

Valley Hospital, Ltd. and Health, Professional & Technical Employees Association, Local 707, Service Employees International Union, AFL-CIO, Petitioner.¹ Case 31-RC-3060

October 16, 1975

DECISION AND DIRECTION OF ELECTIONS

BY MEMBERS FANNING, JENKINS, AND PENELLO

Upon a petition² duly filed under Section 9(c) of the National Labor Relations Act, as amended, a hearing was held before Hearing Officer Jean A. Savage of the National Labor Relations Board. Following the close of hearing, the Regional Director for Region 31 transferred this case to the Board for decision. Thereafter, briefs were filed by the Employer, Petitioner, and the Intervenors.

The Board has reviewed the Hearing Officer's rulings made at the hearing and finds that they are free from prejudicial error. They are hereby affirmed.

Upon the entire record in this proceeding, including the briefs filed herein, the Board finds:

1. The parties stipulated that the Employer is an independent, investor-owned proprietary hospital offering hospital services as a health care institution in Las Vegas, Nevada. During the calendar year preceding the hearing, the Employer's dollar volume from performance of services was in excess of \$500,000 and it purchased in excess of \$50,000 worth of goods from outside the State of Nevada. Accordingly, in view of Employer's substantial effect on commerce, we find that it is engaged in commerce within the meaning of the Act and that it will effectuate the policies of the Act to assert jurisdiction in this proceeding.

2. The labor organizations involved claim to represent certain employees of the Employer.³

3. A question affecting commerce exists concerning the representation of certain employees of the Employer within the meaning of Sections 9(c)(1) and 2(6) and (7) of the Act.

4. Petitioner seeks to represent a unit of all professional employees, excluding all other employees, employees represented by other organizations,⁴ office clerical employees, guards, and supervisors as defined in the Act, and a separate unit of all nonprofessional employees, excluding all professional employees, employees covered by collective-bargaining agreements with other organizations, office clerical employees, guards, and supervisors as defined in the Act.⁵ Contrary to Petitioner, Employer contends that the unit of nonprofessional employees should include both employees covered by collective-bargaining agreements with other organizations and office clerical employees. Intervenor Joint Board agrees with Petitioner that a unit of nonprofessional employees should exclude employees covered by other collective-bargaining agreements. In disagreement with Petitioner, the Joint Board would include office clericals in the nonprofessional employee unit.

The Appropriate Units

1. Professional employees

a. Registered nurses

Intervenor NNA seeks to represent a single unit of all registered nurses. The Employer agrees with Petitioner and Intervenor Joint Board that a single professional unit, including registered nurses, constitutes an appropriate bargaining unit. Thus, in agreement with Petitioner and Intervenor Joint Board, Employer contends that a professional unit of registered nurses, separate from a unit of other professional employees, is inappropriate. The Employer and Intervenor Joint Board, however, contrary to Petitioner, contend that registered nurses classified as head nurses should be excluded from the unit as supervisors within the meaning of Section 2(11) of the Act. Intervenor NNA takes no position with respect to the issue of head nurses' supervisory status.

The Board recently has found appropriate separate representative testified that the Association could represent employees who are not eligible for membership on a fee-for-service basis. The record also reflects that NNA exists for the purpose of representing employees in collective bargaining with the employer and that employees participate in its affairs. Accordingly, we find that NNA is also a labor organization within the meaning of the Act.

⁴ The parties stipulated, and we find, that the psychologist, social worker, social worker assistant, and the adjunctive therapist, all of whom are employees of Psychiatric Associates at Nevada and work only part time in the psychiatric center at Valley Hospital, are not employees of the Employer.

⁵ At the hearing, Petitioner amended the petition to reflect the units as described hereinabove.

¹ The name of Petitioner appears as amended at the hearing.

Local Joint Executive Board of Las Vegas, Culinary Workers Local 226 & Bartenders Local 165, Hotel, Restaurant Employees and Bartenders International Union, AFL-CIO (hereinafter referred to as Joint Board); and Nevada Nurses Association, a constituent of the American Nurses' Association (hereinafter referred to as NNA) were granted intervention at the hearing on the basis of adequate showings of interest.

² The Regional Director rejected Employer's motion to dismiss the petition alleging that Petitioner's showing is invalid because of solicitation by supervisors and doctors. Thereafter, Employer filed a motion for special permission to appeal the Regional Director's administrative determination. On August 5, 1975, this motion was denied by direction of the Board.

³ At the hearing, Employer refused to stipulate that Petitioner is a labor organization within the meaning of the Act. The record reflects, however, that Petitioner exists for the purpose of representing employees in negotiations with employers concerning wages, hours, and working conditions and that employees participate in its affairs. Accordingly, we find that Petitioner is a labor organization within the meaning of the Act.

Alleging that NNA discriminates with regard to membership, Petitioner refused to stipulate at the hearing that NNA is a labor organization. NNA's

bargaining units for registered nurses when they are separately sought *Mercy Hospitals of Sacramento, Inc.*, 217 NLRB No 131 (1975)⁶ In so determining, the Board has recognized the distinctive role and responsibilities of registered nurses in the health care industry as well as their impressive history of exclusive representation and collective bargaining Accordingly, in light of the foregoing and since Intervenor NNA seeks to represent registered nurses in a separate bargaining unit, we find a separate bargaining unit of registered nurses appropriate in this case⁷

At the time of the hearing, the hospital's nursing services department employed approximately 169 employees, including 61 registered nurses, 30 licensed practical nurses, 34 nursing aides, 7 orderlies, 16 unit clerks, 1 social worker, 12 psychiatric aides, 1 certified operating room technician, and the director of nursing's secretary⁸ Director of Nursing Mildred Filing⁹ has ultimate responsibility for the department and she reports directly to the hospital's executive director and administrator, Charles Showalter Immediately under the director's supervision are seven administrative supervisors, including an operating room supervisor and a psychiatric center supervisor¹⁰

Head nurses Directly under the administrative supervisors in the nursing department's organizational structure are nine head nurses The Employer and Intervenor Joint Board contend that head nurses are supervisors within the meaning of the Act and should be excluded from the unit In determining whether head nurses are supervisors within the meaning of the Act, we are mindful, as was the Senate Committee on Labor and Public Welfare in its report on the Coverage of Nonprofit Hospitals Under the National Labor Relations Act, that existing Board decisions have "carefully avoided applying the definition of 'supervisor' to a health care professional who gives direction to other employees in the exercise of professional judgment, which direction is incidental to the professional's treatment of patients and thus is not the exercise of supervisory authority in the interest of the employer"¹¹

⁶ Since *Mercy* several other Board decisions have found appropriate bargaining units for registered nurses See e.g. *The Trustees of Noble Hospital* 218 NLRB No 221 (1975) *Wing Memorial Hospital Association* 217 NLRB No 172 (1975) *Doctors Hospital* 217 NLRB No 87 (1975)

⁷ The unit of registered nurses found appropriate here is substantially narrower than the all professional unit sought by Petitioner It may be therefore that NNA's showing of interest is no longer adequate Accordingly we direct NNA to submit to the Regional Director within 10 days from the date of this Decision such additional showing of interest as may be required

⁸ The parties stipulated and we find that the director of nursing's secretary is a confidential employee

⁹ The parties stipulated to Filing's supervisory status

¹⁰ The parties stipulated that all administrative supervisors are supervisors within the meaning of the Act We therefore shall exclude them from the unit found appropriate herein

Each head nurse herein is in charge of a particular nursing unit¹² The hospital is staffed three shifts per day, 7 days a week¹³ The director of nursing testified that head nurses have ultimate responsibility for patient care on their shifts The record reveals, however, that whereas at least one administrative supervisor is on duty at all times during the course of a 24-hour period, head nurses essentially work the day shift Head nurses are responsible to the director of nursing and they report immediately to the administrative supervisor who is in charge of the whole facility in terms of coordinating nursing care

When administrative supervisors take time off, they are replaced only by other administrative supervisors and not by head nurses When head nurses are absent, most of their functions are handled by staff nurses serving as charge nurses Thus, the director of nursing testified that, when the head nurse is not present, the registered nurse "who is in charge" is expected to run the unit In so doing, these charge nurses routinely assign work, order supplies, and discipline, if necessary¹⁴ The record indicates, however, that "charge" nurses do not discipline employees beyond the stage of a verbal reprimand In addition, the director of nursing testified that RN's serving as charge nurses are exercising their highly professional training and skills Their duties and authority, therefore, do not reflect indicia of supervisory authority in the interest of Employer Accordingly, we find that RN's who serve as "charge" nurses are not supervisors within the meaning of Section 2(11) of the Act and we shall include them in the unit

As the persons in charge of the nursing units to which they are assigned, head nurses routinely assign work and post schedules every 2 weeks The record reveals, however, that schedules are not official until approved by the nursing office, that head nurses do not have the authority to resolve scheduling conflicts, and that the director of nursing determines staffing patterns in a nursing unit on a given day Although

¹¹ S Rep 93-766 93d Cong 2d sess 6 (April 2 1974) See e.g. *Woodland Park Hospital Inc* 36-RC-3079 (May 16 1973) review denied (June 22 1973) Board affirmed Regional Director's holding that Woodland's operating room head nurses were not 2(11) supervisors but merely highly skilled professionals using independent judgment and discretion commensurate [with their] training See also *Diversified Health Services Inc d/b/a Convalescent Center of Honolulu* 180 NLRB 461 (1969) *New Fern Restorium Co* 175 NLRB 871 (1969)

¹² The units include intensive care medical unit north medical unit south surgical unit 2 south orthopedic unit 2 north emergency room recovery central supply and in service

¹³ The shifts are as follows day shift 6 45 a m to 3 15 p m afternoon shift 2 45 p m to 11 15 p m and night shift 10 45 p m to 7 15 a m

¹⁴ Apparently these staff nurses who fill in for head nurses are comparable to the charge nurses in *The Presbyterian Medical Center* 218 NLRB No 192 (1975) There the Board found that charge nurses were not supervisors within the meaning of the Act See also *The Trustees of Noble Hospital* 218 NLRB No 221 (1971) wherein the parties stipulated that the charge nurses were not supervisors

head nurses can change schedules for holiday time or regular time off to which employees are entitled, special requests for time off, such as leaves of absence without pay and requests for vacation time, must be approved by the nursing office. Further, when special problems arise, such as an employee desiring to go home because of illness, an administrative supervisor will make arrangements for that employee to leave and cover the vacant slot. The head nurse, moreover, must notify the administrative supervisor when a unit is short-staffed. When additional personnel is needed in a nursing unit, the supervisor, not a head nurse, has the authority to go into another unit in order to fill the vacancy elsewhere.

Head nurses are paid at an hourly rate ranging from \$5.48 to \$6.65 per hour whereas the pay range for staff nurses is \$4.85 to \$5.90 per hour. Experienced staff nurses, however, may be paid more than certain head nurses.

Head nurses attend monthly meetings with the director of nursing and administrative supervisors. The director of nursing indicated that any suggestions made by head nurses at these meetings concern technical nursing care problems. As a routine matter, head nurses are not authorized to grant overtime. However, Employer asserts, and it appears, that head nurses can approve emergency overtime such as when other personnel is not available to care for patients.

Head nurses also fill out periodic work performance reviews of employees working in their units. Based on forms which the hospital provides setting forth well-defined criteria and standards to be used, performance reviews are discussed by head nurses with the employees being rated. Because of the various shifts, personnel other than head nurses, including staff nurses who are not supervisors, often fill out performance reviews. These reviews are used by the director of nursing to evaluate employees after their 90-day probationary period and for the purpose of granting salary increases.¹⁵ Since the hospital began operation, it has been Employer's policy to grant regular salary increases under its merit raise system. The director of nursing makes the final decision on whether to grant an employee a salary increase.

Employer also contends that head nurses have authority to take immediate disciplinary action against employees in their units including issuing written warning notices and effectively recommending employee discharges. The record, however, does not substantiate these contentions. Rather, the record in-

dicates that possession of disciplinary authority, beyond the stage of a verbal reprimand, reposes in administrative supervisors or the director of nursing. For example, notwithstanding the director of nursing's assertion that head nurses' recommendations have "great bearing," the record discloses that the director made a "management decision" in not acting upon former Emergency Room Head Nurse Norma Cleveland's recommendation that RN Barbara Von Urquidy be transferred to another nursing unit because of her inability to function well in emergency situations.¹⁶ With respect to the written warning issued to former emergency room orderly Robert Ciardi, the record indicates that it was initiated and prepared by Administrative Supervisor Ruth Ford and merely signed by former Head Nurse Norma Cleveland.¹⁷ The Employer asserts that on one occasion central Supply Head Nurse Amos Chiarappa actually discharged nursing aide Marysteen Coleman. Again, however, the record does not substantiate this allegation. Thus, in support of its assertion, Employer submitted a "termination report" which was prepared by Chiarappa after Ms. Coleman's discharge. As Employer indicates, the report is merely a document to close an employee's personnel file. Moreover, nowhere in the report is there any indication that the head nurse recommended termination of Ms. Coleman. Instead, the last line of Mr. Chiarappa's comments indicates that "[Ms. Coleman] might function more efficiently in another area."¹⁸

Based on the foregoing evidence, we conclude that head nurses, unlike administrative supervisors, perform their duties and functions predominantly in the exercise of professional judgment incidental to their treatment of patients.¹⁹ Their duties and authority are all directed toward quality treatment of patients within their nursing units and do not, without more, constitute supervisory authority in the Employer's interest. Further, we find that head nurses possess neither the authority to hire or discharge, or discipline beyond the stage of a verbal reprimand, nor the au-

¹⁶ After several weeks, Ms. Von Urquidy eventually was terminated. Ms. Von Urquidy's husband was employed for an ambulance company. The director of nursing indicated that the delay in Ms. Von Urquidy's termination was prompted by threats of repercussions concerning the ambulance bringing patients to the hospital. Ms. Filing's explanation also suggests, however, that head nurses' recommendations are always subject to an independent evaluation or investigation by the nursing office.

¹⁷ The notice included a notation that Ciardi had received verbal warnings from Ms. Cleveland.

¹⁸ Chiarappa was not called to testify in this proceeding.

¹⁹ This determination is also supported by the hospital's job description for head nurses. Since about December 1971, the job description has been contained in the hospital's nursing service policy manual. Apparently, the Employer submitted this document in support of its contention that head nurses possess supervisory authority. The document, however, stresses that head nurses' responsibilities are directed towards "PATIENT CARE" problems and the quality of "PATIENT CARE."

¹⁵ In *The Trustees of Noble Hospital*, 218 NLRB No. 221 (1975), head nurses filled out similar evaluations. Notwithstanding this responsibility, the Board concluded therein that head nurses were not supervisors within the meaning of the Act. (Chairman Murphy and Member Kennedy dissenting.)

thority to make effective recommendations affecting employment status of employees Accordingly, we find that head nurses are not supervisors as defined in the Act and we shall include them in the unit

b *Other professional employees*

The parties stipulated, and we find, that employees in the following classifications, including those intervening, are professionals within the meaning of the Act histologist, physical therapist, registered nurses, pharmacists, medical technologists II, medical technologists I, nuclear medical technologists, radiologic technologists, social worker, health record analyst, and the patient care evaluation assistant Although Petitioner and Intervenor Joint Board sought to represent an all-professional unit, including registered nurses,²⁰ both have also expressed willingness to participate in an election in any unit found appropriate Having found that a separate unit of registered nurses is appropriate herein, we must now consider whether an all-professional unit, excluding registered nurses, is appropriate

In making this determination, we are mindful of our prior decisions in *Mercy Hospitals of Sacramento, Inc.*, 217 NLRB No 131 (1975), and *Dominican Santa Cruz Hospital*, 218 NLRB No 182 (1975),²¹ in which we concluded that a unit consisting of all professional employees, excluding registered nurses, can be an appropriate unit In reaching this conclusion, we particularly noted that, unlike registered nurses, other professional groups had not demonstrated unique characteristics warranting their separate representation²² Accordingly, for the reasons set forth in more detail in *Mercy* and *Dominican Santa Cruz* and based on the record herein, we conclude that a unit consisting of all professional employees, excluding registered nurses, is appropriate and we shall direct an election therein

2 Nonprofessional employees

As indicated above, Petitioner seeks to represent a separate unit of nonprofessional employees of the Employer The parties are in apparent agreement that employees in the following classifications should be included in such nonprofessional unit orderlies, LPN's, unit clerks, psychiatric aides, nurses aides, operating room technicians, respiratory therapists,

pharmaceutical technician, pulmonary function technician, darkroom technician, EKG technician, EKG trainees, EEG technician, EEG trainee, physical therapy aides, secretary I's, secretary II's, laboratory assistants, laboratory clerk, and laboratory technician II²³ The parties disagree, however, as to the placement of certain other employees in the non-professional unit Thus, whereas Petitioner would exclude both office clerical employees and medical records personnel, Employer and Intervenor Joint Board would include all clerical employees including medical records employees In addition, Petitioner and Intervenor Joint Board would exclude employees covered by existing collective-bargaining agreements whereas Employer contends that such employees should be included in the nonprofessional unit

a *Prior bargaining history*²⁴

Since the hospital began operation in December 1971, Employer has executed two collective-bargaining agreements with unions covering certain hospital employees Thus, the Employer has a collective-bargaining agreement with Intervenor Joint Board covering the dietetic clerk, food service worker supervisor, cook, pantry worker, cafeteria leadman, food service tray worker, dish machine operator, house-keeping supervisor, linen attendant, lead maid, maid, janitor, and utility janitor, which runs from January 1, 1974, to January 1, 1977,²⁵ and one with International Union of Operating Engineers, Local Union No 501, AFL-CIO, covering employees in the classifications of senior engineer, maintenance engineer, and apprentice engineer, effective for calendar year 1975²⁶

In maintaining that employees covered by existing collective-bargaining agreements should be included in an overall nonprofessional unit, Employer contends that the currently recognized units are no longer appropriate because they are repugnant to the Congressional mandate to avoid proliferation of bar-

²⁰ Absent a request by any party to represent a separate unit of technical employees we shall give effect to the parties agreement to include technicals with service and maintenance employees in the above nonprofessional unit Cf *Nathan and Miriam Barnert Memorial Hospital Association d/b/a Barnert Memorial Hospital Center* 217 NLRB No 132 (1975) The inclusion of technicals and service and maintenance employees in a nonprofessional bargaining unit contravenes neither the provisions or purposes of the Act nor established Board policy See e.g. *Mount Airy Foundation d/b/a Mount Airy Psychiatric Center* 217 NLRB No 137 (1975) For reasons set forth in his dissenting opinion in *Barnert* Member Penello in any event would find the appropriate unit to include service and maintenance and technical employees

²¹ The parties stipulated as to the collective bargaining history at Valley Hospital

²² This is the first contract between Employer and Intervenor Joint Board
²³ This contract was agreed to in early January 1975 The first contract between Employer and the Operating Engineers was in effect from November 1 1973 through December 31 1974

²⁰ Employer agreed as to the appropriateness of such unit

²¹ In *Dominican Santa Cruz* we concluded that a unit consisting of all professional employees excluding registered nurses can be an appropriate unit even where no labor organization is seeking to separately represent the latter

²² In *Dominican Santa Cruz* we left open the question of whether a unit limited to physicians residents and interns would be appropriate

gaining units in the health care industry.²⁷ Petitioner and Intervenor Joint Board, on the other hand, agree that the existing collective-bargaining agreements constitute a bar to any representation proceedings involving employees within existing units. For reasons set forth below, we shall exclude all employees covered by existing collective-bargaining agreements from the nonprofessional unit found appropriate herein.

We are not unmindful that the legislative history of the health care amendments admonishes the Board to avoid undue proliferation of bargaining units in the health care industry.²⁸ However, even in the health care industry, the Board permits the parties "the broadest, possible, [sic] latitude to mutually define the context in which collective bargaining should take place."²⁹ As noted previously, certain employees of the Employer are currently represented for collective-bargaining purposes under contracts with International Union of Operating Engineers and Intervenor Joint Board. These contracts will not expire until the end of 1975 and 1976, respectively. Accordingly, we do not believe that disturbing the stability inherent in bargaining relationships involving currently recognized units which have been established by the mutual agreement of Employer and the respective Unions would effectuate the purposes of the Act. In making this determination, we do not necessarily mean to suggest that in the future, if the issue as to the appropriateness of the currently recognized units is properly and timely raised, we will place our imprimatur on such preexisting units.³⁰ Our decision herein merely reflects our reluctance to disturb mutually agreed-upon bargaining units so long as such units do not contravene the Act or established Board policy.³¹

b. Office clerical employees

The record indicates that employees in the follow-

²⁷ At the hearing, Employer agreed to the exclusion of "all personnel covered by other collective bargaining agreements" from the unit of nonprofessional employees. Employer's position, however, was amended in its brief.

²⁸ See, e.g., S. Rept. 93-766, 93d Cong., 2d Sess. 5 (1974); H. Rept. 93-1051, 93d Cong., 2d Sess. 7 (1974).

²⁹ *St. Joseph Hospital & Medical Center, et al.*, 219 NLRB No. 161 (1975), quoting *Otis Hospital, Inc.*, 219 NLRB No. 55 (1975).

³⁰ For example, we note that the collective-bargaining agreement between Employer and International Union of Operating Engineers, Local Union No. 501, AFL-CIO, covers a unit similar to that found inappropriate by a Board majority in *Shriners Hospital for Crippled Children*, 217 NLRB No. 138 (1975) (Chairman Murphy and Member Fanning dissenting). We further note that in *Mount Airy Foundation, d/b/a Mount Airy Psychiatric Center*, 217 NLRB No. 137 (1975), the Board rejected petitioner's attempt therein to exclude dietary and housekeeping employees, an employee complement similar to that currently represented by Intervenor Joint Board, from a broader nonprofessional unit.

³¹ *Otis Hospital, Inc.*, 219 NLRB No. 55 (1975).

ing classifications are business office clericals: admitting clerks; insurance clerks; credit clerks; cashier; PBX operators; the secretary and storekeeper in purchasing; keypunch operators; accounting clerk; bookkeeper; and secretary in accounting. Employer contends that notwithstanding our placement of other business office clerical employees that the secretary and storekeeper in purchasing should be placed in the unit of nonprofessional employees based on community of interest and integration and interaction of work functions. We find no merit in Employer's contention. Rather, the record indicates that the purchasing personnel share common supervision with the business office employees³² and they are primarily engaged in office clerical duties. For the reasons stated in *Mercy Hospitals of Sacramento, Inc., supra*, and *Sisters of St. Joseph of Peace*, 217 NLRB No. 135 (1975),³³ we shall not include business office clerical employees in the unit of nonprofessional employees.

c. Medical records employees

Medical records personnel consists of seven non-supervisory employees in the classifications of medical transcribers and medical records clerks. Unlike the business office clericals, these employees work on the hospital's second floor, an area devoted entirely to medical services. Although medical records personnel engage in clerical functions, they spend a substantial amount of their time in the patient care area performing functions directly related to the care and treatment of patients. Thus, medical records employees construct medical records to assist physicians, file medical records stored in the medical records office, and file documents from laboratories and various nursing stations throughout the hospital into patients' medical records. Accordingly, it is apparent that medical records personnel have considerable contact with those employees involved in the medical aspects of the hospital. In light of the foregoing, and for reasons stated in *Sisters of St. Joseph of Peace, supra*, and *St. Catherine's Hospital of Dominican Sisters of Kenosha, Wisconsin, Inc.*, 217 NLRB No. 133 (1975), we conclude that medical records employees do not share a community of interest with business office clerical employees, but rather with a broader unit of nonprofessional employees. Contrary to Petitioner's request, therefore, we shall include medical records employees in the unit of nonprofessional employees found appropriate herein.

³² All business office clerical employees are under the supervision of Jack Owens, department head of the hospital's business operations.

³³ See also *Meharry Medical College*, 219 NLRB No. 57 (1975).

d *X-ray supervisor (3 p m to 11 30 p m)*

At the time of the hearing, the X-ray supervisor working from 3 p m to 11 30 p m had held that position for only 1 week. The record reveals that this shift supervisor spends about 90 percent of her time taking care of patients and 10 percent doing paperwork. The present record, however, does not sufficiently detail the duties and responsibilities of this employee to enable us to make a definitive determination as to her possible supervisory status. We shall therefore permit her to vote subject to challenge.

Accordingly, for the aforementioned reasons, we find that a unit of nonprofessional employees including orderlies, LPN's, unit clerks, psychiatric aides, nurses aides, operating room technicians, respiratory therapists, pharmaceutical intern, pulmonary function technician, darkroom technician, EKG technician, EKG trainees, EEG technician, EEG trainee, physical therapy aides, secretary I's, secretary II's, laboratory assistants, laboratory clerk, laboratory technician II, medical transcribers, and medical records clerks constitutes a unit appropriate for collective bargaining within the meaning of the Act and we shall direct an election therein.

Conclusion

Based upon the foregoing and the entire record, we find that the following groups of employees constitute units appropriate for the purposes of collective bargaining within the meaning of Section 9(b) of the Act:

UNIT A All full-time and regular part-time registered nurses employed by the Employer at its hospital in Las Vegas, Nevada, including

head nurses and staff nurses who relieve head nurses, but excluding the director of nursing services, administrative supervisors, operating room supervisor, psychiatric center supervisor, all other employees, guards, and supervisors as defined in the Act.

UNIT B All full-time and regular part-time professional employees, including the histologist, physical therapist, pharmacists, medical technologists II, medical technologists I, nuclear medical technologists, radiologic technologists, social worker, health records analyst, and the patient care evaluation assistant, excluding registered nurses, employees of Psychiatric Associates at Nevada, and all other employees, guards, and supervisors as defined in the Act.

UNIT C All full-time and regular part-time nonprofessional employees, including orderlies, LPN's, unit clerks, psychiatric aides, nurses aides, operating room technician, respiratory therapist, pharmaceutical technician, pulmonary function technician, darkroom technician, EKG technician, EKG trainees, EEG technician, EEG trainee, physical therapy aides, secretary I's, secretary II's, laboratory assistants, laboratory clerk, laboratory technician II, medical transcribers, and medical records clerks, excluding all professional employees, employees covered by collective-bargaining agreements, business office clerical employees, all other employees, guards, and supervisors as defined in the Act.

[Direction of Elections and *Excelsior* fn omitted from publication] ³⁴

³⁴ It is unclear from the record whether Intervenor Joint Board is willing to proceed to an election in Unit A. Subject to the submission of an adequate showing of interest and contingent upon its willingness to proceed to such an election, we have placed it on the ballot.