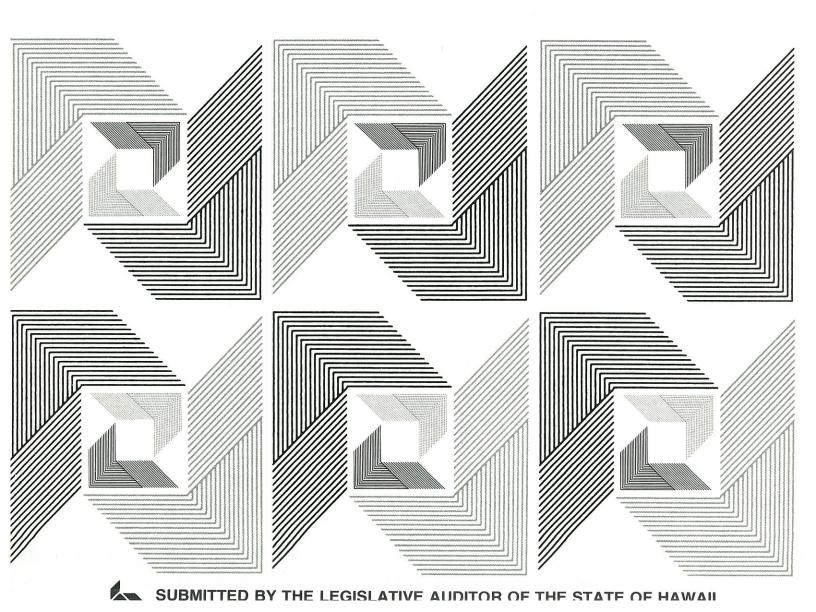
EVALUATION OF JOB SHARING FOR NURSES IN THE DEPARTMENT OF HEALTH Final Report

A REPORT TO THE GOVERNOR AND THE LEGISLATURE OF THE STATE OF HAWAII



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LEGISLATIVE AUDITOR KEKUANAO'A BUILDING, RM. 500 465 SOUTH KING STREET HONOLULU, HAWAII 96813

EVALUATION OF JOB SHARING FOR NURSES IN THE DEPARTMENT OF HEALTH

Final Report

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A Report to the Governor and the Legislature of the State of Hawaii

Submitted by

Legislative Auditor of the State of Hawaii Honolulu, Hawaii

> Report No. 89-24 December 1989

FOREWORD

Act 73, Session Laws of Hawaii 1986, established a two-year, job-sharing pilot project for nurses

employed within the Department of Health. The Legislature extended the term of the project to four

years under Act 108 of 1988. The legislative auditor was made responsible for monitoring and

evaluating the implementation of this project.

This report describes the extent of participation in the project, the support found for job sharing

among nurses, the need for flexibility in setting work hours for nurses, and the prospects for permanent

part-time employment of nurses.

We acknowledge with sincere thanks the cooperation and assistance extended to our staff by job-

sharing applicants and participants, union representatives, staff at non-state hospitals, and officials and

employees of the Department of Health.

Newton Sue Acting Legislative Auditor

State of Hawaii

December 1989

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Chapter 1

INTRODUCTION AND BACKGROUND

The Legislature introduced job sharing to the public sector with the establishment of a pilot project for teachers in the Department of Education. The success of that project and a subsequent job-sharing pilot project for librarians encouraged the Legislature in 1986 to establish a similar program for nurses in the Department of Health (DOH). As in the previous projects, the Legislature directed the Office of the Auditor to evaluate the program and its results. This report contains the final set of findings and recommendations on job sharing among DOH nurses.

Legislative Provisions

Act 73, Session Laws of Hawaii, 1986, established a two-year pilot project to test the feasibility of job sharing among DOH nursing personnel. In 1988, Act 108 extended this project two additional years so that it could be more fully implemented and evaluated.

The Legislature in Act 73 defined job sharing as "the voluntary sharing of a full-time, permanent employee's position with another employee, with each working one-half of the total number of hours of work required per month, and each receiving one-half of the salary to which each is respectively entitled and at least one-half of each employee benefit afforded to full-time employees." In its rationale, the Legislature noted that changing social and economic conditions required consideration of "innovative approaches to ensure that availability of flexible employment opportunities to meet the varying needs of Hawaii's people." The Legislature wished to test a flexible employment option to retain valuable personnel who otherwise would not continue their employment with the State.

Objectives of the Evaluation

The evaluation sought to assess and determine:

- 1. The effectiveness of job sharing as a program for nurses.
- 2. Whether the Department of Health implemented this project efficiently and effectively.
- 3. What costs may have been generated by the project.
- 4. What considerations should be weighed in making job sharing a permanent program for nurses or in expanding it to other agencies.
- 5. Whether job sharing is a viable means for attracting non-practicing nurses into practice.

Scope and Methodology

In January 1988, the Auditor submitted an initial report evaluating the job-sharing pilot project for nurses in DOH during its first 18 months.¹ This report continues that evaluation and covers the time period up to September 1989.

The focus of this evaluation was upon job sharing among three categories of nurses: (1) those in community hospitals located throughout the State under the control of the Community Hospitals Division (formerly referred to respectively as county/state hospitals and County/State Hospitals Division); (2) those in specialized DOH hospitals, including the State Hospital at Kaneohe under the Mental Health

Division, Waimano Training School and Hospital under the Developmental Disabilities Division, and Hale Mohalu and Kalaupapa Hospitals under the Communicable Disease Division; and (3) those involved in non-hospital public health nursing under several different DOH divisions.

Departmental and agency staffs provided statistical information on participating nurses and costs. All available job-sharing applicants, their supervisors, and pertinent personnel officers were interviewed. Further information obtained through a supplementary questionnaire that was included in a 100 percent survey of all registered professional nurses and licensed practical nurses in Hawaii.² interviewed representatives of the Hawaii Government Employees Association, which serves as collective bargaining agent for nurses employed by the State. We also surveyed a number of the non-state hospitals in Hawaii and reviewed the literature on innovative employment arrangements in other states.

Background

Summarized below are some demographics on nursing in Hawaii and the qualifications established by the DOH for participation in the job-sharing pilot project.

Characteristics of nursing in Hawaii. The survey of nurses pointed to several factors that might influence nurses' interest in job sharing. The majority of nurses, or 64 percent, reside on Oahu. About 21 percent reside on the neighbor islands, and the remainder live out of the state. Almost 66 percent are married while 34 percent are single (never married, divorced, widowed, or separated).

A key concern in Act 73 was for family responsibilities. Almost half of all nurses have dependent children. About 36 percent currently have one or two dependents, and another 10 percent have three or more.

Of nurses licensed with the Board of Nursing, about 20 percent are not now working as nurses. Unknown is the number of nurses who may have let their licenses lapse because they have left the profession permanently.

Fully 92 percent of all currently employed nurses work on shifts of at least 8 hours a day, and one-quarter of them on shifts of 10 or more hours. Seventy percent of all employed nurses had work weeks of at least 40 hours, with an average for full-time nurses of over 42 hours. Over 26 percent of those full-time nurses had jobs requiring overtime that averaged almost 10 hours a week.

Pilot project qualifications for job-sharing nurses. Although Act 73 did not restrict job sharing to any nursing speciality or rank, DOH administrators decided for operational purposes to limit participation to Nurse IVs working in the field of public health and Nurse IIIs working in hospitals.

The statutory criteria for selection into the program are concurrence of the immediate supervisor and interview by the departmental personnel officer. No more than 50 percent of the eligible personnel at any one site may participate.

The department's job-sharing plan adds that an applicant who intends to share a position must be a regular (nonprobationary) employee in a full-time position, that the affected position must be within the authorized quota, and that job sharing will not cause any undue hardship or problems for the unit involved. The partner who occupies the temporary half-time position may be either a full-time permanent employee or a temporary hire.

The plan also provides seven factors to be considered in selecting participants in the event more nurses apply and qualify than can be accommodated in the 100 full-time positions authorized. The criteria include, for example,

length of service, family concerns, and health reasons.

For public health Nurse IVs, the department has a separate set of instructions that provides two criteria for judging applications: assurance of safe and ethical service delivery, and availability of adequate staffing. The first criterion requires: (a) no disruption of scheduled activities and services; (b) adequate workload coverage of assigned responsibilities; (c) equitable division of incoming requests for service; (d) ability to respond to requests for services in a timely fashion; and (e) geographic distribution of work.

The second criterion requires that at least 60 percent of the professional staff at each unit be Nurse IVs and that the number of vacant positions not exceed what existing staff can cover.

Chapter 2

PILOT PROJECT EVALUATION

The 1988 evaluation of job sharing among nurses in the Department of Health (DOH) was limited in the time span covered and in the number of job-sharing contracts available for evaluation. This final evaluation is based on a longer time frame and an expanded number of job-sharing contracts.

Summary of Findings

- 1. There is still low participation in job sharing among nurses in the Department of Health. Reasons for this include difficulties in fitting job sharing to hospital shifts, too large a reduction in salaries, inconsistent recruitment, and uncertainty over the form of job sharing to pursue.
- Although participation was low, positive results were achieved from the pilot project, both in support for job sharing among participants and in cost savings to the State.
- 3. Flexibility in setting work hours for nursing positions appears to be of key importance in attracting and retaining nurses as reflected in the views of pilot program participants and in the actual practice of non-state hospitals in Hawaii. Another approach, that of permanent part-time employment, is already used to a limited extent in the community hospitals to achieve such desired flexibility.

Participation in the Job-Sharing Pilot Project

The 1988 evaluation report on job sharing among nurses noted the limited participation in the pilot project. This evaluation confirms the findings of the previous report. Limited participation was due to such factors as lack of support by the administration at certain facilities, inability of nurses to live on part-time salaries, misunderstanding of job-sharing responsibilities, and a preference for permanent part-time work.

Low participation. Act 73 provided 100 full-time job-sharing positions within DOH. Only 51 nurses applied, and only 11 full-time job-sharing contracts (pairing 22 nurses) were established, all of them within the Community Hospitals Division. Since 3 nurses resigned and were replaced in their job-sharing arrangement, a total of 25 nurses participated. Of these, 18 had held permanent full-time positions and 7 were temporary hires.

There were 598 nurses already employed by DOH who held positions within the classes deemed eligible for job sharing.¹ The rate at which these eligible nurses applied to the program varied markedly between nurses in the Community Hospitals Division and those in the rest of DOH. Table 2.1 shows that information.

The vacancy rates among the three main categories of DOH nurses were highest in the community hospitals, as shown in Table 2.2. The rates were highest on the neighbor islands. Recognizing this condition, the Legislature had designated a majority of the 100 authorized job-sharing positions for the neighbor islands. Although participation was expected on Oahu, only neighbor island hospitals took advantage of the program.

Organizational Units	Eligible Nurses	Response Applications	Rate
Public health	127	3	2.4%
Community hospitals	337	48	4.2%
Other state hospitals	<u>134</u>	$\frac{0}{51}$	0.0%
Totals	598	51	6.6%

Organizational Units	Positions	Vacant	Rate
Public health	134	7	5.2%
Community hospitals	465	128	27.5%
Other state hospitals	146	12	8.2%

Reported difficulties inherent in job sharing. Interviews with participants and administrators suggest some difficulties in job sharing for nurses. A job-sharing position is filled by a permanent employee and by either another permanent employee or a temporary hire. Temporary employees are not easy to recruit because of the lack of benefits. Act 73 protects the permanent full-time employee from loss of rights when the job-sharing contract terminates, but it offers little security to the worker hired on a temporary basis.

Pay and flexibility were also issues. Many nurses wanting less than full-time work are still not able to live on half-time pay. The uncertainty inherent in a pilot project may also have discouraged some nurses. In addition, the inflexibility of hours made job sharing less attractive for those working in shifts of 8 and 12 hours. Hospital shifts were not readily amenable to a strict 20-hour work week.

Project administration. Participation in the project, particularly in larger acute care facilities, appears to be related to the support given the project by nursing administrators. Project guidelines gave administrators broad authority over who would be allowed to share a job and what form the arrangement would take. Administrators interpreted these guidelines in different ways. Consequently, the eligibility criteria differed from hospital to hospital.

Differing administrative support. One group of hospitals within one division of DOH produced 48 applicants while hospitals in other divisions produced none. Even within the Community Hospitals Division where the response was greatest, there were differences in support. Initially, only Kona Hospital was interested. It had 17 job-sharing applicants and approved 12 of them. Hana, among the smallest of hospitals, had 4 applicants and 4 approvals. In contrast, Maui Memorial had 16 applicants and denied

12, and Hilo had 6 applicants and denied 4 of them.

It should be noted that following a change in administration at Maui Memorial, resistance diminished, and the hospital soon had 28 nurses serving on a part-time basis, either as job-sharing partners or as permanent part-time employees.

Differing eligibity criteria. Individual nurses in some hospitals were given the impression that they would not be considered for job sharing unless they made the necessary arrangements with prospective partners in advance. Yet nowhere in the formal implementation plan did it indicate that an applicant must provide a partner. Only after applications are screened and approved were they to be matched and a joint contract signed. Department officials say that no oral or written instructions requiring a pre-screening match of partners were ever issued.

Differing forms of job sharing. The distinctions between sharing a position and splitting it into separate positions were not clarified at the supervisory levels. As a result, both forms of employment were used, and this may have affected participation in the project. In one form, two persons fulfilled one integrated set of tasks as a single unit, and both persons were expected to have equal backgrounds, training, and experience. In the other form, the job was divided into two parts, with a different person assuming the responsibilities of each part. Here, backgrounds and experience were less likely to be equal.

If Act 73 were interpreted narrowly by supervisors, an applicant might be disapproved because the proposed partners were not identical. If it were interpreted broadly, the applicants might not even be required to know the partners, much less coordinate schedules and cover for each other. This appears to have happened, with some hospitals pursuing approaches between these two.

Support for Job Sharing

In spite of the low participation rate, nurses and administrators saw job sharing as a desirable and feasible employment option. Only a few supervisory personnel had concerns. Our cost estimates found that job sharing actually produces savings to the State rather than an additional expense.

Survey results. Three-quarters of all responding nurses in the Board of Nursing survey agreed that job sharing should be offered as an option; only 10 percent thought it was not needed. While 20 percent indicated that job sharing might induce them to resume nursing, 43 percent said it would not affect their decision.

If job sharing were offered in 1990 and 1991, 19 and 14 percent respectively were prepared to consider it. Among DOH employees, roughly 66 percent believed the department should offer job sharing on a permanent basis.

Views of pilot project participants. Of the 22 participating nurses who were interviewed, 19 stated that job sharing had provided a suitable work arrangement and that they definitely would like to reapply. Two of the remaining three had shifted to permanent part-time positions. Twenty-one ranked job sharing as an "excellent" option for nurses. Among 14 supervisors and administrators surveyed, 8 ranked it as an excellent opportunity, 3 as good, and 3 as fair; none thought it a poor option.

Cost savings. In cash outlays the State will likely realize a savings from job sharing for nurses in DOH. Since all job-sharing participants were Nurse IIIs at the same salary level, DOH reported that no differences in salary costs occurred for the positions shared. Because social security and retirement system costs are derived from percentages of salaries paid, no change occurred in these items either.

The only additional costs involved in having two nurses fill a single full-time position came in medical benefits. In job sharing, two nurses instead of one receive medical coverage for the position. According to data provided by the Department of Budget and Finance, the state outlay for medical benefits for eligible state employees during FY 1988-89 averaged about \$68 per month.

These costs appeared to be more than offset by overtime savings. Job-sharing nurses normally do not receive overtime pay, although each pair may work more than 40 hours per week. Overtime savings result from not having to pay the 50 percent differential normally paid to a full-time employee. We were unable to determine the number of hours each pair of nurses worked beyond the shared 40-hour week, but we made a conservative estimate of 11 hours per month based on the experience of all full-time nurses in Hawaii. At a salary rate for Nurse IIIs of \$16.79 per hour, the amount saved in overtime per month per job-sharing position was an estimated \$92.00² Since all DOH job sharers work in hospitals where overtime tends to run above average, the savings are likely to be even higher.

Flexibility in Setting Work Hours for Nurses

What became clear during the evaluation is a preference for permanent part-time employment as a feasible and desirable employment alternative. Non-state hospitals in Hawaii widely use this option. The State already has it in place and far more nurses participate in permanent part-time arrangements than in job sharing.

Use in non-state hospitals. Information provided by nine private hospitals on Oahu, one on Kauai, and Tripler Army Medical Center showed that only one hospital has instituted job sharing as such. However, all of them except Tripler have provisions for permanent part-time employment, and Tripler indicated that positions are split when necessary.

The numbers of nurses employed in permanent part-time positions are sizeable, with several hospitals having in excess of a hundred. Kapiolani counts part-time as anything less than 32 hours per week (80 percent of the 40-hour standard work week used for state employees). Only three hospitals pro-rate such benefits as medical and dental plans; the majority grant full benefits to permanent part-time employees working half-time or more.

Staff interviewed at these hospitals tended to favor the permanent part-time arrangement because of its flexibility. The advantage noted for job sharing from a management perspective is the responsibility which each partner assumes in covering for the other in the event one is absent or quits. But this benefit is difficult to enforce and does not appeal to nurses. general consensus was that job sharing, as compared to permanent part-time employment, would not do much to attract nurses back to Virtually all administrators said hospital jobs. they were amenable to job sharing but that their nurses had not asked for it because there were other options available.

Views of pilot project participants. A major segment of those job-sharing nurses whom we interviewed expressed a preference for a permanent part-time arrangement. They believed it offered possibilities for a varying percentage of less than full-time work. Because it does not tie an employee to a partner, it provides more job security and certainty for planning one's personal life. Given a choice, union representatives also leaned toward the potential flexibility of permanent part-time employment, with job sharing providing the minimum necessary accommodation to nurses' needs.

In response to such questions as why so few nurses applied for job sharing and what recommendations they might like to offer, pilot project participants indicated that it was being able to work less than full-time, not the particulars of job sharing, that they found attractive. They suggested that what was really needed was flexibility in personnel policy. The 12-hour shifts, night work, and the pressure of responsibility caused their family relationships and personal lives to suffer. They wanted to work less than full-time, although not necessarily at half-time.

Since job sharing was the best option available, they wanted it retained, but they preferred a permanent basis for part-time work. Of the 29 successful and unsuccessful applicants for job sharing who were interviewed, 13 volunteered a preference for permanent part-time employment over job sharing; 16 had no comment either way; none expressed a preference for job sharing as such over permanent part-time employment.

Some supervisors and administrators also voiced a preference for permanent part-time employment. Among administrators specifically asked about alternative forms of less than full-time employment, only one favored job sharing over permanent part-time work.

Current use of permanent part-time positions. The department already uses the permanent part-time alternative to job sharing in order to meet the needs of nurses who wish to work less than full-time. Within the community hospital system, the use of permanent and temporary part-time Nurse III positions includes positions under both job-sharing contracts and other part-time arrangements. As of September 1989, there were 10 permanent part-time positions under job-sharing contracts and 60 permanent part-time positions under other arrangements. The latter group work at 50, 60, 75, and 80 percent of full-time.

Statutory basis. The statutes recognize the concept of employment in permanent part-time positions. Chapter 76 of the Hawaii Revised Statutes, Hawaii's civil service law, defines a position as "a specific office or employment, whether occupied or vacant, consisting of a group of all the current duties and responsibilities

assigned or delegated by competent authority, requiring the full or *part-time* employment of one person. [Emphasis added.]"³ Similarly, Chapter 77, the State's compensation law, defines a position as "a group of current duties and responsibilities legally assigned or delegated by competent authority to an officer or employee and performed on either a full- or *part-time* basis. [Emphasis added.]"⁴

Section 76-(19), HRS, defines an employee as "a person holding a position in accordance with this chapter whether permanently or otherwise and whether as an officer or otherwise." Further, Chapter 88, the pension and retirement law for public employees, extends retirement system coverage to all employees without making a distinction between full-time and part-time employees.⁵ Finally, Chapter 87, the public employees health fund law, broadly defines an employee for purposes of its coverage, but does stipulate among its exclusions "a person employed for less than three months and whose employment is less than one-half of a full-time equivalent [Emphasis added.]"6 Part-time position. employees at half-time or more, in not being excluded, must therefore be included for health plan coverage.

Combining unused portions of authorized positions. The use of a permanent part-time employee results in a "left-over" portion of the authorized full-time position. For example, a nurse working two 12-hour shifts a week is employed at 60 percent of a full-time equivalent position (FTE). This leaves 40 percent of the position. To use this portion, administrators have hired nurses on an emergency basis, sometimes through the expensive route of private agencies.

However, we believe that authorized positions can be split and the unused portions combined in any number of ways. For example, three full-time positions could be split into four permanent .75 part-time positions. All four employees would be entitled to benefits, job security, and union representation.

Permanent part-time employees need not all have the same number of hours. Two employees might work 60 percent of full-time while one works 80 percent of full-time-they would still fill two full-time equivalent positions. Moreover, they need not all have the same specialization. In a small hospital, for instance, one permanent part-timer might work in intensive care, another in emergency, and a third in pediatrics.

With these modifications, a more beneficial use may be made of permanent part-time nursing positions within DOH.

Long-Term Considerations

The age distribution of currently registered nurses suggests that a nursing shortage could be a long-term problem. Not only are nurses leaving the profession, but fewer are entering it. This is reflected in the proportionately smaller number of nurses below 35 years of age. The need may lie not solely in drawing nurses back to nursing jobs but in attracting young people to study for a nursing career.

The survey showed that nurses left the profession for many reasons. Other than retirement, the most common reasons were family obligations, work schedules, pay, burnout and stress, and working conditions. Project results suggest that flexible employment options help alleviate some of these conditions and may encourage some nurses to remain.

Job sharing is thus a feasible employment option. Many nurses chose to participate in the project because it was the only way they were able to work part-time and still retain employment benefits. However, most nurses and administrators preferred permanent part-time work because it fits better into the hospital situation and the personal circumstances of most nurses. This suggests the beneficial impact of flexible, and multiple, employment approaches in nursing as well as other fields.

Recommendations

- Job sharing should be offered to nurses as one option within a package of employment options tailored to the conditions faced by nurses.
- 2. Job sharing, as well as other permanent part-time employment options, should be instituted permanently for other employees as well as nurses.
- 3. When establishing permanent parttime positions for nurses, the Department of Health should consolidate left-over full-time equivalent positions into new permanent part-time positions that have full benefits and representation in collective bargaining.

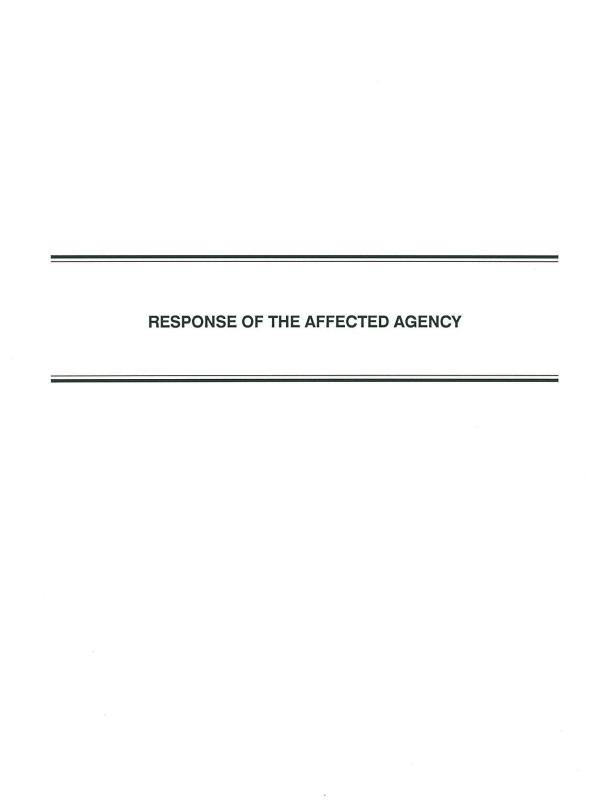
NOTES

Chapter 1

- 1. Report No. 88-14, January 1988.
- 2. The survey was conducted by the Board of Nursing, Department of Commerce and Consumer Affairs. Our data represent the results from the initial 3,600 responses tabulated for our use by the Social Science Research Institute of the University of Hawaii and its subcontractor, Omnitrack Research and Marketing Group, Inc.

Chapter 2

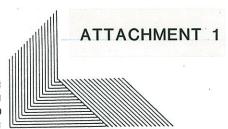
- 1. The total includes temporary and permanent positions. Because the number of positions and personnel continually changed throughout the two and a half years since the first applicants were approved in March 1987, we chose data from midway through the pilot project.
- 2. Monthly overtime savings were estimated by multiplying the base salary rate of \$16.79 per hour by the average overtime worked per month and the 50 percent differential.
- 3. Section 76-11(18), HRS.
- 4. Section 76-1, HRS.
- 5. Section 88-42, HRS.
- 6. Section 87-1, HRS.



COMMENTS ON AGENCY RESPONSE

Copies of the preliminary draft of this report were sent to the Department of Health on November 9, 1989. A copy of the transmittal letter is included as Attachment 1 of this Appendix. The response from the department is included as Attachment 2.

The Department of Health agrees with the major findings and recommendations of this report relative to the need for flexibility in setting work hours for nurses, expansion of the use of permanent part-time employment, and consolidation of left-over parts of positions so as to hire more part-time nurses with full benefits and union representation.



THE OFFICE OF THE AUDITOR STATE OF HAWAII 465 S. KING STREET, RM. 500 HONOLULU, HAWAII 96813

COPY

November 10, 1989

John C. Lewin, M.D. Director Department of Health 1250 Punchbowl Street Honolulu, Hawaii 96813

Dear Dr. Lewin:

Enclosed are two copies, numbered 4 and 5, of our draft report Evaluation of Job Sharing for Nurses in the Department of Health, Final Report. We call your attention to the recommendations which are made in Chapter 2 of the report. If you have any comments on our recommendations, we ask that you submit them in writing to our office by November 27, 1989, for inclusion in the final report.

The Governor and the presiding officers of the Legislature have been provided with copies of this draft report.

Since the report is not in final form and changes may possibly be made to it, we request that you limit access to the report to those persons whom you wish to call upon for assistance in your response. Please do not reproduce the report. Should you require additional copies, please contact our office. Public release of the report will be made solely by our office and only after the report is published in its final form.

We appreciate the assistance and cooperation extended to us by your staff.

Sincerely,

Newton Sue Acting Auditor

Enclosures

ATTACHMENT 2

S CONTRACTOR

JOHN WAIHEE

JOHN C. LEWIN, M.D. DIRECTOR OF HEALTH

STATE OF HAWAII

P. O. BOX 3378 HONOLULU, HAWAII 96801

In reply, please refer to: File:

November 29, 1989

Mr. Newton Sue Acting Auditor The Office of the Auditor State of Hawaii 465 S. King Street, Room 500 Honolulu, Hawaii 96813 Nov 29 4 37 PM '89

OF G. OF THE AUDITOR
STATE OF HAWAII

Dear Mr. Sue:

Thank you for the opportunity for the staff of the Department of Health to read and comment on the draft "Evaluation of Job Sharing for Nurses in the Department of Health" report. Overall, DOH staff concur with the conclusion that job sharing should be offered as an option to permit flexibility in recruiting and retaining nurses - regardless of the number of nurses who exercise the option, however, we do have several comments which follow.

On page two, there is a reference to three categories of nurses considered for the report. The third category is misleading as non-hospital nurses are not all considered public health nurses. An appropriate phrase would be "community health nurses". This should also be referenced on the tables on page six.

On page three, it should be noted that the guidelines mentioned are only used by the Public Health Nursing Branch and not by nurses in other DOH programs.

On page six, table 2.2, there are 35 vacant positions in other state hospitals, not twelve.

On page eight, it would be extremely helpful to know how many of the nurses responding to the survey were not practicing at that time. To state that 20 percent of those responding would consider returning to work if able to job share is only significant if the total number not working is known. In addition, it is not clear whether the other 43 percent who were uninterested in job sharing were also not working.

Also on page eight (as well as in the notes on page 13), there is an inaccuracy in the estimate of the amounts saved in overtime since the salary rate did not become \$16.79 an hour until July 1, The notes explain that the calculations were figured at a point midway through the pilot project. If April, 1988, was used as such a point, the salary would have been \$13.03 an hour or \$15.30 an hour with the shortage differential.

We believe that there should be a separate recommendation urging use of permanent part-time employment for nurses as it is preferred by many nurses and supervisors. We agree that the permanent part-time positions should have benefits and collective bargaining representation. DOH staff endorse the idea of consolidated positions as well, however, it is important to make clear the need for flexibility in establishing such systems. An unwanted consequence could be increased difficulty in hiring full-time nursing staff. An additional recommendation should also be considered: job trading within the department to gain broader experience and prevent employee burnout.

We hope our comments are useful. Please contact my office if you have any questions.

Yours very truly,

Seri Marullo for

JOHN C. LEWIN, M.D. Director of Health