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NEW EMPLOYEE ORIENTATION: A FOCUS EVALUATION OF THE CURRENT PROGRAM AT THE NATIONAL NAVAL MEDICAL CENTER, BETHESDA, MARYLAND

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**NEW-EMPLOYEE ORIENTATION:
A FOCUS EVALUATION OF THE CURRENT PROGRAM AT THE
NATIONAL NAVAL MEDICAL CENTER
BETHESDA, MARYLAND**

A Graduate Management Project

Submitted to the Faculty of

Baylor University

In Partial Fulfillment of the

Requirements for the Degree

of

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by

Lieutenant William M. McGee, MSC, USN

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ABSTRACT

Increased employee turnover, escalating recruiting costs, and a shrinking pool of qualified applicants are major factors prompting organizations to re-examine existing personnel entry practices. Many discover a greater emphasis should be placed on the quality of new-employee orientation programs. This project evaluated the National Naval Medical Center's new-employee orientation program. Members of the management team participated in a survey concerning the elements of the current program. Participants were asked to evaluate the degree of importance each element contributed in preparing new employees to assist the organization in fulfilling its mission and vision. Survey results indicated dissatisfaction with the composition of the current program. Moreover, differences among the levels of management concerning the focus of newcomer orientation also existed. Alternatives to the current program, that are consistent with the survey results, are proposed to better assist the National Naval Medical Center's new employees in contributing to the organization's vision and mission.

INTRODUCTION

Increasingly, organizations are becoming concerned with employee entry practices (Leibowitz, Schlossberg, & Shore, 1991), and question whether these practices adequately ease the transition of new employees into work organizations (Louis, 1980). Although new-employee orientation is the most common form of formal, organizational training (Brechlin & Rossett, 1991), poorly structured programs may reduce the new employee's effectiveness and lead to increases in dissatisfaction and turnover (Zemke, 1989), of which, the latter is particularly troublesome for organizations.

Leibowitz, Schlossberg, and Shore (1991) cite the following factors as evidence to support placing a renewed emphasis in quality orientation programs: (1) an average cost of hiring a new employee in 1989 was \$6,000, (2) over half of all new hires leave during their first seven months, and (3) there will be 27 percent fewer teens eligible to enter the workforce in 1995 than in 1975. Statistics such as these, and changes to the core philosophies of the Department of Defense healthcare delivery system have prompted this examination of the National Naval Medical Center's command orientation program.

Conditions Prompting the Study

The National Naval Medical Center is a large, multi-specialty medical facility that employs over 3,250 personnel at an annual payroll cost that exceeds \$175 million, or nearly 80 percent of the total operating budget.

The present new-employee orientation program consists largely of instructional courses that primarily orient new employees on the technical aspects of working in a navy healthcare facility. Exhibit 1 displays the topics of the current program.

Command orientation occurs once a month and consists of 24 contact hours of classroom-based instruction. Both civilian and military new employees attend the same program with one notable exception: military employees receive eight contact hours of a course titled Navy Rights and Responsibilities, that includes as a subcourse, sexual harassment prevention training, while civilian employees receive eight contact hours of civil service regulations instruction which also includes elements of sexual harassment prevention training. No orientation requirement currently exists for approximately 150 contract healthcare workers that are primarily "agency" nurses assigned to inpatient work centers by the contractor. Additionally, the emergency room and adult acute care clinic, a

primary entry point for patients, is staffed exclusively by contract healthcare workers.

No evidence can be found of a current, formal evaluation of the new-employee orientation program by the organization's management team. External evaluations performed by outside audit organizations have occurred, but the primary focus of these inspections have been to ensure that the command orientation program contains mandated topics like instruction on infection control procedures, safety principles, and the rights and responsibilities of uniformed employees.

Internal evaluation of the program is performed by surveying the program's participants. New employees are asked to complete a questionnaire when they finish the orientation program. Few changes to the orientation program based on these survey results can occur, due primarily to the abundance of mandated topics that constitute the core of the program curriculum.

Noticeably absent from the current orientation program are courses that provide for an in-depth articulation of the organization's vision and mission, for a detailed orientation to the sprawling 250 acre campus, for courses that assist new employees in understanding how they "fit" into the National Naval Medical

Center's healthcare delivery process, and for articulation of the organization's bedrock standards of service. Exhibit 2 displays the vision and mission statements of the National Naval Medical Center.

The organization attempts to enhance the socialization process of newly reporting military employees through the Navy's sponsor program. The Navy sponsor program provides for personalized assistance by a member of the command for newly assigned military personnel. Usually, this assistance begins prior to transfer, when the prospective new employee receives notification of transfer orders to the new organization. Assistance consists of helping the newcomer obtain information on housing, schools, and the geographical area in general. Additionally, once the member arrives for duty, the sponsor continues to assist the newcomer in what sometimes proves to be an exhausting check-in procedure, and is available to answer most questions that arise from a relocation. Unfortunately, this assistance usually ends within a week after reporting for duty.

New civilian employees are not assigned sponsors, nor do they receive the amount of personalized assistance given to active duty

personnel and again, contract healthcare workers receive no sponsor assistance from the organization.

Statement of the Management Question

Does the new-employee orientation program used by the National Naval Medical Center satisfy the expectations of management in terms of enabling the new employee to assist the organization in fulfilling its vision and mission? Moreover, if the current program fails to satisfy management's expectations, is there agreement through-out all levels of the management team regarding the content of a revised program?

Review of the Literature

New employee orientation programs are part of an even larger newcomer socialization process that Weiss (1978) characterizes as one of new employees actively engaged in "role search", or seeking information on the norms and values of their new organization. The dynamics of organizational entry have in the past been approached from two distinct perspectives: recruit turnover and organizational socialization (Louis, 1980), however the former appears to be merely a symptom of poor performance in the latter.

A Texas Instruments, Inc. study during the middle 1970s confirms this belief. It found that new employees who completed a customized newcomer socialization program that stressed the organization's core values, were 40 percent less likely to leave the company than those exposed to a more traditional orientation program which focused on working hours, parking regulations, and other similar topics (Zemke, 1989).

The literature on organizational socialization of the newcomer is diverse. Jones' (1983) interactionist model argues that the newcomer's psychological orientation is initially either naive, competent, or dominant. Furthermore, the perception of their behavior by themselves and their coworkers contribute greatly in their adjustment to the new organization.

Reichers' (1987) interactionist perspective demonstrates the advantages of increasing the rate at which newcomers complete the initial socialization or "settling-in" period through the use of "insiders" or mentors since a major goal of new employee orientation is to develop and nurture particular attitudes about work and worker roles (Wehrenberg, 1989). The initial socialization experience ensures that the new hire makes a significant difference as soon as possible (Moravec & Wheeler, 1989).

Van Maanen and Schein (1979), Jones (1986), and Allen and Meyer (1990) explain organizational entry and socialization processes by examining the tactics organizations use, and the resulting newcomer responses. Van Maanen and Schein (1979) provide the original theoretical framework for predicting newcomer behavior. They then characterize the process as responses to socialization tactics. The theory holds that six tactics, and accompanying analogs, paired by context, content, and social aspects, best predict whether newcomers will exhibit either custodial or innovative behavior. Custodial behavior, or behavior the organization wants to be imitated, can be achieved by using collective learning experiences and formal settings, by sequencing information in a variable format, by using role models (serial), and by disconfirming newcomers' expectations (divestiture) about themselves. The respective analogs -- individual, informal, random, fixed, disjunctive, and investiture -- are expected to elicit innovative behavior.

Jones' (1986) work, later replicated by Allen and Meyer (1990) took exception with two expected responses theorized by Van Maanen and Schein. They argue that variability leads to uncertainty, and when presented with uncertainty, newcomers will improvise and exhibit innovative rather than custodial behavior.

Moreover, they feel that divestiture, rather than investiture, encourages newcomers to develop situational definitions and therefore, provides the stimulus for innovative thought and behavior. Organizations desiring situationally dependent custodial and innovative behaviors should use this theoretical framework in tailoring newcomer socialization programs. (Allen and Meyer 1990).

Finally, the literature contains models that can assist newcomers in the entry process. Louis (1980) characterizes entry as a period in which new employees experience surprise, and attempt to understand unfamiliar situations. Louis' (1980) sense making model begins with a detection phase, where newcomers contrast actual outcomes with expected outcomes, leading to a feeling of surprise. Diagnosis follows detection, where newcomers draw on inputs in order to make sense of the surprises, resulting in interpretation and a subsequent behavior response. Miller and Jablin's (1991) model parallels that of Louis (1980) in content, however the path the model takes is less straightforward.

Solomon (1989) and Brechlin and Rossett (1988) offer practical guidelines for development of newcomer orientation programs. Solomon (1989) cites the orientation program developed by Disney,

Inc. as a model for service intensive industries to follow. The foundation of Disney's socialization process is based on organizational values, philosophies, and service standards. Newcomers initially learn about Disney's history and philosophy, its bedrock standards of guest service, its definition of happiness and their role in creating and nurturing it, and finally where and how the newcomer fits into the corporate structure. Disney considers knowledge regarding the park layout fundamental, since every employee is required to be able to expertly direct guests to any attraction in the park.

Brechlin and Rossett (1988) offer a more generic template for developing orientation programs that contains nine principles.

The principles are:

1. Assess the needs as a basis for orientation.
2. Establish an organizing framework.
3. Provide learner control.
4. Make orientation a process, not just an event.
5. Allow people and personalities to emerge.
6. Reflect organizational tone and priorities.
7. Remain sensitive to organizational politics.
8. Include a system for update.

9. Create a pleasing orientation experience.

These principles include many factors that have been previously covered in other models or theories. As such, they form the basis for construction of this project's of topics and tactics survey.

Purpose of the study

The purpose of this project was to determine if the topics and tactics (independent variables) of the National Naval Medical Center's new-employee orientation program satisfied the expectations of its management team (dependent variable) as it relates to the fulfillment of the mission and vision of the organization. Accordingly, hypothesis 1 states that management is not satisfied that the content of the current program prepares new employees to assist the organization in meeting its mission and vision. Additionally, as the management team is comprised of three distinct supervisory layers, hypothesis 2 states that differences exist regarding the importance of topics and tactics among Directors, Department Heads, and Senior Enlisted personnel.

METHODS AND PROCEDURES

Survey Design

Initially, this project combined the individual elements of the National Naval Medical Center's current new-employee program, elements of a peer hospital in geographical proximity to the National Naval Medical Center, and elements of model programs cited in the literature into an inventory of orientation topics and tactics. This inventory provided the basis for construction of the survey instrument that was employed (exhibit 3). The survey instrument was subsequently distributed to members of the management team at the National Naval Medical Center.

Subjects

The management team at the National Naval Medical Center consists of the Commander, the Deputy Commander, Directors, Associate Directors, Department Heads, and senior enlisted personnel. All Directors, Associate Directors, and senior enlisted are active duty navy personnel. Department Heads are active duty navy officers and civilian employees of the Department of the Navy.

Officer membership consists of Restricted Line, Medical Corps, Dental Corps, Medical Service Corps, Supply Corps, Judge Advocate

General Corps, Chaplain Corps, Nurse Corps, and Civil Engineer Corps officers. Enlisted membership consists of personnel in the paygrades E-7 through E-9 in the ratings of Hospital Corpsmen, Dental Technician, Storekeeper, Interior Communication, and Mess Specialist. Civilian membership consists of varying classifications in the grades of GS-09 through GM-14.

Data Collection

Management team members were asked to evaluate each inventory item (independent measure), and assign a score that indicated the degree of importance the item holds in their overall satisfaction (dependent variable) of the program's effectiveness in preparing a new employee to contribute to the organization's fulfillment of its vision and mission.

Scoring was accomplished using a 5 point rating scale. A score of (1) was chosen if the respondent strongly disagreed the inventory item was important to the overall effectiveness of the program, and a score of (5) was chosen if the respondent strongly agreed the inventory item was important to the program's effectiveness. A rating of (3) was used to indicate a neutral assessment.

Questionnaires were sent to 150 management team members and 96 were returned, for a response rate of approximately 65 percent. The questionnaires (n=96) were grouped into three categories (dependent variables) according to management team membership. Responses were then grouped in five categories labeled: culture, support services, safety issues, personnel issues, and medical issues (independent variables). Exhibit 4 provides a description of topics assigned to each category. Survey items 38 through 41 (independent variables) addressed tactics used in orientation programs and were not grouped but considered as stand alone items.

Research Design

In order to test for the level of importance each category of topics or tactics held in the overall satisfaction in the current program's content (Ha1) and differences in satisfaction according to management team membership (Ha2), this study employed a correlated groups analysis of variance design (Kerlinger, 1965). Exhibit 5 provides a pictorial description of the nonexperimental research design.

When testing Ha1, topics/tactics scores assumed the role of

units. Conversely, when testing Ha2, management group membership assumed the role of units.

Hypotheses 1 and 2 were tested by criterion scaled multiple regression (Pedhazur, 1977 and Gibbons & Sherwood, 1985). Group averages and group sums were used as the Y vector for Hypotheses 1 and 2 respectively. When the Y vector for each hypothesis was regressed the independent variables the model yielded a R² value. F-ratios were then calculated using the following formula:

$$\frac{(R^2_f - R^2_r)/(NLIPV_f - NLIPV_r)}{(1 - R^2_f)/(n - NLIPV_f)}$$

where NLIPV equals the number of linearly independent predictor vectors.

Content validity, defined by Soeken (1985) as an instrument's ability to "measure what it purports to measure" (p 4), was assured since the survey instrument contained topics and tactics in the National Naval Medical Center's command orientation program. Reliability, described by Kerlinger (1965) as the degree to which a measurement is dependable, stable, consistent, or accurate, was

assured by calculating the reliability coefficient (r_{tt}) for each regression set.

Measures

Satisfaction in the program's topics and tactics (Ha1) was measured by determining the average scores of each category by respondent group. This was accomplished by calculating the average aggregate score for each topic/tactic category and dividing by the number of respondents in management team group to arrive at an average composite response score for each topic/tactic category. This composite score then served as the dependent measure for testing differences in satisfaction of the current program's content.

Differences in satisfaction due to management team membership (Ha2) was determined by calculating the sum of responses for each topic/tactic category. This sum then served as the dependent measure for testing differences due to group membership. Table 1 lists the data set matrix used for both topics and tactics.

RESULTS

Frequency Distributions

Once survey responses were grouped into five program categories, frequency distributions were calculated based on the total number of respondents (n=96) that scored each category, in composite, 4 or 5. Additionally, frequency responses were calculated specific to membership in management groups. The score of 4 or greater was chosen to indicate a favorable response to the topic category or individual tactic. Table 2 displays the results of this calculation.

When employing an arbitrary cut-off of 67 percent, or a two-thirds majority, for a favorable response, the study found only one topic category exceeded the cut-off mark. Seventy-two percent of respondents scored the culture category 4 or greater. The next closest was safety, with 51 percent scored favorable.

Two tactics exceeded 67 percent in favorable scoring. Seventy-six percent of respondents scored the tactic of tailoring the program to individual audiences favorable, while the same percentage felt that the tactic of promoting and encouraging two way communication was important. The next closest was the tactic that allowed for orientation to occur greater than monthly.

Twenty-four percent scored this tactic favorable while only 17 percent believed that orientation should exceed the current 3 day duration.

Interestingly, when the management team group responses were examined, strikingly disparate results were apparent. Directors scored the survey similar to that of the entire management team in terms of majority responses. Each topic category or tactic that the full management team scored in the majority, the directors also scored in the majority. Accordingly, each topic category or tactic that the full management team failed to score in the majority, the directors also failed.

Department Heads failed to score any topic category in the majority although their results for tactics mirrored that of the full management team. Senior Enlisted members of the management team scored four out of five topic categories in the majority. Medical issues was the only category that failed to score in the majority although 60 percent found this category favorable. Conversely, only one tactic scored by the senior enlisted members placed in the majority. A program promoting two way communication was considered important by 74 percent of the

senior enlisted respondents however, only 59 percent considered programs tailored to the audience important.

Correlation

Four correlation matrixes were prepared, two each for Ha1 and Ha2. Table 2 contains the results of these correlations. In each matrix, the values highlighted in bold indicate r values that exceeded the critical value for the matrix.

Of particular interest, the correlation matrix for topic categories (Ha1) indicated culture to be the only significantly correlated variable, which corresponds to the findings of the frequency distributions.

The matrix for tactics (Ha1) indicated two of four significantly correlated variables. A positive correlation, exceeding the critical value was found for programs promoting two way communication, and a negative correlation, also exceeding the critical value was found for program that exceeded the current three day length. Comparisons with the frequency distributions are consistent as programs promoting two way communication yielded a majority score whereas programs greater than the current 3 day length yielded the lowest percentage of favorable responses.

Correlation for topics and tactics in the second set of matrixes (Ha2) indicated significant correlation from both the directors and department heads.

Regression Analysis

As explained in the methods section of this study, criterion scaled regression analysis in a correlated groups design was employed to test each hypothesis. A generalized linear model was developed for each hypothesis, which comprised a composite of tests for (1) topics and (2) tactics. As such, two sets of statistics were developed and reported for each hypothesis tested. Table 4 (2 pages) contains the source tables for each.

In examining the degree of satisfaction management held for the current program, management's average score for each category of topics or tactic (dependent variable) was regressed on the binary coded topic or tactic category. An R^2 of .6640 was obtained for topics which, when placed in the aforementioned formula, yielded a $F(4,10)$ of 4.940, probability less than 0.05. An R^2 of .7545 was obtained for tactics, yielding a $F(3,8)$ of 8.1955, probability less than 0.01.

Hypothesis 2, differences in satisfaction based on management

team membership, was tested using the same methodology except that each management group's score sum for topic categories or tactics (dependent variable) was regressed on binary coded membership groups. A R^2 of .6046 was obtained for topics, yielding a $F(2,12)$ of 9.1745, probability less than 0.01. Membership sums for tactics, when regressed on binary coded membership groups, yielded a R^2 of .7904 for a $F(2,9)$ of 16.969, probability less than 0.01.

DISCUSSION

Each hypothesis was accepted in this study. A statistically significant difference existed in the full management team's assessment of the categories of topics and individual tactics they considered important in preparing new employees to contribute to the organization fulfilling its mission and vision.

Clearly the management team considered those topics grouped in the culture category as the most important. Moreover, management favored tailoring classes to individual audiences and creating an orientation environment that promotes a two-way exchange of ideas.

When comparing these results to the current program, the full

management team expressed dissatisfaction with the topics covered and the tactics since nearly three-fourths of the topics in the current program can be considered non-cultural.

The differences in response according to group membership of the management team also yielded results that were statistically significant. The directors scored topics and tactics, in the aggregate, strongly favorable or strongly unfavorable. Conversely, department heads scored more on the midline of the rating scale. Senior enlisted however, appeared to score all topics and tactics favorably indicating, as a group, they are satisfied with the current program.

The results of this study compare favorably with the works of authors cited in the literature. The National Naval Medical Center management team considers cultural topics to be the most important aspect of orientation. The Texas Instruments study (Zemke, 1989) demonstrated how orientation can impact on turnover rates. When altering the content of orientation so that organizational values and culture was stressed they found that turnover was significantly reduced. Disney, Inc. (Solomon, 1989) also considers a cultural focus crucial to its orientation efforts.

The tactics that management considered important correspond to several of Brechlin and Rossett's (1988) principles. The

importance of providing an environment that promotes two-way communication in an orientation setting corresponds to the principles of providing learner control, allowing people and personalities to emerge, and creating a pleasing orientation experience. The importance of tailoring the orientation experience to a particular audience corresponds to the principles of assessing the needs as a basis for orientation and remaining sensitive to organizational politics, since many higher ranking officers, according to anecdotal comments from the survey, feel a generic orientation for all new employees is repetitious and unwanted. Finally, a focus on cultural topics is in keeping with the principle of reflecting the organizational tone and priorities.

CONCLUSIONS AND RECOMMENDATIONS

The focus of the new-employee orientation program used at the National Naval Medical Center falls short of satisfying the management team's expectations. This study illustrates a need to alter the scope and content of orientation so that the cultural importance of belonging to this organization is reflected in its newcomer orientation curriculum. Although many of the topics currently covered in orientation are mandated from outside of the

organization, effort should be taken to satisfy these requirements in a non-orientation forum.

Clearly courses covering topics such as infection control procedures, safety, disaster preparedness, and others, fall into the classification of training, and could, provided the organization concurs, be better served in an environment that focuses on these specific training issues. Teaching new employees the specifics regarding fire safety procedures would seem to be more effective in the newcomer's work place rather than an auditorium. Moreover, a hands-on course of instruction covering infection control procedures appears more effective than watching a slide show depicting the same.

The literature is replete with examples of newcomer orientation programs that answer a crucial question that most newcomers ponder, that is, "what does this organization that I've signed on to stand for?" A program that focuses on cultural foundations will well serve the organization and its newcomers alike.

This study recommends the development of innovative solutions to separate issues central to orientation from mandated training issues and develop a newcomer orientation program consistent with current research findings. Additionally, a study

measuring the content effectiveness of the orientation program three to six months after orientation could contribute substantially to a more comprehensive evaluation of the organization's orientation efforts.

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NATIONAL NAVAL MEDICAL CENTER
COMMAND ORIENTATION PROGRAM

Topic Inventory

ORGANIZATIONAL

- Command History
- Commander's Greeting
- Command Master Chief's Greeting
- Total Quality Leadership

SUPPORT SERVICES

- Family Advocacy
- Drug & Alcohol Abuse
- Religious Services
- Recreation Services
- Financial Services
- Navy Legal Services
- Suicide Prevention

SAFETY ISSUES

- Fire Safety
- Radiation Safety
- Occupational Safety
- Personal Safety
- Physical Security
- Parking

PERSONNEL ADMIN

- Personnel Support Detachment
- Consolidated Civilian Personnel Office
- Advancement
- Career Counselor
- Navy Campus

MEDICAL ISSUES

- Infection Control
- HIV/AIDS
- Drug Reactions
- Medical Forms
- Quality Assurance
- Patient Relations
- Disaster Preparedness

OTHERS

- TEAM Training
- Navy Rights & Responsibilities

**NATIONAL NAVAL MEDICAL CENTER
VISION AND MISSION STATEMENT**

We will provide comprehensive and innovative health care through medical education and research while providing contingency support to the Fleet and the Fleet Marine Force through a total and sustained commitment to service.

Our mission is to keep sailors and marines fit to fight, and to care for their health needs when they are injured or ill. We strive to provide comprehensive care to their families, and to all others entrusted to our care.

As the flagship of Navy Medicine, we are a major medical teaching facility and a complex base command. We honor our traditions while serving as a pacesetter for innovation in our commitment to the continuous improvement of quality in:

Readiness

We stand ready to support the Fleet and the Marine Corps in peace and war, never forgetting that service to our nation is our fundamental reason for being.

Caring

We care for our patients, their loved ones, and each other. We strive for wellness, and to heal illness, tending to both physical and spiritual needs.

Education and Research

We recognize people as our most valuable asset. We empower them through education and training, acknowledging that personal and professional growth are the life blood of Navy Medicine. We face the future with open minds, and we shape it with innovative and creative research.

Resource Management

We manage all our resources with appreciation and care, recognizing that our environment is both fragile and finite.

Community

As members of the Navy Team, we support the important contributions of each member of our community, and we recognize and honor achievement and quality performance.

**NEW-EMPLOYEE ORIENTATION
TOPICS AND TACTICS SURVEY**

This survey contains an inventory of orientation topics and tactics that are in-use at the National Naval Medical Center and used by other organizations throughout the nation. As a member of this organization's management team, you are asked to evaluate each item and decide the degree to which you feel the item is important or not important for your new employees to learn in command orientation.

The underlying question you should ask when assessing each item should be whether it contributes to the **vision and mission** of the National Naval Medical Center. Favorable consideration **should not** be given a topic merely because it is mandated by higher authority.

Please circle the category which best fits your current position.

Director Department Head Senior Enlisted

Guide for scoring the inventory

- Select :5 -- If you **strongly agree** the item is important
 4 -- If you **agree** the item is important
 3 -- If you **neither agree nor disagree**
 2 -- If you **disagree** that the item is important
 1 -- If you **strongly disagree** that the item important.

TOPICS	Circle one
History of the command	1 2 3 4 5
Organizational structure	1 2 3 4 5
NNMC's vision and mission	1 2 3 4 5
Commander's greeting	1 2 3 4 5
Command Master Chief's greeting	1 2 3 4 5
TQL Awareness training	1 2 3 4 5
NNMC compound and facility navigation	1 2 3 4 5
Family Advocacy	1 2 3 4 5
Drug and Alcohol Abuse	1 2 3 4 5

Religious services	1	2	3	4	5
Recreation (MWR) services	1	2	3	4	5
Financial (NFCU) services	1	2	3	4	5
Navy legal services	1	2	3	4	5
Suicide prevention	1	2	3	4	5
Fire safety	1	2	3	4	5
Radiation safety	1	2	3	4	5
Occupational safety	1	2	3	4	5
Personal safety	1	2	3	4	5
Physical security	1	2	3	4	5
Parking regulations	1	2	3	4	5
Personnel Support Detachment services	1	2	3	4	5
Consolidated Civilian Personnel Offices services	1	2	3	4	5
Command Career Counselor services	1	2	3	4	5
Navy Campus services	1	2	3	4	5
Advancement opportunities	1	2	3	4	5
Patient/Guest service standards	1	2	3	4	5
Infection control procedures	1	2	3	4	5
AIDS\HIV considerations	1	2	3	4	5
Medical forms overview	1	2	3	4	5
Quality Assurance procedures	1	2	3	4	5
Patient Relations overview	1	2	3	4	5
Disaster Preparedness Plan	1	2	3	4	5
TEAM training (Treat Everyone as Me)	1	2	3	4	5

Navy Rights and Responsibilities 1 2 3 4 5

TACTICS

Orientation classes should be offered more frequently than monthly 1 2 3 4 5

Orientation classes should be tailored to specific audiences (i.e. Officers, Senior Enlisted, Junior Enlisted, Civilian Supervisors, etc.) 1 2 3 4 5

Orientation should be a process that extends over a period of several months rather than an event of several days 1 2 3 4 5

Orientation should promote a two-way exchange between staff and new employees 1 2 3 4 5

Additional comments you may have:

**CATEGORY PLACEMENT
FOR
INDEPENDENT VARIABLES**

CULTURE

History of the Command
Organizational Structure
Mission and Vision
Commander's Greeting
Command Master Chief's
 Greeting
NNMC Campus Navigation
TEAM Training
Patient Relations
Guest Service Standards

PERSONNEL SERVICES

Personnel Support
 Detachment Services
Consolidated Civilian
 Personnel Office
Navy Campus
Advancement
Navy Rights and Responsibilities

MEDICAL

Infection Control
AIDS/HIV
Medical Forms
Quality Assurance
Disaster Preparedness

SAFETY

Fire Safety
Radiation Safety
Occupational Safety
Personal Safety
Physical Security
Parking

SUPPORT SERVICES

Family Advocacy
Drug and Alcohol Abuse
Religious Services
Morale, Welfare, &
 Recreation Services
Financial Services
Legal Services
Suicide Prevention

EXHIBIT 5

CORRELATED GROUPS ANALYSIS OF VARIANCE
RESEARCH DESIGN

Units	Treatments						Xk	
	X1	X2	X3	.	.	.		
1	Y11	Y12	Y13	.	.	.	Y1k	M1
2	Y21	Y22	Y23	.	.	.	Y2k	M2
3	Y31	Y32	Y33	.	.	.	Y3k	M3
.
.
.
n	Yn1	Yn2	Yn3	.	.	.	Ynk	Mn
	MX1	MX2	MX3	.	.	.	MXk	(Mt)

TABLE 1

DATA SET

TACTICS

SUMS	COMPS	DIR	DHD	SEN	CULT	SUPP	SAFE	PERS	MED
657	4.7	1	0	0	1	0	0	0	0
364	3.7	1	0	0	0	1	0	0	0
320	3.8	1	0	0	0	0	1	0	0
322	3.8	1	0	0	0	0	0	1	0
245	3.5	1	0	0	0	0	0	0	1
2415	4.4	0	1	0	1	0	0	0	0
1292	3.4	0	1	0	0	1	0	0	0
1261	3.8	0	1	0	0	0	1	0	0
1138	3.4	0	1	0	0	0	0	1	0
962	3.5	0	1	0	0	0	0	0	1
1293	4.8	0	0	1	1	0	0	0	0
785	4.2	0	0	1	0	1	0	0	0
687	4.2	0	0	1	0	0	1	0	0
689	4.2	0	0	1	0	0	0	1	0
531	3.9	0	0	1	0	0	0	0	1

TACTICS

SUMS	COMPS	DIR	DHD	SEN	>1MO	TAIL	DURA	2WAY
37	2.6	1	0	0	1	0	0	0
53	2.6	1	0	0	0	1	0	0
31	2.2	1	0	0	0	0	1	0
63	4.5	1	0	0	0	0	0	1
148	2.7	0	1	0	1	0	0	0
235	4.3	0	1	0	0	1	0	0
123	2.3	0	1	0	0	0	1	0
203	3.7	0	1	0	0	0	0	1
68	2.5	0	0	1	1	0	0	0
92	3.4	0	0	1	0	1	0	0
51	1.9	0	0	1	0	0	1	0
100	3.7	0	0	1	0	0	0	1

TABLE 2

CORRELATION MATRIXES

HA 1
TOPICS

	COMP	CULT	SUPP	SAFE	MEDS	PERS
COMP	1.00000					
CULT	.78452	1.0000				
SUPP	-.21536	-.2500	1.0000			
SAFE	-.02307	-.2500	-.2500	1.0000		
MEDS	-.17690	-.2500	-.2500	-.2500	1.0000	
PERS	-.36919	-.2500	-.2500	-.2500	-.2500	1.0000

Critical Value (2-tail) +/- .51235

TACTICS

	COMP	>MO.	TAIL	DURA	2WAY
COMP	1.00000				
>MO.	-.30514	1.0000			
TAIL	.28167	-.3333	1.0000		
DURA	-.63376	-.3333	-.3333	1.0000	
2WAY	.65723	-.3333	-.3333	-.3333	1.0000

Critical Value (2-tail) +/- .57400

HA 2
TOPICS

	SUM	DIR	DH	SENL
SUM	1.00000			
DIR	-.62566	1.0000		
DH	.71263	-.5000	1.0000	
SENL	-.08697	-.5000	-.5000	1.0000

Critical Value (2-tail) +/- .51235

TACTICS

	SUM	DIR	DH	SENL
SUM	1.00000			
DIR	-.61089	1.0000		
DH	.86481	-.5000	1.0000	
SENL	-.25391	-.5000	-.5000	1.0000

Critical Value (2-tail) +/- .57400

TABLE 3

FREQUENCY DISTRIBUTIONS
PERCENT OF RESPONDENTS SCORING CATEGORIES 4 OR 5

TOPICS n=	DIR 14	DH 55	SENL 27	TOTAL 96
CULTURE	85	58	93	72
SAFETY	36	45	70	51
SUPPORT	43	27	70	42
MEDICAL	29	33	60	40
PERSONNEL	50	30	74	45
TACTICS				
> MONTHLY	29	25	19	24
TAILORED	64	87	59	76
DURATION	21	20	26	17
2WAY COMM	93	73	74	76

Note: Bold indicates a two-thirds majority.

TABLE 4

Sum of Squares, mean squares, F ratios,
and probabilities

Hal

TOPICS

Source	SS	df	MS
Regression	1.8797	4	.4677
Residual	.9467	10	.0947
Total	2.8173	14	

r_u 0.7975

R^2_f 0.6640

R^2_r 0

NLIPV_f 5

NLIPV_r 1

F ratio 4.940

p <.05

TACTICS

Source	SS	df	MS
Regression	6.8067	3	2.0289
Residual	1.9800	8	.2475
Total	8.0667	11	

r_u 0.8780

R^2_f 0.7545

R^2_r 0

NLIPV_f 4

NLIPV_r 1

F ratio 8.1955

p <.01

TABLE 4
(cont)

Sum of Squares, mean squares, F ratios,
and probabilities

Ha2

TOPICS

Source	SS	df	MS
Regression	2,696,294.53	2	1,348,147.27
Residual	1,763,614.40	12	146,967.87
Total	4,459,908.93	14	

r_u 0.9410

R^2_f 0.6046

R^2_r 0

NLIPVf 3

NLIPVr 1

F ratio 9.1745

p <.01

TACTICS

Source	SS	df	MS
Regression	37,513.17	2	18,756.58
Residual	9,949.50	9	1,105.50
Total	47,462.62	11	

r_u 0.8909

R^2_f 0.7904

R^2_r 0

NLIPVf 3

NLIPVr 1

F ratio 16.969

p <.01