



Executive Summary

The CAMRT Workforce Survey was developed to better understand the experiences, perspectives, and day-to-day realities of Medical Radiation Technologists (MRTs) working throughout Canada. MRTs include professionals working in radiological technology, magnetic resonance, nuclear medicine, and radiation therapy. By focusing directly on their experiences, the survey provides important insight into how workforce challenges are affecting care delivery across the profession. This summary primarily highlights the qualitative findings from the Workforce Survey, as these provided important frontline insights into the lived experiences, workplace realities, and challenges facing MRTs throughout Canada. Additional analyses, including quantitative findings related to workforce sustainability, mobility, and retention, will be available in the full Workforce Survey Report.

Survey Development

The Workforce Survey was developed by CAMRT in 2024 and reviewed by the Professional Practice and Research Advisory Council (PPRAC), a national advisory group of actively practicing MRTs representing the four MRT disciplines, a range of specialty practice areas, and regions throughout Canada.

The Workforce Survey was designed to:

- Understand the experiences and perspectives of MRTs working throughout Canada
- Explore workforce pressures affecting MRT practice, including workload, workplace challenges, and professional well-being
- Provide frontline workforce insights to help contextualize broader staffing and workforce trends across the profession

The survey included two components:

- **Quantitative questions** collected information related to employment and job seeking characteristics of the MRT workforce in Canada, including employment status, number of jobs held, overtime hours, and reasons for remaining in or leaving a position.
- **Qualitative questions** allowed MRTs to describe their work experiences in their own words.



Survey Deployment

Between February and March 2024, emails were distributed to a total of 7,999 CAMRT members, including one initial survey invitation followed by two reminder emails. In total, 1,298 responses were collected. Of these, 765 respondents provided written responses to the open-ended question and shared their work experiences.

- 88% reported holding a single credential (a total of 1,140 respondents). Within this group, 67% were RTRs, 14% were RTNMs, 12% were RTTs, and 7% were RTMRs.
- 83% of respondents identified as female, 16% identified as male, and 1% identified as self-described.
- The largest age group was 35–44 years (29.9%), followed by 45–54 years (23.4%).
- Most respondents (91%) completed their MRT education in Canada.
- Respondents represented all provinces and territories, with the highest participation from Ontario (23%), Alberta (20.2%), British Columbia (12.4%), New Brunswick (11%), Manitoba (10.2%), Saskatchewan (10%), and Nova Scotia (9%). All remaining provinces and territories each represented less than 2% of respondents.

Key Findings

Thematic Analysis

The qualitative responses revealed several interconnected themes related to workforce pressures, operational demands, workforce well-being, patient care impacts, and future considerations and opportunities within the MRT profession. Overall, MRTs described growing strain across practice settings, with staffing shortages, increasing workloads, and evolving practice demands affecting both the workforce and patient care.

Themes	Subthemes	Description
System Supports and Policy Impact	Government funding, cost of living, policy changes, and wage caps	MRTs described workforce challenges related to healthcare system policies and government-level decisions, including funding limitations, workforce planning concerns, and insufficient recognition of increasing pressures affecting the profession.
	Organizational management and union-related factors	MRTs identified concerns related to hiring and retention planning, scheduling, overtime compensation, benefits, continuing education opportunities, aging equipment, and “do more with less” approaches that contributed to increasing workload pressures.

Workforce Capacity and Operational Demands	Increased workload	MRTs described growing workload pressures associated with rising patient volumes, increasing service expectations, evolving practice demands, and the need to manage multiple clinical and operational responsibilities within limited timeframes.
	Staff shortages	MRTs described ongoing staffing shortages across practice settings, resulting in increased workloads for existing staff, limited scheduling flexibility, and ongoing pressure on teams to maintain services.
	Rural and small-site workforce pressures	MRTs working in rural and smaller practice settings described additional workforce and operational challenges related to limited staffing capacity, broader responsibilities, and fewer system supports.
Workforce Well-Being and Sustainability	Physical and mental impact	MRTs described significant impacts on their own physical and mental well-being, including burnout, fatigue, mental health challenges, physical strain, and declining morale associated with ongoing workplace pressures.
	Work-life balance	MRTs described challenges maintaining work-life balance, including missed breaks, overtime demands, and difficulties taking time off or vacations due to operational pressures.
	Turnover	MRTs described increasing intentions to leave their current role, pursue less demanding positions, change workplaces or careers, or relocate to another province in response to ongoing pressures.
	MRT safety	MRTs described concerns related to workplace safety, including working alone during night shifts, insufficient assistance for physically demanding tasks, and safety risks associated with staffing shortages and operational demands.

Patient Access and Quality Implications	Patient wait times	MRTs described concerns regarding increasing patient wait times and limited access to imaging and treatment services.
	Patient-care safety and quality	MRTs expressed concerns that increasing workload pressures and time constraints may contribute to errors/near misses, reduced opportunities for patient engagement, and challenges in providing safe, thorough, and person-centred care.
Emerging Solutions and Future Opportunities	Facility expansion	MRTs identified facility and site expansions as potential long-term improvements to service capacity and patient access, while noting that implementation and transition periods may create additional short-term workforce pressures.
	New technology and equipment	MRTs described the introduction of new technologies and equipment as important advancements for patient care and service delivery, while also highlighting the additional training, adaptation, and workflow pressures associated with implementation.

Overall, the findings reinforce the need for coordinated workforce and system planning to address ongoing pressures affecting MRTs, patient access, and quality of care throughout Canada.