

Recruiting Nurses

The Problem Is the Process

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With competition increasing for scarce personnel resources, recruitment and retention processes must be efficient and effective. The author reports the results of an extensive study of recruitment processes and systems in acute care hospitals throughout the United States and the major recruitment factors that lead to job choice decisions by staff nurses.

The chief nurse executive is sitting in her office on the sixth floor looking over a list of 180 vacant staff nurse positions, wondering what she should do about her shortage of RNs. The chief executive officer calls and asks when she will be ready to open the new 10-bed unit. No sooner does she hang up, when the chief of surgery calls complaining about short staffing in the intensive care unit (ICU).

In the human resources department, no one is answering the phone and several letters from nurses interested in staff positions lay unanswered. One is accidentally knocked into the waste basket. There is no one available to return the calls from applicants left on the voice mail system during the last week. On a medical-surgical unit, a registered nurse applicant has been waiting 30 minutes to see the nurse manager for a prescheduled interview, while the manager of the ICU, in the middle of another interview with an applicant, leaves the interview for 15 minutes with no explanation.

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How frequently do these occurrences happen? Unfortunately, according to my research data, the answer is: *all too frequently*. Findings from a study of recruitment processes in 122 hospitals throughout the United States uncovered an astounding number of problems in the nurse recruitment processes in hospitals with large numbers of staff nurse vacancies.

Data were collected in 10 geographic locations throughout the United States: Los Angeles, Calif; Ft. Lauderdale, Fla; Miami, Fla; Hartford, Conn; Pittsburgh, Penn; Seattle, Wash; Dallas, Tex; Detroit, Mich; Chicago, Ill; and Kansas City, Kan. A total of 122 acute care hospitals were included in the study. These hospitals were subdivided in groups of four or five within a competitive market area within each of these cities.

A total of 30 market areas were identified. Except for two of these areas, there were four facilities in each. The two remaining areas had five hospitals in them. The number of competitive market area hospital groupings varied per city—some cities had three market areas and others only one. Each area was experiencing significant nurse shortages according to the state nursing organizations and verified with personal contacts with nurse executives in each of these areas.

The Process

For this study, *data collector applicants* refers to the nurses who made application and interviewed with the study hospitals. They will be referred to as *applicants* in this article. *Recruiter* refers to *anyone* who interacted with the applicants in the application/interviewing process (ie, recruiter, manager, vice president, coordinator, supervisor, staff nurse, secretary).

Applicant Data Collectors

Ten nurses with either a baccalaureate or associate degree in nursing and work experience varying from

newly licensed nurses to nurses with 21 years of experience were selected to be the data collector applicants for this study. Their credentials qualified them to be medical-surgical and/or critical care staff nurses. To avoid the confounding variables of gender and race, all applicants were female caucasians who applied for and completed an in-person interview for a staff nurse position.

These applicants held staff nurse positions at the time they participated in this study. Their nurse managers were aware of their participation in the study and were willing to provide a reference if requested. In exchange for their assistance, these managers received a general report (no specific hospital names or geographic areas) of the study results. Applicants received financial reimbursement for their participation in the study. Both the applicants and their managers committed to the maintenance of the confidentiality of the application and interviewing organization.

Application/Interview Process

The procedure for applying and interviewing at the study hospitals was standardized. In the first step, the applicant sent a typed and clearly written letter of inquiry and resume to the organization, indicating how she could be reached by telephone, mail, and e-mail. If there was no response to the letter of inquiry after 3 weeks, the applicant placed a phone call to the recruiter in the organization. If there was no response from the organization, the applicant continued to call the organization every other day for 2 weeks.

Throughout the process, the applicants were asked to be available when the recruiter said they would call back and to return phone calls within 24 hours. No matter how they were treated, the applicants were instructed to respond politely and to continue to call until they received a response. After completing the preinterview steps (ie, contacting the hospital, scheduling the interview), the applicants were asked if they would choose to interview at the organization and the reasons behind their decision.

All of the organizations eventually expressed interest in interviewing the applicants. Appointments were made with the recruiter for on-site interviews. The research protocol required that each applicant arrive on time and interview with or ask to interview with at least 3 individuals or groups—the recruiter, the nurse manager (or managers if being considered for more than one unit), and staff nurses on the unit. If the recruiter or man-

ager did not arrange for the applicant to speak to staff after one request, the applicant was instructed to ask up to two more times and then stop asking.

If not provided, the applicant was instructed to request information on compensation, benefits, staffing mix and levels, model of care, and educational programs. They also toured the facility, if invited, and visited the hospital cafeteria if it was open. If the applicant was offered the position, she was instructed to decline it after a 2-week wait, giving time for someone in the organization to follow-up with the applicant.

Questionnaires

The main questionnaire was divided into six sections: (1) pre-interview contacts, (2) the interview experience, (3) the strengths and weaknesses of each interviewer (eg, recruiter, manager, staff), (4) follow-up after the interview, and (5) a narrative description about the interview experience (ie, thoughts, perceptions, and emotional responses). In addition, applicants completed a separate questionnaire in which they were asked to identify which hospital of the four or five they applied to, they preferred for employment and why.

The questionnaires completed by the applicants were developed in a pilot study. The initial questionnaires were tested with one facility, then refined based on the results of that application process. They were then used in another facility and further refined. The narrative descriptions that were completed in each of the pilot facilities were examined closely for themes and issues not addressed in the standardized questionnaire and added as appropriate. This process involved applications to seven facilities before the questionnaire was finalized. A focus group of nurse recruiters, managers, and human resource specialists was used to determine the validity of the questionnaire. The group had only a few minor suggestions.

The applicants also assembled the written materials they received. These items included letters, recruitment brochures, written information about the position, compensation schedules, and benefit descriptions. The applicants rated them on their effectiveness (poor, average, excellent) according to established criteria.

Preinterview Contacts

Many serious problems occurred during the preinterview stage of the process, ranging from no response to letters to extensive telephone tag (Table 1). Furthermore, the overall quality of the letters,

Table 1. Preinterview Factors Deterring Applicants from Interviewing

Characteristic	N (%)	Example Applicant Comments
No written response to initial letter of inquiry	30 (25)	There was no response to my letter. There was no response to my letter of inquiry, although it was definitely received by the hospital and was used by the recruiter for reference during my interview.
No letter or note with letter of inquiry	19 (16)	There was no letter and no personal notes. It was a 2-page very unappealing initial materials sent brochure printed on poor quality paper. Inside was an application for employment but no return envelope.
Delayed response to initial	6 (5)	I finally got a response, but it was 27 d after I had written. In the meantime, I called. The letter made no mention that I already had an interview set up. I thought maybe my letter was delayed getting there, but the secretary said it was received more than 2 wk before.
Letter sent asking candidate to call them	5 (4)	I was offended that they wrote to me and told me to call them. If they really were interested, it seems like they would have called me. I had my phone number right there.
No response or delayed response to telephone inquiries	86 (71)	I called twice to make an appointment, and the first time the message was not answered. I called for an interview appointment, and the request was met with an "ooh" by the secretary. After some hesitation, the secretary took the request and stated she would get back to me that day to let me know if it could be arranged. I had to follow up because I never heard back.
Phone answering machine	94 (77)	I could never reach a real person. It was so frustrating.
Extensive telephone tag; recruiter not available when told to call back	101 (83)	She said to call back between 4 and 5 PM. I tried at least 6 times, but to no avail. I felt they weren't interested.
Placed on hold for long periods of time	26 (21)	When I called for an interview appointment, the hospital operator kept getting busy signals on two separate lines to the office. After approximately 5 min, she put me on hold, and when she came back, she told me that she went over to the office and yelled at them to get off the phone. After another 5 min on hold, the human resources secretary did arrange an appointment.
Reluctance or refusal to set up an appointment for an interview	39 (32)	When I called for an interview, I was told that they do not do interviews without a completed application "because we get so many applicants, we can't possibly interview all of them." She told me to put a note on my application as to when an interview would be best. I had to call three times to confirm the time with the human resources secretary. I called 3 times, but they just said to come in whenever I got there [from Detroit to California]. The recruiter said I didn't need an appointment. Just stop by when you get a chance. I had to really insist to get an appointment, even though she knew I was traveling a considerable distance.
Curt telephone manner	28 (23)	When I called for an appointment, the phone was answered "employment." They were abrupt.

written brochures, and other materials was fair to poor (Table 2).

When asked if they would "choose to interview with this hospital if you were in a real-life situation?", only 29% of the applicants said "yes, definitely" while another 22% replied "maybe, not sure." Of the 97 hospitals that applicants might have turned down, five facilities ultimately were selected as the first choice for employment in their market grouping, underlining the critical impact of these

early impressions. This also demonstrates that the decision to interview in any given organization is based on the very small amount of information that applicants receive early in the job choice process. Besides previous images they held of the organization (which occurred in only 9% of the cases), the initial application decisions were based solely on the quality, nature, and timeliness of letters; phone contacts; e-mails; and the quality of printed brochures and other materials.

Table 2. *Quality of Letters and Written Materials*

Effectiveness Criteria	Excellent, N (%)	Average, N (%)	Poor, N (%)	Example Applicant Comments
Tone (ie, friendly, welcoming)	44 (36)	31 (25)	47 (39)	The letter was written in a very inviting way. It sounded like they knew me!
Writing (grammar, spelling, message, etc)	36 (30)	37 (30)	49 (40)	I was amazed at how many misspellings there were in the letter they sent me, including my name and the street I live on. The letter was written very poorly—it was curt and didn't contain much information at all.
Quality of information	32 (26)	67 (55)	23 (19)	No, or poorly developed, explanatory materials, such as lists of benefits and salary schedules. I really questioned whether this salary information was honest. Why would they have to hand write such a document unless they wanted to change it at a moment's notice? The benefit package was poorly written and was so general it had no real meaning.
Customization	7 (6)	64 (52)	51 (42)	Form letters, many simply copied; salutations that did not include the candidate's name (Dear Madam), or the candidate's name was handwritten. The letter mentioned something from my resume, which made me feel that they were interested in me.
Extent organization sold	6 (5)	20 (16)	96 (79)	Message(s) that not only did not sell the organization to the candidate but also sometimes unsold it (although there isn't much of a social life here in...we have a great hospital).
Appeal	21 (17)	64 (52)	37 (30)	I wasn't impressed with the quality of the letter or the explanations of the benefits. They didn't look professional. The vice president of nursing signed the letter sent to me.
Paper stock, logo etc.	27 (22)	54 (44)	41 (34)	The brochure looked amateur, cheap looking.
Clarity of how to contact organization	61 (50)	6 (5)	55 (45)	There was no telephone number or e-mail address to contact them.

The Interview Experience

The interview process phase involved what applicants experienced once they started to travel to the hospital through completion of the interview. This included locating the hospital, parking, physical facilities, interaction with information desk personnel, whether the applicant was expected, waiting times, testing, length of interview, and interview environment.

Directions and Parking

In the majority of the situations, the applicant had to request directions to the hospital. Some applicants indicated that they received helpful comments such as "Lanes to get in ahead of time were given" and "Stop lights were correctly counted." Others, however, were given inadequate and frustrating directions. One applicant noted, "I thought I was lost because of a lack of street signs."

Once the applicants found the facility, the next task was parking the car. Applicants were not only

concerned about where to park, but also assessed the ease of parking for employees. Although parking was not a problem in many situations ("Ramps were well lit and security personnel were visible," "free parking for employees was mentioned as a selling point"), other applicants noted issues of concern such as:

- Parking areas were not well lit and no security was visible.
- The parking lot for employees was gravel and muddy and located across the street.
- Employee parking was in one of two places—a ramp at the hospital with a 2-year waiting list and quite expensive, and a ramp at a nearby shopping mall which cost 77 cents a day but included a 5-minute shuttle. The recruiter warned me to check into other hospital's parking situations. I presume this was better.

In addition to finding parking, applicants were uniformly “insulted” when they had to pay their own parking fee for the interview. This occurred in 39% of the cases.

Physical Facilities

Applicants were impressed by large, substantial, and attractive hospital facilities. However, this factor did not outweigh other elements in the interviewing process. Applicants were not bothered by hospitals with major construction areas except when they could not find the entrance or had difficulty walking into the facility. They were negatively affected by dingy lobbies, dirty and/or unkempt hallways and rooms, odorous bathrooms, and tight work spaces (“The lobby was dingy and really dated. My immediate thought was, ‘How successful is this place? Will my job be secure?’”).

The applicants placed more emphasis on the patient units where they would be working.

- The rooms were very small and nurses had to crawl over equipment to get to the patient.
- The units were extremely attractive and spacious. There were many areas for group meetings.
- The patient care areas were extremely clean and well kept. Noise levels were minimal.

Surprisingly, 6% of the applicants mentioned the location and quality of the nurse executive’s office (“I figured if the top nurse is located in the basement by herself that nursing must not rate very high around here”).

Information Desk Personnel

The first contact for the applicant was the hospital information desk personnel. Many were staffed by volunteers as determined by their uniforms and badges. While generally pleasant and friendly, they often did not know the location of the personnel/human resources department.

- Two elderly volunteers told me to go one way but when I didn’t find the office, I asked someone else who said it was on the other side of the hospital.
- An elderly lady at the desk responded to my asking about where the human resources department was with, ‘Well, they usually require an appointment.’ When I told her I did have one, she sounded surprised. I felt that this was an indication they were not very accommodating to nurses seeking employment.

Interview Location(s)

In most cases, the applicants went to the human resource (HR) office first. The walk to HR was often past kitchens and dirty hallways which, along with a lack of signage, did not create good first impressions with the candidates.

- The walk to HR was down a very long aseptic looking hallway. I was later told it was 300 yards.
- There were no clear signs to HR.

Reception

Whether the applicant was expected by the facility at the designated interview time ranged widely from the researcher being present when the applicant arrived (81%) to not being expected by anyone (19%). There were occasions when the recruiter who made the appointment was unavailable and another recruiter scurried to fill in at the last minute.

In 55% of the interviews, the recruiter was expecting the candidate but no interviews had been set up with the managers of the units being considered. This resulted in some applicants (18%) not having the opportunity to meet with the nurse manager. For example, one critical care nurse applicant flew from one end of the country to the other to interview in a well known medical center only to have no one available for the interview. This applicant called the researcher and asked what to do. She was instructed to page the director of critical care because she was interviewing for a position in that specialty. The director was “delighted” to see the applicant and shocked that the oversight had happened. Other applicants noted:

- The receptionist gave me the impression I was not expected as she asked when and with whom I had made the appointment.
- Even though I had a prearranged interview, when I got there, the secretary didn’t know who I was. She paged the recruiter once but refused to do it again or to call anyone else to see me. This was despite me telling her I was from 2500 miles away!
- The nurse manager looked at me when I arrived on the unit and said she had no time to interview me. She said I was to interview with the assistant manager. I waited 65 minutes for her.

Waiting Times

The applicants waited to be seen by interviewers from 1 to 90 minutes. In the later case, an applicant

had what she said was an excellent interview with the nurse recruiter. She then was sent to a critical care unit to interview with the nurse manager; she waited in a sitting area for 1 hour. A physician having lunch in this waiting area finally said to this applicant, "You know what is going on here, don't you?" The applicant answered, "No, what?" "They don't want you on this unit—all the staff are ____ —and they want to keep it that way."

After another 30-minute wait, the applicant was finally interviewed. However, she encountered numerous obstacles. Comments from the manager included "You have to work every holiday your first year," and "We only have openings on straight nights" (which was not the case according to the recruiter). Yet this same facility had over 400 open positions for RNs, many of which were in their other critical care units.

The applicants also noted that while they waited, they could see the person with whom they were supposed to be interviewing:

- I sat there 20 minutes waiting and watching the recruiter sip coffee. There was no apology offered for being late.
- I could hear her on the phone talking about last Saturday's date and this was 25 minutes after my interview was to start.

Testing

Many hospitals required a medication test prior to employment. Applicants reacted negatively to this requirement in certain circumstances. For example, one applicant said, "I walked into the office for my interview and the receptionist just handed me a med test and said the recruiter couldn't see me until I had finished it and she had scored it."

Lost Applications

It was surprising to find that in 21 of the 122 hospitals the applications and/or resumes provided by the applicant were lost either temporarily or permanently.

- When I got there they couldn't find my application or my resume. They insisted I must not have sent it. A few minutes later I spotted it myself on the corner of the recruiter's desk.
- They didn't have my resume—it got lost apparently.

Length of Interview(s)

The interview lengths ranged from 5 to 95 minutes. Not surprisingly, applicants evaluated the short in-

terviews negatively. They felt that the organization was not interested in them, even though they received a job offer. This was especially true when the interview was obviously cut short for another (more pressing) demand:

- I felt really unimportant and disregarded when the manager got a phone call and immediately got up and said 'I have to go. The vice president wants to see me. I think we have covered everything.'

None of the applicants complained about the interview(s) taking too much time.

Interview Environment

In all of the interviews, only two applicants were offered coffee or refreshments of any kind. The most positive evaluations occurred when the recruiters talked to an applicant at a table or pulled away from their desks and talked without barriers between them. Many times, the interview occurred in a nonprivate location such as the unit desk, a lobby, or standing in the hall. This lack of privacy, seen as a deterrent for the applicant, was highly distracting. Also, when the recruiter allowed interruptions, it was viewed negatively by the applicants.

- She answered five pages and three telephone calls.
- Although the supervisor was immediately responsive to my request to speak to a staff nurse, she failed to provide us with privacy for a candid conversation.
- Someone stuck their head in the door and the manager immediately started talking to her about the weekend. I felt awkward. She didn't even introduce me.

Travel Expenses

None of the organizations paid any travel expenses of the applicants. This included mileage.

Recruiter Characteristics

Table 3 summarizes the most important characteristics of recruiters as identified by the applicants, the frequency of occurrence, and sample comments made by the applicants in their narratives. As can readily be seen, the recruiters ranged markedly in terms of their approach. Many of the recruiters either lacked the skills to be effective or were not performing at their level of competency during the interview.

Table 3. Priority Recruiter Characteristics

Factor	N (%)	Comments by Applicants
Informed/prepared	72 (59)	She called me by the wrong first name, did not have my resume, and asked extensive questions about my previous experience, which was spelled out on my resume. The person in human resources didn't know about nursing and couldn't answer most of my questions.
Friendly/personable	71 (58)	I felt like she wasn't interested in me at all. She never smiled and was curt. The nurse manager was off-standish, only speaking to the nurse coordinator. Although she saw me, she did not acknowledge me until 2 or 3 min later. Even during the interview, she was not friendly toward me. Once her part of the process was complete, she asked if _____ was ready to "look the candidate over." I immediately felt like a warm body. The staff said nothing to me. They just stared at me. The clinical manager of the unit where I would work was outwardly hostile and unfriendly for no apparent reason. Her reaction was enough to make me decide against employment here! The vice president for nursing failed to introduce me to anyone during the tour, often leaving me awkwardly out of the conversation.
Approachable	70 (57)	I was at ease with her. She was easy to talk with. I met with 5 staff nurses, 4 of whom refused to even speak to me. The other one was negative about management.
Smiled	69 (57)	She smiled a lot.
Honest	62 (51)	She didn't tell me about the recruitment bonus. I spotted it on a newspaper on her desk. She did not tell me the pay for the job and the wage scale. This made me suspicious. She was not telling the whole story. The staff nurse was straightforward. I liked the manager. She was frank and realistic. She told both sides of the story. I felt that the recruiter did not tell me as much as I wanted to know. It made me cautious.
Positive/negative	62 (51)	The head nurse was described by the director of nursing as a drill sergeant. The staff member spoke positively about the manager but then said she's never there. The nurse manager's body language and tone of voice reflected exasperation with some staff members. She spoke disparagingly about the competitors, which made me wonder.
Attentive	56 (46)	She did paperwork during the entire interview. There were 5 pages and 3 telephones during the 30-min interview. The coordinator left during the interview with no explanation and did not return for 10 or 15 min. The recruiter was rushed and took on a "glazed" look. She even fell asleep! The manager took numerous calls during the interview. She let people walking down the hall stick their heads in to discuss last weekend's date.
Listened	53 (43)	She was pleasant, but she did most of the talking. The manager gave thorough explanations, which made it obvious that they had truly listened to my questions.
Eye contact	45 (37)	She went on and on in way more detail than I was interested in. The manager looked me right in the eyes. I liked that—she seemed interested in me. She didn't look me in the eye once during the whole interview.
Helpful; facilitative	44 (36)	Instead of explaining the clinical ladder to me, she gave me a 700-page procedure book and told me to look it up. In my response to my question about commitments, she gave me another large manual to look up. She took care to see that I was escorted throughout the interview and tour.
Flexibility	35 (29)	I was told I was being interviewed for an evening position in the intermediate care unit. There was no consideration of what I wanted.
Used customized approach	21 (17)	She was rote. She gave a canned speech. I was simply told what position I was interviewing for, with no apparent consideration of my needs or desires. The manager couldn't remember my name when she introduced me to the staff nurse.

Postinterview Follow-up

One of the more interesting findings was that some applicants felt there was a lack of appropriate closure to the interview. Problems occurred in a few cases (“The manager directed me back to HR and the recruiter was not available”). More important, however, some potential employers (21%) failed to ask applicants if they were interested in accepting the position offered to them. A few (4%) did not actually offer the position but apparently thought they did (“They didn’t offer me the job but they called up several days later and wondered if I was going to take it!”). Sales theory would explain this on the basis that the recruiter was fearful of being turned down and thus did not ask “Will you take this position?”

It was shocking that there was no follow-up from 91% of the organizations. That is, in only 9% of the cases did the hospital follow-up with a phone call, letter, or e-mail asking applicants if they had any questions or if they thought they would take the position or encouraging them to do so.

In terms of follow-up after the applicant turned down the position, this next comment stands alone in the data set as the only such example:

They checked my references and I received three follow-up phone calls 8, 12, and 14 days after the interview. Once I refused the position, I received a very warm letter inviting me to consider this hospital in the future.

Of the 9% that did follow through, the individual who called the applicant was perceived to be too pushy in 3% of the situations:

- This is the last chance you have to take this job.
- You will probably regret not taking this position. It is right for you.

Job Choice Decisions

The job choice process is a series of decisions made by an applicant regarding which jobs and organizations to pursue for possible employment. We know little about how applicants perceive and react to recruitment and selection procedures and how those perceptions and reactions influence attitudes toward the organization. The applicants’ narratives reveal that impressions about the organization and the job they were applying for began at the beginning of the recruitment process. Despite this, it was clear that the job choice decisions were ultimately made on the basis of limited contact with potential em-

ployers and on incomplete information about the jobs and organizational characteristics.

Applicants typically have little opportunity to examine organizations accurately and assess their fit with the job and hospital. Also, nurses applying for staff positions rarely receive a second interview; job offers are often made at the end of the interview. This occurred despite the fact that the applicants in this study were directed to collect comprehensive information on the practice of nursing, the style of management, and other factors that a “real” applicant would be less likely to pursue.

“Positive Valence” Recruiters

The applicants in this study relied extensively on peripheral information such as the behavior of those with whom they interacted in the hospital. They were much more likely to select a given job if the recruiters had a cluster of characteristics labeled for the purpose of this study (“positive valence”). Positive valence recruiters had at least eight of the following behaviors (Table 3): friendly, personable; approachable; smiled; direct eye contact; attentive; listened; helpful, facilitative; informed, prepared; honest; positive; customized approach; flexible. These behaviors were more important than the features of the job and the conditions of the work. If, however, all of the interviewers in the four (or five) facilities in the market area had positive valences, other factors became important in differentiating among facilities. Amazingly, this occurred only seven (6%) times.

The impact of positive valence was summative. If everyone with whom the applicant interacted was high on positive valence, the applicants were much more inclined to select that organization. However, if one person was high and the other low, this subtracted from the overall effect and decreased the likelihood that the organization would be selected as a place of employment. If everyone was low, the applicant did not choose the organization regardless of other factors in existence, including the highest pay in the grouping. If only one of the interviewers was low, depending on experiences with the other choices in the market area, there was still a possibility that the applicant would choose that facility. This also depended on which “recruiter” was low—the reception desk clerk versus the unit manager.

Staff nurses carried more weight than managers or recruiters because they were viewed as a more credible source of information. Managers were considered more important than recruiters because

the applicant anticipated working with them. Yet, because the recruiter was the first contact (making that important first impression), it is possible that they had a very strong but less evident impact on the applicant's judgments. This impact may have resulted in the applicants' prejudging their experience overly negative (in low positive valence situations) or overly positive (in high positive valence situations).

Another reason applicants gave so much weight to recruiter/manager/staff behavior is that it symbolized how people treat one another in the organization. These individuals were considered to be reliable indicators of what it would be like to work there. Based on observed behaviors of hospital personnel, applicants generalized making comments such as "everyone is friendly here" and "this is a warm place."

After the recruiter positive valence element, which clearly had the strongest influence on job choice decisions in this study, the following factors influenced the candidates' decisions about which position to select: (1) compensation; (2) working conditions/practice environment; (3) form and substance of feedback given to applicant; (4) overall hospital image and recruitment image of the organization; (5) the quality and amount information received about the job and the organization; and (6) the participation applicants were afforded in determining recruitment procedures.

Compensation

The applicants recorded the hourly pay level offered to them by each organization. The spread tended to be narrow within each market. However, if the quality of the interview and working environment were relatively equal, the applicants tended to choose the hospital offering the highest pay level as their employment choice. However, organizations that performed poorly in the recruitment process were not selected. Similarly, if the applicant perceived problems in the working environment, the organization was not chosen even if the pay level was the highest.

In one instance, an applicant experienced several problems in the recruitment process at one facility (no response to the initial letter, not available for the scheduled interview, and a hostile secretary who refused to be helpful). In her narrative, she stated that she would not take a position at this hospital because of the "terrible way she was treated" and "anyway, they had the lowest pay." In reality, they had offered her the highest hourly rate in the grouping of four facilities, but her overall impressions clouded her perceptions of compensation rates.

Working Conditions/Practice Environment

Working conditions and the practice environment had a definite impact on choice of organization, but common themes did not emerge. Each applicant had different priorities. For example, an applicant did not want to work rotating shifts so this became more important than staffing mix or participation in decision making. However, nurse-to-nurse and nurse-to-physician relationships stood out as critical elements in job choice decisions. Any evidence of poor teamwork could "turn an applicant off" while good working relationships were perceived as an important positive factor. When the assessment of teamwork fell in the average, typical range, it receded as a factor of influence.

Feedback to Applicants

The form and substance of feedback given to the applicants was another important element in the recruitment process. Candidates who expected to receive a job offer were more likely to feel positive about working at the organization. Applicants made assumptions about being offered the job based on the behaviors of individuals in the organization.

Organization Recruitment and Image

The overall image of high-profile hospitals and its impact on the applicant had an initial positive effect. However, hospitals without high-profile images did compete successfully. This occurred in the initial stages where candidates decided who they would interview if in a real-life situation, as well as in the interviewing stage of the application process. In the preinterview stage, effective recruitment materials as well as timely and positive responses to inquiries resulted in candidates selecting them for an interview. In the interview stage, the lower profile organizations also competed successfully on the basis of effective recruitment processes.

The recruitment image of the organization was shaped largely by advertisements for positions, brochures, and other written materials as well as the impact of their displays at job fairs and other recruitment events. An assessment of advertisements and recruitment events was outside the scope of this study. Although recruitment materials influenced applicants' intentions to apply to the organization, it was difficult for applicants to be specific about individual characteristics of the written materials that were appealing. They noted the "professionalism" of the presentation, the appeal of the message, and the attractiveness of the statements about the organiza-

tion. Applicants also reacted positively to longer recruitment messages.

Quality and Amount of Information

The quality and amount of information received about the job and the organization influenced job choice decisions. There were several points in the process where information was or could have been provided. The quality and quantity of information was critical as was the method by which it was conveyed. When the organization was not chosen for employment due to inadequate information, it was because there was too little information or information was not viewed as reliable (ie, hand-written brochures, recruiters who were perceived to not be straightforward in their responses, discrepancies by various individuals in the organization, and no [or incomplete] answers to the applicant's questions). There were also instances where the applicant felt that there was too much information conveyed or that rote, canned speeches were being given.

Different applicants wanted different types and amount of information. In most instances, recruiters did not demonstrate skill in "assessing" applicants' needs and wants in order to customize their approach. When recruiters were skillful, this was a strong factor in the job choice selection of the applicant. The vast majority of the recruiters lacked an understanding of sales theory and application so they could determine needs and wants of each candidate and build their presentation of the job upon

features, advantages, and benefits of working at their facility.

Candidate Participation

The amount of participation or control applicants had in the development of the recruitment procedure was an important factor in ultimate job selection. Applicants given some choice in the way they interviewed (ie, who they interviewed with, when the interview was scheduled, and which units they would interview on) were more positive about the organization than those who had little input. Particularly damaging were recruiters who "forced" applicants into applying in specific areas. Even if there were no positions on the desired unit, the applicant felt more in control and positively inclined toward the hospital when it was discussed with the applicant by the recruiter.

Conclusion

This study demonstrates a tremendous number of problems in every phase of the recruitment process. These problems are costly for organizations in terms of the loss of potential nurses, the selection of the wrong nurses for any given unit, and wasted time. Fortunately, these processes can be fixed if organizations take the time and energy to systematically address them. Because so many hospitals have these problems, organizations that commit to recruitment process improvement can emerge as a recruitment leader in their market area.