Standardizing Professionalism:

Implementing Structured Training Modules for Phlebotomy Teams

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Problem & PURPOSE

Phlebotomists interact early with patients and are expected to positively influence the patient experience; however, professionalism is not formally taught in most phlebotomy training programs, leading to potential impacts on patient experience and satisfaction.

The purpose of this project was to evaluate whether a structured professionalism training module improves phlebotomist's professionalism thereby influencing patient satisfaction scores.

Available Knowledge & Rationale

Professionalism strongly influences patient satisfaction

- Positive staff interactions, communication, and appearance shape whether patients feel valued and will return for care. (Piazza et al., 2022; Widyowati et al., 2023)

Professionalism can be taught

- Clearly defined expectations and interactive, reflective training methodist that help staff internalize behaviors (Altirkawi, 2014; Hochberg et al., 2010)

Measuring professionalism is challenging but necessary

- Multi-method assessments and simulations with reflection can be practical ways to evaluate training outcomes (Alnasser et al., 2025; Altirkawi, 2014; Araújo-Neto et al., 2024; Bramley & McKenna, 2021)

Methods

Context

- 24/7 phlebotomy department of ~27 staff members in a not-for-profit hospital in the Midwestern United States.

Intervention

- Deployment of professionalism training for phlebotomists using an evidence-based education model.

Study of Intervention

- Pre- and post-educational intervention surveys and patient satisfaction scores.

Measure

- Investigator created surveys with a Likert-style scale to assess participants agreement or disagreement with presented statements and Press Ganey patient satisfaction survey data.

Data Analysis

Pre- and post-survey data were collected in Microsoft Forms using participant-created identifiers; low matched responses prevented a t-test analysis. Mean scores and two matched pairs were compared instead.

Likert-scale items were coded to align positive and negative statements with two item's reverse coded to ensure accurate interpretation.

Patient satisfaction was analyzed by comparing the percentage of "very good' ratings before and after the intervention to access patient's perceived changes in quality of care.

Results

Nine phlebotomists completed the surveys, but only two provided matching pre/post identifiers, limiting comparative analysis.

Pre-survey means were high across domains and post-survey means increased slightly in all domains.

Survey Question	Pre-Intervention	Post-Intervention
	M	M
Knowledge of Professionalism Domain	3.96	4
Willingness to act professionally	3.89	4
Understanding of the importance of demonstrating professionalism in the workplace.	4	4

Patient satisfaction "very good" scores decreased slightly from pre- to post- intervention across all three Press Ganey measures ("Your Care," "Overall Assessment," and Likelihood to Recommend")

Survey Question	Pre-Intervention Survey Top Score	Post-Intervention Top Score
"Your Care"	82.30	79.76
"Overall Assessment"	89.47	82.14
"Likelihood to Recommend"	89.47	85.71

Discussion

The project addressed the clear gap that phlebotomists are expected to demonstrate professionalism without receiving formal training.

Survey participation was low, however, results showed small positive shifts and strong organizational support for integrating professionalism into onboarding of phlebotomy staff.

While patient survey scores decreased slightly, they are not specifically tied to the phlebotomist interactions, Patient perceptions can be impacted by initial encounters that spill over into subsequent experiences (Dagger et al, 2013)

The training module itself was well-received and generated valuable qualitative insights that will guide future improvements and help refine professionalism expectations for phlebotomy staff.

Conclusions

This pilot project demonstrated that professionalism training for phlebotomists is both feasible and valued.

The implementation process revealed practical barriers such as timing, access, and workflow. These barriers must be addressed before professionalism training can be reliable evaluated or scaled.

Despite the limited data, the organization will adopt the module for onboarding, and the project highlights a broader opportunity to extend structured professionalism education to other frontline, non-degree hospital roles to strengthen patient experience across all points of care.

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