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<p>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. <i>Keywords: personnel management; recruiting</i></p>					
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A STUDY OF CIVILIAN
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AT
MADIGAN ARMY MEDICAL CENTER
TACOMA, WASHINGTON



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

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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 Glor, 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.⁷
 - (2) Increasing opportunities for women in other careers.⁸
 - (3) Overall decline in number of high school graduates.⁹
- B. Fewer qualified nurses working in traditional nursing roles.¹⁰
 - (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 \$100,000.¹¹ 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.¹² The needs for nurses in the hospital setting are increasing due to¹³

- 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 1980¹⁴ and January 1981¹⁵ 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.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 RNs¹⁷ and a hire lag of from 30-120 days.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.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.²⁰

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.

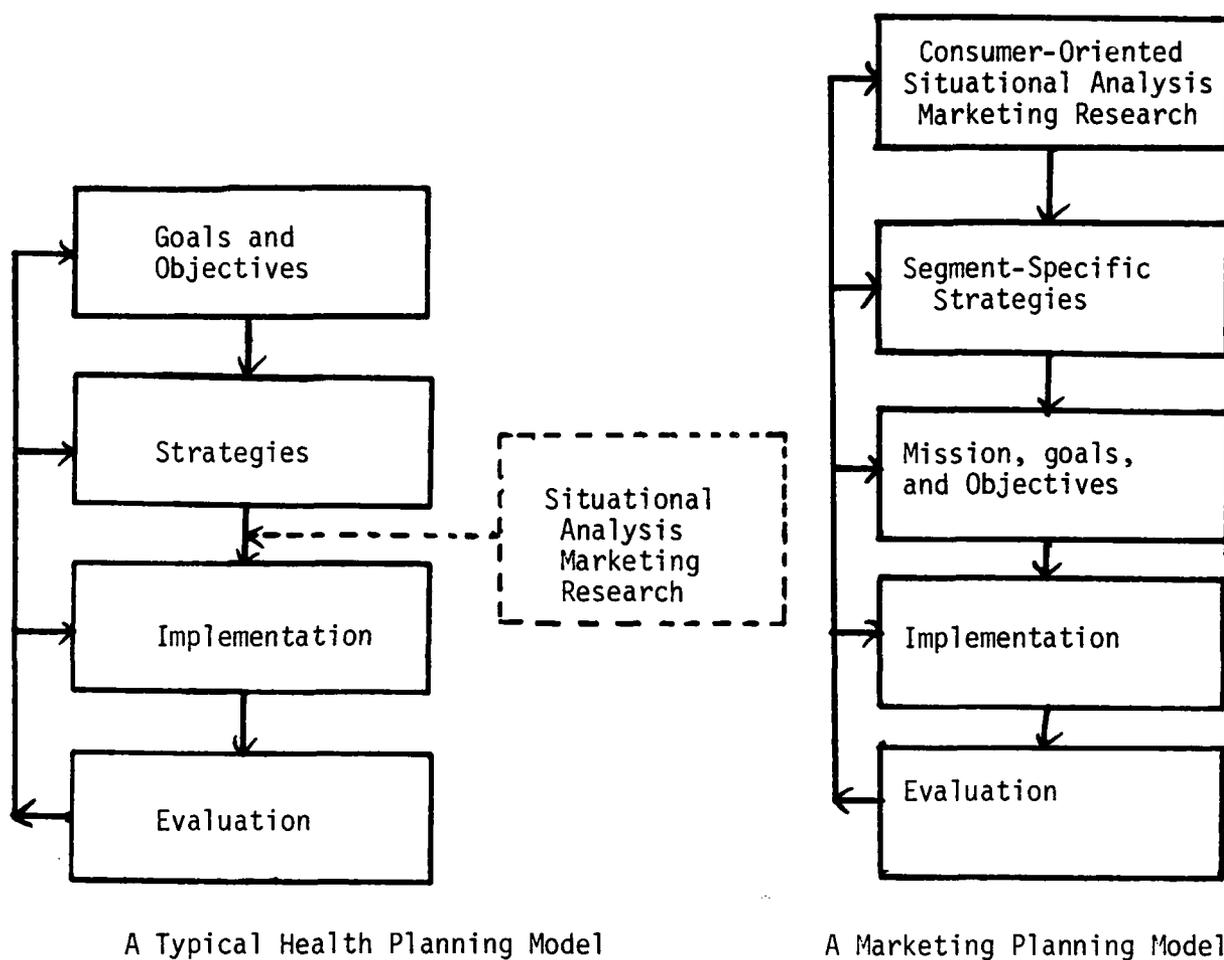
Hospitals have traditionally adopted a service concept toward their nurses. The service concept is the orientation that nurses will react favorably to good benefits and facilities and that very little marketing effort is required to obtain sufficient staffing. A selling concept assumes that nurses will 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.²¹

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

SOURCE: Adapted from Eric N. Berkowitz and William A. Flexner, "The Marketing Audit: A Tool for Health Service Organizations," Health Care Management Review 3 (Fall 1978): 51; and William A. Flexner and Eric N. Berkowitz, "Marketing Research in Health Services Planning: A Model," Public Health Reports 94 (November-December 1979): 504.

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 recognition 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 administrators 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.³² 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.³³

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.³⁴ Improved satisfaction for patients and physicians was also reported for the PNC mode of nursing.³⁵ 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.³⁶ 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).³⁷ 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 1975.³⁸ 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.³⁹

TABLE I

REPRESENTATIVE ANNUAL SALARIES FOR SELECTED EMPLOYEES AND OCCUPATIONS, 1960-78¹

Year	Hospital Staff				Public School Teachers			Manufacturing Industries Workers	Professional Technical & Kindred Workers	
	RNs ^{a,b}	LPNs	Nursing Aides	Medical Librarians	Medical Social Workers	All Teachers	Elementary ²			Secondary ³
1960	\$4,080	\$3,125	\$2,590	--	--	\$4,995	\$4,815	\$5,275	\$4,680	\$3,868
1963	4,500	3,355	2,780	--	--	5,730	5,560	6,980	5,200	4,163
1966	5,225	3,770	3,020	--	--	6,485	6,280	6,760	5,824	4,801
1969	7,330	5,150	3,925	7,175	8,940	7,950	7,720	8,210	6,760	6,012
1972	9,540	6,990	5,525	9,510	10,815	9,700	9,400	10,000	8,060	7,208
1975	11,640	8,860	7,155	11,690	13,190	11,700	11,300	12,000	9,880	8,553
1978	14,270	10,880	8,950	14,175	15,310	14,200	13,900	14,600	12,948	10,394

% Increase (1960-78) 249.6%

% Increase (1972-78) 49.6%

176.7%

176.6%

168.7%

60.6%

44.2%

¹ Sources: U.S. Department of Labor, Bureau of Labor Statistics, Industry Wage Survey Hospitals. A triennial Survey since 1960. U.S. Department of Commerce, Bureau of the Census, Statistical Abstract of the United States, from National Education Association, Washington, D.C., Estimates of School Statistics, for selected years. Teachers' salaries are reported as the average annual salary for the academic year.
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.
⁵ U.S. Department of Commerce, Bureau of the Census, Current Population Reports, Series P-60.
^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.⁴⁰

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.⁴¹

Advertising for nursing services appears in virtually every professional nursing magazine. Those with national circulation included RN Magazine, Heart and Lung, The Journal of the American Association of Critical Care Nurses, Supervisor Nurse, International Nursing Review, Nursing-Administration Quarterly, Journal of Nursing Administration, Journal of Nursing Education, AORN Journal, and Nursing Forum.

The most comprehensive compilation of advertisements for nurses was found in the 13th Annual Edition of Nursing Opportunities 1982.⁴² 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."⁴³

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

TABLE 2

DISTRIBUTION OF REGISTERED NURSES ACCORDING TO AGE, EMPLOYMENT STATUS,
AND THE PRESENCE OF CHILDREN IN THE HOME, SEPTEMBER 1977

Employment Status and Presence of Children In the House	Total		Under 25 Years		25-29 Years		30-34 Years		35-39 Years	
	No.	%	No.	%	No.	%	No.	%	No.	%
Total	1,401,633	100.0	87,329	100.0	225,504	100.0	199,403	100.0	178,247	100.0
Employed in Nursing	978,234	69.8	81,295	93.1	186,736	82.8	140,988	70.7	125,054	70.2
Not Employed in Nursing	423,400	30.2	6,034	6.9	38,768	17.2	58,416	29.3	53,193	29.8
but seeking employment	42,028	3.0	1,310	1.5	6,509	2.9	7,671	3.8	8,617	4.8
not seeking but										
employed elsewhere	56,870	4.1	404	0.5	3,571	1.6	7,918	4.0	8,385	4.7
not seeking and not										
employed	324,000	23.1	4,320	4.9	28,658	12.7	42,826	21.5	36,191	20.3
with children										
less than 6	43,320	3.1	2,566	2.9	20,182	9.0	16,476	8.3	3,208	1.8
6 to 17	120,311	8.6	65	0.1	3,560	1.6	23,948	12.0	31,603	17.7
no children	158,173	11.3	1,689	1.9	4,815	2.1	2,401	1.2	1,095	0.6
not reported	2,195	0.2	--	--	101	0.0	--	--	285	0.2
Information on employment										
status and/or reason for										
nonemployment not										
available	497	0.0	--	--	29	0.0	--	--	--	--

TABLE 2 -- Continued

Employment Status and Presence of Children In the House	40-44 Years		45-49 Years		50-54 Years		55-59 Years		60-64 Years	
	No.	%								
Total	159,457	100.0	132,496	100.0	144,265	100.0	104,098	100.0	75,960	100.0
Employed in Nursing	117,000	73.4	95,036	71.7	103,184	71.5	68,140	65.5	35,557	46.8
Not Employed in Nursing but seeking employment	42,467	26.6	37,460	28.3	41,081	28.5	35,957	34.5	40,403	53.2
not seeking but employed elsewhere	4,990	3.1	4,838	3.7	3,747	2.6	1,842	1.8	1,502	2.0
not seeking and not employed	7,970	5.0	8,338	6.3	7,411	5.1	6,125	5.9	4,037	5.3
With children less than 6	29,507	18.5	24,156	18.2	29,923	20.7	27,931	26.8	34,864	45.9
6 to 17	454	0.3	--	--	--	--	--	--	--	--
no children not reported	26,887	16.9	17,113	12.9	10,969	7.6	4,379	4.2	287	0.4
Information on employment status and/or reason for nonemployment not available	1,973	1.2	7,043	5.3	18,933	13.1	23,486	22.6	34,319	45.2
	194	0.1	--	--	21	0.0	65	0.1	258	0.3
	--	--	127	0.1	---	--	60	0.1	--	--

TABLE 2 -- Continued

Employment Status and Presence of Children In the House	65+ Years		Not Reported	
	No.	%	No.	%
Total	81,180	100.0	13,682	100.0
Employed in Nursing	15,706	19.3	9,537	69.7
Not Employed in Nursing but seeking employment	65,474	80.7	4,146	30.3
not seeking but employed elsewhere	644	0.8	359	2.6
not seeking and not employed	2,360	2.9	351	2.6
With children less than 6 to 17	62,420	76.9	3,204	23.4
no children not reported	68	0.1	366	2.7
Information on employment status and/or reason for nonemployment not available	758	0.9	743	5.4
	61,223	75.4	1,195	8.7
	371	0.5	900	6.6
	50	0.1	231	1.7

SOURCE: 1977 National Sample Survey of Registered Nurses, unpublished data, as found in "The Recurrent Shortage of Registered Nurses," U.S. Department of Health and Human Services, DHHS Publication No. (HRA) 81-23.

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

Source of Information	Percent of Nurses	Job Lead Sources Resulting in Employment (In Percent)
Direct Application	87	71
Faculty	82	42
Friends	76	51
Recruiters	73	12
Professional Journals	68	18
School Placement Bureau	61	6
Nurses' Conventions	59	3
Newspapers	54	23
Civil Service Listings	50	5
State Nurses' Association	48	2
State Employment Service	36	4
Commercial Employment Agency	35	3

SOURCE: Texas Blue Ribbon Committee, Nurse Shortage in Texas: Recommendations on Short-Term Requirements and Resources of Registered Nurses--An Interim Report (Austin: Texas Nurses' Association, February, 1981), p. 6.

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

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⁵ Initial Report and Preliminary Recommendations, National Commission on Nursing (September 1981) p. 9.

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

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¹¹ Demkovich, p. 837.

¹² Initial Report and Preliminary Recommendations, National Commission on Nursing (September 1981) p. 3.

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)

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

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

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

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

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²¹Philip D. Cooper, "What is Health Care Marketing?" in Health Care Marketing: Issues and Trends, ed.: Philip D. Cooper (Germantown, MD.: Aspen Systems Corporation, 1979), p. 7.

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

²⁴P. Annis, "Two Professions, Two Perspectives," Nursing, VOL 9, No. 33 (Sep 79), p. 8.

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³⁸Ibid., pp 6-7.

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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 4

VOLUNTARY LOSSES OF NURSES AT
MADIGAN ARMY MEDICAL CENTER

YEAR	LPNs		CIVILIAN RNs	
	WORK RELATED	OTHER	WORK RELATED	OTHER
1979	Pay Military Harassment Night Shift Demanding Doctors Staff/Head Nurse Friction		Understaffing Transfer to VA Don't Want Full-time Stress/Understaffing/ Shift No Upward Mobility	
TOTAL 21	5	6	5	5
1980	Transfer to Navy New Job (More Pay) Low Pay		Career Advancement Promotion Opportunity Office Nurse Job Civilian Hospital Job Transfer to PHS Hospital Harassment Poor Leader/Schedule	
TOTAL 23	3	6	7	7
1981	Better Pay/Shift Shift/Pay Pay/VA Shift/Weekends		Transfer to PHS Poor Orientation Hours Incompetent Staff New Job Transfer to Navy	
TOTAL 22	4	5	7	6
GRAND TOTAL 66	12	17	19	18

TABLE 5

REASONS FOR WORK RELATED SEPARATIONS BY NURSES
(LPNs & CIVILIAN RNs) FROM MADIGAN ARMY MEDICAL CENTER - 1979-1981

	PAY/ PROMO- TION	SUPERVISOR OR DOCTOR	SCHEDULE SHIFT WEEKENDS OFF	FEDERAL JOB	PRIVATE JOB	UNDER STAFFING
LPNs	3	3	3	2	2	
CIV RNs	<u>1</u>	<u>3</u>	<u>5</u>	<u>4</u>	<u>5</u>	<u>5</u>
TOTAL 36	4	6	8	6	7	5

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:

- 11 Pay was good
- 10 Pay exceeded civilian community standards
 - 2 Pay had exceeded standards until recently
 - 8 Equal with civilian hospitals with some exceptions
 - 1 Pay had been good, civilian hospitals gave raises, now is less
 - 2 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

	2nd Qtr, FY81		3rd Qtr, FY81		4th Qtr, FY81		1st Qtr, FY82		2nd Qtr, FY82	
Outstanding Performance										
Ratings Rate										
Dept of Nursing	3.08%	20.78%	1.26%	0%**	0%**	0%**	0%**	0%**	0%**	0%**
MAMC (-DENTAC)	6.07%	16.79%	.80%	.52%	.52%	.52%	.52%	.52%	.52%	2.01%
Cash Awards Rate										
Dept of Nursing	.44%	6.49%	.84%	.45%	.45%	.45%	.45%	.45%	.45%	0%
MAMC (-DENTAC)	2.45%	3.85%	.27%	.13%	.13%	.13%	.13%	.13%	.13%	1.07%
DA Objective	1.25-2.50%	1.25-2.50%	1.25-2.50%	1.25-2.50%	1.25-2.50%	1.25-2.50%	1.25-2.50%	1.25-2.50%	1.25-2.50%	1.25-2.50%
Sick Leave Usage Rate										
Dept of Nursing	20.7%	21.4%	14.4%	15.7%	15.7%	15.7%	15.7%	15.7%	15.7%	14.5%
MAMC Total	20.2%	18.6%	17.0%	14.9%	14.9%	14.9%	14.9%	14.9%	14.9%	12.8%
DA Objective	18.6%	16.0%	13.5%	17.0%	17.0%	17.0%	17.0%	17.0%	17.0%	17.0%
EXIT INTERVIEWS										
Would you return to MAMC to work?	DON	MAMC								
Yes	9	17	9	24	11	33	8	23	8	12
No	2	5	4	9	3	7	6	5	8	1
Supervisor Rating:	DON	MAMC								
Above Average	5	10	7	15	7	21	8	23	7	16
Average	3	10	6	19	5	17	4	13	6	11
Below Average	1	3	2	6	2	7	2	6	3	6

TABLE 6 - - Continued

	2nd Qtr, FY81	3rd Qtr, FY81	4th Qtr, FY81	1st Qtr, FY82	2nd Qtr, FY82
Voluntary Loss Rate					
Dept of Nursing	4.0	2.2	3.35	6.7	6.3
MAMC Total	1.8	1.8	4.57	3.9	2.2
DA Objective	1.5	2.0	2.0	1.5	1.5
New Hires					
Dept of Nursing	30	15	8	28	26
MAMC Total	53	40	19	85	51

**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 half way 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 7

HOSPITAL ANSWERS TO RECRUITING INQUIRIES
IN ORDER OF RESPONSIVENESS

HOSPITAL	DAYS RESPONSE TIME	RN POSITION AVAILABLE	HOSPITAL/ POSITION DESCRIPTION	WAGE/ BENEFIT INFORMATION	INTERVIEW/ APPLICATION SOLICITATION
Lakewood General	3-4	Evenings, Nights	No hospital info/exten- sive position info	extensive	Yes/Yes Long list of skill inven- tory
Allenmore Comm	4-5	Night, Pools	No/No	No info	Yes/Yes 2 page (simple)
Puget Sound	4-5	Not now	No	"Comparable"	No/Yes 2 page, 2 refer- ences
Group Health	10-11	No	None	Specific answers	No/No
VA	11-12	Not now or in future	Good hosp info/good general info	Extensive	Apply to other VA hospitals
Good Samaritan	17-18	Not immedi- ately	very brief/no	None	Yes/No
St. Peter	18-19	Not immedi- ately	Yes/No	Some	No/Yes
St Joseph	24-25	Possibly	Extensive (hospital) Not specific (position)	Very exten- sive	Yes/Yes 2 page
Tacoma General	33-34	Yes	Extensive/ specific	Extensive	Yes/Yes
Mary Bridge	33-34	Yes	Extensive/ general	Extensive	Yes/Yes
Doctors	33-34	Yes	Extensive/ general	Extensive	Yes/Yes
Western State	34-35	Not immed	Yes/Yes	Good/Good	Yes/Yes (form)
Madigan AMC	90+	Yes			

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 member 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

HOSPITAL	GRADUATE NURSE \$/hr	BEGIN \$/hr	1 YR \$/hr	2 YRS \$/hr	5 YRS \$/hr	10 YRS \$/hr	EVEN. DIFF.	NIGHT DIFF.	PART TIME/ MINUS BENEFITS
Veterans Administration		8.05	9.36	9.67	11.33	14.73	+10%	+10%	
Allenmore		9.38	9.94	10.53	11.00	12.00	7% of base	10% of base	
Puget Sound	8.36	9.49	9.64	9.81	10.27	10.75	7% of base	10% of base	\$10.40
Tacoma General	8.28	9.29	9.46	9.63	10.27	10.73	\$.65/hr	\$.93/hr	6-15%
Doctors Hospital	8.88	9.29	9.46	9.65	10.35	10.80	\$.65/hr	\$.93/hr	6-15%
Mary Bridge	8.88	9.29	9.46	9.65	10.35	10.80	\$.65/hr	\$.93/hr	6-15%
Saint Joseph	8.42	9.29	9.46	9.66	10.27	10.79	\$.65/hr	\$.93/hr	6-15%
Good Samaritan	8.10	9.00	9.42	9.65	10.35	10.80	\$.61/hr	\$1.04/hr	12%
Saint Peter	7.79	8.94					\$.49/hr	\$1.01/hr	12%
Group Health		8.80		9.12	9.38	9.68	1/week	no nights	12%
Lakewood General	8.10	9.00	9.40	9.70	10.35	10.80	\$.65/hr	\$1.04/hr	12%
Western State	7.88					10.09	\$.23/hr	\$.23/hr	None
Madigan	6.18	7.65	7.91	9.36	9.98	11.55	10% of base	10% of base	
	GS-5 Step 1	GS-7 Step 1	GS-7 Step 2	GS-9 Step 1	GS-9 Step 3	GS-9 Step 8			

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 9

EDUCATIONAL ASSISTANCE RANK ORDERED BY SUBJECTIVE VALUE

HOSPITAL	FINANCIAL ASSISTANCE	FLEXIBLE SCHEDULING	PROFESSIONAL CONFERENCES SEMINARS	ORIENTATION PROGRAM	RESIDENCY/ REFRESHER COURSES
Lakewood General	Tuition and Book Reimbursement after 1 yr full time	Yes, if possible	Will pay for ½ seminar travel expenses; 6 das per yr	2 wks formal	3-6 mos residency depending on specialty area/ Yes
Good Samaritan	Tuition reimbursement after 1 yr, ½ of fees plus ½ of text book costs	Yes	2 or 3 das off per yr	2 wks plus tailored to needs	6 mos Graduate Nurse residency/ 3 mos refresher
St Joseph	½ tuition reimbursed after 2 yrs of employment	Yes, if possible	5 das paid leave per yr	2 wks for Med/Surg 5 wks for Crit Care	Will soon have 2 courses per yr/No ⁵
St Peter	No tuition reimbursement; have 6 sister hospitals in Pacific NW	Yes, if possible	About 3 das per yr; financial assistance avail	2 wks normal (Plus Crit Care educator full time)	3 mo residency program/No
Group Health	Tuition reimbursement	Only if possible	4 das paid per yr	No	No/No
Allenmore	After 1 yr tuition reimbursement program up to \$1000; external degree program thru U of NY paid	Yes	Case by case basis (generous)	2 wks minimum	No residency, no need for one in past/No

TABLE 9 -- (Continued)

HOSPITAL	FINANCIAL ASSISTANCE	FLEXIBLE SCHEDULING	PROFESSIONAL CONFERENCES SEMINARS	ORIENTATION PROGRAM	RESIDENCY/ REFRESHER COURSES
Tacoma General	No tuition reimbursement	Yes	(best) pays all costs and fees	Consolidated - 1 da plus hospital orientation, plus 1 RN orientation, plus ward or service orientation tailored to groups & individuals	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
Mary Bridge	No tuition reimbursement	Yes	(better) partial reimbursement, case by case (fair) some reimbursement; case by case		
Doctors	No tuition reimbursement	Yes			
Madigan	None	Yes, if possible	5 pd das; fees, travel and expenses if possible	2-3 wk preceptorship; more for critical care	No/No
VA	No	Yes, if possible	40 hrs per yr	Yes, 2 wks, tailored to needs	No/No
Western State	Limited to LPN type courses	Yes	Up to 10 das 1v, 5 pd	3 wks	No/No
Puget Sound	No tuition or book reimbursement	Yes	3 education das per yr; paid fees if funds available	2 wks, 1 mo if needed	No/No

TABLE 10

SHIFTS & SCHEDULING
RANK ORDERED BY FLEXIBILITY AND LEVEL OF FILL

HOSPITAL	ROTATING	DAY 7-3	EVENING 3-11	NIGHT 11-7	ON CALL	PART TIME	32/40 ^a	7/70 ^b	4/40 ^c	FLEXIBLE
St Peter	*	X	X	*	*	*	*	*	*	*
VA	* No permanent days	*	*	*	*	*	*	*	*	*
Allenmore	*	*	X	*	*	*	*	*	*	*
Western State	*	*	X	*	*	*	*	*	*	*
Tacoma Gen	* Spec Care Unit Only	X	X	*	*	*	Nights			
Doctors	*	X	X	*	*	*	Nights			
Mary Bridge	*	X	X	*	*	*	Nights			
St Joseph	*	X	X	*	*	X				One Ward
Good Samaritan	*	*	X	*	*	X				
Lakewood Gen	*	X	X	X	X	X				
Puget Sound	Manager Position	X	X	X	X	X				Very Limited
Group Health	*					1/wk				
Madigan	X									

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

HOSPITAL	WEEKENDS OFF	HOLIDAYS	SICK LEAVE	VACATION
VA	Every Other	8	13 (no maximum)	26 das per yr (85 da max accumulation.)
Group Health	Every Weekend	8	12	2 wks after 1 yr.
Western State	Every Other	8	12	One da per mo of service.
Puget Sound	Every Other	10	12	2 wks after 1 yr of employment.
St Peter	Every Other	9	12	2 wks after 1st yr, then more.
Allenmore	Every Other	9	12/yr Max 40 hrs	2 wks thru 4th yr; 3 wks (-sick leave conversion).
Tacoma Gen	Every Other	9	12	10 das/1-4 yrs; 15 das/5-9 yrs; 20 das/10-19 yrs; 25 das/20 yrs or more.
Mary Bridge	Every Other	9	12	10 das/1-4 yrs; 15 das/5-9 yrs; 20 das/10-19 yrs; 25 das/20 yrs or more.
Doctors	Every Other	9	12	10 das/1-4 yrs; 15 das/5-9 yrs; 20 das/10-19 yrs; 25 das/20 yrs or more.
Good Samaritan	Every Other	8/1st yr; 9 thereafter	12	10 das/1-4 yrs; 15 das/5-9 yrs; 20 das/10-19 yrs; 25 das/20 yrs or more.
St Joseph	Every Other	9	12 (Max of 90)	10 das/1-4 yrs; 15 das/5-9 yrs; 20 das/10-19 yrs; 25 das/20 yrs or more.
Lakewood Gen	Every Other	9	12	2 wks; 3 wks after 5 yrs.
Madigan	Every 4th or 5th	9	13	2 wks/yr first 3 yrs; 3 wks 3-8 yrs; 4 wks after 8 yrs.

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

DATE	NEEDS IDENTIFIED THROUGH ACUITY BASED CARE STAFF- ING PROJECTIONS	REQUIREMENTS	AUTHORIZATIONS	ACTUAL	APPLICATION REFERRALS FROM CPO TO DEPT/NURSING
Jan 81	91.4 (Jan 81)	109	96	109	8FT 1PT
Apr 81	126.7 (Jun 81)	109	91	115	6FT
Jul 81		109	91	113	8FT
Oct 81	128.9 (Nov 81)	109	91	118	5FT 2 Temp
Jan 82		112	95	119	7FT 1 Temp
Apr 82	117.7 (May 82)	112	95	115	7FT 1PT
Jun 82	164.0 (Jun 82)	112	95	119	3FT 1PT

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

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.

(5) 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

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

	ANC	Civilian	Mean Difference	P
Work on Present Job	31.7	11.2	20.51	<.0001
Present Pay	34.6	21.9	12.7	<.0001
Opportunities for Promotion	36.48	8.96	27.52	<.0001
Attitudes Towards Co-workers	40.9	32.6	8.3	<.0003

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

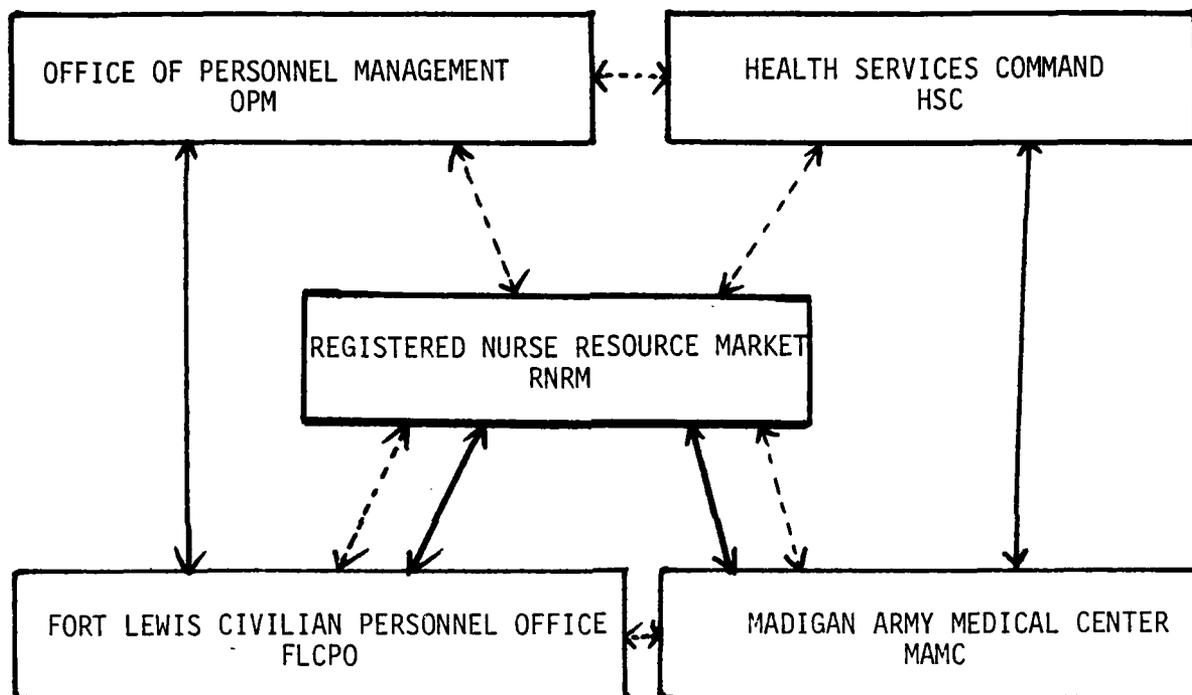


Fig. 2. Conceptual Model of Organizations Primarily Involved in Civilian Nurse Recruitment for Madigan Army Medical Center.

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.

Madigan Army Medical Center (MAMC)

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

REQUEST FOR PERSONNEL ACTION**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.

1. NAME (CAPS) LAST—FIRST—MIDDLE		MR.—MISS—MRS.	2. (For agency use)	3. BIRTH DATE (Mo., Day, Year)	4. SOCIAL SECURITY NO.
A. KIND OF ACTION REQUESTED: (1) PERSONNEL (Specify appointment, reassignment, resignation, etc.)			B. REQUEST NUMBER	C. DATE OF REQUEST	
(2) POSITION (Specify establish, review, abolish, etc.)			D. PROPOSED EFFECTIVE DATE	E. POSITION SENSITIVITY	
5. VETERAN PREFERENCE		6. TENURE GROUP		7. SERVICE COMP. DATE	8. HANDICAP CODE
<input type="checkbox"/> 1—NO <input type="checkbox"/> 2—3 PT. <input type="checkbox"/> 3—10 PT. DISAB. <input type="checkbox"/> 4—10 PT. COMP. <input type="checkbox"/> 5—10 PT. OTHER					
9. FEGLI		10. RETIREMENT		11. (For CSC use)	
<input type="checkbox"/> 1—COVERED (REGULAR ONLY—DECLINED OPTIONAL) <input type="checkbox"/> 2—INELIGIBLE <input type="checkbox"/> 3—WAIVED <input type="checkbox"/> 4—COVERED (REG. & OPT.)		<input type="checkbox"/> 1—CS <input type="checkbox"/> 2—FICA <input type="checkbox"/> 3—FS <input type="checkbox"/> 4—NONE <input type="checkbox"/> 5—OTHER			
12. NATURE OF ACTION		13. EFFECTIVE DATE (Mo., Day, Year)		14. CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
CODE					

15. FROM: POSITION TITLE AND NUMBER		16. PAY PLAN AND OCCUPATION CODE	17. (a) GRADE OR LEVEL	(b) STEP OR RATE	18. SALARY
19. NAME AND LOCATION OF EMPLOYING OFFICE					

20. TO: POSITION TITLE AND NUMBER		21. PAY PLAN AND OCCUPATION CODE	22. (a) GRADE OR LEVEL	(b) STEP OR RATE	23. SALARY
24. NAME AND LOCATION OF EMPLOYING OFFICE					

25. DUTY STATION (City—county—State)				26. LOCATION CODE	
27. APPROPRIATION		28. POSITION OCCUPIED		29. APPORTIONED POSITION	
		<input type="checkbox"/> 1—COMPETITIVE SERVICE <input type="checkbox"/> 2—EXCEPTED SERVICE		FROM: <input type="checkbox"/> 1—PROVED-1 <input type="checkbox"/> 2—WAIVED-2 TO: <input type="checkbox"/> STATE	

F. REMARKS BY REQUESTING OFFICE (Continue in item F on reverse side, if necessary)

G. REQUESTED BY (Signature and title) (Leave blank on resignations)		I. REQUEST APPROVED BY:	
H. FOR ADDITIONAL INFORMATION—CALL (Name and telephone number)		SIGNATURE _____	
		TITLE: _____	

PART II. TO BE COMPLETED BY PERSONNEL OFFICE (Items inside heavy lines in Part I above also to be completed)

J. POSITION CLASSIFICATION ACTION		NEW		VICE		REGRADED	
<input type="checkbox"/> IDENTICAL ADDITIONAL		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
K. CLEARANCES		Initials or Signature		Date		(7) REMARKS: (Note: Use item 30 on reverse for Standard Form 50 remarks)	
(1)						QUALIFICATION STANDARD: _____	
(2) CEIL. OR POS. CONTROL							
(3) CLASSIFICATION							
(4) PLACEMENT OR EMPL.							
(5)							
(6) APPROVED BY:							

PART III. TO BE COMPLETED BY EMPLOYEE

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

I 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 50 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 UCFE.

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 questions 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.

NO-RL95 348

A STUDY OF CIVILIAN REGISTERED NURSE RECRUITMENT AT
MADIGAN ARMY MEDICAL (U) ARMY HEALTH CARE STUDIES AND
CLINICAL INVESTIGATION ACTIVITY F. R H GRISHOLD

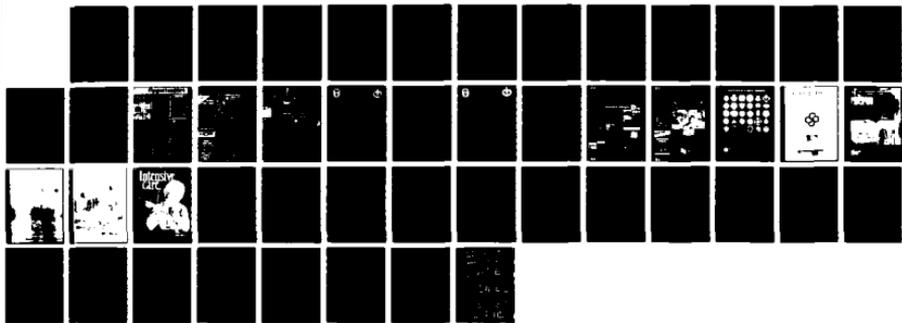
272

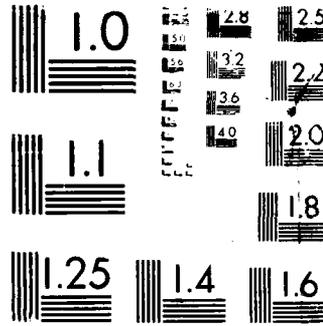
UNCLASSIFIED

JUN 82 HCSCIA-56-88

F/G 5/9

NL





MICROCOPY RESOLUTION TEST CHART
NATIONAL BUREAU OF STANDARDS-1963-A

EXIT INTERVIEW (continued)

Section II (Reasons for Separation)

- | | |
|---|--|
| <input type="checkbox"/> Move (not accompanying head of household or employee is head of household) (f) | <input type="checkbox"/> Personal reasons (e) |
| <input type="checkbox"/> Accompanying head or household | <input type="checkbox"/> No reason given (e) |
| <input type="checkbox"/> Retirement (f). If no, read (e) | <input type="checkbox"/> To care for family (e) |
| <input type="checkbox"/> Transfer to another Federal agency (d) | <input type="checkbox"/> Ill health or disability retirement (e) |
| <input type="checkbox"/> Expiration of temporary appointment | <input type="checkbox"/> Unable to do the job (f) |
| <input type="checkbox"/> Another job (d) | <input type="checkbox"/> Return to school (e) |
| <input type="checkbox"/> Desire for part-time work (f) | <input type="checkbox"/> Pregnancy (e) |
| <input type="checkbox"/> Pay (f) | <input type="checkbox"/> Marriage (e) |
| <input type="checkbox"/> Lack of promotional opportunities (f) | <input type="checkbox"/> To stay home (e) |
| <input type="checkbox"/> Dislike for shift work (f) | <input type="checkbox"/> Commuting distance or cost of gasoline |
| <input type="checkbox"/> Working conditions (g) | <input type="checkbox"/> 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 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/schcduling:
- (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 822nd 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 military personnel who could not cut it on other wards. Incompetent 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

- Need employee incentives. Adverse effects from ethylene-oxide. Better opportunity elsewhere.
- 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 1-½ 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

4414 John Luhr Road NE
Olympia, WA 98506

Director of Nursing, Madigan
Department of Nursing
Madigan Army Medical Center
Tacoma, WA 98431

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 Tacoma News Tribune, 25 April 1982, p. H4

Seattle Post-Intelligencer, May 2, 1982, p. D7

The Olympian, Sunday, May 2, 1982, p. E8

Announcement DH-01-82, Clinical Nurse GS-610-5, FLCPO

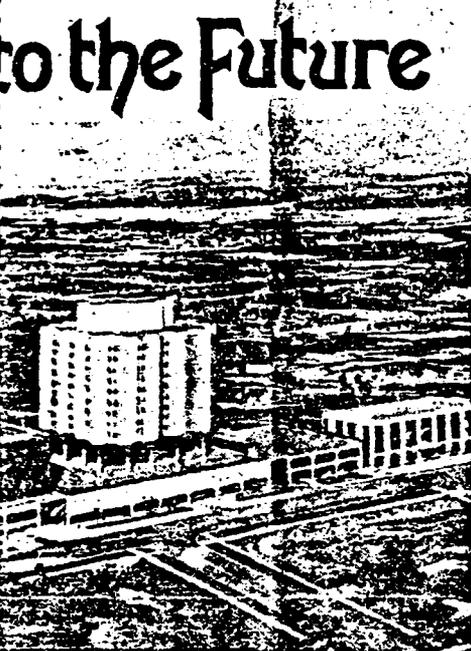
Announcement DH-01-81, Clinical Nurse GS-610-7 and 9, FLCPO

Army Times, June 8, 1981, p. 41

RN Magazine, December 1981, VOL 44, No. 12 (3 color pages)

Opportunities

Medical-Dental Employ. 937 Medical-Dental Employ. 937



to the Future

Hospital and Health Care Center
718 So. I St., Tacoma

For information regarding nursing positions, please call R.N. Nurse Recruiter, 597-6623.

An Equal Opportunity Employer

Opportunities Available in the Following Areas:

LPNs

- Neurosurgical
- Trauma
- Cardiac Rehab.
- Renal

REHABILITATION NURSE
Development, coordination, implementation and on-going rehabilitation Program that involves the physical rehabilitation of the patient. RN BSN required. CCRN preferred. MSN experience.

COORDINATOR—CRITICAL CARE
Available immediately. Requires a BS with courses or experience. National certification for CCRN preferred. 3 to 5 years experience including 1 to 2 years supervisory experience and leadership skills. Salary DOQ.

DIRECTOR OF PHARMACY
Acute care general hospital has position available June 1982. Will have management responsibility for all activities of a 310-bed hospital with a full range of burn, renal, and other specialties. Qualified applicants must possess an approved as a Registered Pharmacist in Wa. State and have management experience in a hospital pharmacy. We offer an excellent benefit package to the qualified candidate.

PHARMACY ASSISTANT LEVEL A
Available immediately. High school diploma or equivalent. 9-month course of study leading to Wash. State certification. Typing 30 WPM accurately and 60 WPM preferred.

BIO-MED TECHNICIAN
Available immediately. Requires an Associates Degree in Biomedical Instrumentation or equivalent. 2 years experience in maintenance of electronic instrumentation, with 1-year clinical instrumentation required.

SPEECH PATHOLOGIST
Available immediately. Master's Degree required and CCC for adult neurogenic speech, language and swallowing disorders.

PHYSIOTHERAPY

The United States Air Force Medical Corps

is currently accepting applications for the following specialties:

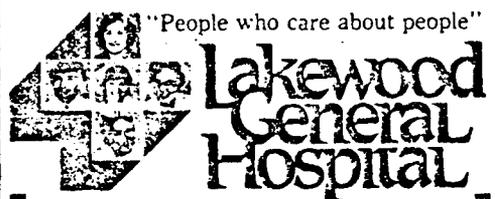
- General Surgery
- Orthopedic Surgery
- Otorhinolaryngology
- Neurosurgery
- Reheumatology
- Psychiatry
- Urology
- Ob/Gyn

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

Your confidentiality is assured



Medical-Dental Employ. 937 Medical-Dental Employ. 937



A non-profit community-owned health organization
5702-100th St. S.W. / Tacoma, WA 98499
(206) 588-1711

RNs

OBSTETRICAL, labor and delivery required. Full-time or part-time positions available. 3-11:30 and 11-7 shifts.

SPECIAL CARE UNIT. Part time 7-3:30 and 3 to 11:30 shifts.

Good fringe benefits. An excellent opportunity for personal growth. Progressive 105-bed hospital located in good area.

We are an equal opportunity employer
Contact Personnel Department

MEDICAL SOCIETY
of Pierce County

RNs
CRITICAL care nurses positions available. Full time 3-11, 11-7. Please apply: St. Joseph Hospital, 1716 South I. 98405 or call 597-4422.
RNs & LPNs

HOSPICE

Care of the Terminally Ill

Date: May 12, 1982, 8 to 5 P.M.

Location: Red Lion Inn/Sea-Tac

Speakers: **Sandy Caban, RN, BSN, ANA Certified, Gerontology Director of Nurses, Hospice of Tacoma**

Jan Lumsden, MSW Social Worker, Hospice of Tacoma

Shirlee Froebe, RN, BSN Community Health Nurse, Hospice of Tacoma

Fee: \$40, Luncheon Included

Pre-Register by May 3, 1982 Approved for 7 Contact Hours

Presented by **Staff Builders Health Care Services 572-3455**

Temporary Nursing positions available



Federal Employment

MADIGAN ARMY MEDICAL CENTER is now hiring the following
Registered Nurses: GS 5, 7 or 9 \$12,854-\$19,477 to start
Cytology Technician: GS 7 \$15,922 to start
Diag. Ultrasound Tech. GS 7 \$15,922 to start

Job security, excellent benefits and a teaching environment at the largest Federal Medical Center in the Pacific Northwest. Ms Nielsen or Ms Landreth (206) 967-2131.

Civilian Personnel Office
Employment Services Branch
P.O. Box 33277, Fort Lewis, WA 98433

Equal opportunity employer

Help Wanted 938 Help Wanted 938

GOODYEAR

We are now hiring for the following positions:

- Retail Management Trainees
- Salespersons
- Auto Service Managers
- Automotive Mechanics

If you are interested and have related experience, we would like the chance to discuss career opportunities with you. Our positions include competitive wages, Incentive Program, promotions, and a fine benefits plan.

Call TO: A NELSON, 473-5556, between 8 a.m. and 3 p.m. to

Help Wanted 250 Help Wanted

HDR OPPORTUNITY IN SEATTLE

MECHANICAL PROJECT ENGINEER

Are you an engineer who enjoys multi-discipline interface 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:
- BSEE
 - 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, an attractive Lake Union office location, and high visibility with growth potential.

For immediate consideration, please call TOLL FREE Jack Evans at 800-228-2701 or send your resume with salary expectations to:

Mr. J.C. Evans
HENNINGSON, DURHAM & RICHARDSON
 1100 Eastlake Ave. East
 Seattle, Wa 98109

HDR

An equal opportunity employer M/F

DELIVER TELEPHONE BOOKS

XTRA INCOME — PART TIME

Daylight Hrs. — No Evening Work

Delivery starts on 5/8/82
BELLEVUE

Delivery starts on 5/10/82
MERCER ISLAND
ISSAQUAH
NEWPORT HILLS
SOMERSET

Must be 18 years or older

250 Help Wanted

LIBRARIAN III
 Beginning Salary \$27,989
 Annually + Benefits
 Management position with responsibilities of a division. Requirements include: M.L.S. from a A.A. accredited school + a minimum of 4 yrs as a Librarian with distinction for professional service in demonstrated ability for supervision of personnel & public relations. Applications must be completed & are available from Tacoma Public Library, 1102 Tacoma Ave. So., Tacoma, Wa 98402. (206) 591-3402 and must be in by P.M. 5/7/82. Assessment Center tentatively scheduled for June 12th 1982. EOE

LEGAL SECY Fee Pd To \$1475
 Corporate securities law
LEGAL SECY Fee Pd To \$1350
 Fee practice 2 yrs exp
LEGAL SECY Fee Pd To \$1300
 Insurance Defense - Lanier
 Call Shirley Thomas
STS PERSONNEL 622-3267

LEGAL Secretary - Medium size
 Lx Union firm needs well-qualified person w/ min. 3 yrs litigation experience. Send resume to: Candy Suite 700 1200 Westlake Ave. No., Seattle, WA 98109

Legal Billing Clerk
 \$1700 fee pd. stat typists. Darnette Employment Co. 624-1700

Legal Secretary
 \$1500 fee pd. Experienced. Sharpe Employment Co. 624-1700

Legal Secretary \$1400
 fee pd. Corp securities. Bonnie Employment Co. 624-1700

Legal Secretary \$1250
 fee pd. Probate/estate planning. Bonnie Employment Co. 624-1700

Legal Secretary \$1300
 fee pd. Construction law. Sharpe Employment Co. 624-1700

Legal Secretary
 \$18,000. Late May hire. Jackie Employment Co. 624-1700

Legal Secretary Three
 \$900. Fast typing. North. Shares Employment Co. 624-1700

Legal Secy \$1500
 fee pd. Insurance defense. Bonnie Employment Co. 624-1700

Legal Secy
 \$1500 fee pd. Heavy exp. Sharpe Employment Co. 624-1700

Lite Legal Secretary \$1200
 fee pd. 1-2 yr exp o.k. Bonnie Employment Co. 624-1700

M

ASST MANAGER PART-TIME SALESPeople

THINGS REMEMBERED, a 300-store retail chain, is seeking an Assistant Manager and part-time salespeople for our kiosk in the Northgate Mall. We specialize in custom engraving of quality gifts.

Our prime location in the mall aisle puts you in the heart of the action! Candidates should be self-motivated, enjoy public contact and willing to work retail hours, retail sales experience a plus.

255 Medical-Dental 255 Medical-Dental



MADIGAN ARMY MEDICAL CENTER

Registered Nurses GS 5, 7, or 9 \$12,854-\$19,477
 Cytology Technician: GS 7 \$15,922
 Ultrasound Technician: GS 7 \$15,922
 Speech Pathologist GS 11 \$23,566

Ms Nielsen/Ms Landreth (206) 967-2131, Tacoma

CIVILIAN PERSONNEL OFF.
EMPLOYMENT SERVICES BR.
 P.O. Box 33277, Fort Lewis, WA 98433

Equal Opportunity Employer

250 Help Wanted

MARINE ELECTRICIAN
 PUGET SOUND NAVAL SHIPYARD
 Code 1702P
 Bremerton, WA, 98314
 Now Accepting Applications
 Challenging Federal Civil Service Positions with full benefits.
 Call toll free 1-800-562-5972
 Equal Opportunity Employer

AUTOMOTIVE MECHANIC HELP WANTED
 Front end and steering technician Chevrolet dealership experience. Top wages and benefits. Call Jim Ryan at OLSON CHEVROLET, 546-4171.

NEED IMMEDIATELY
F&I MANAGER. Capable of desk duties. Also must have ins. lic. & previous exp. in both areas. Excellent opportunity for right person. Call for an appointment. 454-2454. Ask for Mr. Harris.

ASST Manager Teams for apt & motel complexes, greater Seattle area. Good salary, good opportunities. Must be aggressive & non drinkers.
 Debbie 243-0797 days.
 Or Gordon 454-1492 eves

PROPERTY MANAGER
 Immed full time rental property mgr opening in Bellingham R.E. ofc. Must have R.E. lic & admin ability. Send resume to 3237 North Shore Rd, B'harm 98224.

MARINE MECHANIC
 Certified OMC Stern Drive, steady employment - Only OMC certified. Red shop.
DAV ISLAND MARINA
 9023 W. 19th St, Tacoma 564-0211

MAIDS NEEDED must be avail weekdays & weekends. Applications being accepted at Nendes Quality Inn, 16630 Pac. Hwy. S. No phone calls please.

WANTED: diesel mechanic for Alaska. Fee charged. SEM Services. 452-7279, 452-5522

Part time. Mgt. Superior income opp. Pleasant work. 527-1653.

P

PSYCHOLOGIST
 Immediate opening at Western State Hospital. Requires doctoral degree in Psychology from an accredited school or department of Psychology and 1 year post-doctoral experience and license to practice psychology in Washington. Salary negotiable, \$2,080 to \$2,563. Contact Dr. Davis, Department of Psychology, Western State Hospital, 4701 Delacome, WA 98494, (206) 756-7722. EOE.

PRINTING
 Sheets head collector operator. Minimum 2 years experience on offset speed-lect. Quality and dependability a must. Send

250 Help Wanted

RECEPTIONIST PERSONNEL
 Your break in the personnel field combined with your interest in fashion & retail. Great applications, schedule appointments & help plan for manpower needs. Complete storewide benefits including your discount. Call or come in.
BUSINESS CAREERS
 N'gate-10700 Meridian N. 447-7422
 Bellevue 10655 NE 4th 447-7411
 Renton 15 S. Grady Way 447-7433
 Seattle 910-4th Ave. 447-7474

Foundry Radiographer
 Isotope experience required. Steady long-term employment.
OLYMPIC FOUNDRY CO.
 764-6200

Receipt Legal Trnee \$850-
 fee nego. Good typing. Sharpe Employment Co. 624-1700

S

STAGE MANAGER
 Salary range \$1498-\$1811 per mo. Responsible for managing the stage facilities of the new Eugene Performing Arts Center. Requires exp. and/or education in the arts of stage lighting, design, audio for theatre & concert, scenery design, constructing & shifting, rigging systems & machinery, costume care & preparations, & theatre operational maintenance. Must have supervisory, record keeping skills. 5 yrs. professional exp. to include touring & extended run productions desirable. Closing date, May 21, 1982. To obtain an application, contact the City of Eugene, Employment Division, 750 Willamette St., Eugene, OR, 97401, 503-687-5062, between 8am & 1pm. AA/EOE.

DOWNTOWN LOCATION PART TIME PHONE REPRESENTATIVES

Mornings, Afternoons, & evenings
 Call 622-1228

P

SECRETARY R23LAA422 STUDENT'S ASSISTANT
 Promote to Counselling
 Take charge! Be introduced to this educational centers policies & procedures, organize student records & help with enrollment. Eventually promote to student counselling with your next promotion as director of student services! Call or come in.
BUSINESS CAREERS
 N'gate-10700 Meridian N. 447-7422
 Bellevue 10655 NE 4th 447-7411
 Renton 15 S. Grady Way 447-7433
 Seattle 910-4th Ave. 447-7474

MAINTENANCE ENGINEER
 Salary range \$1475-\$1811 per mo. 3-5 years experience in HVAC, with skill in plumbing, electrical, carpentry, & locksmithing. Acts as working custodian, responsible for HVAC operation and maintenance, electro-mechanical work, etc. Send resume to:

The Olympian Sunday

May 2, 1982 E8

CHECK YOUR AD upon first publication and notify The Classified Dept. of any error. The ad will be corrected and adjusted for the first day ONLY. Claims for adjustments must be made within 15 days of publication. The Olympian also may, at its sole discretion edit, classify or reject any advertising copy submitted by an advertiser.

CHECK YOUR AD

CHECK THE CLASSIFIEDS For All Your Needs

Legal Notices

CALL FOR BIDS
Sealed bids will be accepted by North Thurston School District 3, 6202 Pacific Avenue S.E., La-Washington 98503, for Associated Student Body Yearbooks until 10 AM, Tuesday, May 18, 1982. Complete bid documents are available at the District Service Center at the above address. The School District reserves the right to reject any and/or all bids to waive informalities and to open the bid which in their judgment is to the best interest of the District.

North Thurston School District No. 3
Roy D. Pedersen
Associate Superintendent for Administrative Services
May 2, 9, 1982
7389

REQUEST FOR PROPOSALS

RFP NO: 1422-AQO-33722

State of Washington, Department of Social and Health Services (DSHS) through its Bureau of Child Services intends to issue Requests for Proposals (RFP) for contracts for the provision of intensive crisis intervention services in Pierce, King, Benton and Franklin counties.

Interested bidders in competing for the above-mentioned contracts must submit in writing their bids and address no later than 10:00 AM, May 7, 1982 to:

Department of Social and Health Services
Procurement Management
Stop: OB-22N
P.O. Box 98504
Seattle, WA 98104
Francis de Villa

Responses received after the time and date specified will be ineligible to participate in competitive procurement process.

Minority-owned and minority-owned businesses are encouraged to bid.

May 28, 29, 30, May 1, 2, 1982
7371

LODGE No. 18 F & A.M.

Stated Communications 1st & 3rd Tuesdays, 7:30 P.M., Masonic Temple, 521 North St., Tumwater. Special Meeting Saturday, April 24th, 7:30 P.M. Junior Achievement Awards. Stated Meeting May 4th, 7:30 P.M. Sojourners' Night. Stated Meeting May 18th, Ladies' Night. Dinner 6:30 P.M. with a short program of interest to our Ladies, followed by a Lodge Program honoring our Special Guests.

Come and enjoy!

Paul LeRoy, W.M. 491-3322
Ralph Koss, S.W. 491-4136

12. Lost & Found

CONCERN FOR ANIMALS
Lost & Found Dept. 491-9008

FOUND: At St. Mike's. JC Penney's small bearded boy's vest. Blue w/yellow & orange stripes & green collar. 352-4903 between 6 & 9pm only.

FOUND: A very young male dog, long hair, black. Homans Park-Lacey area on April 23rd. 459-7312.

FOUND: Beige colored ferret off Marvin Road. 456-3998.

FOUND: Black Labrador cross male pup, approx. 5 mos. April 27th. N. Eastside St. 491-9008

FOUND: by U-Mark; young female poodle mix. 459-2882 after 5pm & identify.

FOUND: Easter Sunday at Masonic Cemetery bundle of 35mm slides. Days. 943-5350. Even. 357-4843

FOUND: Fem. cat, about 2 yrs. old, tortoise shell. Tum. 357-8099

FOUND: Little boy's football shirt, reads "FOOTBALL PLAYER" Gray w/black collar & black stripes. 352-4903 between 6 & 9pm only

FOUND: Male golden Cocker Spaniel, long eyelashes. Found near Roosevelt school April 27. 352-5046

FOUND: Sheltie, near St. Michael's April 29th. Call 491-9008

FOUND: Shep/Collie mix. 1-2 yr old male w/white chest, not neutered. Found on Union between Plumb & Eastside 3/23. Well behaved, healthy. 943-6516 eves & wends. 753-2687 Bas-5pm, weekdays.

FOUND: Stray friendly female kitty, black with white markings, yellow collar with bell. McLane area. Been here 3 weeks. 866-0678

FOUND: Tannish/white long-hair male cat, near Pacific and Marvin Rd., Mount Rainier, on Tuesday Apr. 27. 459-1124

FOUND: 10 speed, Litterlock, April 17th. Now at Sheriff's Dept.

JARROD OLSON I HAVE YOUR BASEBALL MITT, DESCRIBE AND CLAIM. 459-8167

LOST: black/white/grey male cat with 7 toes in Evergreen Park area. 352-8663 or 753-7748 (days)

LOST: Black/white Springer Spaniel, Tanglewilde area. 459-3128 aft. 4

LOST: Brass keychain with 6 keys, in Nisqually Crest - Meridian Heights area. REWARD. 491-9698.

LOST: Glasses. Pine & Puget. Mismatched temples. 754-9121.

LOST: Male Doberman near Forest Glen. Very friendly. 459-9459.

LOST: Male German Shepherd "Prince". REWARD! 491-8585

LOST: Siberian Husky, female, Lacey area. Black & white w/brown eyes. REWARD. 459-0610.

18. Personal Messages

AAA
SHERIFF'S CRIME LINE
753-8085
491-9206, 456-2507, 943-6149,
264-2268 or 273-5547.

VOLCANO FLIGHTS
\$27.50/seat. Flight instruction, reasonable. 894-2583, 943-7955

WE WILL drive your car to Texas, Louisiana, New Mexico area. Leave Olympia between May 23 and May 28. Flexible. Have references. 357-6179.

Business to Business

89. Dup. Machines

SAVIN AB DICK 695 Photocopier. Like new. \$1,250. 357-7835.

98. Financial Services

CASH FOR REAL ESTATE CONTRACTS, trust deeds, mortgages. Kingston Unlimited. 491-1288

LOANS ARE STILL AVAILABLE For businesses that can re-pay. Mr. Donald 214-368-2635.

Employment

224. Bus. Opportunities

Ambitious? Need more money? Will train. Limited phone info 866-1109

ARE YOU WILLING to work hard part time for 2 to 5 years towards securing financial freedom?

ARE YOU WILLING to help others do the same? Call 491-3754 if you can answer these questions "yes."

AVAILABLE - BUSINESSES FOR SALE. Call Fred McGee, McMurry & Swift, Inc. 491-4923 or 1-581-0500

FOOD & DRINK

Several businesses to choose from including coffee shop, deli, 24 hr care. Call Fred McGee at McMurry & Swift, Inc. 491-4923 or 1-581-0500

HAIRSTYLING BUSINESS
786-8017

HOOD CANAL

RESTAURANT & LOUNGE on 12 1/2 acres. Presently grossing \$600,000 plus. \$140,000 down.

TAVERN downtown Shelton BCFE license, good potential, \$20,000 down.

Emily Lovos, evenings, 748-4704.
Consolidated Land Agency
352-9010P

LIGHT FIXTURES

Retail operation. Reasonably priced. Call Fred McGee at McMurry & Swift, Inc. 491-4923 or 1-581-0500

NEAT HOE! IY SHOP
Established 6 years with large customer count developed from all SW Washington. Clean up to date inventory. Four years left on excellent term lease. Good fixtures and equipment. Located in busy neighborhood shopping center with good parking and excellent retail store and restaurant mix. Large size business loan could be assumed by highly qualified purchaser. Easy volume increase by adding model trains and crafts to present inventory. Sale price \$55,000 including inventory. Will consider late model automobile or home equity as part down payment. Call after 7 PM 357-8341

NEED MONEY? \$1000-\$10,000/mo part time. No investment, selling, inventory, meetings, or risk. It's simple. Vaughn, 866-1299 9am-3pm

PAC-MAN DONKEY KING
Coin operated video games for sale, new & used.

-Video Distributing Co.
352-4242

224. Bus. Opportunities

TAVERN - All new building. Good business. Includes 4 lots & trailer hook-up. \$85,000. 482-2528.

RN's

Are you interested in having more time to enjoy yourself? Join our team, work 3-4 12 hour day shifts with 3-4 days off in a row - with full-time benefits of:

- ☆ Dental Insurance
- ☆ Shared medical program
- ☆ Life Insurance
- ☆ Two weeks paid vacation first year

Call for appointment at:

EVERGREEN CONVALESCENT CENTER
Olympia
EOE
491-9700

240. Medical

LPN

Full and part time positions available

SENIOR SHOP MECHANIC: Combination of skilled mechanical and diagnostic work in the maintenance of automotive, construction, and related equipment and labor crew supervision.

AUTOMOTIVE MECHANIC: Skilled mechanical work in the maintenance of automotive, construction and related equipment.

WATER/SEWER MAINTENANCE II: Duties include any combination of tasks as follows: Lubricates equipment and checks for malfunctions. Replaces packing in pumps or valves. Replaces bearings in motors, pumps, and other equipment. Adjusts and cleans bar screens, commutators and wear plates; repairs chlorination equipment. Cleans out pipes and performs other plumbing and pipe fitting tasks as required. Uses gas and/or arc welding equipment to heat, cut, braze or weld. Installs and sets up new equipment. Assists in keeping maintenance records. Supervises subordinates.

FOR FURTHER INFORMATION CONTACT: Washington State Employment Security
5000 Capitol Boulevard
Tumwater, WA 98502

POSITIONS CLOSE: May 14, 1982
EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

240. Medical

243. Miscellaneous Labor

REPAIR
\$1300 mo. I need qualified repair person to work on solid state electronic systems. Performs inspections and test newly installed equipment and revises electrical prints to show changes made.

Must have graduated from school with five years experience in electronics including solid and computer technology. A Washington State Driver's license required at time of appointment

For further information, to Washington State Employment Security, 5000 Capitol Blvd Tumwater, WA 98502.

Deadline for applications: May 1982.

AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

EXECUTIVE DIRECTOR

For Washington National Abolition Action League. Court development in activities statewide: Work with Board of Directors, Organizational Board Staff supervision, Fund raising. Public representation. Must experience in: Administration; Supervision, Political experience. Gross-roots fund raising and speaking. Long hours, over \$15,000. Beginning date July. Send resume by May 10th to: Washington State NARAL Room 610, 909 4th Ave. Seattle, WA 98104

247. Sales Agents



MADIGAN ARMY MEDICAL CENTER

Tacoma, Washington

REGISTERED NURSES

GS-5, 7, 9 \$12,854-\$19,477

CYTOLOGY TECH. GS-7, \$15,922

DIAGNOSTIC ULTRASOUND 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

Equal Opportunity Employer

224. Bus. Opportunities

224. Bus. Opportunities

IMPORTANT NOTICE! NATIONAL HARDWARE WHOLESALERS.

Needs a limited number of Wholesalers for this area.

Outside selling unnecessary! You can Service Established Accounts. You will be Merchandising: STANLEY TOOLS, GENERAL ELECTRIC, WD-40, KRAZY GLUE, BORDENS (Elmer's Glue), 3M (Scotch Brand Tape), JIFFY HARDWARE and MORE!

IMMEDIATE CASH FLOW!

In order to be selected you must meet the following qualifications:

- Desire to be your OWN BOSS
- 6-8 Hours per week
- Dependable Transportation
- Working Capital
- \$14,940 (Cash required)

If you can meet these qualifications,

Please call TOLL FREE ANYTIME!

1-800-257-5957

Ask for Mr. Weaver



The computer

Automatic Data

world's largest company, needs a

representative to sell our data

processing equipment

in the Western Washington

area.

The successful candidate must have

motivated personal marketing

knowledge of accounting and

inventory control and you should

be a salesperson, truck and

equipment salesperson.

Send resume to:

Automatic Data Corporation

10000 1st Avenue

Seattle, WA 98104

Equal Opportunity Employer

247. Sales Agents



108

PLEASE POST ON BULLETIN BOARD

CIVILIAN PERSONNEL OFFICE
P.O. Box 33277
Fort Lewis, Washington 98433



TS

ACCEPTING APPLICATIONS

for the position of

CIVIL
SERVICE

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

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

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:

EDUCATION:	Associate <u>Degree</u>	OR	Diploma Program of <u>30 months or more</u>	OR	Baccalaureate <u>Degree</u>
	OR		Diploma Program <u>of less than 30 months</u>		

EXPERIENCE: 1 Year 0 0

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

110
PLEASE POST ON BULLETIN BOARD



CIVILIAN PERSONNEL OFFICE
P.O. Box 33277
Fort Lewis, Washington 98433



IS
ACCEPTING APPLICATIONS

for the position of

CLINICAL NURSE
GS-610-7 and 9

CIVIL
SERVICE

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

ANNOUNCEMENT: DH-01-81

SALARY: GS-9 = \$19,477 per annum
(\$9.36 per hour)

OPENS: 12-22-81 until further notice

GS-7 = \$15,922 per annum
(\$7.65 per hour)

(plus night and Sunday Differential)

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.

Experience and Education Requirements:

EDUCATION:		<u>Associate Degree</u>	OR	<u>Diploma Program</u>	OR	<u>Baccalaureate Degree</u>
PLUS						
EXPERIENCE	GS-9	3 years		2 Years		2 Years
	GS-7	2 Years		1 Year		1 Year

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:

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-BC, 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

MANAGEMENT OPPORTUNITIES

Merck Sharp & Dohme, one of the largest, fastest growing and most successful pharmaceutical companies in the United States, is seeking individuals for our entry level quality control program.

We are looking for experienced officers from a variety of educational backgrounds with a B.S. degree or equivalent. This position leads to more responsible positions within our diverse hierarchy of management. We stress promotion from within and individual growth potential is excellent.

An excellent salary, comprehensive benefits program and a highly professional environment accompany this position at our attractive suburban-Philadelphia location.

If interested, please send resume and salary requirements to Mr. Jacques P. Kueny

MERCK SHARP & DOHME

Division of Merck & Co., Inc.
West Point, Pa. 19380

An Equal Opportunity Employer

JUNIOR OFFICERS

Why are we different for you?

In the past few years Fox-Morris has emerged as a national leader in the placement of Junior Officers in analyzing responses and recommendations of many of our placed candidates as repeatedly find agreement on one point. Junior Officers tell us that our whole effort revolves around the applicant and their needs. Our approach in placing Junior Officers with industry starts with a careful analysis of each individual's qualifications and career interests. But most important, a constant follow-up with both the applicant and company to insure placement consistent with your objectives. We offer a more customized service than found in most career days. Our proven track record of results with our broad base of client companies throughout the U.S. enables us to offer a wide variety of industry assignments and locations in small and large corporations. Our fee and all employment costs paid by client companies.



We invite you to call collect or write the nearest Fox-Morris career placement specialist listed below:

Philadelphia: Joseph M. Hobert, V.P. 215-691-7100
 New York: 1-800-368-6800, Philadelphia: 215-691-7100
 Washington: 1-800-368-6800, Philadelphia: 215-691-7100
 Chicago: 1-800-368-6800, Philadelphia: 215-691-7100
 Dallas: 1-800-368-6800, Philadelphia: 215-691-7100
 San Francisco: 1-800-368-6800, Philadelphia: 215-691-7100
 Los Angeles: 1-800-368-6800, Philadelphia: 215-691-7100

FOX-MORRIS
 personnel consultants
 MILITARY PLACEMENT DIVISION

new york / baltimore / philadelphia / washington
 atlanta / charlotte / pittsburgh / cleveland / mc lean / houston
 los angeles / san francisco

Armed Forces Medical School Students Cite Two Faculty Members

By a Times Staff 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. (Lt. Col.) Patrick Duff assigned to the clinical faculty in obstetrics and gynecology at USUHS, was given the William P. Clements Award as the uniformed faculty member 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.

Civilian
 Career
 Opportunities

JOBS
 FOR
 VETS

SETON...



The Best Place
 To Become

The Best Nurse
 You Can Be!

For more than 80 years, Seton Medical Center in Austin, Texas has been offering the very finest 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 patients 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 on-going training programs and 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) 459-2121 ext. 5510 COLLECT for more details. The phone call is on us...but the opportunity is for you.

Allied Health Positions available, too!

An equal opportunity employer, m/f.



Seton

MEDICAL CENTER Daughters of Charity of Saint Vincent de Paul
 1201 West 38th Street, Austin, Texas 78706

western union

Telecommunication Technicians

Western Union needs experienced Technicians in Data Terminal Installation and Maintenance including teletype, CRT's, microcomputers, modems and data sets. Private line voice and data circuit trouble analysis and testing using associated equipment. Excellent salary and benefits.

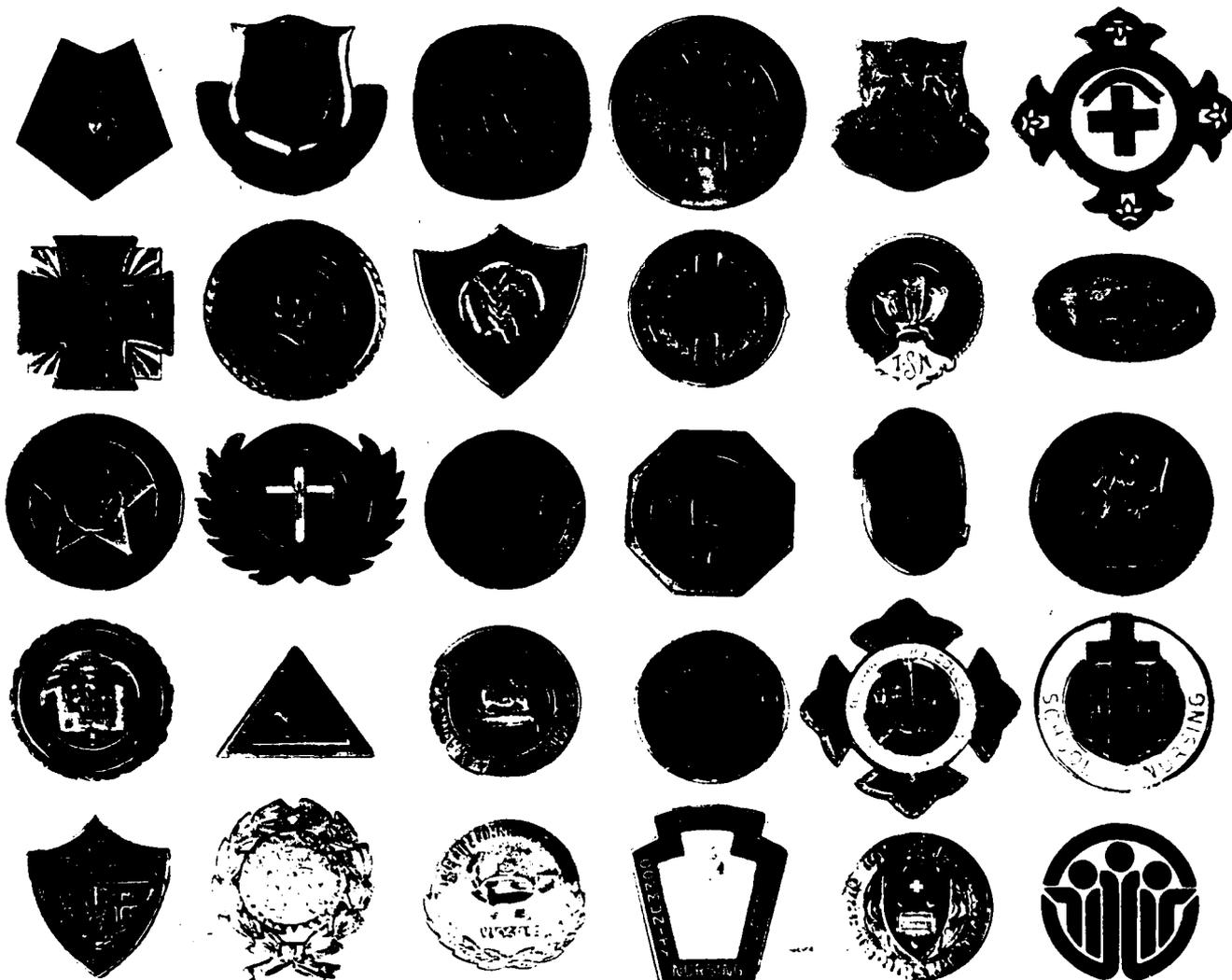
Since we can offer these jobs in most major cities, send resume including geographic location preferred and your earliest date of availability, to: Mr. R.I. Fairfield, Director of Employment, Dept. AT.

**Western Union
 Telegraph Company**

One Lake Street
 Upper Merion, NJ 07468

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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 Skillmatchingsm 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.



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RN I know I'm the best. Now show me why you're the best.

Name: _____

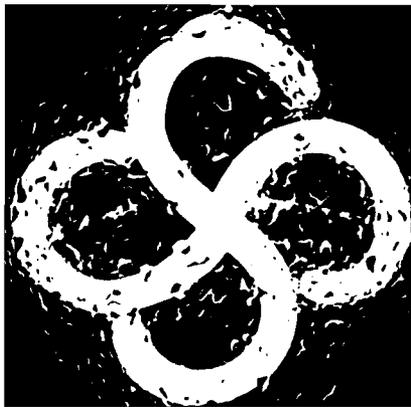
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State: _____

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Zip: _____



MOUNT SINAI MEDICAL CENTER AND MOUNT SINAI MEDICAL CENTER OF GREATER MIAMI

WHAT A WAY TO GROW



Kay Kane
ARNP, Employer Health Service

Cleo Reynolds
Patient Care Coordinator

Alvio Dominguez
Primary Nurse III

"My 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."

Adrianna Bagg, Nurse Educator

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 sunning on the beach are in close proximity to Mount Sinai.

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

RN 12/81

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ADDRESS _____
CITY, STATE, ZIP _____
PHONE _____

SN RN GN



Exceptional style,
exceptional nursing opportunities,
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 C.E.U.s, and 100% tuition reimbursement program.

Call TOLL-FREE or write our Nurse Recruiter,
Elizabeth Hevert, to find out more about the
exceptional life at Cedars: 1-800-327-7386,
1400 N.W. 12th Avenue, Miami, Florida 33136.
In Florida, call COLLECT (305) 325-5443.

cedars of lebanon health care center

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The beach is 23 miles long and so beautiful...perhaps some of the most exciting times of your life were spent here!

DAYTONA BEACH, big enough to be exciting, small enough to be friendly. A town that offers today's nurse the unique opportunity to work in an area that offers the best in health care and professional experience.

HALIFAX HOSPITAL, MEDICAL CENTER, with over 500 beds, is the only regional medical center in the area. Continuing education programs, tuition reimbursement, excellent salary, comprehensive benefits package...it's all here for you.

Recall the promise you made your youth: you thought you'd go to work for Halifax Hospital and Daytona Beach...the dream is still alive.



For information write:
Sherry Hoover, RN, Nurse Recruiter
Halifax Hospital, Medical Center
303 N. Clyde Morris Blvd.
P.O. Box 1990
Daytona Beach, Florida 32015
or call collect (904) 258-1505

Equal Opportunity Employer M/F



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.



**CHILDREN'S HOSPITAL
NATIONAL MEDICAL CENTER**

111 Michigan Avenue, N.W.
Washington, D.C. 20010
ATTN: Dept. RN

APPENDIX E

EXAMPLES OF ADS FROM THE 1982
NURSING OPPORTUNITIES

Primary Children's Medical Center

320 Twelfth Avenue
Salt Lake City, Utah 84103
Telephone: (801) 333-1131
Ext. 652

Contact:
Beverlee Aaron, R.N.
Nurse Recruiter
Member National Assoc. of Nurse Recruiters

UNIQUE FEATURES

The different world of children requires special nursing care and special facilities. At Primary Children's Medical Center, a 154 bed acute care pediatric hospital, we offer care and concern for the total family concept which includes a pre-admission orientation program. We are practicing Primary Nursing and as a referral and teaching facility provide the nursing staff with continual learning experiences. We continue to grow as a sophisticated Medical Center with a progressive nursing philosophy while preserving our small hospital feeling. The hospital is located in a residential section of Salt Lake City close to the University of Utah. The Salt Lake Valley is the gateway to some of the greatest scenic and recreational opportunities in the world. Skiing or skiing the greatest snow on earth (6 ski resorts are within 30 minutes). Salt Lake is definitely a good place to live.

ACCREDITATION

JCAH, National Internist Resident Matching Program.
Affiliations: University of Utah Medical School--U of U, Brigham Young University, Westminster College, Weber State College.
Nursing programs

FACILITIES

Full range of services including: Intensive Care, NBICU, Oncology, Emergency Room, Outpatient Clinics and Outpatient Surgery, Operating Room including: Open Heart Surgery, Neurological Surgery, Orthopedic Surgery, Plastic Surgery and General Pediatric Surgery, Inpatient and Outpatient Psychiatry, Diabetic Teaching Team, Quality Assurance Program, and Pediatric Trauma Transport Team.

BENEFITS FOR NURSES

Financially: Competitive salary commensurate with experience/

education, 40 hour week with 8, 10, or 12 hours shifts available, time and one-half for overtime and for holidays worked. Differential for afternoon, night and weekend. Full-time, Part-time positions. Evening, night or rotating shift available. 2 weeks vacation, 5 days all-purpose leave and 10 holidays plus 7 days long-term sick leave accrual.

Fringe: Excellent medical, maternity, disability, life insurance coverage, retirement program and malpractice coverage. Discounts for Pharmacy items, cafeteria, theatre tickets and ski passes. Credit Union, Free Parking.

Education: Orientation 1 month program theory and clinical experience. Continuing Education Department plus 70% tuition reimbursement program to local colleges.

Housing: Temporary housing available for interview or on employment.

An Equal Opportunity Employer

FOR ADDITIONAL INFORMATION CIRCLE
ON THE READER SERVICE CARD
409

St. Peter Hospital

413 North Lilly Road
Olympia, WA 98505
Telephone: 206 456-7439

Contact:
Saundra L. Huehman, R.N., B.S.N.
R.N. Recruiter - Personnel
Member of the National Association of Nurse Recruiters

UNIQUE FEATURES

St. Peter Hospital is located on a quiet, wooded 40-acre site near downtown Olympia. Several mountain ranges contribute to the spectacular scenery surrounding our facility and provide winter skiing. Easy access to 250 miles of ocean beaches, 2000 miles of inland water shoreline, 3000 fresh water lakes as well as the metropolitan areas of Olympia, Seattle and Portland. Climate moderate seldom below freezing and temperatures 70 to 80°. Founded in 1867 as one of thirteen Health Care Institutions established by the Sisters of Providence. St. Peter Hospital is a private, non-profit, acute care hospital serving a five county area. Our present 239 bed, modern facility was built in 1971. Expansion in Psych, OB, Critical Care and Surgery will be adding 98 more beds. Accredited by JCAH, Cancer Program of the American College of Surgeons, College of American Pathologists, Medicare Certification.

FACILITIES

Cardiac specialties, ICU/CCU, Critical Care Step-Down Unit, E.R. (includes Helicopter Transport Services), Med-Surg, Neuro, Gyn, Peds, Oncology (includes Hospice Program), Psych, OB (includes Birthing Room), Nursery-High Risk (Level II), Well Baby (Level I), IV Therapy, Surgery Holding Room, OR, Recovery Room, Short Stay Unit, plus a wide base of support specialty services. Computer systems on nursing units and communication and decrease paperwork. Patient rooms have large windows, views of the area. Most are single with private bath. Parking provided on hospital grounds at no charge.

BENEFITS FOR NURSES

Financially: Competitive wage above national average. Recognition for experience. Career lane and benefit data available.

upon request. Variety of scheduling options available. Straight shift's offered. Transfer of benefits policy exists for employees relocating to other Sisters of Providence Facilities.

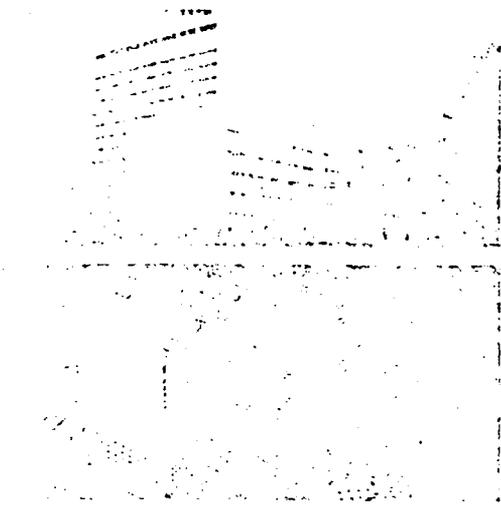
Education: Two weeks orientation or more based on individual need and area of assignment. Included Residency Program for new graduates. Broad spectrum of in-house educational programs. Group as well as individual instruction available. Classes held on all shifts, many CEU approved. In-house Professional Library provides a variety of resources which include current periodicals, up-to-date texts, interlibrary loan access and reference data including computer data base searching. Continued learning encouraged through use of available classes and services.

Housing: Apartments and single family housing available in a variety of locations and settings.

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FOR ADDITIONAL INFORMATION CIRCLE
ON THE READER SERVICE CARD
410

University Hospital/ Harborview Medical Center



1959 N.E. Pacific Street
Seattle, Washington 98195
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:

Frances Sisson, R.N.
Nursing Personnel Coordinator

UNIQUE 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 sponsored and athletic activities. These include University libraries, concerts, dance, public lectures, and 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 a 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, and theaters. Public transportation is efficient and easily available.

HOSPITAL

University and Harborview Medical Center are components of the University of Washington Warren G. Magnuson Health Sciences Center which is the largest and most comprehensive health care facility in the northwestern United States. University Hospital has an inpatient bed capacity of 336 and Harborview Medical Center has 300 beds. Both facilities are JCAH accredited teaching, referral and research hospitals and serve as regional resources to Washington, Oregon, Montana and Idaho.

FACILITIES

University Hospital offers opportunities in specialized services including a Regional Perinatal Center with a neonatal ICU and a regional air-land transport program; high risk obstetrics; renal transplant and dialysis service; cardiovascular surgery program; multidisciplinary oncology unit; Regional Spinal Cord Injury and Rehabilitation Center; NIH-funded Clinical Research Center; multidisciplinary pain center; geriatric psychiatry and a Family Medicine Center. Harborview offers opportunities in inpatient and emergent cardiac patient care and mental health services. Active referral services include a regional Trauma and Burn Center and a helicopter ambulance service, an NIH-funded Epilepsy Center, a Regional Spinal Cord Injury and Rehabilitation

Center and a cardiac telemetry and drug study unit. HMC is the training center and base station for the Seattle Fire Department's Mobile Intensive Coronary Care program and provides a Seattle Adult Center.

EMPLOYMENT OPPORTUNITIES

Financial: Excellent competitive salaries commensurate with experience; tax sheltered annuity program; shift differentials for evening and night shifts; annual increments and 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 meeting leave days annually; bereavement and maternity leave; hospital paid individual health insurance; term life insurance; long-term disability option; dental coverage; a retirement plan and two credit unions.

Educational: University of Washington tuition provided for undergraduate and graduate students; centralized departmental orientations as well as practical ship orientations; ongoing departmental and unit seminars; clinical teaching programs and clinical research 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:

EDUCATION	EXPERIENCE	LICENSE	STATE BOARDS	PAY PER HOUR MIN	MAX
Associate Degree or Diploma Program of less than 30 mos	Greater than 1 year	Yes	Yes	\$7.50	\$7.75
Diploma Program of greater than 30 mos or Bachelors Degree Program	Less than 1 yr	No (Graduate Nurse or Resident Nurse)	No	7.50	7.75

GS-7 Requirements:

Associate Degree or Diploma Program of less than 30 mos	Greater than 2 years	Yes	Yes	8.50	9.00
Diploma Program of greater than 30 mos or Bachelors Program	Greater than 1 year	yes	Yes	8.50	9.00

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

HOSPITAL	GRADUATE NURSE		10 YRS					PART TIME/ MINUS BENEFITS	
	\$/hr	BEGIN \$/hr	1 YR \$/hr	2 YRS \$/hr	5 YRS \$/hr	10 YRS \$/hr	EVEN. DIFF.	NIGHT DIFF.	
Veterans Administration		8.05	9.36	9.67	11.33	14.73	+10%	+10%	
Allenmore		9.38	9.94	10.53	11.00	12.00	7% of base	10% of base	
Puget Sound	8.36	9.49	9.64	9.81	10.27	10.75	7% of base	10% of base \$10.40	
Tacoma General	8.28	9.29	9.46	9.63	10.27	10.73	\$.65/hr	\$.93/hr 6-15%	
Doctors Hospital	8.88	9.29	9.46	9.65	10.35	10.80	\$.65/hr	\$.93/hr 6-15%	
Mary Bridge	8.88	9.29	9.46	9.65	10.35	10.80	\$.65/hr	\$.93/hr 6-15%	
Saint Joseph	8.42	9.29	9.46	9.66	10.27	10.79	\$.65/hr	\$.93/hr 6-15%	
Good Samaritan	8.10	9.00	9.42	9.65	10.35	10.80	\$.61/hr	\$1.04/hr 12%	
Saint Peter	7.79	8.94					\$.49/hr	\$1.01/hr 12%	
Group Health		8.80		9.12	9.38	9.68	1/week	no nights 12%	
Lakewood General	8.10	9.00	9.40	9.70	10.35	10.80	\$.65/hr	\$1.04/hr 12%	
Western State	7.88					10.09	\$.23/hr	None	
Madigan	6.18	7.65	7.91	9.36	9.98	11.55	10% of base	10% of base	
	GS-5 Step 1	GS-7 Step 1	GS-7 Step 2	GS-9 Step 1	GS-9 Step 3	GS-9 Step 8			

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

TIME	ACTIVITY	COORDINATOR
1 week	1. Inprocessing Orientation a. CPO Orientation b. New Arrival Orientation c. Attendance at Morning Nursing Report d. Tour of Hospital (1) Administrative activities (2) Clinics (3) Wards (4) Ancillary services Lab X-ray Food Service	Nurse Recruitment Coordinator
2 weeks	2. Management Seminars 3. General Nursing Skills Assessment and Training a. Pharmacy ^ (1) Medications (2) IVs (3) Exam b. Patient Care (1) Bathing, Feeding, Turning (2) Special Devices (beds, turning frames)	Admin Resident Education & Training
2 weeks	4. Physical Assessment Course a. Interviewing b. Respiratory Assessment c. Cardiac Assessment	Clinical Coordinator
1 week	5. Ambulatory Nursing a. TMC and USAHC Tour & Orientation b. Specialty Clinic Tour & Orientation c. Emergency Room d. General Outpatient Clinic	Ambulatory Care Nurse
2 days	6. Centralized Materiel Service	CMS Supervisor

TIME	ACTIVITY	COORDINATOR
	7. Infection Surveillance	Infection Surv Nurse
	8. Medical Nursing	Medical Clinical Coordinator plus Evening and Night Supervisor
1 week	a. Ward 21 (Intermediate)	
2 weeks	b. Ward 20 (Acute)	
2 weeks	c. CCU (Acute)	
	9. Surgical Nursing	Clinical Coordinator and Head Nurses
1 week	a. Wards 7 (Pre-op) and 5 (Min Care)	
1 week	b. Ward 1 (Moderate Care)	
1 week	c. Ward 13 (Moderate Care)	
2 weeks	d. Ward 9 (Step Down ICU)	
2 weeks	e. Ward 10 (ICU)	
1 week	f. Recovery Room	
	10. Psychiatric	Clinical Coordinator
1 week	a. Outpatient & Alcohol & Drug Abuse	
2 weeks	b. Inpatient	
	(1) Wards 17 and 18	
	(2) Western State Hospital	
	11. Obstetrics & Gynecology	Maternal & Child Health Coordinator
1 week	a. OB & Gyn Clinics (patient education)	
1 week	b. Labor & Delivery	
1 week	c. Anti & Post Partum Wards	
2 weeks	12. Pediatrics	Pediatric Nurse Clinician Head Nurses
	a. Clinics	
	b. Wards (Nursery & NICU)	
1 week	13. Operating Room Orientation	Director, OR Nursing Course
	a. Sterile Techniques & Dressings	
	b. OR Observation	
1 week	14. Anesthesia Nursing	Section Supervisor
2 weeks	15. Orientation to Permanent Position	Head Nurse
	a. All Shifts	
	b. Major Referral Centers (e.g., Surgery, Ob, etc.)	

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

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

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