MARKET RESEARCH BRIEF

Market Demand for a Master’s Degree in Respiratory Care

Analysis of National Employer Demand and Competitor Program Structure
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1) Research Methodology

Project Challenge

Leadership at a member institution approached the Forum as they considered launching a new master’s-level program in respiratory care. Through a combination of qualitative interviews with administrators of competitor programs and quantitative data analytics, the Forum sought to assess the market viability of master’s degree program in respiratory care.

EAB’s market research function provides insights which guide strategic programmatic decisions at member institutions. The Forum combines qualitative and quantitative data to help administrators identify opportunities for new program development, assess job market trends, and align curriculum with employer and student demand.

EAB reports rely primarily on labor market data from the Burning Glass Labor/Insight™ tool (description below). Reports occasionally use data from the United States Census Bureau and United States Bureau of Labor Statistics data to explore occupation and job trends. Market research reports may also incorporate Integrated Postsecondary Education Data System (IPEDS) data to assess student enrollment, demographics, and completion rates across competitor programs.

Methodology and Definitions

Methodology: Unless stated otherwise, this report includes data from online job postings from February 2015-January 2016. The Forum identified the top titles, skills, employers, and locations nationwide. To best assess job opportunities for professionals with an advanced degree in respiratory therapy, the Forum limited their search to job postings from employers that specify the need for candidates with a master’s degree in respiratory therapy in the job posting.

Definitions: “Direct entry” refers to a program for students with a bachelor’s degree, but no registered respiratory therapist credential. “Degree completion” refers to a program for students with a bachelor’s degree and a registered respiratory therapist credential.

Annual growth in job postings is measured in the change between January 2010 and December 2014 by six-month halves (i.e., 2012 H2 is July 2012 to December 2012). 2014 H1-2014 H2 represents year one and 2015 H1-2015 H2 represents year two, which gives the most recent two complete years of data.

Burning Glass Labor/Insight™

EAB’s Partner for Real-Time Labor Market Data

This report includes data made available through EAB’s partnership with Burning Glass Technologies, a Boston-based leader in human capital data analytics. Burning Glass Technologies specializes in the use of web spidering technology to mine more than 80 million online job postings and analyze real-time employer demand. Under this partnership, EAB may use Burning Glass’s proprietary Labor/Insight™ tool to answer member questions about employer demand for educational requirements, job titles, and competencies over time, as well as by geography. The tool considers job postings “unspecified” for a skill, industry, employer, geography, certification, or educational requirement when the job posting did not advertise for one of these particular job characteristics. Unspecified postings represent null values and should be excluded from the total number (n value) of job postings analyzed in the query. A more complete description of the tool is available at http://www.burning-glass.com/products/laborinsight-market-analysis/.
For more information about the Labor/Insight™ tool, please contact Betsy Denious, Director of Business Development Learning & Policy at bdenious@burning-glass.com or 301-525-6596.

Project Sources

The Forum consulted the following sources for this report:

- EAB’s internal and online research libraries (eab.com)
- National Center for Education Statistics (NCES) (http://nces.ed.gov/)
- The Bureau of Labor Statistics (http://www.bls.gov/)
- The Commission on Accreditation for Respiratory Care (http://www.coarc.com/)
- The American Association for Respiratory Care (https://c.aarc.org/resources/bacc_edu/)
- Profiled program websites

Profiled Institutions

The Forum interviewed program directors or profiled programs via secondary research at the following institutions:

A Guide to Institutions Profiled in this Brief¹

<table>
<thead>
<tr>
<th>Institution</th>
<th>Location</th>
<th>Approximate Institutional Enrollment (Undergraduate/Total)</th>
<th>Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Institution A</td>
<td>Northeast</td>
<td>3,000 / 4,000</td>
<td>Master’s Colleges and Universities (larger programs)</td>
</tr>
<tr>
<td>Institution B</td>
<td>South</td>
<td>25,500 / 32,500</td>
<td>Research Universities (very high research activity)</td>
</tr>
<tr>
<td>Loma Linda University</td>
<td>Pacific West</td>
<td>1,000 / 4,500</td>
<td>Special Focus Institutions-Medical Schools and medical centers</td>
</tr>
<tr>
<td>Northeastern University</td>
<td>Northeast</td>
<td>13,500 / 20,000</td>
<td>Research Universities (high research activity)</td>
</tr>
<tr>
<td>Institution C</td>
<td>Midwest</td>
<td>500 / 2,500</td>
<td>Special Focus Institutions-Medical schools and medical centers</td>
</tr>
<tr>
<td>Institution D</td>
<td>Midwest</td>
<td>2,000 / 3,000</td>
<td>Master’s Colleges and Universities (larger programs)</td>
</tr>
<tr>
<td>University of Texas Health Science</td>
<td>South</td>
<td>1,000 / 3,000</td>
<td>Special Focus Institutions-Medical schools and medical centers</td>
</tr>
<tr>
<td>Youngstown State University</td>
<td>Midwest</td>
<td>11,500 / 12,500</td>
<td>Master’s College and Universities (larger programs)</td>
</tr>
</tbody>
</table>

¹) National Center for Education Statistics,

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2) Executive Overview

Key Observations

**Strong opportunity exists for the development of a master’s degree program in respiratory care.** Nationwide demand for respiratory therapy professionals increased 45 percent from H2 2013 to H2 2015. Additionally, major professional associations in the field of respiratory therapy recognize the increased need for advanced education and credentialing for respiratory therapists. The American Association for Respiratory Care (AARC) specifies that more graduate degree programs in respiratory care must be developed to meet the need for clinical specialists, researchers, faculty, and professional leaders. Currently only four accredited master’s-level respiratory care programs exist nationwide, and administrators report growth in program enrollment.

**Faculty members remain the biggest investment to develop a master’s-level respiratory care program.** Contacts agree that the development of a master’s degree program in respiratory care requires little investment in facilities and equipment. Administrators at the member institution must ensure adequate faculty exist to both teach research methodologies and statistics, and to oversee student research projects. The primary area that a master’s-level program builds upon undergraduate coursework remains research methods and processes.

**Offer education, research, and management concentrations within a master’s-level respiratory care program.** Trends in the top occupations for respiratory therapists nationwide suggest greater opportunity for advanced respiratory therapy graduates in management and education related positions. Contacts confirm that the three main tracks prevalent within the field of respiratory care include research, management, and education. Administrators offer a combination of coursework and capstone projects to provide students with practical experience (i.e., teaching a course, working with hospital management, completing a thesis) that prepares students for advanced positions in the field of respiratory therapy.
3) Trends in Employer Demand and Program Characteristics

Employer Demand over Time

Employer Demand for Respiratory Care Professionals Increased Steadily since H2 2013

Nationwide demand for respiratory therapy professionals increased 45 percent from H2 2013 to H2 2015 to a total of 753 job postings. The Bureau of Labor Statistics (BLS) predicts that employment of respiratory therapists will grow 12 percent from 2014 to 2024. The BLS attributes the projected increase in employment to the anticipated surge in respiratory conditions as the middle-aged and elderly population grows. Further, the number of individuals with access to health insurance will increase due to federal health insurance reform.  

Number of Job Postings for Respiratory Care Professionals

H1 2012- H2 2015, National Data

Together the American Association for Respiratory Care (AARC), the Committee on Accreditation for Respiratory Care (CoARC), and the National Board for Respiratory Care (NBRC) issued a statement that encourages advanced education and credentialing for respiratory therapists. These associations recognize that the evolution of the respiratory care profession increasingly relies on an advanced level of critical thinking, assessment, and problem solving skills. Further, leaders of these associations note the educational gap between respiratory care and other health professions (i.e., nursing, physical therapy, pharmacy). An increase in minimum education requirements and pursuit of advanced respiratory therapy education proves increasingly crucial in a health care system based on interdisciplinary practice. AARC specifies that more graduate degree programs specifically in respiratory care must be developed to meet the need for clinical specialists, researchers, faculty, and professional leaders.  

3) Data collected for H2 2013 and after is not directly comparable to data collected before H2 2013 due to improvements in Burning Glass Labor/Insight’s web spidering technology.
4) Burning Glass Labor/Insight™.
5) American Association for Respiratory Care - https://c.aarc.org/resources/bacc_edu/
Few Accredited Master’s-Level Respiratory Care Programs Exist Nationwide

CoARC only recognizes four master’s-level respiratory care programs nationwide. Considerable variation exists on time to completion for master’s-level programs. Contacts from Institution A note that students can complete the program in a minimum of one year, while those at Institution C estimate that their program takes 21 months to complete. Other program administrators do not report program length to completion. Often, rolling admissions processes and a mix of part-time and full-time students cause overall program length to vary.

Profiles of Master’s-Level Respiratory Care Programs

<table>
<thead>
<tr>
<th>School</th>
<th>Tuition Cost</th>
<th>Credits for Degree Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Institution C</td>
<td>$70,448</td>
<td>119 (Direct entry) 45 (Degree completion)</td>
</tr>
<tr>
<td>The University of Texas Health Science Center</td>
<td>$32,752 (resident) $68,632 (non-resident)</td>
<td>92 (Direct Entry) 33 (Degree completion)</td>
</tr>
<tr>
<td>Institution B</td>
<td>$13,752 (resident) $44,733 (non-resident)</td>
<td>91 (Direct entry) 36 (Degree completion)</td>
</tr>
<tr>
<td>Institution D</td>
<td>$38,500</td>
<td>70 (Direct entry)</td>
</tr>
<tr>
<td>Loma Linda University</td>
<td>$33,511</td>
<td>47 (Degree completion)</td>
</tr>
<tr>
<td>Northeastern University</td>
<td>$27,675</td>
<td>46 (Degree completion)</td>
</tr>
<tr>
<td>Youngstown State University</td>
<td>$15,717</td>
<td>39 (Degree completion)</td>
</tr>
<tr>
<td>Institution A</td>
<td>$25,740</td>
<td>33 (Degree completion)</td>
</tr>
</tbody>
</table>

6) Tuition cost is for direct entry programs, degree completion programs are pro-rated.
Invest in Doctoral Prepared Faculty to Oversee Students’ Research Projects

All contacts agree that building upon a bachelor’s-level program to develop a master’s-level program does not require the investment of resources into any lab equipment or facilities not already required at the undergraduate level. Faculty proves to be the biggest resource investment required. Institution B contacts caution that to develop a master’s-level program administrators must ensure that they can staff enough faculty members with an earned doctorate to chair students’ thesis projects. Similarly, contacts at Institution C note that administrators must invest in faculty with strong research and statistics backgrounds. In addition to full time faculty, administrators employ adjunct instructors to teach clinical courses and provide students with practice-based examples of coursework. Institution A administrators obtain recommendations from respiratory therapy professionals in the region for practitioners qualified to teach in the program. Administrators at Institution A seek an ideal number of 10 to 15 adjuncts and look for those with a PhD credential that can also advise students’ research projects.

Number of Faculty in Master’s-Level Respiratory Care Programs

<table>
<thead>
<tr>
<th>Institution</th>
<th>Faculty Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Institution D</td>
<td>2.5 Full Time Equivalent (FTE) Faculty, 2 Student Capacity</td>
</tr>
<tr>
<td>Institution B</td>
<td>10 Faculty, 10 Part Time Instructors, 36 Students Per Year</td>
</tr>
<tr>
<td>Institution C</td>
<td>4 FTE Faculty, 26 Students Per Year</td>
</tr>
</tbody>
</table>

Offer Campus-Based Instruction for a Direct Entry Master’s-Level Respiratory Care Program

Administrators only offer degree completion programs entirely online, while direct entry programs remain offered on campus or in a hybrid format. A direct entry program requires the incorporation of a number of clinical hours while a degree completion program does not. Coordination and oversight of where students complete their clinical experiences for a direct entry program would prove difficult for program staff of an online program. Contacts at Institution D and Institution C confirm that they do consider the impact of online components on the ability to reach a wider audience and provide more flexibility to students. Ultimately, however, administrators note that courses with a clinical or research component require in-person supervision to ensure quality. While program administrators at Institution B offer some classes online and continue to experiment with additional courses to eventually move all classes online, these efforts only apply to the degree completion program. Contacts note it would prove difficult to administer a direct entry program entirely online and cite their research methods and advanced statistics courses as the biggest hurdle to moving all courses online.

Clinical Hours

1,100+

Contacts report that direct entry master’s students complete over 1100 clinical hours during their course of study.
Offer Online Courses for a Degree Completion Program to Increase Opportunities for Student Recruitment

Administrators at **Institution B** structure their online courses to require students to meet synchronously. Students meet in a “virtual classroom” and the synchronous format allows professors to put students into small groups to work and interact. At **Institution C** faculty members use software called “Panopto” to record lectures for a few classes such as their education courses. Faculty members put these lectures online so students can watch them asynchronously, which provides some flexibility to students. Contacts from **Institution A** note that their online program remains effective because the program goal stands to provide training in management, education, and research to enhance students’ clinical practice, not to provide additional clinical hours. Advising the capstone or research project that students must complete to graduate remains the biggest challenge for administrators of this online program. However, the online format allows administrators to reach students in North Carolina, Canada, Tennessee, Florida, and Georgia.

**Master’s Degree in Respiratory Care Program Structure**

- **Loma Linda University**
  - Degree completion
- **Institution D**
  - Direct Entry
- **University of Texas Health Science Center**
  - Direct entry
- **Institution B**
  - Direct entry
- **Institution C**
  - Direct entry
- **Institution A**
  - Degree completion
- **Loma Linda University**
  - Degree completion
- **Northeastern University**
  - Degree completion
- **University of Texas Health Science Center**
  - Degree completion
- **Youngstown State**
  - Degree completion
Contacts Report Increased Enrollment in Master’s-Level Respiratory Care Programs

Although administrators from **Institution D** report recruitment challenges for students in both their bachelor’s- and master’s-level respiratory care programs, all other contacts report a growth in enrollments. At **Institution B**, administrators find greater enrollments in their degree completion program than their direct entry program. Contacts from Institution B described that the target total enrollment of direct entry students remains 40 to 45 when they combine bachelor’s-level students and master’s-level students. Administrators will admit all qualified master’s-level direct entry applicants each year, and will then adjust the number of bachelor’s-level applicants to reach the target enrollment number. Administrators report more bachelor’s-level direct entry candidates than master’s-level direct entry candidates.

Alternatively, contacts at **Institution C** report greater enrollment in their direct entry program than their degree completion program. Administrators converted their direct entry bachelor’s-level program to a master’s-level program and discontinued the bachelor’s program. Contacts note that it remains very easy to run the direct entry program at the master’s-level and then incorporate all qualified degree completion students along with the direct entry students. Faculty members award degree completion students credit commensurate with their respiratory therapy experience. These students then take the same advanced coursework as the direct entry students.

**Enrollment Trends of Master’s-Level Respiratory Care Programs**

- **Institution A**
  - 17 total students currently enrolled.
  - Due to the rolling admissions process students can be admitted 5-6 times per year.
  - Administrators report strong demand for the program and growing enrollment each year.

- **Institution B**
  - 20-35 degree completion students admitted each year.
  - 5-12 direct entry students admitted each year.
  - Target combined enrollment for direct entry bachelor’s program and direct entry master’s program is 40-45 students.

- **Institution C**
  - 14 percent increase in master’s-level applicants from 2012 to 2014.
  - 20-25 direct entry students admitted each year.
  - 5 degree completion students admitted each year.
  - Administrators will admit a maximum cohort of 25 first time entry students and admit all degree completion applicants.

- **Institution D**
  - Administrators can admit a maximum of 2 master’s students per year.
    - The available number of faculty members remains a constraint on program growth.
  - Contacts report no students currently enrolled in the program. A lack of applicants to the master’s program remains an ongoing challenge.
4) Student Trends and Employment Outcomes

Target Market

Explore Recruiting Opportunities for Practicing Respiratory Therapists and Pre-Professional Students

Administrators from **Institution A** report that all students in their degree completion program work in the field as respiratory therapists. Some of these professionals hold roles as educators or strive to become educators, while others seek to increase their credentials to move into management positions. Alternatively, contacts from **Institution C** explain that they remain the only institution statewide that offers a bachelor’s-level respiratory care program and many practicing respiratory therapists in the region only possess an associate’s degree. Administrators find these professionals less interested in master’s-level education, but note that the greater number of bachelor’s-level programs in the member’s state may render practicing therapists in the region more open to pursuing a master’s degree.

Both **Institution B** and Institution C administrators report an international market in addition to a mix of domestic students and both enroll students from Saudi Arabia and India. Contacts note another recruiting opportunity with students within their universities and regionally who earned a bachelor’s degree as pre-professional education before additional education in a health care field. Physician assistant programs and medical schools remain incredibly competitive, so administrators raise awareness about respiratory therapy as an alternative for the large number of qualified students not admitted to other medical programs each year.

**Recruiting Audiences for a Master’s-Level Respiratory Care Program**

<table>
<thead>
<tr>
<th>Student Audience</th>
<th>Type of Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regional Registered Respiratory Therapists</td>
<td>Degree Completion Program</td>
</tr>
<tr>
<td>Students with a Related Bachelor’s Degree</td>
<td>Direct Entry Program</td>
</tr>
</tbody>
</table>
Kaiser Permanente Exhibits the Highest Demand for Respiratory Therapy Professionals Nationwide

Kaiser Permanente emerges as the employer most in demand for respiratory therapists nationwide and accounts for eight percent of all job postings in the last year. Baylor Scott & White Health, located in Texas, follows and accounts for six percent of all job postings. Other top employers include large health care providers such as Cornerstone Healthcare Group and Hospital Corporation of America.

Top Employers of Respiratory Care Professionals
February 2015-January 2016, National Data

n=1,470 job postings, 178 unspecified postings

Kaiser Permanente: 114
Baylor Scott & White Health: 90
Cornerstone Healthcare Group: 47
Hospital Corporation of America: 44
Houston Methodist: 37
Ascension Health: 35
NYU Langone Medical Center: 34
Methodist Health System: 33
Catholic Health Initiatives: 30
Providence Health & Services: 23
Texas Childrens Hospital: 22
Penn Medicine: 17
Grady Health System: 15
Kentuckyone Health: 15
Methodist Le Bonheur Healthcare: 14
University of Texas Southwestern Medical Center: 13
Memorialcare: 13
Texas Health Resources: 12

Employers Most Frequently Seek ‘Respiratory Therapists’ for Their Open Positions

Unsurprisingly, ‘respiratory therapists’ ranks as the top occupation for graduates with a degree in respiratory care and accounts for 67 percent of job postings. Of the 989 total job postings for respiratory therapists, 45 percent seek candidates with an associate’s degree at minimum and 23 percent seek professionals with a bachelor’s degree at minimum. The BLS confirms that the typical entry-level education requirement for respiratory therapists remains an associate’s degree, but that employers may prefer candidates who possess a bachelor’s degree.

‘Medical and health services managers’ ranks as the second most in demand occupation for graduates with a degree in respiratory care. Employers posted total of 96 open positions for ‘medical and health services managers,’ ‘health educators,’ and ‘post-secondary teachers, all other.’ Of the postings for these occupations, 61 seek a candidate with at least a bachelor’s degree, two advertise a position for a candidate with a graduate or professional degree, and only 15 jobs seek a professional with an associate’s degree at minimum. This suggests greater opportunity for advanced respiratory therapy graduates in management and education related positions. Contacts confirm that graduates of their master’s in respiratory therapy programs most frequently obtain jobs in management and education positions after graduation.

Burning Glass Labor/Insight™.

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Top Occupations for Respiratory Care Professionals
February 2015-January 2016, National Data

n=1,470 job postings, 123 unspecified postings

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Top Titles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respiratory Therapists</td>
<td>• Respiratory Therapist</td>
</tr>
<tr>
<td></td>
<td>• Respiratory Care Practitioner</td>
</tr>
<tr>
<td></td>
<td>• Advanced Respiratory Care Practitioner</td>
</tr>
<tr>
<td>Medical and Health Services Managers</td>
<td>• Assistant Manager</td>
</tr>
<tr>
<td></td>
<td>• Clinical Cardiopulmonary Supervisor</td>
</tr>
<tr>
<td></td>
<td>• Clinical Manager</td>
</tr>
<tr>
<td></td>
<td>• Respiratory Care Manager</td>
</tr>
<tr>
<td>Cardiovascular Technologists and Technicians</td>
<td>• Pulmonary Function Technician</td>
</tr>
<tr>
<td></td>
<td>• Echocardiograph Technician</td>
</tr>
<tr>
<td></td>
<td>• Cardiovascular Technologist</td>
</tr>
<tr>
<td>Registered Nurses</td>
<td></td>
</tr>
<tr>
<td>Health Educators</td>
<td></td>
</tr>
<tr>
<td>Respiratory Therapy Technicians</td>
<td></td>
</tr>
<tr>
<td>Critical Care Nurses</td>
<td></td>
</tr>
<tr>
<td>Radiologic Technologists</td>
<td></td>
</tr>
<tr>
<td>Postsecondary Teachers, All Other</td>
<td></td>
</tr>
<tr>
<td>Health Technologists and Technicians, All Other</td>
<td></td>
</tr>
</tbody>
</table>

Top Titles by Occupation for Respiratory Care Professionals
January-December 2015, National Data

Top Skills

Incorporate both Clinical and Managerial Skills into a Master’s-Level Respiratory Care Program

Top employer demanded skills include ‘respiratory therapy,’ ‘patient care,’ ‘therapy,’ and ‘advanced cardiac life support.’ Employers sought candidates with ‘respiratory therapy’ and ‘patient care’ skills in 70 and 45 percent of job postings, respectively. In addition to specialized clinical skills, managerial skills such as ‘quality assurance and control’ and ‘teaching’ rank among the top employer demanded skillsets. Design a master’s-level respiratory therapy program curriculum that incorporates both advanced clinical practices and managerial skillsets to best meet employer demand for respiratory therapy professionals.

8) Burning Glass Labor/Insight™
9) Burning Glass Labor/Insight™
Contacts from **Institution C** indicate that employers seek respiratory therapy professionals that possess well-developed skills related to communication, critical thinking, informatics, research, and knowledge of the theory behind respiratory therapy practice. Administrators strive to build their master’s-level curriculum around these professional and advanced clinical skillsets.

### Top Specialized Skills for Respiratory Care Professionals

*February 2015-January 2016, National Data*^10^  

n=1,470 job postings, 202 unspecified postings

- Respiratory Therapy: 1,027  
- Patient Care: 654  
- Advanced Cardiac Life Support (ACLS): 412  
- Ventilation: 380  
- Treatment Planning: 368  
- Life Support: 364  
- Critical Care: 316  
- Clinical Experience: 308  
- Spirometry: 265  
- Pulmonary Function: 233  
- Infection Control: 182  
- Respiratory Care Procedures: 174  
- Therapeutic Procedures: 173  
- Bronchoscopy: 150  
- Rehabilitation: 145  
- Patient Monitoring: 117  
- Ecocardiogram (EKG): 112  
- Patient Evaluation: 107

### Top Baseline Skills for Respiratory Care Professionals

*February 2015-January 2016, National Data*^11^  

n=1,470 job postings, 202 unspecified postings

- Communication Skills: 255  
- Organizational Skills: 202  
- Quality Assurance and Control: 177  
- Computer Skills: 151  
- Critical Thinking: 135  
- Writing: 131  
- Teaching: 127  
- Problem Solving: 89  
- Leadership: 75  
- Supervisory Skills: 70  
- Research: 69  
- Troubleshooting: 69  
- Planning: 59  
- Typing: 44  
- Microsoft Excel: 33  
- Preventive Maintenance: 33  
- Listening: 30  
- Team Work: 28  
- Budgeting: 21  
- Multi-Tasking: 19

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^10^ Burning Glass Labor/Insight™.  
^11^ Burning Glass Labor/Insight™.
Offer Concentrations in Education, Research, and Management to Prepare Students for Employment

Contacts from Institution A note that the three main tracks prevalent within the field of respiratory care include research, management, and education. Administrators from Institution A find more students that pursue the education track within their program. In their final year of the program, students at Institution D choose a management track or a research track. Students in the management track shadow the director of the respiratory therapy program and management in the local hospital to gain practical experience. The research track remains most common and involves either a capstone project or a research paper. Students participate in the entire research process of Institutional Review Board approval, data collection, data analysis, and write-up. Institution C administrators describe less formal opportunities for specialization. Contacts express that all students take a series of management, education, and research courses. The research courses allow students to explore a clinical specialization and ultimately obtain a specialty credential through the National Board for Respiratory Care. Alternatively, students may wish to pursue an education focus and teach a class or a management focus and work with the director of the clinical respiratory therapy department.

Concentrations within Master’s Degree Programs in Respiratory Care
**Strong Demand for Respiratory Care Professionals Exists in Texas**

Employers in the Houston-Sugar Land-Baytown MSA present the greatest demand for respiratory therapy professionals and account for 9 percent of all job postings in the last year. Seven additional MSAs in Texas rank among the locations most in demand for respiratory therapy professionals nationwide. High employer demand outside of Texas exists in the New York-Northern New Jersey-Long Island, San Francisco-Oakland-Fremont, and the Los Angeles-Long Beach-Santa Ana MSAs.

An online format would allow the member institution to market a master’s-level program in areas of high demand throughout the nation. However, it remains notable that an accredited master’s-level respiratory care program exists in San Antonio at the **University of Texas Health Science Center**. Although not accredited, a master’s-level program also exists in New York and another program exists in California at **Loma Linda University**. These institutions may pose regional competition in high demand areas in the United States.

**Top Locations for Respiratory Care Professionals**

*February 2015-January 2016, National Data*\(^{12}\)

\(^{12}\) Burning Glass Labor/Insight™.
# Top Locations for Respiratory Care Professionals

February 2015-January 2016, National Data

n=1,470 job postings, 132 unspecified postings

<table>
<thead>
<tr>
<th>Metropolitan Statistical Area (MSA)</th>
<th>Number of Job Postings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Houston-Sugar Land-Baytown, TX</td>
<td>131</td>
</tr>
<tr>
<td>Dallas-Fort Worth-Arlington, TX</td>
<td>113</td>
</tr>
<tr>
<td>New York-Northern New Jersey-Long Island, NY-NJ-PA</td>
<td>67</td>
</tr>
<tr>
<td>San Francisco-Oakland-Fremont, CA</td>
<td>66</td>
</tr>
<tr>
<td>Los Angeles-Long Beach-Santa Ana, CA</td>
<td>47</td>
</tr>
<tr>
<td>Killeen-Temple-Fort Hood, TX</td>
<td>44</td>
</tr>
<tr>
<td>Austin-Round Rock-San Marcos, TX</td>
<td>40</td>
</tr>
<tr>
<td>Chicago-Joliet-Naperville, IL-IN-WI</td>
<td>34</td>
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<tr>
<td>Philadelphia-Camden-Wilmington, PA-NJ-DE-MD</td>
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<tr>
<td>San Antonio-New Braunfels, TX</td>
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<tr>
<td>Memphis, TN-MS-AR</td>
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</tr>
<tr>
<td>Miami-Fort Lauderdale-Pompano Beach, FL</td>
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<tr>
<td>Detroit-Warren-Livonia, MI</td>
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<tr>
<td>San Jose-Sunnyvale-Santa Clara, CA</td>
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<td>College Station-Bryan, TX</td>
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<td>El Paso, TX</td>
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<tr>
<td>Brownsville-Harlingen, TX</td>
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<tr>
<td>Boston-Cambridge-Quincy, MA-NH</td>
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<tr>
<td>Indianapolis-Carmel, IN</td>
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</tr>
<tr>
<td>Seattle-Tacoma-Bellevue, WA</td>
<td>18</td>
</tr>
</tbody>
</table>