	N	135	135	135	135	135	135	135	135	135	135
Not currently practicing in any of these professions	Mean	.3212	.3212	.0485	.0121	.1091	.0424	.0061	.0000	.0061	.2606
	N	165	165	165	165	165	165	165	165	165	165

Based on the analysis of proportions weighted to the ARRT target population, the proportion of respondents reporting no prior healthcare profession was significantly higher for radiographers than for CT techs, sonographers, radiation therapists, mammographers, "others", and those not in the radiologic sciences ($p < .001$), who in turn were more likely to report no prior healthcare professions than nuclear medicine or cardiovascular technologists ($p < .01$), with sonographers and MRI techs having the lowest proportions ($p < .05$).

The proportion of respondents who reported a prior career in some other radiologic science discipline was highest (78%) among diagnostic medical sonographers, with cardiovascular and MRI techs significantly lower ($p < .01$) but significantly higher in this respect than all of the specialties other than DMS ($p < .001$), with radiography being significantly less likely (3.5%) than any other specialty to report a prior healthcare career in another radiologic science specialty ($p < .001$).

The proportion of diagnostic medical sonographers who reported a prior career as an RT Aide (namely, zero of them) was significantly lower than for any other group ($p < .001$), while MRI techs were significantly more likely to so report than any of the other groups ($p < .05$).

Prior healthcare profession as f (age), weighted by current profession and ethnicity:

Age		No prior healthcare prof'n (if cons w q3 vs. q2)	Another RT specialty	RT aide prior	Nurse prior#	Nursing asst or med asst prior	EMT or Military Medic prior	Med Lab Tech or Scientist prior	Pharm Tech or Asst prior	Therapist Asst prior
18-29	Proportion checking	.4375	.2018	.1225	.0047	.0700	.0203	.0119	.0173	.0072
	N	202	213	213	210	213	213	213	213	213
30-39	Proportion checking	.3492	.2538	.0904	.0086	.0901	.0502	.0177	.0225	.0122
	N	428	477	477	480	477	477	477	477	477
40-49	Proportion checking	.3991	.3026	.0641	.0218	.0773	.0381	.0078	.0072	.0049
	N	648	714	714	712	714	714	714	714	714
50-59	Proportion checking	.4105	.2785	.0462	.0130	.0820	.0415	.0109	.0134	.0083
	N	523	578	578	580	578	578	578	578	578
60+	Proportion checking	.4259	.1868	.0256	.0167	.0949	.0729	.0374	.0000	.0000
	N	79	84	84	84	84	84	84	84	84
Total	Proportion checking	.3962	.2695	.0696	.0143	.0815	.0414	.0126	.0132	.0076
	N	1881	2066	2066	2066	2066	2066	2066	2066	2066
Overall $F(4,N-5)$		1.54	3.18*	5.06***	.36	.30	1.41	1.66	1.63	.68

*, **, *** $p < .05, .01, .001$, respectively.

Weighted by ethnicity and current profession.

The proportion of respondents who report a prior career as an RT Aide declines almost linearly with age (the linear trend accounts for 98.9% of the differences across age levels), $F(1,2064) = 12.37$, $p < .001$.

Prior healthcare career did not vary significantly as a function of ethnicity.

5. What is the highest education degree you have completed?

	Pathways Sample				ARRT Registrants			
	Frequency	Percent	Valid Percent	Cumulative Percent	Frequency	Percent	Valid Percent	Cumulative Percent
High School/GED	486	21.1	21.4	21.4				
High School Diploma + R.T.#	0	.0			51768	21.9	23.5	23.5
Certificate Program#	0	.0			26966	11.4	12.3	35.8
Associate's Degree	1024	44.4	45.2	66.6	98809	41.8	44.8	80.6
Bachelor's Degree	513	22.3	22.6	89.2	35098	14.9	15.9	96.5
Graduate Degree	244	10.6	10.8	100.0	6155	2.6	2.8	99.3
Other#	0	.0			1552	.7	.7	100.0
Total valid	2267	98.4	100.0		220348	93.3	100.0	
Missing	37	1.6			11335	4.8		
Multiple levels Checked ##	0	.0			4520	1.9		
Total	2304	100.0			236203	100.0		

#Response category on ARRT renewal form but not on Pathways survey.
##Pathways online survey didn't permit checking multiple levels.

Given the differences in response categories, it is difficult to know how well the various educational levels attained by R.T.s were represented in the Pathways sample.

6. Have you completed a non-degree healthcare professional certification or diploma program?

Overall proportion of R.T.s with non-degree certification or diploma, weighted by age, current profession, and workplace state: 57.0%. (Unweighted Pathways sample proportion: 58.7 %.)

Relationship between current profession and non-degree certification, weighted by age and workplace state:

Current Profession	N	Proportion with non-degree certification or diploma	95% Confidence Interval for Mean		Unweighted proportion, Pathways sample
			Lower Bound	Upper Bound	
Cardiovascular Technologist	94	.6049	.5043	.7056	.6196
CT Technologist	216	.5410	.4739	.6080	.5800
Diagnostic Medical Sonographer	40	.7567	.6167	.8966	.7317
MRI Technologist	168	.5582	.4822	.6342	.5808
Nuclear Medicine Technologist	49	.6276	.4871	.7680	.6735
Radiation Therapist	278	.6540	.5977	.7103	.6933
Radiographer	888	.5226	.4897	.5555	.5594
Mammographer	204	.5658	.4971	.6345	.6036
Other	138	.5911	.5080	.6743	.5946
Not currently practicing in any of these professions	186	.6177	.5472	.6881	.6480
Total	2260	.5688	.5484	.5893	.6004

Overall F (9,2249) = 2.875, p = .002.

Diagnostic medical sonographers were significantly more likely to report holding a non-professional certificate than were respondents in other disciplines, F (1,2249) = 4.53, $p < .05$; radiographers were significantly less likely to so report, F (1,2249) = 14.16, $p < .001$.

Relationship between non-degree certification and age, weighted by current prof'n and state.

	N	Proportion with non-degree certification or diploma	95% Confidence Interval for Mean		Unweighted Pathways
Age (years)			Lower Bound	Upper Bound	Sample Proportion
18-29	221	.3807	.3161	.4452	.3789
30-39	491	.5139	.4695	.5583	.5191
40-49	742	.6064	.5711	.6416	.6152
50-59	606	.7108	.6746	.7470	.7047
60+	86	.7511	.6579	.8444	.7529
Total	2145	.5973	.5765	.6180	.5982

Overall F (4,2140) = 25.734, p = .000.

The proportion of respondents reporting that they hold a non-degree professional certificate or diploma increases nearly linearly with age; F(1,2140) = 55.96, $p < .001$ for the linear-trend contrast, which accounts for 95.8% of the variation among the 5 age-group means.

Non-degree certificate/diploma by workplace state, weighted by age and current profession:

	N	Proportion with non-degree certification or diploma	95% Confidence Interval for Proportion#		Unweighted Pathways
State			Lower Bound	Upper Bound	Sample Proportion
AK	5	.2521	-.3542	.8584	.3750
AL	26	.3847	.1848	.5846	.5000
AR	28	.7127	.5356	.8899	.7500
AZ	34	.5736	.3991	.7480	.5897
CA	150	.5241	.4433	.6050	.5625
CO	35	.5059	.3310	.6808	.5714
CT	43	.6206	.4703	.7709	.6591
DC	3	.6458	-1.1954	2.4869	.6667
DE	8	.7371	.3316	1.1426	.6667
FL	104	.5550	.4578	.6523	.6121
GA	64	.5577	.4331	.6822	.5714
HI	7	.4430	-.0694	.9553	.4286
IA	11	.4719	.1138	.8301	.5833
ID	18	.3640	.1204	.6076	.5000
IL	55	.6002	.4661	.7343	.6102
IN	73	.5285	.4115	.6455	.5147
KS	26	.5545	.3487	.7604	.6190
KY	28	.5681	.3741	.7621	.5938
LA	25	.3995	.1911	.6078	.5185
MA	68	.3499 [L]	.2335	.4663	.4000
MD	36	.6735	.5136	.8334	.7000
ME	14	.6330	.3402	.9258	.6923
MI	73	.6585	.5469	.7701	.6944

MN	42	.5335	.3757	.6912	.5946
MO	39	.7035	.5542	.8528	.7317
MS	25	.5055	.2948	.7163	.5000
MT	5	.1240	-.2964	.5444	.2000
NC	93	.4325	.3301	.5350	.4524
ND	15	.3537	.0796	.6279	.4667
NE	17	.4118	.1494	.6742	.4286
NH	17	.2051 [L]	-.0069	.4171	.3158
NJ	65	.6424	.5230	.7619	.6875
NM	19	.8445 [H]	.6664	1.0226	.7368
NV	28	.5215	.3250	.7181	.5926
NY	114	.6146	.5239	.7052	.6455
OH	100	.5586	.4595	.6576	.5941
OK	36	.6448	.4810	.8086	.6286
OR	40	.5100	.3470	.6729	.5000
PA	100	.7246 [H]	.6353	.8138	.7679
PR	2	.5877	-2.4615	3.6368	.6667
RI	22	.8285 [H]	.6580	.9991	.7143
SC	36	.5388	.3669	.7106	.4815
SD	9	.6797	.3082	1.0511	.6000
TN	52	.5731	.4335	.7126	.5556
TX	67	.4523	.3305	.5742	.4769
UT	11	.7842	.4980	1.0703	.8000
VA	66	.7091	.5961	.8220	.6935
VT	5	.7447	.1775	1.3118	.8000
WA	52	.4617	.3212	.6022	.5000
WI	68	.7106	.5996	.8215	.7576
WV	20	.8285	.6462	1.0108	.7500
WY	1	.0000	.0000	.0000	.0000
Total	2101	.5681	.5469	.5893	.5973

#Confidence intervals as computed by ANOVA for proportions based on N < 20 not meaningful.
Overall F (51,2048) = 2.403, $p < .001$.
[L]Significantly lower than overall proportion across all states, $p < .01$.
[H]Significantly higher than overall proportion across all states, $p < .01$.

States with a proportion of non-degree certificate or diploma holders significantly below the overall average were NH (20%) and MA (35%), while PA (73%), RI (83%) and NM (84%) were significantly above average in this respect.

Relationship between highest educational level attained and whether hold non-degree certification or diploma, weighted by age, current profession, and workplace state:

Highest Educational Level	N	Proportion with ND certif. or diploma	95% Confidence Interval for Proportion		Unweighted Pathways Sample Proportion
			Lower Bound	Upper Bound	
High School/GED	465	.9324	.9094	.9553	.9278
Associate's Degree	1068	.4198	.3902	.4495	.4437
Bachelor's Degree	501	.5325	.4887	.5764	.5878
Graduate Degree	210	.6028	.5361	.6695	.6058
Total	2244	.5683	.5478	.5888	.5982

Overall F (3,2239) = 138.243, $p < .001$.

Respondents who listed “High School/GED” as their highest level of education were much more likely (93%) than were respondents listing other highest education levels (47%) to indicate that they held a non-degree professional certificate or diploma, F(1,2239) = 269.73, $p < .001$, accounting for 95.6% of the variation among the 4 proportions. Respondents whose highest educational level was an associate’s degree were also significantly less likely (42%) to report a non-degree certificate or diploma than were those with a bachelor’s or graduate degree (55%), F(1,2239) = 10.84, $p = .001$, accounting for 3.8% of the variation among the four proportions.

7. How old were you when you first became interested in your current healthcare profession?
8. How old were you when you began training for your current profession?

Ages at which became interested in and began training in current profession, weighted by age and state:

		Age at which became interested in current prof'n	Age at which began training for current prof'n	Years betw bec interested & beg trng
N	Valid	2266	2273	2262
	Missing	38	31	42
Mean		21.2826	22.9677	1.6971
Median[a]		19.1808(a)	20.4517(a)	.9094(a)
Mode		18.00	18.00	.00
Std. Deviation		6.53205	6.63076	3.36426
Minimum		2.00	3.00	-22.00#
Maximum		52.00	53.00	33.00
Percentiles[a]	5	15.0651(b)	17.1224(b)	-.7855(b)
	25	17.3164	18.4448	.1692
	75	23.4491	25.2087	1.9520
	95	35.1441	37.4740	6.9099

[a] Calculated from grouped data.

29 respondents indicated they began training for their current profession before they developed an interest in it. Of these, 5 indicated a lag of 5 or more years between training and interest. Those 5 (age at which began training, age at which became interested) pairs were (3,23), (10,19), (17,30), (18,40), and (39,49).

Relationships between ages of interest, training and current age, weighted by state:

Age at which became interested in current profession

Age	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
					Lower Bound	Upper Bound		
18-29	225	18.6357	3.23520	.21578	18.2105	19.0609	3.00	27.00
30-39	499	20.6498	4.55229	.20384	20.2493	21.0503	6.00	36.00
40-49	735	22.1983	7.00433	.25842	21.6909	22.7056	2.00	46.00
50-59	606	22.9351	8.86502	.36019	22.2277	23.6425	5.00	50.00
60+	89	22.3665	8.75909	.92763	20.5230	24.2099	12.00	52.00
Total	2153	21.6819	7.04280	.15178	21.3842	21.9795	2.00	52.00

Overall F (4,2148) = 19.856, $p < .001$.

Age at which began training for current profession

Age	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
					Lower Bound	Upper Bound		
18-29	225	20.4323	2.31570	.15445	20.1280	20.7367	17.00	28.00
30-39	502	22.3069	4.45264	.19880	21.9163	22.6975	17.00	37.00
40-49	739	23.9910	7.25823	.26693	23.4670	24.5151	14.00	48.00
50-59	607	24.4842	9.00831	.36573	23.7660	25.2025	3.00	53.00
60+	88	24.1339	9.70141	1.03295	22.0809	26.1870	10.00	53.00
Total	2161	23.3741	7.16845	.15421	23.0717	23.6765	3.00	53.00

Overall F (4,2155) = 18.045, $p < .001$.

Lag: Years between becoming interested & beginning training

Age	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
					Lower Bound	Upper Bound		
18-29	225	1.7966	2.64156	.17618	1.4494	2.1438	.00	24.00
30-39	499	1.6663	2.90508	.13008	1.4107	1.9218	-13.00	27.00
40-49	732	1.8094	3.58874	.13266	1.5489	2.0698	-4.00	26.00
50-59	606	1.5530	3.68952	.14991	1.2586	1.8474	-20.00	27.00
60+	88	1.7204	4.62046	.49196	.7427	2.6982	-9.00	33.00
Total	2149	1.6989	3.43124	.07401	1.5538	1.8441	-20.00	33.00

Overall F (4,2149) = .521, non-significant.

With respect to both age of first interest in and age of first training in the current profession, the youngest group (18-29) had a significantly lower mean than did the 30-39 age group, which in turn had a significantly lower mean than did any of the other three age groups [F (1,2155 or 2149) ranged from 10.95 to 53.33, which did not differ significantly among themselves. These differences could be an artifact of the fact that age at first interest or of first training cannot be higher than current age, but restricting the analysis to "firsts" at or before age 29 still yields a statistically significant tendency for the youngest age group to report first interest in and first training in their current profession at an earlier age than did older R.T.s, so this may instead indicate that the radiologic sciences are getting their message to potential new colleagues at an earlier age nowadays than they have in the past.

On the other hand, the lag between first interest and first training does not vary significantly as a function of current age.

Relationships between ages of interest, training and state, weighted by age:

In what state do you work		Age at which became interested in current prof'n	Age at which began training for current prof'n	Years betw bec interested & beg trng
AK	Mean	24.1412	25.1141	.9729
	N	7	7	7
AL	Mean	21.4557	23.3864	1.9307
	N	26	26	26
AR	Mean	20.0460	21.5407	1.4948
	N	28	28	28
AZ	Mean	20.1937	22.9302	2.7364
	N	34	34	34
CA	Mean	21.9027	24.0385	2.0896
	N	138	139	138
CO	Mean	19.5515	22.2282	2.6767
	N	33	33	33
CT	Mean	19.7529	21.0043	1.4329
	N	42	44	42
DC	Mean	26.2488	27.9553	1.7065
	N	3	3	3
DE	Mean	22.0646	23.4770	1.4124
	N	7	7	7
FL	Mean	21.4570	22.9800	1.5606
	N	102	103	102
GA	Mean	21.0058	22.9847	2.0455
	N	64	66	64
HI	Mean	23.5186	24.5057	.9871
	N	7	7	7
IA	Mean	19.7543	22.3415	2.5873
	N	10	10	10
ID	Mean	22.1283	24.8217	2.6934
	N	15	15	15
IL	Mean	20.4884	22.4969	2.0640
	N	58	59	58
IN	Mean	18.8917	20.2857	1.3940
	N	73	73	73
KS	Mean	21.4788	22.3109	.8321
	N	21	21	21
KY	Mean	18.3593	20.6681	2.3088
	N	30	30	30
LA	Mean	20.5865	22.4039	1.8174
	N	28	28	28

MA	Mean	21.3440	22.1006	.7565
	N	65	65	65
MD	Mean	20.1659	21.7387	1.5728
	N	40	40	40
ME	Mean	17.5805	20.1913	2.6108
	N	12	12	12
MI	Mean	20.0152	21.4642	1.4490
	N	73	73	73
MN	Mean	20.3199	21.8642	1.5443
	N	36	36	36
MO	Mean	19.3496	21.1557	1.8061
	N	40	40	40
MS	Mean	20.1726	22.2054	2.0327
	N	24	24	24
MT	Mean	19.2480	22.1161	2.8681
	N	5	5	5
NC	Mean	20.3386	21.9206	1.5819
	N	87	87	87
ND	Mean	18.5544	19.7150	1.1605
	N	15	15	15
NE	Mean	19.1706	21.1913	2.0206
	N	17	17	17
NH	Mean	20.2413	20.8333	.5920
	N	17	17	17
NJ	Mean	21.2338	22.6097	1.3759
	N	65	65	65
NM	Mean	20.1750	21.7858	1.6108
	N	15	15	15
NV	Mean	22.9782	24.1763	1.1981
	N	26	26	26
NY	Mean	20.6299	22.1066	1.4767
	N	103	103	103
OH	Mean	21.0019	22.0748	1.0729
	N	104	104	104
OK	Mean	21.6623	23.0594	1.3971
	N	35	35	35
OR	Mean	21.5430	24.0413	2.4983
	N	36	36	36
PA	Mean	19.4792	20.8986	1.4194
	N	108	108	108
PR	Mean	24.6667	26.0000	1.3333
	N	3	3	3
RI	Mean	18.7796	21.2102	2.4306
	N	16	16	16
SC	Mean	20.2907	21.3859	1.0952

	N	29	29	29
SD	Mean	19.3248	20.0238	.6990
	N	10	10	10
TN	Mean	19.6191	21.3551	1.7844
	N	45	45	45
TX	Mean	22.1130	23.2383	1.0378
	N	60	61	60
UT	Mean	19.6771	23.7243	4.0471
	N	11	11	11
VA	Mean	19.6075	21.6013	1.9938
	N	62	62	62
VT	Mean	21.9901	22.4981	.5080
	N	5	5	5
WA	Mean	20.7260	22.6588	1.9328
	N	48	48	48
WI	Mean	19.9993	21.4512	1.4519
	N	70	70	70
WV	Mean	19.9455	21.6521	1.7066
	N	20	20	20
WY	Mean	17.8208	17.8208	.0000
	N	2	2	2
Total	Mean	20.5477	22.1851	1.6411
	N	2028	2037	2028
Overall *F*(51,N-52)		1.643**	1.794***	.275

*, **, *** $p < .05, .01, .001$, respectively.

The only individual states with mean age of first interest significantly different (at the .01 level) from the overall mean of 20.55 years were CA (21.90 years) and IN (18.89 years), F (1,1976) = 7.08 and 7.62, respectively. These two states also had mean ages at which training was begun that differed significantly from the overall mean of 22.18 years (CA's mean = 24.04 years and IN's, 20.29 years); they were joined in this respect by PA, whose respondents reported beginning their training for their current profession at 20.90 years of age, on average. [F (1,1976) = 13.63, $p < .001$; 10.38, p = .001; and 7.05, $p < .01$, respectively.] The mean number of years between first interest and beginning training did not vary significantly among the states around the mean of 1.64 years.

9. Which of the following types of educational institutions provided you with training for your current profession? (Check all institutions that provided required training)

Overall percentages, weighted by relevant aspects of ARRT age x discipline x ethnicity interaction:

Type of Educ'l Institution Where Trained	N#	Proportion Choosing (Weighted)	Unweighted Proportions, Pathways Sample
High school	2304	.1318	.1293
Voc school or training center	2304	.1052	.1962
Community college	2304	.4284	1.2109
Hospital-based program	2304	.4701	2.0503
Four-year college or university	2304	.2484	1.2196
Grad school	2304	.0282	.2083
No responses for q9 were chosen	2304	.0135	.1293

Did *not* omit cases where respondent didn't check any of the provided alternatives, since we can't be sure these 33 folks didn't get their training in some other way – e.g., OJT.
Mean highest educational level of institution(s) where trained: 3.7931 (Unweighted: 3.7773.)
(Scoring: HS = 1, Vo-tech = 2, Hospital-based = 3, Community college = 4, Four-year = 5, Grad = 6.)

Type of institution where trained as f (age), weighted by ethnicity-profession interaction:

	Proportion Receiving Part of Training for Current Profession in …						Mean Highest Educ'l Level of Training Institution(s)
Age Group	High school	Voc school or training center	Community college	Hospital-based program	Four-year college or university	Grad school	
18-29 (N=221)	.1397	.1195	.4989	.3142	.3305	.0047	4.0573
30-39 (N =493)	.1233	.0977	.5021	.3729	.2781	.0298	3.9344
40-49 (N=757)	.1364	.1085	.4394	.4942	.2386	.0316	3.8185
50-59 (N=608)	.1268	.0863	.3075	.6880	.1830	.0399	3.6700
60+ (N=87)	.1752	.1065	.1757	.7646	.1929	.0967	3.6136
Overall *F*(4,2160)	.528	.708	18.897***	46.416***	6.501***	4.400**	9.635***

Highest level of education of any of the institutions that provided training for one's current profession drops nearly linearly with increasing age of the respondent, $F(1,2160) = 20.89$ for the linear trend component, which accounts for 97% of the variation among the five age-group means on this dependent variable. This general tendency for younger technologists to have received their training at higher educational levels is further supported by their under-representation, relative to older R.T.s, in hospital-based programs (31% of 18-29-year-olds vs. 76% of 60-and-overs, F for linear trend = 91.27, $p < .001$, 98% of between-groups variation accounted for) and their over-representation in community-college (50% of 18-39-year-olds vs. 18% of 60-and-overs, F for linear decrease from 30-39 to 60-and-over group = 42.24, $p < .001$) and in four-year institutions (33% of

18-29-year-olds vs. 18% of 50-and-overs, *F* for linear decrease from 18-29 to 50-and-over group = 21.86, $p < .001$). Bucking this overall tendency, however, is the tendency for the younger age cohorts to be less likely to have obtained any of their training for their current profession in graduate school: 0.5% of 18-29-year-olds as compared to 9.7% of 60-and-overs, *F* for linear trend = 21.03, $p < .001$.

Type of educational institution providing required training for current profession as f (current profession), weighted by age x ethnicity interaction:

	Proportion Receiving Part of Training for Current Profession in …						Mean highest educ'l level of trng program(s)
1. What is your primary healthcare profession?	High school	Voc school or training center	Community college	Hospital-based program	Four-year college or university	Grad school	
Cardiovascular Technologist (N=100)	.1259	.0956	.4184	.5103	.2499	.0000	3.6959
CT Technologist (N=220)	.1642	.0899	.5204	.3879	.2135	.0087	3.8408
Diagnostic Medical Sonographer (N=41)	.1570	.1671	.4190	.4564	.2951	.0577	3.8659
MRI Technologist (N=180)	.1279	.0957	.4707	.4787	.2382	.0126	3.7766
Nuclear Medicine Technologist (N=48)	.1313	.1076	.4238	.4802	.3230	.0223	3.8579
Radiation Therapist (N=281)	.1121	.0691	.4123	.5822	.3789	.0544	4.1429
Radiographer (N=886)	.1179	.1148	.4306	.4296	.1975	.0165	3.6873
Mammographer (N=213)	.1204	.0777	.4268	.5609	.1530	.0000	3.6569
Other (N=146)	.1240	.0844	.2857	.5061	.4116	.1165	4.0155
Not currently practicing in any of these professions (N=190)	.1822	.1032	.3605	.5361	.3589	.0867	3.9281
Overall *F*(9,2295)	1.035	1.018	2.784**	4.175***	9.597***	9.613***	6.272***

Radiographers and mammographers obtain training for their professions at a significantly lower highest educational level than do other modalities [F (1,2295) = 13.40 and 7.30, respectively, $p < .001$ in each case]. Radiation therapists' mean highest educational level is significantly higher than for other modalities, F (1,2295) = 22.12, $p < .001$.

With respect to particular educational levels, mammographers and radiographers were significantly less likely (0% and 1.6%, respectively) while those listing an "Other" profession were more likely (12%) to have received any of their training in graduate programs than were R.T.s in general (3.1%); RTTs and "Others" were more likely (38% and 41%) while mammographers and radiographers were less likely (15% and 20%) than were R.T.s in general (25%) to have trained in four-year institutions; CT techs were more likely (52%) and "Others" were less likely (29%) than R.T.s in general (42%) to have received at least part of their professional training in community colleges; and radiographers (43%) and CT techs (39%) were less likely while RTTs were more

likely (58%) to have trained in a hospital-based program than were R.T.s in general (48%). [All *F*s for these differences statistically significant at the .01 level or beyond.]

Type of training institution as f (ethnicity), weighted by age x current profession interaction:

	Proportion Receiving Part of Training for Current Profession in …						Mean highest educ'l level of training institution(s)
Race/ Ethnicity	High school	Voc school or training center	Community college	Hospital-based program	Four-year college or university	Grad school	
African American (N=70)	.1295	.2633	.3832	.4819	.2242	.0292	3.6948
Asian (N=39)	.1024	.0540	.4367	.4033	.3216	.0000	3.9284
American Indian (N=11)	.6781	.0000	.7648	.7969	.8217	.6459	5.4082
Hispanic/ Latino (N=56)	.0375	.1790	.4996	.3350	.1968	.0120	3.7163
White (N=1931)	.1365	.0959	.4302	.4792	.2557	.0275	3.8436
Other (N=44)	.0541	.0585	.6777	.2709	.2517	.0705	4.0786
Overall *F*(5,2145)	7.278***	5.572***	3.470**	3.457**	4.239***	31.588***	6.915***

The respondents who identified themselves as American Indians were dramatically different from all other ethnicities in that 65% or more of them (after weighting by age and profession) indicated they had received training relevant to their current profession in every type of institution except vocational school – the highest percentage of any of the 6 ethnic groups in each case and dramatically so for most types of educational institutions.

However, this appears to have been a consequence (artifact?) of the weighting procedure when applied to very small subsamples. As it turns out, there were actually only 7 American Indian respondents (out of 2304 total respondents), and one of those 7 was a member of an age/profession subgroup (18-29-year-old sonographers) that was substantially underrepresented in our sample as compared to the ARRT population, with the result that his age-profession-interaction weight was 7.25, which was 64.6% of the sum of the weights for all 7 American Indian respondents. This person also indicated having received training in 5 of the 6 types of educational institutions, including being the only one of the 7 who had graduate training in sonography.

Omitting the weighting, the proportions (and mean, in the case of highest educational level) actually observed in our sample were as follows:

	Proportion Receiving Part of Training for Current Profession in …						Highest educ'l level of inst'ns providing trng for curr prof'n
Race/ Ethnicity	High school provided training	Voc school or training ctr provided	Community college provided trng	Hospital-based program	Four-year college or university	Grad school provided trng	
African American (N=70)	.1143	.1429	.4143	.4286	.2857	.0571	3.8714
Asian (N=41)	.0976	.0488	.4878	.3659	.3171	.0000	3.9268
American Indian (N=7)	.2857	.0000	.4286	.5714	.5714	.1429	4.5714
Hispanic/ Latino (N=54)	.0370	.1852	.4815	.3704	.2037	.0185	3.7222
White (N=1942)	.1349	.0932	.4001	.5309	.2487	.0345	3.8187
Other (N=38)	.0526	.0789	.5789	.3158	.1842	.0526	3.8947
Total	.1301	.0957	.4075	.5167	.2500	.0349	3.8239
Overall *F*(5,2146)	1.718	1.770	1.483	3.689**	1.366	1.147	1.095

For these unweighted data, the only statistically significant difference among the ethnicities is that Whites are more likely (53%) than are African-Americans, Asians, Hispanics/Latinos, and "Others" (38%) to have obtained at least part of their training in hospital-based programs.

10. Would you recommend your current profession to a friend or relative?

Overall percentages who would or who might recommend their current profession, weighted by current profession:

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1806	78.4	80.0	80.0
	No	81	3.5	3.6	83.6
	Maybe	371	16.1	16.4	100.0
	Total	2258	98.0	100.0	
Missing	.00	46	2.0		
Total		2304	100.0		

Differences among disciplines in percent who would recommend their current profession, unweighted:

1. What is your primary healthcare profession?	Statistic	10. Would you recommend your current profession to a friend or relative?			Total
		Yes	No	Maybe	
Cardiovascular Technologist	Count	74	2	17	93
	%	79.6%	2.2%	18.3%	100.0%
CT Technologist	Count	159	14	31	204
	%	77.9%	6.9%	15.2%	100.0%
Diagnostic Medical Sonographer	Count	36	0	5	41
	%	87.8%	.0%	12.2%	100.0%
MRI Technologist	Count	134	8	29	171
	%	78.4%	4.7%	17.0%	100.0%
Nuclear Medicine Technologist	Count	40	0	7	47
	%	85.1%	.0%	14.9%	100.0%
Radiation Therapist	Count	239	8	24	271
	%	88.2%	3.0%	8.9%	100.0%
Radiographer	Count	687	33	151	871
	%	78.9%	3.8%	17.3%	100.0%
Mammographer	Count	171	7	43	221
	%	77.4%	3.2%	19.5%	100.0%
Other	Count	127	4	19	150
	%	84.7%	2.7%	12.7%	100.0%
Not currently practicing in any of these professions	Count	150	8	35	193
	%	77.7%	4.1%	18.1%	100.0%

Overall Pearson chi-square with 18 *df* = 28.413, *p* = .056; likelihood-ratio chi-square = 32.265, *p* = .020.

Scoring likelihood of recommending your profession to a friend or relative as No = 0, Yes = 1, and Maybe = .5 yields an overall *F* (9,2261) of 2.02, $p < .05$, with CT (mean = .855) and radiation therapy (.926) the only two professions with a mean significantly different from the overall mean of .883 at even the .05 level.

Recommendation as f (ethnicity), weighted by profession:

			10. Would you recommend your current profession to a friend or relative?			
			Yes	No	Maybe	Total
Race/Ethnicity	African American	Count	59	4	3	66
		%	89.4%	6.1%	4.5%	100.0%
	Asian	Count	29	0	5	34
		%	85.3%	.0%	14.7%	100.0%
	American Indian	Count	6	0	3	9
		%	66.7%	.0%	33.3%	100.0%
	Hispanic/Latino	Count	40	2	10	52
		%	76.9%	3.8%	19.2%	100.0%
	White	Count	1551	66	321	1938
		%	80.0%	3.4%	16.6%	100.0%
	Other	Count	27	6	4	37
		%	73.0%	16.2%	10.8%	100.0%

Overall chi-square w 10 *df* = 28.599, *p* = .001; repeating with AmerInd merged with Other (to eliminate very low expected values) → chi-square w 8 *df* = 20.819, *p* =.008.

An ANOVA on overall likelihood of recommending current profession to a friend or relative (counting "Maybe" as .5) yielded a nonsignificant overall *F*. However, examining the individual responses yielded a statistically significant chi-square for "Others" 16.2% likelihood of being unwilling to recommend their profession versus the overall likelihood of 3.6%, chi-square with 1 *df* = 16.90, $p < .001$.

11a-u: Importance of factors influencing career choice

Overall means and percentages, weighted by age, profession, and ethnicity:

		11a. Advice or info from a high school guidance counselor	11b. Advice or info from a high school teacher	11c. Advice or info from an academic/ career counselor	11d. Advice or info from a friend or relative	11e. Information from the Internet	11f. Information from a career or job fair
N	Valid	2153	2146	2147	2170	2130	2139
	Missing	151	158	157	134	174	165
Mean		1.6254	1.5965	1.9439	2.8690	1.6257	1.8436
Median[a]		1.4556	1.4486	1.7334	3.0996	1.4566	1.6362
Mode		1.00	1.00	1.00	4.00	1.00	1.00
Std. Deviation		.93855	.89170	1.09842	1.11037	.93384	1.06369
% Moderately Important		11.8%	13.6%	21.2%	35.67%	17.5%	21.6%
% Very Important		6.8%	4.7%	12.2%	35.71%	4.8%	9.4%

[a] Calculated from grouped data. Not important = 1; Of little importance = 2; Moderately important = 3; Very important = 4.

		11g. Information from television or radio commercials	11h. Information from movie, television or radio program	11i. Information from an article in a newspaper or magazine	11j. Information from an advertisement in a newspaper or magazine	11k. Information from a letter or advertisement received by mail
N	Valid	2134	2131	2144	2126	2132
	Missing	170	173	160	178	172
Mean		1.3704	1.3564	1.6501	1.5217	1.4558
Median[a]		1.2930	1.2883	1.4906	1.3929	1.3494
Mode		1.00	1.00	1.00	1.00	1.00
Std. Deviation		.68614	.65882	.92599	.83632	.77445
% Moderately Important		7.2%	6.9%	17.7%	11.7%	9.7%
% Very Important		1.6%	1.1%	4.6%	3.6%	2.6%

[a] Calculated from grouped data.

		11l. Personal experience in a prior healthcare job	11m. Personal experience as a volunteer or intern	11n. The experience of being a patient or a family member being a patient	11o. An extracurricular experience in grade school or high school	11p. You wanted a profession that requires less than four years of training
N	Valid	2141	2130	2129	2114	2158
	Missing	163	174	175	190	146
Mean		2.1722	1.9910	2.4060	1.6210	2.5267
Median[a]		1.8703	1.6933	2.3907	1.4441	2.5958
Mode		1.00	1.00	1.00	1.00	1.00
Std. Deviation		1.27795	1.21404	1.22168	.94774	1.19926
% Moderately Important		17.6	16.4	25.3	13.8	26.6
% Very Important		24.7	18.9	26.0	6.4	28.5

[a] Calculated from grouped data.

		11q. You wanted a profession that pays well	11r. You wanted a profession that has plenty of jobs	11s. You wanted a profession that helps people	11t. You wanted a profession that has opportunities for career advancement	11u. You wanted a profession that is interesting
N	Valid	2169	2161	2163	2165	2167
	Missing	135	143	141	139	137
Mean		3.2235	3.4016	3.5468	3.3872	3.7367
Median[a]		3.3544	3.5244	3.6206	3.4910	3.7694
Mode		4.00	4.00	4.00	4.00	4.00
Std. Deviation		.89203	.84846	.71257	.81087	.54217
% Moderately Important		26.9%	29.2%	27.8%	31.3%	19.5%
% Very Important		46.3%	58.4%	64.9%	55.7%	77.6%

[a] Calculated from grouped data.

Importance ratings as f (current profession), weighting by age and ethnicity:

1. What is your primary healthcare profession?	Statistic	11a. Advice or info from a high school guidance counselor	11b. Advice or info from a high school teacher	11c. Advice or info from an academic/career counselor	11d. Advice or info from a friend or relative	11e. Information from the Internet	11f. Information from a career or job fair
Cardiovascular Technologist	Mean	1.8282	1.7064	2.1223	2.9013	1.6183	1.8595
	N	92	92	92	90	90	90
	Std. Deviation	1.07483	.95909	1.09155	1.08247	.85263	1.01885
CT Technologist	Mean	1.5515	1.5644	1.8856	2.8389	1.5965	1.8328
	N	212	212	211	213	211	212
	Std. Deviation	.86792	.87429	1.06357	1.17883	.94807	1.04763
Diagnostic Medical Sonographer	Mean	1.6141	1.5433	2.1374	2.5760	1.4621	1.7344
	N	39	39	39	40	39	39
	Std. Deviation	.78246	.83537	1.12442	1.13951	.75317	1.00063
MRI Technologist	Mean	1.6414	1.5828	1.9409	2.7829	1.5587	1.7837
	N	166	166	166	167	164	167
	Std. Deviation	.90812	.87157	1.05713	1.14188	.89261	1.06357
Nuclear Medicine Technologist	Mean	1.9133	1.9870	2.2777	3.1024	1.9134	2.1881
	N	45	44	45	45	45	45
	Std. Deviation	1.15563	1.07363	1.26893	1.02412	1.02687	1.20588
Radiation Therapist	Mean	1.5264	1.4854	1.8996	2.8535	1.5987	1.7741
	N	267	266	266	269	264	264
	Std. Deviation	.88110	.81520	1.12361	1.15075	.90573	1.03885
Radiographer	Mean	1.6060	1.5804	1.8970	2.8767	1.6568	1.8225
	N	841	837	837	849	830	835
	Std. Deviation	.96061	.90261	1.10370	1.11445	.96438	1.06973
Mammog-rapher	Mean	1.6109	1.5678	1.8813	2.9091	1.4074	1.7861
	N	192	192	191	193	189	188
	Std. Deviation	.93194	.87035	1.04092	1.10442	.77146	1.05077
Other	Mean	1.8231	1.7239	1.9583	3.0381	1.6595	1.8726
	N	125	125	124	127	124	125
	Std. Deviation	1.05678	.91954	1.05661	1.10698	.96704	1.06410
Not currently practicing in any of these professions	Mean	1.6588	1.5760	1.7789	2.8190	1.4899	1.7442
	N	171	169	170	173	166	168
	Std. Deviation	.91192	.85126	1.01551	1.02614	.80859	.95447
Overall $F(9, N-10)$		2.084*	1.952*	1.502	1.057	2.327*	.881
Sign'ly different professions#		None	NMT	None	None	NMT	None

#$p < .01$ for difference between this profession's mean and overall mean importance rating.

1. What is your primary healthcare profession?	Statistic	11g. Information from television or radio commercials	11h. Information from movie, television or radio program	11i. Information from an article in a newspaper or magazine	11j. Information from an advertisement in a newspaper or magazine	11k. Information from a letter or advertisement received by mail
Cardiovascular Technologist	Mean	1.4474	1.4192	1.6143	1.5107	1.5331
	N	91	91	91	92	90
	Std. Deviation	.75443	.72304	.86363	.83584	.83413
CT Technologist	Mean	1.3494	1.3883	1.6157	1.4505	1.4091
	N	212	210	212	211	210
	Std. Deviation	.63582	.67854	.86176	.75485	.68329
Diagnostic Medical Sonographer	Mean	1.3352	1.2768	1.5428	1.5185	1.3352
	N	39	39	39	39	39
	Std. Deviation	.59045	.50525	.88450	.80231	.57303
MRI Technologist	Mean	1.3380	1.3148	1.6345	1.5867	1.4758
	N	167	166	167	165	166
	Std. Deviation	.65988	.65378	.92414	.92227	.84633
Nuclear Medicine Technologist	Mean	1.4254	1.4573	1.7697	1.5197	1.4509
	N	45	45	45	42	45
	Std. Deviation	.78918	.72601	.97787	.88045	.71649
Radiation Therapist	Mean	1.2490	1.3046	1.5506	1.3693	1.4074
	N	265	263	264	263	263
	Std. Deviation	.54975	.61615	.85227	.72518	.77305
Radiographer	Mean	1.3634	1.3524	1.6520	1.5229	1.4471
	N	827	831	836	833	832
	Std. Deviation	.69998	.67278	.94227	.84631	.79354
Mammographer	Mean	1.3673	1.2929	1.6286	1.4603	1.4441
	N	191	188	192	189	190
	Std. Deviation	.72927	.63076	.94640	.78434	.75504
Other	Mean	1.4366	1.3709	1.7455	1.7100	1.6325
	N	125	125	125	125	125
	Std. Deviation	.73740	.62598	.90843	.95471	.88654
Not currently practicing in any of these professions	Mean	1.3576	1.3049	1.5256	1.4115	1.4471
	N	167	168	166	167	167
	Std. Deviation	.61766	.56130	.82497	.69662	.72741
Overall $F(9, N-10)$	1.210	.818	.911	2.286*	1.140	1.210
Sign'ly different professions#		RTT	None	None	Other	None

#$p < .01$ for difference between this profession's mean and overall mean importance rating.

1. What is your primary healthcare profession?	Statistic	11l. Personal experience in a prior healthcare job	11m. Personal experience as a volunteer or intern	11n. The experience of being a patient or a family member being a patient	11o. An extracurricular experience in grade school or high school	11p. You wanted a profession that requires less than four years of training
Cardiovascular Technologist	Mean	2.4222	2.2500	2.5524	1.7294	2.5197
	N	91	90	91	91	92
	Std. Deviation	1.27642	1.22114	1.21862	.95163	1.13753
CT Technologist	Mean	2.2948	1.9929	2.4128	1.6651	2.5243
	N	211	211	210	209	211
	Std. Deviation	1.31156	1.23489	1.21972	1.01415	1.24103
Diagnostic Medical Sonographer	Mean	2.2908	1.8426	2.3448	1.4890	2.3710
	N	40	39	38	37	40
	Std. Deviation	1.29070	1.15936	1.17861	.86381	1.16078
MRI Technologist	Mean	2.2745	2.0650	2.3438	1.6386	2.6561
	N	166	164	163	164	167
	Std. Deviation	1.30405	1.21371	1.23114	.92466	1.22309
Nuclear Medicine Technologist	Mean	2.7076	2.1409	2.4804	1.8502	2.3833
	N	44	45	43	44	45
	Std. Deviation	1.25894	1.23458	1.22270	1.09098	1.22064
Radiation Therapist	Mean	2.2120	2.0466	2.3659	1.4723	2.1342
	N	265	266	266	264	265
	Std. Deviation	1.31024	1.24858	1.27361	.90968	1.16439
Radiographer	Mean	2.0100	1.9551	2.4339	1.5884	2.5956
	N	836	828	835	824	845
	Std. Deviation	1.23172	1.20916	1.23030	.93658	1.19868
Mammographer	Mean	1.9228	1.8318	2.2683	1.6309	2.6875
	N	190	191	192	187	191
	Std. Deviation	1.20473	1.17661	1.22432	.94977	1.18314
Other	Mean	2.3893	2.0161	2.2660	1.6870	2.3667
	N	124	121	125	121	124
	Std. Deviation	1.27847	1.19999	1.15689	.95129	1.20954
Not currently practicing in any of these professions	Mean	2.0607	1.9297	2.2620	1.5874	2.3461
	N	167	169	170	168	171
	Std. Deviation	1.28324	1.18465	1.17606	.92126	1.17067
Overall $F(9, N-10)$		4.427***	1.217	.924	1.417	4.804***
Sign'ly different professions#		Radiogr, mammo	None	None	None	Radiogr, RTT

#$p < .01$ for difference between this profession's mean and overall mean importance rating.

1. What is your primary healthcare profession?		11q. You wanted a profession that pays well	11r. You wanted a profession that has plenty of jobs	11s. You wanted a profession that helps people	11t. You wanted a profession that has opportunities for career advancement	11u. You wanted a profession that is interesting
Cardiovascular Technologist	Mean	3.2685	3.4194	3.4878	3.5160	3.7653
	N	92	89	92	91	91
	Std. Deviation	.85455	.86271	.63277	.68066	.48872
CT Technologist	Mean	3.3425	3.5020	3.4588	3.4948	3.7597
	N	212	212	212	211	212
	Std. Deviation	.79471	.77101	.71233	.73080	.48121
Diagnostic Medical Sonographer	Mean	3.1868	3.3548	3.6898	3.4792	3.8170
	N	40	40	40	40	39
	Std. Deviation	.83466	.83258	.65054	.78183	.47224
MRI Technologist	Mean	3.3059	3.5107	3.5058	3.5052	3.6799
	N	166	166	165	167	166
	Std. Deviation	.92129	.81381	.72701	.75024	.63721
Nuclear Medicine Technologist	Mean	3.3861	3.6271	3.6463	3.4893	3.8752
	N	45	43	43	45	44
	Std. Deviation	.94044	.79394	.67854	.81873	.39490
Radiation Therapist	Mean	3.0087	3.1426	3.7118	3.2367	3.8015
	N	264	268	266	268	268
	Std. Deviation	1.01320	1.01968	.58007	.88870	.50212
Radiographer	Mean	3.2257	3.4085	3.5432	3.3198	3.7116
	N	850	847	846	847	852
	Std. Deviation	.87335	.82962	.71593	.84849	.56519
Mammographer	Mean	3.2316	3.3932	3.5785	3.3498	3.6962
	N	194	194	194	192	194
	Std. Deviation	.89717	.82627	.67477	.80587	.55886
Other	Mean	3.1435	3.3046	3.3453	3.4405	3.6973
	N	126	126	128	126	126
	Std. Deviation	.89827	.92932	.86892	.80583	.66648
Not currently practicing in any of these professions	Mean	2.9384	3.1952	3.4924	3.3060	3.6933
	N	173	172	172	173	173
	Std. Deviation	.93422	.94073	.72661	.82896	.54104
	Grouped Median	3.0587	3.3497	3.5652	3.4119	3.7174
Overall $F(9, N-10)$		4.248***	4.616***	3.725**	2.918**	1.521
Sign'ly different professions#		RTT	RTT	RTT, Other	RTT	None

#$p < .01$ for difference between this profession's mean and overall mean importance rating.

The discriminant function – that linear combination of the 21 importance ratings that yielded the highest overall *F* for differences among the 10 professions – was essentially having rated the importance of a profession that is interesting and helps people, together with information provided by the internet or a movie or a TV or radio program, more highly than being a profession that pays

well, has plenty of jobs, and provides opportunities for career advancement, together with information provided by newspaper, magazine, TV, and/or radio advertisements. While this difference between the importance of nonpecuniary aspects of the job uncovered via informational aspects of the media and the importance of financial aspects of the job uncovered via commercials was positive for all 10 current professions, it was stronger among radiation therapists (.48 units) than it was among sonographers, NMTs, radiographers, and those not currently practicing in the radiologic sciences (.27 units), who in turn showed the tendency more strongly than did CVITs, CT techs, MRI techs, mammographers, and "Others" (.20 units); $F(1,1982) = 29.32$ and 8.56, $p < .001$ and .003, respectively for those two differences.

The individual professions that were significantly different from the overall average importance rating of each influence factor ($p < .01$) are listed at the bottom of that column of the above tables. These differences are consistent with the overall pattern described in the preceding paragraph.

Importance x age, weighted by current profession & ethnicity:

There was a very consistent tendency for the mean rated importance of *all* influence factors to decline with age. Of the 14 career-choice influences whose ratings differed significantly (at the .01 level) among the 5 age groups, 13 showed an overall decline (usually monotonic) with age. (The one exception was "You wanted a profession that required less than four years of training," which was rated as more important by the older age groups than by the younger R.T.s.)

Variable.. meanimp Mean importance rating, averaged across 21 influences

FACTOR	AGE GROUP	Mean	Std. Dev.	N
q16	18-29	2.354	.499	221
q16	30-39	2.292	.555	483
q16	40-49	2.153	.514	729
q16	50-59	2.102	.489	575
q16	60+	2.097	.520	81
For entire sample		2.190	.523	2089

Overall F (4,2083) = 16.052, $p < .001$.

To correct for this tendency to see all career-choices influence as having been less important, the older you are, we focused our analysis of age differences in perceived importance on the *relative* importance of each influence factor, defined as the R.T.'s rating of the importance of that factor, minus her average importance rating across all 21 factors. (In reading the tables, keep in mind that, for example, a rating of -.23 indicates *greater* relative importance -- below, but closer to the average importance of all 21 factors -- than does a rating of -.76.)

Age Group	Statistic	Advice or info from HS guidance counselor	Advice or info from HS teacher	Advice or info from academic or career counselor	Advice or info from a friend or relative	Information from the Internet	Info from a career or job fair
18-29	Mean	-.7825	-.7577	-.2553	.6255	-.1938	-.2369
	N	222	222	222	222	221	221
	Std. Deviation	.70715	.68212	.95452	.94074	.81646	.79789
	Grouped Median	-.8757	-.8603	-.4985	.8046	-.3902	-.3962
	Minimum	-2.19	-2.19	-2.14	-1.60	-1.62	-1.86
	Maximum	1.90	1.62	2.43	2.19	1.86	2.00
30-39	Mean	-.5803	-.5989	-.2078	.6038	-.6361	-.3091
	N	484	484	482	484	485	484
	Std. Deviation	.72569	.69056	.91306	1.00685	.64921	.79462

	Grouped Median	-.7556	-.7602	-.4614	.7012	-.7776	-.5714
	Minimum	-2.10	-2.33	-2.10	-1.95	-2.33	-2.10
	Maximum	2.15	1.95	2.62	2.62	2.00	2.29
40-49	Mean	-.5555	-.5923	-.3276	.5912	-.7131	-.4504
	N	734	729	732	732	730	732
	Std. Deviation	.70261	.65694	.82741	1.11689	.58384	.73477
	Grouped Median	-.7583	-.7688	-.6659	.7679	-.8409	-.7143
	Minimum	-2.38	-2.38	-2.38	-2.14	-2.00	-1.70
	Maximum	2.38	2.43	2.45	2.76	2.24	2.33
50-59	Mean	-.5100	-.6044	-.3539	.7307	-.7786	-.5868
	N	579	579	578	579	575	576
	Std. Deviation	.76021	.63450	.82645	1.11365	.54198	.65451
	Grouped Median	-.7247	-.7519	-.6497	.9138	-.8524	-.7637
	Minimum	-2.10	-2.10	-1.95	-2.10	-2.29	-1.95
	Maximum	2.48	2.19	2.67	2.86	2.05	2.29
60+	Mean	-.4546	-.5052	-.3968	.6574	-.6995	-.4852
	N	82	82	82	82	81	82
	Std. Deviation	.81469	.73129	.76415	1.20311	.60726	.80046
	Grouped Median	-.6983	-.7063	-.6328	.8514	-.8144	-.7350
	Minimum	-1.90	-1.90	-1.90	-1.24	-1.85	-1.62
	Maximum	2.29	2.29	1.95	2.86	1.71	1.86
Overall $F(4, N-5)$		6.305***	3.425**	2.549*	1.554	38.316***	13.772***
Relatively more important influence on older or younger R.T.s' career choice?		Older	Older	Younger	?	Younger	Younger

*,**,*** $p < .05, .01, .001$

Age Group	Statistic	Info from television or radio commercials	Info from movie, television or radio program	Info from article in a newspaper or magazine	Info from ad in a newspaper or magazine	Info from letter or ad received by mail
18-29	Mean	-.8703	-.9050	-.6029	-.7300	-.7855
	N	222	221	222	221	222
	Std. Deviation	.47650	.45898	.64289	.59851	.57970
	Grouped Median	-.8952	-.9038	-.7721	-.8543	-.8681
	Minimum	-2.14	-2.14	-1.76	-1.86	-2.19
	Maximum	.76	.76	1.62	2.25	2.24
30-39	Mean	-.8992	-.9033	-.6014	-.7179	-.7759
	N	483	482	484	481	483
	Std. Deviation	.46338	.47857	.66108	.58251	.52984
	Grouped	-.9175	-.9161	-.7907	-.8511	-.8566

	Median					
	Minimum	-2.29	-2.52	-1.95	-2.24	-2.05
	Maximum	.86	1.05	2.19	2.19	2.00
40-49	Mean	-.8364	-.8499	-.5869	-.7231	-.7708
	N	732	732	731	727	729
	Std. Deviation	.43616	.44387	.66032	.53686	.48532
	Grouped Median	-.8832	-.8852	-.7737	-.8286	-.8524
	Minimum	-2.28	-2.38	-1.76	-1.86	-1.76
	Maximum	2.14	2.14	2.29	2.05	2.10
50-59	Mean	-.8268	-.8420	-.5624	-.7189	-.7800
	N	575	577	579	574	577
	Std. Deviation	.44035	.45364	.68256	.53663	.49725
	Grouped Median	-.8636	-.8911	-.7579	-.8095	-.8523
	Minimum	-2.00	-2.00	-1.90	-1.90	-2.10
	Maximum	1.71	1.71	2.19	2.29	2.00
60+	Mean	-.8113	-.8176	-.6878	-.6995	-.6747
	N	82	81	81	82	82
	Std. Deviation	.40731	.35759	.55782	.58641	.69229
	Grouped Median	-.8724	-.8635	-.8154	-.8346	-.8454
	Minimum	-1.62	-1.62	-1.38	-1.38	-1.62
	Maximum	1.05	.15	2.24	2.29	2.05
Overall *F*(4, N-5)		2.283	2.082	.753	.053	.798
Relatively more important influence on older or younger R.T.s' career choice?		?	?	?	?	?

*,**,*** $p < .05, .01, .001$

Age Group	Statistic	Personal experience in prior healthcare job	Personal exper as volunteer or intern	Being a patient or a family member being a patient	Extracurricular experience in grade school or HS	Wanted a profession that requires < 4 years training
18-29	Mean	-.1915	-.0909	.2954	-.6355	-.1293
	N	221	220	221	220	222
	Std. Deviation	1.02583	.98750	1.00996	.73742	1.14664
	Grouped Median	-.5239	-.2133	.3333	-.8170	-.4693
	Minimum	-2.29	-2.29	-1.57	-2.19	-2.29
	Maximum	2.29	2.33	2.50	1.67	2.14
30-39	Mean	-.0485	-.2354	.2488	-.6297	.1511
	N	483	481	484	476	485
	Std. Deviation	1.08066	.94271	1.06795	.72842	1.14776

	Grouped Median	-.4286	-.6172	.1996	-.8095	.0953
	Minimum	-2.29	-2.29	-2.14	-2.33	-2.38
	Maximum	2.48	2.52	2.52	2.43	2.43
40-49	Mean	-.0979	-.2644	.1355	-.5740	.4414
	N	729	729	725	730	734
	Std. Deviation	1.09347	.97731	1.06883	.74781	1.12562
	Grouped Median	-.5714	-.7012	-.0627	-.8000	.5029
	Minimum	-1.90	-2.00	-1.71	-2.57	-2.14
	Maximum	2.62	2.57	2.60	2.56	2.57
50-59	Mean	-.0239	-.3268	.0410	-.5568	.5966
	N	577	577	568	574	577
	Std. Deviation	1.15531	.92677	1.05208	.74579	1.14207
	Grouped Median	-.5714	-.7049	-.3251	-.7835	.8026
	Minimum	-2.10	-2.10	-1.48	-2.30	-2.29
	Maximum	2.67	2.76	2.57	2.43	2.71
60+	Mean	.1096	-.3933	-.0956	-.7100	.5604
	N	82	82	79	78	80
	Std. Deviation	1.14001	.86923	1.10418	.57648	1.19975
	Grouped Median	-.3696	-.7201	-.4286	-.8561	.7669
	Minimum	-1.24	-1.85	-2.24	-1.67	-1.90
	Maximum	2.52	1.86	2.57	1.19	2.29
Overall *F*(4, N-5)		1.625	2.927*	4.674***	1.442	22.044***
Relatively more important influence on older or younger R.T.s' career choice?		?	Younger	Older	?	Older

*,**,*** $p < .05, .01, .001$

Age Group	Statistic	Wanted a profession that pays well	Wanted a profession with plenty of jobs	Wanted a profession that helps people	Wanted a profession with opportunities for career advancement	Wanted a profession that is interesting	Mean importance rating, all 21 influences
18-29	Mean	.9371	1.1958	1.3189	1.3296	1.4532	2.3523
	N	222	222	222	222	221	222
	Std. Deviation	.80036	.70893	.61555	.59938	.53916	.49909
	Grouped Median	1.0963	1.2857	1.2857	1.3333	1.4218	2.2972
	Minimum	-1.81	-.86	-.67	-.71	-.05	1.48
	Maximum	2.29	2.33	2.52	2.48	2.50	3.62
30-39	Mean	1.0702	1.1921	1.2305	1.1758	1.4681	2.2898
	N	485	483	478	484	483	485
	Std. Deviation	.75366	.72557	.71847	.70277	.59157	.55528
	Grouped Median	1.1432	1.2790	1.2844	1.2391	1.4875	2.1476

	Minimum	-1.29	-1.24	-1.86	-1.24	-.81	1.10
	Maximum	2.48	2.48	2.48	2.43	2.62	4.00
40-49	Mean	.9713	1.1625	1.3675	1.1245	1.5478	2.1523
	N	732	731	729	732	729	735
	Std. Deviation	.82547	.80596	.68741	.75185	.61569	.51392
	Grouped Median	1.0957	1.2422	1.4178	1.1882	1.6756	2.0329
	Minimum	-1.62	-1.62	-.81	-1.29	-.43	1.00
	Maximum	2.57	2.57	2.86	2.48	2.76	3.95
50-59	Mean	.9900	1.1492	1.4015	1.0421	1.5398	2.1032
	N	577	571	573	575	575	579
	Std. Deviation	.79048	.80902	.71965	.77312	.61346	.48715
	Grouped Median	1.0974	1.2483	1.5669	1.1660	1.6667	2.0203
	Minimum	-1.81	-1.19	-.81	-1.05	-.45	1.00
	Maximum	2.71	2.67	2.71	2.57	2.62	4.00
60+	Mean	.8154	1.1761	1.3187	1.1665	1.6599	2.0853
	N	81	79	81	82	81	82
	Std. Deviation	.83524	.83251	.84225	.76801	.63185	.52629
	Grouped Median	.9182	1.1524	1.5255	1.2547	1.8366	1.9992
	Minimum	-1.15	-1.15	-1.29	-.86	-.24	1.00
	Maximum	2.19	2.33	2.57	2.57	2.71	3.43
Overall $F(4, N-5)$		2.543*	.277	4.340**	6.677***	3.204*	15.970***
Relatively more important influence on older or younger R.T.s' career choice?		Less important for 18-29 and 60+ groups than other 3*	?	Less important for 30-39 than for other 4**	Most important for 18-29, least for 50-59	Older	Younger

*,**,*** $p < .05, .01, .001$

Influences on their career choices that were rated as relatively more important by older than by younger R.T.s (at the .01 level) were advice or information from a high school guidance counselor, ditto from a high school teacher, having been a patient or a family member's having been a patient, and wanting a profession that requires less than 4 years of training.

Influences that were rated as relatively more important by younger than by older R.T.s (.01 level) were information from the Internet and information obtained at a career fair or job fair.

Two of the influence factors showed more complicated patterns of (statistically significant) age differences: wanting a profession that helps people was rated as relatively less important by R.T.s 30-39 years of age than by the other 4 age groups, $F(1,2078) = 8.90$, $p < .01$; and wanting a profession with opportunities for career advancement was rated as having had the most influence (relative to other influence factors) on the career choices of the 18-29 age group and the least influence on the 50-59 age group, $F(1,2089) = 9.04$ and 6.89 respectively, $p < .01$ in each case.

Importance by ethnicity, weighted by age and current profession:

As with age differences, the 6 ethnic groups differed substantially in their overall mean rating, averaged across the 21 career-choice influences:

Mean importance rating, averaged across influences

	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
					Lower Bound	Upper Bound		
African American	68	2.4334	.63654	.07722	2.2792	2.5875	1.38	3.95
Asian	37	2.7134	.62756	.10251	2.5056	2.9212	1.57	3.71
American Indian	8	2.6978	.45848	.16263	2.3127	3.0830	1.75	3.14
Hispanic/Latino	54	2.4658	.67557	.09184	2.2816	2.6500	1.00	3.95
White	1890	2.1925	.51145	.01177	2.1695	2.2156	1.00	4.00
Other	45	2.2627	.51512	.07693	2.1076	2.4177	1.10	3.33
Total	2102	2.2201	.53067	.01158	2.1974	2.2428	1.00	4.00

In particular, Asian and American Indian respondents gave significantly higher ratings (on average) than did the other four groups [F (1,2095) = 11.83, p = .001] and White and "Other" respondents gave significantly lower ratings than did African American and Hispanic/Latino R.T.s [F (1,2095) = 14.88, p < .001] . Further analyses of differences among the six ethnicities with respect to the importance of the various factors are therefore based on *relative* importance, defined as above by the difference between the rated importance of a given factor, minus the average rating by that R.T. across all 21 career-influence factors. Again, note that a small negative relative-importance rating (e.g., -.17) represents *greater* relative importance of that factor than does a highly negative rating (e.g., -.62).

Race/Ethnicity		Advice or info from HS guidance counselor	Advice or info from HS teacher	Advice or info from academic/ career counselor	Advice or info from a friend or relative	Information from the Internet	Info from a career or job fair
African American	Mean	-.6958	-.8037	-.2555	.3850	-.3530	-.0787
	N	68	68	68	68	67	68
	Std. Deviation	.80435	.66498	1.22292	1.09581	.77562	.93650
	Grouped Median	-.8268	-.8541	-.5426	.3211	-.5706	-.2378
	Minimum	-2.14	-2.14	-2.14	-1.68	-1.68	-1.68
	Maximum	1.15	.81	2.43	2.62	1.38	2.05
Asian	Mean	-.4077	-.5000	-.0626	.3941	-.2570	-.1288
	N	37	37	37	37	37	37
	Std. Deviation	.70644	.62774	.80874	.95244	.74130	.79704
	Grouped Median	-.6207	-.6333	.1036	.3578	-.3096	-.0743
	Minimum	-1.81	-1.81	-1.81	-1.10	-1.90	-1.90
	Maximum	1.10	1.10	1.71	2.14	1.57	1.43
American Indian	Mean	-.9518	-.2902	-.2058	.4359	-.2058	-.0232
	N	8	8	8	8	8	7
	Std. Deviation	.13002	.52742	.50705	.71590	.50705	.62218
	Grouped Median	-.9249	-.0702	-.0094	.1118	-.0094	.0980
	Minimum	-1.14	-1.14	-1.14	-.14	-1.14	-1.14
	Maximum	-.75	.10	.14	1.86	.14	.86

Hispanic/Latino	Mean	-.7323	-.7594	-.0742	.4200	-.5846	-.0627
	N	54	54	54	54	54	52
	Std. Deviation	.65256	.67228	.82602	1.06616	.70748	.87718
	Grouped Median	-.7547	-.7750	-.1560	.2857	-.7231	-.0162
	Minimum	-2.00	-2.00	-1.57	-1.29	-1.85	-1.76
	Maximum	1.24	1.24	1.71	2.57	1.43	1.81
White	Mean	-.5749	-.6066	-.2957	.6455	-.6296	-.4225
	N	1888	1884	1883	1885	1878	1885
	Std. Deviation	.72832	.67130	.86113	1.06069	.65914	.74561
	Grouped Median	-.7621	-.7718	-.5781	.8095	-.8095	-.7000
	Minimum	-2.38	-2.38	-2.38	-2.14	-2.33	-1.95
	Maximum	2.48	2.43	2.67	2.86	2.24	2.33
Other	Mean	-1.0501	-.8654	-.4500	.8032	-.3952	-.3767
	N	45	43	45	45	45	44
	Std. Deviation	.51877	.69743	1.02195	1.09868	.86672	.76736
	Grouped Median	-1.0802	-.9108	-.7167	1.0685	-.6238	-.5296
	Minimum	-2.00	-2.00	-2.00	-1.75	-1.75	-1.76
	Maximum	.10	1.76	2.33	2.43	1.70	1.10
Overall *F*(5,N-5)		5.369***	3.413**	1.509	1.894	5.873***	6.174***

*,**,*** $p < .05, .01, .001$

Race/Ethnicity		Info from television or radio commercials	Info from movie, television or radio program	Info from article in a newspaper or magazine	Info from ad in a newspaper or magazine	Info from letter or ad received by mail
African American	Mean	-.9237	-.8190	-.4909	-.5586	-.7733
	N	67	66	67	68	67
	Std. Deviation	.47123	.53135	.71253	.72956	.64889
	Grouped Median	-.9036	-.8682	-.6560	-.7143	-.8831
	Minimum	-2.14	-2.14	-1.38	-1.62	-2.10
	Maximum	.19	.57	1.81	1.81	1.00
Asian	Mean	-.9503	-.8633	-.3496	-.5811	-.5357
	N	37	37	37	37	37
	Std. Deviation	.57887	.70700	.81118	.68296	.76795
	Grouped Median	-.9651	-.8982	-.3745	-.7474	-.8149
	Minimum	-2.14	-2.14	-1.90	-1.90	-1.90
	Maximum	.71	1.05	1.90	1.00	2.00
American Indian	Mean	-.8674	-.8674	-.8674	-.8674	-.9518
	N	8	8	8	8	8
	Std. Deviation	.35151	.35151	.35151	.35151	.13002
	Grouped Median	-.9249	-.9249	-.9249	-.9249	-.9249
	Minimum	-1.14	-1.14	-1.14	-1.14	-1.14
	Maximum	.14	.14	.14	.14	-.75
Hispanic/Latino	Mean	-.7555	-.8255	-.6056	-.5915	-.7084
	N	54	54	54	54	54
	Std. Deviation	.53621	.47823	.66080	.64844	.62182

	Grouped Median	-.7534	-.7730	-.6791	-.6520	-.7660
	Minimum	-1.76	-1.76	-1.57	-1.48	-1.52
	Maximum	.48	.38	2.05	2.05	1.43
White	Mean	-.8547	-.8733	-.6049	-.7358	-.7715
	N	1883	1881	1885	1874	1882
	Std. Deviation	.44331	.44696	.65033	.54641	.51585
	Grouped Median	-.8971	-.9014	-.7755	-.8509	-.8544
	Minimum	-2.29	-2.52	-1.95	-2.24	-2.19
	Maximum	2.14	2.14	2.29	2.29	2.24
Other	Mean	-.9205	-.7974	-.2624	-.3986	-.9136
	N	44	44	45	42	43
	Std. Deviation	.50852	.58138	.85041	.99457	.65863
	Grouped Median	-.9243	-.7851	-.5339	-.6667	-1.0074
	Minimum	-1.76	-1.76	-1.75	-1.75	-2.00
	Maximum	.48	.81	1.85	2.25	.67
Overall *F*(5,N-5)		1.349	.501	3.988***	5.110***	2.417*

*,**,*** $p < .05, .01, .001$

Race/Ethnicity	Statistic	Personal experience in prior healthcare job	Personal experience as a volunteer or intern	Being a patient or a family member being a patient	Extracurricular exper in grade school or HS	Wanted a profession that requires < 4 years training
African American	Mean	.0999	-.0808	.0179	-.6359	-.0723
	N	68	68	66	68	68
	Std. Deviation	1.04025	.93076	1.01065	.78554	1.18088
	Grouped Median	.0678	-.1892	-.1592	-.7143	-.5281
	Minimum	-1.62	-1.62	-1.71	-2.30	-2.10
	Maximum	2.19	2.05	2.05	1.71	2.48
Asian	Mean	.1290	.0160	-.0464	-.6419	.1605
	N	37	36	37	37	37
	Std. Deviation	.85398	.81530	.87564	.66164	.98682
	Grouped Median	.1765	.0745	-.1595	-.7390	.1441
	Minimum	-1.29	-1.29	-1.43	-2.33	-1.62
	Maximum	2.14	1.38	1.90	.71	2.05
American Indian	Mean	1.1819	.5402	.0231	-.9518	-.5954
	N	8	8	8	8	8
	Std. Deviation	.55201	.96478	.72603	.13002	1.63114
	Grouped Median	1.0914	.9906	.0970	-.9249	-1.1832
	Minimum	.14	-1.14	-1.14	-1.14	-1.90
	Maximum	2.25	1.14	2.00	-.75	1.86
Hispanic/Latino	Mean	.2753	-.1933	-.2321	-.5653	.2598
	N	54	53	54	53	54
	Std. Deviation	1.09383	.92219	.89256	.82710	1.11547
	Grouped Median	.3991	-.4289	-.3047	-.7449	.3881
	Minimum	-1.76	-1.85	-1.85	-1.71	-1.76

	Maximum	2.57	1.71	2.24	2.30	2.30
White	Mean	-.1008	-.2563	.1839	-.6004	.3080
	N	1879	1875	1870	1865	1884
	Std. Deviation	1.09303	.95877	1.06813	.72833	1.17090
	Grouped Median	-.5714	-.6667	.0500	-.8095	.2883
	Minimum	-2.29	-2.29	-2.24	-2.57	-2.38
	Maximum	2.67	2.76	2.60	2.56	2.71
Other	Mean	.1816	.0466	.3710	-.6884	-.1319
	N	45	45	43	43	45
	Std. Deviation	1.09145	.96845	1.08565	.72461	1.00106
	Grouped Median	-.1490	-.1858	.3669	-.7468	-.3894
	Minimum	-1.71	-1.71	-1.33	-1.76	-1.57
	Maximum	1.95	2.25	2.24	2.00	1.76
Overall *F(*5,N-5)		4.572***	2.882*	2.540*	.560	3.558**

*,**,*** $p < .05, .01, .001$

Race / Ethnicity	Statistic	Wanted a profession that pays well	Wanted a profession with plenty of jobs	Wanted a profession that helps people	Wanted a profession with opportunities for career advancement	Wanted a profession that is interesting	Mean importance rating, averaged across influences
African American	Mean	.9117	1.0094	1.3371	1.2901	1.4474	2.4334
	N	68	68	68	67	68	68
	Std. Deviation	.77492	.78668	.68759	.69617	.65135	.63654
	Grouped Median	.9767	1.1275	1.3165	1.2997	1.5446	2.2409
	Minimum	-.95	-.95	-.43	-.95	.05	1.38
	Maximum	2.33	2.19	2.43	2.43	2.62	3.95
Asian	Mean	.8339	.8311	1.0143	.8357	1.1106	2.7134
	N	37	37	37	37	37	37
	Std. Deviation	.76732	.73493	.80467	.77102	.71652	.62756
	Grouped Median	.8130	.8068	1.0423	.7848	.9606	2.8331
	Minimum	-.86	-.86	-.67	-.90	-.10	1.57
	Maximum	2.19	2.14	2.33	2.19	2.33	3.71
American Indian	Mean	1.0132	1.0490	1.1334	1.1334	1.1334	2.6978
	N	8	8	8	8	8	8
	Std. Deviation	.49583	.53323	.46739	.46739	.46739	.45848
	Grouped Median	1.0635	1.0519	1.1072	1.1072	1.1072	2.8882
	Minimum	.14	.14	.14	.14	.14	1.75
	Maximum	1.86	2.00	2.00	2.00	2.00	3.14
Hispanic/ Latino	Mean	1.0082	1.1245	1.1649	1.0869	1.3439	2.4658
	N	54	53	54	54	54	54
	Std. Deviation	.74496	.80488	.72527	.73717	.66512	.67557
	Grouped Median	1.1416	1.2560	1.2558	1.2191	1.4525	2.3245
	Minimum	-.76	-.76	-.43	-.38	-.43	1.00
	Maximum	2.24	2.48	2.52	2.57	2.52	3.95
White	Mean	.9968	1.1854	1.3298	1.1611	1.5225	2.1925

	N	1885	1876	1871	1883	1876	1890
	Std. Deviation	.79831	.76733	.70085	.72288	.59339	.51145
	Grouped Median	1.0988	1.2673	1.3779	1.2308	1.5951	2.0565
	Minimum	-1.81	-1.62	-1.86	-1.29	-1.14	1.00
	Maximum	2.71	2.67	2.86	2.57	2.76	4.00
Other	Mean	.6820	1.0471	1.3094	1.1325	1.5496	2.2627
	N	44	45	45	45	44	45
	Std. Deviation	.99253	.73324	.68085	.75962	.56538	.51512
	Grouped Median	.9045	1.2307	1.4169	1.3076	1.5114	2.2694
	Minimum	-1.15	-.76	-.33	-1.05	-.10	1.10
	Maximum	2.29	2.29	2.43	2.43	2.48	3.33
Overall *F(*5,N-5)		1.736	2.514*	2.144	2.059	5.136***	13.764***

*,**,*** $p < .05, .01, .001$

Nine of the influence factors' mean relative importance ratings differed significantly (at the .01 level) among the six ethnic groups:

Information or advice from a high school guidance counselor was rated more highly (though still less highly than other factors) by Whites and Asian-Americans (-.57, averaged together) than by the other four groups (-.69 to -1.05), F (1,2094) = 14.12, $p < .001$.

Information or advice from a high school teacher was rated more highly by Asian-Americans and American Indians (-.46, on average) than by African-Americans, Hispanic/Latinos, and Others (-.80), F (1,2088) = 8.60, $p < .01$. (Whites were very close to the overall average in this respect.)

Information obtained via the Internet was rated as a relatively less important influence on their career choices by Whites and Hispanic/Latinos (-.63) than by the other 4 groups (-.21 to -.40), F (1,2083) = 12.40, $p < .001$.

Information from a career fair or a job fair was relatively less important to Whites and Others (-.42) than it was to the other four ethnic groups (-.02 to -.13), F (1,2088) = 15.52, $p < .001$.

Information from an article in a newspaper or a magazine was less important to R.T.s of Other ethnicity (-.26) than to the other five groups (-.35 to -.87), F (1,2090) = 7.96, $p < .01$.

Information from an *advertisement* in a newspaper or a magazine was less important to Whites and American Indians (-.74) than it was to the other four groups (-.40 to -.59), F (1,2076) = 6.05, $p = .014$.

Personal experience in a prior healthcare job was seen as considerably above average in importance (+1.18) in American Indians' career choices [F(1,2090) for the difference between this mean and the other five groups' average rating = 7.96, $p < .01$], while Whites' rated such prior experience somewhat below average [-.10, significantly below the average of the other five groups, F(1,2090) = 7.96, $p < .01$] and African Americans, Asian-Americans, Hispanic/Latinos, and Others all rated such personal experience slightly above average in relative importance (.10 to .28).

Wanting a profession that requires less than 4 years of training was rated as relatively more important by Whites and Hispanic/Latinos (.31) than by the other four ethnic groups (-.60 to +.16), F(1,2090) = 8.73, $p < .01$.

African-Americans, Whites and Others rated having wanted a profession that is interesting as a relatively more important factor in their career choice (1.52 units above their average rating for all 21 factors) than did the other three ethnicities (1.11 to 1.34), F(1,2065) = 7.83, $p < .01$.

12. Assign up to 25 points (0-25) to the following reasons for entering your current profession, giving more points to the most important reasons. Your total points for all reasons must equal 25.

Only one person who assigned any points failed to assign points that summed to 25. That person's point assignments were multiplied by a constant to make the adjusted points sum to 25. In addition, system-missing scores were replaced by zeroes if a respondent assigned points to one or more reasons.

Overall point distribution, weighted by age and profession:

	Points Assigned to								
Statistic	Help people	Make a good salary	Job security/ plenty of jobs	Requires less time in school than other jobs	Interesting work	Like science and math	Like technology	Like interaction with people	Wanted a healthcare job
N Valid	2151	2151	2151	2151	2151	2151	2151	2151	2151
Missing	153	153	153	153	153	153	153	153	153
Mean	4.2437	4.1542	3.7088	1.7506	2.8745	1.4677	1.9870	2.4417	2.3719
Median[a]	3.9581	4.0961	3.5952	1.0541	2.7938	1.0231	1.6807	2.5974	1.8171
Mode	5.00	5.00	5.00	.00	3.00	.00	.00	2.00	.00
Std. Deviation	3.12789	2.67546	2.72501	2.25221	2.07110	1.78406	1.95652	1.87059	2.68944

[a]Calculated from grouped data.

Note that the relative importance of the first five items in this "head-to-head confrontation" was generally consistent with the ratings of the corresponding items when embedded in the list of 21 influence factors, with two exceptions:

(1) A slight reversal in the means for "good salary" versus "job security/plenty of jobs" (4.15 vs. 3.71 in the above point allocation) as compared to "pays well" versus "plenty of jobs" (3.22 vs. 3.40 in the ratings).

(2) A much larger and more puzzling discrepancy between the two evaluations of the importance of "interesting work" (allocated 2.87 points, next to last among these 5 items) versus wanting "a profession that is interesting" (mean rating of 3.74, higher than the

Point assignment as f (current profession), weighted by age:

1. What is your primary healthcare profession ?	Statistic	Help people	Make a good salary	Job security/ plenty of jobs	Requires less time in school than other jobs	Interest-ing work	Like science and math	Like technol-ogy	Like interac-tion with people	Wanted a health-care job
Cardio-vascular Technolo-gist	Mean	4.3465	4.2595	3.6536	1.8967	3.1435	1.2333	2.2133	2.0403	2.2133
	N	90	90	90	90	90	90	90	90	90
	Std. Deviation	3.47177	2.34102	2.36988	2.84204	2.17032	1.51748	1.76668	1.84476	2.56186
	Grouped Median	3.7424	4.1973	3.7118	.9963	3.3375	.8412	1.9594	1.8355	1.6811
CT Technolo-gist	Mean	3.5848	4.3508	3.9936	1.6975	3.0836	1.4210	2.4741	2.3656	2.0290
	N	208	208	208	208	208	208	208	208	208
	Std. Deviation	2.97686	2.40831	3.07859	2.43098	2.24329	1.69584	2.08343	1.81838	2.24687
	Grouped Median	3.3142	4.3940	3.9470	.9779	2.9455	1.0053	2.1666	2.1487	1.4974

Diagnostic Medical Sonog-rapher	Mean	4.8312	3.6143	3.7063	1.7226	2.7273	1.6124	1.8084	2.2422	2.7354
	N	40	40	40	40	40	40	40	40	40
	Std. Deviation	3.48741	1.57820	2.30726	1.80952	1.76993	1.33256	1.54945	1.47024	1.80284
	Grouped Median	4.4720	3.9587	3.2294	1.2355	2.7982	1.4687	1.6686	2.1514	2.5931
MRI Technolo-gist	Mean	3.4106	4.1126	3.8854	1.8314	2.9149	1.9078	2.3896	2.1718	2.3761
	N	166	166	166	166	166	166	166	166	166
	Std. Deviation	2.39179	2.68471	2.40813	2.18349	1.69210	1.88587	1.91360	1.65440	2.98684
	Grouped Median	3.2131	3.9459	3.8610	1.1885	2.8838	1.5417	2.1513	2.0851	1.7878
Nuclear Medicine Technolo-gist	Mean	4.6583	4.7856	3.5595	1.4651	3.2150	1.1256	2.3666	1.9557	1.8686
	N	45	45	45	45	45	45	45	45	45
	Std. Deviation	3.29534	2.04453	2.00407	1.93498	2.26129	1.27675	2.16111	1.51697	2.07162
	Grouped Median	4.0465	4.6799	3.9190	.7910	2.8811	.9260	1.9938	1.8846	1.2540
Radiation Therapist	Mean	4.7573	3.9132	3.0481	1.2529	2.6313	2.0034	2.0285	2.9089	2.4564
	N	268	268	268	268	268	268	268	268	268
	Std. Deviation	3.37600	2.31307	2.33000	1.97389	1.72778	1.87354	2.08598	2.00262	2.56043
	Grouped Median	4.3947	3.8971	2.8453	.7053	2.7194	1.7116	1.8432	2.8470	1.9698
Radiog-rapher	Mean	4.3270	4.2331	3.7755	1.8776	2.8161	1.3340	1.7278	2.5461	2.3628
	N	848	848	848	848	848	848	848	848	848
	Std. Deviation	2.94402	2.89574	2.79827	2.23632	2.07491	1.59706	1.71344	1.88393	2.75359
	Grouped Median	4.0876	4.1119	3.6514	1.2721	2.6872	.9107	1.4463	2.9135	1.7737
Mammog-rapher	Mean	4.3741	4.2747	3.6278	2.0391	2.5253	1.2524	1.8451	2.5908	2.4707
	N	190	190	190	190	190	190	190	190	190
	Std. Deviation	3.59382	3.06713	2.62146	2.49427	1.77434	1.80802	2.49685	2.06984	2.45138
	Grouped Median	3.8464	4.1055	3.6125	1.2933	2.5952	.7365	1.2752	2.4706	2.0998
Other	Mean	3.5146	4.3669	3.3547	1.5223	3.3254	1.6635	2.6756	2.3502	2.2267
	N	124	124	124	124	124	124	124	124	124
	Std. Deviation	3.23109	3.13165	2.75297	2.74414	3.03392	2.30625	2.80512	2.19898	2.50205
	Grouped Median	3.2618	4.1871	3.3621	.7500	3.1126	1.0495	2.1735	2.0267	1.6612
Not currently practicing in any of these profes-sions	Mean	4.5016	3.5293	3.5915	1.2561	3.0780	1.7867	2.0283	2.4380	2.7905
	N	167	167	167	167	167	167	167	167	167
	Std. Deviation	3.30162	2.38544	3.24704	1.85562	2.31097	2.68061	1.92257	1.97687	3.65013
	Grouped Median	4.1589	3.3150	3.1896	.7068	3.0022	1.2480	1.8305	2.3435	1.9206
Overall F(9,N-10)		4.400***	2.020*	2.236*	3.188***	2.438**	5.410***	5.805***	3.303***	1.193
Professions significantly above or below average point allocation (.01 level)		MRI, RTT	Not currently practice-ing	RTT	RTT	Mammo, Other	RTT, Radiogr	Radiogr, Other	RTT	Not currently practice-ing

Radiation therapists assigned significantly more points to “Helps people,” “Like science and math” and “Like interaction with people” and significantly fewer points to “Job security/plenty of jobs” and “Requires less time in school than other jobs” than did those in other specialties.

Those not currently practicing in the radiologic sciences assigned more points to “Wanted a health care job” and fewer to “Good salary” than did those who are currently practicing.

MRI technologists assigned fewer points to “Helps people” than did the other respondents.

Those in “Other” professions assigned more points and mammographers assigned significantly fewer points to “Interesting work” than did other respondents.

Radiographers assigned significantly fewer points to “Like science and math” and “Like technology” than did those in other specialties.

Points as f (age), weighted by current profession:

Age		Help people	Make a good salary	Job security/ plenty of jobs	Requires less time in school than other jobs	Interesting work	Like science and math	Like technol-ogy	Like interact-tion with people	Wanted a health care job
18-29	Mean	4.5112	4.4126	3.8117	1.3632	2.8744	1.4081	1.7309	2.6323	2.2556
	N	223	223	223	223	223	223	223	223	223
	Std. Deviation	3.1248	2.8316	2.1893	1.6760	1.6799	1.5036	1.6328	1.7474	2.1122
	Grouped Median	4.0732	4.2830	3.7867	.8936	2.9143	1.0606	1.4630	2.5566	1.8316
30-39	Mean	4.1501	4.5091	3.6917	1.6876	2.8357	1.5152	2.0142	2.3083	2.2880
	N	493	493	493	493	493	493	493	493	493
	Std. Deviation	3.1283	2.6516	2.5579	2.3146	2.0391	1.7467	1.9142	1.8141	2.7656
	Grouped Median	3.9191	4.3247	3.6712	.9577	2.7264	1.0750	1.7356	2.1600	1.7614
40-49	Mean	4.0179	4.0495	3.6415	1.8530	2.8942	1.5838	2.2005	2.4368	2.3228
	N	728	728	728	728	728	728	728	728	728
	Std. Deviation	3.0791	2.7400	2.8554	2.3861	2.1520	1.9649	2.2224	1.8864	2.4905
	Grouped Median	3.7429	3.9328	3.4772	1.1486	2.7834	1.1327	1.8571	2.3399	1.7874
50-59	Mean	4.5261	3.6476	3.4030	1.8870	2.9292	1.4705	1.8634	2.6847	2.5885
	N	593	593	593	593	593	593	593	593	593
	Std. Deviation	3.3293	2.4630	2.8977	2.5254	2.4325	1.9863	1.9556	2.0665	3.0368
	Grouped Median	4.2027	3.6738	3.2077	1.0739	2.8057	.9189	1.5377	2.5768	1.8800
60+	Mean	3.8046	3.5747	3.7471	1.5517	2.6552	1.7126	2.5057	2.7126	2.7356
	N	87	87	87	87	87	87	87	87	87
	Std. Deviation	2.6843	3.0827	3.41412	2.0556	2.1231	2.1776	2.5603	2.4538	4.2136
	Grouped Median	3.6897	3.2941	3.5238	.8246	2.7097	.9792	2.2258	2.5625	1.6000
Overall *F*(4,N-5)		3.051*	8.721***	1.313	2.632*	.371	.570	4.650***	3.269*	1.501

The only two career-choice influence factors whose mean point assignment differed significantly as a function of age were “Make a good salary” and “Like science and math.” Mean points allocated to “Like science and math” increased essentially linearly with age, F (1,1974) for linear trend = 9.65, $p < .01$, accounting for 76% of the overall variation among the 5 age-group means. “Good

salary" showed a more complex relationship to age, with the 30-39 age group assigning the most points and the 50-59 group, the least. However, the principal effect (and the only comparison that achieved statistical significance at the .01 level) was that R.T.s 39 years of age or younger assigned significantly more points (4.64) to this factor than did the 40-or-overs (4.22), F (1,1974) = 7.56, $p < .01$.

13. What type of medical facility do you work in?

		Pathways Sample			All ARRT Registrants	
		Frequency	Percent	Valid Percent	Frequency	Valid Percent
Valid	Community Hospital	917	39.8	42.4	131,557[a]	64.9
	Government Hospital	63	2.7	2.9		
	University Medical Center	162	7.0	7.5		
	Free-standing clinic	299	13.0	13.8	28,314	14.0
	Teaching facility	173	7.5	8.0	2,382[b]	1.2
	Private physician practice	188	8.2	8.7	28,825[c]	14.2
	Other	362	15.7	16.7	9,526	4.7
	Multiple types checked	0	.0		2,155	1.1
	Total	2164	93.9	100.0		
Missing		140	6.1			
Total		2304	100.0			

[a] ARRT renewal form category was "Hospital".

[b] ARRT category: "Educational".

[c] ARRT category: "Private office".

Given the differences in response categories on the Pathways questionnaire as compared to the ARRT renewal form, it is difficult to know how representative (or not) our sample was of the distribution of facility types among all ARRT registrants.

The 347 "Other" types of facility were categorized as follows:

	Frequency	Percent
1.1 Particular type of community hospital	44	12.1
2.1 Particular type of government hospital	3	.9
3.1 Particular type of university medical center	1	0.3
4.1 Particular type freest clinic	80	23.1
4.2 Clinic, not further specified	4	1.2
4.3 Type of clinic other than freestanding	4	1.2
4.4 Satellite facility	16	4.6
5.1 Particular type of teaching facility	32	9.2
6.1 Particular type private physician practice	9	2.6
7 Multiple facilities	36	10.4
8 Cancer Center	2	.6
9 NA (unemployed, etc.)	33	9.5
10.1 Medical sales	15	4.3
10.2 Applications training	4	1.2
10.3 Staffing agency	5	1.4
10.4 Med business, role unspecified	13	3.7
11 Government agency	7	2.0
12 Health profession association	8	2.3
13 Non-health-related facility	2	.6
88 None of above or ambiguous	29	8.4
Total	347	100.0

Note that 169 (48.7%) of these “Other” specifications provided (in the eyes of the ASRT coders) a more detailed specification of one of the checklist categories – e.g., “private hospital” or “non profit hospital” as particular kinds of community hospitals.

14. In which type of area is your facility located?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Urban	960	41.7	45.3	45.3
	Suburban	793	34.4	37.4	82.7
	Rural	366	15.9	17.3	100.0
	Total	2119	92.0	100.0	
Missing	.00	185	8.0		
Total		2304	100.0		

15. In what state do you work?

	State	Pathways Sample		ARRT Database		ARRT w Internet Access	
		Frequency	Percent	Frequency	Percent	Frequency	Percent
Valid	AK	8	.4	390	.2	114	.2
	AL	28	1.3	4129	1.8	1167	1.8
	AR	28	1.3	2602	1.2	787	1.2
	AZ	40	1.9	4035	1.8	1079	1.7
	CA	161	7.6	16554	7.2	4539	7.1
	CO	36	1.7	3523	1.4	984	1.5
	CT	45	2.1	3543	1.5	927	1.5
	DC	3	.1	166	.1	48	.1
	DE	7	.3	755	.3	208	.3
	FL	116	5.5	14743	6.4	3967	6.2
	GA	64	3.0	6939	3.0	2000	3.1
	HI	8	.4	795	.3	219	.3
	IA	12	.6	3009	1.3	821	1.3
	ID	12	.6	1081	.5	294	.5
	IL	60	2.8	10808	4.7	2906	4.6
	IN	68	3.2	6183	2.7	1645	2.5
	KS	21	1.0	2712	1.2	793	1.2
	KY	32	1.5	4495	2.0	1175	1.8
	LA	27	1.3	4220	1.8	1202	1.9
	MA	71	3.4	5525	2.4	1467	2.3
	MD	41	1.9	4859	2.0	1384	2.2
	ME	13	.6	1413	.6	380	.6
	MI	75	3.6	8570	3.7	2281	3.6
	MN	37	1.8	4311	1.9	1089	1.7
	MO	41	1.9	4969	2.2	1355	2.1
	MS	22	1.0	2683	1.2	717	1.1
	MT	5	.2	834	.4	239	.4
	NC	84	4.0	7885	3.4	2181	3.4
	ND	15	,7	658	.3	175	.3
	NE	14	.7	1697	.7	460	.7
	NH	19	.9	1226	.5	338	.5
	NJ	65	3.1	7097	3.1	1883	3.0
	NM	19	.9	1204	.5	307	.5
	NV	27	1.3	1532	.7	408	.6
	NY	112	5.3	11713	5.1	3026	4.7
	OH	101	4.8	12169	5.3	3260	5.1
	OK	35	1.7	2695	1.2	732	1.1
	OR	40	1.9	2321	1.0	605	.9
	PA	112	5.3	13323	5.8	3484	5.5
	PR, APO, Territories	3	.1	582	.3	92	.1
	RI	14	.7	1107	.5	285	.4
	SC	27	1.3	3796	1.7	1077	1.7
	SD	10	.5	855	.4	244	.4
	TN	45	2.1	5613	2.4	1524	2.4

	TX	67	3.2	15575	6.8	4356	6.8
	UT	10	.5	1562	.7	403	.6
	VA	63	3.0	5830	2.5	1638	2.6
	VT	5	.2	580	.3	152	.2
	WA	54	2.6	4205	1.8	1172	1.8
	WI	68	3.2	5759	2.5	1578	2.5
	WV	20	.9	2155	.9	583	.9
	WY	2	.1	493	.2	124	.2
	Total U.S.	2112	100.0	229740		63759	
NA to Comparison	Non-U.S.	0	.0	6463	2.7	416	1.8
	No State or No Access	192	8.3	0	.0	172028	72.8
Total		2304	100.0	236203		236203	

The only substantial under- or over-representation of individual states involved Texans (3.2% of our sample versus 6.8% of the R.T. population), Massachusetts R.T.s (3.4% vs. 2.3%), and Illini (2.8% vs. 4.7%); $p < .001$ in each case.

17. What is your gender?

Gender		Pathways Sample		ARRT Database		ARRT w Internet Access	
		Frequency	Percent	Frequency	Percent	Frequency	Percent
Valid	Male	529	24.6	62293	26.4	17808	27.7
	Female	1622	75.4	173905	73.6	46365	72.3
	Total	2151	93.4	236198	100.0	64173	100.0
Missing	0	153	6.6	5	.0	172030	72.8
Total		2304	100.0	236203	100.0	236203	100.0

There was no substantial difference in representation with respect to gender – though both differences are statistically significant at the .001 level.

18. Do you consider yourself:

Race/Ethnicity		Pathways Sample		Env'l Scan, Phase 3[a]	
		Frequency	Percent	Frequency	Percent
Valid	African American	70	3.3	77	3.2
	Asian	41	1.9	28*	1.2*
	American Indian	7	.3	0*	.0*
	Hispanic/Latino	54	2.5	65	2.7
	White	1942	90.2	2210	92.6
	Other	38	1.8	6*	.3*
	Total	2152	100.0	2386	100.0
Missing	0	152	6.6	11	.5
Total		2304	100.0	2397	100.0

*Environmental Scan categories (in addition to African American, Hispanic, and Caucasian) were Asian/Pacific Islander and Other – no American Indian category. This questionnaire was sent to staff and senior staff technologists certified in radiography. (Over 90% of all ARRT-registered R.T.s are certified in radiography, regardless of their current primary discipline.)

[a]*Environmental Scan of the Radiographer's Workplace, Phase 3: Subgroups of Radiographers and Workplace Types.* Available at www.asrt.org. (Click on "ASRT for R.T.s", then "Survey Results", then "Environmental Scans", then "Phase 3 2002".)

The only substantial difference in ethnic representation between the Pathways sample and the best available comparison group (respondents to the Environmental Scan of the Radiographer's Workplace, Phase 3) was that 4.0% of the Pathways sample reported an ethnic background of Asian, American Indian, or Other, as compared to 1.5% of the Scan Phase 3 respondents; chi-square for this difference = 29.059 with 1 *df*, $p < .001$.

19. How long does it take you to get to work? (Response window was labeled "minutes".)

N	Valid	2131
	Missing	173
Mean		24.4022
Median[a]		19.9383
Mode		20.00
Percentiles[b]	5	4.5407
	25	10.9047
	75	31.0398
	95	58.7892

[a]Calculated from grouped data.

[b] Percentiles are calculated from grouped data.

Mean length of commute varied significantly as a function of the facility's location:

How long does it take to get you to work?

	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
					Lower Bound	Upper Bound		
Urban	957	26.4525	18.38247	.59422	25.2863	27.6186	.00	180.00
Suburban	784	22.8750	20.25690	.72346	21.4548	24.2952	.00	360.00
Rural	365	22.6247	34.88882	1.82616	19.0335	26.2158	.00	600.00
Total	2106	24.4573	22.80158	.49686	23.4829	25.4317	.00	600.00

Overfall F (2,2103) = 6.767, $p < .001$.

In particular, the difference R.T.s at urban facilities took longer to get to work than did those working at suburban or rural facilities, $F(1,2103) = 12.94$, $p < .001$, accounting for 95.6% of the variation among these three means.

20. Please provide any additional comments in the space below.

About 31% (707) of the respondents provided additional comments. These comments are summarized and listed in Appendix B to this report.

APPENDIX A

Cover Note and Questionnaire

Dear Radiologic Technologist,

You are invited to participate in a study of the paths by which individuals enter the profession of radiologic technology.

The ASRT is collaborating with Health Careers Futures, the health work force arm of the Jewish Healthcare Foundation of Pittsburgh, to examine how R.T.s get into their chosen careers. Data collected through this effort will be used to help increase interest in careers in radiologic technology.

The ASRT is asking a random sample of its members for whom we have email addresses to share information on the paths that led them to their current profession. Responses are anonymous, and results will be shared with the radiologic technology community via a report that will be posted on the ASRT Web site, www.asrt.org.

To participate in this study, click on the link at the bottom of this page.

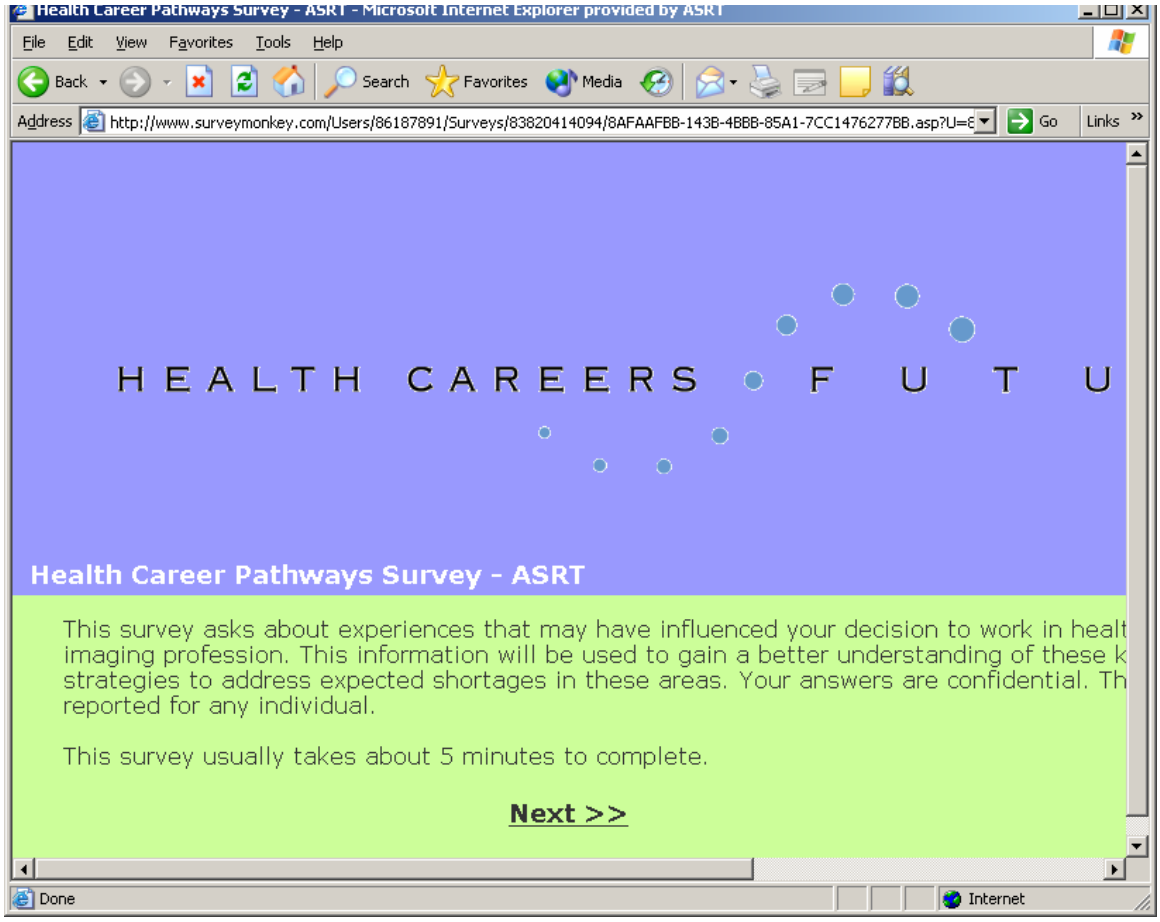
If you have any questions about this study, you may simply reply to this e-mail message or call Dick Harris, ASRT Director of Research, at 800-444-2778, Ext. 1265.

Thanks very much for participating in this important study.

Richard Harris
Director of Research, ASRT

Amanda Hunsaker
Associate Director, HCF

CLICK HERE TO PARTICIPATE IN THE PATHWAYS SURVEY:
http://www.surveymonkey.com/s.asp?u=83820414094
(You may have to hold down the “ctrl” key while clicking.)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Go Links
HEALTH CAREERS F U T U
Health Career Pathways Survey - ASRT
This survey asks about experiences that may have influenced your decision to work in healt
imaging profession. This information will be used to gain a better understanding of these k
strategies to address expected shortages in these areas. Your answers are confidential. Th
reported for any individual.
This survey usually takes about 5 minutes to complete.
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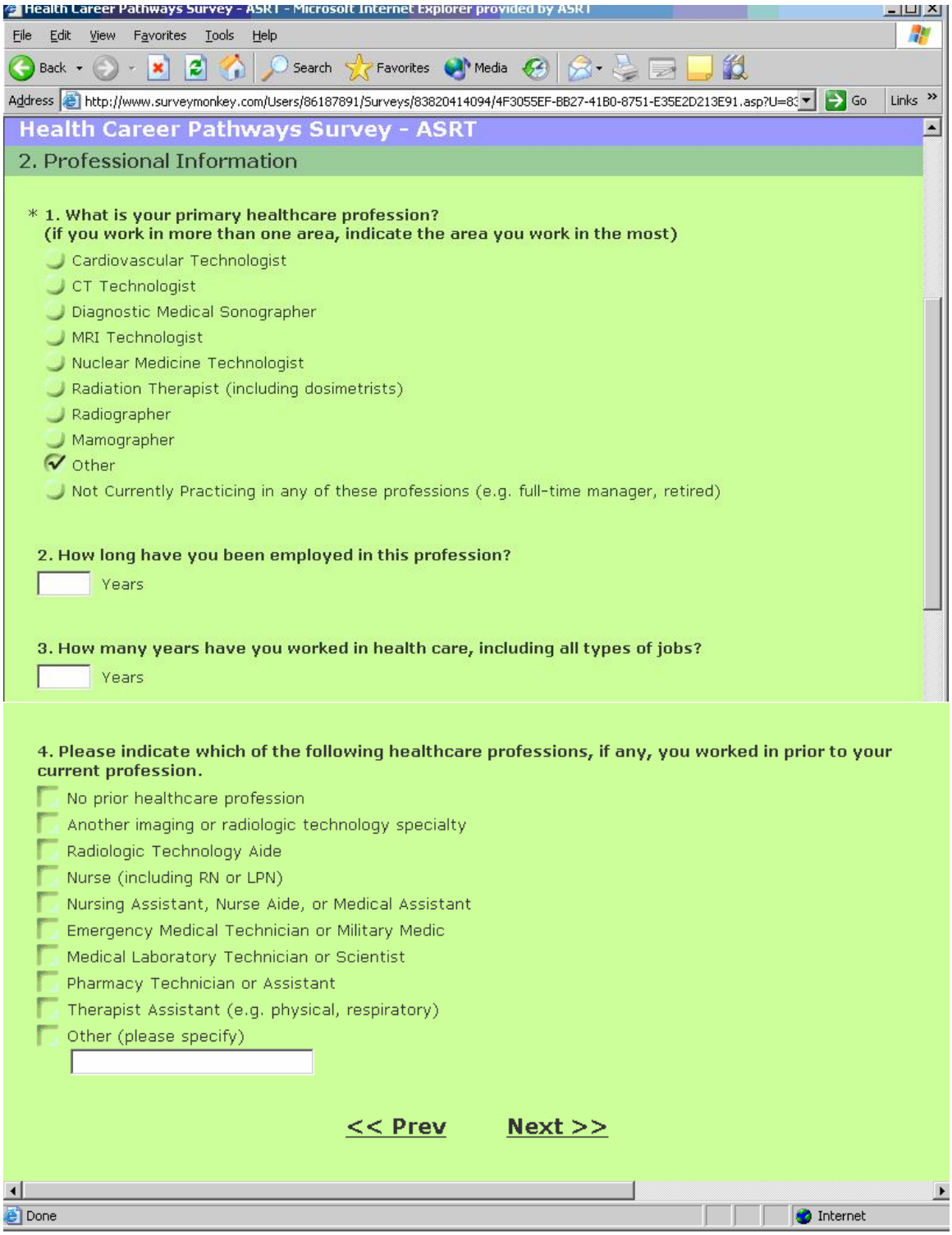
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Health Career Pathways Survey - ASRT
2. Professional Information
* 1. What is your primary healthcare profession?
(if you work in more than one area, indicate the area you work in the most)
Cardiovascular Technologist
CT Technologist
Diagnostic Medical Sonographer
MRI Technologist
Nuclear Medicine Technologist
Radiation Therapist (including dosimetrists)
Radiographer
Mammographer
Other
Not Currently Practicing in any of these professions (e.g. full-time manager, retired)
2. How long have you been employed in this profession?
Years
3. How many years have you worked in health care, including all types of jobs?
Years
4. Please indicate which of the following healthcare professions, if any, you worked in prior to your current profession.
No prior healthcare profession
Another imaging or radiologic technology specialty
Radiologic Technology Aide
Nurse (including RN or LPN)
Nursing Assistant, Nurse Aide, or Medical Assistant
Emergency Medical Technician or Military Medic
Medical Laboratory Technician or Scientist
Pharmacy Technician or Assistant
Therapist Assistant (e.g. physical, respiratory)
Other (please specify)
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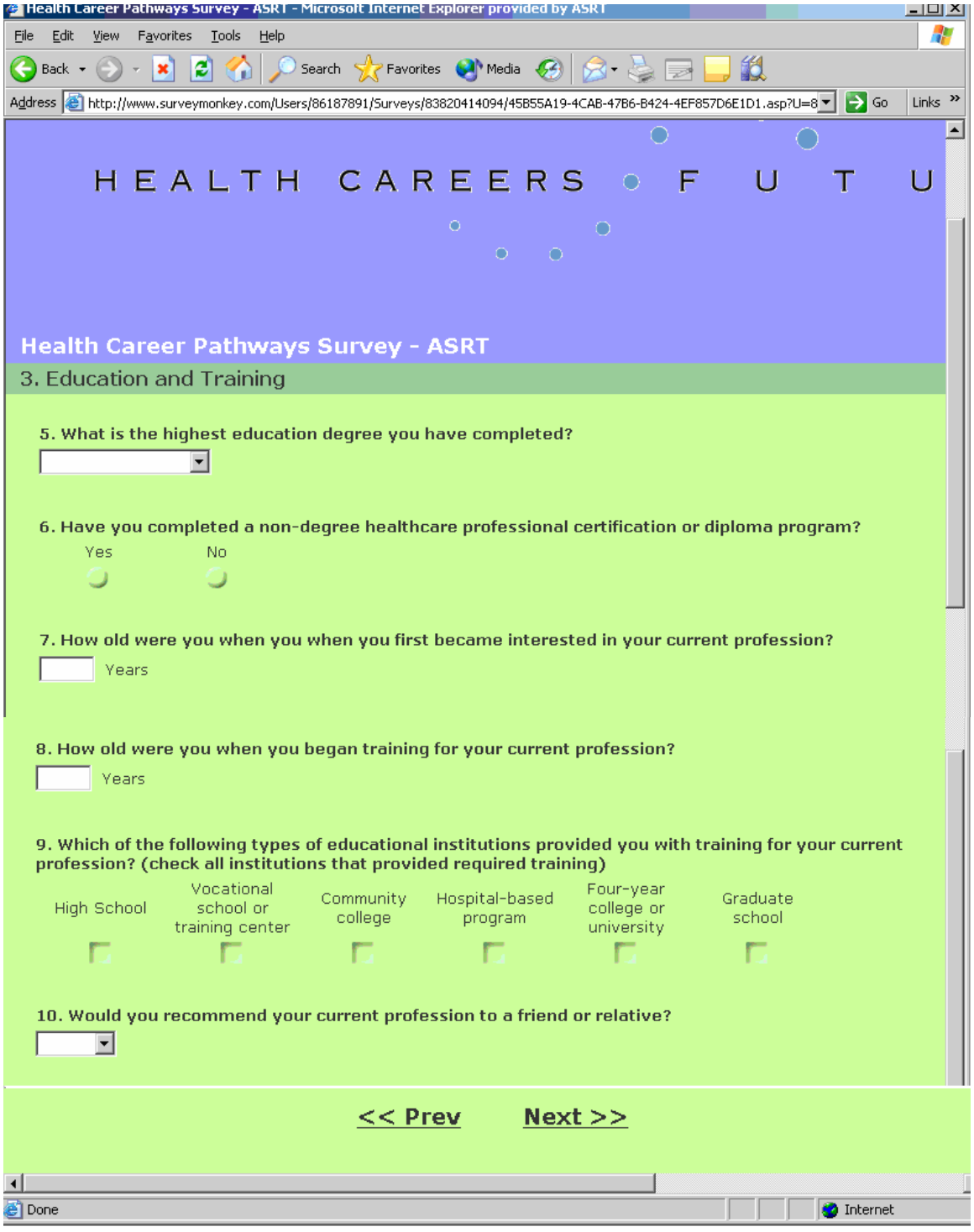
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HEALTH CAREERS F U T U
Health Career Pathways Survey - ASRT
3. Education and Training
5. What is the highest education degree you have completed?
6. Have you completed a non-degree healthcare professional certification or diploma program?
Yes
No
7. How old were you when you when you first became interested in your current profession?
Years
8. How old were you when you began training for your current profession?
Years
9. Which of the following types of educational institutions provided you with training for your current profession? (check all institutions that provided required training)
High School
Vocational school or training center
Community college
Hospital-based program
Four-year college or university
Graduate school
10. Would you recommend your current profession to a friend or relative?
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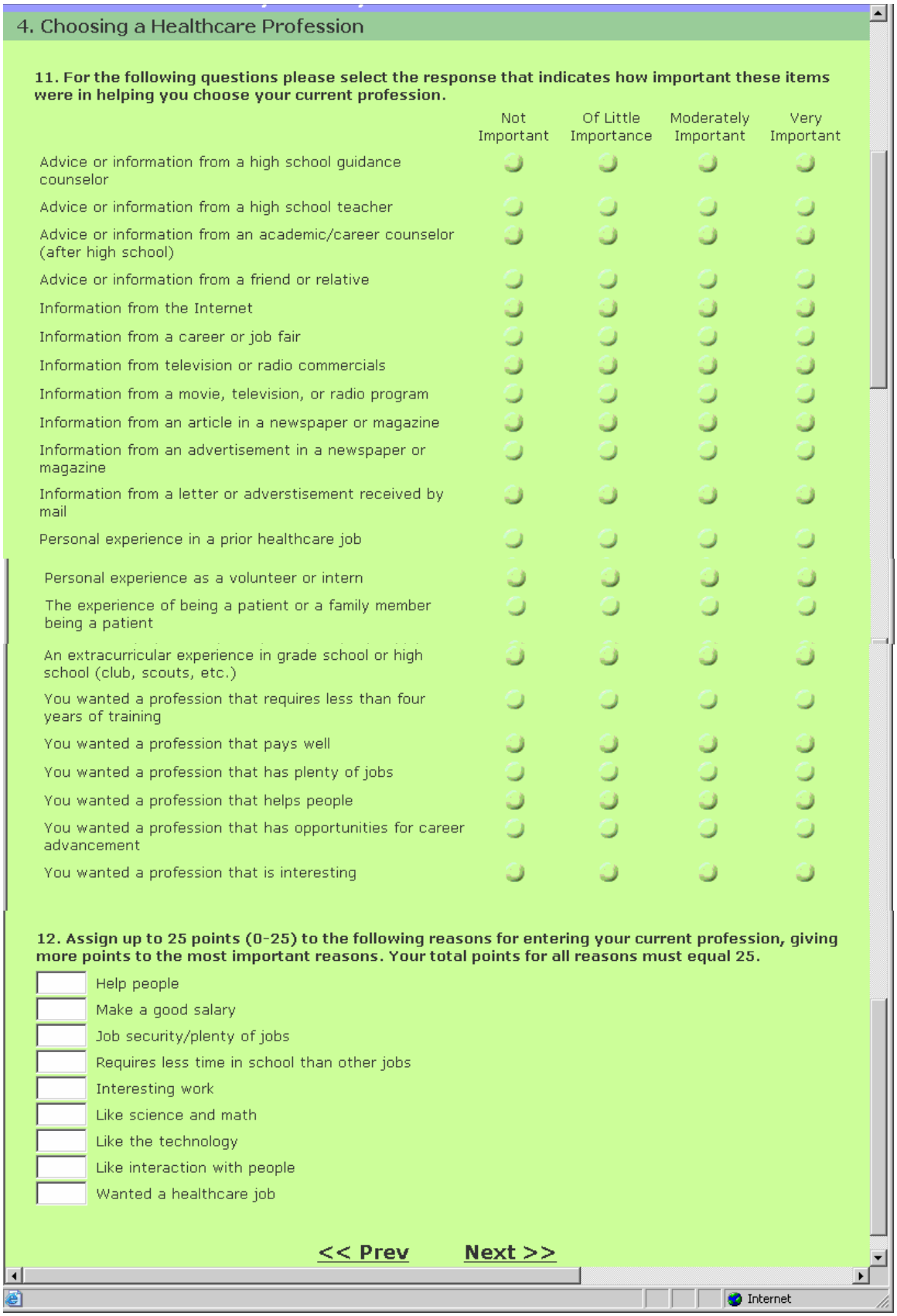

4. Choosing a Healthcare Profession

11. For the following questions please select the response that indicates how important these items were in helping you choose your current profession.

	Not Important	Of Little Importance	Moderately Important	Very Important
Advice or information from a high school guidance counselor				
Advice or information from a high school teacher				
Advice or information from an academic/career counselor (after high school)				
Advice or information from a friend or relative				
Information from the Internet				
Information from a career or job fair				
Information from television or radio commercials				
Information from a movie, television, or radio program				
Information from an article in a newspaper or magazine				
Information from an advertisement in a newspaper or magazine				
Information from a letter or adverstisement received by mail				
Personal experience in a prior healthcare job				
Personal experience as a volunteer or intern				
The experience of being a patient or a family member being a patient				
An extracurricular experience in grade school or high school (club, scouts, etc.)				
You wanted a profession that requires less than four years of training				
You wanted a profession that pays well				
You wanted a profession that has plenty of jobs				
You wanted a profession that helps people				
You wanted a profession that has opportunities for career advancement				
You wanted a profession that is interesting				

12. Assign up to 25 points (0-25) to the following reasons for entering your current profession, giving more points to the most important reasons. Your total points for all reasons must equal 25.

- [ ] Help people
- [ ] Make a good salary
- [ ] Job security/plenty of jobs
- [ ] Requires less time in school than other jobs
- [ ] Interesting work
- [ ] Like science and math
- [ ] Like the technology
- [ ] Like interaction with people
- [ ] Wanted a healthcare job

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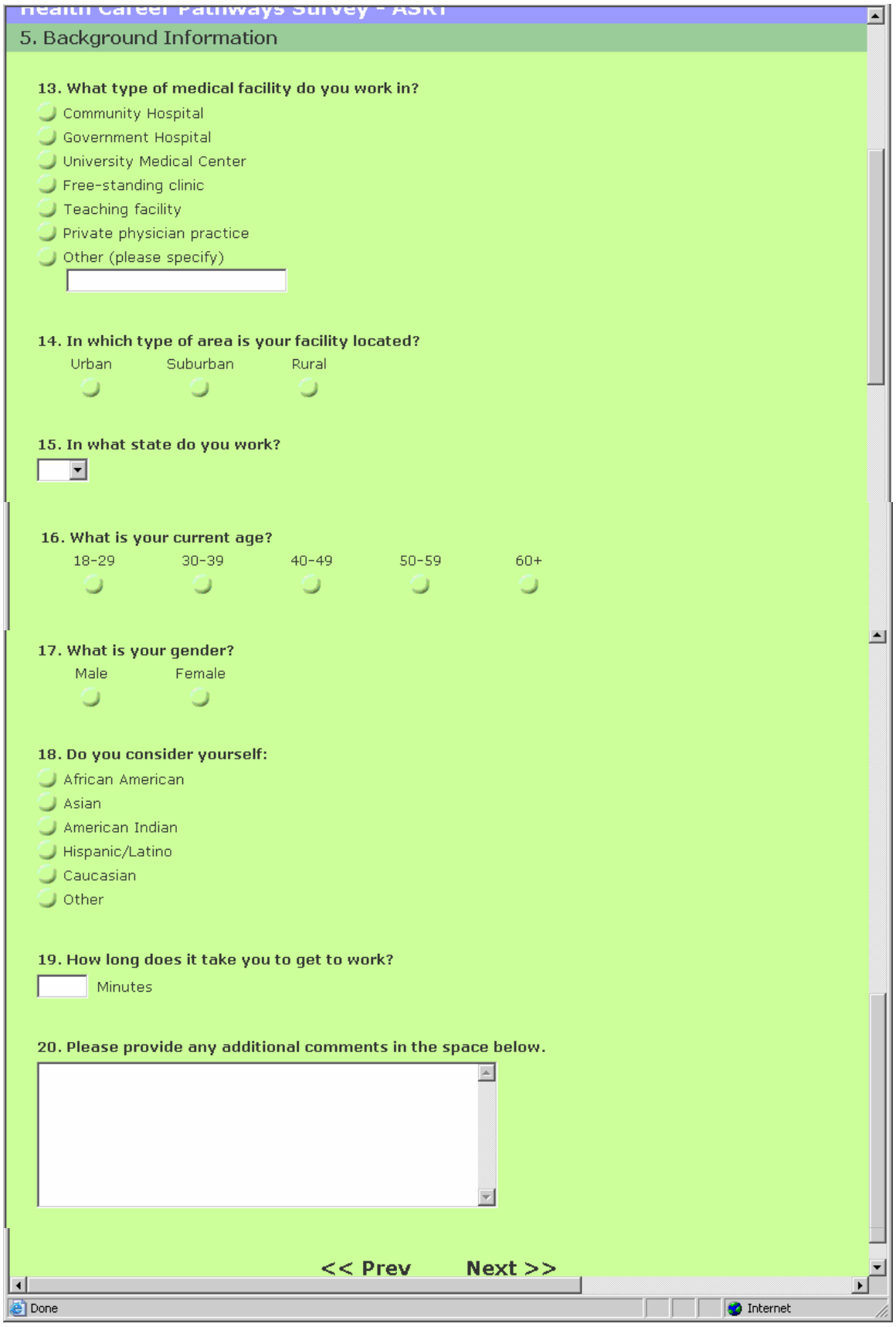
Health Career Pathways Survey - ASRT
5. Background Information
13. What type of medical facility do you work in?
Community Hospital
Government Hospital
University Medical Center
Free-standing clinic
Teaching facility
Private physician practice
Other (please specify)
14. In which type of area is your facility located?
Urban
Suburban
Rural
15. In what state do you work?
16. What is your current age?
18-29
30-39
40-49
50-59
60+
17. What is your gender?
Male
Female
18. Do you consider yourself:
African American
Asian
American Indian
Hispanic/Latino
Caucasian
Other
19. How long does it take you to get to work?
Minutes
20. Please provide any additional comments in the space below.
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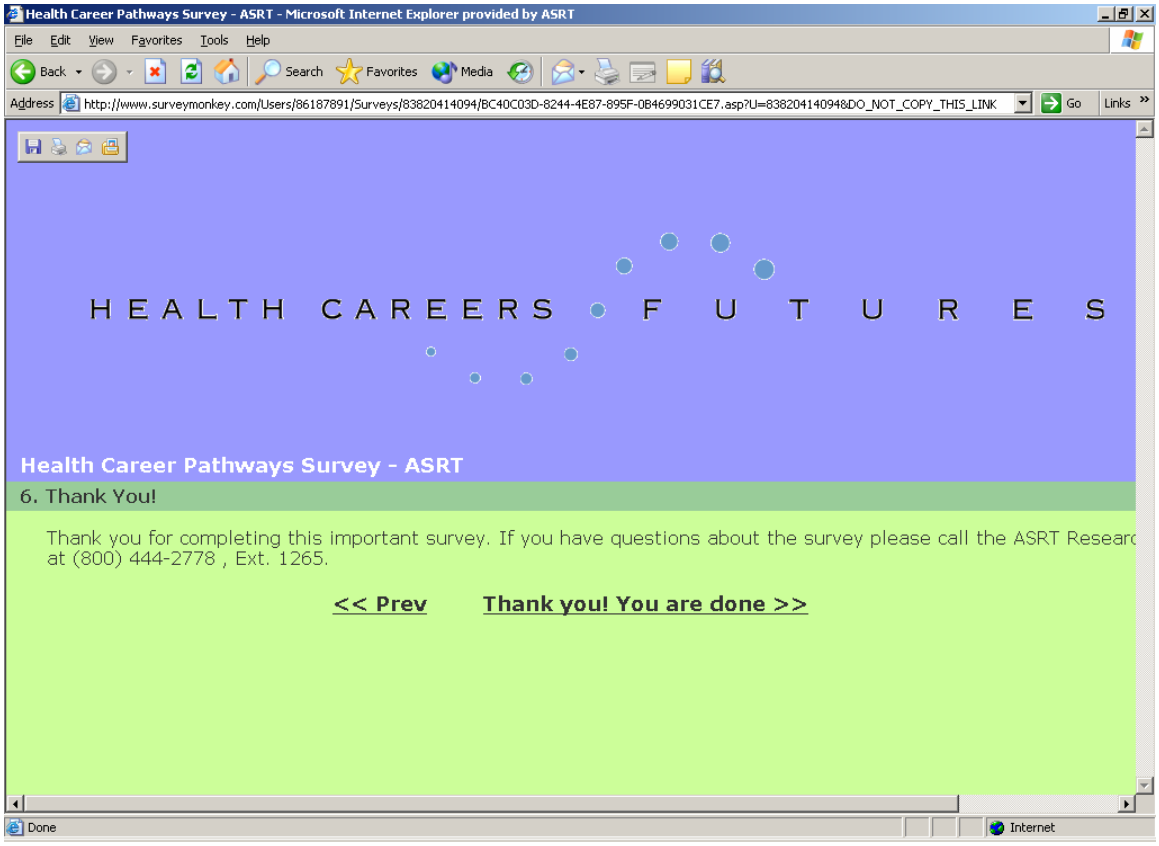
Health Career Pathways Survey - ASRT - Microsoft Internet Explorer provided by ASRT
File Edit View Favorites Tools Help
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Go Links
HEALTH CAREERS FUTURES
Health Career Pathways Survey - ASRT
6. Thank You!
Thank you for completing this important survey. If you have questions about the survey please call the ASRT Researc
at (800) 444-2778 , Ext. 1265.
<< Prev
Thank you! You are done >>
Done
Internet

APPENDIX B

Additional Comments

"Other" Survey Comments

Frequency report of codes……...1

History (Positive): Positive comments regarding how they got into the profession……..…1
History (Negative): Negative comments regarding how they got into the profession…….12
History (Ambivalent): Ambivalent comments regarding how they got into the profession…..……...12
History (Neutral): Neutral comments regarding how they got into the profession……..……...16
History (Recommendation): Recommendations based upon their history in the profession…….…22

Profession (Positive): Positive comments regarding the profession/what they do……..……...22
Profession (Negative): Negative comments regarding the profession/what they do…….……..35
Profession (Ambivalent): Ambivalent comments regarding the profession/what they do……..……38
Profession (Neutral): Neutral comments regarding the profession/what they do……..……..…46
Profession (Recommendation): Recommendations regarding the profession/what the do…….……54

Comments Regarding the Survey……..…….…….56

Miscellaneous Comments……..…….……..57

Frequency report of codes

		Frequency	Percent
Valid	History (Positive)	85	12.0
	History (Negative)	5	.7
	History (Ambivalent)	22	3.1
	History (Neutral)	65	9.2
	History (Recommendation)	4	.6
	Profession (Positive)	181	25.6
	Profession (Negative)	41	5.8
	Profession (Ambivalent)	70	9.9
	Profession (Neutral)	165	23.4
	Profession (Recommendation)	29	4.1
	Survey Comments	20	2.8
	Miscellaneous Comments	19	2.7
	Total	706	100.0

Positive comments regarding how they got into the profession

I just happened upon x-ray when I was deciding on a major in college. The main reason why I applied to RT school was because of the money they would make and I would be out in two years. While doing a clinical rotation in Radiation Oncology while in RT school I fell in love with the environment in Radiation Oncology and I loved treating and taking care of the patients. I then went on to therapy school after finishing x-ray school and have been in Therapy ever since.
I started into a nursing program but didn't like it. A friend suggested I try radiologic technology. I liked it much better!
I wish that my High School would have had professional people come in and talk about the jobs available I got into this profession by chance and knew nothing about it. I love it.
The primary reason I got into radiography in 1980 was that the school charged no tuition and I had no money. But it has been a good fit for me and it's a profession that has grown considerably over the years. I have also been able to work odd hours when my children were young.

I GRADUATED FROM HIGHSCHOOL IN JUNE AND STARTED SCHOOL IN JULY. MY LIFETIME EXPERINCES WERE NIL. I TRULY DID NOT REALLY KNOW WHAT RADIOLOGY WAS ALL ABOUT. I REFUSED TO GO TO COLLEGE AND MY DAD HELPED ME FIND THIS PROFESSION. IT HAS BEEN THE BEST THING I HAVE EVER DONE. VERY REWARDING, CHALLENGING AND I LOVE MY JOB!
I was a radiation therapist for 10 years and did on the job training for dosimetry. I took my CMD boards in June of 2000 and passed. Dosimetry is an excellent career and it is much more of a challenge to me and keeps me interested in my job.
I went into this profession blind by the insistence of my father. He had spent a year in the hospital after a MVA. He thought this was the perfect profession. Fortunately it worked out well for me.
Military medic-friend signed up for Nuc Med training convinced me to go. Had no idea what it was at the time but I am glad I did it.
I actually stumbled upon this career while browsing through the Community College catalog. It was a brand new program in the catalog and it seemed very interesting. I'm very glad that I happened upon the information because here I am very comfortable in my career which has served me very well.
Always wanted to do interventional even before going to college. That was the reason for me to go to x-ray school. I love what I do because a lot of my cases allow me to see results almost right away.
I want a career in nursing but in 1967 females were given all business type skills in high school. I also had no funding for continued schooling. I was able to get into the Hospital based radiographic program because of the Viet Nam War. The all male school lost 1 of its male students to the draft. I got that position. I had never been in a hospital in my life other than when I was born. I didn't even have any idea what I was getting into. But I must say it is still as rewarding as the day I entered the field. Many advancements in technology, but the basic care of the patients is still there after 34 plus years. I still enjoy going to work.
I joined the Air Force during Basic Training I was picked to be a Medic. During Basic Medic School I was able to pick an advanced field so I picked x-ray because it seemed the least 'messy' of the tech schools that were offered to me. I spent 18 years in X-Ray Management and 23 years working on the commercial side the last 4 owning a business that primarily rents out mobile Cath Angio labs that I bought and also doing a few other Radiology money making projects.
My father was a doctor. I enjoyed visiting the x-ray department as a child, and I enjoyed taking pictures.
Went into Radiography because it was a two year program and my parents could afford it. Went to Rad Therapy program because I found that was truly what I wanted to do. I still enjoy radiography but like the patient interaction of therapy more.
I probably hadn't even started school when I decided I wanted to be a nurse. I was applying to nursing schools when somehow my request for information was routed to the Director of the School for Radiologic Technology and was sent information and an application. It sounded interesting so I filled out the application. I believe in fate ... I love my job!
I started out working by obtaining my BS in Radiology from [college]. I love radiology. I worked in general radiography and then interventional and the cath lab. I finished my MHA and completed a fellowship at [university]. That's how I for into management. I currently manage the transplant programs here at [university] where I love managing people.
I had no idea what I was getting into when I went into radiology. I had only been to the Dr. twice in my life. I had read the books Sue Barton Student Nurse and there was an x-ray tech. in one story. I thought that sounded interesting so I searched it out. Isn't that a crazy story! Here I am after over 40 years still working. Hopefully to retire soon! It has been a good career as I have moved a lot and always found work.
I was a single mother and I knew I needed an education to raise my son. I originally wanted to go into ultrasound but most of the students in my pre-program class were going into x-ray. They were so excited about it so I switched. I not only raised my child comfortably but now I make over 100,000.00 per year without taking on call shifts. Not bad for 3yrs education. I also like the fact that under my imaging license umbrella I can do Diagnostic imaging CT Mammo MRI or Angio without having to go back to school. My work provides me with a good portion of my self esteem.
My reasons for entering the field were those of an 18-19 year old. I liked the basic technology enjoyed helping others like the stability and thought it wouldn't take a huge time commitment to learn. Once in school I found I liked academia and pursued more education that most in my profession. Now the salary opportunities are much more substantial than before but the field is much more complex and demanding also.
I owe my decision to go into Radiology to my Mom. I have enjoyed my career and I am near to retirement. I would and do suggest this career to all who ask me.
I come from a medical family... Dr's nurses and knew I wanted to work in health care but not as a Dr. or nurse. Started out in Radiology and had the opportunity to go into Radiation Therapy. Have been there since and LOVE it!!!

I ACTUALLY WENT TO RAD TECH TRAINING TO WIN A BET THAT I WOULD NOT STAY IN ANY FIELD FOR MORE THAN 18 MONTHS. I WAS A CHRONIC JOB HOPPER PRIOR TO THIS FIELD. I MUST HAVE FOUND MY NICHE. I HAVE WORKED FOR 4 HOSPITALS WITHIN THE SAME CORPORATION FOR A PERIOD OF 25 YEARS THIS JUNE. THE FIELD IS GROWING AND IS WONDERFUL.
I originally thought my interest during my teen years was in nursing but an article given me by my father gave me the idea to look into Radiology. I found it interesting and went to an open house/health career day and decided Rad. could be more interesting and I could always use that knowledge (terminology, anatomy etc.) if I decided to go on to Nursing school. I've always had great opportunities and have never been bored and never considered Nursing school again.
I started out as staff tech/all 3 shifts w/call passed mammography registry-work mammo 4-5 yrs. Did CT for 2 years. Then started work at free-standing clinic. I do x-rays and the lab work. I have been married 14 years and have 2 children. I have enjoyed the radiology field very much.
I was offered Army x-ray program after getting disqualified for coast guard advanced police training. Had no interest in x ray the first 5 yrs of my career I work part time 40 hr weekend shift 400 miles from my home locked into this job because of health benefits. prostate cancer survivor 3 yrs. Made a great living early 80's as dept manager in Riyadh Saudi Arabia with HCA.
I started in radiologic technology, then took a job in radiation therapy because there was an opening and I needed a job. 22 years later including a 4 1/2 year stint as a chief therapist I took an on-the job-training position in dosimetry. This fall I will begin a masters program in medical physics. Each level of radiologic science has led me to seek the next level.
I wanted a steady job with a good income. I also liked science in high school and wanted to help other people. I found out that I liked Nuclear Medicine Technology better than Radiology Technology. I decided to go back to school for that career change. I than decided that I need a good college education and went back after my son was born. I graduated with a B.S. in Computer Science. All of these things have helped me to stay on top of my field and in my career especially with the new hybrid scanners where I can utilize not only my Radiology Technology and Nuclear Medicine Technology license but I can also use my Computer expertise as well.
I studied X-ray Technology because a guy I had a crush on was entering the program.... I completed the program but now work as an RN (ER) and shoot diagnostic films per diem (3 shifts/month). Currently working on entering law school and focusing on Medical Law.
Back in 1965 when I was looking for education beyond high school I had NEVER heard about radiology!! My cousin who was a pharmacist told me Don't go in to nursing. Be an X-ray tech. My response was “What's that?" I pursued the field through the school's guidance department & the rest is history. I've NEVER been sorry!! I love what I do!
I began an interest in radiology in high school where I worked in a small community hospital 1-5 p.m. every afternoon. I began an interest in nursing until our family friend who was the only x-ray tech in this small hospital began showing me what he did as an x-ray tech. I then switched my interest to radiology. I have been gainfully employed since graduation from a hospital based program in 1965. I was a dept. manager for 5 years (1981-86) which was a wonderful experience. In 1990 at the age of 45 I began traveling as a temp. My husband and I travel the country 8-9 months each year in our motor coach. We return home to Missouri each summer for 3-4 months. Traveling and being a temp in x-ray and mammography has been absolutely wonderful. My personality and experience makes it an easy task for me to be a temp tech. I absolutely love the diversity and I am honored when a facility asks me to return. That is a great compliment to me and my abilities. My professional plans are to continue to work for about 3 more years. Traveling makes it much easier to continue working as an older tech. The hum drum daily grind is gone and the excitement and interest of the next facility and what might be down the highway and across and next mountain is exciting. My main disappointment in my field is that as a group ASRT/ARRT has not formed a way to let us have group health insurance, etc. As an older worker with minor health problems I am tied to working longer to keep my health insurance. This is one area that I would like to see change. I wish that the option would be there for group medical life and disability insurance at a reasonable cost. Thank you for allowing me to participate in your survey.
At 27 years of age my doctor recommended that I have a GI study due to some abdominal discomfort. From then on I was hooked for I was thoroughly fascinated with the technology and the interactions with people. Being a wife and mother at the time it wasn't an easy decision to stop working and go back to school but when my husband and I found out that a two-year Radiologic Technology Program was being offered at our local community college we felt it was doable as well as affordable. I must say after 25 years in the profession that I still love what I do and have never once regretted my choice.
I consider myself Scottish American with emphasis on American. I went back to school to become an elementary school teacher. I now take x-rays for additional income. I am grateful to have a skill that allows me to make good money on my off time. Indeed I make more taking x-rays than I do teaching.
I went to x-ray school so if I needed to support my self and family I had an interesting profession and not boring and the range of pay for a female was very good and there was plenty of jobs and there was always something to learn any time you work with patients because no two are alike.

Both my mother and her mother were RNs and I wanted to be one too. After volunteering as a candy stripper from 14 to 16 I became aware of radiology and liked the technical aspect and shorter patient interaction time much better. I have enjoyed my career very much and put a lot of effort into it. Just wish we were told we were appreciated more from our radiologists and site manager as well. I work in a very busy imaging center which is even busier in the winter due to the influx of winter visitors as well as being a mostly senior population. Unfortunately we are told to work harder and no overtime making it difficult to accommodate our patients. Overall I have really enjoyed doing this and always encourage anybody who asks about the imaging field. I have met some really wonderful co-workers and patients which makes it that much better.
I began as a staff radiographer and part-time instructor and tutor and left the profession after 20 years to work with educators in grades K-adult. After a five-year absence two years ago I was able to combine my loves of radiography and education by becoming the program director of new radiography program. Teaching radiography full-time is what I wanted to do since 1977.
I entered the field of radiology when I was in the USAF. At that time it was not easy for most young men of color to apply for much of anything, and the doors of opportunity were limited to who you new and also how much information you were allowed to access. It was a different time in 1973-1975. I entered a field that appeared to open up and allow men such as myself a means to maintain a family consistently thru the years.
I became certified as an EMT in 1990 and then continued on for a Paramedic licensure 1992. I have a B.S. in Allied Health Administration and graduating next week with a M.S. in Health Services. I have loved Radiologic Technology and the career path I chose back in high school. It is a great part of my life and I highly recommend it to people all the time.
Primary reason for choosing radiologic Technology: As an orderly I experienced health career considering my interest in photography, radiologic technology was the best match. I had no idea of income -- just expected it would be enough. I have always been driven by the intrinsic rather than material. Now I am an educator.
I was first introduced to the healthcare field by my mother she is an RN. I then talked to several friends of the family who also worked in healthcare and really liked ultrasound. Diagnostic Radiography was a means to an end that I ended up liking a lot.
I chose my career in Radiology in a decision that took 5-10 minutes thought. I wanted to work in healthcare because: I like people job security good pay and benefits and I could complete the schooling in 2 years. It was a good decision. I have been very happy with the choice I made.
I knew from the age of 15 that I would like to work in the healthcare field. My mother was a nurse and I knew that was not quite what I wanted to do. I did not want to become a physician because it would take too much schooling for someone who wanted to be a stay at home mom. I broke my leg when I was 16 and realized that the radiologic field would be quite interesting. After I had worked a few years in diagnostic when the opportunity came to enter nuclear medicine. I kind of stumbled into my profession. I love it!
I wasn't exactly sure which category you would place military training and experience under for the educational background. So I may have answered that incorrectly; please feel free to change my response to the appropriate area. Understand that at 16 yrs. old I signed up for this profession completely unaware of what an X-Ray actually was. I tested highly under the military placements program (way back when) and basically I was told that while I had a choice of careers not a one that I was interested were available at that time or in the near future so I was told to sign-up for radiology as it was open. Why I am still in this profession some 20 odd years later -- well, how about routine and comfort. Plus I enjoy my place of work and those that I work with.
In high school (1989) NO ONE mentioned this field as an option....Once in college I realized the importance of a high school counselor....and the fact that I had not really had one. I looked at other fields before turning to radiology. The greatest influence leading me to healthcare was my family....someone was always sick...BUT we cried and laughed and lived life everyday... reading books and gathering information on our diagnoses and possible treatments..... Radiology struck me as a way to do what I had done my whole life: Learn. Work. Grow. Give.... I like the continuous cycle of it. I have been touched by the lives and deaths of numerous unsuspecting people.
I started in Nursing and knew nothing about Radiology or Diagnostic Imaging until my patient needed an Ultrasound. The Technologist explained everything and I was hooked. I transferred to study Radiography and never regretted it. I was surprised that I had never heard of the field until I was in my 20's and pursuing another profession. We need more exposure starting at the High School level in job fairs career counseling etc.
This profession Radiation Therapist stabilized my search for the right career. It has been rewarding and challenging I have come from the archaic mode of cancer treatment to a very sophisticated time in the treatment of cancer. It is ever changing and requires an open mind to learn the new techniques and keep up with this ever-changing field. I have seen great progress and been a part of it in the world of medicine. I am proud to have been here and done it. I retired and still go back to per diem because I miss the excitement and the patient care. This career has been wonderful to me. I still enjoy it although it now is moving faster than this old girl can move there is still a place in the profession for me. Isn't that incredible? At this time too I have switched sides and learned what is like to be the patient I have experienced all aspects of the patient/caregiver roles. Incredible experiences to have all encompassed this profession.

I was divorced when I started X-Ray school. I had two children under 4 years old. This has been a good career for me. The last 10 years I have primarily done mammography but still am involved with general X-Ray.
I have been in this field over thirty years. I have been as inventive as possible not to go the designate career path of a Rad tech. I think I have been fairly successful at my quest. I am still enjoying the field thirty some odd years later and watching the new sprouts happen daily.
I worked as a veterinary technician for 8 years (certified) and was at a dead end job. Poor pay no advancement bad boss....left for a year then looked into going back to school. I loved anesthesia lab work and x-ray...and ended up choosing x-ray and went to therapy after that.
I have a sister that is a R.N. and one that is a L.P.N. I knew I wanted to be in healthcare but I didn't want to be a nurse. I attended 1 year of college before my counselor suggested I look into Radiologic Technology. I went to a hospital to observe for a day and then I applied for the school. I love my job and the patient interaction I get. I have encouraged several people to go into Radiology and they have.
My former boyfriend (who was a resident doctor at the hospital that I worked at) encouraged me to obtain a career in radiography. I formerly worked as a human resources secretary at a Catholic hospital. I will be forever thankful to him for helping me obtain a career in radiography.
I got interested in this career when I took several interest tests and X-ray kept coming up first. I tried RN Nursing in mid 70's and found it too restrictive and very uncreative. I love my career and always enjoy the creativity and challenges it presents.
I found the profession by taking an interest inventory survey at the community college that I was attending. For me it found the perfect match between my interests and a career. I have always been happy with my choice and the opportunities that radiologic technology has provided. I feel that more technologists need to view their profession as not just a job, but a career with a multitude of advancement opportunities available.
I had a Nuc Med Thyroid scan when I was 13 that sparked my interest in Radiology. From that point on I decided to pursue a career as a Rad. Tech. I stayed on track even though I wasn't chosen as 1 of 12 in 50 applicants the first time. My instructors instilled a sense of pride in us for the profession and ASRT, of which I have been a member since a student. I think the best time to reach young people about choosing a profession is in their early youth; about 7th-8th grade. It opens their eyes to the real world and prompts them to decide what they might like to do in life. I think we are missing out when we wait until they are 11th-12th graders but because by then they should have already had all the math and science classes and be focused on a college. Our focus needs to be on the middle school age.
I received my EMT-B and Radiologic Technologist education through the Army. My training was from Jan. 5 2000 - May 8 2001 including Basic Training. I have recruited a cousin to complete the same course through the army. EMT is not a pre-requisite any more for the radiologic technologist program in the Army. I chose the Army because it was focused training (no Gen. Ed) and because I got paid throughout my training.
When I first started in Radiation Therapy there was no internet! We learned of this profession from word of mouth or job fairs. The environment has changed drastically in the past few years. Technology has made what we do *so* much more interesting and exciting! You still need that basic desire to help people; that hasn't changed at all. I love what I do and can't ever imagine doing anything else!
My career pathway has been very diverse. I began as a diagnostic tech and progressed to CT then to MRI for about 10 years. I was in the 1st group of tech's to sit for the MRI registry. I also worked in a cardiac cath lab for a couple of years. After having kids I stayed home for several years and I now work casual/PT in the OR at a surgery center running the C-arm. I make excellent money and the schedule is wonderful. I would not have even considered this type of work in the beginning of my career (not challenging enough-I enjoyed working on state of the art MRI equipment) This is a very flexible career. It is what you make it.
I was a volunteer candy striper in the Radiology department for 2 years when I decided that I really liked what I saw the girls doing. Helping to care for patients in a setting different then nursing really intrigued me. My guidance counselor in High school really helped my through the process of applying and getting excepted into the hospital based program. Without him I probably wouldn't have gone into Radiology but Dental hygiene. I have worked with students in the past from college based programs and I think those from hospital based programs come into the work force as better Techs more qualified to do the job. I have enjoyed my job at my present employer for what will be 20 years this October and I can't see myself anywhere else doing anything else till I retire. I feel very rewarded every day that I help patients to get better or feel better for what I do for them. I've been offered to cross train in MRI and CT but I tell them I can't give up what I do I just wouldn't be as happy as I am doing what I do now.
I love what I do I first responded to an ad in the paper for a Nuc Med job in a hospital based program I did not get in based on residency issues. I was required to do a day observing in all the modalities and thus my interest in mri was sparked I love it((:

I have always loved my job. I found this profession in the late 1970's before internet and long before any of the healthcare shortages. We had to compete for positions in the schools. I was always tech oriented and narrowed my career choices to computer science and Rad tech. I picked the better of the two and never looked back. I had several experiences with broken bones as a kid and was always fascinated with x-rays combined with my hobby of photography it was a natural choice for me.
When I went into the radiology profession, high school counselors were our only resource. Almost all programs were hospital based. However, I have always loved my job and even influenced 10 people to go into the profession. Sometimes a person's enthusiasm for their work is a great influence on another person looking for a profession. I think it is a great profession and is continuing to grow at a rapid rate with new and interesting machines and technologies. It has changed tremendously in the last 40 years but still fun. I am presently doing dexa scans (bone) for osteoporosis studies. Which I find very rewarding.
I attended nursing school prior to ___ College for Radiologic Technology. I left nursing school because I felt it was depressing and I took the stress of people dying home with me. While at nursing school I was sent down to the Urology lab, was fascinated with the technology and the rest is history. I am happy with my career choice.
I have been a Rad Tech since 1970. I originally wanted to be a Doctor. However the economic times as well as other life events did not permit my dream to unfold. Radiology has been equally rewarding and depressing due to racism. I consider myself to be a pioneer for my people in the field today. Because of that fact I would do it all again.
I had a positive tab test as an 8 year old child. I had chest x rays from age 8 to 17yrs. In the last year of chest x rays required by the school I said to my self that this looks like a good job and it has been. It has allowed me to travel the world. I attained a private pilot's license and advance to a flight instructor. The journey has been fun.
I began career as x-ray tech- then went into mammo- For past 11 years have marketed outpt radiol facilities- Very interesting job -- lots of interacting with people and provides financial rewards.
I worked as a file clerk in a radiology dept. Fell in love with the idea and then the profession. Could not have chosen a more wonderful, fulfilling profession.
My aunt was a student in a rad tech program when I was 14 and she piqued my interest in this profession. I am very pleased with my job and take every opportunity to mentor others in the radiological sciences.
Not currently a radiologic technician. I am attending a community college. I can't wait to work as a radiologic technician. My daughter broke both of her arms when she was little. From that moment I knew that is what I wanted to do.
I am a German citizen who came to this country learned the language volunteered in a hospital for 2 years (in Radiology) and fell in love with the profession. Now I work in a pediatric teaching hospital and am soon to be an American Citizen.
When I started in Rad Tech there were no other programs available other than hospital based programs. I have worked in a small community hospital a large medical center and private offices. I do not regret my decision at all. I have learned much along the way and worked my way up the career ladder. It has been an interesting journey.
After High School I studied Nursing but left that Program. I was going to return to Nursing but my roommate at the new college was in the Radiology program and I became interested in it. I really had had no contact previously with x-ray and didn't know anything about it. This truly is the career for me!
As I stated my medical carrier in the US Army as a clinical urology/surgical specialist I found myself more and more interested in the radiography end of the GU Clinic. After my time spent in the Army and during my last few months I looked into schools for radiography in my home state finding one with in a 45 minute drive I decided to look into the program that was 1964 started school for radiography in July 1995 and the rest is history. Glad I made the decision to get into radiography and finally into the education of students in radiography. I will be looking forward to the results of this survey.
I was a bricklayer for 20yrs and needed a new profession. I was thinking about nursing when a friend suggested radiology. He said you make just as much as a nurse and you don't have to wipe anyone's butt. That really made sense to me so I applied for the school and was accepted. I am now the manager of a small facility.
The way I got into this field was by having an operation at the age of 9. An x-ray tech was very kind and informative to me at my age. Once I was in school for x-ray and toured the radiation therapy department I know that was where I was to work.
I went into this profession because of my parent's recommendation. I was unsure after college graduation and went with their advice plus the program was very inexpensive. All I knew was that I wanted to help people and get a good job. Still in the profession and have advanced into management. I love being a Radiation Therapist!!
I grew up in a poor neighborhood with little chance of going to college (my father died when I was 12) and my mother made $1.10 an hour at that time and she had 4 kids to rise. She told me that there was no way she could help me go to college. The day that there was an announcement at our school that an area clinic was accepting students into their x-ray program with no tuition was a blessing. It gave me a skill and an opportunity to become self sufficient. My career has been interesting to say the least! Hats off (posthumously) to my chief tech/instructor.

Entered the US Air Force at the age of 25 applied for three healthcare career fields (Physical Therapy Radiology and Medical Laboratory). They gave me my second choice Radiologic Technology. I have enjoyed it ever since. Cross-trained into Mammography and received my Masters in the Air Force. After I was discharged from the Military I have been working as a Medical Imaging Director or Manager.
I was able to use my certification in radiography as a Peace Corp volunteer in Nicaragua back in the early 70's. That experience opened many doors for me. This is one of the most versatile and constantly changing occupations I could ever have gotten into!
I basically fell into the field of Radiology. I started as an assistant to the technologist. She was able to show me the importance of helping people and the excellent world of Radiology. I have always enjoyed helping people and I even love more the work I do. As an Angiographer and Radiographer I can't get enough of the technology that is here now and in the future to come. How exciting my career is. Where else in the medical field can you help people and learn so much everyday. We really do make a difference in the lives that we touch. Keep it up out there. Radiology Techs Rule.
I had always wanted to be nurse, but there was a 2 year waiting list to get into the program. I use to work in a small winery here in Los Angeles and a female hosp. worker (she was wearing a uniform) would come in often. I asked her if she was a nurse and she said she was an x-ray tech. She enjoyed her job and said I should check it out. Since I was graduating from high school and applying at the community college and nursing had that wait list I decided to take a few classes in the radiolgic technology program and here I am. MInd you I really didn't know what an x-ray tech did. 30 years ago there was no ct and mri. No one in my family ever had an x-ray before or had been in a hospital for anything. I was just 17 and green as can be. I can not believe how much imaging has grown in the past few years and I encourage our tech aides to give radiologic sciences a try.
When I was 16 I was put in a hospital to see why I had high blood pressure--had a lot of x-rays thought it was pretty interesting. Had an uncle that was an X-ray Tech. who was very instrumental in my career choice. Have been at the same hospital since I was an X-ray student. After 3 yrs as staff tech I advanced into supervision; been doing QC for last 13 years and took my Q.M. in 2001. I love my job and it has been a very rewarding career. I learn something new every day. Wow--I've gone from hand tanking images to a filmless environment. 248-898-6074 for any additional information
I RECEIVED MY TRAINING IN THE U.S. AIR FORCE IN 1972. I HAVE WORKED IN RADIOLOGY EVER SINCE. IN THE MILITARY AND WHEN I LEFT THE MILITARY. I HAVE SUPERVISED AS LITTLE AS 2 - 50 PEOPLE IN MY TIME. NOW I JUST HAVE TO TAKE CARE OF ME AND I LIKE IT BEST.
I was trained in the United States Navy. I am very proud of the training I have received and was unable to show this on the questionnaire. I have been very successful as a result.
I was Military trained. I have been in the field for 23yrs and still find it fun.
I was a nursing assistant in high school; knew I wanted to work with people. Graduated from high school went to x-ray school graduated had a job and started 3 days later. Here I am 21 years later working as a rad tech & mammography coordinator and still look forward to challenges every day. Working in a rural hospital pts. remember you by name. Makes you feel good.
As part of a health occupations course in high school I had to do a report on a health occupation other than nurse or physician. This is how I found out about radiologic technology. As part of that same course (second year) I had an opportunity to work in the hospital in various departments learning about the different careers and found radiology to be my favorite. After receiving my education in radiologic technology I worked in a variety of settings... office, hospital, clinic, health department, surgical center, etc. While I gained additional certification in other health care areas I have always come back to radiologic technology.

Negative comments regarding how they got into the profession

Biggest mistake ever was trusting a career counselor and thinking acing an entrance exam meant I was made for the job. Should have volunteered first in a hospital to see what the job would be like. This work is Terrible. Low pay. Little respect. Nurses: Resp. Techs: Pt's etc are far better treated and PAID!
I was pressured into the radiography profession in 1990 by circumstances I was experiencing at the time. I am now working towards my BS in Graphic Design my first and true interest and hope to get out of the radiography profession someday. It is certainly not what I want to do the rest of my life. The work is stressful and demanding-physically emotionally and mentally. I now have a job where I am paid much better than I was at bigger city trauma hospitals and the stress is also lower; but as I said radiography is not what I want to do in my 40's and on. I hope to get out of it in 5 years.
I was tired of school after HS. Got my training in the military (enlisted before I could get drafted. Rad.Tech. looked great in military. I know now I could have done better and always recommend college first. Pay is the single biggest reason for dissatisfaction. Look at what others earn- its a disgrace for what we do. The sacrifice of off time is second- our families suffer because of our profession!

I completed the Rad Tech program (didactic and most of the clinical) for two years and did well on the portion of the training and also received good grades in the clinical training. Due to unforeseen problems between the clinical sites the school ___ College and me I was not allowed to finish my training. This is still of concern to me because the training is not transferable to any other program. Therefore I will not be going into the health care profession after all. Phone is ____ Thank you. [Gave name.] I regret that the health care field has thrown away the chance to train and employ an enthusiastic willing worker albeit rather short and getting on in age (52).
My mother was a RN and wanted one of her daughters to go into the medical profession. So she chose x-ray for me I didn't. As far as the 25 points I had to put in 25 to go further when in fact it should have been 0! I will admit that I did enjoy x-ray until the positions became so political! It became a KISS-UP position and who kissed-up the most got the better pay and advancements. I really had not intended to retire as early as I did and if a position came up that was what I was interested in I would probably apply. But anyways I got feed up to my ears in the political ways and quit! I'd rather work in the barnyard shoveling manure than work in the x-ray field not BUT probably all fields are the same way wouldn't you say????

Ambivalent comments regarding how they got into the profession

I have a B.S. in Medical Imaging. I chose this path because I thought it would be a better choice over a 2 year program regarding financial gain and opportunity for advancement. However I get paid the same amt. as those who attended 2 yr. school and the career ladder goes by seniority. I would tell potential RT's to take the 2 yr. road it's faster.
I fell in love with the radiology field when doing volunteer work in high school and continued to pursue my career as I furthered my education.
This was a second choice career; first choice was business field but program was full and Radiology Program had openings. I feel I would have advanced more in the business field since there would be more opportunities and be not as limited as Radiology.
I work per diem nights and weekends as a ct tech on call at a hospital and work days as a mammographer in a private office. I went into radiologic technology as a lateral move from radiation therapy. I decided you needed some real life skills to go into radiation therapy and it wouldn't be wise to do that right out of high school.
I took the KUDOR interest inventory survey from my local university. Radiologic Technology was #1 on my list of compatible careers along with many other medical professions. I had just enough scholarship remaining to complete my BSRS at Midwestern State University after my AASR. I enjoy the direct contact with my patients but am frustrated with the lack of respect and pay for diagnostic radiology. Had money been no object I would have gone to medical school to become a radiologist. I still may after completing my MSRS at MSU.
I also chose this profession to fall back on if something happened to my spouse. Thirty- four years ago I started working as an R.T.(R) and was something I enjoyed doing. Now the new students have higher degree's to get their education and less training at the clinical sites.
I got married too young (18) and in the process moved to a small city in New Mexico. Fortunately I had already become interested in radiologic technology when I was looking for a new job in El Paso prior to the marriage. There was a hospital program available where I moved so I more or less fell into it. However I am very glad I did. I enjoy my work. I still wish I had finished college instead, though! I was studying engineering at a time when it was unusual for a woman to be in engineering (1970). I was doing well in it too. Looking back I would have liked to go for an M.D. I try to encourage young people to go into R.T. work. I point out that it's interesting work, never boring; you're not stuck behind a desk and there are a lot of jobs available that pay well.

I always wanted a job in healthcare... knew from grade school on. Often thought nurse but my counselor at HS showed me radiologic technology. And from there went into radiation therapy. Money was not an issue for me...the driver was doing something worthwhile for others. Unfortunately in our society today money takes a big precedence over anything else... and somewhere with that we have lost the quality it takes to make a really good healthcare worker...instead of motivation by compassion we get motivation by money and it seems we lose something along the way. Not to say everyone is like that...but more and more you see that demonstrated wherever you go. Being a mother of a 17 yr. old I realize that so many of the graduates have no direction... and again the biggest deal to them is what can I take as a major that will get me the most money... even if they have compassion for a certain subject...they will replace it with something else because they rationalize that the money in that area of pursuit is not worthwhile. Kids today get so much more than what we did. The expectations are way overboard....how do you take that individual and train them to treat a cancer patient compassionately? For so long they have looked out for number one that now in this point of their life to see something unpleasant or clean up throw-up... or be surrounded by needy people. They haven't a clue what to do. We have a school here in our department and along with being a student myself I have also seen many classes come and go. Some students have been excellent and many more just lukewarm... their not even sure they want to stay in this field once they have gotten into the middle of it. I believe that the best way of promoting this career is to be honest. This is a people job... you need to be compassionate...especially to the elderly patient because things and patients do not always move at warp speed... giving to others before you take - explaining at all times what you're doing... help elevate those fears instead of adding to them... their lives touch yours for such a short period of time... do you make those memories unpleasant or do you do your best in caring for them when they are with you?
I got interested in RT because I babysat for a radiologist and couldn't figure out what I wanted to be in college. I tried RT instead of just going straight into a radiologist position to see if I was interested. I liked working in the field but had too much call and had to cross train increasing what I was called in for in a smaller rural hospital. I think now I would really be interested in a radiologist or the new PA positions.
I chose Radiation Therapy as a career path while I was in x-ray school. I really did not care for radiology and was more interested in using my math/physics skills.
I began my radiology career at 19 not really knowing what I would do with it .it took me 10 years to finally find my niche. MRI is hands down better than x-ray and cat scan as far as your sanity goes the other 2 fields can really burn you out.
When I decided to enter this field it was before the Internet; before schools did a lot of widespread advertising in magazines newspapers and on TV; and without hearing an impassioned speech by a recruiter. I chose this field because I was good in the sciences, liked photography as a hobby and wanted the security of a healthcare profession. These coupled with a cousin already in the field were the main reasons I became a radiographer. I do feel however that any of the above mentioned recruiting tools would have been beneficial to me in my career choice. At this point in my career I do not know if I would recommend this field because of the politics and the extraneous knowledge needed by a technologist these days--HMOs DRGs ICD-9s CPTs M-O-U-S-E...oops! This field would be much more enjoyable if we (correction, I) would be allowed the privilege of just being a radiographic practitioner--i.e. one who practices the art of radiography.
After a 2 year hospital based program I worked in the field for 10 years I specialized in mammography. Twenty years later I went back to college hoping the radiologic training would count towards any science or teaching science concentrations. It did not. The colleges did not recognize the training and or multiple state certifications, not to mention the continuing education credits needed bi-annuim.
I entered a hospital based program of Radiologic Technology immediately upon graduation from high school. After completion of the program (late '70's) there were limited opportunities for advancement and the salary was NOT competitive with other areas of healthcare. I then entered an associate degree nursing program and became a RN. I have completed a BS degree in nursing and completed a MS degree. I maintain certification as a RT(R) and would consider returning to the field of radiologic technology given the increased opportunities and salaries increases, but yet now salaries of RTs are not competitive with those of RN's. For the amount of educational time involved I would recommend individuals complete a degree in nursing when compared to radiologic technology. Nursing provides many more opportunities for advancement and professional growth (as well as increased salaries) than does the profession of radiologic technology.
My training in radiography was in the army during the Viet Nam era so none of the training choices really applies. The wages in radiography until very recently have been substandard so I never chose to work in the field-- It was always a last resort job... Only in the last 5 years has it become a profession I would recommend to anyone.
I started as a radiologic technologist in a pediatric x ray clinic, and then I became a medical physicist assistant having 2 jobs at the same time. At present I am instructor in a radiologic technology program a mammographer at a clinic (part time -Saturdays) and still a medical physicist assistant. In Puerto Rico one job-salary in the radiologic technology area is not enough to support a family.

Didn't want to attend 4 years of college back in 60's. That was another time. I would never consider anything but a four-year radiology program now. I also resent the choices never including 2 yr. diploma from a hospital based program. At that time there were no associate degrees for radiology. If so they were just starting up. Your choices for education do not include 2 year programs. My education did not end with high school. Two years of classes of anatomy, exposure, darkroom, physics etc. should be a part of the choices. A.S.R.T. seems to forget the old hospital based programs that were around before the general ed. classes came into being to get the associates degree.
There was little technology when I began x-ray school in 1968 compared to now. I spend my time divided between general radiography and mammography. The respect for technologists is worse than many years ago. And unless you are employed by a hospital or large imaging center the salary and benefits are much lower. And yet you often work just as hard! Over the years I've stepped up to the plate and done whatever was needed: venipuncture EKG Medicare billing front desk small claims court etc. I recently began taking courses (distance education) for the BSRT, to teach. (There was not even an Associate's degree in 1968...) It's too late for me to pursue this now; by the time I finish the Master's degree will be required! Besides, reality shows that there is age discrimination out there and I would be near 60 years old! And would I have the patience to teach 20 yr. olds then? So I'm at a crossroads in my career life: do I continue as long as I can as a tech or get out of the field?
I trained in 1974 straight after high school so my motivation was to graduate and work as soon as possible to support my husband in University. Today I would not use the same approach. I compromised my preferences for the bigger picture. I don't regret this choice because I can't change the past...but it wasn't the best fit for me.
Some of the choices regarding what influenced my decision had a very different meaning 40+ years ago. There was no internet I don't recall any high school counselors even being aware of medical imaging and many of the career options that are so attractive today did not exist (CT MRI PET< SPECT nuc med Ultrasound etc.) then. My interest originated out of a general interest in science and while in college pursing a degree in science and I worked 3-11 at a hospital while in college which made me aware of many work choices I did not previously know about. X-ray technology was still relatively limited but I sought out information on my own via 1:1 conversations with x-ray techs writing letters to companies and reading x-ray technology textbooks. Ironically, the x-ray tech where I worked always complained about lousy pay and I knew x-rays were dangerous so even though I was not sure initially which specific career I would pursue I was certain it would not be x-ray technology.
I began in x-ray and mammography and advanced to CT and then MRI work. I continue to do both MRI and CT as well as some mammography. I would suggest this work to someone only if I felt they were suited to healthcare and caring for people. That is the number one thing that people should have to enter this field. We take care of people not parts of a body. I also feel that my hospital based program was better than any degree program because of my instructors and the emphasis on attention to detail they pushed us to have. I think the importance is not in the degree given, but the training acquired and quality of technologist one becomes thru that training. We are all professionals, degree or no degree.
I was paid by the USN & UCLA to go to x-ray school. This is no longer available. I would not be radiographer if it were not for that. That hospital based program as well as many others are now closed.

Neutral comments regarding how they got into the profession

I received my training in the US Navy and associates through George Washington University in an off campus program
When I chose to go to school for Rad. Tech. back in the late 70's there wasn't much help for me. A guidance counselor gave me a book to page through with a listing of jobs. I thought it would be interesting. My reasons for selecting that field have changed as I have through the years and I expressed the reasons I chose mammography as my specialty when answering my questions in some areas.
This profession was offer to me when I signed up in the Army in 1986. I declined the position at that time but years later reconsidered because I was bored with mechanical work.
ENTERED THE PROFESSION THINKING IT WOULD BE TEMPORARY - A JOB I COULD DO WHILE PERSUING ANOTHER CAREER.
I was inspired by the Medical Oncologist as I was his administrative assistant. A shortage in the early 80's of Radiation Therapists. He sent me to therapy school with a commitment to work 2 years. I've continued my employment for 22 years
This career was a suggestion by a college counselor. I had never heard about it before then. I was in school for veterinarian science and did not see paying the money and time to finish it.
work in Ontario Canada
I had kidney stones at the age of 16. I became intrigued about the profession when I had to get an IVP. I asked about how to get into the profession and had my guidance counselor get me information.
I started out going to college to study nursing. In my second year I found out from a friend about a hospital training course in X-ray technology which sounded interesting. Since I wanted to get into a hospital situation as soon as possible I decided to go into radiology instead of nursing.

I have been in the Radiological field for 35 years, starting as a radiographer mammographer radiation therapist and now an educator. I have been teaching radiation therapy for a little over 14 years now.
Trained in the Military; not listed in your assessment.
13 years in cath/specials procedures last 1 1/2 years in electrophysiology lab
My introduction to Radiology came as a mandate by the US Army. I was trained and went on to stay in the field. Worked as a Technologist Assistant Dept head and Radiology Administrator for 18 years. Went into Radiology Sales and am still in this position.(Sr. Territory Manager)
My training was done while active duty military. My reason for going into radiology was to get job training that I would be able to take into the public sector once my military career was over.
All of my training came in the armed forces. I was paid going to school. I feel for the kids that are not being compensated for school.
I have been an RT for 39 years. During this time I did not work for 14 years while my children were young. My first position was general radiology at a hospital. When I started back to work as a Mammographer (took the first board for certification.) I worked on a mobile van and two women's centers before working at the hospital where I am part time by choice.
I began the radiology practitioner's assistant program at Weber State University last fall. That program will allow me to do the procedures that I know and have done or been a part of for the last 18 years. The radiologist assistant programs should also be good for the betterment of the radiologic technology field and patient care.
I became interested in the medical field in 1987 because my wife was a nurse at the time. I was retiring from the US Navy then after 23 years and had not worked in the medical field previously. Following my two year certificate program training I worked at the hospital where I trained for a while and then went to work for the X-ray school as an instructor. I am now the Clinical Coordinator for our program.
I acquired my training in the U.S. Air Force on active duty.
Wanted to go back to school for a l-o-n-g time but couldn't afford it. When company I worked for closed I was able to get assistance as dislocated worker. Wanted to go into healthcare from past work experience...researched several options. Husband had MRI & I had ultrasound during that time and that's what I decided to pursue.
I did my training in England so my circumstances are not typical.
Attended 2 year Hospital Radiology Cert. program Have been at same Hospital for almost 30 years now. P
I taught algebra and geometry for 12 years prior to entering radiologic technology and entered the profession so I could teach at the community college level and increase my pay.
I got into the field in 1978. I had worked for many employers for minimum wage because of Affirmative Action and an inability to apply for any job that paid a higher hourly wage. Many of my past employers were reducing staff by layoffs and I constantly found myself out of work or working 2 jobs at minimum wage to meet my bills. I finally got fed up stopped at a community college to see what was available to me. I found out that I could not apply to get into some programs such as nursing because of quotas that were set. After leaving the college upset about the limited areas that I could apply for I was called 2 days later by a college representative offering me the ability to attend a radiation therapy program which I accepted.
I picked radiology purely on a whim when I joined the USAF. They provided me with all my training. I enjoyed the field from the moment I started the schooling. I've stayed in it even after I got out of the active AF and I did it in the Reserves and the Air National Guard. I do mammography in the civilian sector and am looking for a job as I have relocated.
Family members in imaging profession: One sister - Radiologic Technologist who is a director of a radiology teaching program One sister-in-law - Radiologic Technologist who is a supervisor of a imaging department/hospital One niece - student in ultrasound program
I had 2 younger brothers precede me into the field directly from high school. My interest came mostly from listening to them discuss school and their training, and they enjoyed it so very much. Since the time that I graduated from the program (age 36) I had a sister enter the RN program and a younger sister (age 42) is now in her radiology internship at the same college and with the same instructors that taught the program when my brothers and I attended.
Became interested in radiology because I was painting a hospital and asked the technologist about his job.
I am a traveler in Radiology/CT and work in various facilities depending upon my current assignment. I was trained in the military and was in the Air Force 20 yrs.
Wanted to be a nurse. Program Director for nursing was not available. So talked to Program Director for Radiologic Technology. They had an opening for the coming school year (starting w/in 2 weeks of talking to her). Jumped on that and then went into radiation therapy right after x-ray school.
I DID HAVE OTHER PROFESSION'S BEFORE STARTING IN THE MEDICAL FIELD. ONE WAS LABORER, OTHER WAS IN ACCOUNTING. THEY WERE NOT WHAT I WANTED. I NEEDED MORE STIMULATION. MONEY WAS ALSO A FACTOR FOR A SINGLE MOM.

I started out in general radiography for 4 years then became a clinical instructor for the community college. I switched back to general x-ray for 10 years. After extensive research I switched to RN. Now work in a busy cardiac cath lab. Perfect combo of radiography & nursing.
I was a patient having an IVP at the age of 15. I spoke with the students who were performing the exam and was hooked. I entered that hospital-based program 3 years later.
Worked as a technologist for 19yrs then went back to school for nursing. Became radiology nurse for interventional radiology. Still keep up CEU's for RT registry
Questions 13 14 15 are not relevant as I work locums all over the US. I discovered Radiation Therapy when I got a job in a hospital as a PBX operator. That hospital had a radiation therapy department and one of the physicians encouraged me to look into the profession.
Began healthcare field after long career as major crime scene detective. Started new career as RN student but switched to radiology after observing early CT exams. Had done many autopsies and found That with ct and X-rays I could do the same pathology on living patients.
My sister-in-law is a radiographer; she is the one that got me interested in radiology. I went to a hospital based school straight out of high school. I got interested in radiation therapy when I was a student and then became more interested after a friend went to therapy school.
In the early 80s I read about PET scanning. When I looked into it as a career I realized how limited the options were and switched to ultrasound. Radiography was a step in that direction. I am soon to graduate with an assoc. degree in Diagnostic Medical Sonography.
I was trained in the USAF. As of now I have been a traveling tech for 1 1/2 years and am licensed in 5 states WV KY RI OH and ME but have also worked in PA and MI.
I became an x-ray/CT tech. as a compromise with my parents. They wanted me to be a nurse and I wanted to be a paramedic. I wasn't even aware that the profession existed. Of course that was 20 years ago. But I did not have any information from a school counselor or anyone else regarding a profession in radiology.
I had planned on trying to go into medical school but had an accident and couldn't work for a while and was turned down for financial aid. I had also considered respiratory therapy as an alternative before entering the field of radiology.
Typical survey. So many areas where I cannot answer questions honestly. There really is no way by the questions asked that I can say why I got into health care. It was a total fluke on my part. NO interest in the health care field at all. It just happened due to other things happening in my life at the time. Basically - because I had never flown before. Was given the opportunity to fly to Des Moines IA and take the military entrance exam. Said okay because I wanted to fly. Was NOT going to join the Army. After testing was told I qualified for any training I wanted. I said x-ray lab or physical therapy because those schools are in Ft. Sam Houston, Texas at Brooke Army Medical Center. There were no openings in any of these -they are always the first to get filled. I then flew home. A few months later an Army recruiter called and informed me that there was an opening in x-ray school with basic training starting such and such a date did I want to go? I wasn't doing anything at the time - so I said sure. And the rest is history. Have been in diagnostic imaging ever since, going further and obtaining certification in Mammography CT and my RDMS - ultrasound - certifications in abdominal OB/GYN and breast. I never even took a single science class through high school. Everything was geared toward business because I had planned on becoming a court reporter. So none of your questions really let me say how it came to be that I am in diagnostic imaging and have been for 25 years. It was a total fluke!
In the 70s I was unable to afford a 4 year course at college so the hospital based/college affiliate program for 2 years was great for me. And I had written an essay in 6th grade about how interesting it was to see bones in your hand from an x-ray. Little did I know about barium studies etc. at the time. Haha. But the desire to become an x-ray technologist began then, I think.
This was 1967-68 and my parents did not have the money to send me to college. I had never heard of x-ray school until my high school friend and her cousin entered the program in 1967. It sounded like something I would like, was affordable and only two years, so I enrolled in 1968.
I found out about radiography only because my father, who was a carpenter/contractor, happened to be hired to remodel both the x-ray department and the home of the radiologist at a local hospital. My dad and the doctor became friends and the radiologist told my father about the program, said they'd like to have more male students, and asked if any of us--I have 6 brothers--might be interested. I had just graduated high school; had followed mainly a college-prep path in HS but had not made any definite plans on attending college. (I was both sick of school unsure of what I wanted to do and also shy.) I checked out the program saw several cute female students there and the work looked interesting; so since I had nothing better to do and it was cheap--actually free including books and uniforms--and paid a small stipend I started the program. Since then I've been a staff tech, an assistant chief or equivalent at several hospitals, a department director, a program director at two different schools and a part-time instructor. ,
I was trained by the army. I worked for the army my whole career. I also worked as a civilian for the Army.
A friend that I went to High school with had gone to x-ray school and he helped me get in. I had no knowledge of the Radiology profession.

This survey does not work for me. I went to college for 2 yrs before entering x-ray school. X-ray was chosen because the school was starting soon and I had decided not to return to college so I needed to do something. At the moment I am a traveler and work in many places after working at the same office for 20 years. I intend on traveling for another 5 years. My current job is in x-ray but my next one is in both x-ray and mammography.
Till this day I am still not quite sure how I got into this field. My wife of 22 years asks me on occasion what I am going to do when I grow up...like Peter Pan I respond Never!. Good luck on your survey. Please keep us posted on the results! Thanks CT Tech in MA.
I place little importance to counselors. My college counselor was actually discouraging from going into anything professional. I will bet anything that because I WAS OLDER AND LATINO I COULN'T ASPIRE TO ANYTHING MORE. However my mother had been one of the first nurse practitioners in California. She was my motivation and the fact that I love science and I was fairly good in Math. I must say that this profession is not very well known not like NURSING.
I worked as a transporter receptionist dark room tech while I was in high school. I became interested in becoming a rad tech through my high school experiences.
Began in hospital-based certificate program; later completed BS degree while working as an RT; joined faculty at associate degree program 6 years ago.
I'd always wanted a health care based career so spent a semester in nursing school after high school graduation but hated it after about 3 months. One of the career counselors at our local community college suggested the rad tech program at our local hospital. I completed the program worked 7 yrs as a radiographer then returned to school for rad therapy when I had my daughter because of the more predictable work schedule
I joined the USAF in 1969 and was assigned to radiology as my career job. I was able to spend my two years in a teaching hospital, which allowed me to sit for the AART. I am currently the Director of two medical center imaging departments.
My original reason for getting in Radiology was I lived in a very small town with no opportunities. I didn't drive or have money for college even though I finished 2nd in my class. I needed to find a way to get an education to support myself. I went to a Senior Day at one of the largest hospital in Arkansas in 1962 and learned of another hospital that also offered a Radiology program that offered room and board and no tuition. I had gotten enough money from graduation gifts to buy my books and uniforms. I didn't know the competition was so tough until the day of my interview when I was there with two young men who were also taking their interview on a day different from everyone else. They told me that you needed to apply to several schools and hope to get accepted. I was going to go into the military to get an education if I hadn't got accepted. Maybe this isn't the way most people get into this profession.
My mother is an RN and I grew up around healthcare people. She had a lot of influence in my decision but I knew I didn't want nursing.
Oldest of 7 children from rural community. I was a hospital volunteer candy striper and began hospital based RN/X-ray training on scholarship; x-ray was new and exciting in the '60s...I pioneered with pacemakers heart caths poloroids C-arms; helped open 1st freestanding OP surgical clinic on east coast 1981 and several mammography programs; taught mammography students 5 yrs at community based program. Currently perform screening mammograms and QA/QC at county hlth dept with no in house physician (only county hlth dept in state that continues to have mammography program)
My training was through the US Army Academy of Health Sciences which was then affiliated with ___ College in San Antonio, TX My education (degree) is HS Diploma; however I have completed over 3 years of college work in pursuit of my Bachelor's Degree My commute is 0 minutes as I design web-based educational curriculum for radiologic science professionals and work from a home office. I reside in WI and am employed in OH.
I was recruited into the military during the Vietnam era. There were only a few medical vocations open at the time I enlisted and my recruiter was the one who recommended Radiology as a field that had a future when I completed my tour of duty.
Initial interest came from having a family member in the medical profession.
I am currently in an RTT program. I was previously in education (high school level sciences).
I worked as a Candy Striper in Jr High and rotated through a lot of departments in the hospital and I really liked Radiology. After X-Ray school I was offered a job in a Drs office to be trained on a Cobalt Machine. I later went to Radiation Therapy school and then did on the job training in Dosimetry.
My guidance counselor in high school was inadequate. I was given the suggestion of engineering or physician because I do well in all classes but enjoyed science and math. I tried engineering and hated it. I switched to the community college to try and decide what I wanted to do as an alternative. An instructor of mine said I was wasting my time in the program I had selected at the time and suggested I look into the Allied Health Programs. After looking them over I chose Radiation Therapy and have advanced in my career from therapist to medical dosimetrist.

I heard about Radiology in a Communications Skills class where I was going to college to figure out what I wanted to do with my life. A fellow student was giving a speech about the advantages of rare earth screens and what a difference they made to the patients exposure. Her presentation of this topic and how it helped people brought my attention to this profession. I had never even thought about the health care field. A fellow worker told me about a hospital based program not far from where I was living and I called to find out if I could enter it. I bugged the schools director until she gave me a spot in the school. At the time of my graduation in 1982 there were very few openings in Radiology and I ended up driving to Chicago from Milwaukee every day until I found a position closer to home. I have been a cardiovascular tech for 5 years and also worked in Nuclear Medicine. I now am in charge of two radiology departments in small clinics in the north woods of Wisconsin.
I started out wanting to be an Ultrasound Technologist. The college I was attending stopped the program after I had been there for 2 years. I only went in to my current field because it was of the same type practice and I wasn't going to pay for 2 years of school without a degree.

Recommendations based upon how they got into the profession

I only heard about Radiation Therapy once I was already enrolled in school to become a diagnostic Rad. Tech. We had speakers from different modalities give presentations on their specialty areas. I think it would be great if we could somehow promote our profession better maybe in the high schools because most people have never heard of Radiation Therapy.
Uncle was a Radiologist--this is how I was informed of this particular profession. School counselors do a poor to fair job of informing students of educational/employment-training opportunities.
When I finished high school college was not affordable. A friend of the family was a doctor and recommended radiology. In the 60's the pay was not what it is today in comparison. I moved from the Pittsburgh area to Philly. The salary was 1/3 more in Philly. I took my Nuclear Med boards in 1962. Worked 50% in NM and 50% in radiology. Even at that it was hard to make ends meet. Most of the students coming out of training today are not able to think for themselves. Most have gone into radiology for the money..not caring for the patient. Most do not want to learn more than they have to. We must set the standards higher for entry into the profession
I was trained by the USAF. Did not choose this profession. Am now a full time travel x-ray tech. You addressed none of these in your survey! Many x-ray techs are military!

Positive comments regarding the profession/what they do

Being a Radiologic Technologist is one of the best careers to have. It is not only very interesting but there are so many opportunities in the field. Helping people is such a blessing.
I work as Marketing Director for outpatient MRI facility- It is the best of both worlds as you get to talk to drs/nurses about services as well as share/learn about interesting cases and new technology with them and our MRI techs!
As a new technologist I moved up the career ladder with technology. Emergency Rad Tech to Special Procedures to CT to Radiation Medicine to MRI to Contrast Media Research then back to clinical as an Operations Manager and now am a Clinical Director. You can go in so many different directions within Radiology or use your talent to take Radiology with you to other professions.
I am very active in recruiting high school students into the radiologic technology and associated fields. I have found this line of work to be a very satisfying career move for myself and encourage others to apply. Whereas what I do now (Management) is not what I started out doing many, many years ago, I still find it interesting and ever changing.
I've enjoyed working as a staff tech and as a nuclear med tech off and on for many years. Now I love working at an orthopaedic office part time. This career has enabled me to work part time while raising children and to have an interesting and vital career.
I love my job!
Best move in life or career I ever made! I love my work especially the patients and co-workers. And I now enjoy the respect I felt I always deserved from my profession in life. I also look forward to an early retirement (by age 59) because the current pay scale is fantastic!! I will work PRN after I retire from my permanent job.
My career in Diagnostic Imaging has been very good to me. I have always had good jobs mainly in management and marketing in the out patient imaging sector. With the experience and knowledge I gained over the years I was able to open my own out patient imaging centers. I would recommend a career in Diagnostic Imaging for all that are interested.
I love my profession. It is necessary to be able to climb a carrier ladder for example to become a ct technologist without going back to school and having to leave the job. I would like results of your survey. judylynch1@hotmail.com
This is the greatest job anyone could have! I am exhausted at the end of the day but I absolutely feel fulfilled and glad that I do what I do w/ the people I do it with. We have the greatest staff and our patients are the first to tell us. How can that not make your day?

Being an RT has always kept food on the table & a roof over our heads, even when my husband's work was not good in our younger years. It has been a very rewarding profession and I've never regretted my decision to leave nursing school for x-ray school. After 40+ years I still love my job!
it is a good career
I LIKE MY CAREER BECAUSE IT IS INTERESTING AND IF I GET BURNED OUT I CAN LEARN A NEW MODALITY.
I think it is important for prospective student technologists to understand that radiography is a fluid career path. By that I mean that as your life changes radiologic technology is broad enough and adaptive enough to allow your career to change as well to fit your life style. As a result I have had many wonderful career opportunities still within the field of radiography.
Radiologic Technology has been a fulfilling, interesting and rewarding profession that has given me flexibility while raising my children and through moves to other states. My sister, from my recommendation, has chosen to pursue a career in this field as well.
I work as a consultant in the radiology information system and PACS arena. I used my RT background as a stepping stone to provide me with the clinical knowledge to understand trends and workflow issues as they exist in radiology and apply technology based solutions.
Currently I am working part time at a local Women's clinic. For many years I worked as an application specialist for an X-ray manufacturer which was a great job. I now do both jobs part time. I have always enjoyed working in the X-ray field.
Working on a mobile MRI unit provided me with training that I otherwise would not have pursued. I had burned out from hospital work and was bored with years of private practice. My schedule is somewhat flexible (no Sunday night-itis) even though some days are 14 hours. I have an appreciation for my basic RT training. It is a good foundation for a long career.
I have been a radiologic technologist for 13 years. Four years ago I went to Radiology practitioner assistant school in Utah and love what I do.
Quit working to raise a family. I loved working in X-ray and am considering returning to it now that all my children are grown.
The 2 year program flew by and I really enjoyed it! I'm definitely glad to have had this experience!
Before moving to California I was an instructor in a radiology program at the community college level. I also recruited students from high schools.... Taking new RTs of the same ethnicity to speak to high school students is the best way of recruiting
I was not aware of all the opportunities when I entered this field. I have grown to appreciate this work and I am proud to be in this field. I am a clinical instructor for a hospital based program and this has given me a better understanding for the importance of making our profession better known.
The best thing I ever did in my life was become an x-ray tech.
Enjoy medical work and photography
After working in various other modalities of the Radiological field I was fortunate to fall upon MRI work about 12 years ago. I find it is extremely rewarding and very challenging. I never get tired of the work.
I picked a great field to work in lots of challenges to keep it interesting and working to help people is very rewarding.
Radiologic Technology provided an excellent career learning environment and source of income to advance my business education.
In the 32 years I have been in radiology I have experienced an entire change in the radiology field. There is a greater opportunity now to advance and learn new techniques. The crucial importance I have seen and continue to see is the need for the true understanding of X-ray. That a lowly diagnostic technologist has as much if not more importance than the elusive CT MR Nuclear or Interventional technologist. Because the truth is all the patient's start in the diagnostic department first. This field only continues to grow and expand with unlimited possibilities.
My career has been most rewarding. I love my work. I get paid for helping people!! I'd do it all again.
Am now a practicing educator in radiologic technology at a local community college not taking regular x-rays
It is an interesting job it is always changing and if you get bored you can always branch out into another modality. The schooling is not long and you start out with a good salary. Its a job that is always needed no matter where you live.
JOB DEMAND combined with only 2year school where the major factors that made me look at the career to begin, but I chose it because of the interesting work.
I work at 2 jobs. One is a small community Hospital which pays the bills. I also work at a University Pediatric Medical Center which is one of the greatest joys of my life and I would do it even if they didn't pay me.
Looking back I feel like God led me into the field of radiation therapy. It's a very rewarding career.
I have never regretted getting into this field even though I knew nothing about it when I entered it.

I have been in this profession for over 40yrs and am proud to see how far it has come to being recognized as a profession. We technologists have worked very hard to become professional health workers.
I have not retired however I have not worked for the past two years due to health reasons. I loved my entire experience with the profession and wish I could continue. I went from staff tech to Department Director in a community hospital and loved the progress of my tenure.
I must give credit to my parents who thought a health care job would be very beneficial to me as I grew older. I am now the administrator of a nationwide medical staffing agency. Radiology is an excellent choice for any knowledgeable young person looking for a good living and a challenging career.
My career as a Radiologic Technologist has been a very rewarding one. Salary was never a high priority but I was amazed at the salary that I was earning. I enjoy helping people and x-ray is never dull or boring.
I enjoy my work. It is not hard and it pays well. My job provides me personal satisfaction; it's challenging to do a trauma patient well and fast. I make a good salary. My job is not redundant; although I perform chest x-rays all day, each patient is different and requires me to adapt to each one to achieve a quality exam.
Very fulfilling career.
I love radiologic technology!
I also like the fact that my line of work is Monday-Friday day work.
Radiography is a great profession. There is so much you can do.
I have a great career. I am registered in Radiography, Radiation Therapy, and Mammography. Unfortunately I do not have a degree and I wish it would be easier for a full-time working mother to obtain a Bachelor's Degree.
you must understand when asking questions of the technologists who have been in this field for so many, many years that when we started out in the field of Radiology we made very little money compared to the nurses at that time. We were the bottom of the pole poor as we use to say. Going into Radiology in the early years was not for the money. The prestige was not there the money was not there and the respect was not there. Good job ASRT for all you have done for us!
Continued evolution in technology in the 15 years that I have been an RT. Always an opportunity to learn new modalities and new technology.
This is my 2nd career. Going back to school after finishing my B.S. in management is worthwhile. I'm not only making good money but I find this job very fulfilling and challenging. Even though our workload has increased and sometimes stressful I still feel good at the end of the day because I know I'm helping somebody and I always look forward going to work the next day!
I was quite young when I decided to go into x-ray and didn't really know much about it but it turned out to be a great career decision.
I chose my career path based on my experience as a patient because this was my only experience to date with health careers. Had more information been available in the media and sufficient information available to high school counselors and college counselors I definitely would have entered my profession sooner.
I would recommend this profession to other people
I like what I do for a living and hope that I can make a difference in someone's life.
This is a great field with room for advancement. I currently work 2 jobs: one part time for stability and a per diem at a larger hospital giving me the flexibility to work as much as I want to. I love the new technology and look forward to learning more all the time.
I HAVE ALWAYS RECEIVED SATISFACTION IN MY WORK WITH PEOPLE ESPECIALLY WHEN THEY ARE GRATEFUL IN RETURN. I FEEL BLESSED TO HAVE THIS SKILL.
As is obvious by my age I came into this profession long before the varied technologies we have today. There are so many different areas of imaging to do now, which I think makes the field even more interesting. The versatility of the field allowed me to support myself as a young single. After I married it allowed me to work just part-time while raising my child. Now that my husband has retired I am in a more lucrative manager's position. In a few years I fully intend to return to part-time before completely retiring. In short, the profession can easily be arranged to fit my life style as it changes. I have recommended the field to several young people and have later been thanked for my advice.
I truly enjoy all of the position I have held in the Radiology and Ultrasonography field-- I am now a director of a Radiology department
yearly wages over 100k
I love the field of medical sonography and I recommend it to everyone. It is an excellent career to get into and I learn something new everyday. The added bonus is it pays very well but that is not why I chose this field. I think this is very interesting and a well respected career from everyone in the medical profession. I am proud of what I do and I love going to work everyday!!!!!
I have the best job in the whole hospital!!!

Would recommend this profession to anyone. Have never regretted my decision to become a healthcare professional. Still enjoying this very rewarding and challenging career after 11years.
Great career for 2 years of education. Also can continue on with B.S. in Radiology Science. Also opportunity for Radiologist assistant as well. Lots of room to grow. If career not for you, great part time job because of flexible hours and also many travel opportunities.
Excellent career for anyone who wants a home life to raise children as well as a satisfying career.
love what I do
I worked in an urban hospital/clinic for 6 years and the commute was about 45 mins. I like working in a small town hospital where I live now, a rural farming community. The pay is a little less than the larger city but for me it is worth it.
The radiologic technology field is a very rewarding field to be in. You have the satisfaction of knowing what you have done has helped someone.
I love my job as a radiologic technologist! I have found it to be a rewarding career with many opportunities for growth.
Radiology is a good field because you can never really get bored. You do have to be willing to give up weekends holidays and some evenings especially in the beginning just after graduation. It can be challenging but also fun.
I liked science and A&P but not chemistry so much. I started college planning to become a physician but hated so much chemistry and math! I didn't want to have to work THAT hard and found that rad tech was the right blend of health care (which I knew I wanted) and physics... something I thought was more interesting than nursing, for example. Since I had been working around an x-ray department during high school I had become acquainted with it or I might not have ever thought of it. That was so long ago that x-ray was the only thing being used--no CT MRI or even ultrasound--until around the time I was getting out of rad tech school. It's been an interesting and rewarding field. I am now in management full time and sometimes miss the interaction with patients and the fun in seeing a beautiful film.
I worked for the government for 21 years in customer service; it was the most thankless job that I ever had. I now help others with a marketable skill I can use anywhere in the world. This is the most rewarding job both personally and professionally. Thank you!
I love my job and recommend it to anyone that has desire to have a challenging career. I would recommend it to anyone that is interested in healthcare and wants a job that challenges mentally and physically.
I work further from home to stay with my infant during the week and I work Fri Sat Sun 7pm to 7 am. This position allows me the advantage of not having a sitter.
love what I do.....helping people is far more important than money....and I hope when I have to be in the hospital my tech will feel the same about their job as I do this is not for everyone caring people are the best for this type of work
My favorite part of the job is the time spent treating these patients on a daily basis and getting to know about their lives. It feels wonderful at the end of the day to know I am making a contribution to them in ways that matter.
I have always had great satisfaction from my chosen career. I think Technicians deserve more recognition for their role in the world of Healthcare.
I feel I have made a sound career choice as an RT and will continue on with my career as a clinical instructor someday.
I have enjoyed a variety of work environments thanks to my training as an RT.
I do not know of many other 2 year curriculums that can allow a person to exceed the 6 figure monetary scale. But it does happen!
Radiology is a good beginning for people because it allows them to move around to many different modalities of their choosing at different stages of their life.
I love being a tech. I think for me it was the best profession I could have chosen....
Have enjoyed US for many years-am somewhat disturbed that current grads of programs are not ready to scan with confidence. I know when I graduated I was expected to be ready and running up to speed-and I was.
I am a manager now but a working manager. I still love what I do. I have the challenges of management but still get to see patients.
I love this job because no exam is ever the same twice. I was interested in medicine ever since I met my current wife. Now we have a lot of common ground to talk about. I like the fact that there are ways for me to branch out and discover new horizons. I will stay in this profession (radiology) until I retire.
Good Career
The one other trait you did not consider was a little artistic flavor. This career can satisfy that craftsy type person because of the hands on creativity involved in producing radiographs.

I really had no guidance upon entering the field of radiography; however it has been a perfect match for me. I would do it all again if I had the opportunity. It has given me the opportunity to advance to my current position of program director and still work prn for a group of orthopaedic surgeons. I would strongly encourage anyone who likes to work with people to research the profession of radiography!
I just started this new job as an apps specialist. I do lots of travel from home. I think that I am going to really like this position!
I got interested in radiology by being a patient. I found it fascinating and being able to help people was a goal. Working in a clinic you make less than in the hospital but that doesn't matter for me. You have to be dedicated to your profession or you won't last long.
Even in the most awful working conditions this has been an interesting career choice. I am lucky in that I have been able to cross train in different areas of radiology and love to take on new challenges.
Since there are so many directions with which to use your degree there is no excuse for boredom. Plus it provides great flexibility when working around husband/kids.
I very much liked my job when I was younger. I think as you age the job becomes to demanding physically for a person. If I had it all to do over again I would do it again.
Great field with constant changes. Technology always growing and changing...
I love being an X-ray Technologist. I love helping people and being able to be creative with my work.
I would like to thank Mr. Paul ___ R.T.(R) MA. BCFE. As well as Mr. Jeffery ___ PHD at College of __ in ___ Il. for making it fun to learn Radiography in the class room. They were fantastic instructors as well as interesting to listen to. I was in Dr. ___' first class when he had his BS degree. He has since written books in Radiography and has overcome many obstacles to become a great instructor. I have worked w. Mr. L. in forensics.
I really love my job. I am working at the Out-patient center right now and I am the lunch coverage. I work 10am - 2pm M-F which works out great with my 3 kids. I am very glad that I went to Radiology School and that there was such a great program close to me to be involved in.
THIS IS A GREAT CAREER
I am pleased to say that I love my job and always have. It's rewarding interesting and always changing.
I enjoy what I do and I'm looking into being a travel tech.
My position as a radiographer is very rewarding. I have never enjoyed a job as much as I do this one. Not only do I enjoy taking x-rays but I enjoy the people I work with which is very important in every field of interest.
I love my job...I was just telling some second year radiation therapy students what a great field they are in. I hope they take as much pride in their job as I do in mine.
Currently working as an independent per diem and with agencies. The variety of assignments has enabled me to personally grow within my profession. It is difficult for single facilities to expand their technology therefore therapist become stagnate in their profession. I am treated far more professionally than I ever was when working in one facility. It will be difficult for me to commit again to a solo practice. This field is ever changing and we as professionals need to have the opportunities to grow professionally.
Love interventional radiology; couldn't make me leave.
I am involved in education in radiation therapy which makes the job even more interesting!
I love radiation therapy because of the patients - if I had it to do over again I would do the same thing.
Love the technology can always learn something new, enjoy moderately close interaction with radiologists and can learn pathology by listening to them talk with other physicians. Can do high responsibility or low responsibility jobs within same career path, whichever needs suits my lifestyle during the various stages of my life. (e.g.: university setting vs. dr. office; routine outpatient chest x-rays vs. special procedures)
I enjoy doing Done Density exams. After doing CT MRI and Mammos for years I tried Bone Density. I like the computer work of Radiology.
I love doing what I do. Working in the E.R. Surgery and general x-ray.
I wear many hats in my job, a medical center campus of 3 hospitals and 2 outpt centers - I enjoy this type of work different rewarding demanding - but unfortunately as all medical care is it is very stressful at times. But all in all - it was and is worth it. I have no regrets.
I love my profession and my patients. I am a Chief MRI Technologist for a national MRI corporation. Wonderful opportunities!
Great Job Security
Radiology is a wonderful field full of exciting and ever changing challenges. The patient interaction is a blessing. It's great to make someone's medical experience a pleasant one.
I am a Mammography QC Tech (in 2 of our offices) as well...it satisfies my need for technical/mathematic problem solving

Many of the choices for how one learns about certain careers especially nuclear medicine were not available 25 years ago so my answers aren't exactly correct. Also I am an NMT but am an educator; I don't know if that makes a difference. I love the field of nuclear medicine.
I have just retired after 38 years...and loved every aspect of Radiology....Got all my information from high school that convinced me that I wanted to enter this field....
Oh are you asking a loaded question! I love my work....here in [Central American town]. Have been here almost 6 years now.....was here before with CARE/MEDICO ...in 1966-1968. I am with an organization out of [U.S. town].... trying to better the Mammogram Programs here in this country. I NEED ALL THE HELP I CAN GET! Please get me in contact with someone that might be able to help me with some of my questions. Thank you for your work on this project....looking forward to its outcome. Good Luck!
Over the years I have met some interesting people and have enjoyed working with them. I have continued to learn as the years pass because of things that come up which I have never seen before or been in contact with. Lots of opportunity to grow and learn about new technology coming out and how the field is changing with the years. The times are achanging.
IT IS A GREAT FIELD OF WORK TO GET INTO IF YOU LIKE TO WORK WITH PEOPLE THAT ARE SICK AND YOU ARE WILLING TO HELP THEM
Love doing my job. Always interesting.
I currently work as an educator in a 4 year program in Radiologic Sciences. In addition I work at a hospital in my hometown to maintain my clinical expertise. I also very much enjoy working and interacting with patients and medical professionals.
I chose Radiology because it gave the opportunity to interact with patients and their family for a brief time. As a nurse I have to be with the same patient for a longer period of time. That can wear on you after a while. Radiology has technology that is always expanding. Radiology has its disadvantage: it is hard on your body, especially your lower extremities. I chose MRI as a means of getting off my feet, the technology and the opportunity to advance. Radiology has been good to me.
I love radiology & want to someday learn more & finish my bachelor’s degree.
The RT program was a great stepping stone to a $75 to 80,000 a year job protecting folks from radiation.
Even after 22 years I still find my profession very interesting and exciting. Everyday is something new and different. It definitely does not get boring or tiresome. I would recommend this profession to anyone.
The longer I have been a technologist the more I have enjoyed the profession.
What I like the most about Radiology is the opportunity you have to branch off into other areas of radiology. Some areas may require more schooling yet sometimes you can be cross-trained right at your own facility.
I love being an x-ray tech and I am so glad I chose this career path.
I work in a pediatric cardiology office doing echocardiograms. This practice has two offices, one in the city and one in the suburbs. I have had the opportunity to learn and grow in both the field of radiology and cardiology. Having worked for over 30 years the changes have been nearly surreal. Looking back over the years it is difficult to come up with suitable adjectives to describe the departments of 70's compared to the ultramodern imaging centers of today. I feel blessed to have been a part of and a witness to all these great accomplishments. We all should take a few moments to reflect back and be proud of the strides we have made not only as a profession but as committed and talented individuals.
I really enjoy my work and I am pleased that I pursued this career.
A JOB IN RADIOLOGICAL TECHNOLOGY GIVES YOU AN OPPORTUNITY TO MAKE A LIVING HELPING PEOPLE GET THROUGH SOME OF THE WORSE TIMES IN THEIR LIVES. IT CHANGES RAPIDLY AND YOU CANT GET BORED TO MUCH TO LEARN WITH LOTS OF TANGENT FIELDS TO EXPLORE
I work part time (Sat. a.m. only) at a Children's Clinic. We cater mostly to economically challenged patients. I think it is important to note that Imaging Professionals are free advertising for those who employ us. Keeping the imaging professionals happy not through money alone but by reminding us we can make a difference and are a part of a health professional team the common goal being the patient's health. We can serve as excellent role models for the community and to help shape young people's career path decisions.
Health care is a very rewarding career both financially and personally.
I have a BS degree in Radiologic Technology. I feel as long as there are hospital based programs and two year programs our profession will continue to be looked down on. I am registered in CT and registry eligible in US. I have enjoyed being able to learn and work in other areas of Radiology.
Have highly recommended the imaging field to those that I personally know that are in college.

I would not have gone into imaging if I was money oriented. You don't get a lot of atta boys and are usually taken for granted by non imaging co-workers and patients. Say you are a nurse or a med tech or in respiratory and there is immediate recognition (EVEN CMA'S). Tell someone you are a Radiologic Technologist and you usually have to break it down to I'm an x-ray tech or they say oh you just take x-rays We do our jobs and do them well because we are a vital part of the healthcare diagnostic team and we know it. It may seem thankless at times but I can live with that as I see all the good we do.
I have enjoyed working in radiology from training through the last 37 years. It has been an ever changing and interesting occupation. There are many paths to travel but I have chosen radiography and mammography and enjoy the wide range of people that I meat everyday.
Great survey idea. Shadowing programs or on site tours might attract students to profession.
I am in lithotripsy the crushing of kidney stones. Very interesting as there are no two stones the same or the same location.
I love working in a rural area. We are often the first place someone seeks treatment at. The images I produce could very well determine the course of treatment for that patient. Often they are referred to specialist, so every film that leaves this office is a reflection of me and my profession.
Nuclear Medicine and X-Ray has provided a very rewarding career. I have Son that finished a degree in Radiology in May and passed the Registry. Pet/CT is very interesting and I know that my helping people.
I love the Cardiovascular business. I did applications training before I got involved with product development. I still work with hospitals and staff during procedures but get to be involved with new technology being developed. The best of both worlds.
I enjoy what I do for a living. I enjoy most of my patients and always feel good when I can give them good news.
I am not currently working in radiology. Several years ago I gave a presentation at my daughter's school for career day and feel that is a good way to gain interest in the profession.
There was very little information about Radiation Therapy when I graduated from high school and in rural schools we had no high school counselors to give advice in career choices. This field appealed to me because it was less then the 4 years of college to become a teacher and I was paid a stipend as well as was able to live in the nurse's residence for $30.00 per month room and board. It was a matter of finances at the time and upon graduation I made more money then a newly graduated teacher.
job title: Vascular Interventional Technologist
I worked 27 years in the Healthcare Profession in Radiology, the majority of my career as Radiology Director. I took the path of sales my last 6 years. I sale Medical Imaging equipment as a less stressful and more lucrative career.
I BELIEVE THAT WHEN YOU ENTER A CAREER YOU SHOULD LIKE WHAT YOU DO. AFTER ALL YOU'LL BE DOING IT FOR A LONG TIME. I'VE BEEN TAKING XRAYS FOR A LONG TIME -- MORE THAN 20 YEARS. I DON'T KNOW WHERE THE TIME WENT. I ENJOY IT JUST AS MUCH AS I DID MY FIRST DAY IN XRAY SCHOOL - EVEN MORE!! PART OF MY JOB IS TRAINING FUTURE TECHS. THIS IS A CAREER THAT ONE MUST NEVER FORGET YOU WERE A STUDENT. YOU LEARN SOMETHING EVERYDAY OF YOUR CAREER. IF YOU FORGET THAT YOU SHOULD PACK IT IN ON THE SPOT! YOU DON'T BELONG IN THIS FIELD.
I WORK ON MAUI. LOVE MY JOB.
Retired as a Department Administrator from ___ County Hospital System and from [HMO] as a Radiologic Technologist. Occasionally work under contract for a Staffing Agency and teach part time as a substitute in the X-Ray portion of an M.A. Program. My profession has been very good to me over the last forty years.
After 23 years as a diagnostic technologist I find I still prefer the grunt work to the specialties. I have worked as a mammographer C.T. technologist and a special procedures technologist but always come back to the routine diagnostic work!!! I love the variety; the multiple interactions with different patients and the ability to interact with physicians who trust me enough to allow me make decisions with their approval about additional filming etc. Diagnostic radiography is my art and my niche!!!
I love my profession. And I am one of the few Radiologic Technologists who is currently pleased with my salary. I would highly give the profession high recommendation to anyone.
I enjoy working in diagnostic radiology. Having experience in CT and IR diagnostic is still the most varied and allows me to interact with patients on a level that I find most rewarding. I find the new technology (CR Pacs etc.) fascinating exciting. I'm still learning and loving every minute.
Radiology has provided me with employment for 39 years with few exceptions. I have ended up moving to several different states during this time and have always been able to find work in the radiology profession.
I selected radiology school as an alternative to college. I have enjoyed all of my years in this field and would highly recommend it to anyone who was interested in a health field career.

I recently went back to school to get my Associates degree because I had a certificate. In doing so I took some medical coding classes and found that my x-ray experience was and excellent background for this and I now work for a Radiologist Group doing medical coding.
I am a traveler and start my next assignment June 21. My last job was in a small town hospital my new job will be in a more urban hospital. A 400 bed. You do not give enough total numbers for the rating question. I could not rank the way I wanted because they added up to too much. I wanted to help people while not having to worry about employment or healthcare benefits. I am a learner of new technology actually most things new are technology in Diagnostic Imaging. I have done Bone Densitometry X-ray Specials MRI and CT. I have been involved in Research and use both PACS and computed radiography. I enjoy learning new things which keeps the job from being boring.
When I was looking forward to graduation I knew I wanted to do something in the health care field to help patients. Being from a large family we always seemed to have someone in the hospital. However I believe a lot of people go into health care for the money and forgot that we need to be here for the patients too. My daughter is 16 and is contemplating x-ray school and that makes me very happy to know that she is going to get an education and be able to get gainful employment as well as being there to take care of other people.
I really like my job but it is a lot of work!
I would recommend this profession to others and I have. I have given phone numbers to radiology schools while working at this facility and when I worked at a facility in the Richmond and surrounding areas.
I work for a moderately large orthopedic practice. I enjoy the interactions that I have with my patients. I see them on a regular basis and I get to know them. I worked in a hospital before and I still do PRN work there and I enjoy the more one on one aspect of my job now.
I would do it all over again!! It afforded me time to stay home to raise kids while working part-time. Then I could return to full-time work again.
enjoy my career
Great job. It gives me a lot of opportunities to choose which field I want to perform.
I came thought a one yr. program. My decision was made because as a result of superficial therapy for a foot condition I had a tech. who was caring and who later became my mentor. It was my desire to be like him and do what he did. I was 12 and never wanted to do anything else.
I tell people all the time how much I love my profession and encourage anyone who is interested to contact the local hospital for an opportunity to go have a look at how a radiology dept operates and all the things we do in a day.
I have always enjoyed this type of work. I have found it to be a fulfilling and rewarding career.
I wanted a career that helped others as well as myself, paid fairly well and would be long term.
I like this area of the medical field because of the different areas to train in
I started in this hosp. at age 17. I made my advances through the different jobs with the help of my managers. Health care is quite different now than it was then. Some of which is better than others. But that entire aside it has been very good to me. And I hope I to it. I enjoy my patients very much. I would not trade them for anything.
Its a great profession. I love it..it is always interesting and never boring.
I chose this profession because of my enjoyment of working in an environment of helping people, room for growth in the profession and challenging my curiosity for the sciences. I recently retired after working over 36 years as an RT/Educator and I still love the profession. It has given me everything I had hoped for in a profession and I would and have highly recommended it to others.
I wanted a profession that had many opportunities for growth and challenge. Radiology has been all that and more.
The imaging sciences have provided a wide variety of opportunities for me and I encourage new students to pursue them. This industry has endless opportunities.
Delivering ionizing radiation has always been a concern of mine as a technologist; MRI is my latest job description and I LOVE IT!
I AM RETIRED FROM THE AIR FORCE AND ENJOY THE RADIOLOGY EXPERIENCE AND OF WORKING DIRECT CARE WITH PATIENTS. I ONLY WORK PART-TIME. IT IS A WONDERFUL HOBBY THAT I CAN GET PAID TO DO. AS MY KNOWLEDGE GROWS WITH THIS I PLAN TO GET MORE INVOLVED IN OTHER MODALITIES (CT AND MAYBE MR)
Going into the radiology field was the best thing I could have ever done with my life.
I love what I do. I love the problem solving it takes in certain circumstances.
I spend my time researching developing and delivering training programs for technologists. I work out of my home for a manufacturing corp. I have been given many opportunities throughout my career as an RT and worked in many different areas; basic, mammo, cardiac, vascular interventional. My true interest in interventional because of the results and innovative procedures being done today.

When I was looking for a career I was thinking about an occupation that could take me any where in the world because I wanted to travel and also give me the opportunity to have a secure job. If I didn't have a new career as Mom I would probably be a traveler today.
I chose my imaging career late in life and feel it was an excellent choice for me. After 10 years I still look forward to the challenges and variety I know I will meet each day. Love the teamwork that takes place in my hospital and this field meets my desire to be a life-long learner. The medical imaging field is an exciting place to be a part of! We know we are professionals whether the government recognized that or not and our pride in the work we do gives great personal satisfaction.
My civic teacher in 9th grade gave us an assignment. We had to pick a career and do a term paper on it. I chose x-ray technology. Every paper after that through out high school was on some aspect of the field. My senior English paper was entitled The Therapeutic Effects of I 131. I got an A+ on it. I always figured the teacher didn't have a clue about what I was talking about. I have always attributed my career path on that 9th grade civics teacher.
Excellent career choice. Volunteering as a candy striper in the summer helped chose health care as a career. Good opportunities for advancement if you have the initiative to pursue them.

Negative comments regarding the profession/what they do

The industry does not promote growth; it does not reward excellence by any means. Far behind the times as a whole. I left the industry and started my own business 3 years ago. I loved what I was doing but the environment (medical) as a whole and especially for imaging specialist am no where in check with the real world. It is a shame that excellence, intelligence and integrity are not rewarded.
If I had to do it all over again I would have taken a different path. There is no respect. Patients are getting so fat that they are causing injuries to the medical staff. 2 year RN's are better paid and given more respect with less knowledge and experience. I find that doctors do not examine patients anymore, they just order imaging. This is overwhelming the system. We can't even fill job vacancies. We are an area of the health care system providing profits to our employers and yet almost all other technical jobs have a higher pay and see fewer patients than radiology techs do. I am currently finishing my Masters to move out of my current position.
I worked in Radiologic Technology for 22 years. During that time I did radiography, mammography and CT scan. I quit 5 years ago due to stress. With each year more work with less help was expected. Emphasis was shifted from quality patient care to through-put. That's just wrong. I loved my profession but I hated my job. I miss it terribly but I doubt I will ever go back. Would I recommend Radiography as a career to anyone? Only if they were my enemy.
I currently work as an independent education consultant.
Low pay, physical/mental work, bad management all contribute to x-ray techs going to other modalities. In addition other modalities look down on x-ray as the low lifes in the department.
Am no longer interested in career advancement or opportunities. I feel I have sacrificed my health -- mental and physical -- for my profession. I wouldn't recommend this profession to anyone now as I feel the physical punishment of the job as I age, stress of being on call, stress of increased patient load and the lack of respect by both patients and administrators is not reflected in the pay we receive.
I left this field because of the relatively low wages for the knowledge required and required weekend work hours. A grocery checker makes as much money as a Radiologic Technologist!
People in radiology suck
After 10 years in the field I burned out and started my own business. I hated x-ray enough that I let my license lapse figuring I would never go back to that profession. I am now getting my license renewed and am going to work on a part time basis.
The American Healthcare system MUST be revamped; it is too costly and rewards poor health choices. The corporate bottom line mentality is not conducive to work satisfaction.
Having been an older student and now working with students it seems to me that the instructors still have no clue of how to treat students. They make a really good profession way too stressful. I can take a student, show him once, throw a bit of insight and humor into the exam, and believe me - he will go back and comp on it the next session with his instructors. Instructors just have it OUT for students and there is no reason. Stress is way too much and you are running off good students. The school I am particularly talking about now is John Peter Smith Hospital Radiology School and it really needs to be evaluated. The instructors are the worst I have ever been around.
The healthcare profession has changed since I started as an x-ray tech in 1973. The CEO's and CFO's don't care about what is best for patients anymore. They just care about the bottom line-PROFITS. They don't appreciate the people who work at their facilities. We are understaffed to the point of being dangerous. It is getting harder for me as a 52 year old to continue the pace that is expected of me and with less help. Will I be able to continue working until I am 65? I am doubtful at this point. It is a sad situation.
I believe that satisfying all the regulatory requirements is detracting from patient interaction and quality of care in mammography. While I love being a mammographer I would not recommend healthcare as a career.
Radiographers do not make the salary or have the respect they deserve.

I am no longer working in radiation therapy. I have chosen to become a cancer registrar. I am enjoying my new career after working as a radiation therapist for 24 years it was time to make a change. There is very little chance for advancement in radiation therapy. In cancer registry the knowledge base is much more involved than radiation therapy. I have plenty to learn; too bad I had to take a substantial pay cut.
I got out of the cath lab after 16 years for several reasons. The profession is under paid and not respected at a level that it should be; there is no such thing as job security in the medical field. I started my own business and would not recommend the field of radiography, specialty or not, to anyone.
The reasons I left the RT profession (and I also had a Nuc Med License in Maine) was the non-acknowledgement of RT professionals AS professionals how the 'schedule' was not amicable to having a family and though seemingly not treated as Professionals the CE demands are disproportionate to status (to high for being treated like the housekeeping staff).
A lot of your questions have to do with salary...most of us don't make that great of a salary. I just stopped traveling and have had offers of 16hr. That is less then I made 3yrs ago as a staff tech.
I've been in this field since 1979. We are still not treated or respected as professionals and the salary is poor compared to what nurses get paid.
The annul salary is too low the work is very physical and demanding. It is a fast pace job that keeps you busy and on your feet all day. I feel radiographers are not compensated enough for our work. We perform many types of exams including prep/contrast studies bone work and portables and etc. and we are least respected in the hospital.
The Hospital industry in Alabama has gone to hell.
Currently not employed in the Health Care field except as a PRN Tech. Do not want to work in the field very much. HAVE PAID MY DUES!!
I am currently attending college to get a four year degree. I think it should be noted to all students that a radiology degree is very limited. It is worthless when you try to get a different job.
I usually feel overworked underpaid and under-appreciated by the patient base as a whole. There is an air of paranoia in the mammography room. The anxiety and intimacy of the exam cause patients to be emotionally charged which causes a fair amount of emotional stress on the technologist. The patients tend to make the interaction very personal, which can make the mammographer extremely uncomfortable. Especially since the amount of time in which we are permitted to interact with the patient has diminished to almost nothing.
after all these years of society organizations meeting etc we are still not considered professionals
There is no importance put on diagnostic radiology. No effort to keep people there -- only to move them to other areas e.g.: ct mri etc. the pay is lower but the work physically harder.
It is very hard to find jobs out there once you leave college as there is not a lot of discussion on what happens when you get your ARRT license and what all you need to accomplish once you receive it and begin working.
Radiology is a very physical and stressful occupation. At 55 years of age I am very fed up with the profession and would love to find a less stressful job.
There is still discrimination in male/female salaries for comparable jobs/experience & education qualifications ... in ___ Ga. particularly
The physical aspect of radiology needs to be emphasized when recruiting potential technologists. I was not aware of the number of back injuries, myself included, that occur in radiology. Please note that at the time of my injuries I was young active strong and healthy. I also think that the type of people that this profession attracts is those that settle in life. For the most part I feel as though the work ethic of those that enter 2 year degree programs is suboptimal. Those that do have good work ethic such as myself quickly learn that to stay in radiology would result in a rapid burnout. There is little respect for the profession despite the fact that medical imaging is an integral part of healthcare.
The health care field has changed dramatically since I entered the field. New people entering the field are more interested in money then I was at the time. Experienced people are not valued. I make less then $10 hour more then new graduates with 40 years experience and a Masters degree.
I wish some of your questions used the past tense for those of us whom choose to leave or in my case didn't choose but had to leave because of health problems. I could have given you more pertinent answers. There were no identifying factors of what 'era' you joined the profession. I started as a student when surgeons screamed that they didn't want a female technologist in the operating room!
I loved my job until they started cross training us to do two or more jobs. Now it seems to stressful and I am ready to leave the field as soon as possible even if it means taking a job for less money.
After years of enjoying the x-ray profession. I became politically incorrect. I speak English and not any other language well enough to get a better job. Nurses would and could slander patients, and doctors treated techs like trash. It was time to leave the profession. Not enough money to be treated like we techs were idiots....
Working longer hours with less help and having more expectations put on me has made me change my career. Having to give quantity care and not QUALITY care is very disheartening no matter how much money is paid. Very sad to spend so much time in school and have the stress of the job be not worth it...

My niece went into Radiology because of me and I believe that she could have excelled in any area she chose. In Ga. there is not a state certification and that has held back our profession. We have been trying for over 30 years and to no avail. So anyone can work here without a degree and a lot of jobs go to the untrained. In Dr. offices and clinic they will have anyone taking x-rays and the pt. doesn't know better. I would have never worked in Ga. had I known it we still don't have state requirements after almost 40years.
I feel that we do not receive the respect from the medical community and even our own supervisors
Retirement benefits in health care are poor. We have no health insurance options after retirement and the pension plan is weak. The hours are long and on call requirements force a lot of people out of the field. Health care is physically demanding and some of the older staff members suffer from back and shoulder problems in spite of good body mechanics. Some people use this job as a stepping stone to other professions such as sales or teaching for that reason. Digital technology is helping to make the job easier and faster. Yet as the baby boomers enter middle age patient volumes are increasing and staff positions are declining so there seems to be more work than ever before. Not only do we need to attract more young people to health care, we need to make the job attractive enough so that they want to stay in the workforce. Retention bonuses have been used with some success but that's a short term goal. Higher salaries and good retirement benefits are a better method. Unfortunately it's difficult for a nonprofit hospital to compete with the high salaried sales positions offered by some large companies.
I believe if our profession was a little bit more respected it might be a better career choice
Two Words for you: Burn Out
Today's student does not realize the hard physical labor involved in being an x-ray technologist. They strive to move to other modalities than diagnostic because of it. Personally I think the best hospital professional started their work career in food service. You learn the multi tasking required in health care and if you can make hungry people happy then sick people are a cake walk. I have been a manager in the past and I speak from experience. The higher the degree the less likely they are to be compassionate to the patient. They feel above it since they have a 'degree'.

Ambivalent comments regarding the profession/what they do

I'm single and prefer contract employment. Not sure how I'd feel with the same hospital. Too many factors to consider without specifics nailed down for what I'd need to consider as a typical hospital employee.
In advising young people I remind them the hospital is open 24/7. It takes a big sacrifice of the personal time in your life.
I love the job that I am at now but if I was at a hospital I am not sure that I would be happy. It seems that the imaging field is all about how fast you can it done and not about patient care. It has become an in and out sort of procedure-due to many things. No wonder the general public doesn't remember us or value our positions.
Technologist working in Computed Tomography areas should be mandatory to have an advanced certification. I do not understand why the profession allows some modalities to require advanced certification and other do not. Can anyone explain this?
I love my profession and I would do it all over again....while I am somewhat saddened with the way health care is today I still enjoy going to work everyday and still enjoy taking x-rays...
I had no idea when I went into this program that the job would be so physical. e.g. (lifting moving) I now tell people wanting to get into the profession that it is not all fun and games.
I worked in the field primarily 11 years, leaving the field in 2000. When I began my career I was excited and full of hope that I could make a difference in someone's life. I know how scared a lot of my patients were prior to test and I felt it was my responsibility and duty to calm them. Then I noticed that my co-workers seemed so interested in advancing themselves in the field. I was fine doing general x-ray. I soon saw to stay current in my field I must advance. But how do you do that and also raise a family? Now I know I have painted a pretty bleak picture of Radiology. I do believe there are facilities out there that are made for the patient first. I am also proud of my degree, for I worked very hard for it. Maybe someday I will work in the field again and because of this I keep my education up to date. I am thankful for the people I have met in my job and the lives I touched.
Healthcare is a vastly different than when I entered the workforce. Radiography students, like most younger people today, seem to have a greater concern about whets in it for me than what can I do for others.
UNEMPLOYED SEEKING EMPLOYMENT. JUST MOVED TO FL FROM MARYLAND. TERRIBLE SALARY NO BENEFITS. EASIER TO WORK AT MCDONALDS FOR MORE MONEY AND BENEFITS. I CANNOT UNDERSTAND WHY THE SALARY FOR RT'S IS SO LOW IN FLORIDA. THE BEST SALARY I FOUND WAS $8 PER HOUR. I MADE THAT BACK IN 1977...TERRIBLE. WOULD NOT RECOMMEND THIS PROFESSION TO ANYONE LIVING IN FLORIDA. POOR SALARY AND NO BENEFITS. NOT WORTH IT. BETTER TO GET A JOB AT WAL-MART OR EQUIVILENT.
The work is a little grueling and stressful. The pay is pretty well (I'm making as much as a nurse at my hospital). But you can do pretty much anything you want. The need for x-ray techs is so bad that you can get a job anywhere. However the need for techs is so bad that most places are short staffed.

I travel work different states and some rural suburban urban.....travel pay is ok but many a lot of schools flooding market again
The changing stability in healthcare (e.g. continued reduction in payments for Medicare etc) would make me reconsider the choices that I made ~ 29 years ago.
The format of your survey does not quite fit someone like myself...older. Radiology as a profession is continually changing and technology in general, racing! For many techs we work in a world that is foreign to healthcare workers and patients alike. Word of mouth is how most people ended up in x-ray. I am a per diem mammography technologist living in both FL and MA but worked many years in one hospital near Boston watching our profession from many angles...it is so exciting to me. I currently am looking for a new pathway myself and am amazed at the many ways jobs and education are visible today. However I still see how our profession is still misunderstood by ancillary people -- recruiters human resource personnel etc. We as a group have never had one unified identification as a profession like doctors nurses teachers.... The answer I think is more education, certainly, but unification in governing and licensing that is still not there. Our name alone is a confusion...radiographer, x-ray technician...How can we promote and entice young people into a field that has such confusion? Do high school guidance and science teachers even know what we do in an Imaging Department today? I would wager that most everyone can imagine what a nurse or pilot or teacher does...Education is the answer.
I have found it very hard to find a job in radiology that is how I ended up in industry. And it is very hard in WV and I've been looking for 14yrs
Although I am currently retired I was registered, licensed and a certified Cardiovascular Interventional Technologist. I decided to retire my credential because of the hardship of having to meet the Continuing Education Requirements due to the illness of my husband and being his sole care provider. I think it is so unfair to work so hard to pass a test to attain these credentials and have to be submitted to retesting to attain them again. I feel the technologist should be required to attend and pass a refresher course before entering back into the field of practice. A refresher course set up and approve by the ARRT. I took great pride in my profession and kept my credential up to date just in case an emergency arose and I had to re-enter the job market. My profession has been very good to me although I felt I was grossly underpaid. As much as I loved working in this field the technologists who are the backbone and life line of the profession will never be fairly compensated for their contributions as long as doctors are the proprietors of x-ray equipment. The salaries have come a long was but not far enough. There are so many other jobs that require less skills education and stress and you get more money and recognition. Having said that, I was extremely proud of all of my accomplishments as a Registered, Licensed and Certified Technologist. I earned not being referred to as a Technician.
I am currently a student in my Junior Year. I have 1 year left of the program. I graduated high school and soon to finish the RT program. I have worked in hospitals and orthopedic offices. I do not prefer hospitals.
Employment in various areas of the country is different. I was trained in the north and moved to the south to work. Along with an $8.00/hr paycut, horrible working conditions and general lack of respect for the profession. It was a refreshing treat to return to the land of civilization.
The profession has been good to me and I still enjoy what I do. However the current group of people entering the profession seems to be in it for the money and not to help others. This change erodes our image as a profession
Great field. Wonderful pay and benefits. I couldn't have chosen a better field to work in.
Working with the public is very demanding and as time goes on more rude and think appt. means any time that day. I wouldn't recommend Mammography or Radiology to my grandchildren. I think Ultra Sound would be a lot better.
I truly love my field...we are just overworked, stressed and cannot find reliable help in our facility. The field has become so demanding and employers do not want to provide good benefits to keep good employees.
Rewarding profession....can be very stressful...need to let young people know to pace themselves burnout and injury occur frequently...still love the job after all these years though.....)
It is not a field for just anybody. One has to be able to put up with a lot of frustration on the job.
Wish we could be paid more in this state. Other states seem to make more.
I've had to retire after 15.5yrs. of work as an x-ray tech./mammographer. I enjoyed my work very much but had to work very hard. Destroyed my back. Changes need to be made for us!!! I'm 41yrs old and unable to work in x-ray anymore. My Dr. said x-ray is the hardest job in the hospital on a person!!!! But I still loved it!!! Take it easier on the future techs so they last longer!!!
I am a radiation therapist. I think that allowing the therapy tech position while helping with the current shortage is going to be the downfall of radiation therapists. A lot more responsibilities have been placed on our shoulders as therapists with no one to help us shoulder the load. We have been asked to pick up more and more slack but there has usually been someone there to double check us. The therapy tech may be able to help us with the physical aspect of our jobs but the burn out rate will continue to rise because of the lack of technical help. By approving the tech position we have given the ok for hospitals everywhere to hire someone for minimum wage that will fill a position. If they are given that option they will do it every time because it is good business for them. As our representing agency ASRT needs to protect our futures. I know that we are in a shortage but something needs to be done to ensure that we as radiation therapists will not be phased out.

I enjoy my field however there are not many options for advancement except management. The field is limited and therefore variety is not really an option.
I am currently working in a family practice clinic with 7 physicians as the only mammographer/radiographer. I feel the budget cut and shortage of technologists. I recently had to teach a medical assistant to perform general x-rays. He had received 6 weeks radiology training at vow-tech when he was in his year long school. He didn't know a thing. We are currently looking for a technologist but now can't find one due to the shortages. I am from Louisiana where I worked in a hospital with approximately 60 technologists from all kinds of educational backgrounds. I think you should get the highest education you can but after living in MO I would be happy with anyone who is registered. I do long for the days of being in a state with registered technologists everywhere. There have been a few schools pop up in this area. I have spoken with students enrolling and they learned of Reattach through someone they know in the healthcare field.
Radiography can be very physical work. Don't think you just take x-rays.
I understand that everyone wants to get into the specialty fields of MRI CT U/S etc. but the hospital radiographer should be rewarded more. It is simply a high stress job being pulled from one area to another. Not everyone can do it and students should be aware of this. Thus hospitals and the ASRT should make it more of an honor to be a good radiographer. Maybe even specialties such as ER orthro for example.
I believe with the rapid changing of technology that many Techs are exposed to more options and job opportunities and it is sad to say that many of us Techs are not recognized for our importance in the medical field. I might also add that we too should be recognized as professionals we are in a field that requires the same amount of training if not more than the nurses and our pay scale is not near comparison. Needless to say I see that we find ourselves constantly explaining the importance of radiation safety preps and positions to all other medical staff. I hope someday to see Techs being recognized as a greater value than just a button pusher.
The students who are now coming out of Radiology programs now seem to be more interested in the money then taking pride in their work ethic.
The job market here is very limited with the opportunity for advancement non-existent. We have a certificate of need state which limits the number of available sites.
Job market is unsure right now. You always worry about getting laid off.
As an administrator I think the greatest challenge we face now is that secondary schools are not turning out well-prepared students so it's difficult for a young person to even evaluate the job field. Computers & science were fascinating to me but we rarely see that in our entry-level students anymore.
Overall it's been a good field but I'm beginning to look into MRI training. I feel that diagnostic radiography is not well respected by other health care professions...
Radiologic Technology is a proud but under appreciated profession.
There are excessive amounts of incompetent technologists in my region driving down the salary scale.
* We work to live...not the reverse. *CE'S should be re-thought. The seminar prices are outrageous. *Everyday in a trauma/teaching hospital is a day of continuing education. This job offers such rewards for artistic expression via technical and scientific knowledge coupled with the ability to nurture on a short term basis. *However it is very physically taxing which takes its toll in the long run which should be considered when mandating weekends on call and over time. I am grateful to have had the opportunity to serve. Don't allow inept insensitive administration to kill the joy.
I think Rad Techs deserve a higher salary than they currently are receiving. I talked my daughter out of this profession because of this.
This career has been good to me however there is not much room for advancement compared to a Nursing career.
I FEEL THERE ARE TOO MANY TECH SCHOOLS OPENING AND CRANKING TECHS OUT. THE PACIFIC NORTHWEST MARKET IN NOW FLOODED AS COMPARED TO JUST 4 YRS AGO WHEN I WAS A TRAVELING TECH. WHY DO TECH SCHOOLS OPEN SO FAST AND NURSING SCHOOLS STAY THE SAME AND STAY IN A SHORTAGE/IN DEMAND LEVEL?
Worked in physician's office for 8 years/lab and x-ray combined as one department. No future in NOT being registered. Went to Radiology School as an older student and single parent. With no financial help from anyone. Worked 2 jobs to accomplish goals.
I basically like what I do even though often the politics frustration with managed care and being overworked and understaffed is an ongoing problem which seems to get worse as the years pass. I love what I do I just don't like the environment I work in. Patients have to wait too long and are frustrated and upset by the time I get a chance to x-ray them making my job much harder and making peacemaker a larger part of my job than it should be. We spend more and more time entering date into computers or filling out forms to the point that the actual x-ray and patient are something to hurry through.

There is a lack of respect for technologists. It is shown in the increased amount of responsibility and workloads with minimal increase in compensation. We as technologists may begin with a bit less education than say a nurse but far exceeds a nurse's knowledge level over the years. We do this with mandatory continuing education unlike nurses and an ever growing and expanding technological environment. The public and most of the medical community still thinks we are button pushers. There is no job growth for a technologist or a next level just more hours and longer days to work. There is no retirement for a tech just burn out. We do not have one union to bring us all together. To make sure that little guy in some small facility running multiple systems is not forced into ever increasing hours at hourly pay with fear of having to move on to another job and start over again. Yes we'll always have a job this is true.
I am currently employed @ Omni Healthcare. I am training on the job for mammography certification. I am also going to train for CT. I wish that we could be recognized as a profession so our salaries would increase.
I love working as an x-ray tech however when I graduated the job market was not as open as it has been in the past. Therefore the pay was not as competitive as previously thought. I was somewhat disappointed by this.
Pay could be better. But at my age and being close to home I don't want to look around. I'm settled in.
I LOVE THE PROFESSION BUT FEEL THE SALARY IS TOO LOW COMPARED TO OTHER HEALTH CARE PROVIDERS
Radiology must be made into a respectable field. Too many times we are disrespected by radiologists and even other medical professions. Radiology profession needs to be paid more. We are underpaid many of our staff leaves because of low salary standard cost of living has gotten way up and the case load of patients have been increased. Not enough technology can compensate the case load we have now. Increase our pay now!!
I love what I do but I am looking to further my education so I can further my career.
I love the field-our jobs are very important in the health care community. But I feel that the short staffing that is occurring across the country is a great sacrifice to the health of the very people that we are trying to care for
Would like to see our profession get the same perks as nursing i.e.: better pay weekend differential encouragement programs to ward off burnout syndrome....
The only downside - everyone in this profession acquires back related health problems at a very young age due to the intense amount of patient lifting moving rolling.
I have been doing contract CT applications and now am looking for permanent employment but am having great difficulty finding employment in my state.
I find personal rewards in my work and satisfaction however I am discouraged by the lack of respect and knowledge other healthcare] givers have for our profession. I would not trade what I do everyday for another profession.
I chose to earn a bach. degree in my profession. It was important to me to have a college degree. It is disturbing to me that people view diagnostic imaging fields as quick and easy training. I think that this idea that we are not full educated takes away from our professional status in health care.
Only Per Diem right now as the shortage was killing me with all of the extra (forced) hours. Too many weekends & holidays so I went back to Information Systems in a hospital full time and keep my Per Diem job also.
My job is only satisfying when I can spend time with my patients otherwise I don't care for it anymore too much politics and backstabbing. Guess my age is showing.
I'm extremely happy with my choice of professions but not necessarily my location. The rural areas are difficult because of lack of advanced technology and other limitations in healthcare service. However you are met with challenges you would never have in the metro areas and this promotes individual self-esteem.
I'm pleased that the pay scale is increasing however RTs in diagnostic radiography and Mammography need to be brought up to scale closer than they are. Even though their exams don't get as much reimbursement as some of the other higher priced exams they are equally important and these techs usually work as hard if not harder physically than their counterparts.
I really enjoy my profession. I just wished there was a lot of people that were actually trained in the Radiology profession than just brought off the street and taught. I am going back to school for my Bachelor Degree in Radiology so I can move up to a teaching position.
Have always enjoyed what I do. Things have really changed since I started in this field and I don't think the students now get the varied types of hands on training that we did 30 years ago. We had to think about our techniques and I don't think they are as adaptable as we are in different situations.
Although I do not regret entering the medical field however I am looking for another profession. The medical field is suffering from shortages in a variety of professions and I do witness the increase in demand for our output. We're expected to produce quality work and be able to keep up with a pace that's meant for more employees. The salary range is unreasonably low especially for some states and with the amount of physical demand required with my profession I would like to see myself better compensated. The medical field is changing. We as healthcare workers no longer have rights. It's becoming a sue happy society and for that I hesitate with my enthusiasm to help or assist patients.
I got into this field when my wife became ill with CA. The people at the time that where taking her exams should have been working with farm animals not people. I think the biggest thing we forget is that we are working with people not things!

There is still a great demand for healthcare workers but due to healthcare cuts morale is low. Lots of former co-workers have left the industry. Seems that our hospitals with less government funding are trying to make up their losses by taking benefits away from the employees or increasing rates for our insurance etc..
I have found through experience that the field of radiologic technology is not kind to it's senior techs. Senior care techs are not respected as they should be and often moved down to the lower rim of the social ladder in hospital settings unless they are in some type of management position. RN's on the other hand are not treated this way they are more respected by their peers for their years of experience and knowledge. I find it very sad that senior tech's who are having to earn a living in the only profession they know are often times resented by the younger tech's in their 20's and 30's. It is for this reason that I'm sorry I chose to be an x-ray tech and wish that I had chosen nursing in stead. I would love to see a survey about this because I believe it is an unspoken issue in many departments across this country. [Respondent's name and credentials]
I am ARRT ASRT and licensed in Calif Oregon and Washington. The ARRT is stressing education but I have never found that employers care as they are strictly interested in keeping the payroll as low as possible. Am presently in charge of billing cost analysis and other data mining for my present dept. [Respondent's name and position.]
THE HEALTH CARE ENVIRONMENT IN MY SITUATION IS CAUSTIC TO THE RADIOLOGIC STAFF. THE COST OF RUNNING EFFICIENT FACILITIES HAS TURNED MANAGEMENT INTO INEFFECTIVE SELFISH VICIOUS BULLIES. THEY ARE ONLY CONCERNED WITH MAKING THEIR POSITIONS AS SECURE AS POSSIBLE AT THE COST OF THE STAFF AND IN EFFECT THE PATIENT. REENGINEERING BREEZED THROUGH THIS HOSPITAL AND WAS IN THEORY FULL OF GREAT IDEAS TO MAXIMIZE HOSPITAL PRODUCTIVITY. THE MANAGEMENT FEELING INSECURE TURNED THE COST SAVING IDEAS ONTO THE STAFF AND REDUCED THE NUMBER OF HOSPITAL STAFF TO A RECORD LOW ALL WHILE MAINTAING MANAGEMENT POSITIONS. I DO NOT RECCOMEND THIS PROFESSION TO PERSONAL FRIENDS AND FAMILY. THIS WAS A PROFESSION I LOVED FOR MANY YEARS. I WAS EVEN SELECTED TO BE ON THE REENGINEERING TEAM WATCHING THAT FAIL NOT HAVING A UNION FOR SUPPORT WORKING ANOTHER 10 YEARS POST REENGINERING I AM DISGUSTED WITH THE STATE OF WATERBURY HOSPITAL WTBY CT.
I tell students this is a great time to be in... However with the shortage we must avoid the burnout stuff... and always don't be afraid to negotiate your flexible shift hours, salary etc. I love taking pictures of people dealing with the other depts and radiologists is not hard but dealing with some of the other radiographers ; some of whom are job scared is tedious and this is one reason I will continue to travel the country...and meet different faces... and share a few moments in time.....R.T. [Respondent's name and address.]

Neutral comments regarding the profession/what they do

Regional Director of several Diagnostic Imaging Departments
I have worked for 7 years as a staff RT in both a private practice and per diem at a local hospital until I was promoted to Manager of my office. I only occasionally function as Radiographer.
Clinical Coordinator/ Community College
AFTER BEING IN MRI AND CT SCANNING FOR MANY YEARS I'M TRANSITIONING TO NUCLEAR MEDICINE WITH PET IN PARTICULAR AND NEW MOLECULAR IMAGING. ALTHOUGH YOU MENTIONED LESS EDUCATION SEVERAL TIMES IN REGARDS TO SCHOOL YOU MUST REMEMBER THAT RADIOLOGIC TECHNOLOGISTS REQUIRE CONSTANT EDUCATION TO KEEP UP WITH THE RAPID CHANGES IN TECHNOLOGY AND PATIENT CARE.
I WORK AND COVER CALL AT THREE DIFFERENT HOSPITAL FACILITIES IN TWO DIFFERENT CITIES RUN UNDER ONE CORPORATION. TWO OF THE HOSPITALS ARE WITHEN 3 MILES OF EACH OTHER WHILE THE THIRD IS 15 MILES AWAY.
A good draw to the field of radiology is the diversity of careers. I've been a floor tech CT tech special procedures cath lab as well as a clinical instructor and teacher at the local community college. I am now the PACS Administrator for my facility. Perhaps on to Radiologist Assistant next...
Application Specialist Travel required. Facilities worked at range from .5-8 hours from home.
I have been traveling(locum tenens) for the last 7 years.
I work full time in an interventional lab and am a member of AVIR also.
Currently working outside of USA
none
I maintain my RT license but work in medical device sales full time. I take call in a special procedures lab once a month to keep my skills up. My extensive experience in cathy lab and specials is how I got the industry job without a formal degree.
Hi I am working in Singapore. I have completed my Diploma in India(1985-87). I feel that there should be a sort of motivation to work as Health care professional to be a part to help the sick. Should love the job in the first place.

I am associated with a teaching hospital and the radiology students rotate through this facility. I am surprised at how many are picking radiology after 4 years of traditional college and just want to complete their education and choose this as a fast way to begin earning a living. I find them even after 4 years of college to be very insecure and unsure of their life choice.
I remain registered by the ARRT as an RT however I currently work outside the clinical setting. I provide support/medical information/adverse event reporting for a company that makes products used in radiology.
I have worked 2 jobs for most of my career. I have found that this is extremely common in our profession. I think this tells much about our profession and the salaries we receive. I am willing to do anything I can to help raise those salaries for my own future and the future of my younger RT coworkers.
I'm a contract employee for a staffing agency. I've been traveling for about 3 years. The traveling business is good but I'm ready to go back being a permanent technologist.
I've been a traveler for 3 years doing CT.
THE GENERAL PUBLIC AND /OR GUIDANCE COUNSELORS HAVE NOT EVER HEARD OF A DOSIMETRIST OR KNOW ANYTHING ABOUT THE WORK I DO.
Radiation Therapy has afforded me a varied and interesting career. With a little initiative and extra education I have been able to work in several environments while continuing to affect the quality of cancer care.
I now work in Information Services supporting the computer systems used in the radiology department
I am currently in the military not employed in the medical field. Will return to the medical field when I retire.
I work as a CRA in a Cardiovascular Medical Device Company. I worked in the Sales Field as a Clinical Specialist for 3 years prior to this position. I have been out of the hospital for 6 years.
Worked in Radiologic Technology for 14 years then went to Healthcare business in Product Development where I am presently employed.
I work out of my home but do a huge majority of my time traveling.
I also do DEXA's.
There are many different avenues of job/professional growth. The only limitation is that of the person themselves.
In addition to X-ray exams for the practice I also perform MRI studies for the same group of physicians.
I am on the clock as soon as I walk out my door. My travel depends on where I am going that day. Sometimes the truck even stops and picks me up. It all depends on where we are going.
question #15-I work in London Ontario Canada
will have BS degree within the next year
I am currently a student working in an away hospital for my clinics. It takes my a little over an hour to get to the hospital. However there are 3 hospitals in my area that all take around 20 to 30 minutes to get to. I plan on working at one of those when I graduate.
I have heard the saddest and happiest of stories.
I was a MRI technologist for 6 years doing research but left to come to this company doing clinical trials management - utilizing my imaging background.
I'm a health service technician in the US Coast Guard
Pay in the government setting is behind the times but the workload permits more time to spend with each patient
Program very difficult to get into in NC. I know a very motivated young lady (23) who had taken several medical courses but been unable to get into the RT or related programs to date.
field is constantly changing never boring
I am a traveling technologist within a mobile network. I travel cross country to work at several different mobile sites. I am somewhere different usually every two weeks. I am based out of Nebraska but do not work here.
You should give some consideration to people following family or friends into the health care areas. My mother sister and several relatives and friends are nurses or work in health care. I have found this to be true of many people in the field.
I am currently working as a Compliance Manager reviewing charging practices chargemaster reimbursement coding business development JCAHO policy and procedures FDA MQSA and other financial responsibilities for Imaging Radiation Therapy and Laboratory services. I also perform angios at another institution. I am working on my Masters in Healthcare Administration with graduation in June 05.
I work in radiation protection and inspect mammography facilities. I received training and certification from the FDA to do this job. I also work in radiation emergency response and am involved in radiological emergency response operations training provided by Federal Emergency Management Agency (FEMA).

I actually work in Interventional Radiology and I love what I do. I work in a trauma hospital and experience new things everyday. We stay up on new and upcoming procedures which helps you learn new things. I went through a hospital based program and would recommend that to anyone it is one on one and people are always there to help and teach you the skills you need to be a good technologist.
I am a student working on a Bachelor's degree in Radiography.
None
I am an application specialist for CT scanning working for Toshiba Australia
retired working part time in general radiography heart cath lab outpatient ambulatory surgery center and other odd offices
This is a second career for me. I finished my BS in business after completing my Rad. Associate degree and working for 2 years.
The answers reflect my motivation for entering the field 25 years ago. Now the length of time in school would not be a factor but that was a strong motivator for choosing radiology at the time.
Currently enrolled in the final stages of a Graduate Degree in Industrial and Organizational Psychology. Experience as a State Inspector for Radiological Health Program Infection Control for 10 years and Performance Improvement for 10 years in a Non-Profit Hospital. Managed various Departments within the same Hospital for 10 years.
I work in us virgin islands
Should have done it earlier in life.
The job is never the same. Each day is different.
I work 12 hours shifts which is exactly what I wanted and is why I commute so far into the city. The pay is also considerably higher in Boston than in the suburbs.
I teach radiologic technology (for the past 22 years) in addition to working evenings in the field.
SECOND CAREER.
I live in ___ Ontario Canada and daily cross the border to USA to work-graduated in London, worked at ___ Montréal and also in Ontario I can work in USA Canada and England -- would be available for any additional questions opinions [Respondent's name]
Now taking pre-med courses
x-ray has come a long way from the time I got into it
Every assignment I work is different in location(rural suburb urban)and the time it takes to get there.
I was introduced into the business end of Radiology. Then became interested in the practicing field of Radiology.
HOSPITAL IS VERY RURAL-OFF THE ROAD SYSTEM
I am enrolled in the RPA program at Weber State University in Utah.
I AM CURRENTLY ENROLLED IN AN ultrasound PROGRAM AND PLAN TO CONTINUE MY EDUCATION IN ECHOCARDIOLOGY ULTRASOUND
I am currently in a management position. I over see 15 clinics in the southeast area. My commute varies daily. I am responsible for all state compliance issues for the company I work for along with all issues dealing with radiology. I enjoy this position but if I could do it all over again I would have gone into mri or ct
MOST OF MY PAST WORK WAS IN RESEARCH MEDICAL GENETICS. I DIDN'T CONSIDER THAT AS HEALTHCARE WORK --IN RESPONSE TO QUESTION# . I WORKED IN THAT FIELD FOR 16 YEARS.
This is my second career my first was business for 22 yrs. I even had my own business for a short time. The driving factor for me was that it was science oriented and involved lots of people contact. It had to be a career that also paid well
I am not currently employed I am at home with my children. However I filled out the survey as I would have when I was working.
It was hard to answer some of these questions because I earned two degrees. I first earned an Associate in Radiologic Sciences from a state college and a Bachelor's from a private college. Also I worked 2 different jobs. I am an educator in my field at a state college with a Bachelor's in the Radiologic Sciences and I maintain my technical skills working part time at a community hospital.
I both a hosp based and associate degree. My long term goal is to work as a clinical instructor or management.
I was employed as a staff Rad Tech for years and returned to college for an Information Tech. degree.
I am a Registered Diagnostic Technologist who is currently working as a system analyst for the past 8 years. I am working in Radiology and support the Radiology Information System and PACS in the department.

I work for a hospital but rotate through five facilities a hospital: two mammography centers, a doctor's office where we provide mammography service and a mobile unit.
I WORK AT HOME DOING CODING FOR OUR RADIOLOGISTS IN THE AREA.
originally 'discovered' x-ray career in govt. blue book of occupations while looking around for another career after not finding work in original field (communications)
I am currently not employed in this profession as I am now home schooling my child.
Worked in a Level 1 Trauma center for 18 years. Within the last 2 years I advanced to testing software used by Radiology Department Information Systems. Would like to see more information on the benefits of using a Radiology Information System and also more information on people who work outside of the mainstream of Radiology Departments.
I am presently the Clinical Research Coordinator for the Department of Radiation Medicine at the University of Kentucky
Other than 2 years of doing clinical radiology I have been in education in Rad Tech for 27 years either as Program Director Clinical Instructor Adjunct faculty etc.
I am at present working in ___ Queensland Australia
Currently unemployed due to relocation. Expect to return to work force at end of summer.
Some of the answers to these questions reflect the times when I entered the profession. Back then no one really knew about the profession. No high school counselors knew about it and there were no college programs in the area. My answers may skew the current reasons people have for entering the field and how they found out about the profession.
I WORK IN SURGERY
I am a Bone Density Technologist
I have been in this profession for 20+ yrs and currently specialize in Mammography although Mamms have always been incorporated into my job skills.
I am registered in X-ray and Ultrasound. I have many years in X-ray Nuclear Medicine Ultrasound Cat scans and Lab. Been in the field since 1971. I should be glowing by now.
Radiography is an ongoing challenge - to deal with ones customers(patients)in a friendly professional manner to keep abreast of the changing technology and to keep up to date with current medical thinking. Its all about education keeping up and keeping current.
Besides working in the hospital my primary responsibilities are in education of Radiologic Technology students.
I'm a CT application specialist--I travel all over
When I was started my training high schools only knew about nursing or doctoring. - time was spent between school and clinical but each had their own days. Not like some today that have class for 2 hrs clinical for 3hrs & then more class time. The day is broken up way too much.
The Hospital technical and Service employees are negotiating their second contract. The Union is working to get more people interested in Radiology and other technical areas.
I have spent 21 years in Radiography education working PRN 15 of those years. When I started my radiography program in 1978 salaries were not a deciding factor.
Just for sake of argument my combined X-Ray / Radiation Therapist training was three years at 12 months per year (same total months as four years of college). Also I'm the administrator of a radiation therapy center.
I am currently working for a primary care group in a management position. I have the opportunity to take plain film radiographs approximately 2-3 times a week.
I am a military trained technologist.
When I was in High School there wasn't much focus on much other than going to College. I don't believe many people know the education requirements for radiography.
I DID NOT SEE ANY CLEAR QUESTIONS FOR TECHS WHO HAVE TRAINED IN THE MILITARY. THE MILITARY TRAINING I HAD IN RADIOLOGY WAS VERY INTENSE AND I WAS ABLE TO GET A LOT OF PRACTICE IN CERTAIN AREAS THAT OTHER PROGRAMS DID NOT LET MALE TECHS DO IT.
Starting in the field so many years ago there wasn't that much information available. The current forms of communication should enhance the prospects for this under staffed field.
I travel over the western states for my job
As I am on permanent disability questions 13 14 15 were answered in the past tense. Regarding question 14. The university that I worked for had both urban and suburban campuses.
I currently work as a full-time Occupational Therapist and part-time Radiologic Technologist
Radiology allowed me to advance into industry

not just doing MRI but also research in functional MRI
I have been a tech since 1976 and have been in and out of the x-ray profession over the last 28 years. I have worked in aircraft quality assurance between x-ray jobs.
I own a private x-ray career school. I own a portable x-ray company.
I have been a locum tenems R.T. since 199o. I can provide patient care and avoid most of the politics that exist in Rad Onc. Departments
I travel most weeks as a Clinical Demonstrator for MR throughout the US. Travel to work can vary from 30 minutes to 5 hours depending on flights
God directed me to this field. I float for a clinic system and so my travel time varies. Some clinics are urban and some are suburban.
I also work PRN at one of the local hospitals.
The commute to work is a little over 20 miles highway driving for a bit more than half. The commute can take less than 30 some days and up to an hour or more on others depending on traffic patterns/ what hours I work.
I am working 16 hours per week for the benefits provided by my employer for myself and my husband as he is a farmer and would have to pay for his healthcare himself.
Full time educator
I work in the Operating Room of a large hospital..Have all my career spent 10 years working as a Clinical Imaging Specialist for a major C-arm manufacturer.
I have seen phenomenal changes in our technology over the past 34 years; much more advancement is anticipated in the future!
The technical college I graduated from has since changed its name to a community college.
I did not answer 14 or 19 because they no longer apply but my former employer was located in a suburban area and it took me 15 minutes to get to work.
I also checked out radiologic technology because I've always been interested in photography and this had a lot of similarities.
I am currently manager of three mammography imaging centers. We also do bone density (DEXA) at one of our centers.
I worked as an x-ray tech first then I went back to school for Nursing
I didn't have an opportunity to convey that I am a manager of an MRI facility so didn't fit into any of the category choices.
I'M SECOND GENERATION TECHNOLOGIST. MY FATHER WAS A TECH. AND MY MOTHER WAS A NURSE
I am a Supervisor in Radiation Therapy
I'm working for a staffing agency which has me temporarily employed at a Medical Center in TX.
I retired from this job in management after 40+ years.
also clinical instructor for 2 radiology programs
This is a very important career for healthcare. Every patient has some exposure to our department. It is important as a technologist that you provide as accurate information and imaging as possible given any limitations of the situation for diagnosis. But also be there as a patient advocate to help the system acknowledge the human factor of patient care.
I START MY DAY FROM MY HOME I HAVE A COMPANY CAR AND I MAKE A PHONE CALL TO GET MY MORNING CASES THEN I TRAVEL TO DIFFERENT FACILITIES IN MY AREA
Its a 500-bed Trauma Hospital UAE ___. Provides all kinds of facility with digital X-Ray Machine with Day light processor Spiral CT US MRI C ARM BIPLANNER FOR OPERATION Procedures PORTABLE X-RAY MACHINE. Very busiest Hospital.
I am well paid as a PET/CT technologist. If I was not doing this type of work I would go back to marketing.
In my rad tech class there were a number of us older students and it would be nice to know how we are doing as a group - not 20-30 years of experience but with more like 5-10. Because of my prior experience in management I was promoted to supervisor when the opening arose and it's interesting supervising people with double and triple the experience I have.
Float tech. work 3 different centers. Travel time 10 minutes to 1.25 hours.
I am currently a student and have been put on the waiting list for the Radiology Program at Nassau Community College NY. I feel a little discouraged out of 320 applicants only 26 students. Everyone I know who hasn't been chosen is on the waiting list. I currently receive the Radiology News letters that are very interesting. At the hospitals there is such a high-demand for technicians and I'm not even in the program. This summer I will try to do some more volunteer work. Just felt like sharing. The survey was interesting to fill out. Add 5 more questions.

Another important factor for me was the cost of tuition for attending a hospital-based program. My total tuition costs at the time were only $1 600 (not including books). After securing a job with my diploma I utilized the tuition reimbursement option at the facility to pay for a large portion of my BS degree.
Worked for several years after graduation. Stayed home while my children were little than returned to work.
I work part time at a local hosp. I spent most of my life working in Cath lab and Special Procedures. On Call. No questions concerning on call.
Worked in diagnostic radiology for 12 years prior to advancing to CT and then MRI. In 2003 I advanced into a subspecialty area of MRI. I now only do Cardiac MRI research. My training for CT and MRI was mostly on the job. I have relied heavily on CE.
Actually I am student radiographer graduating in August.
After working as a Radiation Therapist for 9 years I am currently working as a Medical Dosimetrist which I have been doing for 5 years. I trained for 2 years full time under a physicist and another dosimetrist (on the job training). Then took my CMD board exam in June 2001.
angio tech for 18 years
I am the Education Coordinator for the School of Diagnostic Imaging/Cleveland Clinic Health System. I am currently finishing my Bachelor Degree with an online program.
Currently work 40 hours in Ma and 20 Hours in RI thinking about going back to work in a hospital. have not worked in that setting since 1980
I do not work in the same city weekly. I am a Application specialist for a Film Company
When I was in school for radiology I knew that I would someday go back to school for nuclear medicine or radiation therapy.
I work for a mobile MRI company. I travel to various sites within my state. My travel time varies with each site.
My reasons today would be completely different than they were long ago when I decided to enter the profession!
I am the first RPA to work in Florida and the first RPA to work in Interventional Radiology only at a top rate University.
Some people in this position think you must specialize to be considered successful in this career. Diagnostic Radiography is the back bone of this profession and it is surprising how few are really good at the standard exams. I have chosen to stay in diagnostic because I like it not due to lack of opportunities.
Travel time depends on the traffic flow. It the freeways are jammed up surface streets get us there just as fast as using the car pool lane
I work out side United States particularly in the Philippines. Philippines is not stipulated as one of state where I am working.
I am still finishing up school
I travel between 3 local state prisons. Working routine filming and regional clinics.
We work @ home office and technologists have equipment and leave from their homes
I live and work in Canada.
I'm an educator in radiography for the 15 years and was previous to that a nuclear medicine tech. I base my answers on being an educator and why I went into radiography in the first place
The first thing that seemed really cool was to see and understand fx's on an x-ray.
Traveler
I have been working in a hospital for 6 months; almost all of my prior work experience was in a private imaging center. I am still presently working at private imaging centers on a per diem basis.
I began as a certified Health and Physical Education teacher (K-12). When I graduated there was a shortage of teaching positions. I began working in a hospital and using that background combined with the courses that I had to take for my Health/Phys.Ed. degree I chose to go into radiography.
I had not previously worked in healthcare. My previous experience was related. I had worked for a medical equipment and diagnostic manufacturer in their customer service department. I was looking for something other than a desk job. I needed something mobile my husband gets transferred occasionally and it was very important to know that I would be able to work no matter where we end up.
I went to a four year private college but earned an AAS in Radiologic Technology (i.e. a two year degree)as they did not offer the 4 yr degree at that time (they do now). I teach in a community college full time..but also work in radiography full time and mammography part time. I have always worked in x-ray tableside while I teach (I feel more credible this way).
The last four years I have been traveling. Prior to working as a locums Before that I always lived within 10 to 15 minutes of my job except for a period when I chose to work at a free standing --to further diversify my experience-- which was 32 miles away from home and took 35 to 45 minutes via expressway to get to.

Technology was just starting to grow when I started in x-ray. My biggest reason for going into x-ray was I could afford to do it when my family didn't have money to send me to a four year program.
I am a traveler
I already had a B.A. in Biology from years prior. Was looking for a science related profession to get out of retail management.
I am currently an educator - I hope this information is relevant as it is

Recommendations regarding the profession/what they do

We need to get a pay raise!
I would like to see that the only way you can work in radiology is by being registered (just like RN). It is not fair that we have to go through 2 years and the big boards and someone that doesn't pass can work in the setting for just $1.oo less an hour.....
Today's technology demands that radiologic science professionals have a more well rounded education to prepare them for their work.
We need more programs for people currently in the fields that want to expand their expertise. It is almost impossible for anyone to stop working for a year etc. and go back to school once you have worked in a field. More internet or weekend courses would be very helpful.
Since I am in a managerial position I would hope to see more encouragement into private offices. There is a tremendous need for radiographers. We try to recruit through hospital and area schools but they encourage every student to specialize. We offer good pay no weekend or evening work.
I am a Clinical Coordinator for a Rad Tech Hospital Bases Program and I am hopeful that this type of program does not become a thing of the past. Hands on training is very important in health care especially in a time where the care has been taken out of Health Care!
For such a short period of schooling it has great pay for speciality areas. Ask all students prior to joining if they realize that hospitals are open 24/7. Getting holidays off is not always an option depending on where they work. Complete your 4 yr degree (BS) in order to have boarder range of job choices when you may experience job burn out after the first 10 yrs.
Would like information to take to local high schools to promote profession.
Look for students who Enjoy team activities Want to help people Initiative Some knowledge of the field
I would recommend anyone thinking about this profession to spend some time in the radiology department of their local hospital volunteering to see exactly what the job requires. Also if you don't consider yourself a people person this job is not for you and even if you are your patients and compassion will always be put to the test. Burn out rates are high and a lot of the time this can be a thankless job. Health insurance lawyers and politicians have all had a hand in the demise of the medical field this too should be taken into consideration. Although technologists are always in demand because we are in such short supply it is imperative that you continue your training to include a specialty or salaries are disappointing.
Providing information and real life experiences to individuals in elementary and high school may be the best way to attract students to the radiological sciences. The profession provides good wages job security and growth potential it has come a long way in the last 20 years. Convincing young impressionable minds that the radiological sciences are their future should be included in any recruiting strategy.
Current hospital situations are getting over run with paper work bureaucracy. The need for sub-specialties within specialties is questionable particularly NCT for a Nuc Med Tech. What's the point?
I do not think there is enough exposure to high school students. Some students do not want to go to college or have the money to go. This is how they can make a mark on the world.
I STRONGLY SUGGEST IF FINANCES PERMIT CONTINUE YOUR EDUCATION. GO FOR A BS OR SPECIALIZE IN THE HIGHER PAYING MODALITIES NUC MED ULTRA SOUND OR MRI.....
The current availability for jobs in all areas of Radiology is a great recruitment incentive along with the ability to branch out into different aspects within Radiology.
Publicity about our profession is badly needed both in print and at job fairs which are held at colleges and high schools. Students often seek out nursing programs not knowing about radiology as an option.
More educational grants should be allotted for the experience technologist working fulltime in specialty modalities..this will help close the gap for the shortage in the teaching arena of the profession for those who pursue other areas.
Whenever I meet someone at odds with what to do with the rest of their lives I always encourage them to look into the different imaging modalities

As to your questions concerning getting into this field because of the ease of finding a job/abundance of jobs to be had when I began training it was not a field in which there were many jobs. Unless a person was willing to move to find work a recent graduate generally had to accept part time work and convince the employer of his/her work ethic in order to get full time employment as a radiographer. I was probably most attracted to the job because I could see that many modalities of imaging used the RT(R)as a springboard to advancement. Next would be the ability to earn a decent wage for the amount of training necessary to become credentialed. Other questions such as liking working with people were not at all well addressed at the community college where I studied. This was something that should have been more intensely stressed to incoming candidates. This is a very hands on profession requiring good people and communication skills and in my experience not many teachers or counselors emphasized that sufficiently. In closing let me say that I HAVE recommended radiography to friends and family but I am cognizant of whether they fit a type of personality who would do well in the profession. [Respondent's name and credentials.]
Would like to see ASRT include info/topics pertaining to dosimetry.
A lot of the things listed in #4 were not available when I was in high school.
I wish I knew about therapy & dosimetry in high school. We need to go to the fairs at schools & tell the juniors/seniors about these opportunities.
I think that when specializing in other modalities outside of diagnostic x-ray the technologists should have to complete a certificate program verses cross-training. It is taking jobs from well qualified individuals that take the time and determination to complete a program and then not able to find a job in their field.
I am an advocate of school based ARRT approved paths into this profession we must protect and elevate our profession. We must not allow anyone a short cut. To do so undermine all we stand for. I am very upset at the suggestion of an alternate pathway. No one should be able to bypass the rigors of at least an Associates degree in radiography first. Who are these people and whose side are they on. Are they in some company's pocket or does ARRT support us. Please think about it. Wages are finally approaching value of the job stress and the toll it takes on our lives. If we allow management a short cut we will all suffer as they replace us with under qualified and lower cost button pushers. Yes we need people in the profession but not that bad.
This maybe off the subject but I feel it would do an injustice to our profession if the ARRT starts to recognize MRI Tech that are not fully trained RTs. I've worked with many of these technologists and they generally have minimal anatomy background and little if any hospital training. I realize that it is a different physics however when training to be an RT your education is more than just x-ray you learn how to work and deal with the physical and emotional aspects of the patient. I sincerely hope that the ARRT doesn't allow this to pass. I know that I would be extremely upset should that pass. Having spoken to many of my co-workers on the subject it would create many work place issues. I hope the ASRT has some influence on the subject. Thanks for the opportunity to voice my opinion.
We are affiliated with an RTT program and so are privy to many students coming thru....I see a major disparity in Radiation Therapy students who have completed Radiologic Technology studies as opposed to those who have not. While the debate for 'professional' status wages on we need to 'raise the bar' for those entering our profession in the meantime.
I THINK THEY SHOULD RE-INVENT THE HOSPITAL BASED PROGRAM...IT WAS A MAJOR FACTOR IN MY DECISION TO BECOME A RADIOLOGY/NUCLEAR MEDICINE TECHNOLOGIST BY THAT I MEAN THE INDIVIDUAL HOSPITAL HAS TO MEET AND OBTAIN THE RIGHT TO TRAIN TECHNOLOGISTS NOT ONLY DO YOU HAVE BETTER HANDS ON CARE OPPORTUNITIES I THINK IT MAKES FOR A BETTER WELL ROUNDED TECH...
I did not do this until I was older. I really wished my counselors in school would have promoted tech. schools more when I was in school I have not succeeded in convincing my oldest daughter but she is going to college to become a doctor so I can't complain but my younger daughter is going to go to tech for lpn than bridge over to RN. Schools definitely need to get behind technical schools!
I THINK THAT STUDENTS THAT ARE IN THE FOLLOWING AREAS IN HIGH SCHOOL SHOULD BE RECRUITED FOR POSSIBLE XRAY FIELD. BAND MEMBERS/CHORUS/GLEE CLUB & DRAMA CLUB STUDENT COUNCIL/KEY CLUB/SAFE/PHOTOGRAPHY CHEERLEADERS/GYMNASTIC

Comments regarding the survey

You should put n/a as a choice for influences of getting into this profession.
you should have geared your questions also for those of us not currently working in the profession
I am currently a PACS mgr You had no questions about the biggest image mgt. change that has change the way radiology and medicine conducts all aspects of business!
Terrible survey!! I work only part time and you ask questions that relate to my current profession which is outside of radiology. You never asked P/T or F/T. My graduate education also is outside radiology.

I'm a little disappointed in this survey considering there was no area to check off for receiving my training from the military. I also think there should be a place in the question for where I spend most of time which is management - not bunched in with retirement. I'm certainly not retired!
The way question number 12 was set up was dumb. Requiring all choices to total 25 points made rating each part of the question more of an exercise in calculating to 25 more important than an honest evaluation of each segment of the question. Just my opinion.
I am presently a Medical Imaging student graduating June 5. You should have had a box to check student status in the 1st question. Most of my questions were answered based on my current Clinical experience. I will begin working the end of June.
This survey is geared to Americans but there are arrt professionals that work outside the united states.
Rating for Question 11 is not clear. Need a Not Applicable selection as most of these options did not influence a career choice mainly because it wasn't presented. Of course I would've loved to have heard about it in High School. Are you asking us if it would've influenced us if we heard about it or did it influence us at all?
I am a locums tenant. I travel all over the country working in all kinds of facilities. Hard to answer some of these questions because of this!
Question 12 was set up poorly. You should really change the wording in the directions.
This survey is difficult to answer since I have been in sales applications management and marketing for Radiology for many years. I am still RT(CT) but unable to get the experience needed for a job.
The first question does not address those now working in education in the radiologic sciences; does check other suffice to provide accurate survey information ?
I was trained in the military. you should ask about that
Should expand your survey to those people who have ventured into commercial and other areas other than typical hospital/out patient settings.
Why don't you ever list bone densitometry in your list of jobs??? You have a certification course for it but you never list it as a job....I do research and clinical dexas and I love it. To do it well I have passed several tests and am a certified tech...That should count for something. I usually just have to list my job as other.
I think you should have provided a N/A category for those of us who aren't in the field right now or a way to bow out after determining that we don't work
It was a little hard describe the area I work in I have been in this field since 1976 and have worked as a radiographer supervisor educator and radiation therapist. So it was hard to choose just one category.
Question 12 needs to be revamped. A 25 point accumulation...? A 1 to 5 point rating would be more appropriate.
How are you accounting for traveling temps in questions 13 14 15?

Miscellaneous Comments

It took thirty minutes when I did work.
SOOM DA LA POOM POOM !!!!!!
None at this time
I do not currently work in a healthcare facility. I am a marketing director for an imaging vendor.
Thank you for asking these questions.
currently a stay at home mom
I filled one of these out about 2 months ago.
None
PRESSENTLY WORKING PART TIME FOR A TEMP SERVICE
Where are the results of your survey to be published?
None
I am currently working in another profession... my answers were to my working for 13 yrs directly after getting my degree.
I am currently staying home with my 2 young daughters. I plan to go back into my profession when my girls are older.
Its absolutely none of your business what I consider myself I notice once again Caucasian is listed last and not even in alphabetical order sorry this guy is not going to apologize for his ethnicity no matter what it is. Aren't you tired of trying to be politically correct how offensive!
none

I will be interested in the results of this survey but believe the information it yields will be somewhat limited. My own experience is very unique although that cannot be reflected in the answers given here.
I am no longer employed full-time in radiography. I primarily do sales and client services and only occasionally do clinical work.
25 minutes but that's on a bicycle.
I'm sorry I cannot really be of help. I practiced as an x-ray/nuclear tech for 20 years. I am currently an attorney at an insurance company in the field of corporate law. In 1993 I was director of rad. at a hospital that subsequently closed. The job market was nil so I went to law school (my first love)I have answered your questions as if I were currently working in radiology (as of my last position in a hospital). I would recommend the profession to others if they want to work in healthcare and like technology. I would not however suggest that anyone become an x-ray tech just because they don't want to be a nurse teacher or secretary which is what happened to me way back in 1969. Oh well that's another story for another time. Good luck with your survey.