A STUDY OF CIVILIAN REGISTERED NURSE RECRUITMENT AT MADIGAN ARMY MEDICAL CENTER, TACOMA, WASHINGTON

MAJOR RICHARD H. GRISWOLD

Study

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HEALTH CARE; CIVILIAN RN RECRUITMENT IN ARMY MEDICAL TREATMENT FACILITIES

In an era of diminishing resources, hospitals are finding that their most precious resource, nurses, are diminishing in number at an ever increasing rate. Nurses are becoming more and more aware of the value of their services, and are willing to seek out the highest bidder. During 1981 Madigan Army Medical Center began experiencing a nursing shortage, and difficulty in the recruitment of civilian RNs. This study attempts to determine the optimal feasible system for the recruiting and retention of such nurses. Its major finding, generated from a market analysis of civilian RN recruitment, revealed that the focus of recruitment planning should shift away from the Fort Lewis Civilian Personnel Office, and toward Madigan's Department of Nursing.

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A STUDY OF CIVILIAN
REGISTERED NURSE RECRUITMENT
AT
MADIGAN ARMY MEDICAL CENTER
TACOMA, WASHINGTON

A Graduate Research Project
Submitted to the Faculty of
Baylor University
in Partial Fulfillment of the
Requirements for the Degree of
Master of Health Administration

by
Major Richard H. Griswold, MSC

June, 1982
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ACKNOWLEDGEMENTS

I walked into this with my eyes open. I had a personal as well as a professional interest in nurse recruitment, and after too many months in a student role, I wanted to make a real contribution to the system.

The result is neither pure research nor strict problem solution. I have not been entirely objective nor have I been completely biased. I am proud of my efforts but I see much that should have been done better. I owe thanks to many persons but can only mention a few here:

Brigadier General Guthrie L. Turner, Jr., M.D., is a true believer in the dedication of nurses and their immense value in the military hospital. That spirit pervades at MAMC and eased my efforts to improve civilian nurse recruitment here.

Colonel Carshal A. Burris, Jr., is a teacher, a manager, an administrator, and a leader worthy of emulation in every respect. No thesis acknowledgement can express my thanks for his preceptorship.

Special thanks to Colonel Beverly Gior, Colonel Richard Kamensky and the many fine nurses in their Department for their candor and assistance.

Thanks also to Ms. Greta Nielsen and the cooperative tone she set with the staff of the Fort Lewis Civilian Personnel Office.

Ms. Betty Pugsley has been an editor, a cheerleader, a confidante and has somehow rendered legibility out of garbage.

I imposed myself on many people and can only hope that this paper and the work it represents will repair that imposition.
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CHAPTER I

INTRODUCTION

The March 1982 annual conference of the National Association of Nurse Recruiters in San Diego opened with a presentation of the following statistics:¹

There are 1.4 million licensed, registered nurses (RNs) in the United States. 700,000 of these (only half) are working full or part time. 300,000 of these work in hospitals.

Enrollment in RN producing schools was down 16% last year (school year 1980-1981). Enrollment is down 22% this year (school year 1981-1982). Projected enrollment in nursing schools is estimated to decrease 35% by 1985.

Only 75% of the newly graduated RNs in Texas actually took their State Board Examinations last year.

The numbers speak for themselves. In an era of diminishing resources, hospitals are finding that their most precious resource, nurses, are diminishing in number at an ever increasing rate. Competition for their services is keen. Nurses are becoming more and more aware of the value of their services and are willing to seek out the highest bidder. Loyalty, dedication, and perseverance are continually tested in a nursing environment of high pressure,
complex technology, and widening horizons for women in other career fields.

"Ours is not to reason why..." It is not the purpose of this study to decry the nursing shortage but to devise means of surviving what may well be a "... do or die" situation.

**Background Information**

Some Washington, D.C. area hospitals are offering a $200 finder's fee to anyone who recruits a nurse. Other institutions across the nation are offering cash, cars, apartments, free parking, holiday bonuses, tuition assistance for continuing education and specialty training, fully paid life and health insurance plans, retirement plans and tax-sheltered annuities -- all in an effort to recruit and retain nurses.²

The American Hospital Association (AHA) calls the shortage "massive and pervasive." The Reagan Administration contends there are enough nurses in the country but does not dispute the fact that there are too few "on the job."³ CBS reports posed the question on national prime time television: "Nurse, Where Are You?"⁴

Recent state studies show that vacancies in budgeted RN positions range from 8 to 17 percent in hospitals alone.⁵ Other health care facilities report a nursing shortage also. The average national turnover rate for RNs in hospitals is 30 percent.⁶
Numerous reasons for the nursing shortage have been identified in the literature. Among them are:

A. Fewer qualified students pursuing nursing as a career.
   (1) Perception of nursing as a low-pay, low-status profession.  
   (2) Increasing opportunities for women in other careers. 
   (3) Overall decline in number of high school graduates. 

B. Fewer qualified nurses working in traditional nursing roles. 
   (1) Greater opportunities in other health related fields. 
   (2) Differences between expectations found during educational preparation and the reality of nursing practice. 
   (3) Failure of pay, promotion and status of nursing to keep pace with other health professions. 
   (4) High turnover and drop-out rates associated with high stress, low pay and status, and factors associated with around-the-clock needs for nurse staffing.

The National Association of Nurse Recruiters estimated the 1980 average cost of recruiting an RN was $731, and that the average hospital recruits 140 per year at a cost of over $100,000. In a pure economic sense, a situation of high demand and low supply would drive the costs of recruitment, as well as maintaining present staff to new highs.

Coupled with the worsening shortage is the increased need for nurses in today's health care environment. The intensive level of care, the acute nature of patient needs, and the fact that two-thirds
of all practicing nurses are in hospitals were factors that focused the primary attention of the National Commission on Nursing toward hospital nursing.\textsuperscript{12} The needs for nurses in the hospital setting are increasing due to\textsuperscript{13}

A. New types of family units (which diminish the feasibility of home or self care).
   (1) More single parents and more working couples; with or without children.
   (2) Fragmented families and the isolation of the elderly.
   (3) Highly mobile society.

B. Increasing numbers of elderly persons and increase in the population mean age.

C. Changing disease patterns:
   (1) Historical childhood killers such as typhoid and smallpox have been conquered and chronic conditions such as diabetes, hemophilia, and nephrosis, and conditions such as congenital heart valve defects, are surviveable.
   (2) Heart disease, cancer and stroke are predominant factors in morbidity of the elderly and require intensive nursing in their acute and terminal stages.
   (3) Trauma and stress-related illness abound.

D. Expansion of technology and information.

E. Growth of specialization in health care to include nursing.

F. Patients increased knowledge about health care and demand for professional services.
G. Broadened scope of health care benefits in employee reimbursement programs. All of these factors impact the nursing situation within the military health care sector with the possible exception of the reimbursement factor. Many recommendations have been made to alleviate the nursing shortage by increasing the numbers of applicants, increasing the number of graduates and retaining an increased proportion of practicing nurses. Nursing education and training are beyond the scope of most Army hospitals' realm of influence. The recruitment of Army Nurse Corps officers is also accomplished at a level outside the hospital. Army hospitals do however, have a significant amount of control in the recruitment and retention of their civilian nurses. It would be foolish for the Army hospital management team to assume that the sole authority and responsibility for this professional action rests with the servicing Civilian Personnel Office (CPO). A coordinated effort between the Nursing Administrator, servicing CPO, Office of Personnel Management (OPM), and the hospital management team is necessary to meet the recruitment challenge.

Conditions Which Prompted the Study

The U.S. Army Health Services Command conducted surveys in October 1980 and January 1981 to determine if there were problems encountered by Army hospitals in recruiting and retaining civilian nurses.
Most facilities did not report having great difficulty at that time; however, during 1981 an increasing number of Army hospitals reported having civilian nurse recruitment and retention problems.\textsuperscript{16}

That recruitment and retention problem existed at Madigan Army Medical Center (MAMC). Sources within the hospital and the servicing Fort Lewis Civilian Personnel Office (FLCPO) reported a chronic shortage of 9-10 civilian RNs\textsuperscript{17} and a hire lag of from 30-120 days.\textsuperscript{18} A reorganization of the civilian RN staffing authorization resulted in the identification of eleven full-time-equivalent spaces that were unfilled due to hire lag.\textsuperscript{19} Complaints about understaffing, hire lags in recruitment (especially for critical care areas) and sporadic cases of nurses quitting for work-related reasons indicated that a problem existed. The visit of an OPM Survey Team and an effort to substantiate a request for special pay or bonuses revealed that a coordinated recruiting effort did not exist and that little was known about the nurse resource market in the Pacific Northwest.

**Statement of the Problem**

In view of the worsening shortage of nurses and the difficulty experienced in their recruitment, it was determined that civilian RN recruitment needed to be addressed at MAMC. The time was right for effective action to be taken. A new person had moved into the Fort Lewis Civilian Personnel Office (FLCPO) as Madigan's Personnel Staffing Specialist. The recent OPM Survey had examined the situation
and it was discovered that a justification for increased pay for nurses would require a coordinated accumulation of facts and figures by a project officer.

The problem therefore was to determine an optimal feasible system for the recruitment of civilian RNs at Madigan Army Medical Center.

**Purpose of the Study**

The purpose of the study was to examine all aspects of civilian nurse recruitment, recognizing those areas that were beyond the scope of local influence and identifying those roles, duties, and responsibilities that could be realigned at the local level to effectuate an improvement in the recruiting system.

**Assumptions**

It was assumed that retention and recruiting were related issues in nurse staffing. It was also assumed however, that the two issues were sufficiently different to warrant a particular focus on recruiting. The reasons why a career civil servant stayed on the job, even in unpleasant circumstances, were not the same as the reasons that a nurse might have for deciding to apply or not apply for such a position.

It was assumed that a worsening problem in civilian RN recruitment would occur unless action was taken. Nothing in the future indicated a drastic change in the supply and demand picture for the nursing
personnel resource market. MAMC's mission, organization, patient population and physical plant would remain essentially unchanged throughout the 1980s.

Limitations

The personnel management system for nurses at MAMC was comprised of the rules and regulations of Department of the Army, Health Services Command, and the Office of Personnel Management (OPM). Within these higher bureaucracies, very little latitude existed for decision making by the MAMC management team. Certain restrictions on pay, working hours and conditions, time off, shift coverage, scheduling, benefits, and administrative processing of applications were beyond MAMC's control and were in some cases identified as being potentially detrimental to a recruiting effort.

Objectives

One objective of the study was to establish a baseline against which recruiting improvement could be measured. Recognizing that intervening variables such as the economic situation in the Tacoma-Olympia community would cloud statistical changes in nurse application behavior, a more simple means of determining the cause and effect relationship of this behavior was sought. Over the course of the study various means were to be developed to determine if a new application for an RN position was attributable to any of the changes in the recruitment program.
A marketing approach was selected as a useful framework within which to analyze the RN resources in the community and means through which that resource could be better reached. The orientation of MAMC staff and the FLCPO to this marketing approach was an ultimate objective. The perception that civilian RN recruitment was a mere administrative exercise carried out by the FLCPO had to be changed. The recognition that MAMC was in competition for a scarce commodity was a goal to be established through the course of the study. A reaffirmation of the realities of today's nursing resource market had to be made clear to managers at all levels of the MAMC health care resource management system.

A survey of the competition for nurse resources in adjacent communities was undertaken to determine effective aspects of their recruiting programs. Strengths and weaknesses of MAMC's own recruiting effort could then be compared and adjusted.

An analysis of the "product mix" that local hospitals were offering the market would assist in achieving the goal of determining what aspects of MAMC's job offering were desirable to what segments of the resource market.

Criteria

An improvement in the recruitment of civilian RNs at MAMC was measured by:
A. An increase in the number of qualified applicants seeking positions at MAMC directly attributable to changes effected in the recruiting system minus such intervening variables as changes in the local economy or competing health care facilities.

B. A reduction in the administrative processing times of responses to inquiries, application retrieval and application processing.

C. A reduction in the frequency that "under staffing" was mentioned as a reason for quitting an RN position at MAMC.

D. A decrease in nursing personnel turnover directly attributable to a more stable staffing pattern enhanced by an improved recruitment system.

E. Improved job satisfaction and a concomitant reduction in "dissatisfiers" mentioned in surveys and exit interviews.

**Literature Review**

Comprehensive plans to improve nurse recruitment and retention have been developed in view of the nursing shortage. A comprehensive program to improve recruitment and retention incorporates aspects of work that nurses perform and personnel policies that recognize and reward that work.

A useful framework within which to examine the full range of factors affecting nurse employment is the [marketing](#) approach.
A Marketing Model for RN Employment

Marketing is the analysis, planning, implementation, and control of carefully formulated programs designed to bring about voluntary exchanges of values with target markets for the purpose of achieving organizational objectives. It relies heavily on designing the organization's offering in terms of the target markets' needs and desires, and on using effective pricing, communication, and distribution to inform, motivate, and service the markets.

The exchange concept is crucial for the institution seeking to shape its programs in such a way as to attract and retain the services of its employees. Nurses exchange their service for a "product" that the hospital provides. If that product does not satisfy their needs, they will shop around in the marketplace for something else.

Hospitals have traditionally adopted a service concept toward their nurses. The service concept is the orientation that nurses will react favorably to good benefits and facilities and that very little marketing effort is required to obtain sufficient staffing. A selling concept assumes that nurses will normally not hire into a facility unless they are approached with a substantial selling and promotional effort. A marketing concept toward the RN resource market accepts that the key task of the system is to determine the wants, the needs, and the values of a target market segment and shape the system in such a manner as to deliver the desired level of satisfaction.
Models for the planning of a recruitment effort are shown in Figure 1. The first model shows a traditional approach to establishing a recruitment effort. Recruiting goals are established, and strategies are then implemented and evaluated. The second model depicts a marketing approach to the recruitment program. It integrates a market survey, market segmentation, and market strategies into the traditional approach to health-related management efforts.

Within the Marketing Model the nurse resource is viewed first from a macro perspective of the nurse as a prudent purchaser of a product. (The editorial "she" will be used throughout this paper since nursing is still a traditionally female-dominated profession. It is to be understood that many men are members of the profession and it is hoped they will not take offense.)

**Product: What Does the Nurse Receive in Exchange for her Services?**

What is it that the nurse purchases from the hospital and pays for with her services? The various factors of work, salary, security, socialization, dedication, professionalism and "job satisfaction" add up in some manner to satisfy the exchange relationship. If it is determined in a marketing approach that a particular product (in this case a civilian RN job) will not "sell," then smart management will change the product to meet the demands of the market place. It is recognized that many aspects of the nursing profession are constantly undergoing change. Part of this is in response to external stimuli.
A Typical Health Planning Model

A Marketing Planning Model

Fig. 1--Models for Planning Recruitment Programs

such as patient demands and technological advances. Much of the change in the profession has come from within and has been accomplished through the market mechanism. The hospital that fails to meet the demands of its nurses in the competitive environment that exists today will fail to retain sufficient staffing to remain viable.

The National Commission on Nursing in its "Initial Report and Preliminary Recommendations" provides the most comprehensive written analysis of the many factors that make up the "product" that nurses exchange for their service. The most important of these is the work itself. Nurses testified before the Commission that they were more satisfied when they used their nursing abilities more fully. They expected to have decision-making authority for planning, implementing and evaluating nursing care in complementary or collaborative roles with physicians and other providers. Professional autonomy meant exercising professional discretion over nursing processes and using institutional resources in a cost-effective manner to provide patient care.²²

Some product changes in response to nurse's needs for input into patient care decisions are seen in efforts to engender collaborative practice. These efforts are based on elements of the nurse-physician relationship including care of the same group of patients, a joint practice committee, formal and informal communications, joint determination of nonclinical actions relevant to patient care by nurses, physicians and administrators; acceptance of individual clinical
judgments; joint evaluation of patient care according to jointly
established standards, continuing education; administrative support; and
patient satisfaction.23

Interdisciplinary health care teams have also emerged in response
to changing roles in nursing practice. Care for oncology patients24
and critically ill persons25 by teams made up of nurses, physicians and
other health care providers have been reported as successful means of
enhancing the nursing product.

Reorganization in response to needs of nurses was also mentioned as
a means of attaining recognition for professional nursing practice.26
Revamping attitudes, enlightening colleagues and hospital staff recog-
nition of nurses as professionals were mentioned as means of achieving
participative management goals for nurses.27-29 Nurses moving into top
levels of hospital management was also seen as a market response of
hospitals to the emerging roles of nurses. Desires for self-governance,
and self-discipline in practice were best met by competent nurse admin-
istrators in executive management according to testimony before the
National Commission.30

Another product feature important in the analysis of the exchange
relationship was job satisfaction. Intellectual stimulation and a sense
of achievement were found to be important factors by a study in which
more than 40% of 1000 nurses had dropped out of nursing.31 Other
factors resulting in nurse satisfaction included: variety in functions,
good communication among professionals in patient care matters, promotional opportunity, participation in decision making, autonomy in work, recognition in salary, and personal achievement. Recognition, achievement, and successful completion of tasks were mentioned in a study of a 61 percent turnover in new graduate nurses and an estimated $20 million cost projection.

Primary Nursing Care (PNC) was the organizational mode of nursing care delivery nurses perceived to be the most satisfying as reflected in testimony before the National Commission. Improved satisfaction for patients and physicians was also reported for the PNC mode of nursing. Other approaches mentioned in the literature were team nursing, nurse extenders, unit managers (non-nurses) for routine administration and expanded duty nurses such as nurse clinicians and clinical nurse practitioners.

Price: What are the Costs in the Exchange Relationship?

The literature is replete with articles concerning salaries, benefits, and the costs to the hospital of providing remuneration packages that will attract and retain nurses on the payroll. Salary and benefits are perceived to be of importance to the nurse seeking employment but just how important relative to other aspects of the job is unclear.

The dollar amounts associated with such factors as shift work, overtime, weekend and holiday coverage, use of agency or pool personnel
and extra pay for special qualifications are difficult to examine in isolation from the work factors themselves.

It was evident that remuneration packages varied considerably from region to region but there was a high degree of similarity within the region. Market pressures were in operation through such means as regional economic forces, competition for services and perceived values of remuneration as indicators of professional recognition.

An extensive survey entitled "The Recurrent Shortage of Registered Nurses" by the Department of Health and Human Services contended that the wages of nurses had increased more than wages of most workers in the U.S. economy until recently when they began to decline. Growth in nurses' wages lagged behind the national per capita personal income over the 1960-1978 period (249.6 percent compared to 253.3 percent) and also during the 1972-1978 subperiod (49.6 percent compared to 72.7 percent). Table 1 shows representative annual salaries compared with RN salaries for this period.

The predominant form of shift differential compensation was in uniform cents per hour, ranging from 15 cents to $1 premiums with most hospitals averaging between 25 and 75 cents in 1975. A more recent survey by RN Magazine of 223 hospitals estimated the average hourly compensation for evening shifts to be 54 cents, and for night shifts, 66 cents more per hour.
### TABLE I

**Representative Annual Salaries for Selected Employees and Occupations, 1960-78**

<table>
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<tr>
<th>Year</th>
<th>RNs (^a, b)</th>
<th>LPNs</th>
<th>Nursing Aides</th>
<th>Medical Librarians</th>
<th>Medical Social Workers</th>
<th>All Teachers</th>
<th>Elementary (2)</th>
<th>Secondary (3)</th>
<th>Production Workers (4)</th>
<th>Manufacturing Technical &amp; Kindred Workers</th>
<th>Professional and Allied Workers (Full and Part Time) (5)</th>
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<tbody>
<tr>
<td>1960</td>
<td>$4,080</td>
<td></td>
<td>$3,125</td>
<td>$2,590</td>
<td>--</td>
<td>--</td>
<td>$4,995</td>
<td>$4,815</td>
<td>$5,275</td>
<td>$4,680</td>
<td>$3,868</td>
</tr>
<tr>
<td>1963</td>
<td>4,500</td>
<td></td>
<td>3,355</td>
<td>2,780</td>
<td>--</td>
<td>--</td>
<td>5,730</td>
<td>5,560</td>
<td>6,980</td>
<td>5,200</td>
<td>4,163</td>
</tr>
<tr>
<td>1966</td>
<td>5,225</td>
<td></td>
<td>3,770</td>
<td>3,020</td>
<td>--</td>
<td>--</td>
<td>6,485</td>
<td>6,280</td>
<td>6,760</td>
<td>5,824</td>
<td>4,801</td>
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<tr>
<td>1969</td>
<td>7,330</td>
<td></td>
<td>5,150</td>
<td>3,925</td>
<td>7,175</td>
<td>8,940</td>
<td>7,950</td>
<td>7,720</td>
<td>8,210</td>
<td>6,760</td>
<td>6,012</td>
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<tr>
<td>1972</td>
<td>9,540</td>
<td></td>
<td>6,990</td>
<td>5,525</td>
<td>9,510</td>
<td>10,815</td>
<td>9,700</td>
<td>9,400</td>
<td>10,000</td>
<td>8,060</td>
<td>7,208</td>
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<tr>
<td>1975</td>
<td>11,640</td>
<td></td>
<td>8,860</td>
<td>7,155</td>
<td>11,690</td>
<td>13,190</td>
<td>11,700</td>
<td>11,300</td>
<td>12,000</td>
<td>9,880</td>
<td>8,553</td>
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<tr>
<td>1978</td>
<td>14,270</td>
<td></td>
<td>10,880</td>
<td>8,950</td>
<td>14,175</td>
<td>15,310</td>
<td>14,200</td>
<td>13,900</td>
<td>14,600</td>
<td>12,948</td>
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</table>

% Increase 249.6% 248.2% 245.6% 184.3% 188.7% 176.7% 176.6% 168.7%
(1960-78)

% Increase 49.6% 55.6% 62.0% 49.0% 41.6% 46.6% 47.9% 46.0% 60.6% 44.2%
(1972-78)

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\(^2\) Elementary includes kindergarten teachers.

\(^3\) Secondary includes junior high teachers.

\(^4\) Statistical Abstract, average salaries for all full- and part-time workers, calculated from weekly earnings.


\(^a\) General duty nurses in non-Federal hospitals.

\(^b\) Annual salaries calculated by averaging hourly salaries in the SMSAs surveyed by BLS, then multiplying them by 2080 hours in a typical work year.
Paid holidays and paid vacations for nurses were very nearly the same as for typical plant and office workers across the country. Insurance and retirement coverage for nurses is also roughly equivalent to that for plant and office workers.  

Promotion: How Does the Institution Facilitate the Exchange Relationship?  

Hospitals have used expedient and often costly interventions to recruit and retain nurses. Bonuses for recruiting staff, full pay for shortened work hours, cash and benefit incentives and bonuses for remaining in employment were reported in both the National Commission on Nursing's Public Hearings and in the literature review.  


The most comprehensive compilation of advertisements for nurses was found in the 13th Annual Edition of Nursing Opportunities 1982. The opening chapter of that 440 page publication, entitled "The Nursing Market: Where the Jobs Are," states that the best paying jobs are to be found in the Western U.S. (California, Oregon and Washington). "Full time RNs average $9.94 an hour, 16% higher than the national mean and 30% higher than those in the midsouth."
Promotional ads stress benefits and the positive aspects of the job. Pictures of attractive nurses, usually interacting directly with patients or complex equipment focus attention to the ads and give the impression of personal and sophisticated service. Pictures of the facility and the health center's logo are common. Proprietary hospital systems advertise heavily in the professional journals and the directories of nursing opportunities. University medical centers and other large health care systems are widely advertised.

Television, radio and newspaper promotional activities are predominantly information or public service efforts. These wide reaching efforts seek to place the facility in a favorable light for the general public, patients, and physicians, as well as potential nurse recruits. Maintaining visibility and educating the public or specific segments of the patient population are goals.

Numerous professional associations have placement services to which facilities can make their needs and opportunities known.

Aggressive recruiting efforts are conducted at professional conventions and conferences. Heavily financed efforts are conducted in this setting by proprietary health care systems and professional nursing agencies or pools. Other large consumers of nursing services such as the military and other federal hospital systems participate in this type of recruiting effort.

Nursing schools are an especially attractive target for promotional efforts. They have high concentrations of potential recruits and are
influential in guiding their graduates to jobs and careers. Promotional efforts to these organizations range from aggressive recruiting to subtle offerings of educational rotations or affiliations. The decline of hospital affiliated nursing schools has necessitated the increased exposure of hospitals to free-standing nurse training programs. Career-days, guest speakers and literature distribution are common promotional channels.

In-house educational programs are becoming more prevalent to attract the new graduate or the nurse returning to active practice after a period of inactivity in the profession. Programs, variously titled as residencies, internships, preceptorships, orientations, staff development, relicensure, professional growth and specialty programs not only seek to improve performance but also attract the potential nurse recruit.

Subsidization programs for nurse education are also popular promotional efforts for recruitment. Programs range from total tuition reimbursement to flexible scheduling around course work hours. Most common are tuition assistance plus scheduling in return for pledges to continue work in a facility or specialty area. Some facilities offer college or graduate school courses on the premises or in affiliation with local colleges and universities.

Other promotional efforts include the offer of day care centers, free or subsidized housing, relocation allowances, housing search
assistance, uniform allowance, free travel, hospital discounts, security parking, credit union, malpractice coverage, moving expense reimbursement, free transportation, and the mention of area cultural, recreational, and educational opportunities.

Place: Where is the Nurse and How Do We Reach Her?

A marketing effort identifies those markets or market segments that hold the greatest potential for success. Product, price and promotional planning are done in conjunction with plans to determine how to distribute or place the product with its consumer. A recruiting plan identifies those areas where efforts will be most effective and efficient. Nurse recruitment efforts are directed toward a number of markets or market segments. This resource market has been segmented in a number of ways.

Geographic segmentation is evidenced by promotional efforts that reach nurses in a particular community or region. Television, radio, newspaper and other written publications have distributions to defined areas. A hospital with a specific need for nurses may reach out to all nurses within commuting distance of its facility. Recruiting efforts outside the local area usually stress what a good place the area is for relocation.

Professional or specialty segmentation strategies include those efforts to reach nurses of a particular specialty. A hospital needing critical care nurses may advertise nation-wide in the Journal of the American Association of Critical Care Nurses.
Employment status is another parameter used to target recruiting. Efforts to entice the unemployed nurse back into the hospital are seen in those programs to retrain or orient the nurse that has been out of nursing for a while. Part-time employment and offers of full benefits for weekends are geared primarily to the homemaker or RN working outside the nursing profession.

Nursing schools are a primary place for recruiting concentration. Their large numbers of potential recruits make them the target of promotional campaigns that stress education, experience, starting benefits and off-duty activities attractive to the younger set. Age segmentation is seen in this respect with the converse being those efforts to reach the older, experienced nurse for an administrative or managerial product offering. An unpublished survey of San Antonio, Texas nursing students revealed that 86 percent (194 out of 226) planned to remain in that city, and 96 percent (186 out of 194) of that group planned to work in a hospital setting.44

The most comprehensive recent national survey of nurses was completed in 1977. A summary of that data segmented by age, employment status and the presence of children in the home is shown in Table 2.

The most remarkable aspect of this survey was that over 23 percent of all licensed nurses were neither employed nor seeking employment. A later survey conducted in Texas in 1981 showed that only about 15 percent of licensed nurses were inactive.45 Nurse employment rates were
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<th>Total</th>
<th>Total</th>
<th>Total</th>
<th>( % )</th>
<th>Total</th>
<th>Total</th>
<th>Total</th>
<th>( % )</th>
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<td>No.</td>
<td>%</td>
<td>No.</td>
<td>%</td>
<td>No.</td>
<td>%</td>
<td>No.</td>
<td>%</td>
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</table>

said to be responsive to market factors of supply and demand in a recent government study of the nurse shortage.46

Methods of reaching the various nurse resource market segments have been mentioned in the foregoing promotional section of this paper. These distribution channels of recruiting efforts have been rated according to their efficacy as shown in Table 3.

TABLE 3
SOURCES OF JOB INFORMATION RATED GOOD TO EXCELLENT BY REGISTERED NURSES

<table>
<thead>
<tr>
<th>Source of Information</th>
<th>Percent of Nurses</th>
<th>Job Lead Sources Resulting in Employment (In Percent)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct Application</td>
<td>87</td>
<td>71</td>
</tr>
<tr>
<td>Faculty</td>
<td>82</td>
<td>42</td>
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<tr>
<td>Friends</td>
<td>76</td>
<td>51</td>
</tr>
<tr>
<td>Recruiters</td>
<td>73</td>
<td>12</td>
</tr>
<tr>
<td>Professional Journals</td>
<td>68</td>
<td>18</td>
</tr>
<tr>
<td>School Placement Bureau</td>
<td>61</td>
<td>6</td>
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<tr>
<td>Nurses' Conventions</td>
<td>59</td>
<td>3</td>
</tr>
<tr>
<td>Newspapers</td>
<td>54</td>
<td>23</td>
</tr>
<tr>
<td>Civil Service Listings</td>
<td>50</td>
<td>5</td>
</tr>
<tr>
<td>State Nurses' Association</td>
<td>48</td>
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<td>4</td>
</tr>
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<td>Commercial Employment Agency</td>
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</table>

Methodology

A survey of local hospitals to include Madigan Army Medical Center was conducted through written requests for information, personal interviews, questionnaires and site visits and record reviews to determine the following market factors:

**Product:**
- Jobs Available
- Scheduling
- Promotion Potential
- Use of Pools/Agencies
- Staffing Shortages

**Price:**
- Starting Salary
- Fringe Benefits
- Promotion Potential
- Pay and Benefits Increases

**Promotion:**
- Response to Recruiting Prospect
- Advertising
- Recruiting Effort

**Place:**
- Promotional Channels
- Resource Market Segmentation

On the basis of the market survey, a recruiting plan was developed with recommendations for all levels of the civilian RN recruiting system.
The plan was implemented over the course of the study and, where possible, results were documented.

Plan development and implementation was accomplished in cooperation with key figures in the Madigan Army Medical Center Department of Nursing and the Fort Lewis Civilian Personnel Office. It was recognized that this would be their program and the author served a primarily facilitative, rather than supervisory or functional role.
FOOTNOTES

1 Interview with Kathy Sams, Employment Coordinator, Consolidated Hospitals of Tacoma and Conferee, Annual Conference of the National Association of Nurse Recruiters; Tacoma, WA, 8 Apr 1982.


6 Ibid., p. 10.

7 W. C. Felch, "Physician Nurse Relationships," The Hospital Medical Staff, VOL 6 (July 76), pp 6-8.


11 Demkovich, p. 837.


13 Ibid., pp 10-11.

14 Letter, HSPE-CS, HQ U.S. Army Health Services Command, Fort Sam Houston, TX, Subject: Recruitment of Civilian Nurses (30 Oct 81)

15 Letter, HSPE-CS, HQ U.S. Army Health Services Command, Fort Sam Houston, TX, Subject: Recruitment of Civilian Nurses (9 Jan 81)
16 Letter, HSPE-CS, HQ U.S. Army Health Services Command, Fort Sam Houston, TX, Subject: Recruitment of Civilian Nurses (4 Dec 81)

17 Interview with Colonel R. Kamensky, Assistant Chief, Department of Nursing, Madigan Army Medical Center, Tacoma, WA (Dec 81)

18 Interview with Ms. G. Nielsen, Personnel Staffing Specialist, Fort Lewis Civilian Personnel Office, Fort Lewis, WA (Dec 81)

19 Interview with Ms. R. Marsh, Staffing Specialist, Force Development Division, Madigan Army Medical Center, Tacoma, WA (Dec 81)


22 Initial Report, National Commission on Nursing, p. 29.

23 Statement on the Definition of Joint or Collaborative Practice in Hospitals, National Joint Practice Commission (Chicago, IL, Sep 77).


27 E. Beletz, "Is Nursing's Public Image Up to Date?" Nursing Outlook, VOL 22 (Jul 74) pp 432-436.


33 D. Cronin-Stubbs, "Job Satisfaction and Dissatisfaction Among New Graduate Staff Nurses," The Journal of Nursing Administration, VOL 7 (Dec 77) pp 44-49.

34 Initial Report, National Commission on Nursing, p. 20.

35 T. Corpuz, "Primary Nursing Meets Needs, Expectations of Patient and Staff," Hospitals VOL 51 (Jun 77), pp 95-100.

36 Department of Health and Human Services, The Recurrent Shortage of Registered Nurses, A New Look at the Issues, Public Health Service, Health Resources Administration, Bureau of Health Professions, Division of Health Professions Analysis, DHHS Publication No. (HRA) 81-23, p. iii.

37 Ibid., pp 4-5.

38 Ibid., pp 6-7.


41 Initial Report, National Commission on Nursing, p. 10.

42 Nursing Opportunities 1982 (Medical Economics Co., Oradell, NJ, January 1982).

43 Ibid., p. 11.

44 Richard H. Griswold, "An Optimal Feasible Schedule for Full-Time Nurses in the Critical Care Area of General Hospital, Santa Rosa Medical Center," an unpublished paper for the U.S. Army -Baylor University Program in Health Care Administration, San Antonio, TX, 2 July 1981.


CHAPTER II

DISCUSSION

The first step in the research was to determine a base line or standard against which to measure recruiting needs and results.

Unfilled Requirements, Hire Lag and Turnover at MAMC

MAMC had traditionally experienced a shortage of from 8 to 10 fills in existing authorizations for civilian RNs out of a total of 92 authorized positions. Hire lag for these positions amounted to eleven full-time-equivalents (FTEs) at one point early on in the study. The Department of Nursing maintained a file of from 8 to 10 applicants that would accept a specific position were it to become available. Hard to fill positions had traditionally existed in the critical care areas (ICU and CCU). RN turnover for the Department of Nursing was approximately 2.4 RNs per month. Turnover for reasons other than transfer, retirement, death, or education was approximately 1.2 per month.

An analysis of historical records was accomplished to determine those work related reasons for quitting, the methods by which these reasons were determined, and possible product changes that could be made to alleviate isolated retention problems. It had been assumed that some of the reasons that an RN vacated a position were important from a recruiting aspect, if for no other reason than the informal lines of communication that existed in the local Nursing community were active in a public relations or image building sense.
Exit Interviews by Fort Lewis Civilian Personnel Office

The questionnaire that was in use by the FLCPO sought an explanation for separation that the employee may have been reluctant to formally state in Part III of the Standard Form 52 (Request for Personnel Action). Copies of the SF 52, the Exit Interview, and a revised draft of the Exit Interview are found in Appendix A. Interviews were conducted by the Management Employee Relations Branch of the FLCPO and interviewees were assured that their names would be withheld from any reference to their comments.

The revised Exit Interview form was submitted to the Employee Relations Branch, FLCPO and staffing in that agency was not complete as of this writing. The revised form affords more room for the interviewer to write. It obtains information relevant to working conditions not only for those who have separated for work related reasons, but also those who are retiring or being transferred. It was recognized that employees who were leaving for reasons other than job dissatisfaction had many constructive criticisms of the job they were vacating. Implementation of their suggestions could have very positive affect on the job that would facilitate recruitment to fill the vacated position.

A thorough review of historical records to include exit interviews, SF 52s, and quarterly CPO Workforce Analyses was conducted to determine those work-related and other reasons for separation by RNs from MAMC.
Reasons for Separation

An analysis of voluntary losses for 1979, 1980, and 1981 was conducted, using the information recorded on SF 52s. Reasons for separation were split into the categories of "Work Related" and "Other." "Other" reasons included retirement, death, and transfer of spouse. A summary of this loss data is shown at Table 4 for the calendar years of 1979, 1980 and 1981. Reasons for leaving were equally split between "Work Related" and "Other" for RNs.

A summary of the three years 1979-1981 experience in the loss of MAMC nurses (LPNs and RNs) is shown in Table 5. Reasons mentioned for separation are grouped into six categories.

Close examination of the reasons for separation and the criticisms made by those departing their positions in the Department of Nursing revealed several factors of interest from a recruitment standpoint.

One of the most frequently mentioned factors was that of "schedule, shifts and weekend coverage." This source of dissatisfaction was also confirmed in the literature and in interviews with existing staff; both military and civilian. Two pilot projects had been tried, one in the Recovery Room and one on a Medical-Surgical ward in an attempt to do away with the rotating shifts. Both of these efforts had failed; primarily because of the shortage of people that would volunteer to work a straight night shift. Rotating shifts were perceived as a "necessary evil" and the only equitable means of distributing the less popular shifts of evenings and nights.
<table>
<thead>
<tr>
<th>YEAR</th>
<th>LPNs WORK RELATED</th>
<th>OTHER</th>
<th>CIVILIAN RNs WORK RELATED</th>
<th>OTHER</th>
</tr>
</thead>
<tbody>
<tr>
<td>1979</td>
<td>Pay</td>
<td></td>
<td>Understaffing</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Military Harassment</td>
<td></td>
<td>Transfer to VA</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Night Shift</td>
<td></td>
<td>Don't Want Full-time</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Demanding Doctors</td>
<td></td>
<td>Stress/Understaffing/</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Staff/Head Nurse</td>
<td></td>
<td>Shift</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Friction</td>
<td></td>
<td>No Upward Mobility</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>21</td>
<td>5</td>
<td>6</td>
<td>5</td>
</tr>
</tbody>
</table>

| 1980 | Transfer to Navy |       | Career Advancement       |       |
|      | New Job (More Pay) |     | Promotion Opportunity    |       |
|      | Low Pay           |       | Office Nurse Job         |       |
|      |                   |       | Civilian Hospital Job    |       |
|      |                   |       | Transfer to PHS Hospital |       |
|      |                   |       | Harassment               |       |
|      |                   |       | Poor Leader/Schedule     |       |
| TOTAL | 23               | 3     | 6                        | 7     |

| 1981 | Better Pay/Shift |       | Transfer to PHS          |       |
|      | Shift/Pay        |       | Poor Orientation         |       |
|      | Pay/VA           |       | Hours                    |       |
|      | Shift/Weekends   |       | Incompetent Staff        |       |
|      |                   |       | New Job                  |       |
|      |                   |       | Transfer to Navy         |       |
| TOTAL | 22               | 4     | 5                        | 7     |

| GRAND TOTAL | 66 | 12 | 17 | 19 | 18 |

TABLE 4
VOLUNTARY LOSSES OF NURSES AT MADIGAN ARMY MEDICAL CENTER
Weekend and holiday coverage was also viewed as a necessary evil of the nursing profession. Although inequity in the scheduling between military and civilian nurses had been mentioned as a criticism, no evidence of this practice was revealed in on-the-spot surveys of wards and their scheduling. It was discovered that a larger proportional number of civilian nurses (both LPNs and RNs) was found on evenings and nights; it was reported that this had been their stated preference. Legitimate efforts were being made within the rotating shift schedules to meet shift preferences; especially for those who preferred to work "mostly" evenings or "mostly" nights. The requirement to have these hardy souls rotate to days occasionally was defended on the basis of their need to be evaluated by the head nurse and the supervisors.
Other hospitals in the area were meeting the evening, night and weekend crunch with such measures as four night or evening shifts for 40 hours pay and benefits, use of part time nurses, straight shifts, in house "float" pools, and flexible scheduling. No area hospitals outside the Seattle metropolitan hospitals had gone to a schedule which paid full benefits for two 12 hour weekend shifts as several hospitals had reported in the literature.

Most disturbing to MAMC managers was the loss of nurses to other Federal jobs. The VA Hospital in Tacoma, the PHS Hospital in Seattle, and the Navy Hospital in Bremerton received the majority of those nurses who migrated to other Federal jobs. Promotion, i.e., higher grade and commensurate pay were the most widely stated reasons for this migration. The VA had been able to offer these incentives because of slight differences in their personnel policies. VA nurses were hired under Title 38, U.S.C., the same as that used to hire doctors.

Migration to better jobs in the private sector was also a source of concern. Better pay, shifts, hours and perceived working conditions were the most frequently mentioned reasons for these moves. Nursing administrators at MAMC believed that the personnel gains from area hospitals outweighed losses to them.

Conflict with supervisors and physicians was also a frequently mentioned criticism. Discussions with CPO personnel who conducted the exit interviews stated that several departing nurses had given
the impression that, as civilians, they had been treated as "second class citizens" at MAMC. To a degree, this was understandable because nearly all the supervisory positions (except for two head nurses) were being filled by military nurses and consequently no upward mobility existed.

Pay and promotion were also stated as reasons for separation. It was unclear strictly from a review of exit interviews just how important this was as a retention/recruiting factor. It was recognized that departing nurses may have been reluctant to admit they were taking a cut in pay.

Understaffing as a reason for separation was perhaps the most serious complaint because of its implications for the remaining staff. A "vicious circle" could have been set in motion if staffing reached such low levels that remaining staff were forced to quit because of stress or overwork.

Of particular interest were comments of separating Department of Nursing personnel, those both work related and not work related. Exit interviews were structured such that criticism was invited from all those interviewed. A compilation of those condensed comments are found at Appendix B.

Health Services Command Survey of Recruiting and Retention

An advance report of the Health Services Command (HSC) survey of recruitment and retention experience was also obtained during the course of the study. A summary of these findings and parenthetical information specific to MAMC follows:
The average total number of vacancies for all HSC MEDDACs and MEDCENs was 133 or 8 percent of total civilian RN authorizations (9 to 10 or approximately 10% for MAMC).

Critical Care areas such as ICU, CCU and Newborn ICU fill was less than 90 percent (approximately 85 percent at MAMC) and greater than 95% for ward/clinic RNs (approximately 90 percent).

Turnover, at 25% was very high throughout HSC; with the highest turnover existing in Critical Care areas. (CCA positions vacant 60-120 days; ward/clinic positions vacant 30-60 days).

Reasons for leaving fell into two general groupings:

1. Spouse transferring, spend more time with family, and pregnancy.
2. Dislike rotating shifts, higher pay, and greater promotional opportunity.

The number of separations citing the disfavor of rotating shifts was remarkable. (These trends were consistent with MAMC experience.)

There seemed to be no remarkable problem with child care services (also true at MAMC).

Out of the 34 HSC facilities that responded to a question concerning comparability of pay to civilian facilities, responses ranged as follows:
Pay was good
Pay exceeded civilian community standards
Pay had exceeded standards until recently
Equal with civilian hospitals with some exceptions
Pay had been good, civilian hospitals gave raises, now is less
Civilian hospitals pay $3000-$5000 per year more (Alaska and LAMC)

Except for Alaska and San Francisco only 6% of HSC facilities were experiencing problems attributable to pay. (Evidence for MAMC was not clear cut at that time.)

Benefits for civilian nurses were perceived by 26 of the 34 responding HSC facilities to be better than in civilian hospitals. (MAMC was in the minority.) It was interesting to note that this conclusion was in conflict with a national survey of 1600 nursing directors by RN Magazine which stated that Federal hospitals paid the highest salaries but offered mediocre benefit packages.

With respect to benefits, a large proportion of HSC facilities indicated that regular shifts and flexibility of scheduling was perceived as a benefit. (This perception existed at MAMC in view of the frequency of this criticism in exit interviews.)

Nine of 34 facilities reported problems with the timeliness of Office of Personnel Management (OPM) responses to administrative/recruit actions. (This was not a problem at MAMC since the local CPO had direct hire authority.)
Only three of 34 facilities reported complaints with safety and/or security; all of these involved lighting. (Safety and security was not a problem at MAMC.)

Perceptions of professional development opportunities were rated as satisfactory to excellent by 23 of 34 facilities. Two rated them good but restricted to local continuing education programs. Five rated them poor to unsatisfactory and four did not respond. (These opportunities were reported as being the same for both civilian and military nurses at MAMC. It was unknown how this was rated by HSC.)

Recommendations that were being considered for proposal to higher levels of command by the HSC Study Group included:

(1) An HSC "clearing house" for the collection/dissemination of information about recruiting prospects and Army hospital needs for civilian RNs.

(2) A proposal to increase pay in those geographic areas where salaries were not competitive with the local civilian community.

(3) Increases in grade authorizations for specialty certified nurses, such as clinical nurse practitioners and Critical Care Certified RNs.

(4) Eliminating any uncertainty as to the fact that HSC had any edict against doing away with rotating shifts.

(5) Developing a career ladder for some of the civilian RNs not only to create promotion possibilities but also to
have representation of civilian nurses at higher levels in the military hospital. Military hospitals had been reluctant to open these supervisory positions to civilians because of isolated instances of poor performance by these long term, career civil servants.

Nursing Workforce Analysis and Management Indicators

A thorough review of FLCPO Quarterly Workforce Analyses for MAMC and an extraction of data pertinent to the Department of Nursing is summarized at Table 6. These various factors were termed as management indicators.

Outstanding or exceptional performance ratings were seen as an indicator of the effort administration made to recognize exemplary performance. Except for the uncharacteristically high 3rd quarter of FY 81, the award rate for this indicator is unremarkable. FY 82 brought a change in the rating system and since that time, the Department of Nursing has not been credited with making any outstanding or exemplary performance ratings.

The Cash Awards rates showed a decline over the period since the 3rd quarter FY 81 among mixed rates for MAMC. In the three quarters since 3rd quarter, FY 81, both the Department of Nursing and MAMC fell, below the DA objective in this area. This rate is another indicator of management effort to recognize high performance.

The Department of Nursing was reported to have a Sick Leave Usage rate higher than the MAMC rate and the DA objective in four of the last five
quarters. This could be an indicator of employee morale, health status, age, or an example of the hazards of the profession.

The results of exit interviews as reported in the FLCPO management analyses indicated that Department of Nursing Personnel expressed a desire to return to work at MAMC less often than other MAMC workers. Ratio of "yes" to "no" responses to the question: "Would you return to MAMC in the future?" for the Department of Nursing was 1.96, and for MAMC as a whole was 4.04. Supervisors of Department of Nursing personnel interviewed were rated "Above Average, 50 percent; Average, 35 percent; and Below Average, 15 percent." MAMC supervisors were rated Above Average, .46 percent; Average, 38 percent; and Below Average, 16 percent. The differences in the supervisor ratings was not remarkable. One might assume from these results that conditions at MAMC, other than supervisory, uniquely prompted nursing personnel to express a desire to not return for a job.

Voluntary loss rates for Department of Nursing personnel exceeded MAMC rates in four out of the five quarters, and the MAMC loss rate exceeded the DA objective in four of the five quarters.
### TABLE 6

**MANAGEMENT INDICATORS, DEPARTMENT OF NURSING, MADIGAN ARMY MEDICAL CENTER**

<table>
<thead>
<tr>
<th></th>
<th>2nd Qtr, FY81</th>
<th>3rd Qtr, FY81</th>
<th>4th Qtr, FY81</th>
<th>1st Qtr, FY82</th>
<th>2nd Qtr, FY82</th>
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</thead>
<tbody>
<tr>
<td><strong>Outstanding Performance</strong></td>
<td></td>
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<td></td>
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<tr>
<td>Ratings Rate</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Dept of Nursing</td>
<td>3.08%</td>
<td>20.78%</td>
<td>1.26%</td>
<td>0%**</td>
<td>0%**</td>
</tr>
<tr>
<td>MAMC (-DENTAC)</td>
<td>6.07%</td>
<td>16.79%</td>
<td>.80%</td>
<td>.52%</td>
<td>2.01%</td>
</tr>
<tr>
<td><strong>Cash Awards Rate</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dept of Nursing</td>
<td>.44%</td>
<td>6.49%</td>
<td>.84%</td>
<td>.45%</td>
<td>0%</td>
</tr>
<tr>
<td>MAMC (-DENTAC)</td>
<td>2.45%</td>
<td>3.85%</td>
<td>.27%</td>
<td>.13%</td>
<td>1.07%</td>
</tr>
<tr>
<td>DA Objective</td>
<td>1.25-2.50%</td>
<td>1.25-2.50%</td>
<td>1.25-2.50%</td>
<td>1.25-2.50%</td>
<td>1.25-2.50%</td>
</tr>
<tr>
<td><strong>Sick Leave Usage Rate</strong></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Dept of Nursing</td>
<td>20.7%</td>
<td>21.4%</td>
<td>14.4%</td>
<td>15.7%</td>
<td>14.5%</td>
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<tr>
<td>MAMC Total</td>
<td>20.2%</td>
<td>18.6%</td>
<td>17.0%</td>
<td>14.9%</td>
<td>12.8%</td>
</tr>
<tr>
<td>DA Objective</td>
<td>18.6%</td>
<td>16.0%</td>
<td>13.5%</td>
<td>17.0%</td>
<td>17.0%</td>
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</table>

**EXIT INTERVIEWS**

<table>
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<tr>
<th>Would you return to MAMC to work?</th>
<th>DON</th>
<th>MAMC</th>
<th>DON</th>
<th>MAMC</th>
<th>DON</th>
<th>MAMC</th>
<th>DON</th>
<th>MAMC</th>
<th>DON</th>
<th>MAMC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>9</td>
<td>17</td>
<td>9</td>
<td>24</td>
<td>11</td>
<td>33</td>
<td>8</td>
<td>23</td>
<td>8</td>
<td>12</td>
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<td>No</td>
<td>2</td>
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<td>4</td>
<td>9</td>
<td>3</td>
<td>7</td>
<td>6</td>
<td>5</td>
<td>8</td>
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**Supervisor Rating:**

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<th>MAMC</th>
<th>DON</th>
<th>MAMC</th>
<th>DON</th>
<th>MAMC</th>
<th>DON</th>
<th>MAMC</th>
<th>DON</th>
<th>MAMC</th>
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</thead>
<tbody>
<tr>
<td>Above Average</td>
<td>5</td>
<td>10</td>
<td>7</td>
<td>15</td>
<td>7</td>
<td>21</td>
<td>8</td>
<td>23</td>
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<td>Average</td>
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<td>10</td>
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<td>19</td>
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<td>Below Average</td>
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<td>--------------</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Voluntary Loss Rate</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dept of Nursing</td>
<td>4.0</td>
<td>2.2</td>
<td>3.35</td>
<td>6.7</td>
<td>6.3</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>MAMC Total</td>
<td>1.8</td>
<td>1.8</td>
<td>4.57</td>
<td>3.9</td>
<td>2.2</td>
<td></td>
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<tr>
<td>DA Objective</td>
<td>1.5</td>
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<td>2.0</td>
<td>1.5</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dept of Nursing</td>
<td>30</td>
<td>15</td>
<td>8</td>
<td>28</td>
<td>26</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MAMC Total</td>
<td>53</td>
<td>40</td>
<td>19</td>
<td>85</td>
<td>51</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**The reduced rate of "Exceptional" Performance Ratings may be due to the newness of the General Performance Appraisal System which offers five appraisal levels, versus three.**

**Source:** Quarterly Workforce Analyses, Civilian Personnel Management Program for Madigan Army Medical Center, compiled by Civilian Personnel Office, Fort Lewis, Washington.
Survey of Area Competition

A market survey of local hospitals was conducted through three primary avenues. The first was a letter of inquiry from a "recruiting prospect" that posed several questions covering job availability, pay, fringe benefits and scheduling. A written inquiry was selected to achieve some standardization of survey technique and because timeliness and adequacy of response was an important factor in gauging the efficacy of a recruiting program.

The second channel of survey was a telephonic follow-up to the letter of inquiry in those cases where responses were insufficient or absent.

The third avenue was actual on-site visits to several of the hospitals to ascertain the effectiveness of their recruiting programs and to evaluate their personnel and staffing policies.

A total of 12 hospitals (including MAMC) and a large HMO Clinic were surveyed. All of these facilities were less than 30 minutes commuting time from MAMC. Because of this relatively close proximity, it was assumed that all 13 facilities were in competition for approximately the same RN resource market. MAMC's facility was approximately halfway between the geographic range of facilities.

A carbon copy of the recruiting prospect's letter of inquiry is found at Appendix C. A written instrument was selected because of the standardization gained and the ease with which response time could be
measured. Promotional materials were also obtained in this manner and a subjective assessment of their quality was facilitated. Letters were mailed on a Saturday in late March 1982 and a written, confidential response was requested. A summary of the responses to this survey instrument is shown in Table 7.

Response times to the letters of inquiry ranged from a low of 3-4 days for Lakewood General Hospital to a high of 70 days (and still counting) for MAMC. Three hospitals had a response time of less than five days. Two of these three were propriety hospitals (Puget Sound and Allenmore Community).

A quick response to a recruiting inquiry was seen as an indicator of the efficiency with which the facility conducted its recruiting operations. In a competitive situation where an RN is actively looking for a job, a fast response makes a positive first impression as well as placing the hospital high in order of consideration.

Those facilities who had not responded after a period of thirty-two days were telephonically contacted. The three Consolidated Hospitals of Tacoma (Tacoma General, Mary Bridge and Doctors) had referred their letters to the corporate office and a response was being finalized on the day of the phone call. That comprehensive response was received 2-3 days later. The letter to the Director of Nursing at MAMC had been received and referred to the FLCPO for reply. The FLCPO had received the referral, prepared a draft reply and returned it to MAMC for answers
<table>
<thead>
<tr>
<th>Hospital</th>
<th>Days Response Time</th>
<th>RN Position Available</th>
<th>Hospital/Position Description</th>
<th>Wage/Position Information</th>
<th>Interview/Application Solicitation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lakewood General</td>
<td>3-4</td>
<td>Evenings, Nights</td>
<td>No hospital extensive info/extensive position info</td>
<td>Yes/Yes</td>
<td>Long list of skill inventory</td>
</tr>
<tr>
<td>Allenmore Comm</td>
<td>4-5</td>
<td>Night, Pools</td>
<td>No/No</td>
<td>No info</td>
<td>Yes/Yes (simple)</td>
</tr>
<tr>
<td>Puget Sound</td>
<td>4-5</td>
<td>Not now</td>
<td>No</td>
<td>&quot;Comparable&quot;</td>
<td>No/Yes</td>
</tr>
<tr>
<td>Group Health</td>
<td>10-11</td>
<td>No</td>
<td>None</td>
<td>Specific answers</td>
<td>No/No</td>
</tr>
<tr>
<td>VA</td>
<td>11-12</td>
<td>Not now or in future</td>
<td>Good hosp info/good general info</td>
<td>Extensive</td>
<td>Apply to other VA hospitals</td>
</tr>
<tr>
<td>Good Samaritan</td>
<td>17-18</td>
<td>Not immediately</td>
<td>very brief/no</td>
<td>None</td>
<td>Yes/No</td>
</tr>
<tr>
<td>St. Peter</td>
<td>18-19</td>
<td>Not immediately</td>
<td>Yes/No</td>
<td>Some</td>
<td>No/Yes</td>
</tr>
<tr>
<td>St Joseph</td>
<td>24-25</td>
<td>Possibly</td>
<td>Extensive (hospital)</td>
<td>Very extensive</td>
<td>Yes/Yes</td>
</tr>
<tr>
<td>Tacoma General</td>
<td>33-34</td>
<td>Yes</td>
<td>Extensive/Specific</td>
<td>Extensive</td>
<td>Yes/Yes</td>
</tr>
<tr>
<td>Mary Bridge</td>
<td>33-34</td>
<td>Yes</td>
<td>Extensive/General</td>
<td>Extensive</td>
<td>Yes/Yes</td>
</tr>
<tr>
<td>Doctors</td>
<td>33-34</td>
<td>Yes</td>
<td>Extensive/General</td>
<td>Extensive</td>
<td>Yes/Yes</td>
</tr>
<tr>
<td>Western State</td>
<td>34-35</td>
<td>Not immed</td>
<td>Yes/Yes</td>
<td>Good/Good</td>
<td>Yes/Yes (form)</td>
</tr>
<tr>
<td>Madigan AMC</td>
<td>90+</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
to several of the many questions it posed. Biweekly calls were placed on behalf of the correspondent to trace the progress of her letter. As of this writing, a final response was being prepared. It is interesting to note that the correspondent was actually hopeful of obtaining a position at MAMC as either an ANC commissioned officer or a civilian employee. The ANC recruiter for the area had promptly responded to an earlier inquiry, had met her at the facility, shown her around and introduced her to various members of the nursing staff and administration. The nurse remains employed in her old job.

Five of the 13 facilities indicated that a position was immediately available. Five include good or extensive information about the facility and four described the positions available in some depth. Seven facilities returned extensive wage and benefit information. Eight actively requested an interview and ten invited the prospect to apply. The VA made it quite clear that no RN vacancies were available "now or in the future," but sent extensive information about the VA system and an invitation to apply to other facilities in their system.

The first question in the written survey instrument concerned salary and pay raises. A ranking of surveyed salaries in order of magnitude is found at Table 8.

Salaries for graduate nurses (those who have not yet passed their boards) or nurses participating in a residency or internship program ranged from a high of $8.88 per hour (Doctors Hospital and Mary Bridge) to a low of $6.18 per hour (MAMC; GS-5, Step 1).
TABLE 8

SALARY IN ORDER OF MAGNITUDE

<table>
<thead>
<tr>
<th>HOSPITAL</th>
<th>GRADUATE NURSE</th>
<th>BEGIN</th>
<th>1 YR</th>
<th>2 YRS</th>
<th>5 YRS</th>
<th>10 YRS</th>
<th>EVEN. DIFF.</th>
<th>NIGHT DIFF.</th>
<th>PART TIME/ MINUS BENEFITS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$/hr</td>
<td>$/hr</td>
<td>$/hr</td>
<td>$/hr</td>
<td>$/hr</td>
<td>$/hr</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Veterans Administration</td>
<td>8.05</td>
<td>9.36</td>
<td>9.67</td>
<td>11.33</td>
<td>14.73</td>
<td></td>
<td>+10%</td>
<td>+10%</td>
<td></td>
</tr>
<tr>
<td>Allenmore</td>
<td>9.38</td>
<td>9.94</td>
<td>10.53</td>
<td>11.00</td>
<td>12.00</td>
<td></td>
<td>7% of base</td>
<td>10% of base</td>
<td></td>
</tr>
<tr>
<td>Puget Sound</td>
<td>8.36</td>
<td>9.49</td>
<td>9.64</td>
<td>9.81</td>
<td>10.27</td>
<td>10.75</td>
<td>7% of base</td>
<td>10% of base</td>
<td>$10.40</td>
</tr>
<tr>
<td>Tacoma General</td>
<td>8.28</td>
<td>9.29</td>
<td>9.46</td>
<td>9.63</td>
<td>10.27</td>
<td>10.73</td>
<td>$.65/hr</td>
<td>$.93/hr</td>
<td>6-15%</td>
</tr>
<tr>
<td>Doctors Hospital</td>
<td>8.88</td>
<td>9.29</td>
<td>9.46</td>
<td>9.65</td>
<td>10.35</td>
<td>10.80</td>
<td>$.65/hr</td>
<td>$.93/hr</td>
<td>6-15%</td>
</tr>
<tr>
<td>Mary Bridge</td>
<td>8.88</td>
<td>9.29</td>
<td>9.46</td>
<td>9.65</td>
<td>10.35</td>
<td>10.80</td>
<td>$.65/hr</td>
<td>$.93/hr</td>
<td>6-15%</td>
</tr>
<tr>
<td>Saint Joseph</td>
<td>8.42</td>
<td>9.29</td>
<td>9.46</td>
<td>9.66</td>
<td>10.27</td>
<td>10.79</td>
<td>$.65/hr</td>
<td>$.93/hr</td>
<td>6-15%</td>
</tr>
<tr>
<td>Good Samaritan</td>
<td>8.10</td>
<td>9.00</td>
<td>9.42</td>
<td>9.65</td>
<td>10.35</td>
<td>10.80</td>
<td>$.61/hr</td>
<td>$1.04/hr</td>
<td>12%</td>
</tr>
<tr>
<td>Saint Peter</td>
<td>7.79</td>
<td>8.94</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$.49/hr</td>
<td>$1.01/hr</td>
<td>12%</td>
</tr>
<tr>
<td>Group Health</td>
<td>8.80</td>
<td>9.12</td>
<td>9.38</td>
<td>9.68</td>
<td>1/week</td>
<td>no nights</td>
<td>12%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lakewood General</td>
<td>8.10</td>
<td>9.00</td>
<td>9.40</td>
<td>9.70</td>
<td>10.35</td>
<td>10.80</td>
<td>$.65/hr</td>
<td>$1.04/hr</td>
<td>12%</td>
</tr>
<tr>
<td>Western State</td>
<td>7.88</td>
<td></td>
<td></td>
<td>10.09</td>
<td></td>
<td>$23/hr</td>
<td>$23/hr</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>Madigan</td>
<td>6.18</td>
<td>7.65</td>
<td>7.91</td>
<td>9.36</td>
<td>9.98</td>
<td>11.55</td>
<td>10% of base</td>
<td>10%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>GS-5 GS-7 GS-7</td>
<td>GS-9</td>
<td>GS-9</td>
<td>GS-9</td>
<td>GS-9</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Step 1 Step 1</td>
<td>Step 2</td>
<td>Step 1</td>
<td>Step 3</td>
<td>Step 8</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Salaries after the completion of one year's service ranged from a high of $9.94 per hour (Allenmore) to a low of $7.91 per hour (MAMC; GS-7, Step 2). In the case of a Baccalaureate Degree nurse who qualified for advanced standing because of outstanding scholarship or graduate education and entered federal service at the GS-7 level, eligibility for promotion to GS-9 could be obtained after one year of service. The GS-9, Step 1 and higher steps had competitive salaries throughout years of service but the entry level grades of GS-5 and GS-7 are clearly not competitive.

Most of the salaries in the surveyed facilities were either negotiated by the Washington State Nurses Association through local bargaining units or were tied to these levels by economic balance. It is evident that few hospitals in the area, with the exception of the VA, markedly compensate their nurses with longevity pay raises. It was for this reason that the VA hospital was ranked first in the group for salary.

Differentials for evening and night shifts ranged from $.23 per hour (Western State) to 10% of base pay, which could amount to over a dollar an hour for those whose base salary exceeded $10 per hour.

Nine hospitals offered a part-time or per diem salary in lieu of benefits that ranged from 6 percent to 15 percent of base pay.

A few of the hospitals paid a bonus for critical care certification and/or a specialty premium for work in critical care areas.
MAMC nursing salaries did not compare favorably at the entry level and first year or two of service. The restrictive nature of the GS rating system disallowed the payment of a competitive starting wage. The criteria for establishing GS grade was determined by OPM through a national standardization.

That pay is of significant interest to the nurse was substantiated through the literature. The level of importance of this factor may be higher for the nurse seeking employment because of the tendency to equalize all the other factors such as working conditions, relationships with co-workers, physical environment, etc. The absence of a competitive starting wage is a severe recruiting obstacle that can only be partially overcome by the forecast of future pay raises and the promise of offsetting benefits.

Fringe benefits such as health, medical and dental insurance, retirement programs, annuities and tax shelters, showed wide variation in their type but were basically similar in their intent. Because of the technical variations in fringe benefits they were not compared in detail.

Another survey question attacked the issue of educational assistance. The nurse recruiting literature and the emphasis of nurse recruiting conferences stressed the importance of this factor in attracting the new nurse graduate. The opportunity to participate in a comprehensive residency/internship/preceptorship immediately after graduation was stressed as an important goal to the new RN.
Table 9 shows a rank ordering of surveyed facilities by the value of their educational assistance programs.

Lakewood General, Good Samaritan and Saint Joseph were highly ranked because they offered tuition and/or fees reimbursement programs, flexible scheduling around the hours of classes, hospital support (financial and administrative) of professional conference and seminar attendance, a formal orientation program, the availability of a residency course for new nurses and a refresher course for the nurse who had been out of active nursing for a time. The government hospitals (VA, MAMC and Western State) did not rank highly because of their lack of tuition reimbursement and residency or refresher training.

One of the other questions on the written survey asked about flexibility of shifts and hours. A rank ordering of the surveyed facilities by a combined factor of flexibility and level of fill is shown at Table 10.

Saint Peter, Veterans Administration and Allenmore were highly ranked because of the wide variety of shifts that were being worked. These hospitals also showed a high level of fill with the VA having no openings at all and very limited openings at the other two.

Group Health and Madigan were rated very low because of the small choice of schedules available. This is somewhat deceptive for Group Health because it is basically a clinic operation HMO and their nurses worked the physician's office schedules with only one evening per week.
<table>
<thead>
<tr>
<th>HOSPITAL</th>
<th>FINANCIAL ASSISTANCE</th>
<th>FLEXIBLE SCHEDULING</th>
<th>PROFESSIONAL CONFERENCES SEMINARS</th>
<th>ORIENTATION PROGRAM</th>
<th>RESIDENCY/REFRESHER COURSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lakewood General</td>
<td>Tuition and Book Reimbursement after 1 yr full time</td>
<td>Yes if possible</td>
<td>Will pay for ½ seminar travel expenses; 6 das per yr</td>
<td>2 wks formal</td>
<td>3-6 mos residency depending on specialty area/ Yes</td>
</tr>
<tr>
<td>Good Samaritan</td>
<td>Tuition reimbursement after 1 yr, ½ of fees plus ½ of textbook costs</td>
<td>Yes</td>
<td>2 or 3 das off per yr</td>
<td>2 wks plus tailored to needs</td>
<td>6 mos Graduate Nurse residency/ 3 mos refresher</td>
</tr>
<tr>
<td>St Joseph</td>
<td>½ tuition reimbursed after 2 yrs of employment</td>
<td>Yes, if possible</td>
<td>5 das paid leave per yr</td>
<td>2 wks for Med/Surg</td>
<td>Will soon have 2 courses per yr/No</td>
</tr>
<tr>
<td>St Peter</td>
<td>No tuition reimbursement; have 6 sister hospitals in Pacific NW</td>
<td>Yes, if possible</td>
<td>About 3 das per yr; financial assistance avail</td>
<td>2 wks normal (Plus Crit Care educator full time)</td>
<td>3 mo residency program/No</td>
</tr>
<tr>
<td>Group Health</td>
<td>Tuition reimbursement</td>
<td>Only if possible</td>
<td>4 das paid per yr</td>
<td>No</td>
<td>No/No</td>
</tr>
<tr>
<td>Allenmore</td>
<td>After 1 yr tuition reimbursement program up to $1000; external degree program thru U of NY paid</td>
<td>Yes</td>
<td>Case by case basis (generous)</td>
<td>2 wks minimum</td>
<td>No residency, no need for one in past/No</td>
</tr>
</tbody>
</table>
### TABLE 9 -- (Continued)

<table>
<thead>
<tr>
<th>HOSPITAL</th>
<th>FINANCIAL ASSISTANCE</th>
<th>FLEXIBLE SCHEDULING</th>
<th>PROFESSIONAL CONFERENCES SEMINARS</th>
<th>ORIENTATION PROGRAM</th>
<th>RESIDENCY/REFRESHER COURSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tacoma General</td>
<td>No tuition reimburse-</td>
<td>Yes</td>
<td>(best) pays all costs and fees</td>
<td>Consolidated - 1 da plus hospital orientation, plus 1 RN orientation, plus ward or service orientation tailored to groups &amp; individuals</td>
<td>3 mos (4 mos if OB, Spec Care) 6 wks for Med/Surg or Oncol/No Informal tailored (very effective)/informal tailored Informal tailored (very effective)/informal tailored</td>
</tr>
<tr>
<td>Mary Bridge</td>
<td>No tuition reimburse-</td>
<td>Yes</td>
<td>(better) partial reimbursement, case by case</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doctors</td>
<td>No tuition reimburse-</td>
<td>Yes</td>
<td>(fair) some reimbursement; case by case</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Madigan</td>
<td>None</td>
<td>Yes, if possible</td>
<td>5 pd das; fees, travel and expenses if possible</td>
<td>2-3 wk preceptorship; more for critical care</td>
<td>No/No</td>
</tr>
<tr>
<td>VA</td>
<td>No</td>
<td>Yes, if possible</td>
<td>40 hrs per yr</td>
<td>Yes, 2 wks, tailored to needs</td>
<td>No/No</td>
</tr>
<tr>
<td>Western State</td>
<td>Limited to LPN type courses</td>
<td>Yes</td>
<td>Up to 10 das 1v, 5 pd</td>
<td>3 wks</td>
<td>No/No</td>
</tr>
<tr>
<td>Puget Sound</td>
<td>No tuition or book reimbursement</td>
<td>Yes</td>
<td>3 education das per yr; paid fees if funds available</td>
<td>2 wks, 1 mo if needed</td>
<td>No/No</td>
</tr>
<tr>
<td>HOSPITAL</td>
<td>ROTATING</td>
<td>DAY 7-3</td>
<td>EVENING 3-11</td>
<td>NIGHT 11-7</td>
<td>ON CALL</td>
</tr>
<tr>
<td>----------------</td>
<td>----------</td>
<td>---------</td>
<td>-------------</td>
<td>------------</td>
<td>---------</td>
</tr>
<tr>
<td>St Peter</td>
<td>*</td>
<td>X</td>
<td>X</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>VA</td>
<td>*</td>
<td>No permanent days</td>
<td>*</td>
<td>*</td>
<td></td>
</tr>
<tr>
<td>Allenmore</td>
<td>*</td>
<td>*</td>
<td>X</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>Western State</td>
<td>*</td>
<td>*</td>
<td>X</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>Tacoma Gen</td>
<td>*</td>
<td>Spec Care</td>
<td>X</td>
<td>X</td>
<td>*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Unit Only</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doctors</td>
<td>*</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>*</td>
</tr>
<tr>
<td>Mary Bridge</td>
<td>*</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>*</td>
</tr>
<tr>
<td>St Joseph</td>
<td>*</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>*</td>
</tr>
<tr>
<td>Good Samaritan</td>
<td>*</td>
<td>*</td>
<td>X</td>
<td>*</td>
<td>X</td>
</tr>
<tr>
<td>Lakewood Gen</td>
<td>*</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Puget Sound</td>
<td>*</td>
<td>Manager</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Position</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group Health</td>
<td>*</td>
<td>1/wk</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Madigan</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

a-32/40 is 32 hrs of work on night shift for 40 hrs of pay and full benefits.
b-7/70 is 7 shifts of ten hrs each and 7 days off for 80 hrs pay and full benefits.
c-4 ten hr shifts for 40 hrs of pay and full benefits.
X-Available at time of survey.
*—Available, but not at the present time.
and no night shifts. MAMC offered only two choices, rotating shifts and part time. One of the positions most critically vacant was a position in the CCU that involved "mostly evenings" and only every 4th or 5th weekend off.

The use of innovative scheduling, so highly touted in the literature, was not widespread; with St. Peter being the only hospital that offered 7/70 and 4/40 scheduling. Several of the other hospitals offered what has been termed flexible scheduling, but only on a basis limited to one ward or service.

An important consideration for many nurses seeking full time employment is time off. A rank ordering of hospitals by the time off for weekends, holidays, sick leave, and vacation is shown in Table 11.

The Veterans Administration stands alone at the top of the list because of the remarkable number of vacation days (26 per year) it offers to even beginning RNs. It was learned that this was possible because of the U.S. Code (#38) under which RNs are hired. Group Health was also ranked very highly because of their offer of every weekend off in the HMO Clinic.

MAMC was placed at the bottom of the list because of its inability to offer only every 4th or 5th weekend off. MAMC's sick leave and vacation benefits were quite good.
# Table 11

TIME OFF PER YEAR
RANKED IN ORDER OF MAGNITUDE

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Weekends Off</th>
<th>Holidays</th>
<th>Sick Leave</th>
<th>Vacation</th>
</tr>
</thead>
<tbody>
<tr>
<td>VA</td>
<td>Every Other</td>
<td>8</td>
<td>13 (no maximum)</td>
<td>26 das per yr (85 da max accumulation).</td>
</tr>
<tr>
<td>Group Health</td>
<td>Every Weekend</td>
<td>8</td>
<td>12</td>
<td>2 wks after 1 yr.</td>
</tr>
<tr>
<td>Western State</td>
<td>Every Other</td>
<td>8</td>
<td>12</td>
<td>1 da per mo of service.</td>
</tr>
<tr>
<td>Puget Sound</td>
<td>Every Other</td>
<td>10</td>
<td>12</td>
<td>2 wks after 1 yr of employment.</td>
</tr>
<tr>
<td>St Peter</td>
<td>Every Other</td>
<td>9</td>
<td>12</td>
<td>2 wks after 1st yr, then more.</td>
</tr>
<tr>
<td>Allenmore</td>
<td>Every Other</td>
<td>9</td>
<td>12/yr Max 40 hrs</td>
<td>2 wks thru 4th yr; 3 wks (-sick leave conversion).</td>
</tr>
<tr>
<td>Tacoma Gen</td>
<td>Every Other</td>
<td>9</td>
<td>12</td>
<td>10 das/1-4 yrs; 15 das/5-9 yrs; 20 das/10-19 yrs; 25 das/20 yrs or more.</td>
</tr>
<tr>
<td>Mary Bridge</td>
<td>Every Other</td>
<td>9</td>
<td>12</td>
<td>10 das/1-4 yrs; 15 das/5-9 yrs; 20 das/10-19 yrs; 25 das/20 yrs or more.</td>
</tr>
<tr>
<td>Doctors</td>
<td>Every Other</td>
<td>9</td>
<td>12</td>
<td>10 das/1-4 yrs; 15 das/5-9 yrs; 20 das/10-19 yrs; 25 das/20 yrs or more.</td>
</tr>
<tr>
<td>Good Samaritan</td>
<td>Every Other</td>
<td>8/1st</td>
<td>12</td>
<td>10 das/1-4 yrs; 15 das/5-9 yrs; 20 das/10-19 yrs; 25 das/20 yrs or more.</td>
</tr>
<tr>
<td>Good Samaritan (cont.)</td>
<td></td>
<td>yr; 9</td>
<td>12 (Max of 90)</td>
<td>10 das/1-4 yrs; 15 das/5-9 yrs; 20 das/10-19 yrs; 25 das/20 yrs or more.</td>
</tr>
<tr>
<td>St Joseph</td>
<td>Every Other</td>
<td>9</td>
<td>12 (Max of 90)</td>
<td>10 das/1-4 yrs; 15 das/5-9 yrs; 20 das/10-19 yrs; 25 das/20 yrs or more.</td>
</tr>
<tr>
<td>Lakewood Gen</td>
<td>Every Other</td>
<td>9</td>
<td>12</td>
<td>2 wks; 3 wks after 5 yrs.</td>
</tr>
<tr>
<td>Madigan</td>
<td>Every 4th or 5th</td>
<td>9</td>
<td>13</td>
<td>2 wks/yr first 3 yrs; 3 wks 3-8 yrs; 4 wks after 8 yrs.</td>
</tr>
</tbody>
</table>
Civilian RN Staffing at MAMC

Early in the course of the study, several areas were identified where immediate improvements could be made. One of these was the administrative processing of applications and inquiries or requests for information. The new Personnel Staffing Specialist at FLCPO was chiefly responsible for clearing out the backlog of applications and requests. Thirteen of these were referred to MAMC Dept of Nursing where appropriate responses were dispatched.

Another area that had been a continuing source of problems was the mismatch of authorizations, job descriptions, and the work that was actually performed. Utilizing a sophisticated, computer assisted staffing mechanism of Acuity Based Care, the Chief, Dept of Nursing was able to spread limited nursing resources to the work areas where they were most needed. The formal manpower allocation system lagged behind this action and in several cases, nurses were not working where the TDA indicated they were authorized or doing what their job descriptions said they were supposed to do. Efforts were intensified to rectify this situation with the submission of Schedules X for most of the nursing units in the hospital.

A summary of RN personnel status showing requirements, authorizations, actual numbers on hand and the number of application referrals from FLCPO to MAMC is shown at Table 12.
### TABLE 12

**CIVILIAN RN PERSONNEL STATUS**  
**MADIGAN ARMY MEDICAL CENTER**

<table>
<thead>
<tr>
<th>DATE</th>
<th>NEEDS IDENTIFIED THROUGH ACUITY BASED CARE STAFFING PROJECTIONS</th>
<th>REQUIREMENTS</th>
<th>AUTHORIZATIONS</th>
<th>ACTUAL</th>
<th>APPLICATION REFERRALS FROM CPO TO DEPT/NURSING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan 81</td>
<td>91.4 (Jan 81)</td>
<td>109</td>
<td>96</td>
<td>109</td>
<td>8FT 1PT</td>
</tr>
<tr>
<td>Apr 81</td>
<td>126.7 (Jun 81)</td>
<td>109</td>
<td>91</td>
<td>115</td>
<td>6FT</td>
</tr>
<tr>
<td>Jul 81</td>
<td></td>
<td>109</td>
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<td>8FT</td>
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<tr>
<td>Oct 81</td>
<td>128.9 (Nov 81)</td>
<td>109</td>
<td>91</td>
<td>118</td>
<td>5FT 2 Temp</td>
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<tr>
<td>Jan 82</td>
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<td>95</td>
<td>119</td>
<td>7FT 1 Temp</td>
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<tr>
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<td>7FT 1PT</td>
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<tr>
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<td>3FT 1PT</td>
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</tbody>
</table>

**NOTE:**  
FT = Fulltime;  
PT = Parttime;  
Temp = Temporary.

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Source: Acuity Based Care -- COL Beverly Glor, Chief, Dept of Nursing, MAMC. Requirements, Authorizations and Actual Strengths -- MED *7 Quarterly Reports, DA Form 3604, Force Development Division, MAMC. Referrals -- Personnel Staffing Specialist records, FLCPO.
It became apparent over the course of the study that the need for RNs was increasing at a pace that could not be kept by the traditional manpower accounting and allocation system. The increasing acuity based needs for RNs in Department of Nursing and the dates they were computed are shown in the first column of Table 12. The gap between true needs, requirements, authorizations, actual strengths and the recruiting referrals sent by FLCPO was widening. The increasing needs for nurses was believed to be caused primarily by the increasing acuity of the inpatient population at MAMC. MAMC was the only Army Medical Center to use this rationale as a justification for increased staffing as revealed in the 1982 HSC Executive Officers'/Preceptors' Conference.

Local Advertising Pilot Project

As a pilot effort to test the effect of advertising on the recruitment program a series of ads were developed for display in the "Medical Personnel" sections of area Sunday newspaper editions. Photostatic copies of these ads are found at Appendix D. Total budget for the one-time advertising campaign was only $364. Ads such as those shown in the Appendix were designed in coordination with FLCPO personnel and a point of contact at one of the local newspapers.

Responses to the ads were tabulated by the two points of contact at the FLCPO. Responses or inquiries that were immediately attributable to the advertising amounted to eight calls or letters. As of this writing the actual number of recruits out of this venture is uncertain since several of the applications were still in progress.
Considering the small expense of this newspaper advertising and the immediacy of reaction to a one-time only advertisement, the pilot test was deemed as a success.

Examples of the CPO Bulletin Board notices are also shown in Appendix D. These had been the only ongoing type of RN recruitment advertising in use by the FLCPO.

For comparison purposes, an ad found in the biweekly Army Times newspaper advertising nursing opportunities at a civilian facility is included in Appendix D. A comparison of the ads demonstrated the possible range of the newspaper advertising spectrum. The Army Times ad shows the predominance of pictures and the use of sophisticated layout and design.

Three full pages of the December 1981 issue of RN Magazine (Vol 44, No. 12) are included in Appendix D. These ads (both front and back, shown in their entirety) demonstrate the use of color, eye catching photographs and up-beat text.

The mini-exercise of developing an ad for the local newspapers merely scratched the surface of the complexities involved in determining text, layout, cost containment, space constraints, and the bureaucracy involved with purchasing the service.

Visits to Area Nursing Schools

A pilot effort was made in the personal visit to one of the two RN producing nursing schools in the area. Madigan's FLCPO Staffing
Specialist and a Dept of Nursing representative visited Pacific Lutheran University (PLU) and were available for an afternoon to answer questions and give out information about civilian RN opportunities at MAMC. Twelve applications were given out in that one meeting and, as of this date, four new graduates have applied with a commitment to come to work at MAMC. This very fruitful type of recruiting effort should be made to every RN school in the area two or three months prior to each graduation date. The expense involved in this action is minimal and a by-product is good public relations.

Other Local Recruiting Activities

Most area hospitals reported an improvement in their recruitment and retention programs over the past six months. The majority of these attributed their success to external factors in the economy rather than to any innovative recruiting actions or significant changes in their operations.

The economic impact of unemployment in the Pacific Northwest has had two major impacts in the area of RN employment:

(1) More nurses are returning to work due to layoffs of other breadwinners.
(2) Hospitals have experienced a decline in census due to loss of medical benefits by potential patients and consequently have a smaller demand for nursing services.
Recruitment activities that have been used by hospitals in the Tacoma/Olympia area include, but are not limited to the following:

(1) Attendance at Nursing Job Fairs. These events are usually organized in major metropolitan areas. Nurse activities are charged for booth space and of course must pay their own expenses while attending the fair. The costs of displays may vary from around $400 for placards and brochures to several thousands for lighted, artistically designed displays. Booths rent for about $600 and expenses in a major city would run from $75 - $100 per day. Airline travel and shipment of materials would vary according to distance.

(2) Career days at local colleges and universities cost much less because of shorter travel and much lower costs for display space. They usually run for only one day, so expenses associated with food and lodging are minimized.

(3) Visits to nursing schools for recruiting purposes was a widely practiced method of meeting recruiting prospects face to face. Expenses for this sort of activity are minimal.

(4) Formal affiliation between local hospitals and nursing schools is a means of mutual observation for both the nursing student and the hospital. Several hospitals in the area offered formal clinical rotations to nursing students.
Specific ad placements in nursing directories were mentioned by the nurse recruiter at Saint Peter Hospital as a very lucrative recruiting venture. Several nursing opportunities' directories are published by Medical Economics Co., Inc. (RN Magazine Annual Directory and Nursing Opportunities) and by a student nurse magazine (Imprint). Examples of ads from the 1982 Nursing Opportunities are shown at Appendix E.

The half page ad placed by Saint Peter would cost approximately $1800. The full page ad placed by the University of Washington Medical Center and Harborview would cost $2750.

These ads were particularly effective because they are used by nurses actively seeking jobs and are immediately available to a large number of recruiting prospects.

MAMC Nurse Satisfaction Survey

The results of a hospital-wide nursing satisfaction survey were obtained near the end of the study period. The researcher used a Job Descriptive Index (JDI) test instrument and received 153 completed questionnaires from RNs at MAMC. A summary of the most relevant findings of that survey is shown at Table 13.

This study substantiated many of the author's previous findings concerning promotion potential and job satisfaction. With respect to pay, only 14.4% of Army Nurse Corps (ANC) RNs responding reported earning less than $25,000 per year, whereas 94.6% of civilian RNs responding
reported earning less than $25,000 per year. A salary of $25,000 spread over twelve months with 173.3 hours per month equates to $12.02 per hour.

TABLE 13

JOBD DESCRIPTIVE INDEX (JDI)
SATISFACTION MEANS FOR ARMY NURSE CORPS (ANC)
AND CIVILIAN RNs AT MAMC

<table>
<thead>
<tr>
<th></th>
<th>ANC</th>
<th>Civilian</th>
<th>Mean Difference</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
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<td>31.7</td>
<td>11.2</td>
<td>20.51</td>
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</tr>
<tr>
<td>Present Pay</td>
<td>34.6</td>
<td>21.9</td>
<td>12.7</td>
<td>&lt;.0001</td>
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<tr>
<td>Opportunities for Promotion</td>
<td>36.48</td>
<td>8.96</td>
<td>27.52</td>
<td>&lt;.0001</td>
</tr>
<tr>
<td>Attitudes Towards Co-workers</td>
<td>40.9</td>
<td>32.6</td>
<td>8.3</td>
<td>&lt;.0003</td>
</tr>
</tbody>
</table>

SOURCE: A Comparative Study of the Degree of Job Satisfaction of the Army Nurse Corps Officer (Registered Nurse) and The Department of Army Civilian Registered Nurse in one Military Medical Center, a Thesis presented to the Faculty of PLU by Mary E. H. Howell, 1982.
CHAPTER III

CONCLUSIONS AND RECOMMENDATIONS

The essential characteristic of marketing is the ordonnance or coordination of all parts of the system to one another and to the whole. "Sales" must talk to "R&D" to design the product that customers will buy; "Accounting" must cooperate with "Production" to control costs. "Engineering" must provide "Purchasing" with sound technological information. The systems approach to the nurse market recognizes the interrelationships of the organizational, personal and financial aspects of recruitment. Recruitment cannot be accomplished in isolation from the operation of the system as a whole. The primary components of civilian RN recruitment in the military hospital must operate in consort to achieve the goals of the institution and its publics.

Four components of the macrosystem were isolated as levels at which RN recruitment could be improved. The interrelationships of these organizations are shown in the simple model at Figure 2.

The two primary organizations at levels outside MAMC's immediate realm of influence were the Office of Personnel Management and Health Services Command. Several problems and areas for improvement were isolated through the course of the study.

Office of Personnel Management (OPM)

Weaknesses in the grade and salary structure for civilian nurses in military hospitals were confirmed through the market survey. Pay at
Fig. 2. Conceptual Model of Organizations Primarily Involved in Civilian Nurse Recruitment for Madigan Army Medical Center.
the grades of GS-5 and GS-7 at the lower steps is clearly not competitive for RNs at the market entry level. Considerations for special pay in such areas as Alaska and San Francisco should be broadened to include those federal hospitals where less severe recruitment and retention problems exist.

The most recent national survey conducted by RN Magazine isolated the Far West as the part of the country where the highest RN salaries were being paid. The survey of this three state area (Washington, Oregon and California) may have provided skewed results because of the higher salaries being paid in California hospitals but it was recognized that Washington metropolitan hospitals also paid highly for their RN services.

The GS grade issue is very closely tied to pay but also involves the factor of upward mobility. Since GS-9 is the only grade at which salaries are competitive, some level higher than that must be available for the RN seeking greater responsibility, authority and challenge. As the system exists the only "promotions" available in the system are longevity and cost-of-living increases. Raising the grade ceiling and instituting pay raises or special rates of pay are controversial issues involving potentially large dollar outlays. In a future environment of continuing shortage and salary inflation it would be prudent to formulate plans to attack these problems in a proactive rather than reactive approach.
A viable approach would be to institute special pay for RNs allocated primarily at the entry levels and concomitantly increase the education and experience requirements for promotion within the existing GS grade system. A proposal for increasing pay at the GS-5 and GS-7 level was compiled in accordance with Federal Personnel Manual 530 and is found at Appendix F.

The initiation of this system would accomplish three goals:

1. Improve entry level salaries.
2. Provide upward mobility incentive.
3. Retain loyal career RNs.

Another weakness revealed in the course of the study was the lack of a coordinated referral or promotional system at higher levels of OPM. Promotion, advertising and information exchange outside the immediate confines of the federal system was nil. The availability of RN positions at other federal hospitals could be determined only by a very persistent and dedicated course of inquiry. The system was geared to those careerists already holding career status almost to the exclusion of an outsider. This point was brought home in reviewing the promotional materials received from the local VA hospital. Even though that facility had no openings (and did not expect any in the near future) the recruiting prospect received a national directory of VA hospitals (complete with phone numbers and addresses), a listing of vacancies, and comprehensive information about career opportunities in the VA health care sector.
The establishment of a national clearing house for the referral of inquiries and up-to-date information about job availability would be an ideal solution. Realizing that such an operation would be quite costly, at least a directory of OPM supported federal health facilities and a general overview of employment opportunities for nurses could serve as a device to "close the loop" on the system. Such a directory could be made available at every federal hospital since these institutions are obvious points of contact for the civilian nurse seeking information about federal jobs. Listings of job opportunities could be updated periodically through existing OPM information distribution channels.

Promotional and advertising activities could be centralized at the OPM level to accomplish public relations as well as direct recruiting goals. Since it is beyond the means of most isolated facilities' budgets to advertise in some of the professional journals with national distribution, this effort could be accomplished and funded at a higher organizational level to good effect. The military services and the Indian Health Services all advertised in the Nursing Opportunities, 1982 Directory. Their ads outlined the benefits of service in their health systems and provided an available channel for inquiry.

The distribution of employment information to some of the state and national professional societies would also be a prudent promotional venture. These organizations operate various sorts of placement services and are influential from a public relations standpoint as well.
OPM's representation at national level professional conferences would serve as a direct recruitment tool and as an educational device to inform nursing managers of the needs and opportunities at federal hospitals around the world.

**Health Services Command (HSC)**

A coordinated effort to recruit civilian RNs for Army hospitals in the United States should be effectuated by HSC. In cooperation with OPM, a nationwide clearing house for information, referrals, and centralized promotion could be established much like the one that exists for recruiting civilian physicians to Army Medical Department facilities.

Centralization of such things as professional journal advertising, development of recruiting information and materials, and the monitoring of needs for nurses should be cost effective through economies of scale. A particular Army medical treatment facility will probably not be able to afford to advertise in any of the journals with national distribution nor will they have the resources to design and purchase such a service. The needs of Army medical treatment facilities are great enough to warrant such a centralized repository of information collection and dispersal.

HSC should also be a source of expertise in the development of special pay and grade adjustment justifications. A particular MTF may
attempt such an action only once every few years but the process is essentially the same for each facility and HSC should be of more assistance.

Such issues as special pay and the adjustment of grades can most effectively be accomplished between HSC and OPM at their levels of authority. The particular MTF does not have the resources nor the clout to effect such significant changes.

HSC is in an excellent position to monitor the RN staffing situation nationwide and would be able to spot trends, both national and regional, before they become acute problems. As a coordinator of research efforts in the nursing administration area, HSC could collect the most up-to-date information from the field and make that data a part of decisions affecting personnel management and recruitment.

Timely processing of TDA updates and Schedules X would also speed the adjustment to staffing trends in individual facilities.

The allocation of increased funds for promotional activities should also be accomplished at the HSC level. These funds could be allocated for central and decentralized use.

Fort Lewis Civilian Personnel Office (FLCPO)

FLCPO is in an excellent position to significantly affect nurse recruitment at MAMC. That office has direct hire authority and is the organization to which most of the recruitment responsibility falls.
Although much progress was made in the course of this study, the FLCPO still has some room for improvement.

Recruiting visits, like the pilot project at PLU, should be scheduled 2-3 months prior to each graduation date. A carefully chosen MAMC RN should accompany the staffing specialist to answer specific technical and professional questions and to lend an aura of credibility to the venture. Where possible it would be best to bring a recent graduate from the specific school as a nursing representative.

The speedy processing of applications and letters of inquiry is especially important for recruiting. It was recognized that the poor results shown by MAMC and the FLCPO in the market survey were an isolated instance of communication gap and administrative oversight. Other isolated problems were revealed in interviews that had direct impact on recruitment. It was reported that occasionally the FLCPO receptionists were not aware of position vacancies at MAMC and mistakenly told callers that MAMC was "not hiring."

Local advertising in Sunday newspapers was shown to be effective and should be continued as position availability warrants.

It was found that at one time the opportunity to institute flexible schedules in certain work areas was offered to FLCPO supported agencies. Only those agencies who indicated they wished to experiment with this test project were allowed to institute such changes. FLCPO should obtain authorization to operate such a program and should delegate this authority to the Dept of Nursing at MAMC.
Shifts, hours and weekends off were mentioned a remarkable number of times as being a dissatisfier for RNs. If wards and units had the permission of FLCPO to be more flexible in their schedules, such a test could be tried again. Since almost all area hospitals are sufficiently staffed using straight shifts and many part time people, this same degree of flexibility in scheduling should be authorized for MAMC.

With respect to pay and benefits, the FLCPO should support a request from MAMC to increase pay in certain areas (such as critical care) and should explore the feasibility of instituting increased pay and grades for Masters prepared clinical nurse practitioners and nurse clinicians who meet high standards of education and experience. At the time of this study nurse clinicians were graded and paid the same as a staff nurse.

FLCPO should also be of assistance in designing a system for upward mobility for civilian nurses at MAMC. Training needs and combat readiness are frequently cited reasons for keeping military nurses in all supervisory positions. Several military hospitals have lengthened their career ladders by assigning civilian RNs as night or evening supervisors as well as head nurses.

Services such as obstetrics and pediatrics have less combat-readiness relevance and should be considered as areas for placing clinical nurse practitioners and civilian supervisors.
The Department of Nursing at MAMC is in the best position to make the most significant positive impact on civilian nurse recruitment at MAMC.

A coordinated effort with the FLCPO, HSC and OPM, as well as with higher military authorities, depends on the impetus provided by the organizational element closest to the nurses at MAMC. The Department of Nursing is that prime element.

Although the primary thrust of this paper has not been retention, there are factors involved with keeping nurses on board that also affect a hospital's ability to recruit. News travels fast in the nursing community and a hospital's bad reputation can spread quickly. Isolated incidents of perceived mismanagement should be precluded, not only for their immediate effect on the nurses involved, but also for their public relations importance. Most serious are such incidents as sexual harassment, dangerous understaffing, excessive overtime, and the requirement to work more than two different shifts in a work week.

The early identification of management problems and their immediate solution is a key task of all nursing managers.

The integration of recruitment and personnel staffing activities is key to the operation of a functional personnel management system. The identification of staffing needs, the process of obtaining formal
recognition and authorization for the positions, and the publication of accurate job descriptions must be accomplished prior to the recruitment and placement of RNs on the job. The many factors of budget constraints, manpower end-strengths and professional mix must all be considered. The bottom line is; do not recruit for a position that does not exist.

The match of job descriptions, authorized positions and qualified workers in those slots was a continuing problem throughout the project. Efforts to correct the situation were intensified by the Dept of Nursing in conjunction with MAMC Force Development Division, the FLCPO and HSC. As of this writing, update Schedules X were awaiting review at HSC. The dynamics of the patient care situation at MAMC demand that efforts continue to align "faces and spaces." A by-product of this action is the identification of specific positions for which recruitment is more difficult. In a fluid situation where RNs are hired and placed without regard for the formally identified position, it is impossible to determine accurate hire-lags in those "hard to fill" positions.

The centralization of recruitment responsibilities within the Dept of Nursing is necessary to achieve the coordination of requirements, authorizations, actual strengths, promotional activities, interviewing and hiring. One person must be tasked with both the responsibility and the authority to coordinate among the various subsystems within and outside the hospital. This focal person must have the administrative
ability to manage the system, the professional expertise to maintain credibility with existing and potential nursing staff, and the dedication to develop and maintain a recruiting plan.

A marketing approach is useful at this level in that it identifies the needs, wants and values of the nursing resource market and develops a product, prices it and promotes it through appropriate placement channels.

A. Product Considerations for the Department of Nursing, MAMC

The literature review, numerous site visits and interviews and the market survey revealed that the job itself is the most important consideration for the potential nurse recruit. The many aspects of the work in a nursing position at MAMC must be made known to the recruiting prospect. The nurse recruiter at MAMC must be prepared to answer questions such as:

Who will my patients be and what do they need?
Who will I be working with and what support can I expect from my co-workers?
Who will I be working for and what does that person expect of me?
What is my responsibility to those who work for me?
What are the physical conditions of the work area?
What are the opportunities for me to gain personal satisfaction, a feeling of accomplishment, autonomy
in my decision making, support for my decisions and recognition of my professionalism?

If the recruiting coordinator at MAMC objectively studies the actual "product" that MAMC offers its civilian RNs, numerous possibilities for product change should come to mind. Many of these are not feasible due to the many constraints of the system. Some of those which should be possible are:

1. The orientation of a new nurse to the federal service; Fort Lewis; Madigan; the Department of Nursing; the nursing unit, ward, or clinic where that nurse will work; and the patients, duties, and people that nurse will work with. This orientation should be tailored to the needs of each specific nurse and must be conducted with the attitude that those needs (not necessarily the department's needs) come first.

2. The job design and all that this implies about job descriptions, spaces and manpower allocations; plus the identification of job enrichment and those dissatisfiers that are common to the particular job. The recruitment coordinator is in the best position to identify scut-work (housekeeping, excessive paperwork and routine care duties) that are best performed by persons other than professional RNs.

3. The planning, organizing, staffing, directing and controlling of a formal residency program for the new nurse graduate. The
resources exist at MAMC for the operation of a three to six month residency program. The Nursing Education and Training Section and the Clinical Coordinator staff are prime sources of the educational and training expertise to conduct the didactic and practical aspects of such a program. A scheduled rotation through the organization elements of the department, precepted by the chiefs of those services or activities, not only sharpens the new nurse's existing skills but adds new depth and scope to the professional aspects of a nursing career. A general outline for this residency is found at Appendix G.

(4) The identification of sources of dissatisfaction and immediate actions to resolve problems at the lowest possible level in the organization.

B. Price Considerations for Madigan Nurse Recruitment

An ongoing recruiting program for civilian RNs at MAMC need not be a costly venture nor is there an obvious need to increase salaries for career nurses on the nursing staff. Improvements can feasibly be made to the monetary aspects of the nursing product, for example:

(1) Submitting a request for special pay at the grades of GS-5 and GS-7. These entry grades are compensated at a level well below that of the civilian market and do not meet the expectation of the new nurse seeking employment in a hospital environment. Appendix F as described in the section under OPM Recommendations should be submitted in an effort to raise entry level pay.
(2) As was revealed by the HSC Survey of Recruitment and Retention, the flexibility of scheduling was viewed as a benefit. MAMC should push for this authority through the MER Branch of the FLCPO.

(3) The hidden costs associated with rotating schedules; such as child care arrangements and transportation; must be considered as an aspect of a decision to do away with rotating shifts. The costs of maintaining adequate staffing through the increased use of part time personnel are probably less than those associated with a high turnover. Recruitment costs and lost productivity would be reduced if turnover could be reduced.

(4) Attention to such details as parking, safety, food service, breaks and child care demonstrate management concern for the employee and help to create a positive and pleasant atmosphere around the recruiting prospect. Many of the benefits that MAMC RNs take for granted were highly touted by several of the competing hospitals.

C. Promotional Activities for MAMC

The nurse recruitment coordinator must identify means to inform and attract the civilian RN in a marketing environment of scarce resources and increasing competition.

(1) The development of attractive and informative materials to distribute to various market segments should be accomplished.
Nearly all of the surveyed hospitals sent brochures and pamphlets describing their facilities and their benefits. These types of materials could be designed and made available to key persons in the hospital and the FLCPO. Their use also greatly expedites the response to inquiries since many questions such as employment eligibility, pay and benefits can be anticipated and responses can be prepared beforehand.

(2) A program such as the proposed residency and the existing orientation should be publicized to area nursing schools. Madigan's recruiting strength is that it is a large, busy teaching center and the new nurse can receive extensive experience in a wide range of nursing skills.

(3) The maintenance of good professional, academic and informal relationships with area nursing schools and their faculty is important for public relations purposes and the exposure that MAMC can give to students during their training. An LPN rotation existed through formal academic liaison and this type of professional relationship should be considered with RN schools in the area.

(4) Participation in local professional societies and conferences creates public relations exposure and would keep MAMC nursing management abreast of developments in the professional community. Participation by civilian RNs in this type
of endeavor is not only professionally rewarding but also serves to reduce the "halo effect" that may surround competing hospitals.

(5) Local advertising should be continued in view of its positive effect demonstrated through the course of this study. Advertising for specific needs in critical areas pinpoints that particular market segment and does not give the impression that MAMC is short of nurses across the board. That impression would have a detrimental effect on overall staffing goals.

(6) Other promotional activities that are feasible for MAMC are attendance at career days, visits to area nursing schools, the establishment of a "guest speaker" panel for use by various professional and academic nursing groups, publishing articles in local newsletters and journals, and strengthening of nursing community ties.

(7) The most critical phase of the recruitment process is the actual on-site visit of the job applicant. An all-out effort must be made to treat this potential recruit as a special person. Sufficient time must be allocated to introduce this RN to the place, the people and the system. Honesty is essential and if the preceding recruiting actions have been honest, the applicant will not be surprised to see some of the inherently negative aspects of the new job. It is important that the new prospect see things as they actually are. The slightest perception of "bait and switch"
will destroy whatever positive relations built with her school, her peer group and the nursing staff at the hospital where she eventually settles.

D. Place: Where Do We Tap the RN Resource Market?

Segmentation strategies have been discussed for OPM, HSC and FLCPO. MAMC must also segment its resource market and the means through which those segments are reached.

(1) Nursing schools have been mentioned in the preceding section on promotion. They are the most viable places to find a concentration of potential recruits. The channels that have been shown to be the most effective in reaching nursing students have been faculty members and peers.

(2) The unemployed nurse is not a viable segment because of MAMC's lack of refresher training.

(3) MAMC's best pay package is available to the nurse with 2-3 years of experience and is especially attractive to the federal service "veteran." RNs with prior military or other federal service are the most viable segment in the experienced market segment.

(4) Recent developments in the economy of the Pacific Northwest have paradoxically had a positive effect on nurse recruitment. As this paper went to press, a glut of nurses was reported in such areas as Eugene, Oregon and was rumored for some Seattle hospitals. Particular specialists, for example ICU nurses, may be enticed to
relocate to the Tacoma/Olympia area for full time positions at MAMC. The military hospital does not suffer a shortage of patients and has not reached a point of glut in its RN resource market.

(5) Because of the lack of promotional opportunity and managerial or supervisory experience, the market segment personified by the highly educated, "fast-tracker" is not a viable one for placement consideration.

(6) Spouses of active military members are a transient population but the Federal Civil Service offers several benefits that accrue regardless of the federal hospital in which they were attained. This resource market is one where MAMC has slipped up by allowing the spouses of Fort Lewis and McChord Air Force Base service people to be hired by area civilian hospitals. The availability of part time employment should be promoted to this market.

RN Recruitment Marketing Mix for Madigan

The major finding in the market analysis of civilian RN recruitment revealed that the focus of recruitment planning should shift away from FLCPO and toward the Dept of Nursing at MAMC. The development of marketable products, the initiation of price adjustments, the promotion of civilian RN employment opportunities and the places where marketing efforts should be targeted; all gain their impetus from MAMC nursing management. A summary of the marketing mix is tabulated at Appendix H. This brief listing of precise recommendations is a proactive plan for improving civilian RN recruitment at MAMC.
APPENDIX A

STANDARD FORM 52, EXIT INTERVIEW,
AND REVISED EXIT INTERVIEW
### PART I. REQUESTING OFFICE

 Unless otherwise instructed, fill in all items in this part except those inside the heavy lines.

If applicable, obtain resignation and separation data on reverse side.

<table>
<thead>
<tr>
<th>I. NAME (CAPS) LAST—FIRST—MIDDLE</th>
<th>2. (For agency use)</th>
<th>3. BIRTH DATE</th>
<th>4. SOCIAL SECURITY NO.</th>
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</thead>
<tbody>
<tr>
<td>M. —&lt;Last Name&gt; —&lt;First Name&gt; —&lt;Middle Name&gt;</td>
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</tr>
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</table>

**A. KIND OF ACTION REQUESTED:**

1. (1) PERSONNEL (Specify appointments, reassignment, resignation, etc.)

2. (2) POSITION (Specify establish, review, abolish, etc.)

**B. REQUEST NUMBER**

**C. DATE OF REQUEST**

**D. PROPOSED EFFECTIVE DATE**

**E. POSITION SENSITIVITY**

**F. VETERAN PREFERENCE**

1. NO
2. 5–10 PT. DISAB.
3. 5–10 PT. COMP.

**G. TENURE GROUP**

1. 1–NO
2. 2–10 PT. DISAB.
3. 3–10 PT. COMP.

**H. PROPosed EFFECTIVE DATE**

**I. SERVICE COMP. DATE**

**J. HANDICAP CODE**

**K. OCCUPATION CODE**

**L. EFFECTIVE DATE (M., Day, Year)**

**M. CIVIL SERVICE OR OTHER LEGAL AUTHORITY**

**N. FROM: POSITION TITLE AND NUMBER**

**O. TO: POSITION TITLE AND NUMBER**

**P. NAME AND LOCATION OF EMPLOYING OFFICE**

**Q. PAY PLAN AND OCCUPATION CODE**

**R. SALARY**

**S. OCCUPATION CODE**

**T. LOCATION CODE**

**U. DUTY STATION (City—County—State)**

**V. APPROPRIATION**

**W. APPOINTED POSITION OCCUPIED**

**X. APPOINTED POSITION FROM**

**Y. APPOINTED POSITION TO**

**Z. LOCATION CODE**

**AA. REMARKS BY REQUESTING OFFICE (Continue in Item P on reverse side, if necessary)**

**BB. REQUESTED BY (Signature and title) (Leave blank on resignations)**

**CC. SIGNATURE**

**DD. FOR ADDITIONAL INFORMATION—CALL (Name and telephone number)**

**EE. TITLE:**

### PART II. TO BE COMPLETED BY PERSONNEL OFFICE

**F. CLEARANCES**

**G. IDENTICAL ADDED**

**H. NEW**

**I. VICE**

**J. REGRADED**

**K. REMARKS**

**L. (Note: Use item 30 on reverse for Standard Form 50 remarks)**

**M. QUALIFICATION STANDARD:**

**N. LOCATION CODE**

**O. REASON:**

**P. APPROVED BY:**

**Q. DATE:**

**R. REMARKS:**

**S. INITIALS OR SIGNATURE:**

**T. DATE:**

**U. INITIALS OR SIGNATURE:**

**V. DATE:**

**W. INITIALS OR SIGNATURE:**

**X. DATE:**

**Y. INITIALS OR SIGNATURE:**

**Z. DATE:**

**AA. INITIALS OR SIGNATURE:**

**BB. DATE:**

**CC. INITIALS OR SIGNATURE:**

**DD. DATE:**

**EE. INITIALS OR SIGNATURE:**

**FF. DATE:**

**GG. INITIALS OR SIGNATURE:**

**HH. DATE:**

**II. INITIALS OR SIGNATURE:**

**JJ. DATE:**

**KK. INITIALS OR SIGNATURE:**

**LL. DATE:**

**MM. INITIALS OR SIGNATURE:**

**NN. DATE:**

**OO. INITIALS OR SIGNATURE:**

**PP. DATE:**

**QQ. INITIALS OR SIGNATURE:**

**RR. DATE:**

**SS. INITIALS OR SIGNATURE:**

**TT. DATE:**

**UU. INITIALS OR SIGNATURE:**

**VV. DATE:**

**WW. INITIALS OR SIGNATURE:**

**XX. DATE:**

**YY. INITIALS OR SIGNATURE:**

**ZZ. DATE:**

**AA. INITIALS OR SIGNATURE:**

**BB. DATE:**

**CC. INITIALS OR SIGNATURE:**

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**EE. INITIALS OR SIGNATURE:**

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**PP. DATE:**

**QQ. INITIALS OR SIGNATURE:**

**RR. DATE:**

**SS. INITIALS OR SIGNATURE:**

**TT. DATE:**

**UU. INITIALS OR SIGNATURE:**

**VV. DATE:**

**WW. INITIALS OR SIGNATURE:**

**XX. DATE:**

**YY. INITIALS OR SIGNATURE:**

**ZZ. DATE:**
PART III. TO BE COMPLETED BY EMPLOYEE

RE eATION (IMPORTANT—NOTE TO EMPLOYEE: Give specific reasons for your resignation. Avoid generalized reasons, such as "ill health," "personal reasons."

1. RESIGN FOR THE FOLLOWING REASONS

(Date resignation is written)

THE EFFECTIVE DATE OF MY RESIGNATION WILL BE______________

(Signature)

PART IV. SEPARATION DATA

FORWARD COMMUNICATIONS, INCLUDING SALARY CHECKS AND BONDS, TO THE FOLLOWING ADDRESS

(Number and Street)

(City)

(State)

(ZIP Code)

PART I. (Continued)

F. REMARKS BY REQUESTING OFFICE:

PART II. (Continued)

30. STANDARD FORM 30 REMARKS

☐ SUBJECT TO COMPLETION OF 1 YEAR PROBATIONARY (OR TRIAL) PERIOD COMMENCING

☐ SERVICE COUNTING TOWARD CAREER (OR PERMANENT) TENURE FROM:

☐ SUCCESSOR POSITION—EMPLOYEE RETAINED IN THE COMPETITIVE SERVICE

☐ ENTRANCE PERFORMANCE RATING SATISFACTORY

SEPARATIONS: SHOW REASONS BELOW, AS REQUIRED. CHECK, IF APPLICABLE

☐ DURING PROBATION
CPO EXIT INTERVIEW

DATA REQUIRED BY THE PRIVACY ACT OF 1974
(5 U.S.C. 552a)

Title of Form: CPO Exit Interview

Prescribing Directive: FPM 250, FPM 850

1. Authority:
President's Memorandum of 9 October 1969,
5 USC Chapter 85

2. Principal Purpose(s):
1. To evaluate personnel management, procedures and responsibilities at activities
   serviced by the Civilian Personnel Office, Fort Lewis.
2. To provide information on employment to State employment benefits offices for their
determination on entitlement to unemployment compensation.

3. Routine Uses:
1. Information to evaluate civilian employee morale and welfare will be furnished in a
sanitized manner without personal identifying information.
   a. Statistical summaries will be furnished management.
   b. Safety problems identified will be furnished to appropriate Safety Office or
      Industrial Hygiene so that appropriate actions can be taken.
   c. Information on gross waste of resources will be furnished Management Analysis or
      appropriate office so that appropriate actions can be taken.
2. Information which may have an impact on entitlement to unemployment compensation
will be entered on the Standard Form 50, Notification on Personnel Action, or may be released in
response to a specific inquiry or hearing IAW UCPE.

4. Mandatory or Voluntary Disclosure and Effect on Individual Not Providing Information:
Voluntary. Failure to disclose information on dissatisfactions with working conditions
which have caused your decision to depart your job may result in denial of unemployment
compensation.

EXIT INTERVIEW

Employee's Name:
Position Title, Series, & Grade:
Organization:

Section I (Instructions)

For each exit interview enter the employee's name, title, series, grade and organization
above. Check in Section II the employee's main reason(s) for separation as listed on
the SF 52. Tell the employee the purpose of the interview and that he/she does not have
to answer the questions (see sample statement in Section III). Ask the employee ques-
tions lettered a, b, c, plus the additional lettered questions indicated in parentheses
after the main reason(s) checked in Section II. For instance, if the employee indicates
he/she is transferring to the Air Force, you would check "Transfer to another Federal
agency," and ask the employee questions a, b, c, and d. If it appears from responses
to any of these questions that the employee is dissatisfied with working conditions
and he/she does not already have another job, read question h to the employee which
informs the employee of his/her right to file a grievance.

90
| Study Title: A Study of Civilian Registered Nurse Recruitment at
| Location: Madigan Army Medical Center
| Authors: Army Health Care Studies and Clinical Investigation Activity F...
| Author: R H Grishold
| Classification: UNCLASSIFIED
| Date: JUN 02
| Report No.: HCSCIA-56-08
| Date of Issue: 5/9
| Language: NL
EXIT INTERVIEW (continued)

Section II (Reasons for Separation)

_____ Move (not accompanying head of household or employee is head of household) (f)
_____ Accompanying head or household
_____ Retirement (f). If no, read (e)
_____ Transfer to another Federal agency (d)
_____ Expiration of temporary appointment
_____ Another job (d)
_____ Desire for part-time work (f)
_____ Pay (f)
_____ Lack of promotional opportunities (f)
_____ Dislike for shift work (f)
_____ Working conditions (g)

_____ Personal reasons (e)
_____ No reason given (e)
_____ To care for family (e)
_____ Ill health or disability
_____ Retirement (e)
_____ Unable to do the job (f)
_____ Return to school (e)
_____ Pregnancy (e)
_____ Marriage (e)
_____ To stay home (e)
_____ Commuting distance or cost of gasoline
_____ Other. Specify:________

Section III (Interview)

Sample Statement: The purpose of this interview is to determine if changes can be made to improve working conditions. If you don't wish to answer any of the questions, you are not required to do so.

Questions:

a. Would you rate your supervisor as ____ average, ____ above average, ____ below average?

b. What changes would you like to see made at your worksite? Do you know of any adverse working conditions we should do something about?

c. How long have you worked in your most recent job?

d. What made you decide to start looking for another job?

e. If you decide to return to work, would you apply for a job at Fort Lewis again?

f. Do you have another job?

g. You have the right to file a grievance. If you are interested in hearing more about this right, I will take you to see one of our Employee Relations Specialists, who can provide you more information.

h. Although you have not indicated that you are dissatisfied with your working conditions on your resignation, it appears from our conversation that this might be an underlying reason for your resignation. Therefore, I must inform you that you have the right to file a grievance. If you are interested in hearing more about filing a grievance, I will take you to see one of our Employee Relations Specialists who can provide you more information.

Date of Exit Interview:___________________________

Exit Interview conducted by:_________________________
CIVILIAN PERSONNEL OFFICE EXIT INTERVIEW

DATA REQUIRED BY THE PRIVACY ACT OF 1974 (5 U.S.C. 552a)

TITLE OF FORM: CPO Exit Interview  PRESCRIBING DIRECTIVE: FPM 250/850
1. AUTHORITY: President's Memorandum of 9 Oct 69 and 5 USC Chapter 85

2. PRINCIPAL PURPOSE(S):
   a. To evaluate Personnel Management policy and procedures at activities serviced by the Civilian Personnel Office, Fort Lewis.
   b. To provide information on employment to State employment benefits offices for their determination on entitlement to unemployment compensation.

3. ROUTINE USES:
   a. Information to evaluate civilian employee morale and welfare will be compiled in a quarterly statistical and narrative report to managers.
   b. Safety problems identified will be furnished to appropriate Safety Officers or Industrial Hygiene personnel so that appropriate corrective actions can be taken.
   c. Information on gross waste of resources will be furnished Management Analysts or appropriate offices so that appropriate actions can be taken.
   d. Information which may have an impact on entitlement to unemployment compensation will be entered on Standard Form 50 (Notification of Personnel Action) or may be released in response to a specific inquiry or hearing IAW UCFE.

4. Mandatory or Voluntary Disclosure and Effect on Individual Not Providing Information: Disclosure is voluntary; however, failure to disclose information on dissatisfactions with working conditions which have caused your decision to depart your job may result in denial of unemployment compensation or the correction of safety problems and/or waste or abuse of resources.

INSTRUCTIONS TO INTERVIEWER
1. Read the above Privacy Act Statement and insure that the employee understands the interview is voluntary and the purpose and use of the information obtained.
2. If the employee consents to be interviewed, fill in the section below:
   Employee's Name:_____________________________
   Position Title, Series, & Grade:__________________________
   Organization:____________________________________
3. Enter the reason(s) for separation as recorded in Part III of the SF 52:
4. Determine if there were any underlying reasons for separation that the employee was reluctant to record on the official SF 52. If so, summarize them:
5. Explain to the employee that answers to the following questions will be used in efforts to improve working conditions:
   a. Time in your most recent job?_____ Time in Federal Service?_____
   b. Would you rate your supervisor as poor, fair, good, or excellent?
CPO EXIT INTERVIEW (CONTD)

c. How was your working relationship with your fellow employees and how was their morale or attitude?

d. How could working conditions at your worksite have been improved (especially safety hazards or adverse conditions)?

e. Were you satisfied with the following conditions of your work? Explain.

(1) Hours/scheduling:
(2) Salary:
(3) Fringe benefits:
(4) Equipment and/or surroundings:
(5) Adequacy of staff:

f. If you are moving to another job, what improvements in the above work conditions do you expect to find there?

g. Did you encounter any age, sex, religious or racial discrimination (to include sexual harassment) in your previous job? If so, explain.

h. Under what circumstances would you apply for a job at Fort Lewis again?

6. If it appears that the employee is significantly dissatisfied with the conditions surrounding his/her work at Fort Lewis, fully explain the right to file a grievance with an Employee Relations Specialist. Ask the employee to initial or sign the appropriate responses below.

I understand my Privacy Act rights and the use of this form. ______(Initials)
I wish to file a Grievance with an Employee Relations Specialist______(Initials)
I have no objection to my name being used in conjunction with this information. _______________________(Signature)

7. Name, date and signature of interviewer:

_________________  ___________________  ___________________  ___________________
APPENDIX B

EXIT INTERVIEW COMMENTS OF DEPARTING MAMC
DEPARTMENT OF NURSING PERSONNEL
APPENDIX B

EXIT INTERVIEW COMMENTS OF DEPARTING
MAMC DEPARTMENT OF NURSING PERSONNEL
2nd, 3rd, 4th Qtrs, FY 81 and 1st, 2nd Qtrs, FY 82

2nd Qtr, FY 81

COMMENTS:
- Staff shortages, Ward 13, Recovery Room.
- Good morale, good place to work.
- Civilians worked nights, weekends and holidays while ANCs had
  those times off. Was hired with understanding that tours would
  be 50% days, 50% evenings - did not work out that way.
- Poor scheduling - employees required to work maximum number of
  days allowed by regulation without day off.
- No standard operating procedures, no recognition, no pats on
  the back. Supervisor moody.
- Aids need to develop a more professional attitude. They are
  disrespectful to those who supervise them.

3rd Qtr, FY 81

COMMENTS:
- Short of help. Work employees seven days in a row quite often.
  Harassment of civilian employees by military personnel.
- Need equitable application of rules - better supervision. Military-
  civilian conflicts. Ward 1 was a dumping ground for reject mili-
  tary personnel who could not cut it on other wards. Incometent
  Lieutenant was not disciplined. Also, if they were short staffed
  they called civilians back first.
- Ward crew (Ward 9) is exceptional. Need more staff.
- Too many personnel working together in small area (patient escort and terminal cleaning). Should be two separate functions.
- More staffing needed.
- Need more nurses. No GS-11 positions for those with higher education - no promotion opportunity.
- Other employees didn't do their share of the work - were unfriendly and abrupt.
- Need someone assigned to take care of supplies (Anesthesia/Op Room). Position should be upgraded (Nursing Asst, GS-3).
- Military insubordination to head nurse (GOPC). Suggestive remarks and touching by military males - situation was not resolved by supervisor.
- Physical set-up in CCU not conducive to peace and quiet. Very good work experience and would love to come back.
- Supervisor should show consideration for civilians, shows preference to military personnel. Once posted, changes schedules without notice.

4th Qtr, FY 81

COMMENTS:

- Understaffed.
- Recovery Room LPNs should be GS-5's as it is a critical care area.
  Nurses should be GS-10.
- Need better communications, management to employees.
- Need new medical equipment, facility.
- More personnel needed (Ward 21).
- Need more office space, oxygen outlets, personnel (Ward 3a).
- LPNs and RNs should be upgraded. Office needs remodeling. Need more personnel and better communications with supervisor. Favoritism. (Ward 3)
- Supervisor doesn't treat people fairly - favoritism. Have to beg for time off. (OB-GYN Clinic).

1st Qtr, FY 82

COMMENTS:
- Qualified for higher grade - was called for an opening.
- Poor working relationship with military co-workers.
- Understaffed. Need more specialty training for pediatrics. Observed criminal care, e.g. patient under direct care of Reservist RN had what could have been serious tissue damage from infiltrated IV. Unnecessary admissions (social) take up beds and nurses time which could be better utilized with sick children.
- No opportunity for advancement. Accepted job at approximately same salary with civilian hospital - benefit - permanent day shift.
- Understaffed.
- Loaned out to many offices.
- Need more help on wards and choice of two shifts.
- Need better work scheduling, qualified staff and higher pay. Not enough equipment available. Uncaring military supervisors.
- Had previously applied at other agencies; VA offered higher grade.
- Dislike for shift work - need days only to attend college. No problem with salary.
- No break area.
- Enjoyed work; but have a vision problem. Understaffed. Priority should be given to patient care.
- Need better lighting.

2nd Qtr, FY 82
- Pay #1 complaint.
- Need more help, patient safety in jeopardy because of staffing.
  NOTE: A similar comment was made by an employee who departed Ward 1 during first quarter. Sexual harassment by male patient.
- Monitors are needed for children. There is currently an insufficient amount.
- Transfer to another Federal agency. (Rotating shifts were not a factor - will be doing same job at VA at a higher grade.)
- Was worked 8 nights straight.
- Need change of immediate supervisor. Workers are not oriented in areas of assignment.
- Understaffed - long hours.
- Started looking for another job due to denial of part time work. Pay was not a factor.
- Lack of training of staff members. Required to work all but every 5th weekend. Required to work 3 shifts per week sometimes, most of the time 2 shifts. Much bargaining for days off causes shift changes. No notice given more than 1-1/2 weeks in advance.
- Pay was not a factor.
- Schedule.
- Need more staff. Need more orientation on the role of military corpsmen, especially as their supervisor.
- Enjoyed working at MAMC and hated to leave. Need larger facilities. Intensive care nurses should receive higher pay - more knowledgeable and skilled.
- Personal reason for leaving; (Rotating shift caused personal problems. Took $1.00 less per hour to work at MAMC for the learning experience.)
- Lack of communication.
- Shortage of personnel.
- Pay and dislike for shift work.
- Was misinformed as to hourly rate of pay and promised certain shift (tour) which didn't occur.
- Need official notification of policy changes from "higher ups."
- Need more people.
- Decided to look for another job due to no promotion opportunity. Military pay for same work is $900 more (CPT - Nurses Corps).
APPENDIX C

SAMPLE COPY OF WRITTEN SURVEY INSTRUMENT
MAILED TO THIRTEEN AREA HEALTH FACILITIES
Greetings:

I am a Registered Nurse, licensed in Washington, presently employed at Saint Peter Hospital in Olympia. I committed myself to work there at least one year. That year will be up on about the first of May.

Would you please send me information concerning opportunities for RNs at your hospital? I am especially interested in the following items:

1. Starting pay and programmed pay raises for 1, 2, 3, 5 and 10 years experience.

2. Special or differential pay for nights, evenings, weekends and holidays. Special pay for work in Charge, ICU, CCU, OR, ER, L&D, Psych, Neonatal, or Burns.

3. Flexibility of shifts and hours: i.e., could I have my choice of days, evenings, or nights; or how long would I have to work, on the average, to qualify for the shift of my choice? Do you offer four 10-hour days for full benefits, seven days on and seven days off, 24-hours of work on a week-end for 40 hours of benefits? Will I be required to rotate shifts?

4. Tuition assistance/reimbursement or time-off for pursuit of Diploma, Bachelors Degree or Masters Degree education. Is there a pay differential for 2 year Associate Degree, 3 year Diploma, or 4 year Bachelor Degree RNs?

5. Holidays, vacation days and sick days, and how these are accumulated; also, the policy on maternity leaves.

6. A dual-track (clinical and administrative) for promotion to higher levels of authority and responsibility with commensurate pay.
7. Does your hospital have a severe shortage of nurses and is there a significant use of Nurse Agency people, i.e., will I be asked to work in a chronically understaffed ward with nurses who may be unfamiliar with that ward?

8. What are the other components of your benefits packages? e.g., retirement; medical, hospitalization, dental and malpractice insurance; continuing education allowance; Christmas, year-end or recruitment bonus?

I graduated from Washington State University in 1975 with a Bachelors Degree in Nursing. I have been working since that time in general nursing, dialysis, critical care, and on the IV Therapy Team at St. Peter.

I am especially interested in gaining experience in the critical care area (ICU, CCU, Neonatal ICU) and would also like to know if I could receive training at your hospital that would lead to ACCN Certification.

I ask that my inquiry be kept in confidence at this time and that I receive your written response to my questions. Thank you very much.

Sincerely,

Lucy Patterson Brown, RN
APPENDIX D

SAMPLES OF LOCAL AND NATIONAL ADVERTISING
FOR REGISTERED NURSE SERVICES
APPENDIX D
SAMPLES OF LOCAL AND NATIONAL ADVERTISING
FOR REGISTERED NURSE SERVICES

SOURCES:
The Olympian, Sunday, May 2, 1982, p. E8
Announcement DH-01-82, Clinical Nurse GS-610-5, FLCPO
Announcement DH-01-81, Clinical Nurse GS-610-7 and 9, FLCPO
Army Times, June 8, 1981, p. 41
RN Magazine, December 1981, VOL 44, No. 12 (3 color pages)
The United States Air Force Medical Corps

is currently accepting applications for the following specialties:

General Surgery
Orthopedic Surgery
Otolaryngology
Neurosurgery
Rehabilitation Medicine
Psychiatry
Urology
Ob/Gyn

For further information call:
Charles Plunkett
or
Tom Thornton
442-1307 or 442-1553 (Seattle)
(Call collect if long distance)

Your confidentiality is assured.
MECHANICAL PROJECT ENGINEER

Are you an engineer who enjoys multi-discipline interfacing and can make things happen? If so, we are an established engineering/architectural firm, and we have a position where you can put your talents to work.

This position requires:

- BSME
- Minimum of 10 years power and lighting design
- Experience as a project manager or project engineer.
- Professional registration
- Health care facilities background
- Ability to direct an electrical team

As an industry leader, we offer a competitive starting salary, comprehensive benefits, attractive Lake Union location, and high visibility with growth potential.

For immediate consideration, please call TOLL FREE Jack Evans at 800-222-2701 or send your resume with salary expectations to:

Mr. J.C. Evans
HENNINGSON, DURHAM & RICHARDSON
1100 Eastlake Ave. East
Seattle, WA 98108

DELIVER
TELEPHONE BOOKS
XTRA INCOME — PART TIME
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Delivery starts on 5/8/82
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Delivery starts on 5/10/82
MERCER ISLAND
ISSAQAH
NEWPORT HILLS
SOMERSET

Must be 18 years or older.

Librarian III
Beginning Salary: $12,999
Annual + Benefits

Management position with responsibilities of a division in a major Public Library System. Strong background in ALA accredited school library experience and a Librarianship Degree required. This position is a key role in the support and management of the Library System. Applications must be completed on file by June 15th. Assistance may be available for June 1st. CALL FOR DETAILS.

LEGAL SECRETARY


can be found in the classified section of the newspaper.

MADIGAN ARMY MEDICAL CENTER

Registered Nurses
Cytology Technician
Ultrasound Technician
Speech Pathologist
1564

CIVILIAN PERSONNEL OFF.

EMPLOYMENT SERVICES BR.

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BREMERTON, WA 98314

Automotive Mechanic

MECHANIC HELP WANTED

Chevrolet dealers in excep-

Call John Ryan at OMC

FLET, 564-7737

MECHANICAL CAREERS

in an Industry of a

Legal Secretary

$15,000. Later New. Jack
driv. must have int. &
a previous exch. in

employment. Call for an
int. C.A.P. 4041 Air

Marshalling Tower

PROPERTY MANAGER

Immediate full time rental property

Apt One-

North Shore Rd. Bremerton, WA

ASSOCIATE MANAGER

Certified OICCE Clerk/Driver

ORANGE COUNTY

PAY 9.00-9.50 w/ wk.

MAIDS NEEDED must be avail

a

300-store retail chain, is

seeking an Assistant Man-

ager and part-time sales-

people for our store in the

Northgate Mall. We spe-

cialize in custom gown-

ing of quality gifts.

Our prime location in the

cmall added is your in

the heart of the action! Con-

This position should be

motivated, enjoy public

contact and working to

work retail hours, retail

sales experience a plus.

- M A R I N E

E L E C T R I C I A N

RUGGER SCOUND

NAVAL SHIPYARD

BREMERTON, WA 98314

Automotive Mechanic

MECHANIC HELP WANTED

Chevrolet dealers expect

Call John Ryan at OMC

FLET, 564-7737

MECHANICAL CAREERS

in an Industry of a

Legal Secretary

$15,000. Later New. Jack
driv. must have int. &
a previous exch. in

employment. Call for an
int. C.A.P. 4041 Air

Marshalling Tower

PROPERTY MANAGER

Immediate full time rental property

Apt One-

North Shore Rd. Bremerton, WA

ASSOCIATE MANAGER

Certified OICCE Clerk/Driver

ORANGE COUNTY

PAY 9.00-9.50 w/ wk.

MAIDS NEEDED must be avail

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300-store retail chain, is

seeking an Assistant Man-

ager and part-time sales-

people for our store in the

Northgate Mall. We spe-

cialize in custom gown-

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cmall added is your in

the heart of the action! Con-

This position should be

motivated, enjoy public

contact and working to
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461-9209, 924-3374, 264-2258 or 273-5547.

VOLCANO FLIGHTS
327-5793 at 7:30
WE WILL drive your car to Texas. Lounge,
you to the Olympics between May 23 and May 31.
Call for details. 357-4179.

Business to Business

244. Medical

LPN
Full and part time positions available.
SENIOR SHOP MECHANIC: Combined
mechanical and diagnostic work in the maintenance of
equipment. 2 years experience required. 
LABORATORY TECHNICIAN: Skilled
mechanical work in the maintenance of
laboratory equipment and related
services.

Business to Business

224. Bus. Opportunities

224. Bus. Opportunities

TAVERN - All new building. Good
business. Good location. packed
weekends. $5,000. 482-2525.

224. Bus. Opportunities

MADIGAN ARMY MEDICAL CENTER
Tacoma, Washington

REGISTERED NURSES
GS-5, 7, 9, $12,854-$19,477
CTOLOGY TECH. GS-7, $15,922
DIAGNOSTIC ULTRASON TECH.
GS-7, $15,922 to start.

SPEECH PATH. GS-11, $23,577
Ms Nielsen/Ms Landreth, (206) 967-2131
Civilian Personnel Office
Employment Services Branch
P.O. Box 33277, Fort Lewis, WA 98433
Order Equal Opportunity Employer

224. Bus. Opportunities

FOOD & DRINK
Several businesses to choose from
in the downtown area. Call FredMcCoy
SWIFT, 491-4927 or 1-581-0500
NARRATIVE, 768-8017

HOOD CANAL
CANAL & LOUNGE
ON 172 Market Street. Open 7 days.
Located by the Hood Canal. Good
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Call FredMcCoy SWIFT, 491-4927 or 1-581-0500
NEAT HOMES SHOP
Established 6 years with large
customer count developed from all 5
Washington. Call us to inquire.
Four years left on excellent
travel & lodging on each tool.
Located in busy
building. Shop with good
parking and excellent retail store
and restaurant mix. Large size business
and high quality purchased. Easy
volume from schools and
business. Old and new
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Can operated video games for sale.
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Deadline for applications: Jan 1962.

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Automatic Data World's largest compu
city, needs a dy
ASIN 463.
We'll sell our da
timal
The successful: a
program and an
The repre
performance.
Our compas-
program and an
The repre
program and an
ACCEPTING APPLICATIONS
for the position of

CLINICAL NURSE GS-610-5 (Career Progression Potential to GS-9)

WHO MAY APPLY: All persons who meet the qualification requirements and who are U.S. Citizens may apply.

ANNOUNCEMENT: DH-01-82

OPENS: 14 January 82 until further notice

LOCATION OF POSITION: MADIGAN ARMY MEDICAL CENTER
Tacoma, Washington

DESCRIPTION OF DUTIES: As a trainee nurse, performs duties in medical and surgical units. Receives orientation and guidance on nursing policies, regulations and general functions of the unit to which assigned. Plans and provides nursing care for individual patients.

TYPES OF POSITIONS: There are full time (40 hours per week) and part-time (20 to 32 hours per week) positions. Both types of vacancies will be filled from the register established from this announcement. Applicants wishing consideration for BOTH full-time and part-time employment should state "Clinical Nurse - in Item 1 and "Clinical Nurse - Part-Time" in item 2 of SF-171. Applicants applying for part-time positions ONLY should state "Clinical Nurse - Part-Time" in Item 1 of SF-171. Rotational shift work required.

QUALIFICATION REQUIREMENTS:

Basic Registration Requirement: Current registration as a professional nurse in a State, District of Columbia, Puerto Rico, or a Territory of the United States is required.

Experience and Education Requirements:

<table>
<thead>
<tr>
<th>EDUCATION:</th>
<th>Associate Degree</th>
<th>OR</th>
<th>Diploma Program of 30 months or more</th>
<th>OR</th>
<th>Baccalaureate Degree</th>
</tr>
</thead>
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<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

OR Diploma Program of less than 30 months

EXPERIENCE: 1 Year

$12,854.00 per annum
$6.18 per hour (plus night and Sunday Differential)

UFL Form 226-2-CPO
1 JUN 81
Graduates of an associate degree program or diploma program of less than 30 months duration may have experience as a practical nurse or nursing assistant (either paid or voluntary) credited on a month-for-month basis to a maximum of 12 months. The practical nurse or nursing assistant experience must have been gained under the supervision of a professional nurse; equivalent to GS-4 or higher; and relevant to the position to be filled.

**Basis of Rating:** No written test is required. Applicants will be evaluated on the quality and extent of their education and experience.

**Equal Employment Opportunity:** All applicants for Federal employment receive consideration without regard to race, religion, color, national origin, sex, political affiliation, age, or any other nonmerit factor.

**How To Apply:** Submit the following forms which may be obtained from the Office of Personnel Management Job Information Centers (Seattle - 206-442-4365) and the Fort Lewis Civilian Personnel Office (206-967-2131):

1. SF-171, Personal Qualifications Statement
2. CSC-5001-ABC, Register Card
3. CSC-1170, List of College Courses, or a college transcript
4. CSC-991, Supplemental Application - Nurse
5. SF-15, Claim for 10-Point Veteran Preference (if applicable)
6. DD-214(s), Report of Separation from Active Duty (if applicable)

**Mail required forms to:**

Civilian Personnel Office  
P. O. Box 33277  
Fort Lewis, WA 98433
WHO MAY APPLY: All persons who meet the qualification requirements and who are U.S. Citizens may apply.

ANNOUNCEMENT: DH-01-81

Location of Positions: MADIGAN ARMY MEDICAL CENTER
Tacoma, Washington

Description of Duties: Provides a full range of professional nursing care to patients in assigned areas. Most vacancies are located in hospital wards and intensive care areas.

Types of Positions: There are full time (40 hours per week) and part-time (20 to 32 hours per week) positions. Both types of vacancies will be filled from the register established from this announcement. Applicants wishing consideration for BOTH full-time and part-time employment should state "Clinical Nurse" in item 1 and "Clinical Nurse - Part-Time" in item 2 of SF-171. Applicants applying for part-time positions ONLY should state "Clinical Nurse - Part Time" in Item 1 of SF-171. Rotational shift work required.

QUALIFICATION REQUIREMENTS:

Basic Registration Requirement: Current registration as a professional nurse in a State, District of Columbia, Puerto Rico, or a Territory of the United States is required.

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<table>
<thead>
<tr>
<th>EDUCATION:</th>
<th>Associate Degree OR</th>
<th>Diploma Program OR</th>
<th>Baccalaureate Degree</th>
</tr>
</thead>
<tbody>
<tr>
<td>PLUS</td>
<td>EXPERIENCE</td>
<td>GS-9</td>
<td>3 years</td>
</tr>
<tr>
<td>GS-7</td>
<td>2 Years</td>
<td>1 Year</td>
<td>1 Year</td>
</tr>
</tbody>
</table>

Substitution of Education for the Required Experience: In addition to the basic education requirements, the following amounts and levels of education may be substituted for the required experience and is fully qualifying as specified below:

JFL Form 226-2-CPO
1 JUN 81
GS-9: Completion of all requirements for a master's or equivalent degree

OR

Two full academic years of graduate education,

GS-7 One full academic year of graduate education.

Basis of Rating: No written test is required. Applicants will be evaluated on the quality and extent of their education and experience.

Equal Employment Opportunity: All applicants for Federal employment receive consideration without regard to race, religion, color, national origin, sex, political affiliation, age, or any other nonmerit factor.

How to Apply: Submit the following forms which may be obtained from the Office of Personnel Management Job Information Centers (Seattle -206-442-4365) and the Fort Lewis Civilian Personnel Office (206-967-2131):

1. SF-171, Personal Qualifications Statement
2. CSC-5001-8C, Register Card
3. CSC-1170, List of College Courses, or a college transcript
4. CSC-991, Supplemental Application - Nurse
5. SF-15, Claim for 10-Point Veteran Preference (if applicable)
6. DD-214(s), Report of Separation from Active Duty (if applicable)

Mail required forms to:

Civilian Personnel Office
P. O. Box 33277
Fort Lewis, WA 98433
PEOPLE IN THE ARMY

Fort Sill Couple Uses Teamwork to Collect Honors

(This column is compiled by Staff Writer Jim Rogers.)

FORT SILL, Okla. — Sgt. William R. Bell and his wife, Sp4 Donna L. Bell, want to excel as a couple and as individuals. Sgt. Bell was recently selected battalion NCO of the Quarter, B Btry, 6th Bn, 3rd FA. Sp4 Bell was recently selected Soldier of the Month, A Btry, 6th Bn, 3rd FA.

"We help each other when we are getting ready to compete before a board," Sgt. Bell said. "We study together." Sp4 Bell takes care of the couple's uniforms. Sgt. Bell shines the couple's shoes. But what would happen if they were competing for the same title?

"I would want my husband to win," Donna said. "Besides, he knows more about soldiering."

"I would want my wife to win," William disagreed. "Actually, I don't know what would happen. I know we would still help each other study and get ready."

"What we would try to do is lie," Donna said.

WASHINGTON — Lt. Col. Naldean Borg, resident clinical nursing expert at Walter Reed Army Medical Center, has received the Dr. Anita Newcomb Award, the highest honor afforded to an Army nurse by the Daughters of the American Revolution.

Borg has done extensive work in the area of death and dying with both staff and patients at WRAMC. "Clinical nursing has a special role in the area of ministering to the dying patient and the family," she said.

Borg was recently honored for the McCord Award by Col. Lorene Renerson, chief, Department of Nursing, for her contributions to education.

The award, first given in 1946, is presented by the DAR every year to an Army nurse on the anniversary of the Army Nurse Corps. Borg was the Assistant Surgeon General of the Army in 1901 and was responsible for founding the Army Nurse Corps."

FORT BENJAMIN HARRISON, Ind. — A Navy wife was recently honored here for devoting more than 500 hours of volunteer work to Army—repeat, Army—Community Service here.

"Navy, Marine, Air Force, Coast Guard and Army wives are all in the same boat," asserted Carolyn L. Nixon, who was presented with the Governor's Award for Community Service here.

Nixon is the wife of a Navy chief who is an instructor at the Defense Information School here. She started her volunteer work in 1978 and was supervisor of the ACS program here from 1980 to 1981.

"She stepped forward when there was a critical shortage of volunteers," Bev Overton, director of the local HELP Center, said. "She did the need and was willing to fulfill the commitment . . . when no one would take the responsibility. She not only had to learn the Army's program from basics, but simultaneously trained, motivated and directed a growing staff of volunteers."

GALVESTON, Tex. — Col. James M. Sigler, District Engineer for the Galveston District of the Corps of Engineers, now has the distinction of being an admiral.

Sigler was commissioned an admiral in the Texas Navy recently in ceremonies conducted by Adm. Chuck Devoy, executive director of the Port of Galveston, and Admiral Stephen L. Walker, chief of naval operations for the Texas Navy.

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Armed Forces Medical School Students Cite Two Faculty Members

BY A TEXAS BELL WRITER

BETHESDA, Md. — Students at the Uniformed Services University of the Health Sciences here have honored two instructors, one of whom is an Army doctor.

Dr. (Lit. Col.) Patrick Duff assigned to the clinical faculty in obstetrics and gynecology at USUHS, was given the William P. Clements Award at the school considered by the students to be their best teacher.

Dr. Duff, head of Walter Reed's student education program in obstetrics and gynecology, has extensive contact with USUHS students rotating through the medical center on required clinical clerkships during their third year.

Dr. Malcolm B. Carpenter, professor and chairman of the department of anatomy, was honored by USUHS students as being their favorite civilian faculty member.

The Best Place To Become

For more than 80 years, Seton Medical Center in Austin, Texas has been offering the best in health care...what we call "Total Care". We continually look for nurses whose interests go beyond professionalism to a warm, Christian concern for every patient we serve.

Although we've changed and progressed over the years, our emphasis on the individual—patient or nurse—has never changed. We want our nurses to have the best care possible and we want our nurses to be able to use the skills and abilities they were taught to the fullest.

Simply stated, we want you to become The Best Nurse you can be. Because when our nurses reach their full potential, then the care we give becomes even better.

Many hospitals say these same things, but at Seton it is more than mere rhetoric. It is a commitment that is supported by our administration, that is reflected in our ongoing training programs, classes, seminars, and more importantly, that is exhibited by the smiles on the faces of our patients.

Perhaps the Best part of Seton is the fact that it is located in the beautiful "Hill Country" of Central Texas. The city of Austin offers its citizens a unique blend of city convenience and sophistication with small town friendliness that you don't find in many State Capitals. So, why not consider a nursing career at Seton Medical Center. Just call (512) 459-3121 ext. 5510 COLLECT for more details. The phone call is on us...but the opportunity is for you.

Affiliat Health Positions available, too!

As equal opportunity employer, we/

The Best Nurse You Can Be!
You take pride in your nursing pin. You'll take pride in working with North America's leading supplemental nursing service.

Our clients know they're dealing with the best. Medical Personnel Pool has one of the most stringent code of ethics and practices in the nursing field.

With our exclusive Skillmatching™ system, our clients get the nurse they need, and you get the kind of nursing assignment you're most qualified to do. Maybe that's one reason why many leading hospitals and nursing homes rely on us for their supplemental staffing requirements.

If your career in nursing requires more flexibility than a full-time staff position allows, and you feel you're a top professional, why not give us a call? Choose home care, private duty in the facility, staff relief, travel nursing, or occupational health nursing. Work the hours and shifts you want.

We have 180 offices listed in the white pages. We offer competitive pay, comprehensive insurance coverage, paid vacations, bonus plans, job security and other benefits. And most of all, we offer the pride of working with the best.

Medical Personnel Pool™
An International Nursing Service. An HR BLOCK Company.
Corporate Headquarters: 303 S.E. 17th Street, Ft. Lauderdale, Florida 33316
Professional growth in Nursing is a challenge Mount Sinai provides the optimal environment in which you can achieve that growth with integrated programs in our 4 track system of advancement: Clinical, Management, Specialist and Education. Development of primary nursing and our strategy for achieving nursing professionalism.

We are a 700 bed Teaching Hospital affiliated with 4 Professional Schools of Nursing and the University of Miami School of Medicine. Our Medical Staff includes Interns, Residents and a large attending staff.

Miami is a growing, lively, cosmopolitan community. Outdoor activities including tennis, swimming, sailing or simply strolling on the bay are in close proximity to Mount Sinai.

Adrianna Bagg, Nurse Educator

“...involvement in orienting and educating nurses in awareness of current trends in patient care is very rewarding to me. At Mount Sinai, educational experiences encourage professional growth of all nurses.”

Rosanne Sonshine, RN Nurse Recruiter
Mount Sinai Medical Center
4300 Alton Road
Miami Beach, FL 33140
CALL COLLECT: 305/674-2396

For more information contact:
Rosanne Sonshine, RN
Nurse Recruiter
Mount Sinai Medical Center
of Greater Miami
4300 Alton Road
Miami Beach, FL 33140
(305)674-2396 please call collect
Equal Opportunity Employer
Exceptional care starts here at Cedars. Exceptional nursing opportunities exist too. In our progressive 700-bed medical complex.

Cedars' philosophy of total patient care employs the concepts of primary, team and modular nursing. Along with Medical, Surgical and Emergency nursing, we offer a variety of specialty areas including Oncology, Telemetry, Cardiac Medicine, Orthopedics, Gyn-Oncology, Geriatric Psychiatry and Geriatric Medicine. Plus all Critical Care Units and Ambulatory, General and Cardiac Surgery.

We also offer top starting salaries, exceptional shift differentials, flexible scheduling which allows you to work Monday-Friday with every weekend off, relocation assistance and free temporary housing for 30 days, and 100% tuition reimbursement programs.

Call TOLL-FREE or write our Nurse Recruiter, Elizabeth Haver, to find out more about the exceptional life at Cedars: 1-800-527-7388, 1600 N.W. 12th Avenue, Miami, Florida 33136. In Florida, call COLLECT (305) 325-5443.
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LAST
FOREVER

The beaches are beautiful, perhaps even the most exciting time of your life. We
were there, and so will you.

DAYTONA BEACH has always been exciting, energetic, and
friendly. A town that lives today's technology and opportunity to work at the forefront of
the best opportunities in professional experience.

HALIFAX HOSPITAL MEDICAL CENTER, with over 500 beds,
the only regional medical center in the area. Programs include:
- Dermatology
- Endocrinology
- Family Practice
- Internal Medicine
- Neurology
- Neurosurgery
- Orthopedics
- Psychiatry
- Radiology
- Surgery

Be sure the past is not the future... future through Halifax Hospital/Daytona
Beach, the dynamic, growing city.

For information write:
Sherry Hoover, RN, 303 N. Clyde Wait Blvd.
P.O. Box 1923
Daytona Beach, Florida 32218
or call collect (904) 258-1505
Intensive care.

It's a nursing specialty at Children's Hospital National Medical Center. And we're not just talking about the Unit either. Intensive care is part of our philosophy of caring for and about our special patients.

Before surgery, there's Cinderella. Or Superman. And while building up strength, there's building ships.

Nurturing trust and love... our most potent medications.

If you care intensely, we'd like to hear from you. Call us collect. Ms. Virginia Dagdag, Nurse Recruitment Coordinator, (202) 745-5396. We are an equal opportunity employer.
APPENDIX E

EXAMPLES OF ADS FROM THE 1982 NURSING OPPORTUNITIES
University Hospital Medical Center

1959 N.E. Pacific Street
Seattle, Washington 98115
Telephone: 206 545-3912

Contact:
Judy Shorr, R.N. or Pat Lee, R.N.
Nursing Personnel Coordinators

325 Ninth Avenue
Seattle, Washington 98104
Telephone: 206 223-5963

Contact:
Francee Sisson, R.N.
Nursing Personnel Coordinator

SUITE FEATURES

The teaching and research programs of the University of Washington Hospitals produce an atmosphere of learning and provide the most advanced technology in all areas of patient care. Employment at the University of Washington Hospitals provides the opportunity to work and live in the beautiful Seattle-Puget Sound region. Staff members may participate in a variety of University activities and athletic activities. These include University libraries, concerts, dance, public lectures, exhibitions of art and natural history, discounted sports events, and use of University athletic facilities including sailing and canoeing. Both hospitals have magnificent views of the surrounding area. University Hospital is located on fresh-water Portage Bay with a view of the Cascade Mountain range and 14,410-foot Mt. Rainier. Both hospitals are near shopping, museums, restaurants, lounges, public transportation is efficient and easily available.

FACILITIES

University Hospital offers opportunities in specialized services, including a Regional Perinatal Center with a neonatal ICU and a neonatal transport program, a perinatal transport program, a 10 bed obstetrical ward, a transplant and dialysis service, a cardiovascular surgery program, a multidisciplinary oncology unit, a Regional Spinal Cord Injury and Rehabilitation Center, NIH-funded Clinical Research Center, a multidisciplinary pain center, an outpatient behavioral health center, a family medicine center. Harborview offers opportunities in patient care and critical care medicine. Active research programs include a Regional Trauma and Burn Center and a car head trauma and drug abuse unit. HMC is the training center and hospital for the Seattle Fire Department's Medical Ministry Program and provides a School of Fire Training Center.

FINANCIAL BENEFITS

Financial: All patient competitive salaries are commensurate with experience. Full-time staff enjoy a dependency program, sick and personal days, an annual increment and a retirement plan with promotional opportunities.

Fringe: Benefits include 12 days annual leave increasing with length of service, 12 days annual sick leave, 11 paid holidays annually, 3 paid professional meetings leave days annually, bereavement and inpatient bereavement leave, hospital paid individual health insurance, term life insurance, long-term disability, dental care, dental coverage, a retirement plan and two credit unions.

Education: The University of Washington is noted for its undergraduate and graduate student-instructor, departments of instruction as well as providing clinical teaching opportunities in national and international programs with clinical teaching programs and continuing medical education programs available.

An Affirmative Action/Equal Opportunity Employer
APPENDIX F

JUSTIFICATION FOR SPECIAL OPM PAY RATES
FOR CIVILIAN RNs IN GRADES GS-5 AND GS-7
JUSTIFICATION INFORMATION FOR INCREASING NURSE SALARIES
FORMAT SOURCE: FEDERAL PERSONNEL MANUAL 530

1. Occupation: Title, Clinical Nurse
   Series, GS-610
   Grade, GS-5 and GS-7

2. GS-5 Requirements:

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<th>EDUCATION</th>
<th>EXPERIENCE</th>
<th>LICENSE</th>
<th>STATE BOARDS</th>
<th>PAY PER HOUR</th>
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<td>Yes</td>
<td>$7.50 - $7.75</td>
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<tr>
<td></td>
<td>of less than 30 mos</td>
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<tr>
<td>Diploma Program</td>
<td>Less than 1 yr</td>
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<td>No</td>
<td>7.50 - 7.75</td>
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<tr>
<td>Greater than 30</td>
<td></td>
<td></td>
<td>(Graduate</td>
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<td>mos or Bachelors</td>
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<td></td>
<td>Nurse or</td>
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GS-7 Requirements:

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<td>Yes</td>
<td>8.50 - 9.00</td>
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<td></td>
<td>of less than 30 mos</td>
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<tr>
<td>Diploma Program</td>
<td>Greater than 1 year</td>
<td>Yes</td>
<td>Yes</td>
<td>8.50 - 9.00</td>
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<tr>
<td>Greater than 30</td>
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<td>mos or Bachelors</td>
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<tr>
<td>Program</td>
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3. The area or location where these rates are recommended is Madigan Army Medical Center, Tacoma, Washington.

4. a. The approximate number of persons currently occupying positions as GS-5 is 0; the number of GS-7s occupying RN positions is 3. This is out of a total of 119 RNs. The remaining 116 RNs are graded at the GS-9 level.

   b. Approximately six positions could be filled immediately from the supply of new RNs who graduate twice a year, in the spring and fall.
c. The approximate number of vacancies anticipated over the next 12 months is 15.

d. There are existing and anticipated positions in GS-610-9 for clinical nurses.

5. a. MAMC experiences a chronic shortage of 6-10 RNs at any particular time. Length of time to fill these positions ranges from 30 days for a medical/surgery staff nurse to 120 days for a critical care qualified RN.

b. The voluntary quit rate for RNs is approximately 3 to 5 RNs per month over the past three years.

c. Approximately two job offers are tendered for each acceptance.

d. The demonstrated inability to hire any RN for a GS-5 position and the extreme difficulty of recruiting at the GS-7 level demonstrate the recruitment at these grades is next to impossible.

6. a. Recruiting efforts over the past six months have included advertising in the Medical Personnel, classified sections of local Sunday newspapers and visits to local nursing schools.

b. Methods to train auxiliary personnel to replace professional RNs are not feasible.

c. Significant attention has been paid to the improvement of the working conditions that were thought to contribute to a recruitment and retention of RNs. These included satisfaction surveys and unit meetings.

7. A table showing private enterprise pay rates is attached as Inclosure 1 ("Survey of Tacoma and Olympia Hospitals, Spring 1982"). This demonstrates that existing pay in the lower steps of GS-5 and GS-7 do not compare at all favorably to starting salaries in twelve other local health care facilities. In fact, proposed pay rates are less than the average rates paid in the local community.

8. Additional per annum costs to MAMC would actually be less if the proposed pay were established. MAMC's inability to effectively recruit at any level below GS-9 has established that grade as an entry level to the civilian RN work force. If the proposed special rates were effected for grades GS-7 and GS-5, recruitment would greatly improve for the newly graduated nurse and an actual career ladder would emerge. Upward mobility does not exist for civilian nurses at MAMC; nurses gain experience in the civilian sector, enter MAMC at the GS-9 level and stay there for the entire time they are civilian employees.

1 Inclosure
As Stated
# Survey of Tacoma and Olympia Hospitals, Spring 1982

## Salary in Order of Magnitude

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Graduate Nurse Begin</th>
<th>1 Yr</th>
<th>2 Yrs</th>
<th>5 Yrs</th>
<th>10 Yrs</th>
<th>Even. Diff.</th>
<th>Night Diff.</th>
<th>Part Time/Minus Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Veterans Administration</td>
<td>8.05</td>
<td>9.36</td>
<td>9.67</td>
<td>11.33</td>
<td>14.73</td>
<td>+10%</td>
<td>+10%</td>
<td></td>
</tr>
<tr>
<td>Allenmore</td>
<td>9.38</td>
<td>9.94</td>
<td>10.53</td>
<td>11.00</td>
<td>12.00</td>
<td>7% of base</td>
<td>10% of base</td>
<td></td>
</tr>
<tr>
<td>Puget Sound</td>
<td>8.36</td>
<td>9.49</td>
<td>9.64</td>
<td>9.81</td>
<td>10.27</td>
<td>7% of base</td>
<td>10% of base</td>
<td>$10.40</td>
</tr>
<tr>
<td>Tacoma General</td>
<td>8.28</td>
<td>9.29</td>
<td>9.46</td>
<td>9.63</td>
<td>10.27</td>
<td>$.65/hr</td>
<td>$.93/hr</td>
<td>6-15%</td>
</tr>
<tr>
<td>Doctors Hospital</td>
<td>8.88</td>
<td>9.29</td>
<td>9.46</td>
<td>9.65</td>
<td>10.35</td>
<td>$.65/hr</td>
<td>$.93/hr</td>
<td>6-15%</td>
</tr>
<tr>
<td>Mary Bridge</td>
<td>8.88</td>
<td>9.29</td>
<td>9.46</td>
<td>9.65</td>
<td>10.35</td>
<td>$.65/hr</td>
<td>$.93/hr</td>
<td>6-15%</td>
</tr>
<tr>
<td>Saint Joseph</td>
<td>8.42</td>
<td>9.29</td>
<td>9.46</td>
<td>9.66</td>
<td>10.27</td>
<td>$.65/hr</td>
<td>$.93/hr</td>
<td>6-15%</td>
</tr>
<tr>
<td>Good Samaritan</td>
<td>8.10</td>
<td>9.00</td>
<td>9.42</td>
<td>9.65</td>
<td>10.35</td>
<td>$.61/hr</td>
<td>$1.04/hr</td>
<td>12%</td>
</tr>
<tr>
<td>Saint Peter</td>
<td>7.79</td>
<td>8.94</td>
<td></td>
<td></td>
<td></td>
<td>$.49/hr</td>
<td>$1.01/hr</td>
<td>12%</td>
</tr>
<tr>
<td>Group Health</td>
<td>8.80</td>
<td>9.12</td>
<td>9.38</td>
<td>9.68</td>
<td></td>
<td>1/week</td>
<td>no nights</td>
<td>12%</td>
</tr>
<tr>
<td>Lakewood General</td>
<td>8.10</td>
<td>9.00</td>
<td>9.40</td>
<td>9.70</td>
<td>10.35</td>
<td>$.65/hr</td>
<td>$1.04/hr</td>
<td>12%</td>
</tr>
<tr>
<td>Western State</td>
<td>7.88</td>
<td></td>
<td></td>
<td></td>
<td>10.09</td>
<td>$.23/hr</td>
<td>$.23/hr</td>
<td>None</td>
</tr>
<tr>
<td>Madigan</td>
<td>6.18</td>
<td>7.65</td>
<td>7.91</td>
<td>9.36</td>
<td>9.98</td>
<td>10% of base</td>
<td>10% of base</td>
<td></td>
</tr>
<tr>
<td>GS-5</td>
<td>Step 1</td>
<td>Step 1</td>
<td>Step 2</td>
<td>Step 1</td>
<td>Step 3</td>
<td>Step 8</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX G

A GENERAL OUTLINE FOR AN RN RESIDENCY PROGRAM
GENERAL CONCEPT OF THE RN RESIDENCY

The philosophy of the Program is a needs-oriented approach for an in-depth orientation of the recent RN Graduate to the nursing profession in general and a position in the Department of Nursing, MAMC, in particular.

The course would be limited to from 6-10 RNs (both military and civilian) and would be tailored to the desires of each resident in view of the eventual position that resident might fill.

The program would be generally structured around a rotation among all the nursing activities of the hospital and a flexible schedule of time and depth in specific areas. A minimum of three months and a maximum of six months total.

Coordinator for the residency would be the nurse recruitment coordinator directly responsible to the Chief, Department of Nursing, MAMC.

The residency would start in the early summer to maximally include new graduates of area nursing schools and the Army Nurse Corps Basic Course.
### RN RESIDENCY TRAINING SCHEDULE FOR MADIGAN ARMY MEDICAL CENTER

<table>
<thead>
<tr>
<th>TIME</th>
<th>ACTIVITY</th>
<th>COORDINATOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 week</td>
<td>1. Inprocessing Orientation</td>
<td>Nurse Recruitment Coordinator</td>
</tr>
<tr>
<td></td>
<td>a. CPO Orientation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. New Arrival Orientation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c. Attendance at Morning Nursing Report</td>
<td></td>
</tr>
<tr>
<td></td>
<td>d. Tour of Hospital</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(1) Administrative activities</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(2) Clinics</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(3) Wards</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(4) Ancillary services</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lab</td>
<td></td>
</tr>
<tr>
<td></td>
<td>X-ray</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Food Service</td>
<td></td>
</tr>
<tr>
<td>2 weeks</td>
<td>2. Management Seminars</td>
<td>Admin Resident</td>
</tr>
<tr>
<td>3 weeks</td>
<td>3. General Nursing Skills Assessment and Training</td>
<td>Education &amp; Training</td>
</tr>
<tr>
<td></td>
<td>a. Pharmacy -</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(1) Medications</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(2) IVs</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(3) Exam</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. Patient Care</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(1) Bathing, Feeding, Turning</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(2) Special Devices (beds, turning frames)</td>
<td></td>
</tr>
<tr>
<td>2 weeks</td>
<td>4. Physical Assessment Course</td>
<td>Clinical Coordinator</td>
</tr>
<tr>
<td></td>
<td>a. Interviewing</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. Respiratory Assessment</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c. Cardiac Assessment</td>
<td></td>
</tr>
<tr>
<td>1 week</td>
<td>5. Ambulatory Nursing</td>
<td>Ambulatory Care Nurse</td>
</tr>
<tr>
<td></td>
<td>a. TMC and USAHC Tour &amp; Orientation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. Specialty Clinic Tour &amp; Orientation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c. Emergency Room</td>
<td></td>
</tr>
<tr>
<td></td>
<td>d. General Outpatient Clinic</td>
<td></td>
</tr>
<tr>
<td>2 days</td>
<td>6. Centralized Materiel Service</td>
<td>CMS Supervisor</td>
</tr>
<tr>
<td>TIME</td>
<td>ACTIVITY</td>
<td>COORDINATOR</td>
</tr>
<tr>
<td>-----------</td>
<td>---------------------------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>7.</td>
<td>Infection Surveillance</td>
<td>Infection Surv Nurse</td>
</tr>
<tr>
<td>8.</td>
<td>Medical Nursing</td>
<td>Medical Clinical Coordinator plus</td>
</tr>
<tr>
<td></td>
<td>a. Ward 21 (Intermediate)</td>
<td>Evening and Night Supervisor</td>
</tr>
<tr>
<td></td>
<td>b. Ward 20 (Acute)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c. CCU (Acute)</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Surgical Nursing</td>
<td>Clinical Coordinator</td>
</tr>
<tr>
<td></td>
<td>a. Wards 7 (Pre-op) and 5 (Min Care)</td>
<td>and Head Nurses</td>
</tr>
<tr>
<td></td>
<td>b. Ward 1 (Moderate Care)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c. Ward 13 (Moderate Care)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>d. Ward 9 (Step Down ICU)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>e. Ward 10 (ICU)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>f. Recovery Room</td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Psychiatric</td>
<td>Clinical Coordinator</td>
</tr>
<tr>
<td></td>
<td>a. Outpatient &amp; Alcohol &amp; Drug Abuse</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. Inpatient</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(1) Wards 17 and 18</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(2) Western State Hospital</td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>Obstetrics &amp; Gynecology</td>
<td>Maternal &amp; Child Health Coordinator</td>
</tr>
<tr>
<td></td>
<td>a. OB &amp; Gyn Clinics (patient education)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. Labor &amp; Delivery</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c. Anti &amp; Post Partum Wards</td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>Pediatrics</td>
<td>Pediatric Nurse Clinician Head Nurses</td>
</tr>
<tr>
<td></td>
<td>a. Clinics</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. Wards (Nursery &amp; NICU)</td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>Operating Room Orientation</td>
<td>Director, OR Nursing Course</td>
</tr>
<tr>
<td></td>
<td>a. Sterile Techniques &amp; Dressings</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. OR Observation</td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>Anesthesia Nursing</td>
<td>Section Supervisor</td>
</tr>
<tr>
<td>15.</td>
<td>Orientation to Permanent Position</td>
<td>Head Nurse</td>
</tr>
<tr>
<td></td>
<td>a. All Shifts</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. Major Referral Centers (e.g., Surgery, Ob, etc.)</td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX H

A MARKETING MIX FOR CIVILIAN REGISTERED NURSE RECRUITMENT
AT MADIGAN ARMY MEDICAL CENTER
## APPENDIX H

**A MARKETING MIX FOR CIVILIAN REGISTERED NURSE RECRUITMENT AT MADIGAN ARMY MEDICAL CENTER**

<table>
<thead>
<tr>
<th>PRODUCT</th>
<th>PRICE</th>
<th>PROMOTION</th>
<th>PLACE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Selectively eliminate rotating shifts!</td>
<td>Initiate special pay for GS-5 and GS-7 through FLCPO and OPM</td>
<td>Develop attractive and accurate informational materials with FLCPO</td>
<td>Appoint a Nurse Recruitment and Retention Coordinator to target in-house staff</td>
</tr>
<tr>
<td>Establish an RN Residency Program</td>
<td>Pay residents a competitive wage (GS-5 plus special pay)</td>
<td>Design pamphlet describing Residency Program</td>
<td>Distribute pamphlets in personal visits to area RN schools and mail to regional schools</td>
</tr>
<tr>
<td>Monitor exit interviews and correct reported deficiencies as possible</td>
<td>Determine to what degree pay is a retention factor</td>
<td>Conduct satisfaction surveys and implement problem solving groups</td>
<td>Target in-house staff for retention efforts</td>
</tr>
<tr>
<td>Request recognition of Masters prepared Clinical Nurse Practitioners and/or Nurse Clinicians</td>
<td>Request salary commensurate with education and experience of Masters prepared clinicians</td>
<td>Provide justification for Clinical Nurse Practitioners/Nurse Clinicians to higher organizational levels</td>
<td>Target requests for special pay and grade through FLCPO, HSC, OPM &amp; OTSG</td>
</tr>
<tr>
<td>Identify special requirements for ER and CCRN Certification</td>
<td>Initiate bonus pay request for ER &amp; CCRN Certified RNs</td>
<td>Justify competitive bonus pay for certified RNs on basis of pay survey</td>
<td>Target requests for certification bonuses to HSC &amp; OPM</td>
</tr>
<tr>
<td>Identify projected vacancies as early as possible</td>
<td>Request funds for local advertising of vacancies</td>
<td>Advertise pinpointed vacancies in local newspapers</td>
<td>Target area nurses for immediate openings at Madigan</td>
</tr>
<tr>
<td>Establish academic affiliation with area RN schools</td>
<td>Provide clinical rotations to student nurses</td>
<td>Promote school affiliation through academic and local professional channels</td>
<td>Target the student RN market</td>
</tr>
<tr>
<td>Attend career days and job fairs</td>
<td>Determine cost effectiveness of attendance at regional career events</td>
<td>Distribute information and improve public relations image</td>
<td>Target the metropolitan market in overstuffed cities (e.g., Eugene, Portland, Vancouver &amp; Seattle)</td>
</tr>
<tr>
<td>Participate in professional conferences, seminars and associations</td>
<td>Support continuing education with reimbursement and time-off increases</td>
<td>Improve image and staff satisfaction by conference and seminar attendance</td>
<td>Target nurses attending conferences as recruits or influential advisors</td>
</tr>
<tr>
<td>Pressure HSC &amp; OPM for national advertising</td>
<td>Centralized promotion reduces local advertising costs</td>
<td>National advertising improves local recruiting and image</td>
<td>Ads in professional journals reach a wide audience</td>
</tr>
<tr>
<td>Continue intensive efforts to align authorizations, require-</td>
<td>Reduce long term costs associated with understaffing and hire lag</td>
<td>Coordinate manpower accounting with HSC &amp; FLCPO</td>
<td>Target HSC with requests for manpower realignment</td>
</tr>
<tr>
<td>Establish refresher training for unemployed RNs</td>
<td>Suffer the cost increases of lost time in training</td>
<td>Advertise refresher training in local newspapers</td>
<td>Target the RN entering the job market after a prolonged absence</td>
</tr>
</tbody>
</table>
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