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A STUDY OF THE FACTORS INFLUENCING CAREER MOTIVATION AMONG PHYSICIANS AND DENTISTS

Claude Braunstein

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AMONG NAVY PHYSICIANS AND DENTISTS

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San Diego, California 92152

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and equipment, and the amount of participation they had in making decisions affecting their careers. Both physicians and dentists expected job satisfaction to be potentially higher in civilian life than in the Navy. Twenty-five recommendations were made to improve job satisfaction and retention among physicians and dentists in the Navy.

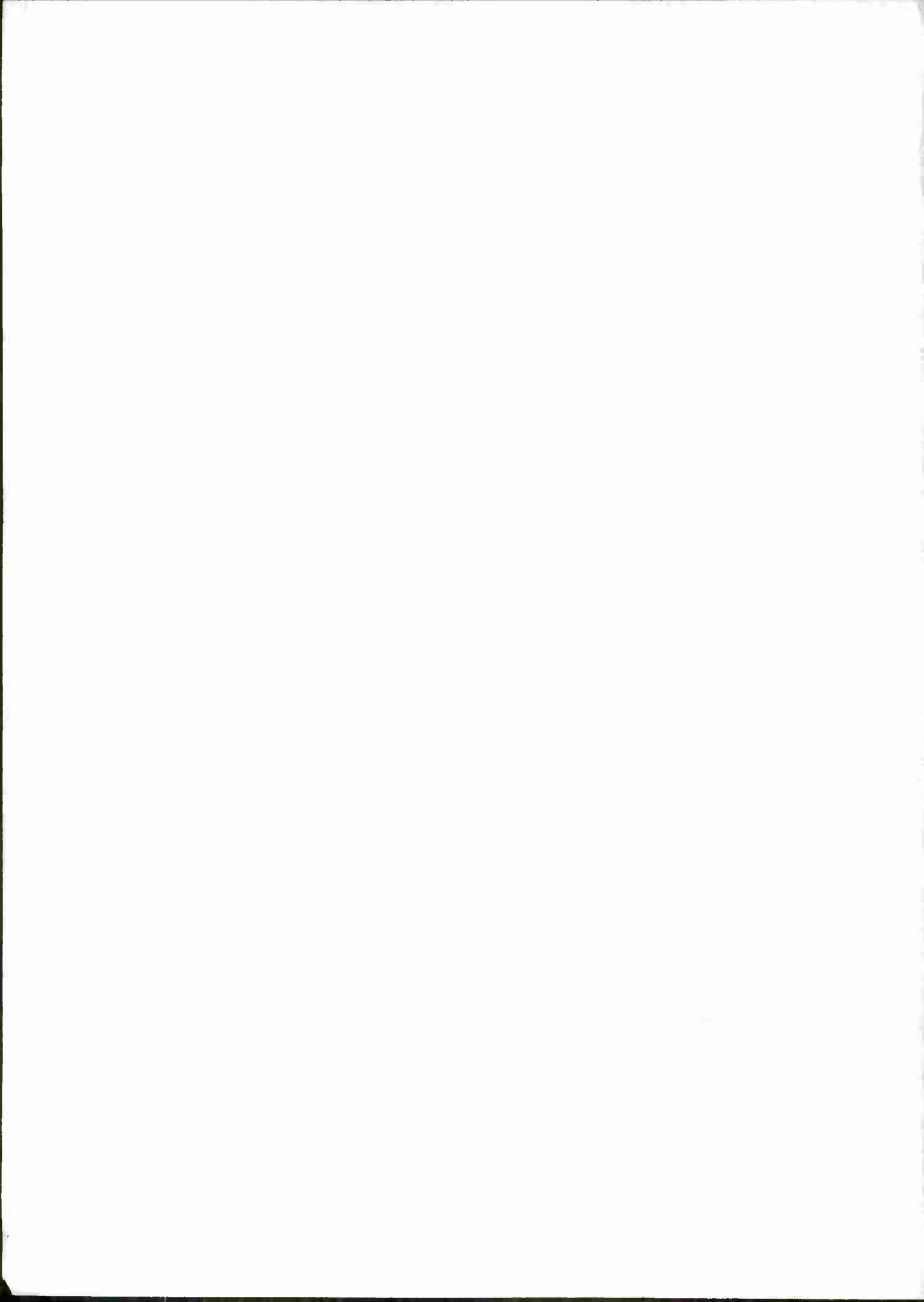
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FOREWORD

The author wishes to express his appreciation to the Naval officers who made this study possible by their willingness to take time out of their busy schedules to discuss sensitive issues. The rate of response to the survey questionnaire was most gratifying. It is testimonial to the importance that Navy physicians and dentists place upon the issues discussed therein.

Appreciation is expressed to Capt. Peter Flynn, MC, USN, who, along with Lt. Jim Bentley, MSC, USN, contributed much technical information towards the development of the initial questionnaire. Capt. Flynn also acted as liaison officer for the project. Appreciation is also expressed to E. P. Somer, who reviewed the research and made many helpful suggestions, as did Carol Fuller, Joseph Schneider and Milton Goldsamt. Finally, appreciation is expressed to Lou Hollowel and Bob Herzel, who were responsible for the computer programming, James Herbert, who performed clerical tasks for the project, and to Jean Rannells, who typed most of the drafts as well as the final manuscript.



SUMMARY

Problem

The Navy has, for some time, depended upon Selective Service draft pressure to insure an adequate supply of physicians, dentists, and other medical specialists that are needed to provide medical and dental care for Navy personnel and their dependents. The abolition of the Doctor Draft has seriously challenged the Navy to devise alternative means of procuring and retaining physicians and dentists.

Purpose

This study was conducted to identify job satisfaction and incentive factors that contribute to the retention of Navy Medical and Dental personnel, and to evaluate the efficacy of selected administrative and legislative proposals in encouraging qualified physicians and dentists to remain with the Navy.

Approach

A mail questionnaire was administered to every active duty physician and dentist in the Navy in early March 1973. Eighty-five percent of the dentists and 81% of the physicians returned completed answer sheets. The respondent samples are considered representative of the physician and dentist populations by rank.

Findings

As a group, Navy physicians and dentists tend to hold the Navy's specialty-training and health care delivery systems in relatively high regard. Career motivated respondents rate these systems better than do non-career motivated respondents.

Physicians and dentists differ widely in the extent of their career motivation. Forty-seven percent of the physicians plan to leave active duty at the earliest opportunity while 36% are undecided. Only 17% plan to remain on active duty until retirement. The dentists are considerably more career motivated. Thirty-six percent plan to remain on active duty until retirement, 40% are undecided, and only 23% plan to get out as soon as possible.

Although Selective Service draft pressure induced the majority (59%) of physicians to volunteer for active duty service in the Navy, only 20% of the dentists reported having been so induced. The opportunity for income while contemplating future plans and the availability of advanced education and training accounted for the nondraft motivation of one-half of the physicians. The former factor, along with the opportunity to obtain practical experience accounted for the nondraft motivation of almost 60% of the dentists.

Physicians and dentists generally found their first duty station experiences and conditions to be similar to what they had anticipated. Some factors, such as amount of personal responsibility (physicians) and progression in professional knowledge (dentists) were better than expected, while others, such as participation in decisions affecting one's career (physicians and dentists) were worse than expected.

Dentists expressed greater satisfaction than physicians with various aspects of Navy life. The dentists were somewhat more likely to perceive the Navy to be instrumental to their goal attainment than were the physicians. Dentists without specialty training and all physicians were of the opinion that, everything considered, they would be more likely to obtain goal satisfaction outside the Navy.

The respondents expressed particular dissatisfaction with such items as remuneration, quality of facilities and equipment, and the amount of participation they had in making decisions affecting their careers.

Both physicians and dentists rated the supervisory capability of their superiors high. Junior officers were described as competent, but lacking an appreciation of the administrative aspects of medicine.

Navy patients were reported to be courteous, respectful and cooperative. However, they did not always make intelligent use of the available services. Physicians in particular complained that their patients were prone to make unnecessary visits.

The respondent spouses' attitudes were related to the physicians' and dentists' career decisions. The correlation between having a "pro-Navy" spouse and being career motivated was .69 for physicians and .72 for dentists.

The respondents were asked to help evaluate a number of proposals designed to encourage them to remain in the Navy. Remuneration, continuing education and information exchange, upgrading of equipment and facilities, and stability of assignments were the areas in which implementation of desired changes would most likely lead to improved retention.

Conclusions

1. The recruitment and retention picture is brighter for the Dental Corps than for the Medical Corps.
2. Physicians and dentists have similar aspirations.
3. With appropriate action, more than half of the physicians and more than three-fourths of the dentists now on active duty can be retained.

Recommendations

The following Recommendations are based upon the Survey Data:

1. The feasibility of establishing a remuneration system tied to what physicians and dentist peers are earning in civilian practice, with additional amounts added for specialty certification, supervisory responsibility, sea duty, and other arduous or unpopular duty should be investigated. (p. 71)
2. Remuneration for junior medical officers needs to be increased as an interim retention measure. (p. 71)
3. Alternatives to the present rank system for medical and dental practitioners should be investigated. However, some sort of hierarchical structure may need to be retained. (p. 71-72)
4. Continuation Pay for dentists should *not* be eliminated. (p. 71)
5. Systemic alternatives to the present health care delivery system should be investigated. The objective would be to maintain high quality patient care while reducing the number of active duty practitioners needed to do the job. (p. 74)
6. Professionalism should be emphasized. (p. 72)
7. Funds for attendance at professional meetings should be guaranteed and set aside for that purpose. (p. 72)
8. Greater information exchange among Navy physicians should be encouraged. (p. 72)
9. Individual participation in decisions affecting the practitioner's career should be increased. (p. 74)
10. Long range career planning and counseling should be instituted. (p.74)
11. Aging facilities should be renovated or replaced. (p. 72-73)
12. Provisions should be made to provide at least as many examining rooms as examining physicians. (p. 73)
13. Office spaces should be provided for all medical and dental officers. (p. 73)
14. At least one chairside DT should be provided for each clinical dentist. (p. 73)
15. The establishment of general dentistry as a Navy dental specialty should be considered. (p. 72)
16. Implementation of new procedures allowing patients to see the same practitioner on subsequent visits should be accelerated. (p. 72)
17. Patients should *not* be allowed direct access to specialists without proper screening. (p. 72)
18. Specialists should *not* be asked to take turns in general practice. (p. 72)

19. Better quality control for corpsmen should be established. (p. 73)
20. Feasibility of establishing doctor-corpsmen teams should be investigated. (p. 73)
21. Measures designed to curb unnecessary visits and non-emergency use of the emergency room should be enacted. (p. 73)
22. The stability of assignments should be increased. (p. 73)
23. Volunteer pools of practitioners to serve short tours aboard ship should be established. Insofar as possible, all assignments to sea duty should be made from these pools. (p. 73)
24. Foreign-trained physicians should *not* be recruited. (p. 72)
25. All moonlighting should *not* be prohibited. (p. 73)

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A STUDY OF THE FACTORS INFLUENCING CAREER MOTIVATION
AMONG NAVY PHYSICIANS AND DENTISTS

INTRODUCTION

Problem

The Navy has for some time depended upon Selective Service draft pressure to insure an adequate supply of the physicians, dentists, and other medical specialists that are needed to provide medical and dental care for Navy personnel and their dependents. Although this policy resulted in considerable attrition--as much as one-third of the Medical Corps every year--the situation was acceptable, as long as sufficient numbers of qualified physicians and dentists remained to take up senior administrative positions. With the inception of an all-volunteer armed force, the Navy will lose its prime motivator--the draft--and will be seriously challenged to devise alternative means of procuring and retaining the physicians and dentists it needs to properly care for its personnel and their dependents.

Purpose

This study was conducted to identify job satisfaction and incentive factors that contribute to the retention of Navy Medical and Dental personnel, and to evaluate the efficacy of selected administrative and legislative proposals in encouraging qualified physicians and dentists to remain with the Navy.

Background

Dorman (1969) refers to "AMA studies" which uncovered eight reasons "given by physicians and their wives for not choosing a permanent military career." These are, in order of importance: insufficient pay, inadequate housing, frequent moves, separation from family, inadequate or interrupted schooling for their children, lack of recognition and prestige, dislike for military social life, and undesirable duty station locations.

Baker (1969) used a 39 item multiple choice questionnaire to assess the career motivations of a group of 2,511 U. S. Army Medical Corps officers. Physicians planning to leave the Army gave reasons very similar to those discussed by Dorman (1969) except that two additional important reasons were given. These were the lack of personal freedom on the job and the prospect of an administrative future. Physicians planning a career in military medicine gave the following reasons for their decisions: job satisfaction, affinity for Army life, favorable retirement benefits, the amount of time already invested, the opportunities for travel, and superiority of Army medicine, being able to provide needed care regardless of the patient's ability to pay, further medical training, research opportunity and teaching opportunity. Career motivated physicians were more likely than their non-career motivated colleagues to have received their

training at medical schools endorsing military medicine. They had more information about, and were more involved in, Army and military medicine activities. Perhaps most important, they considered Army medicine to be superior to civilian medicine, and felt very well utilized. Baker interpreted his findings as showing greater gratification of higher motivational needs for officers intending to remain in the Army as compared to officers intending to leave. Such officers would be unlikely to leave the Army for monetary considerations alone. Baker concluded that:

... the major reason that medical officers leave the Army is that they fail to find gratification of their esteem and belongingness needs. Those who stay may also be deficient in the same area, but they have found a challenge in some aspect of their work which involves, commits, and satisfies them deeply enough to compensate for the lack of esteem and forced inconveniences which they experience. (p.198)

Cooke, Hymes and Mixson (1967) studied the attitudes of physicians entering Army service between 1964 and 1966. They discovered that most entering physicians were unable to accept the fact that their primary responsibilities would be to an organization rather than to individual patients. Such physicians also found it impossible to subscribe to another cardinal principle of military medicine, namely "the greatest good for the greatest number". Entering physicians evaluated patient care in military hospitals as better, in general, than in a civilian setting. They tended to view professional standards as being lower in the Army, felt that they would have less opportunity for individual professional growth, and feared administrative burdens and other interferences to medical practice.

In a two-year follow-up to the previous study Cooke and Mixson (1971) found virtually no change in the relative importance of the various items leading to career consideration. They concluded that:

Military medicine is distinctive and the setting unique. Any attempt to make it directly comparable with civilian medicine is not only impossible, but antagonistic to its mission. The compensations available in the military are attractive to only a minority of physicians, but they prefer the disadvantages of the military to the advantages of civilian practice...If prejudices help shape career decisions, then this study has demonstrated that there are a substantial number of physicians who maintain a favorable attitude toward military medicine. There are those who are not prompted by visions of large income, who enjoy meeting new people and going new places, who value their ability to provide full medical care without thought of ability to pay, and who see the opportunity for professional advancement, specialization, and teaching offered in the military environment. (p. 611)

The Army findings received additional congruence from a series of retention conferences organized by the Navy's Bureau of Medicine and Surgery. BuMed asked heterogenous groups of Navy doctors to discuss career motivation and retention in the Medical Corps. Certain problem areas frequently reappeared. These were: low and inequitable pay, poor leadership, assignments, lack of professionalism and non-medical interference. Flynn (1971) points out a number of additional problems. For example, the Navy's expectation that the doctor will be a Navy officer first and a doctor second. This is said to be a source of irritation to the doctors who are forced to compete with the line officer at his level and, therefore, usually remain second-class officers. An especially troublesome problem is that of health care delivery. While the Navy is committed to the delivery of quality medicine and dentistry to all comers on demand, it is finding it increasingly difficult to meet this commitment within the scope of available resources, a situation that leads to frustration for both patient and doctor and, ultimately to a retention problem for the Navy.

Theoretical Orientation

Turnover has consistently been found to vary inversely with met expectations (Porter and Dubin, 1972), and overall job satisfaction (Porter and Dubin, 1972; Vroom 1964). In fact, the attractiveness of an organization has been shown to be directly related to an individual's belief concerning its instrumentality for the attainment of his goals (Vroom, 1966; Vroom and Deci, 1971). Doctors who believe the Navy to be instrumental to the attainment of their goals are thus expected to find the Navy more attractive than those who do not. Consequently, turnover is expected to be greater among the latter.

APPROACH

Development and Description of Survey Questionnaire

Individual interviews were held with physicians, dentists, and administrators in Washington, D. C. and Charleston, South Carolina, in the Fall of 1972. This was done in order to identify the attitudinal climate factors related to turnover in BuMed and to structure the self-reporting questionnaire to be utilized in the study. A special effort was made to determine the extent to which doctors' expectations concerning their relationships with patients, colleagues and the Navy were met. On the basis of the information thus obtained, a structured, multiple choice-type questionnaire was developed.

The survey questionnaire consisted of two parts--a questionnaire booklet and a specially designed optical-scanning answer sheet. The questionnaire items were organized into nine sections, the first of which was printed directly on the answer sheet. A brief description of each section follows.

Section I - The Climate Scales

The respondents are asked to evaluate 26 job factors which have been previously identified as relevant to career motivation among Navy doctors. Each item is evaluated four times, each time using a different Likert-type scale. The scales are designed to assess the discrepancy between expectations and experiences at the *first* duty station (Expectancy); the perceived instrumentality of the Navy as means of obtaining satisfaction on each factor (Instrumentality); actual satisfaction with the factor at the time of survey administration (Satisfaction); and the importance placed by the respondent on each factor (Importance). The Expectancy, Instrumentality and Satisfaction scale are five point scales, while the Importance scale is a two point scale. All four scales are verbally anchored.

Section II - The Immediate Superior

The focal point of this section is the Immediate Superior Behavior scale. The respondents are asked to evaluate ten statements depicting supervisory behaviors and to determine the extent to which each one is descriptive of the behavior of his own immediate superior. The statements are evaluated using a five point Likert-type scale with verbal anchors ranging from *Almost always true* to *Almost never true*. Two additional items are included in Section II to control for supervisory level and for frequency of contact.

Section III - The Junior Navy Physician Behavior Scale

This scale is included to determine how physicians in the first two years of active duty are perceived to behave by their superiors and to compare these perceptions to the junior physicians' perceptions of their own behaviors. The respondent uses a five point Likert-type scale with verbal anchors to evaluate eight statements depicting junior physicians' behaviors.

Section IV - The Patient Behavior Scale

The Navy patient received a good deal of criticism in the course of the preliminary interviews. The Patient Behavior Scale is designed to quantify the actual behavior of Navy patients. Once again, the respondent is given eight statements. He is then asked to determine the extent to which each one is descriptive of the behaviors of his own patients. A five point verbally anchored Likert-type scale is used for this purpose.

Section V - The Proposals

This section is devoted entirely to an evaluation of various proposals designed to enhance career motivation. The number and nature of the proposals vary slightly in the medical and dental versions of the questionnaires as the needs of the two populations are not always congruent. Fifty-eight proposals are presented in the medical questionnaire, while 56 appear in the dental version. The proposals, all of which have been

screened for appropriateness of BuMed, are presented under one of four headings: (1) advancement and compensation (12M, 13D); (2) professional affairs (13M, 14D); (3) administration (23M, 20D); and (4) assignments (10M, 9D). An eight point verbally anchored Likert-type scale is used by the respondents to indicate their feelings concerning implementation of each proposal. The scale is designed to yield two scores: (1) *approval/disapproval* score and (2) a *probable effect on career motivation* score.

Section VI - Demographic Data

Items in this section are concerned solely with demographic data such as rank, marital status, medical specialty and assignments.

Section VII - Attitude Towards Military Service

This section is designed to elicit the respondent's attitude towards military service. In addition, an attempt is made to determine how and why he chose the Navy as the service in which to fulfill his military obligation. The respondent's future service plans are also solicited.

Section VIII - Professional Affairs

The professional concerns of the respondent are explored in this section. The proportion of time spent on various professional and military duties is obtained along with the respondent's preferences concerning how his professional time should be spent. The respondent is also asked to evaluate Navy specialty training and health care delivery.

Section IX - The Spouses Speak Out

In this section, the respondents' spouses are given an opportunity to speak out on things that matter to them. Most important, the attitude of the spouses towards the doctors' remaining in the Navy at the time of the survey are determined.

Collection of Data

In mid-February, 1973 a personal letter from RADM J. W. Albrittain, Acting Surgeon General, was sent to all physicians and dentists on active duty in the Navy. The letter alerted the doctors to the coming of the survey, and solicited their help and cooperation in the success of the project.

In early March, a survey questionnaire was mailed to every physician and dentist on active duty in the Navy. A special preface explained the purpose of the survey and stressed the importance of answering the questionnaire. The respondents were asked to record their answers on a specially designed optical scanning answer sheet and to return it in a pre-addressed envelope within three days of receipt. To make up for the limited range of responses permitted by the multiple choice format, the respondents and their wives were encouraged to comment at length upon any germane issue.

Approximately four weeks after the initial March mailing a blanket follow-up letter was mailed to all doctors on active duty. The letter thanked the respondents for their cooperation, urged those in receipt of the questionnaire to complete it promptly, and requested that respondents who had misplaced or failed to receive their copy of the questionnaire to contact the Naval Personnel Research and Development Laboratory so that a copy could be mailed to them.

It is estimated that 4,272 physicians and 1,815 dentists received survey questionnaires. A detailed breakdown of all questionnaires included in the original mailing is given in Table 1.

TABLE 1
Questionnaire Mailing and Return Data
for Physicians and Dentists

	<u>Physicians</u>	<u>Dentists</u>
Number of questionnaires mailed.	4,384	1,856
Returned as undeliverable.	112	41
Number of respondents reached.	4,272	1,815
Number of answer sheets returned.	3,448 (81%)	1,548 (85%)
Edit losses and late returns.	394	85
Total usable answer sheets.	3,054	1,463

Representativeness of Sample

Table 2 compares the respondent samples to the physician and dentist populations by rank. The rank distribution of the sample matches that of the population fairly well, although there is a slight underrepresentation of lieutenants.

TABLE 2

Comparison of Samples to Populations by Rank

Rank	Physicians		Dentists	
	Sample N = 3,054	Population N = 4,384	Sample N = 1,463	Population N = 1,856
Captain	12%	10%	13%	12%
Commander	11	9	17	15
Lt. Commander	37	37	18	16
Lieutenant	40	44	52	57
Total	100%	100%	100%	100%

Analysis and Presentation of Data

Physician and dentist results are presented separately in the findings section of the report. These results are then integrated in the discussion section where recommendations are made as suggested by the survey findings.

The data has been broken out separately for physicians and dentists by career motivation. To facilitate analysis and interpretation, mean item ratings have been computed for most items.

Most of the computations were performed by electronic data processing equipment. Percentages in the text of the report have been rounded to the nearest percent. This may result in percentage totals slightly greater or smaller than 100%.

Data obtained from the Climate scales is presented sequentially in the report, except that data obtained on the Importance scale has been omitted. This was done because the physicians, as a group, considered almost all items to be important. Although the items in Section I were developed as a single scale, it is possible to group them *a priori* into six more or less homogeneous subgroups. Grouping items into homogeneous subgroups is useful in that it enables comparison of conceptually similar items with each other. However, since the division of the scale into smaller units was performed *after* the data was collected, items included in the individual subgroups do not constitute a scale in their own right.

PHYSICIAN FINDINGS

Characteristics of Physician Respondents

Eighty-seven percent of the physicians were married. Seventy-four percent reported having at least one dependent in addition to their spouse. More than half of these (55%) had between two and three such dependents.

More than three-fourths of the respondents were Lieutenants (40%) and Lieutenant Commanders (37%). Eleven percent held the rank of Commander and 12% that of Captain. Forty-four percent of the medical officers were USN and 56% were USNR. Seventy-two percent were serving within their initial obligation as medical officers.

More than half of the respondents had graduated from medical school within the last five years. More than 80% had obtained their medical degree within the last ten years.

Over one-fourth of the respondents were board certified. An additional 25% were either board eligible (24%) or fully trained in a specialty for which there is no board (1%). Thirty-one percent of the respondents reported being partially trained and 19% said that they had had no specialty training. Table 3 shows the specialty affiliation of specialty-trained respondents. Seventy-seven percent of these respondents were working in their primary medical specialty at the time of the survey.

TABLE 3
Specialty Affiliation of Specialty Trained Physician Respondents

Specialty	Percent of Respondents
Surgery	24%
General Surgery (12%)	
Other Surgery (12%)	
Medical Specialties	22
Internal Medicine (17%)	
Other Medicine (5%)	
Pediatrics	9
OB-GYN	8
Family Practice	5
Psychiatry	5
Anesthesiology	5
Pathology	4
Radiology	4
Ophthalmology	3
ENT	3
Industrial and Preventive Medicine	2
Other	7
Total	101%

Fourteen percent of the respondents were qualified as Flight Surgeons, while 4% reported being qualified in Submarine Medicine.

The duty station assignments of the respondents at the time of administration of the survey are given in Table 4. Seventy-three percent of the respondents had been assigned to the location and/or to the type of assignment of their choice.

TABLE 4

Duty Station Assignments of Physician Respondents
at the Time of Survey Administration

Assignment	Percent of Respondents
Teaching Hospital	38%
Staff (22%)	
Resident (13%)	
Intern (3%)	
Non-teaching Hospital	24
Dispensary	20
Fleet/Ship Assignment	5
Navy Air Squadron	3
Research Unit	2
Submarine Duty	1
Marine Air Squadron	1
Fleet Marine Unit	1
BUMED	1
Other	4
Total	<u>100%</u>

Thirty-nine percent of the respondents had, at one time or another, served a tour of duty with a Fleet and/or a Fleet marine force unit.

Almost half of the physicians (49%) had attended a continuing education course or professional meeting at Navy expense during the calendar year ending 31 December 1972. The reasons cited for non-attendance are reported in Table 5. More than four in ten physicians who did not attend a professional meeting reported that they were unable to do so because funding was not available.

TABLE 5

Reasons Cited by Physicians for Non-participation in the
BUMED Continuing Education Program During Calendar Year 1972

Reason	Total N = 3,012
There were not sufficient funds to sponsor me	41%
Operational commitments made attendance impractical	25
Other policy guidelines prevented attendance	20
Could not attend for personal reasons	9
Was not interested in attending	4
Had less than six months duty remaining	1
Total	100%

Attitudes Toward Navy Medicine in General

The physicians were asked to compare the Navy's system of health care delivery with other systems with which they were familiar. The median opinion was that the Navy's system was better than average. Career-motivated physicians rated the Navy's health care delivery system much higher than did non-career motivated physicians.

The respondents were also asked to indicate what they considered to be the health care delivery system's weakest point, *from the patient's point of view*. Impersonal or inconsiderate care, no personal choice of doctor, and too much waiting, in that order, were the weaknesses cited by 80% of the physicians.

How does Navy specialty training compare with civilian training? Pretty well. The median rating places Navy specialty training on a par with that available at a *good* civilian hospital. Career motivated and undecided physicians, on the one hand, and non-career motivated and undecided physicians on the other, differed sharply in their opinions of Navy specialty training. The median rating of the former group places Navy specialty training somewhat higher than that of a *good* civilian hospital, while the median rating of the latter group places Navy specialty training on a par with that available at an *average* civilian hospital.

Career Motivation of Navy Physicians

Since the primary concern of this study is that of career motivation and retention, it was considered essential to determine the career motivation of Navy physicians *at the time of the survey*. The respondents were therefore asked to indicate their future plans in regard to a career in Navy medicine. These plans are presented in Table 6. As a group, Navy physicians are not career motivated. Forty-seven percent plan to leave active duty at the earliest opportunity and 36% are undecided about staying until retirement. Only 17% of the physicians plan to remain on active duty until retirement.

TABLE 6

Career Intentions of Navy Physicians

Career Intentions	Total N = 3,048
Remain on Active Duty until retirement	17%
Remain on Active Duty at present	11
Undecided about future plans	25
Get out as soon as possible	47
Total	100%

Factors Influencing Affiliative Behavior

This section is intended to shed some light on the reasons why Navy physicians have sought to become affiliated with military medicine in general and with Navy medicine in particular. Although the Selective Service doctor draft induced many physicians to volunteer for military service, it was by no means the sole motivating factor. As many as 30% of the physicians were either not subject to the draft, or else reported that they would probably or definitely have entered military service *even if there had been no draft*.

In an effort to assess secondary motives, the physicians were asked to indicate a second reason for entering active federal military service. Although the respondents were instructed to disregard the influence of the draft, a response alternative was provided so that they were not forced to select a secondary reason if they did not have one. The results, broken down by career motivation, are presented in Table 7. Two reasons, the opportunity for income while contemplating future plans, and the

TABLE 7

Physicians Non-Draft Related Motives for Entering Active
Military Service by Career Motivation

Motive	Total N=3,037	Career Motivation		
		Stay N=511	Undecided N=1,098	Leave N=1,428
Draft only major reason	38%	14%	22%	59%
Non-draft related motive				
Opportunity for income while making up mind about the future	29%	21%	30%	33%
For advanced education and training	25	30	31	13
To serve my country	15	21	10	17
For travel and adventure	8	10	7	9
To obtain practical experience	5	1	6	8
To avoid or defer problems inherent in setting up and managing a practice	2	3	1	2
Job security	1	2	--	--
Other	15	13	15	17
Total	100%	101%	100%	99%

availability of advanced education and training, accounted for the secondary motivation of more than one-half of the physicians.

The respondents were then asked to indicate why they had specifically sought a Navy commission, as opposed to a commission in one of the other military services. Their replies are presented in Table 8. The Navy's single greatest named attraction was the geographic location of its facilities. Interestingly, the geographic location of Navy facilities had had relatively little influence upon career motivated senior physicians who were most likely to have selected the Navy as a result of having had, and liked, prior Navy service.

TABLE 8

Physicians' Motives for Seeking a Navy Commission
by Career Motivation

Motive	Career Motivation			
	Total N=3,033	Stay N=511	Undecided N=1,099	Leave N=1,423
Geographic location of Navy facilities	19%	6%	19%	24%
Interest in the sea and/or ship life	13	14	15	11
Liked Navy's system of practicing medicine	10	17	12	7
Navy physicians tend to be assigned to large hospitals	9	2	9	11
Had prior Navy service and liked the Navy	8	29	6	2
Interest in flying or astronautics	5	6	8	4
Other	36	26	33	43
Total	100%	100%	102%	102%

Sources of Information About Navy Medicine

All respondents were requested to answer questions concerning their sources of information about Navy medicine prior to entry on active duty. Physicians most often listed a former Navy physician (21%) as their most helpful source of information about Navy medicine prior to their entrance on active duty. Other helpful sources cited included summer clerkships (15%), Navy physicians (10%), BuMed (8%), the Navy program at the medical school (7%), and other medical students (7%).

The majority of Navy physicians (53%) obtained their medical degrees at medical schools whose faculty maintained a *neutral* attitude towards a career in military medicine. Most of the remainder said that the prevailing attitude at their medical school was that military medicine should be avoided. Only seven percent of the physicians reported being encouraged to consider a career in military medicine by the staff and faculty of their medical school.

Realization of Pre-entry Expectations

All respondents were asked to indicate the extent to which the conditions of service they first encountered on active duty had corresponded to their prior expectations. Table 9 shows the mean realization of pre-entry expectations of physicians. The data has been grouped into categories for ease of interpretation. A score of 3.0 signifies that on the average, expectations corresponded to actual conditions.

The Navy Medical Corps fell only slightly short of the physicians' expectations. However, there appears to be considerable variation both within and among the various categories. For example, colleague relation factors, which were somewhat better than expected, received a higher rating than the professional practice factors as a whole. Within the professional practice factors, there was also considerable variation. Such factors as amount of personal responsibility (3.37) and freedom to practice in one's own way (3.20) were the only professional practice factors rated better than expected. The amount of participation in decisions affecting one's own career (2.53) was the lowest rated professional practice factor. Colleague relations factors were generally better than expected, as were patient factors as a whole.

The physicians found the ready availability of specialized staffs and facilities (3.20) and the support from allied health technicians (3.10) to be better than they had expected. They expressed disappointment with administrative and clerical support (2.55), and with the quality of facilities and equipment (2.50).

Economic factors were close to expectations with security of employment (3.10) rated somewhat better than expected and remuneration (2.89) somewhat worse. This would indicate that the physicians knew what they were getting into, at least from the economic standpoint.

The physicians found the amount of free time (3.24) to be better than they had expected. The freedom of personal life (3.02) and the stability of home life (2.94) were just about what they had expected. Their status in the community (2.73) was lower than they had anticipated.

Job Factor Satisfaction

The respondents used a five-point scale to indicate the extent of their satisfaction with each of 26 job-related factors. Their responses ranged from very dissatisfied (scored 1) to ambivalent (scored 3) to very satisfied (scored 5). The mean job factor satisfaction for each factor is presented in Table 10 by assignment type. Table 11 depicts the same data by certification status.

In general, physicians assigned to dispensaries and hospitals tended to be more satisfied than their colleagues who were assigned elsewhere. Similarly, board-certified physicians expressed greater satisfaction than did their board-eligible colleagues, who in turn were more satisfied than partially trained physicians. Physicians who had had no specialty

TABLE 9

Mean Realization Score of Pre-Entry Expectations of Physicians

Job Factor	Mean Rating
<u>Professional Practice Factors</u>	
Amount of personal responsibility	3.37
Freedom to practice in your own way	3.20
Professionalism	2.98
Patient load	2.93
Utilization of training and skills	2.91
Administrative duties	2.89
Progression in professional knowledge	2.85
Opportunity to practice full spectrum of medical care	2.81
Opportunity for professional advancement	2.78
Recognition of achievement and performance	2.72
Opportunity to conduct research	2.60
Participation in decisions affecting your career	2.53
<u>Colleague Relations Factors</u>	
Quality of doctor-colleague relationship	3.19
Working relations with supervisor	3.14
<u>Patient Factors</u>	
Quality of patient care	3.14
Quality of doctor-patient relationship	2.92
<u>Support Factors</u>	
Ready availability of specialized staffs and facilities	3.20
Support from allied health technicians	3.10
Administrative and clerical support	2.55
Quality of facilities and equipment	2.50
<u>Economic Factors</u>	
Security of employment	3.10
Remuneration (including fringe benefits and retirement)	2.89
<u>Personal Factors</u>	
Amount of free time	3.24
Freedom of personal life	3.02
Stability of home life	2.99
Status in your community	2.73
Total Mean Rating	2.93

TABLE 10

Mean Job-Factor Satisfaction Score of Physicians by Type of Assignment

Job Factor	Total N = 3,024	Assignment			
		Hospital 671	Dispensary 497	Operations 886	Other 970
<u>Professional Practice Factors</u>					
Amount of personal responsibility.	3.70	3.79	3.84	3.69	3.58
Freedom to practice in your own way.	3.38	3.54	3.50	3.32	3.27
Patient load.	3.31	3.42	3.58	3.16	3.22
Professionalism	3.24	3.40	3.52	3.11	3.10
Administrative duties.	3.12	3.17	3.03	3.09	3.17
Utilization of training and skills.	3.10	3.46	3.73	2.89	2.71
Opportunity to conduct research.	3.09	3.08	3.20	2.96	3.17
Opportunity to practice full spectrum of care.	3.08	3.40	3.52	2.92	2.77
Progression in professional knowledge.	3.00	3.52	3.87	2.68	2.48
Recognition of achievement and performance.	3.00	3.01	3.28	2.88	2.98
Opportunity for professional advancement.	2.92	3.12	3.33	2.73	2.75
Participation in decisions affecting your career.	2.59	2.70	2.68	2.47	2.57
<u>Colleague Relations Factors</u>					
Quality of doctor-colleague relationship.	3.53	3.58	3.69	3.50	3.45
Working relations with supervisor.	3.40	3.55	3.60	3.32	3.29
<u>Patient Factors</u>					
Quality of patient care	3.30	3.44	3.59	3.21	3.13
Quality of doctor-patient relationship.	3.12	3.42	3.48	3.03	2.82
<u>Support Factors</u>					
Support from allied health technicians.	3.31	3.16	3.25	3.32	3.45
Ready availability of specialized staffs and facilities.	3.17	3.43	3.55	2.92	3.02
Administrative and clerical support.	2.66	2.22	2.33	2.77	3.04
Quality of facilities and equipment.	2.52	2.55	2.49	2.43	2.60
<u>Economic Factors</u>					
Security of employment.	3.64	3.63	3.68	3.61	3.65
Remuneration (including fringe benefits and retirement).	2.55	2.28	2.58	2.50	2.75
<u>Personal Factors</u>					
Amount of free time.	3.72	3.70	3.32	3.72	3.94
Stability of home life	3.49	3.58	3.41	3.42	3.56
Freedom of personal life.	3.30	3.46	3.20	3.23	3.30
Status in your community.	3.08	3.10	3.10	3.06	3.07
Satisfaction Scale Score	3.14	3.23	3.29	3.04	3.08

TABLE 11

Mean Job Factor Satisfaction Score of Physicians by Certification Status

Job Factor	Certification Status				
	Total N = 3024	Board Certified 775	Board Eligible 758	Partially Trained 931	No Specialty Training 560
<u>Professional Practice Factors</u>					
Amount of personal responsibility.	3.70	3.93	3.75	3.60	3.49
Freedom to practice in your own way.	3.38	3.73	3.42	3.22	3.12
Patient load.	3.31	3.47	3.34	3.22	3.20
Professionalism.	3.24	3.55	3.33	3.10	2.93
Administrative duties.	3.12	3.27	3.20	3.04	2.96
Utilization of training and skills.	3.10	3.59	3.20	2.90	2.61
Opportunity to conduct research.	3.09	3.24	3.06	2.99	3.08
Opportunity to practice full spectrum of care.	3.08	3.51	3.11	2.91	2.72
Progression in professional knowledge.	3.00	3.64	3.11	2.77	2.35
Recognition of achievement and performance.	3.00	3.18	2.95	2.95	2.73
Opportunity for professional advancement.	2.92	3.32	2.92	2.78	2.62
Participation in decisions affecting your career.	2.59	2.93	2.53	2.44	2.43
<u>Colleague Relations Factors</u>					
Quality of doctor-colleague relationship.	3.53	3.75	3.57	3.42	3.38
Working relations with supervisor.	3.40	3.66	3.50	3.31	3.10
<u>Patient Factors</u>					
Quality of patient care.	3.30	3.65	3.28	3.15	3.07
Quality of doctor-patient relationship.	3.12	3.54	3.24	2.90	2.77
<u>Support Factors</u>					
Support from allied health technicians.	3.31	3.27	3.23	3.34	3.44
Ready availability of specialized staffs and facilities.	3.17	3.47	3.14	3.07	2.97
Administrative and clerical support.	2.66	2.41	2.59	2.80	2.88
Quality of facilities and equipment.	2.52	2.59	2.49	2.48	2.54
<u>Economic Factors</u>					
Security of Employment	3.64	3.81	3.61	3.58	3.53
Remuneration (Including fringe benefits and retirement).	2.55	2.43	2.39	2.71	2.66
<u>Personal Factors</u>					
Amount of free time.	3.72	3.84	3.67	3.67	3.71
Stability of home life.	3.49	3.58	3.54	3.44	3.40
Freedom of personal life.	3.30	3.54	3.32	3.20	3.12
Status in your community.	3.08	3.10	3.17	3.03	3.00
Satisfaction Scale Score	3.14	3.35	3.15	3.05	2.97

training of any sort reported the greatest amount of dissatisfaction.

There was considerable variation in the amount of satisfaction expressed with the 12 professional practice factors. The amount of personal responsibility, with a mean score of 3.70, was clearly the most satisfactory of these factors. The second most satisfactory factor, freedom to practice in one's own way, received a mean score of 3.38, a difference of 0.32. The significance of this difference becomes apparent when one considers that the total range of scores for the middle ten professional practice factors is only .46. Similar differences existed at the bottom end of the scale. The lowest rated professional practice factor, participation in decisions affecting one's career, received a mean rating of 2.59, while the second lowest rated factor, opportunity for professional advancement, received a mean satisfaction rating of 2.91, a difference of 0.33.

Hospital and dispensary physicians rated colleague relations factors higher on the satisfaction scale than did operations and "other" physicians. Satisfaction with the factors increased as the level of the physician's training increased, with untrained physicians expressing the least satisfaction and board-certified physicians the most.

Looking at support factors, we find support from allied health technicians (3.31) and ready availability of specialized staffs and facilities (3.17), rated considerably higher than administrative and clerical support (2.66) and quality of facilities and equipment (2.52).

In the economic factors area, the respondents expressed considerably higher satisfaction with security of employment (3.64) than they did with the amount of remuneration (2.55). Physicians assigned to hospitals reported the greatest amount of dissatisfaction with the latter factor.

The respondents expressed greater overall satisfaction with the personal factors than they did with most other group of factors. They were most satisfied with the amount of free time (3.72) and least satisfied with their status in the community (3.08).

Instrumentality of Navy for Goal Attainment

The respondents used a five-point scale to indicate the extent to which they thought they could best obtain satisfaction on each of 26 items in the Navy and in civilian practice. The scale was scored so that a high score represents a high instrumental value for the Navy. Conversely, a low score represents a high instrumental value for civilian practice. Table 12 shows the mean instrumentality of the Navy for physicians goals attainment by certification status.

The mean instrumentality score was 2.50, indicating a tendency to favor civilian practice as the environment in which to seek satisfaction. Board-certified physicians expressed greater affinity for the Navy than did board-eligible physicians, who in turn expressed greater affinity than did untrained and partially trained physicians. The Navy's instrumentality value surpassed that of civilian practice in such areas as amount of

TABLE 12

Mean Physician Perceptions Score of the Navy's Instrumentality for Goal Attainment by Certification Status

Job Factor	Total N = 3,024	Certification Status			
		Board Certified 775	Board Eligible 758	Partially Trained 931	No Specialty Training 560
<u>Professional Practice Factors</u>					
Patient load	2.73	2.94	2.71	2.61	2.66
Opportunity to conduct research	2.71	3.02	2.71	2.52	2.57
Administrative duties	2.67	2.86	2.67	2.47	2.49
Amount of personal responsibility	2.66	2.94	2.71	2.49	2.48
Recognition of achievement and performance	2.51	2.75	2.47	2.37	2.45
Opportunity to practice full spectrum of care	2.50	2.90	2.51	2.31	2.22
Professionalism	2.46	2.83	2.49	2.27	2.22
Progression in professional knowledge	2.44	3.00	2.50	2.15	2.05
Freedom to practice in your own way	2.37	2.79	2.40	2.11	2.22
Opportunity for professional advancement	2.36	2.80	2.35	2.15	2.13
Utilization of training and skills	2.34	2.87	2.37	2.10	1.96
Participation in decisions affecting your career	1.90	2.27	1.90	1.69	1.72
<u>Colleague Relations Factors</u>					
Quality of doctor-colleague relationship	2.70	3.02	2.73	2.51	2.54
Working relations with supervisor	2.60	2.95	2.62	2.43	2.39
<u>Patient Factors</u>					
Quality of patient care	2.63	3.10	2.64	2.38	2.39
Quality of doctor-patient relationship	2.27	2.62	2.33	2.05	2.08
<u>Support Factors</u>					
Support from allied health technicians	2.83	2.91	2.77	2.78	2.87
Ready availability of specialized staffs and facilities	2.58	2.97	2.55	2.38	2.43
Administrative and clerical support	2.32	2.18	2.25	2.39	2.50
Quality of facilities and equipment	2.13	2.28	2.14	2.03	2.08
<u>Economic Factors</u>					
Security of employment	3.11	3.35	3.16	2.96	2.99
Remuneration (including fringe benefits and retirement)	1.84	1.80	1.82	1.84	1.90
<u>Personal Factors</u>					
Amount of free time	3.57	3.65	3.52	3.54	3.59
Freedom of personal life	2.52	2.82	2.55	2.35	2.34
Stability of home life	2.46	2.54	2.53	2.36	2.40
Status in your community	1.98	2.03	2.07	1.92	1.95
<hr/>					
Instrumentality Scale Score	2.50	2.77	2.51	2.35	2.37

free time and security of employment. The Navy made an extremely poor showing in such areas as decisions affecting one's career, quality of facilities and equipment, quality of doctor-patient relationship, remuneration and status in one's community.

Relationship Between Satisfaction, Instrumentality and Career Motivation

✓ Satisfaction, as used in this study, refers to satisfaction now in the present situation as opposed to instrumentality, which implies potential for satisfaction in the future. In behavioral terms, an individual's decision to remain or to leave an organization will be a function of that individual's perception of the organization's instrumental value for goal attainment.

The model postulates that even a "satisfied" individual will be motivated to leave an organization when he perceives a potential for greater satisfaction in another organization. Conversely, an individual who is dissatisfied with an organization will be motivated to remain if he fails to perceive a potential for greater satisfaction (or less dissatisfaction) in another organization. Under this model, a higher correlation would be expected between instrumentality and career motivation than between satisfaction and career motivation.

Pearson r correlation coefficients were computed between instrumentality and satisfaction scores and career motivation. The results are depicted in Table 13. The overall correlation between satisfaction and career motivation was .51; that between instrumentality and career motivation was .64. Instrumentality thus appears to be more relevant than satisfaction in the determination of a physician's organizational choice.

Relatively high instrumentality correlations were found between career motivation and utilization of training and skills (.61), progression in professional knowledge (.58), opportunity for professional advancement (.56), and quality of patient care (.57). With the exception of the patient care factor, all of the above factors were in the professional practice area.

Moderate instrumentality correlations were found between career motivation and professionalism (.51), opportunity to practice the full spectrum of medical care (.49), freedom to practice in your own way (.47), participation in decisions affecting your career (.47), amount of personal responsibility (.44), and recognition of achievement and performance (.40) in the professional practice area; between career motivation and working relations with the supervisor (.46), and quality of the doctor-colleague relationship (.44), in the colleague relations area; between career motivation and the quality of the doctor-patient relationship (.42), in the patient factor area; and between career motivation and ready availability of specialized staffs and facilities (.47), in the support area.

Career motivation correlated only .27 with the Navy's instrumental value for remuneration. This is not surprising since very few physicians on active duty are satisfied with their current remuneration. This is interpreted to mean that "career motivated" and "undecided" physicians are either staying in for reasons other than pay, or else are planning to stay

TABLE 13

Relationship of Instrumentality and Satisfaction
to Career Motivation of Physicians

Job Factor	Correlation* with Career Motivation	
	Instrumentality	Satisfaction
<u>Professional Practice Factors</u>		
Utilization of training and skills.	.61	.42
Progress in professional knowledge.	.58	.45
Opportunity in professional advancement.	.56	.46
Professionalism.	.51	.37
Opportunity to practice full spectrum of care.	.49	.40
Freedom to practice in your own way.	.47	.37
Participation in decisions affecting your career.	.47	.40
Amount of personal responsibility.	.44	.30
Recognition of achievement and performance.	.40	.25
Opportunity to conduct research.	.37	.23
Patient load.	.36	.22
Administrative duties.	.36	.21
<u>Colleague Relations Factors</u>		
Working relations with supervisor.	.46	.28
Quality of doctor-colleague relationship.	.44	.26
<u>Patient Factors</u>		
Quality of patient care.	.55	.38
Quality of doctor-patient relationship.	.42	.34
<u>Support Factors</u>		
Ready availability of specialized staffs and facilities.	.47	.32
Quality of facilities and equipment.	.33	.18
Support from allied health and dental technicians.	.30	.13
Administrative and clerical support.	.15	.02ns
<u>Economic Factors</u>		
Security of employment.	.35	.30
Remuneration (Including fringe benefits and retirement).	.27	.18
<u>Personal Factors</u>		
Freedom of personal life.	.36	.27
Stability of home life.	.24	.12
Status in your community.	.23	.16
Amount of free time.	.17	.11
Total Scale Score	.64	.51

*All correlations are significant .001 level unless otherwise noted.
ns-not significant.

in anticipation of receiving more equitable remuneration in the near future. One thing, however, is clear: physicians who perceive greener pastures outside the Navy in such areas as professional practice, colleague relations, and patient care are likely to act on their perceptions and get out.

Behavioral Characteristics of Superior Officers

The respondents were presented with ten statements describing supervisory behavior and were asked to judge the extent to which each statement applied to their own immediate supervisor. The scale was scored in such a way that a high score (5) reflected high applicability and a high rating, and a low score (1) reflected low applicability and a low rating. The scale correlated .67 with satisfaction with working relations with one's superiors.*

The mean ratings of the supervisory behavior of superiors is presented in Table 14 by kind and level of supervision. On the whole, Navy superiors exhibited good leadership qualities. Standards were exceptionally high and the respondents reported being backed up when they were right. In almost every case, non-medical officers received higher leadership ratings than did medical officers, although all officers were reported weakest in the ability to build team spirit. Among medical officers, clinical supervisors were rated higher in most cases than were executive and commanding officers. This was especially true in the area of listening to, and acting upon, the ideas of their juniors. As administrative responsibilities increased, the clinical up-to-dateness of senior medical officers reportedly decreased.

Behavioral Characteristics of Junior Medical Officers

Junior Medical officers have often been accused of having a poor attitude. This may well be an unfair accusation. When asked to rate the behavior of junior physicians as a group, most respondents rated junior physicians fairly high. Table 15 shows the mean ratings of the behavior of physicians in the first two years of active duty. The scaling and rating systems are identical to those used in the Supervisory Behavior Section.

Junior physicians were reported to be practicing good medicine. They were often professional in behavior and courteous to patients. The junior physicians received high ratings for being unselfish, being professional in appearance, and being respectful to seniors. It was conceded that junior physicians only sometimes accepted and supported the policies and procedures of the medical command and that they most often had a poor appreciation of the administrative aspects of medicine.

Behavior of Navy Medical Patients

Doctor-patient interactions are an important part of medical practice. As such, they can be an important determinant of physicians satisfaction.

*Pearson product moment correlation significant at the .001 level.

TABLE 14

Mean Ratings of Supervisory Behavior of Medical Corps Superiors by Kind and Level of Supervision

Superior's Behavior	Kind and Level of Supervision				
	Total N=3,039	Chief of Service N=1,073	Dept/ Div.Head N=794	Exec. Officer N=301	Not Medical Officer N=345
Expects high quality work	4.34	4.39	4.24	4.27	4.49
Backs me up when I am right	4.16	4.25	4.21	3.90	4.26
Treats everyone fairly	4.07	4.14	4.10	3.86	4.22
Assumes responsibility willingly	4.03	4.10	3.93	3.86	4.39
Is [not] more concerned with personal gain than with patient/staff welfare	3.90	4.02	3.89	3.82	3.89
Is concerned about my problems	3.82	3.91	3.85	3.60	3.92
Keeps up to date clinically	3.75	4.10	3.75	3.45	---
Gets things done	3.72	3.77	3.71	3.52	4.07
Listens to and acts upon my ideas	3.60	3.63	3.66	3.36	3.88
Builds team spirit	3.15	3.20	3.11	2.85	3.46
Total Scale Score	3.85	3.95	3.85	3.65	4.06

TABLE 15

Mean Ratings of the Behavior of Physicians
In the First Two Years of Active Duty

Physician's Behavior	Total N=2,940
Practice good medicine	4.28
Are courteous to patients	4.09
Are professional in behavior	4.08
Are [not] more concerned with personal gain than with patient welfare	3.82
Are professional in appearance	3.78
Are respectful to seniors	3.73
Accept and support the policies and procedures of the medical command	3.14
Have an appreciation of the admin- istrative aspects of medicine	2.71
Total Scale Score	3.70

To determine the physician's perception of the behavior of Navy patients and their dependents, eight patient behavior items were developed. A five-point rating scheme identical to that used for measuring supervisory behavior was used. The mean ratings of patient behavior are given by assignment location in Table 16 and by certification level in Table 17. The scale correlated .54 with satisfaction with the quality of the doctor-patient relationship.*

Navy patients were often courteous and respectful. More often than not, they were said to be cooperative in treatment, appreciative of care given, willing to follow procedures, and understanding when unexpected delays occurred. They were erratic in making intelligent use of the available services and had a tendency to make unnecessary visits.

The patients of hospital physicians were more likely to be described as exhibiting desirable behaviors than were the patients of dispensary physicians, who in turn were more likely to be so described than were the patients of operations physicians. The patients of physicians assigned to "other" duties were the least likely to exhibit desirable behaviors. Similarly, the higher a physician's level of training, the more likely he was of reporting desirable behavior in his patients.

The Proposals

Many proposals and suggestions have been made in an effort to encourage qualified physicians to remain in the Navy. Fifty-eight such proposals were presented in the survey questionnaire. The respondents were asked to help evaluate these proposals using an eight-point scale that enabled the investigator to determine the respondent's approval as well as his probable behavior in the event of the proposal's implementation. For purposes of this analysis, the two "no effect" alternatives were combined into a single neutral category, thus reducing the scale to seven points as follows:

<u>Probable Effect of Implementation</u>	<u>Score</u>
Greatly encourage me to stay	7
Moderately encourage me to stay	6
Slightly encourage me to stay	5
No effect	4
Slightly encourage me to leave	3
Moderately encourage me to leave	2
Greatly encourage me to leave	1

The mean probable effect of implementing each proposal upon career motivation is presented in Table 18 by the respondent's stated career intentions at the time of the survey, and in Table 19 by the respondent's certification status. The proposals are divided into four topical areas as follows:

*Pearson product-moment correlation significant at the .001 level.

TABLE 16

Mean Ratings of Patient Behavior by Physician Assignment Location

Patient Behavior	Total N=3,024	Assignment Location			
		Hospital N=671	Dispensary N=496	Operations N=889	Other N=968
Are courteous	3.94	4.15	4.03	3.89	3.78
Are respectful	3.78	3.98	3.84	3.72	3.66
Cooperate fully in treatment	3.52	3.77	3.63	3.47	3.34
Are appreciative of care given	3.42	3.69	3.51	3.34	3.25
Follow procedures and willingly wait their turn	3.42	3.59	3.46	3.37	3.32
Are understanding when unexpected delays occur	3.34	3.54	3.40	3.30	3.20
Make intelligent use of available services	3.02	3.30	3.20	2.91	2.85
Refrain from making unnecessary visits	2.59	2.94	2.77	2.45	2.39
Total Scale Score	3.38	3.62	3.48	3.31	3.22

TABLE 17

Mean Ratings of Patient Behavior By Physician Certification Level

Patient Behavior	Total N=3,026	Certification Level			
		Board Cert. N=769	Board Elig. N=760	Partially Trained N=932	No Special Training N=565
Are courteous	3.94	4.21	4.01	3.80	3.68
Are respectful	3.78	4.03	3.87	3.62	3.59
Cooperate fully in treatment	3.52	3.80	3.60	3.38	3.26
Are appreciative of care given	3.42	3.73	3.54	3.22	3.14
Follow procedures and willingly wait their turn	3.42	3.63	3.47	3.28	3.29
Are understanding when unexpected delays occur	3.34	3.60	3.40	3.18	3.17
Make intelligent use of available services	3.02	3.39	3.10	2.85	2.72
Refrain from making unnecessary visits	2.59	2.98	2.78	2.36	2.20
Total Scale Score	3.38	3.67	3.47	3.21	3.13

TABLE 18

Mean Probable Effects of Implementing Various Career Motivation Proposals
By Career Plans of Physician Respondents

No.	Proposal Title	Percent Approving	Mean Probable Effect			
			Total N=3,040	Ret. N=1,430	Und. N=1,097	Sep. N=513
<u>Advancement and Compensation</u>						
1.	Provide a mechanism to identify and get rid of "deadwood"	98	5.37	5.06	5.62	5.71
10.	Enact a pay package that would boost the pay of junior medical officers to more accurately reflect their earning power in the civilian community	97	5.75	5.62	6.18	5.20
7.	Provide additional monetary compensation to physicians for specialty certification	95	5.69	5.37	6.07	5.77
9.	Tie total pay to income earned by civilian practitioners with equivalent qualifications	94	5.96	5.69	6.37	5.85
2.	Increase use of deep selection mechanism for medical department personnel	93	4.98	4.72	5.31	4.97
12.	Provide additional monetary compensation to physicians for Fleet, Fleet Marine Force and antarctic duty	91	4.90	4.72	5.14	4.91
11.	Provide additional monetary compensation to physicians for evening clinic and emergency room duty	89	5.40	5.35	5.70	4.92
3.	Create a specific medical/dental fitness report to evaluate professional performance	87	4.61	4.38	4.75	4.94
4.	Institute a "peer-review" system to enable all physicians within an organization to evaluate professional performance within that organization	87	4.66	4.60	4.77	4.62
8.	Provide additional monetary compensation to physicians for supervisory positions with high responsibility	84	5.13	4.72	5.40	5.71
5.	Promote medical department personnel within specialties	83	4.65	4.57	4.84	4.47
6.	Eliminate military rank structure	70	4.67	5.17	4.55	3.51
<u>Professional Affairs</u>						
13.	Guarantee availability of funds for attending conferences and meetings	99	5.87	5.46	6.24	6.20
19.	Have patient see same physicians on subsequent visits whenever possible	99	5.27	5.00	5.57	5.38
14.	Increase number of training opportunities available at civilian institutions	97	5.44	5.26	5.72	5.33
16.	Provide for a greater exchange of information about the clinical, research and other activities of physicians in the medical corps	96	4.73	4.57	4.86	4.90
15.	Require all physicians to meet AMA continuing education criteria	93	5.04	4.90	5.25	4.96
17.	Place greater emphasis on preventive medicine	92	4.49	4.32	4.59	4.75
23.	Recruit more women physicians	87	4.13	4.14	4.13	4.10
18.	Increase doctor/patient ratio	85	4.72	4.51	4.86	5.03
25.	Hire civilian physicians (either civil service or under contract) to fill unpopular shore billets	83	4.64	4.60	4.69	4.66
22.	Allow dispensary doctors to admit and follow-up patients in the hospital	82	4.50	4.54	4.47	4.43

TABLE 18 (continued)

Mean Probable Effects of Implementing Various Career Motivation Proposals
By Career Plans of Physician Respondents

No.	Proposal Title	Percent Approving	Mean Probable Effect			
			Total N=3,040	Ret. N=1,430	Und. N=1,097	Sep. N=513
<u>Professional Affairs (continued)</u>						
20.	Change policy to allow direct patient access to specialists for complaints dealing with specialty interest	50	3.77	3.65	3.72	4.24
24.	Recruit more foreign-trained physicians	31	3.12	3.32	2.89	3.07
21.	Call upon specialists to take turns practicing general medicine in emergency rooms or walk-in clinics	28	2.75	2.85	2.53	2.98
<u>Administration</u>						
35.	Establish high minimum standards for medical facilities and replace or renovate aging facilities to meet these standards	99	5.74	5.32	6.10	6.17
36.	Provide and upgrade examining room/office spaces for all physicians	99	5.71	5.26	6.05	6.21
38.	Improve corpsmen training	99	5.11	4.86	5.28	5.46
42.	Improve patient handling procedures at naval hospitals/dispensaries and outpatient clinics	99	5.35	5.06	5.59	5.67
32.	Provide flexible working hours where possible	97	5.13	4.96	5.37	5.08
39.	Allow physicians to hang on to good corpsmen and to get rid of poor ones	97	5.58	5.32	5.86	5.73
37.	Provide commanding officers, executive officers, directors of medical education and chief of services with additional training for their positions	96	5.15	4.76	5.32	5.85
43.	Increase use of qualified allied medical personnel to screen patients and treat minor complaints	96	5.51	5.30	5.72	5.66
44.	Institute an appointment system to replace walk-in clinics where feasible	95	5.36	5.19	5.56	5.42
45.	Restrict the use of emergency rooms to "true" emergencies	94	5.61	5.54	5.82	5.37
34.	Consolidate all medical facilities in a geographical area so as to equalize workload and optimize utilization of available specialists and resources	93	5.04	4.83	5.20	5.29
28.	Create grievance committee composed of staff members at every hospital	92	4.73	4.70	4.89	4.47
33.	Increase opportunity for individual physicians to participate in management	89	4.59	4.44	4.69	4.79
46.	Establish a small nuisance fee for walk-in clinic patients	87	5.40	5.48	5.50	4.98
41.	Increase use of flight surgeons in local dispensaries/hospitals when not deployed	86	4.54	4.40	4.56	4.90
26.	Eliminate commanding officer personnel inspections	81	4.84	4.99	4.89	4.34
40.	Increase use of shipboard doctors in shore dispensaries/hospitals when in port	81	4.45	4.25	4.53	4.79
31.	Provide more liberal hospital leave policy for interns/residents	74	4.26	4.22	4.39	4.11
29.	Rescind all restrictions against moonlighting	70	4.62	4.81	4.78	3.76

TABLE 18 (continued)

Mean Probable Effects of Implementing Various Career Motivation Proposals
By Career Plans of Physician Respondents

No.	Propossl Title	Percent Approving	Mean Probable Effect			
			Total N=3,040	Ret. N=1,430	Und. N=1,097	Sep. N=513
<u>Administration</u> (continued)						
48.	Consolidate the medical corps of the several military services and establish an independent federal military medical corps	68	4.31	4.81	4.20	3.18
30.	Eliminate commanding officer materiel inspections	62	4.19	4.34	4.15	3.87
47.	Place medical service corps officers in charge of regionalized dispensaries	51	3.62	3.74	3.64	3.24
27.	Prohibit all moonlighting	18	2.55	2.25	2.37	3.82
<u>Assignments</u>						
57.	Publicize billet availability list by subspecialty	99	5.25	4.87	5.54	5.66
53.	Allow members of a highly specialized medical team (i.e., transplants, cardiopulmonary, etc.) to remain with the team if they so desire	98	5.45	5.20	5.78	5.43
51.	Guarantee option of remaining in a specific shore billet a minimum of four years	97	5.58	5.19	6.03	5.72
52.	Guarantee option of remaining in a specific geographical area for a minimum of 8 - 12 years	96	5.80	5.54	6.26	5.56
55.	Provide long range career counseling	95	4.86	4.45	5.05	5.61
56.	Require detailers to maintain personal contact with individual physicians	95	5.21	4.82	5.50	5.69
58.	Institute a contract system whereby the physician is guaranteed assignment in a specified area for a specified number of years with an option for either party to terminate the contract at specified intervals	91	5.51	5.47	5.80	5.00
50.	Maintain a maximum ship tour length of one year	87	4.58	4.41	4.74	4.67
54.	Maintain a volunteer pool of physicians in certain areas from which doctors can be drawn on a rotating basis to serve short tours aboard ship	87	4.63	4.46	4.75	4.86
49.	Make assignments competitive on the basis of achievement and performance	86	4.99	4.81	5.07	5.35

TABLE 19

Mean Probable Effects of Implementing Various Career Motivation Proposals
By Certification Status of Physician Respondents

No.	Proposal Title	Percent Approving	Mean Probable Effect				
			Total N=3,040	Bd. Cert. N=781	Bd. Elig. N=760	Part. Trng. N=933	No. Trng. N=566
<u>Advancement and Compensation</u>							
1.	Provide a mechanism to identify and get rid of "deadwood"	98	5.37	5.62	5.33	5.29	5.23
10.	Enact a pay package that would boost the pay of junior medical officers to more accurately reflect their earning power in the civilian community	97	5.75	5.43	5.71	5.95	5.94
7.	Provide additional monetary compensation to physicians for specialty certification	95	5.69	6.14	5.53	5.64	5.36
9.	Tie total pay to income earned by civilian practitioners with equivalent qualifications	94	5.96	6.13	5.92	5.94	5.83
2.	Increase use of deep selection mechanism for medical department personnel	93	4.98	5.14	4.99	4.97	4.75
12.	Provide additional monetary compensation to physicians for Fleet, Fleet Marine Force and antarctic duty	91	4.90	4.76	4.74	5.02	5.13
11.	Provide additional monetary compensation to physicians for evening clinic and emergency room duty	89	5.40	5.14	5.34	5.57	5.56
3.	Create a specific medical/dental fitness report to evaluate professional performance	87	4.61	4.79	4.66	4.49	4.46
4.	Institute a "peer-review" system to enable all physicians within an organization to evaluate professional performance within that organization	87	4.66	4.65	4.69	4.63	4.71
8.	Provide additional monetary compensation to physicians for supervisory positions with high responsibility	84	5.13	5.55	5.17	5.00	4.72
5.	Promote medical department personnel within specialties	83	4.65	4.73	4.65	4.65	5.60
6.	Eliminate military rank structure	70	4.67	4.21	4.66	4.90	4.93
<u>Professional Affairs</u>							
13.	Guarantee availability of funds for attending conferences and meetings	99	5.87	6.10	5.88	5.78	5.68
19.	Have patient see same physicians on subsequent visits whenever possible	99	5.27	5.19	5.20	5.35	5.34
14.	Increase number of training opportunities available at civilian institutions	97	5.44	5.19	5.32	5.65	5.60
16.	Provide for a greater exchange of information about the clinical, research and other activities of physicians in the medical corps	96	4.73	4.77	4.70	4.72	4.75
15.	Require all physicians to meet AMA continuing education criteria	93	5.04	4.95	4.94	5.13	5.14
17.	Place greater emphasis on preventive medicine	92	4.49	4.49	4.50	4.49	4.48
23.	Recruit more women physicians	87	4.13	4.09	4.11	4.21	4.06
18.	Increase doctor/patient ratio	85	4.72	4.78	4.75	4.70	4.64
25.	Hire civilian physicians (either civil service or under contract) to fill unpopular shore billets	83	4.64	4.62	4.60	4.71	4.62

TABLE 19 (continued)

Mean Probable Effects of Implementing Various Career Motivation Proposals
By Certification Status of Physician Respondents

No.	Proposal Title	Percent Approving	Mean Probable Effect				
			Total N=3,040	Bd. Cert. N=781	Bd. Elig. N=760	Part. Trng. N=933	No. Trng. N=566
<u>Professional Affairs (continued)</u>							
22.	Allow dispensary doctors to admit and follow-up patients in the hospital	82	4.49	4.20	2.91	4.61	4.98
20.	Change policy to allow direct patient access to specialists for complaints dealing with specialty interest	50	3.77	3.84	3.70	3.78	3.78
24.	Recruit more foreign-trained physicians	31	3.12	3.04	3.19	3.14	3.12
21.	Call upon specialists to take turns practicing general medicine in emergency rooms or walk-in clinics	28	2.75	2.36	2.32	2.95	3.55
<u>Administration</u>							
35.	Establish high minimum standards for medical facilities and replace or renovate aging facilities to meet these standards	99	5.74	5.95	5.74	5.69	5.56
36.	Provide and upgrade examining room/office spaces for all physicians	99	5.71	5.93	5.68	5.65	5.53
38.	Improve corpsmen training	99	5.11	5.21	5.11	5.07	5.04
42.	Improve patient handling procedures at naval hospitals/dispensaries and outpatient clinics	99	5.35	5.45	5.29	5.34	5.33
32.	Provide flexible working hours where possible	97	5.13	5.06	5.14	5.17	5.14
39.	Allow physicians to hang on to good corpsmen and to get rid of poor ones	97	5.58	5.74	5.57	5.56	5.43
37.	Provide commanding officers, executive officers, directors of medical education and chiefs of services with additional training for their positions	96	5.15	5.49	5.23	4.97	4.84
43.	Increase use of qualified allied medical personnel to screen patients and treat minor complaints	96	5.51	5.42	5.38	5.59	5.66
44.	Institute an appointment system to replace walk-in clinics where feasible	95	5.36	5.30	5.26	5.42	5.50
45.	Restrict the use of emergency rooms to "true" emergencies	94	5.61	5.37	5.54	5.76	5.81
34.	Consolidate all medical facilities in a geographical area to as to equalize workload and optimize utilization of available specialists and resources	93	5.04	5.13	5.04	4.96	5.07
28.	Create grievance committee composed of staff members at every hospital	92	4.73	4.60	4.76	4.80	4.74
33.	Increase opportunity for individual physicians to participate in management	89	4.59	4.64	4.64	4.55	4.53
46.	Establish a small nuisance fee for walk-in clinic patients	87	5.40	5.08	5.23	5.67	5.64
41.	Increase use of flight surgeons in local dispensaries/hospitals when not deployed	86	4.54	4.01	4.59	4.40	4.35
26.	Eliminate commanding officer personnel inspections	81	4.84	4.67	4.82	4.93	4.95
40.	Increase use of shipboard doctors in shore dispensaries/hospitals when in port	81	4.45	4.67	4.49	4.32	4.30

TABLE 19 (continued)

Mean Probable Effects of Implementing Various Career Motivation Proposals

By Certification Status of Physician Respondents

No.	Proposal Title	Percent Approving	Mean Probable Effect				
			Total N=3,040	Bd. Cert. N=781	Bd. Elig. N=760	Part. Trng. N=933	No. Trng. N=566
<u>Administration (continued)</u>							
31.	Provide more liberal hospital leave policy for interns/residents	74	4.26	4.01	4.15	4.45	4.47
29.	Rescind all restrictions against moonlighting	70	4.62	4.16	4.55	4.93	4.84
48.	Consolidate the medical corps of the several military services and establish an independent federal military medical corps	68	4.31	3.83	4.42	4.53	4.47
30.	Eliminate commanding officer materiel inspections	62	4.19	4.12	4.14	4.22	4.32
47.	Place medical service corps officers in charge of regionalized dispensaries	51	3.62	3.51	3.66	3.66	3.64
27.	Prohibit all moonlighting	18	2.55	3.17	2.63	2.22	2.16
<u>Assignments</u>							
57.	Publicize billet availability list by subspecialty	99	5.25	5.44	5.23	5.24	5.03
53.	Allow members of a highly specialized medical team (i.e., transplants, cardiopulmonary, etc.) to remain with the team if they so desire	98	5.45	5.54	5.38	5.51	5.32
51.	Guarantee option of remaining in a specific shore billet a minimum of four years	97	5.58	5.65	5.54	5.60	5.52
52.	Guarantee option of remaining in a specific geographical area for a minimum of 8 - 12 years	96	5.80	5.77	5.80	5.88	5.72
55.	Provide long range career counseling	95	4.86	5.18	4.85	4.75	4.64
56.	Require detailers to maintain personal contact with individual physicians	95	5.21	5.43	5.15	5.15	5.11
58.	Institute a contract system whereby the physician is guaranteed assignment in a specified area for a specified number of years with an option for either party to terminate the contract at specified intervals	91	5.51	5.35	5.46	5.65	5.56
50.	Maintain a maximum ship tour length of one year	87	4.58	4.46	4.38	4.73	4.75
54.	Maintain a volunteer pool of physicians in certain areas from which doctors can be drawn on a rotating basis to serve short tours aboard ship	87	4.63	4.68	4.46	4.68	4.71
49.	Make assignments competitive on the basis of achievement and performance	86	4.99	5.41	4.99	4.89	4.61

Advancement and Compensation	12 proposals
Professional Affairs	13 proposals
Administration	23 proposals
Assignments	10 proposals

Within each area the proposals have been ranked in order of general approval without regard to their probable impact on retention if implemented. The order in which the proposals are presented would differ somewhat if the proposals were to be ranked on the basis of retention effectiveness. For example, Proposal #9, which is listed fourth on the basis of its approval score, would be listed first on the basis of its retention effectiveness score.

Advancement and Compensation

All of the proposals in this area received approval from more than seven in ten physicians. The support expressed for certain proposals was overwhelming. Ninety-eight percent of the physicians favored the identification and separation of "deadwood". Ninety-four percent endorsed the tying of total pay to income earned by civilian practitioners with equivalent qualifications, while 97% thought that the pay of junior medical officers should be boosted to more accurately reflect their earning power in the civilian community. Over 90% of the physicians thought that additional monetary compensation should be provided for specialty certification and for Fleet, Fleet Marine Force and Antarctic duty. Almost as many would like to see such additional compensation provided for evening clinic and emergency room duty (89%), and for supervisory positions with high responsibility (84%). The mean probable effect scores for the above proposals ranged from 5.96 to 4.90.

The physicians also favored increased use of deep selection (93%) and promotion by specialty (84%) within the medical department. They favored the creation of a specific medical/dental fitness report to evaluate professional performance (89%) and would like to institute a "peer review" system to evaluate that performance (87%). Seven in ten physicians favored the elimination of military rank. The mean probable effect scores for these proposals ranged from 4.67 to 4.61.

Professional Affairs

Ten of the thirteen proposals in this area were endorsed by more than eight in ten physicians. Three proposals were *opposed* by a majority of the physicians.

The overwhelming majority of physicians endorsed the following proposals: guaranteed availability of funds for attending conferences and meetings (99%), patients to see same physician on repeat visits (99%), increased training opportunities in civilian institutions (97%), greater exchange of information within the Medical Corps (96%), and requiring all physicians to meet AMA continuing education criteria (93%). The mean probable effect scores for these proposals ranged from 5.87 to 4.73.

Increasing the physician/patient ratio (85%), hiring civilian physicians to fill unpopular shore billets (83%), allowing dispensary physicians to admit and follow patients to hospitals (82%), placing greater emphasis on preventive medicine (92%), and recruiting more women physicians (87%), should also encourage physicians to remain in the Navy. The mean probable effect scores for these proposals ranged from 4.72 to 4.13.

Allowing direct patient access to specialists (50%), recruiting foreign-trained physicians (31%) and calling upon specialists to take turns practicing general medicine in emergency rooms or walk-in clinics (28%) would be particularly demotivating for physicians. The mean probable effect scores range of 3.77 to 2.75 indicate that implementation of these proposals would probably encourage some physicians to leave the Navy.

Administration

Twenty of the 23 proposals in this area received support from seven in ten physicians. Two other proposals were received favorably by a majority of the physicians while one proposal was *opposed* by more than eight in ten physicians.

The physicians favored: consolidating all medical facilities in a geographical area (93%); establishing high minimum standards for medical facilities and replacing or renovating aging facilities to these standards (99%); providing and upgrading examining room and office spaces for all physicians (99%); improving patient handling procedures (99%); instituting an appointment system to replace walk-in clinics (95%); increasing the use of qualified allied medical personnel to screen patients and treat minor complaints (96%); improving corpsmen training (99%); allowing physicians to hang on to good corpsmen and get rid of poor ones (97%); restricting usage of emergency rooms to "true" emergencies (94%); establishing a small nuisance fee for walk-in clinics patients (87%); providing commanding officers, executive officers, directors of medical education and chiefs of services with additional training for their positions (96%); providing flexible working hours where possible (97%). The mean probable effect score for the above proposals ranged from 5.74 to 5.04.

The physicians also favored increasing the opportunities for individual physicians to participate in management (89%); creating a grievance committee composed of staff members at every hospital (92%); increasing the use of flight surgeons (86%) and shipboard doctors (81%) in dispensaries and walk-in clinics; eliminating personnel (81%) and materiel (62%) inspections; and consolidating the medical corps of the several military services into an independent federal military medical corps (68%). The mean probable effect scores for these proposals ranged from 4.73 to 4.19.

Although a majority of the physicians (51%) favored the placement of Medical Service Corps officers in charge of regionalized dispensaries, the mean probable effect score (3.62) indicates that implementation of this proposal would have a net negative effect upon retention. Similarly, the prohibition of all moonlighting (favored by only 18% of the physicians), would encourage physicians to leave the Navy. The mean probable effect score for that proposal was 2.55.

Assignments

The overwhelming majority of physicians supported the proposals made in the assignment area. Giving the physicians a *guaranteed option* of remaining in a specific geographical area for a minimum of 8-12 years (96%), and/or a *guaranteed option* of remaining in a specific shore billet a minimum of four years (97%), would almost certainly encourage physicians to stay on active duty, the mean probable effect score for these proposals being 5.80 and 5.58 respectively. Other popular proposals included the institution of a contract system for the procurement of physicians (91%), keeping specialized medical teams intact (98%), publicizing billet availability lists by sub-specialty (99%), more opportunity for personal contact between detailer and physician (95%), provisions for long range career counseling (95%), making assignments competitive on the basis of achievement and performance (86%), establishing a volunteer pool of physicians for short tours aboard ships (87%), and restricting ship tour length to a maximum of one year (87%). The mean probable effect score for the latter proposals ranged from 5.51 to 4.58.

The Physician's Spouse

Physicians tend to be especially concerned about their "obligation" to provide material comforts for their families. The spouse's opinions, and especially her behavior, are potent cues to a physician who is agonizing over the merits of remaining in Navy medicine. For this reason, one would expect to find a greater incidence of career motivation among physicians whose spouses are "pro-Navy" than among physicians whose spouses are "anti-Navy".

The last section in the survey questionnaire was devoted to a direct evaluation of the opinions and attitudes of the physicians' spouses. The correlation* between having a "pro-Navy" spouse and being career motivated was +.69, thus confirming our expectation that career motivated physicians would tend to have "pro-Navy" spouses while non-career motivated physicians would tend to have "anti-Navy" spouses.

The respondents' spouses had been asked to indicate the extent of their satisfaction with various aspects of Navy life. The spouses' satisfaction ratings have been correlated with their attitudes towards their husband's remaining in the Navy. The data is presented in Table 20. A score of 3.0 signifies that on the average, the wives are indifferent with respect to the variable in question.

The spouses were most satisfied with the Navy's health care benefits (3.88) and with their families' respect in the community (3.58). They expressed less satisfaction with the opportunity for travel (3.40), the amount of time the physician was absent from home (3.33), retirement benefits (3.31), the physician's professional prestige, the quality of their childrens' education (3.31), the quality of dental care overseas (3.20),

*Pearson product-moment correlation coefficient significant at .001 level.

TABLE 20

Satisfaction of Physicians' Spouses with Various Aspects of Navy Life

Aspect of Navy Life	Mean Satisfaction Score N=2,283	Correlation With Attitude Towards Spouse's Navy Career (r)
Health care benefits	3.88	.28
Family's respect in community	3.58	.30
Opportunity for travel	3.40	.27
Amount of time spouse is absent from home	3.33	.14
Spouse's retirement benefits	3.31	.31
Spouse's professional prestige	3.26	.34
Quality of children's education	3.21	.20
Quality of dental care overseas	3.20	.22
Exchanges and commissaries	3.16	.12
Frequency of PCS moves	3.00	.28
Navy social life and protocol	2.95	.44
Spouse's Navy pay	2.84	.17
Navy housing or housing allowance	2.84	.04 (Significant at .035 level)
Spouse's opportunity to plan own career	2.66	.45

* All correlations are significant at .001 level unless otherwise noted.

exchanges and commissaries (3.16), and the frequency of permanent change of station moves (3.00). The spouses tended to be dissatisfied with Navy social life and protocol (2.95), Navy pay (2.84), and Navy housing (2.84). They were most dissatisfied with the physician's opportunity to plan his own career (2.66).

The most differentiating components of the spouses' attitudes towards the physicians' Navy careers were the physician's opportunity to plan his own career and the spouse's satisfaction with Navy social life and protocol. Somewhat less differentiating were such factors as the physician's respect in the community, the frequency of PCS moves and the opportunity for travel. The quality of dental care overseas, the quality of the childrens' education and the physician's Navy pay were of marginal usefulness in differentiating between "pro-Navy" and "anti-Navy" spouses. Satisfaction with the amount of time the physicians were absent from home, with exchanges and commissaries, and especially with Navy housing, had almost no linear relationship to the spouse's attitude towards the physician remaining in Navy medicine.

DENTIST FINDINGS

Characteristics of Dentist Respondents

Eighty-four percent of the dentists were married. Thirty-seven percent had no dependents other than their spouse, 19% had one other dependent, 35% had two or three other dependents and nine percent had four or more other dependents.

The median rank in the Dental Corps was that of Lieutenant which was held by 52% of the respondents. Nineteen percent were Lieutenant Commanders, 16% were Commanders and 13% were Captains. Almost six of ten dentists (59%) were Regulars, and more than half (51%) had completed their initial obligation.

Fifty-five percent of the respondents had graduated from medical school within the last five years. Eighty-one percent had either not had any specialty training (63%) or else were only partially trained. Fourteen percent were board eligible and five percent were board certified. Table 21 shows the specialty affiliation of specialty trained respondents. Seventy-five percent of these respondents were working in their primary medical specialty at the time of the survey.

TABLE 21
Specialty Affiliation of Specialty Trained Respondents

Specialty	Percent of Respondents
Operative Dentistry Officer	22%
Prostodontics	21
Oral Surgery	19
Periodontics.	14
Endodontics	14
Oral Diagnosis.	3
Public Health/Preventive Dentistry.	2
Orthodontics.	1
Pedodontics	1
Oral Pathology.	1
Maxillo-Facial Prosthetics.	1
Dental Science Research Officer	1
Dental Education Program Officer.	1
	101%

The duty station assignments of the respondents at the time of the survey are given in Table 22. Over 70% of the respondents had been assigned to the location and/or to the type of assignment of their choice.

TABLE 22

Duty Station Assignments of Dentist Respondents
at the Time of the Survey

Assignment	Percent of Respondents
Small Dental Department (2-10 officers)	22%
Medium Dental Department (10-19 officers) . . .	16
Large Dental Department (over 20 officers) . .	16
Dental Clinic (Command)	14
Non-independent Sea Duty	9
Training Naval Hospital.	6
Independent Sea Duty	3
Non-training Naval Hospital.	3
NGDS Student	3
NGDS Staff	1
Research Unit.	1
BUMED	1
Other.	5
	100%

Fifty-six percent of the respondents had served a tour of duty with a Fleet and/or a Fleet Marine Force Unit. Thirty-two percent had had a tour of independent duty.

Fifty-eight percent of the dentists had attended a continuing education course and/or professional meeting at Navy expense during the calendar year ending 31 December 1972. The reasons cited by the respondents for non-attendance are reported in Table 23. Insufficient funds, policy guidelines, and operational commitments were most often cited as the reason for non-attendance.

TABLE 23

Reasons Cited By Dentists for Non-Participation in the BuMed
Continuing Education Program During Calendar Year 1972

Reason	Total N = 1,409
There were not sufficient funds to sponsor me	33%
Other policy guidelines prevented attendance	30
Operational commitments made attendance impractical	24
Could not attend for personal reasons	9
Was not interested in attending	3
Had less than six months duty remaining	1
	100%

Attitudes Towards Navy Dentistry in General

The dentists were asked to compare the Navy's system of dental care delivery with other systems with which they were familiar. The median opinion would place the Navy system well above average. Career motivated dentists had higher regard for the Navy system than did undecided dentists, who in turn, expressed a higher regard for Navy dentistry than did non-career motivated dentists. In no case, however, did the median rating fall below average.

The respondents were also asked to indicate what they considered to be the dental care delivery system's weakest point, *from the patient's point of view*. Insufficient dental care for dependents was cited by 43% of the dentists. The dentists also cited impersonal or inconsiderate care (14%) and too much waiting as important weak points.

Navy specialty training fared especially well when compared with civilian training. Forty-one percent of the respondents considered Navy specialty training to be one of the finest obtainable anywhere. An additional 35% placed Navy specialty training on a par with that of a good civilian hospital. Not unexpectedly, career-motivated dentists rated Navy specialty training higher than did non-career motivated dentists.

Career Motivation of Navy Dentists

The respondents were asked to indicate their future plans in regard to a career in Navy dentistry. Their career intentions are presented in Table 24. The career motivation of Navy dentists as a group was quite high. Thirty-eight percent planned to remain in the Navy until retirement. Thirty-nine percent were undecided and, presumably, could be influenced to stay. Only 23% of the respondents planned to get out as soon as possible.

TABLE 24
Career Intentions of Navy Dentists

Career Intentions	Total N = 1,415
Remain on active duty until retirement	36%
Remain on active duty at present	15
Undecided about future plans	25
Get out as soon as possible	23
	<hr/> 99%

Factors Influencing Affiliative Behavior

This section is intended to shed some light on the reasons why Navy dentists have sought to become affiliated with military dentistry in general and with Navy dentistry in particular. The Selective Service Draft did not account for the majority of dental officer accessions. Sixty-six percent of the dentists were either not subject to the draft at the time of entry, or else reported that they would probably or definitely have entered military service *even if there had been no draft*.

Having indicated the importance of the draft in their decision to enter active military service, the respondents were again asked to indicate their reasons for entering active duty, this time disregarding the influence of the draft. The data, broken down by career motivation, are presented in Table 25. Two reasons, the opportunity to obtain practical experience, and the opportunity for income while contemplating future plans, accounted for the non-draft motivation of almost six in ten respondents.

The respondents were then asked to indicate why they had specifically sought a Navy commission, as opposed to a commission in one of the other military services. Table 26 depicts the respondent's motives for seeking a Navy commission by career motivation. The respondents most often cited the geographic location of Navy facilities as their reason for seeking a

TABLE 25

Dentists' Non-Draft Related Motives for Entering Active Federal Military Service By
Career Motivation

Motive	Total N=1,454	Career Motivation		
		Stay N=551	Undecided N=565	Leave N=341
Draft only major reason	6%	10%	3%	5%
Non-draft related motive				
To obtain practical experience	32%	18%	36%	47%
Opportunity for income while making up mind about the future	27	20	30	33
For advanced education and training	12	16	12	6
For travel and adventure	9	15	7	3
To serve my country	9	14	7	6
To avoid or defer the problems inherent in setting up and managing a practice	3	3	3	2
Job security	1	2	0	1
Other	7	12	4	2
	100%	100%	99%	100%

TABLE 26

Dentists' Motives for Seeking a Navy Commission by Career Motivation

Motive	Total N=1,457	Career Motivation		
		Stay N=550	Undecided N=565	Leave N=342
Geographic location of Navy facilities	22%	8%	27%	34%
Liked Navy's system of practicing dentistry	17	21	18	10
Interest in sea and/or shipboard life	13	18	11	9
Had prior Navy service or liked the Navy	12	24	6	2
Interest in flying or astronautics	---	---	1	1
Other	36	29	37	44
	100%	100%	100%	100%

Navy commission. The respondents also cited a liking of the Navy's system of practicing dentistry, an interest in the sea and/or shipboard life and prior Navy service, in that order, to explain their preference for Navy dentistry.

Sources of Information About Navy Dentistry

All respondents were requested to answer questions concerning their sources of information about Navy dentistry prior to entry or active duty. Dentists most often cited the Navy program of their dental school (27%) and former Navy dentists (25%) as their most helpful sources of information about Navy dentistry prior to their entrance or active duty. Other helpful sources cited included Navy dentists (11%) and dental students (9%).

One-half of the Navy dentists obtained their medical degrees at medical schools whose faculty maintained a neutral attitude towards a career in military dentistry. Most of the remainder (44%) said that the faculty and staff at their dental schools encouraged them to consider a career in military dentistry. Only six percent of the dentists reported being discouraged from considering military dentistry as a career.

Realization of Pre-entry Expectations

All respondents were asked to indicate the extent to which the conditions of service they first encountered on active duty had corresponded to their prior expectations. Table 27 shows the mean realization of pre-entry expectations of dentists. A score of 3.0 signifies that, on the average, expectations corresponded to actual conditions.

The dentists found the Navy to be slightly better than they had anticipated. Confirmation of expectations varied considerably within the different categories. Within the professional practice area, the mean expectancy ratings ranged from 3.39 (Progression in professional knowledge), to 2.58 (Participation in decisions affecting your career), a difference of .81.

In the professional practice area, the following factors were rated better than expected: progression in professional knowledge (3.39), utilization of training and skills (3.18), professionalism (3.18), patient load (3.13), amount of personal responsibility (3.13), freedom to practice in your own way (3.11), opportunity for professional advancement (3.11), and administrative duties (3.08). Recognition of achievement and performance (2.86), opportunity to conduct research (2.81), opportunity to practice the full spectrum of dental care (2.66), and participation in decisions affecting one's career (2.58), were all rated below expectations.

The quality of the doctor-colleague relationship (3.38), and working relations with supervisors (3.08) were both rated better than expected as were the quality of patient care (3.43) and the quality of the doctor-patient relationship (3.13).

TABLE 27

Mean Realization Score of Pre-Entry Expectations of Dentists

Job Factor	Mean Rating
<u>Professional Practice Factors</u>	
Progression in professional knowledge	3.39
Utilization of training and skills	3.18
Professionalism	3.18
Patient load	3.13
Amount of personal responsibility	3.13
Freedom to practice in your own way	3.11
Opportunity for professional advancement	3.11
Administrative duties	3.08
Recognition of achievement and performance	2.86
Opportunity to conduct research	2.81
Opportunity to practice full spectrum of dental care	2.66
Participation in decisions affecting your career	2.58
<u>Colleague Relations Factors</u>	
Quality of doctor-colleague relationship	3.38
Working relations with supervisors	3.08
<u>Patient Factors</u>	
Quality of patient care	3.43
Quality of doctor-patient relationship	3.13
<u>Support Factors</u>	
Ready availability of specialized staffs and facilities	3.39
Administrative and clerical support	3.09
Support from dental technicians	3.02
Quality of facilities and equipment	2.94
<u>Economic Factors</u>	
Security of employment	3.25
Remuneration (including fringe benefits and retirement)	3.08
<u>Personal Factors</u>	
Amount of free time	3.25
Freedom of personal life	3.10
Stability of home life	3.03
Status in your community	2.87
Total Mean Rating	3.09

The dentists reported that most of the support factors met or exceeded their expectations. The quality of the facilities and equipment was said to have been somewhat worse than expected.

The dentists found remuneration (3.08) and security of employment (3.25) to be somewhat better than they had anticipated. They reported similar experiences with amount of free time (3.25), freedom of personal life (3.10) and stability of home life (3.03). They did, however, find their status in the community (2.87) to be somewhat lower than they had expected.

Job Factor Satisfaction

The respondents used a five point scale to indicate the extent of their satisfaction with each of 26 job-related factors. Their responses ranged from very dissatisfied (scored 1), to ambivalent (scored 3), to very satisfied (scored 5). The mean job-factor satisfaction for each factor is presented in Table 28 by assignment type. Table 29 depicts the same data by certification status.

Ship-board dentists reported considerably less satisfaction than did dentists assigned to "other" activities. Dentists stationed at large and small shore activities reported an intermediate amount of satisfaction. Satisfaction generally increased as certification level increased.

There was considerable variation in the amount of satisfaction expressed with the 12 professional practice factors. Highest rated were progression in professional knowledge (3.72) and patient load (3.70). The dentists also expressed relatively high satisfaction with amount of personal responsibility (3.61), professionalism (3.51), administrative duties (3.54), and utilization of training and skills (3.51). They were somewhat less satisfied with the freedom to practice in their own way (3.46), the opportunity for professional advancement (3.37), and the opportunity to conduct research (3.29). The dentists were more likely to be ambivalent with respect to recognition of achievement and performance (3.16) and especially with the opportunity to practice the full spectrum of dental care (3.01). The respondents expressed particular dissatisfaction with the amount of their participation in decisions affecting their career (2.69).

The respondents expressed relatively high satisfaction with colleague relations and patient factors. Support factors, as a group, were rated somewhat lower. The dentists were pleased with the ready availability of specialized staff at facilities (3.73). They were less satisfied with the amount of administrative and clerical support (3.36) and were close to ambivalent about support from dental technicians (3.21), and especially with the quality of the facilities and equipment available to them (3.12).

In the economic area, the dentists expressed especially high satisfaction with the security of their employment (3.93). They expressed ambivalence with regard to their remuneration (3.05).

The respondents also expressed satisfaction in the personal factors area. They were most satisfied with the amount of free time available to

TABLE 28

Mean Job-Factor Satisfaction Score of Dentists by Type of Assignment

Job Factor	Total N = 1,455	Assignment			
		Sea Duty 175	Large Shore 431	Small Shore 567	Other 282
<u>Professional Practice Factors</u>					
Progression in professional knowledge	3.72	3.55	3.62	3.56	4.30
Patient load	3.70	3.56	3.79	3.68	3.72
Amount of personal responsibility	3.61	3.70	3.53	3.53	3.83
Professionalism	3.58	3.53	3.42	3.49	4.05
Administrative duties	3.54	3.21	3.60	3.56	3.63
Utilization of training and skills	3.51	3.34	3.35	3.47	3.93
Freedom to practice in your own way	3.46	3.60	3.24	3.42	3.79
Opportunity for professional advancement	3.37	3.38	3.29	3.22	3.82
Opportunity to conduct research	3.29	3.17	3.20	3.26	3.57
Recognition of achievement and performance	3.16	2.97	3.15	3.08	3.47
Opportunity to practice full spectrum of medical/dental care	3.01	3.13	2.80	2.91	3.46
Participation in decisions affecting your career	2.69	2.53	2.74	2.72	2.67
<u>Colleague Relations Factors</u>					
Quality of doctor-colleague relationship	3.75	3.70	3.73	3.69	3.97
Working relations with supervisor	3.50	3.54	3.44	3.39	3.81
<u>Patient Factors</u>					
Quality of patient care	3.60	3.50	3.54	3.49	3.94
Quality of doctor-patient relationship	3.52	3.46	3.21	3.61	3.86
<u>Support Factors</u>					
Ready availability of specialized staffs and facilities	3.73	3.55	3.80	3.55	4.09
Administrative and clerical support	3.36	3.28	3.49	3.37	3.17
Support from allied health and dental technicians	3.21	3.25	3.16	3.37	2.95
Quality of facilities and equipment	3.12	2.96	3.31	3.06	3.06
<u>Economic Factors</u>					
Security of employment	3.93	3.82	4.03	3.89	3.95
Remuneration (including fringe benefits and retirement)	3.05	2.71	3.18	3.18	2.91
<u>Personal Factors</u>					
Amount of free time	3.75	3.53	3.93	3.73	3.63
Stability of home life	3.48	2.68	3.62	3.62	3.47
Freedom of personal life	3.46	2.86	3.56	3.54	3.53
Status in your community	3.29	3.04	3.29	3.34	3.37
Satisfaction Scale Score	3.43	3.28	3.36	3.40	3.61

TABLE 29

Mean Job-Factor Satisfaction Score of Dentists by Certification Status

Job Factor	Total N = 1,455	Certification Status			
		Board Certified 81	Board Eligible 201	Partially Trained 265	No Specialty Training 908
<u>Professional Practice Factors</u>					
Progression in professional knowledge	3.72	4.42	4.14	4.09	3.45
Patient load	3.70	3.88	3.67	3.60	3.72
Amount of personal responsibility	3.61	4.00	3.78	3.81	3.47
Professionalism	3.58	4.21	3.96	3.82	3.37
Administrative duties	3.54	3.68	3.55	3.60	3.51
Utilization of training and skills	3.51	3.96	3.07	3.95	3.29
Freedom to practice in your own way	3.46	4.01	3.90	3.79	3.22
Opportunity for professional advancement	3.37	4.21	3.82	3.61	3.13
Opportunity to conduct research	3.29	3.67	3.47	3.40	3.18
Recognition of achievement and performance	3.16	3.61	3.31	3.31	3.05
Opportunity to practice full spectrum of medical/dental care	3.01	3.63	3.48	3.47	2.72
Participation in decisions affecting your career	2.69	2.73	2.73	2.78	2.66
<u>Colleague Relations Factors</u>					
Quality of doctor-colleague relationship	3.75	4.20	4.00	3.82	3.64
Working relations with supervisor	3.50	3.74	3.79	3.81	3.33
<u>Patient Factors</u>					
Quality of patient care	3.60	4.09	4.04	3.88	3.38
Quality of doctor-patient relationship	3.52	4.07	3.86	3.78	3.32
<u>Support Factors</u>					
Ready availability of specialized staffs and facilities	3.73	4.16	4.03	3.89	3.57
Administrative and clerical support	3.36	3.25	3.27	3.37	3.39
Support from allied health and dental technicians	3.21	3.00	3.16	3.19	3.25
Quality of facilities and equipment	3.12	2.98	3.23	3.17	3.10
<u>Economic Factors</u>					
Security of employment	3.93	4.21	4.02	4.06	3.85
Remuneration (including fringe benefits and retirement)	3.05	3.27	3.06	3.14	3.00
<u>Personal Factors</u>					
Amount of free time	3.75	3.65	3.74	3.75	3.75
Stability of home life	3.48	3.38	3.39	3.59	3.48
Freedom of personal life	3.46	3.56	3.53	3.51	3.42
Status in your community	3.29	3.38	3.37	3.33	3.26
Satisfaction Scale Score	3.43	3.72	3.61	3.58	3.32

them (3.75). They were somewhat less satisfied with the stability of their home life (3.48) and with the freedom allowed them in their personal life (3.46). They were least satisfied with their status in their community (3.29).

Instrumentality of Navy for Goal Attainment

The respondents used a five point scale to indicate the extent to which they thought they could best obtain satisfaction on each of 26 items in the Navy and in civilian practice. Table 30 shows the mean perceived instrumentality of the Navy for goal attainment by certification status. The scale was scored so that a high score represents a high instrumental value for the Navy, while a low score represents a high instrumental value for civilian practice.

The mean instrumentality scale score is 2.89, indicating a slight tendency toward civilian practice. This tendency, however, is primarily a reflection of the attitudes of the non-specialty-trained dentists who constitute the major portion of the dental sample. Board eligible and partially trained dentists tended to favor Navy dentistry, while board certified dentists were partial to Navy dentistry. It was generally agreed, however, that Navy dentistry left something to be desired in the quality of its facilities and equipment, the freedom to practice in one's own way, the opportunity to practice the full spectrum of dental care, the opportunity to participate in decisions affecting one's career, one's status in one's community, and, to a lesser extent, one's remuneration.

Relationship Between Satisfaction, Instrumentality and Career Motivation

A model describing the relationship between satisfaction, instrumentality and career motivation has been presented in the physician section of the report. Under that model, one would expect an individual to make a career decision on the basis of his perception of the potential for future satisfaction in alternative situations. A higher correlation would thus be expected between instrumentality and career motivation than between satisfaction and career motivation.

Pearson r correlation coefficients were computed between instrumentality and satisfaction scores and career motivation of dentists. The results are depicted in Table 31. The overall correlation between satisfaction and career motivation was .55, that between instrumentality and career motivation .65. Instrumentality thus appears to be more relevant than satisfaction in the determination of a dentist's career decision.

Relatively high instrumentality correlations were found between career motivation and progression in professional knowledge (.59), utilization of training and skills (.56) and with the quality of patient care (.59). Except for the latter patient factor, all of the above factors were in the professional practice area.

More moderate instrumentality correlations were observed between career motivation and the following factors: opportunity for advancement (.50),

TABLE 30

Mean Dentist Perceptions Score of Navy's Instrumentality for Goal Attainment by Certification Status

Job Factor	Total N = 1,455	Certification Status			
		Board Certified 81	Board Eligible 201	Partially Trained 265	No Specialty Training 908
<u>Professional Practice Factors</u>					
Opportunity to conduct research	3.47	3.75	3.66	3.76	3.32
Progression in professional knowledge	3.37	3.93	3.90	3.85	3.06
Patient load	3.34	3.56	3.44	3.35	3.29
Administrative duties	3.24	3.53	3.43	3.45	3.18
Opportunity for professional advancement	3.19	3.95	3.61	3.56	2.92
Recognition of achievement and performance	2.96	3.42	3.30	3.26	2.75
Professionalism	2.90	3.77	3.39	3.24	2.62
Utilization of training and skills	2.78	3.47	3.26	3.37	2.43
Amount of personal responsibility	2.71	3.21	3.10	3.00	2.49
Freedom to practice in your own way	2.38	3.00	2.85	2.82	2.09
Opportunity to practice full spectrum of medical/dental care	2.27	3.03	2.68	2.65	2.00
Participation in decisions affecting your career	2.25	2.56	2.48	2.54	2.08
<u>Colleague Relations Factors</u>					
Quality of doctor-colleague relationship	3.22	3.98	3.60	3.42	3.01
Working relations with supervisor	2.98	3.34	3.31	3.27	2.78
<u>Patient Factors</u>					
Quality of patient care	2.97	3.72	3.52	3.48	2.63
Quality of doctor-patient relationship	2.59	3.27	3.00	2.91	2.35
<u>Support Factors</u>					
Ready availability of specialized staffs and facilities	3.48	4.03	3.81	3.80	3.26
Administrative and clerical support	3.03	3.12	3.06	3.06	3.02
Support from allied health and dental technicians	2.72	2.95	2.96	2.83	2.61
Quality of facilities and equipment	2.30	2.49	2.52	2.48	2.18
<u>Economic Factors</u>					
Security of employment	3.72	3.99	3.99	3.90	3.60
Remuneration (including fringe benefits and retirement)	2.63	2.89	2.82	2.81	2.54
<u>Personal Factors</u>					
Amount of free time	3.60	3.65	3.67	3.67	3.56
Freedom of personal life	2.64	2.77	2.92	2.76	2.52
Stability of home life	2.45	2.49	2.48	2.60	2.41
Status in your community	2.27	2.44	2.37	2.36	2.12
Instrumentality Scale Score	2.89	3.31	3.19	3.15	2.72

TABLE 31

Relationship of Instrumentality and Satisfaction to Career Motivation of Dentists

Job Factor	Correlation*with Career Motivation	
	Instrumentality	Satisfaction
<u>Professional Practice Factors</u>		
Progression in professional knowledge	.59	.45
Utilization of training and skills	.57	.44
Professionalism	.56	.48
Opportunity for professional advancement	.56	.46
Freedom to practice in your own way	.50	.45
Amount of personal responsibility	.45	.33
Recognition of achievement and performance	.45	.28
Opportunity to practice full spectrum of medical/ dental care	.44	.48
Participation in decisions affecting your career	.38	.24
Administrative duties	.34	.20
Opportunity to conduct research	.33	.23
Patient load	.24	.07 (significant to .004 level)
<u>Colleague Relations Factors</u>		
Quality of doctor-colleague relationship	.49	.36
Working relations with supervisor	.42	.37
<u>Patient Factors</u>		
Quality of patient care	.59	.48
Quality of doctor-patient relationship	.44	.38
<u>Support Factors</u>		
Ready availability of specialized staffs and facilities	.44	.32
Quality of facilities and equipment	.33	.21
Support from allied health and dental technicians	.33	.12
Administrative and clerical support	.26	.09
<u>Economic Factors</u>		
Security of employment	.34	.30
Remuneration (including fringe benefits and retirement)	.31	.22
<u>Personal Factors</u>		
Freedom of personal life	.38	.30
Status in your community	.28	.21
Stability of home life	.25	.17
Amount of free time	.17	.14
Total Scale Score	.65	.55

* All correlations are significant to .001 level unless otherwise noted.

freedom to practice in your own way (.50), amount of personal responsibility (.45), recognition of achievement and performance (.45), and opportunity to practice the full spectrum of dental care (.44), in the professional practice area; quality of doctor-colleague relationships (.49) and working relations with supervisors (.42) in the colleague relations area; and the amount of support received from dental technicians (.44) in the support area.

A relatively low correlation was found between career motivation and the Navy's instrumental value for dentists although this correlation was slightly higher for the dentists than it had been for physicians ($r = .31$ vs $r = .27$). The low correlation indicates that dentists are not completely satisfied with their remuneration, probably because of the recent rumors that continuation pay might be eliminated. Consequently, most dentists may have adopted a wait-and-see attitude not unlike that of the physicians.

Behavioral Characteristics of Superior Officers

The respondents were presented with 10 statements describing supervisory behavior and were asked to judge the extent to which each statement applied to their own immediate supervisor. The scale was scored in such a way that a high score (5) reflected high applicability and a high rating, and a low score (1) reflected low applicability and a low rating. The scale correlated .69 with satisfaction with working relations with one's superiors.*

The mean ratings of the supervisory behavior of superior officers is presented in Table 32 by kind and level of supervision. Although dental superiors were rated high in most leadership areas, non-dental superior officers were generally rated higher. Clinical supervisors received higher overall ratings than did Executive Officers who, in turn, were rated higher than Commanding Officers. Navy superiors almost always expected high quality work. They assumed responsibility willingly and backed up their officers when the latter were correct. Chiefs of Service were especially likely to keep up clinically. Commanding Officers were rated relatively low in listening to, and acting upon, the ideas of the officers under them. Dental officers across the board were reported weak in their ability to build team spirit.

Behavioral Characteristics of Junior Dental Officers

Table 33 shows the mean ratings of the behavior of dental officers with less than two years of active duty service. The scaling and rating systems are identical to those used in the Supervisory Behavior Section. Junior officers were reported to be practicing good dentistry. They were usually courteous to patients, professional in behavior and appearance and respectful to seniors. More often than not, they were *not* more concerned with personal gain than with patient welfare and they tended to accept and

*Pearson product-moment correlation significant at the .001 level.

TABLE 32

Mean Ratings of Supervisory Behavior of Dental Corps Superiors by Kind and Level of Supervision

Superior's Behavior	Kind and Level of Supervision					
	Total N=1,454	Chief of Service N=105	Dept/ Div.Head N=757	Exec. Officer N=129	C.O. N=208	Not Dental Officer N=255
Expects high quality work	4.43	4.66	4.42	4.22	4.22	4.67
Assumes responsibility willingly	4.22	4.35	4.19	3.93	4.01	4.58
Backs me up when I am right	4.15	4.18	4.17	3.96	3.81	4.43
Treats everyone fairly	4.09	4.09	4.14	3.96	3.73	4.31
Gets things done	3.93	4.00	3.87	3.70	3.83	4.27
Keeps up to date clinically	3.90	4.31	3.95	3.79	3.55	---
Is concerned about my problems	3.89	3.90	3.91	3.82	2.66	4.05
Is not more concerned with personal gain than with patient/staff welfare	3.82	3.99	3.82	3.95	3.48	3.98
Listens to and acts upon my ideas	3.55	3.53	3.52	3.52	3.14	4.01
Builds team spirit	3.28	3.21	3.22	3.20	2.96	3.78
Total Scale Score	3.92	4.02	3.92	3.80	3.64	4.23

TABLE 33

Mean Ratings of the Behavior of Dentists
In the First Two Years of Active Duty

Dentist's Behavior	Total N=1,416
Are courteous to patients	4.29
Practice good dentistry	4.28
Are professional in behavior	3.90
Are respectful to seniors	3.77
Are professional in appearance	3.74
Are <i>not</i> more concerned with personal gain than with patient welfare	3.59
Accept and support the policies and procedures of the dental corps	3.18
Have an appreciation of the adminis- trative aspects of dentistry	2.68
Total Scale Score	3.67

support the policies and procedures of the Dental Corps. It was generally agreed that junior dentists lacked a proper understanding of the administrative aspects of dentistry.

Behavior of Navy Dental Patients

The mean ratings of patient behavior are given by assignment location in Table 34 and by certification level in Table 35. A five point rating scheme identical to that used for measuring supervisory behavior was used to assess the behavior of Navy dental patients. The scale correlated .39 with satisfaction with the quality of the doctor-patient relationship.*

Navy dental patients generally behaved as good patients should. They were courteous and respectful to the dentists, refrained from making unnecessary visits, followed procedures, willingly waited their turns, and were understanding when unexpected delays occurred. They also tended to be appreciative of the care given and to cooperate in their treatment. Unfortunately, they were erratic in making intelligent use of all the services available to them.

The Proposals

The proposals presented to the dentists differed somewhat from those presented to the physicians since population specific issues were only presented to the relevant population. However, most proposals had wide applicability and were presented to both physicians and dentists with only minor word changes (e.g., substitution of dentist for physicians, where appropriate). The scaling and rating procedure was identical to that described in the physician section of the report. Ratings ranged from *greatly encourage me to stay* (scored 7), to *greatly encourage me to leave* (scored 1). A rating of *no effect* was scored 4.

The mean probable effect of implementing each proposal is presented in Table 36 by the respondent's stated career intention at the time of the survey, and in Table 37 by the respondent's certification status.

Advancement and Compensation

Eight of the thirteen proposals in this area received approval from at least three-fourths of the dentists. The dentists overwhelmingly endorsed (98%) the proposal calling for the establishment of a mechanism to identify and get rid of "deadwood". They favored tying total pay to that earned by civilian practitioners with equivalent qualifications (88%) and boosting the pay of junior dental officers to more accurately reflect their earning power in the civilian community (93%). The mean probable effect score for these proposals was considerable, ranging from 5.77 to 5.72.

*Pearson product-moment correlation significant at the .001 level.

TABLE 34

Mean Ratings of Patient Behavior by Dentist Assignment Location

Patient Behavior	Total N=1,463	Assignment Location			Other N=283
		Sea Duty N=176	Large Shore Activity N=435	Small Shore Activity N=569	
Are respectful	4.16	4.02	4.13	4.18	4.27
Are courteous	4.09	3.96	3.96	4.12	4.31
Refrain from making unnecessary visits	4.04	4.02	4.04	4.03	4.09
Follow procedures and willingly wait their turn	4.03	3.97	4.05	4.03	4.01
Are understanding when unexpected delays occur	4.02	4.11	3.93	4.06	4.05
Are appreciative of care given	3.59	3.55	3.47	3.58	3.79
Cooperate fully in treatment	3.56	3.46	3.53	3.56	3.66
Make intelligent use of available services	3.12	3.05	2.98	3.14	3.32
Total Scale Score	3.82	3.76	3.76	3.83	3.93

TABLE 35

Mean Ratings of Patient Behavior by Dentist Certification Level

Patient Behavior	Total N=1,462	Certification Level			
		Board Cert. N=81	Board Elig. N=201	Partially Trained N=267	No Special Training N=913
Are respectful	4.16	4.25	4.16	4.20	4.15
Are courteous	4.09	4.25	4.22	4.21	4.01
Refrain from making unnecessary visits	4.04	4.09	4.09	4.03	4.03
Follow procedures and willingly wait their turn	4.03	4.11	4.05	4.02	4.02
Are understanding when unexpected delays occur	4.02	4.09	4.11	4.01	4.00
Are appreciative of care given	3.59	3.90	3.69	3.68	3.51
Cooperate fully in treatment	3.56	3.76	3.63	3.61	3.51
Make intelligent use of available services	3.12	3.64	3.34	3.22	2.99
Total Scale Score	3.82	4.00	3.90	3.86	3.77

TABLE 36

Mean Probable Effects of Implementing Various Career Motivation Proposals
By Career Plans of Dentist Respondents

No.	Proposal Title	Percent Approving	Mean Probable Effect			
			Total N=1,460	Ret. N=342	Und. N=566	Sep. N=552
<u>Advancement and Compensation</u>						
1.	Provide a mechanism to identify and get rid of "deadwood"	98	5.77	5.51	5.81	5.90
10.	Enact a pay package that would boost the pay of junior dental officers to more accurately reflect their earning power in the civilian community	93	5.72	6.10	6.21	4.97
3.	Create a specific medical/dental fitness report to evaluate professional performance	88	4.96	4.71	4.97	5.11
9.	Tie total pay to income earned by civilian practitioners with equivalent qualifications	88	5.77	5.80	6.22	5.30
2.	Increase use of deep selection mechanism for dental corps personnel	84	5.02	5.02	5.34	4.69
12.	Provide additional monetary compensation for Fleet, Fleet Marine Force and antarctic duty	83	4.90	4.78	5.11	4.75
4.	Institute a "peer-review" system to enable all dentists within an organization to evaluate professional performance within that organization	75	4.58	4.74	4.66	4.39
7.	Provide additional monetary compensation to dentists for specialty certification	74	4.78	5.14	5.13	4.20
5.	Promote dental corps personnel within specialties	65	4.27	4.72	4.57	3.70
8.	Provide additional monetary compensation to dentists for supervisory positions with high responsibility	65	4.46	4.32	4.65	4.35
6.	Eliminate military rank structure	52	3.97	5.09	4.16	3.07
11.	Institute evening hours at dental activities	27	2.71	3.01	2.69	2.55
13.	Eliminate continuation pay for dental officers	8	1.82	2.44	1.72	1.53
<u>Professional Affairs</u>						
22.	Have patient see same dentist on subsequent visits whenever possible	100	5.38	5.24	5.57	5.27
14.	Guarantee availability of funds for attending conferences and meetings	99	6.01	5.78	6.18	5.96
19.	Provide for a greater exchange of information about the clinical, research and other activities of dentists in the dental corps	99	5.15	5.06	5.28	5.06
18.	Give junior officers assigned to dental clinics option to be rotated through all departments where possible	98	5.65	5.81	6.02	5.16
15.	Increase number of training opportunities available at civilian institutions	95	5.63	5.75	5.91	5.28
25.	Change policy to allow junior dentists to practice the full spectrum of dental care	91	5.43	5.88	5.80	4.77
16.	Establish general dentistry as a Navy dental specialty	91	5.22	5.01	5.36	5.22
17.	Require all dentists to meet continuing education criteria for home state licenses	86	4.80	4.80	4.88	4.70

TABLE 36 (continued)

Mean Probable Effects of Implementing Various Career Motivation Proposals
By Career Plans of Dentist Respondents

No.	Proposal Title	Percent Approving	Mean Probable Effect			
			Total N=1,460	Ret. N=342	Und. N=566	Sep. N=522
<u>Professional Affairs</u> (continued)						
21.	Increase doctor/patient ratio	84	4.63	4.49	4.66	4.70
26.	Recruit more women dentists	79	4.06	4.23	4.11	3.90
27.	Hire civilian dentists (either civil service or under contract) to fill unpopular shore billets	60	4.14	4.60	4.32	3.68
23.	Change policy to allow direct patient access to specialists for complaints dealing with specialty interest	58	4.08	4.22	4.09	3.97
20.	Place greater emphasis on preventive dentistry	54	4.98	5.09	5.15	4.73
24.	Call upon specialists to take turns practicing general dentistry in diagnosis rooms or operative clinics	42	3.47	3.54	3.43	3.46
<u>Administration</u>						
38.	Establish high minimum standards for dental facilities and replace or renovate aging facilities to meet these standards	100	5.92	5.56	6.10	5.97
33.	Provide at least one chairside DT per clinical dentist	100	6.00	5.60	6.15	6.08
39.	Provide and upgrade examining room/office space for all dentists	99	5.66	5.33	5.76	5.75
41.	Improve dental technician training	98	5.43	5.15	5.46	5.56
44.	Improve patient handling procedures at Navy Dental Activities	98	5.06	4.91	5.14	5.07
40.	Provide commanding officers, executive officers, directors of dental education and chiefs of services with additional training for their positions	96	5.37	4.89	5.34	5.70
34.	Provide flexible working hours where possible	95	5.57	5.58	5.77	5.35
42.	Allow dentists to hang on to good dental technicians and to get rid of poor ones	92	5.57	5.58	5.77	5.37
35.	Increase opportunity for individual dentists to participate in management	92	4.91	4.81	5.01	4.87
45.	Increase use of qualified auxiliary personnel to screen patients and treat minor complaints	87	5.09	5.02	5.17	5.04
30.	Create grievance committee composed of staff members at every dental activity	82	4.55	4.83	4.77	4.14
31.	Rescind all restrictions against moonlighting	77	4.90	5.29	5.26	4.28
36.	Consolidate all dental facilities in a geographical area so as to equalize workload and optimize utilization of available specialists and resources	69	4.47	4.39	4.46	4.52
37.	Decentralize dental activities to enable more dental officers to work in small clinics	67	4.52	4.58	4.61	4.40
28.	Eliminate commanding officer personnel inspections	66	4.47	5.06	4.57	3.99

TABLE 36 (continued)

Mean Probable Effects of Implementing Various Career Motivation Proposals
By Career Plans of Dentist Respondents

No.	Proposal Title	Percent Approving	Mean Probable Effect			
			Total N=1,460	Ret. N=342	Und. N=566	Sep. N=522
<u>Administration</u> (continued)						
43.	Increase use of shipboard dentists in dental shore activities when in port	57	3.90	4.08	3.96	3.72
32.	Eliminate commanding officer materiel inspections	55	4.10	4.45	4.18	3.81
47.	Consolidate the dental corps of the several military services and establish an independent federal military dental corps	43	3.47	4.47	3.64	2.67
46.	Place medical service corps officers in charge of regionalized dental activities	27	2.73	3.25	2.81	2.32
29.	Prohibit all moonlighting	22	2.82	2.32	2.38	3.59
<u>Assignments</u>						
55.	Publicize billet availability list by subspecialty	98	5.62	5.15	5.70	5.83
53.	Provide long range career counseling	98	5.37	4.82	5.51	5.57
54.	Require detailers to maintain personal contact with individual dentists	96	5.62	5.27	5.71	5.73
50.	Guarantee option of remaining in a specific shore billet a minimum of four years	96	5.89	5.64	6.18	5.75
51.	Guarantee option of remaining in a specific geographical area a minimum of 8 - 12 years	90	5.76	5.77	6.06	5.44
52.	Maintain a volunteer pool of dentists in certain areas from which dentists can be drawn on a rotating basis to serve short tours aboard ship	85	5.13	5.19	5.35	4.87
49.	Initiate maximum ship tour length of one year	84	5.33	5.27	5.69	5.00
56.	Institute a contract system whereby the dentist is guaranteed assignment in a specified area for a specified number of years with an option for either party to terminate the contract at specified intervals	83	5.27	5.52	5.53	4.84
48.	Make assignments competitive on the basis of achievement and performance	68	4.50	4.35	4.60	4.60

TABLE 37

Mean Probable Effects of Implementing Various Career Motivation Proposals

By Certification Status of Dentist Respondents

No.	Proposal Title	Percent Approving	Mean Probable Effect				
			Total N=1,462	Bd. Cert. N=81	Bd. Elig. N=201	Part. Trng. N=267	No. Trng. N=913
<u>Advancement and Compensation</u>							
1.	Provide a mechanism to identify and get rid of "deadwood"	98	5.77	6.39	6.08	5.91	5.62
10.	Enact a pay package that would boost the pay of junior dental officers to more accurately reflect their earning power in the civilian community	93	5.72	5.32	5.02	5.27	6.03
3.	Create a specific medical/dental fitness report to evaluate professional performance	88	4.96	5.28	5.18	5.10	4.85
9.	Tie total pay to income earned by civilian practitioners with equivalent qualifications	88	5.77	6.00	5.74	5.50	5.84
2.	Increase use of deep selection mechanism for dental corps personnel	84	5.02	4.86	4.90	4.83	5.11
12.	Provide additional monetary compensation for Fleet, Fleet Marine Force and antarctic duty	83	4.90	4.75	4.67	4.79	4.99
4.	Institute a "peer-review" system to enable all dentists within an organization to evaluate professional performance within that organization	75	4.58	4.80	4.54	4.44	4.61
7.	Provide additional monetary compensation to dentists for specialty certification	74	4.78	6.22	5.07	4.36	4.72
5.	Promote dental corps personnel within specialties	65	4.27	4.80	4.48	3.84	4.31
8.	Provide additional monetary compensation to dentists for supervisory positions with high responsibility	65	4.46	5.42	4.33	4.32	4.45
6.	Eliminate military rank structure	52	3.97	2.94	3.56	3.60	4.26
11.	Institute evening hours at dental activities	27	2.71	2.37	2.58	2.57	2.81
13.	Eliminate continuation pay for dental officers	8	1.82	1.33	1.43	1.70	1.99
<u>Professional Affairs</u>							
22.	Have patient see same dentist on subsequent visits whenever possible	100	5.38	5.37	5.24	5.38	5.42
14.	Guarantee availability of funds for attending conferences and meetings	99	6.01	6.14	6.22	5.98	5.96
19.	Provide for a greater exchange of information about the clinical, research and other activities of dentists in the dental corps	99	5.15	5.07	5.10	5.16	5.16
18.	Give junior officers assigned to dental clinics option to be rotated through all departments where possible	98	5.65	5.10	5.03	5.39	5.91
15.	Increase number of training opportunities available at civilian institutions	95	5.63	5.00	5.05	5.46	5.86
25.	Change policy to allow junior dentists to practice the full spectrum of dental care	91	5.43	4.35	4.68	5.01	5.81

TABLE 37 (continued)

Mean Probable Effects of Implementing Various Career Motivation Proposals

By Certification Status of Dentist Respondents

No.	Proposal Title	Percent Approving	Mean Probable Effect				
			Total N=1,462	Bd. Cert. N=81	Bd. Elig. N=201	Part. Trng. N=267	No. Trng. N=913
<u>Professional Affairs</u> (continued)							
16.	Establish general dentistry as a Navy dental specialty	91	5.22	4.47	4.66	5.09	5.45
17.	Require all dentists to meet continuing education criteria for home state licenses	86	4.80	4.76	4.65	4.75	4.84
21.	Increase doctor/patient ratio	84	4.63	4.81	4.72	4.64	4.59
26.	Recruit more women dentists	79	4.06	3.88	3.99	3.92	4.13
27.	Hire civilian dentists (either civil service or under contract) to fill unpopular shore billets	60	4.14	3.68	3.83	3.71	4.38
23.	Change policy to allow direct patient access to specialists for complaints dealing with specialty interest	58	4.08	3.75	4.01	3.94	4.16
20.	Place greater emphasis on preventive dentistry	54	4.98	4.30	4.85	4.93	5.08
24.	Call upon specialists to take turns practicing general dentistry in diagnosis rooms or operative clinics	42	3.47	2.27	2.70	3.44	3.76
<u>Administration</u>							
38.	Establish high minimum standards for dental facilities and replace or renovate aging facilities to meet these standards	100	5.92	6.23	5.94	5.92	5.88
33.	Provide at least one chairside DT per clinical dentist	100	6.00	6.18	6.07	6.01	5.96
39.	Provide and upgrade examining room/office space for all dentists	99	5.66	5.96	5.74	5.74	5.59
41.	Improve dental technician training	98	5.43	5.79	5.52	5.45	5.37
44.	Improve patient handling procedures at Navy Dental Activities	98	5.06	5.15	5.14	5.13	5.02
40.	Provide commanding officers, executive officers, directors of dental education and chiefs of services with additional training for their positions	96	5.37	5.88	5.64	5.53	5.21
34.	Provide flexible working hours where possible	95	5.57	5.54	5.43	5.44	5.64
42.	Allow dentists to hang on to good dental technicians and to get rid of poor ones	92	5.57	5.62	5.45	5.51	5.62
35.	Increase opportunity for individual dentists to participate in management	92	4.91	4.62	4.90	4.92	4.94
45.	Increase use of qualified auxiliary personnel to screen patients and treat minor complaints	87	5.09	5.06	5.08	5.09	5.09
30.	Create grievance committee composed of staff members at every dental activity	82	4.55	4.00	4.44	4.41	4.66
31.	Rescind all restrictions against moonlighting	77	4.90	4.00	4.72	4.65	5.10
36.	Consolidate all dental facilities in a geographical area so as to equalize workload and optimize utilization of available specialists and resources	69	4.47	4.81	4.60	4.51	4.39

TABLE 37 (continued)

Mean Probable Effects of Implementing Various Career Motivation Proposals
By Certification Status of Dentist Respondents

No.	Proposal Title	Percent Approving	Mean Probable Effect				
			Total N=1,462	Bd. Cert. N=81	Bd. Elig. N=201	Part. Trng. N=267	No. Trng. N=913
<u>Administration</u> (continued)							
37.	Decentralize dental activities to enable more dental officers to work in small clinics	67	4.52	4.38	4.14	4.37	4.67
28.	Eliminate commanding officer personal inspections	66	4.47	3.95	4.04	4.23	4.68
43.	Increase use of shipboard dentists in dental shore activities when in port	57	3.90	3.96	3.95	3.56	3.98
32.	Eliminate commanding officer materiel inspections	55	4.10	3.76	3.95	3.87	4.23
47.	Consolidate the dental corps of the several military services and establish an independent federal military dental corps	43	3.47	3.06	2.88	3.09	3.75
46.	Place medical service corps officers in charge of regionalized dental activities	27	2.73	1.83	2.42	2.54	2.93
29.	Prohibit all moonlighting	22	2.82	3.57	3.13	3.09	2.61
<u>Assignments</u>							
55.	Publicize billet availability list by subspecialty	98	5.62	6.18	6.02	5.85	5.42
53.	Provide long range career counseling	98	5.37	5.63	5.61	5.63	5.22
54.	Require detailers to maintain personal contact with individual dentists	96	5.62	5.71	5.71	5.84	5.52
50.	Guarantee option of remaining in a specific shore billet a minimum of four years	96	5.89	5.90	5.92	5.82	5.90
51.	Guarantee option of remaining in a specific geographical area a minimum of 8 - 12 years	90	5.76	5.60	5.74	5.59	5.83
52.	Maintain a volunteer pool of dentists in certain areas from which dentists can be drawn on a rotating basis to serve short tours aboard ship	85	5.13	4.95	4.97	5.07	5.20
49.	Initiate maximum ship tour length of one year	84	5.33	5.30	5.20	5.18	5.40
56.	Institute a contract system whereby the dentist is guaranteed assignment in a specified area for a specified number of years with an option for either party to terminate the contract at specified intervals	83	5.27	5.01	5.08	5.07	5.39
48.	Make assignments competitive on the basis of achievement and performance	68	4.50	5.16	5.04	4.65	4.29

The dentists also favored increased use of deep selection for dentists (84%); creation of a specific medical/dental fitness report (88%); and additional monetary compensation for Fleet, Fleet Marine Force and Antarctic duty (83%); for specialty certification (74%) and for supervisory positions with high responsibility (65%). They favored the institution of a peer review system to evaluate professional performance (75%), and the promotion of Dental Corps personnel within specialties (65%). The mean probable effect scores for these proposals ranged from 5.02 to 4.27.

Although the majority of dentists (52%) favored the abolition of military rank, the overall mean probable effect of such abolition was 3.97. While abolition of rank would encourage career motivated and undecided dentists to remain on active duty, it would probably discourage non-career motivated dentists from doing so. The mean probable effect scores for these groups were 5.09, 4.19 and 3.09, respectively.

The great majority of dentists were *opposed* to the instituting of evening hours at dental activities (73%) and to the elimination of continuation pay (92%). The mean probable effect scores for these proposals, 2.71 and 1.82 respectively, indicate that their implementation would encourage many Navy dentists to leave the Navy.

Professional Affairs

Eight in ten dentists favored ten of the fourteen proposals in this area. The dentists were unanimous in their desire to have patients see the same dentist on subsequent visits whenever possible. The overwhelming majority of dentists (97%) favored a greater exchange of information among Navy dentists and wanted the Navy to guarantee the availability of funds for attending conferences and meetings. The dentists favored giving junior dental officers assigned to dental clinics the option of being rotated through all departments (98%), allowing junior dentists to practice the full spectrum of dental care (91%), increasing the number of training opportunities at civilian institutions (95%), and establishing general dentistry as a Navy dental specialty (91%). The mean probable effect score for these proposals ranged from 6.01 to 5.15.

The dentists also favored requiring all dentists to meet continuing education criteria for home state licensing (86%), increasing the dentist/patient ratio (84%), recruiting more women dentists (71%), hiring civilian dentists to fill unpopular shore billets (60%), allowing direct patient access to specialists for complaints dealing with specialty interests (58%), and placing greater emphasis on preventive dentistry (54%). The mean probable effect scores of the above proposals ranged from 4.98 to 4.08.

Administration

Twelve of the twenty proposals in this area were favorably received by more than three-fourths of the dentists. Three proposals were *opposed* by a majority of the dentists.

The dentists were unanimous in their desire to have the Navy provide at least one chairside DT per clinical dentist. They were similarly unanimous on their approval of the establishment of high minimum standards for dental

facilities and the replacement or renovation of aging facilities to meet these standards. The great majority of dentists also favored providing and upgrading examining rooms and office spaces for all dentists (99%), improving dental technician training (98%), allowing dentists to hang on to good DTs and to get rid of poor ones (92%), providing commanding officers, executive officers, directors of dental education and chiefs of services with additional training for their positions (96%), and instituting flexible working hours where possible (95%). The mean probable effect score for these proposals ranged from 6.00 to 5.37.

Other popular proposals included: improved patient handling procedures at Naval dental activities (98%), increased use of qualified auxiliary personnel to screen patients and treat minor complaints (87%), increased opportunity for individual dentists to participate in management (92%) and rescindment of all restrictions against moonlighting (77%). The mean probable effect score for these proposals ranged from 5.09 to 4.90.

The dentists also favored the creation of grievance committees at every dental activity (82%), the decentralization of dental activities to enable more dental officers to work in small clinics (67%) and, simultaneously, the consolidation of all dental facilities in a geographical area so as to equalize workload and optimize utilization of available specialists and resources (69%)*. They favored eliminating commanding officer personnel (66%) and materiel (55%) inspections. The mean probable effect score for these proposals ranged from 4.52 to 4.10. Although the majority of dentists favored an increase in the use of shipboard dentists in dental shore activities, the mean probable effect score of 3.90 indicates that such an increase may demotivate some dentists.

The majority of dentists (57%) *opposed* the establishment of an independent federal military dental corps. The majority of dentists also opposed the placement of medical service corps officers in charge of regionalized dental activities (73%) and the prohibition of all moonlighting (78%). The mean probable effect score for these proposals ranged from 3.47 to 2.73.

Assignments

Seven in ten dentists approved of all the proposals in this area. Most effective from a career motivation viewpoint would be the proposals calling for a guaranteed *option* of remaining in a specific shore billet a minimum of four years, and for a guaranteed *option* of remaining in a specific geographical area a minimum of 8-12 years. These proposals were approved by 96% and 90% of the dentists respectively. The mean probable effect score for these proposals was 5.89 and 5.76, respectively.

*These two proposals are not necessarily incompatible. Dentists favoring decentralization are attempting to establish small enclaves for the practice of general dentistry while those favoring consolidation wish to equalize workload and optimize utilization of resources. It may well be possible to provide for the practice of general dentistry at regionalized facilities.

Other popular proposals included publicizing billet availability by subspecialty (98%), providing long range career counseling (98%), establishing closer personnel contact between detailers and individual dentists (96%), maintaining volunteer pools of dentists to serve short tours aboard ship (85%), initiating a maximum ship tour length of one year (84%), and instituting a *contract system* for the procurement of dentists (83%). Sixty-eight percent of the dentists wanted to make assignments competitive on the basis of achievement and performance. Mean probable effect scores for the above proposals ranged from 5.62 to 4.50.

The Dentist's Spouse

The last section of the survey questionnaire was devoted to a direct evaluation of the opinions and attitudes of the dentists' spouses. It was hypothesized that career motivated dentists would tend to have "pro-Navy" spouses while less career motivated dentists would tend to have "anti-Navy" spouses. The correlation between having a "pro-Navy" spouse and being career motivated was .72, thus confirming the hypothesis that career motivated dentists would tend to have "pro-Navy" spouses*.

Table 38 shows the dentists' spouses' satisfaction with various aspects of Navy life and the correlation of these aspects with the spouses' attitudes toward the dentists remaining in the Navy. The spouses were most satisfied with their families respect in the community (3.77). They also expressed relatively high satisfaction with the dentist's professional prestige (3.65), health care (3.69), and retirement benefits (3.56), the quality of dental care overseas (3.62), the amount of time the dentist spent away from home (3.57), and the opportunities for travel (3.57). The spouses were somewhat less satisfied with Navy social life and protocol (3.32), exchanges and commissaries (3.31), the quality of their childrens' education (3.30), Navy pay (3.20), and the frequency of permanent change of station moves (3.13). They tended to be dissatisfied with Navy housing (2.92) and with the dentist's opportunities to plan his own career (2.86).

Reports of satisfaction or dissatisfaction with a factor had little relation to the factors correlation with the spouses' attitudes towards the remaining in Navy dentistry. The most differentiating component of the spouses' attitude was satisfaction with Navy social life and protocol. Frequency of PCS moves and the dentist's opportunity to plan his own career were somewhat less differentiating, as were such items as quality of dental care overseas, the dentists professional prestige, his retirement benefits, the families respect in the community and the opportunity for travel. The quality of the childrens' education and the dentists' pay were even less differentiating. The amount of time the dentist spent away from home, health care benefits, exchanges and commissaries, and Navy housing were of little or no usefulness in differentiating between "pro-Navy" and "anti-Navy" spouses.

*Pearson product-moment correlation coefficient significant at .001 level.

TABLE 38

Satisfaction of Dentists' Spouses with Various Aspects of Navy Life

Aspect of Navy Life	Mean Satisfaction Score N=1,118	Correlation* with Attitude Towards Spouse's Navy Career (r)
Family's respect in community	3.77	.26
Health care benefits	3.69	.14
Spouse's professional prestige	3.65	.30
Quality of dental care overseas	3.62	.32
Amount of time spouse is absent from home	3.57	.15
Opportunity for travel	3.57	.24
Spouse's retirement benefits	3.56	.28
Navy social life and protocol	3.32	.45
Exchanges and commissaries	3.31	.11
Quality of children's education	3.30	.22
Spouses Navy pay	3.20	.21
Frequency of (PCS) moves	3.13	.38
Navy housing or housing allowance	2.92	-.04 (ns)
Spouse's opportunity to plan own career	2.86	.37

*All correlations are significant at .001 level unless otherwise noted.
(ns)--not significant

DISCUSSION

Retention Outlook

The abolition of the *doctor draft* caught the military services somewhat unprepared -- they never really believed that it would come to pass. But pass it did and now the future of military physicians recruitment and retention is generally considered to be bleak. Such pessimism is not without foundation. Military medicine is anathematized by the staffs and faculties of many medical schools, and most Navy physicians freely admit that they would not have "volunteered" were it not for the draft. One may well ask, "is there any hope?"

The answer is yes. Even in the absence of the draft the Navy can still expect some physicians to volunteer. (Thirty percent of the physicians were either not subject to the draft at the time of commissioning or else reported that they would probably or definitely have entered military service even in the absence of the draft.) While many physicians are counting the days until their release from active duty, a good many of them (36%), are sitting on the fence. When these are added to the 17% who plan to remain on active duty until retirement, it becomes evident that, with *appropriate action*, more than half of the present Medical Corp may be retained.

The recruitment and retention picture for dental officers is considerably brighter. Military dentistry has a sound reputation within the dental profession. In direct contrast to the Medical Corp, the majority of Dental Corp accessions were not draft induced. (Sixty-six percent of the dentists were either not subject to the draft at the time of commissioning, or else reported that they would probably or definitely have entered military service in the absence of the draft.) While the dentists appear to be considerably more career motivated than the physicians, (38% plan to remain on active duty until retirement), a great many of them (39%) are also sitting on the fence. Since the dentists' complaints are similar to those of the physicians, parallel actions may be needed to retain them as well.

Expectations, Reality and Instrumentality Theory

Vroom's (1964) instrumentality model considers behavior to be subjectively rational and directed toward the attainment of desired outcomes and away from aversive ones. Under this model, the Navy doctor continuously evaluates career alternatives as a means of obtaining goal satisfaction. As long as he perceives the Navy to be more attractive than civilian life in this regard, he will stay on active duty. However, if at any time, he perceives his ability to obtain desired outcomes (and to avoid aversive ones) to be greater in civilian life than in the Navy, he will resign from active duty at the earliest opportunity, *regardless of his length of service*. This last point is an important one because the economic realities are such that, unlike other military officers, physicians and dentists can generally afford to call it quits at any time, without regard to the fact that they may lose substantial retirement benefits.

The instrumentality model leads us to predict a moderately high correlation between satisfaction and career motivation and an even higher correlation between instrumentality and career motivation. The satisfaction-career motivation correlation was .51 for physicians and .55 for dentists. The instrumentality-career motivation correlation was .64 for physicians and .65 for dentists. The instrumentality model thus appears to be both valid and useful for predicting the behavioral intent of physicians and dentists in the Navy.

Factors Affecting Satisfaction and Dissatisfaction

The greatest areas of dissatisfaction appear to be remuneration, career planning, opportunities for continuing education, quality of facilities and equipment and other support factors. Although some dissatisfaction was expected in the colleague and patient relations areas, it did not materialize to any great extent.

The following generalizations may be made: The higher the certification level of the physician or dentist, the more likely he was of expressing satisfaction with the Navy and of attributing a "high" instrumental value to it. Physicians and dentists assigned to operations/sea duty tended to be more critical of the Navy in general, and especially in regard to remuneration. Dentists tended to attribute a much higher instrumental value to the Navy than did physicians.

The respondent spouses' attitudes figured prominently in the retention picture. The correlation between having a "pro-Navy" spouse and being career motivated was +.69 for physicians and +.72 for dentists. While correlation does not imply causation, the fact remains that the spouse's attitude is the one best single indicator of the practitioner's career intentions. This would suggest that more attention should be paid to the needs and desires of the spouses.

Interestingly, the spouses expressed the most dissatisfaction with the medical and dental practitioners' opportunity to plan their own careers. This suggests a communality of feelings between practitioner and spouse. The spouses also appeared to be particularly concerned about Navy social life and protocol. Satisfaction with this factor, and satisfaction with the practitioner's opportunity to plan his own career, correlated the most highly with the spouses attitude towards the practitioner's Navy career. It should be noted that the spouses were divided in their opinion of Navy social life and protocol. They were either satisfied with Navy social life and protocol or they were not.

The Proposals

The respondents were asked to help evaluate a number of proposals designed to encourage them to remain in the Navy. As previously explained, these proposals were grouped under the general headings of: advancement and compensation, professional affairs, administration, and assignments. In interpreting these results, the greatest attention should be given to the wishes and desires of the "undecideds" and the "career motivated".

For all practical purposes, the "leave as soon as possible" officers are beyond redemption, and while their wishes deserve consideration, the wishes of the undecided and career motivated officers should take precedence as the satisfaction of these officers is most likely to pay retention dividends for BuMed.

The great majority of physicians and dentists approved of most of the proposals. However, the mean probable effect scores indicate that the proposals will vary in their ability to encourage physicians and dentists to remain in the Navy. Consequently, it is the probable effect score that must be looked at first for guidance in the order of implementation of the proposals. Consideration must also be given to the negative motivational effects that may result from the implementation of any given proposal. Implementation of an unpopular proposal, or even a popular one, may adversely affect the retention of certain groups. It behooves the Navy to determine the composition of these groups *prior to implementation.*

The findings in each of the proposal areas will be discussed in turn.

Advancement and Compensation

→ The most effective retention motivating proposals in this area were concerned with remuneration. Tying total pay to the income earned by civilian practitioners with equivalent qualifications would encourage the most officers to remain in the Navy. Other potentially influential proposals included boosting the pay of junior officers and providing special pay for such things as specialty certification, supervisory positions with high responsibility, sea duty, evening and emergency room duty. The latter two proposals are applicable only to physicians. The dentists do not generally work during evening hours and they don't want to. Instituting evening hours at dental clinics would be especially demotivating for dentists as would be the elimination of continuation pay. ← *Not Acit implement*

The above findings suggest the establishment of a remuneration system whereby all practitioners receive a base pay tied to what their peers are earning in the civilian community (this amount need not necessarily equal 100%), with additional amounts added for such things as board certification (if not previously taken into account), supervisory responsibilities, sea duty, evening and emergency room duties. ←

The military rank structure within the Medical and Dental Corps has often been criticized for creating ill will between Navy doctors and line officers and for hampering colleague relations among practitioners of different grades. It has been generally assumed that senior officers were responsible for perpetuating the rank system because they had a stake in it. ← The survey findings do not support such speculation. Medical and dental practitioners are so divided on the rank issue that the net motivating effect of abolishing rank may be questionable.

However, practitioners who now plan to remain on active duty are the most ardent supporters of rank abolishment, followed by practitioners who are undecided about their future with the Navy. Practitioners who plan to leave the Navy at the earliest opportunity report that rank abolishment ←

would at best have no effect on their career plans and may possibly motivate them to leave. However, since most of the practitioners in this group plan to leave anyway, it may be that the few among them who could be motivated to stay would in fact be encouraged to do so by the abolition of rank. Further research is needed to determine more exactly the impact of such a far reaching policy change.

Professional Affairs

→ The emphasis in this area concerns continuing education and the opportunity to exchange professional information. Although BuMed has an established policy of sending each practitioner to at least one professional meeting per year, the survey shows that only five in ten physicians and six in ten dentists were able to attend. The most often cited reason for non-attendance was lack of funds. Unfortunately, whenever lack of funding curtails attendance, more often than not, it is the junior practitioner who does not get to go. This is hardly a situation conducive to retention. Since the Navy is "committed" to sending physicians and dentists to at least one professional meeting per year, it should set aside the funds for doing so. Such action would show good faith on the part of the Navy and it would return valuable dividends in improved morale and increased retention.

→ The respondents also indicated a need for a "greater exchange of information about the clinical, research and other activities" of practitioners in the Medical and Dental Corps. Such information exchanges can probably be set up at minimal cost to the Navy. Once again, the payoff would be great.

→ BuMed has recently attempted to change established procedures to enable patients to see the same practitioner on subsequent visits, when feasible. Respondents overwhelmingly endorsed such actions and indicated that such practices would influence them to remain in the Navy.

In addition to the above, dental practitioners indicated particular interest in having general dentistry established as a Navy dental specialty and in changing current policy to allow junior dentists to practice the full spectrum of dental care. Such proposals had particular appeal among dentists without specialty training.

→ Certain proposals would probably have a detrimental effect upon career motivation if enacted. These include direct patient access to specialists and asking specialists to take turns in general practice in emergency rooms and walk-in clinics (physicians), and in Diagnosis Centers and operative clinics (dentists). In addition, physicians indicated that they would be especially demotivated if BuMed were to recruit foreign trained physicians.

Administration

→ The single most motivating proposal in this area would be the establishment of high minimum standards for medical/dental facilities and the

renovation of old facilities to meet these standards. Almost as motivating would be the provision of office spaces for all physicians and dentists and the upgrading of existing examining spaces.

The dentists would like to have at least one chairside DT per clinical dentist. This is an especially reasonable request since it will result in improved utilization of the dentist's professional time.

Both physicians and dentists would like to hang on to good corpsmen and to get rid of poor ones. This, too, may be a reasonable request. BuMed may want to consider the possibility of establishing doctor-corpsmen teams whenever feasible. Presumably the doctor and his corpsman or technician would be transferred together when feasible.

Physicians would also be motivated by the enactment of regulations restricting the use of emergency rooms to true emergencies and by the establishment of a small nuisance fee for service at walk-in clinics. These proposals are intended to curb the significant patient abuses cited by the physicians, i.e., unintelligent use of available services and a predisposition to make too many unnecessary visits. Any action taken to resolve these problems can be expected to be career motivating.

The practitioner's demands for better plants and better plant management notwithstanding, the practitioners indicate that the placement of specialty trained medical service corps officers in charge of regionalized facilities would be demoralizing and would have an adverse effect upon their career intentions, as would the prohibition of all moonlighting.

Assignments

The emphasis in this area is on stability. Physicians and dentists would be encouraged to remain in the Navy if they were guaranteed the option of remaining in a specific geographical area for a minimum of 8-12 years and/or the option of remaining in a specified shore billet a minimum of four years.

Publicizing billet availability by sub-specialty would also encourage practitioners to remain on active duty, as would the establishment and maintenance of a volunteer pool of practitioners in certain areas from which practitioners could be drawn on a rotating basis to serve short tours aboard ship. The survey findings support the feasibility of implementing such a scheme. Thirty-five percent of the physician respondents and 51% of the dentist respondents indicated a definite willingness to participate in such a pool.

Dentist respondents indicated that they would be encouraged to remain in the Navy if tours of duty aboard ship were restricted to a maximum of one year. While physician respondents were equally likely to have endorsed this proposal, the career motivating effect of enactment of this proposal would not be as great for physicians as for dentists. This is probably due to the relative frequency with which the two groups are asked to go to sea.

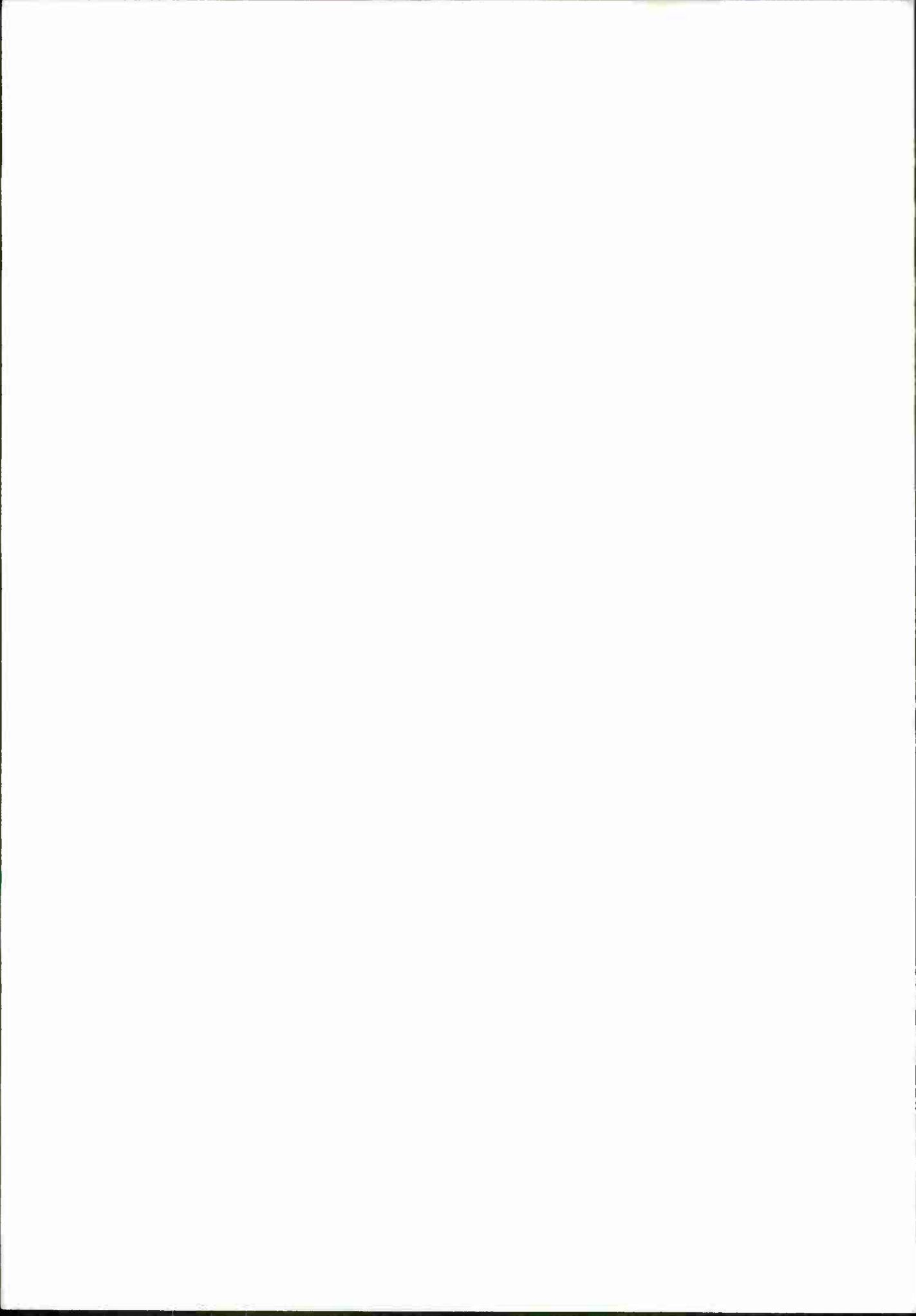
CONCLUSIONS

1. The recruitment and retention picture is brighter for the Dental Corps than for the Medical Corps.
2. Physicians and dentists have similar complaints.
3. With appropriate action, more than half of the physicians and more than three-fourths of the dentists now on active duty can be retained.

RECOMMENDATIONS

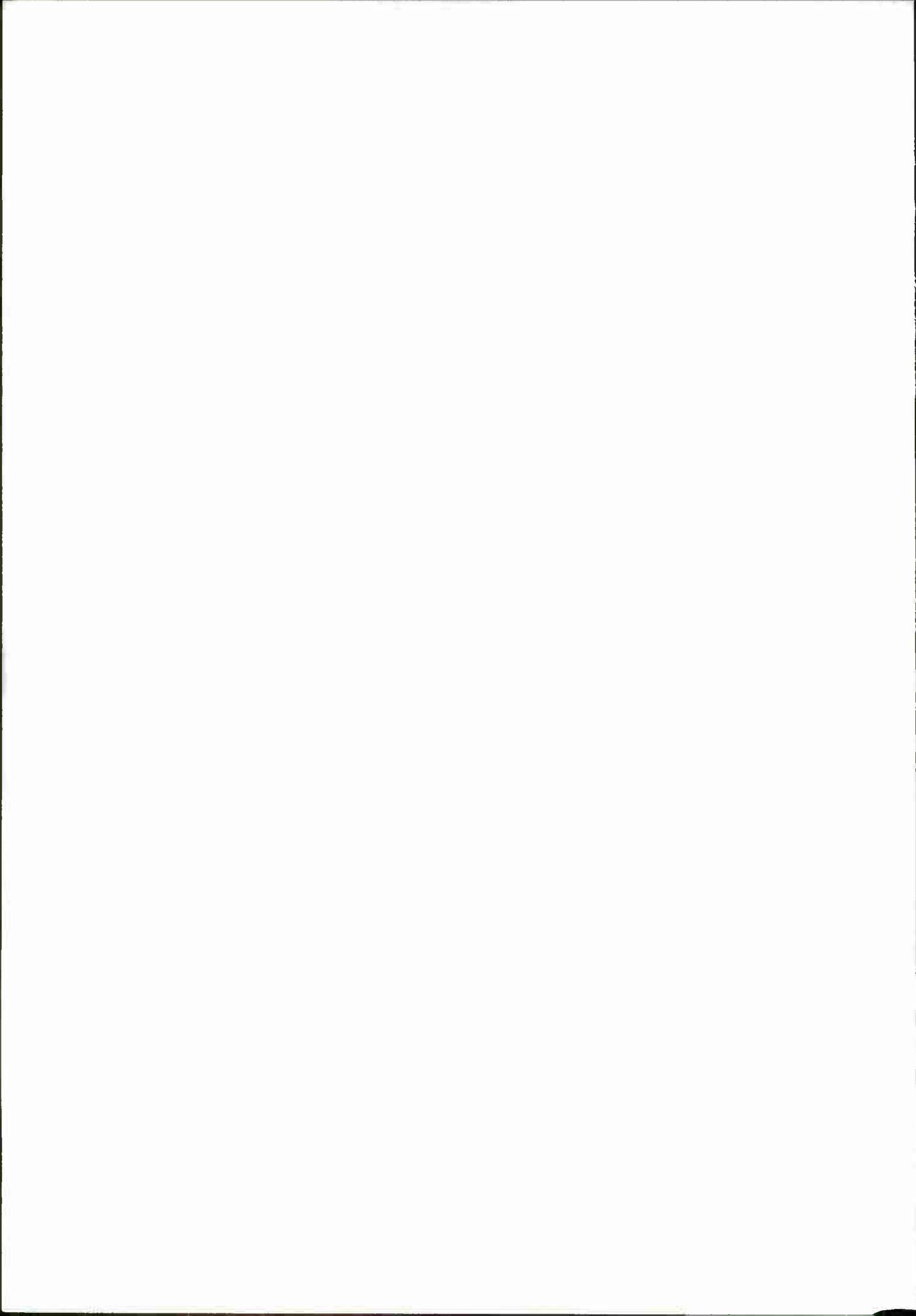
1. The feasibility of establishing a remuneration system tied to what physician and dentist peers are earning in civilian practice, with additional amounts added for specialty certification, supervisory responsibility, sea duty, and other arduous or unpopular duty should be investigated.
2. Remuneration for junior medical officers needs to be increased as an interim retention measure.
3. Alternatives to the present rank system for medical and dental practitioners should be investigated. However, some sort of hierarchical structure may need to be retained.
4. Continuation Pay for dentists should *not* be eliminated.
5. Systemic alternatives to the present health care delivery system should be investigated. The objective would be to maintain high quality patient care while reducing the number of active duty practitioners needed to do the job.
6. Professionalism should be emphasized.
7. Funds for attendance at professional meetings should be guaranteed and set aside for that purpose.
8. Greater information exchange among Navy physicians should be encouraged.
9. Individual participation in decisions affecting the practitioner's career should be increased.
10. Long range career planning and counseling should be instituted.
11. Aging facilities should be renovated or replaced.
12. Provisions should be made to provide at least as many examining rooms as examining physicians.
13. Office spaces should be provided for all medical and dental officers.
14. At least one chairside DT should be provided for each clinical dentist.
15. The establishment of general dentistry as a Navy dental specialty should be considered.

16. Implementation of new procedures allowing patients to see the same practitioner on subsequent visits should be accelerated.
17. Patients should not be allowed direct access to specialists without proper screening.
18. Specialists should not be asked to take turns in general practice.
19. Better quality control for corpsmen should be established.
20. Feasibility of establishing doctor-corpsmen teams should be investigated.
21. Measures designed to curb unnecessary visits and non-emergency use of the emergency room should be enacted.
22. The stability of assignments should be increased.
23. Volunteer pools of practitioners to serve short tours aboard ship should be established. Insofar as possible, all assignments to sea duty should be made from these pools.
24. Foreign-trained physicians should not be recruited.
25. All moonlighting should not be prohibited.



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APPENDIX A

SURVEY OF NAVY PHYSICIANS
QUESTIONNAIRE



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SURVEY OF NAVY PHYSICIANS



FEBRUARY 1973

**Developed and Conducted for the Surgeon General
by
The Naval Personnel Research and Development Laboratory
Washington, D.C., 20390**

PREFACE

This questionnaire is part of a study designed by the Naval Personnel Research and Development Laboratory for the Surgeon General. The objective of this study is to assess doctors' satisfaction with various aspects of practicing medicine and dentistry in the Navy. Proposed policy and administrative changes, some with far-reaching consequences, will also be evaluated.

The Physician questionnaire is being sent to all Physicians in the Navy. It is important that we hear from all of you. Completing the questionnaire will take less than an hour of your time--yet the results may affect you for the remainder of your Navy career.

A section of the questionnaire has been devoted to problems and concerns frequently expressed by Navy spouses. If you are married, your spouse is encouraged to express his or her own opinions in that special section. Of course, participation is strictly optional. If you are not married or if your spouse is not available, leave that section blank.

It is requested that you complete and return your answer sheet in the envelope provided within three days of receipt. Although your social security number must appear on the answer sheet, it will be used for statistical control purposes only--in no way will your name be associated with your responses.

A multiple choice questionnaire, by its very nature, limits the range of permissible responses. You are therefore encouraged to comment at length upon any germane issue. Please do so on a separate sheet of paper. There is no limit to the number of additional sheets you may attach.

Thank you for your cooperation.

GENERAL INSTRUCTIONS FOR
COMPLETING THIS QUESTIONNAIRE

1. Answer all questions on the special answer sheet provided. Read each question and all of its responses carefully before selecting your answer.
2. Select only one response to each question.
3. Mark your answers directly on the answer sheet.
4. Use a No. 2 pencil only. Do Not Use Ink.
5. Blacken each answer block completely. Do not go outside the lines of the block. Look at the examples below:


RIGHT


WRONG


WRONG

6. If you make a mistake, erase the mark completely before entering a new one.
7. Check your answers every so often to be sure that the number on the answer sheet is the same as the number of the item in the survey booklet that you are answering.
8. Do not tear or fold the answer sheet.
9. If additional information or clarification is needed, contact C. Braunstein on Autovon 288 - 4472 or commercial (202) 433 - 4472.

BEFORE YOU BEGIN

Fill in your Social Security Number in the spaces provided on your answer sheet. It will be used for statistical purposes only.

SECTION I

Section I is printed directly on your answer sheet. BE SURE TO ANSWER SECTION I BEFORE PROCEEDING TO SECTION II.

SECTION II

1. MY IMMEDIATE SUPERIOR IS...
 - A. Not a medical officer
A medical officer who is
 - B. Commanding Officer
 - C. Executive Officer
 - D. Dept/Division Head
 - E. Chief of Service

2. HOW OFTEN DO YOU WORK IN CLOSE CONTACT WITH YOUR IMMEDIATE SUPERIOR?
 - A. Frequently (almost daily)
 - B. Regularly (about once a week)
 - C. Occasionally (about once every two weeks)
 - D. Seldom (about once a month)
 - E. Never

HOW WELL DO EACH OF THE FOLLOWING STATEMENTS DESCRIBE YOUR IMMEDIATE SUPERIOR?

A	B	C	D	E
Almost always true	Often true	Sometimes true	Seldom true	Almost never true

MY IMMEDIATE SUPERIOR...

3. EXPECTS HIGH QUALITY WORK
4. BUILDS TEAM SPIRIT
5. TREATS EVERYONE FAIRLY
6. ASSUMES RESPONSIBILITY WILLINGLY
7. BACKS ME UP WHEN I AM RIGHT
8. IS CONCERNED ABOUT MY PROBLEMS
9. LISTENS TO AND ACTS UPON MY IDEAS
10. GETS THINGS DONE
11. IS MORE CONCERNED WITH PERSONAL GAIN THAN WITH PATIENT/STAFF WELFARE
12. KEEPS UP TO DATE CLINICALLY
(Answer E if superior is not a Medical Officer)

SECTION III

HOW WELL DO EACH OF THE FOLLOWING STATEMENTS DESCRIBE
PHYSICIANS IN THEIR FIRST TWO YEARS OF ACTIVE DUTY?

A	B	C	D	E
Almost always true	Often true	Sometimes true	Seldom true	Almost never true

PHYSICIANS IN THEIR FIRST TWO YEARS OF ACTIVE DUTY...

1. PRACTICE GOOD MEDICINE
2. ARE PROFESSIONAL IN APPEARANCE
3. ARE PROFESSIONAL IN BEHAVIOR
4. ARE RESPECTFUL TO SENIORS
5. ARE COURTEOUS TO PATIENTS
6. HAVE AN APPRECIATION OF THE ADMINISTRATIVE ASPECTS OF MEDICINE
7. ACCEPT AND SUPPORT THE POLICIES AND PROCEDURES OF THE MEDICAL COMMAND
8. ARE MORE CONCERNED WITH PERSONAL GAIN THAN WITH PATIENT WELFARE

SECTION IV

HOW WELL DO EACH OF THE FOLLOWING STATEMENTS DESCRIBE
YOUR PATIENTS?

A	B	C	D	E
Almost always true	Often true	Sometimes true	Seldom true	Almost never true

MY PATIENTS...

1. ARE COURTEOUS
2. MAKE INTELLIGENT USE OF AVAILABLE SERVICES
3. COOPERATE FULLY IN TREATMENT
4. ARE APPRECIATIVE OF CARE GIVEN
5. ARE UNDERSTANDING WHEN UNEXPECTED DELAYS OCCUR
6. REFRAIN FROM MAKING UNNECESSARY VISITS
7. FOLLOW PROCEDURES AND WILLINGLY WAIT THEIR TURN
8. ARE RESPECTFUL

SECTION V

Many proposals and suggestions have been made in an effort to encourage qualified physicians to remain in the Navy. Your opinion is needed to help evaluate these proposals. Select the one statement below (A-H) which best indicates your feelings. It is IMPORTANT that you consider each proposal on its individual merits.

I APPROVE OF THIS PROPOSAL. ITS IMPLEMENTATION WOULD...

- A. Greatly encourage me to stay
- B. Moderately encourage me to stay
- C. Slightly encourage me to stay
- D. Have no effect on my decision to stay or to leave the Navy

I DISAPPROVE OF THIS PROPOSAL. ITS IMPLEMENTATION WOULD...

- E. Greatly encourage me to leave
- F. Moderately encourage me to leave
- G. Slightly encourage me to leave
- H. Have no effect on my decision to stay or to leave the Navy

PROPOSALS DEALING WITH ADVANCEMENT AND COMPENSATION

1. PROVIDE A MECHANISM TO IDENTIFY AND GET RID OF "DEADWOOD"
2. INCREASE USE OF DEEP SELECTION MECHANISM FOR MEDICAL DEPARTMENT PERSONNEL
3. CREATE A SPECIFIC MEDICAL/DENTAL FITNESS REPORT TO EVALUATE PROFESSIONAL PERFORMANCE
4. INSTITUTE A "PEER-REVIEW" SYSTEM TO ENABLE ALL PHYSICIANS WITHIN AN ORGANIZATION TO EVALUATE PROFESSIONAL PERFORMANCE WITHIN THAT ORGANIZATION

5. PROMOTE MEDICAL DEPARTMENT PERSONNEL WITHIN SPECIALTIES
6. ELIMINATE MILITARY RANK STRUCTURE
7. PROVIDE ADDITIONAL MONETARY COMPENSATION TO PHYSICIANS FOR SPECIALTY CERTIFICATION
8. PROVIDE ADDITIONAL MONETARY COMPENSATION TO PHYSICIANS FOR SUPERVISORY POSITIONS WITH HIGH RESPONSIBILITY
9. TIE TOTAL PAY TO INCOME EARNED BY CIVILIAN PRACTITIONERS WITH EQUIVALENT QUALIFICATIONS
10. ENACT A PAY PACKAGE THAT WOULD BOOST THE PAY OF JUNIOR MEDICAL OFFICERS TO MORE ACCURATELY REFLECT THEIR EARNING POWER IN THE CIVILIAN COMMUNITY
11. PROVIDE ADDITIONAL MONETARY COMPENSATION TO PHYSICIANS FOR EVENING CLINIC AND EMERGENCY ROOM DUTY
12. PROVIDE ADDITIONAL MONETARY COMPENSATION TO PHYSICIANS FOR FLEET, FLEET-MARINE FORCE AND ANTARCTIC DUTY

PROPOSALS DEALING WITH PROFESSIONAL AFFAIRS

13. GUARANTEE AVAILABILITY OF FUNDS FOR ATTENDING CONFERENCES AND MEETINGS
14. INCREASE NUMBER OF TRAINING OPPORTUNITIES AVAILABLE AT CIVILIAN INSTITUTIONS
15. REQUIRE ALL PHYSICIANS TO MEET AMA CONTINUING EDUCATION CRITERIA
16. PROVIDE FOR A GREATER EXCHANGE OF INFORMATION ABOUT THE CLINICAL, RESEARCH AND OTHER ACTIVITIES OF PHYSICIANS IN THE MEDICAL CORPS
17. PLACE GREATER EMPHASIS ON PREVENTIVE MEDICINE
18. INCREASE DOCTOR/PATIENT RATIO
19. HAVE PATIENT SEE SAME PHYSICIAN ON SUBSEQUENT VISITS WHENEVER POSSIBLE
20. CHANGE POLICY TO ALLOW DIRECT PATIENT ACCESS TO SPECIALISTS FOR COMPLAINTS DEALING WITH SPECIALTY INTEREST
21. CALL UPON SPECIALISTS TO TAKE TURNS PRACTICING GENERAL MEDICINE IN EMERGENCY ROOMS OR WALK-IN CLINICS

I APPROVE OF THIS PROPOSAL. ITS IMPLEMENTATION
WOULD...

- A. Greatly encourage me to stay
- B. Moderately encourage me to stay
- C. Slightly encourage me to stay
- D. Have no effect on my decision to stay
or to leave the Navy

I DISAPPROVE OF THIS PROPOSAL. ITS IMPLEMENTATION
WOULD...

- E. Greatly encourage me to leave
- F. Moderately encourage me to leave
- G. Slightly encourage me to leave
- H. Have no effect on my decision to stay
or to leave the Navy

- 22. ALLOW DISPENSARY DOCTORS TO ADMIT AND FOLLOW-UP PATIENTS IN THE HOSPITAL
- 23. RECRUIT MORE WOMEN PHYSICIANS
- 24. RECRUIT MORE FOREIGN-TRAINED PHYSICIANS
- 25. HIRE CIVILIAN PHYSICIANS (EITHER CIVIL SERVICE OR UNDER CONTRACT) TO FILL UNPOPULAR SHORE BILLETS

PROPOSALS DEALING WITH ADMINISTRATION

- 26. ELIMINATE COMMANDING OFFICER PERSONNEL INSPECTIONS
- 27. PROHIBIT ALL MOONLIGHTING
- 28. CREATE GRIEVANCE COMMITTEE COMPOSED OF STAFF MEMBERS AT EVERY HOSPITAL
- 29. RESCIND ALL RESTRICTIONS AGAINST MOONLIGHTING
- 30. ELIMINATE COMMANDING OFFICER MATERIEL INSPECTIONS
- 31. PROVIDE MORE LIBERAL HOSPITAL LEAVE POLICY FOR INTERNS/RESIDENTS

32. PROVIDE FLEXIBLE WORKING HOURS WHERE POSSIBLE
33. INCREASE OPPORTUNITY FOR INDIVIDUAL PHYSICIANS TO PARTICIPATE IN MANAGEMENT
34. CONSOLIDATE ALL MEDICAL FACILITIES IN A GEOGRAPHICAL AREA SO AS TO EQUALIZE WORKLOAD AND OPTIMIZE UTILIZATION OF AVAILABLE SPECIALISTS AND RESOURCES
35. ESTABLISH HIGH MINIMUM STANDARDS FOR MEDICAL FACILITIES AND REPLACE OR RENOVATE AGING FACILITIES TO MEET THESE STANDARDS
36. PROVIDE AND UPGRADE EXAMINING ROOM/OFFICE SPACES FOR ALL PHYSICIANS
37. PROVIDE COMMANDING OFFICERS, EXECUTIVE OFFICERS, DIRECTORS OF MEDICAL EDUCATION AND CHIEFS OF SERVICES WITH ADDITIONAL TRAINING FOR THEIR POSITIONS
38. IMPROVE CORPSMEN TRAINING
39. ALLOW PHYSICIANS TO HANG ON TO GOOD CORPSMEN AND TO GET RID OF POOR ONES
40. INCREASE USE OF SHIPBOARD DOCTORS IN SHORE DISPENSARIES/HOSPITALS WHEN IN PORT
41. INCREASE USE OF FLIGHT SURGEONS IN LOCAL DISPENSARIES/HOSPITALS WHEN NOT DEPLOYED
42. IMPROVE PATIENT HANDLING PROCEDURES AT NAVAL HOSPITALS/DISPENSARIES AND OUTPATIENT CLINICS
43. INCREASE USE OF QUALIFIED ALLIED MEDICAL PERSONNEL TO SCREEN PATIENTS AND TREAT MINOR COMPLAINTS
44. INSTITUTE AN APPOINTMENT SYSTEM TO REPLACE WALK-IN CLINICS WHERE FEASIBLE
45. RESTRICT THE USE OF EMERGENCY ROOMS TO "TRUE" EMERGENCIES
46. ESTABLISH A SMALL NUISANCE FEE FOR WALK-IN CLINIC PATIENTS
47. PLACE MEDICAL SERVICE CORPS OFFICERS IN CHARGE OF REGIONALIZED DISPENSARIES
48. CONSOLIDATE THE MEDICAL CORPS OF THE SEVERAL MILITARY SERVICES AND ESTABLISH AN INDEPENDENT FEDERAL MILITARY MEDICAL CORPS

I APPROVE OF THIS PROPOSAL. ITS IMPLEMENTATION
WOULD...

- A. Greatly encourage me to stay
- B. Moderately encourage me to stay
- C. Slightly encourage me to stay
- D. Have no effect on my decision to stay
or to leave the Navy

I DISAPPROVE OF THIS PROPOSAL. ITS IMPLEMENTATION
WOULD...

- E. Greatly encourage me to leave
- F. Moderately encourage me to leave
- G. Slightly encourage me to leave
- H. Have no effect on my decision to stay
or to leave the Navy

PROPOSALS DEALING WITH ASSIGNMENTS

- 49. MAKE ASSIGNMENTS COMPETITIVE ON THE BASIS OF ACHIEVEMENT AND PERFORMANCE
- 50. MAINTAIN A MAXIMUM SHIP TOUR LENGTH OF ONE YEAR
- 51. GUARANTEE OPTION OF REMAINING IN A SPECIFIC SHORE BILLET A MINIMUM OF FOUR YEARS
- 52. GUARANTEE OPTION OF REMAINING IN A SPECIFIC GEOGRAPHICAL AREA FOR A MINIMUM OF 8-12 YEARS
- 53. ALLOW MEMBERS OF A HIGHLY SPECIALIZED MEDICAL TEAM (I.E., TRANSPLANTS, CARDIOPULMONARY, ETC.) TO REMAIN WITH THE TEAM IF THEY SO DESIRE
- 54. MAINTAIN A VOLUNTEER POOL OF PHYSICIANS IN CERTAIN AREAS FROM WHICH DOCTORS CAN BE DRAWN ON A ROTATING BASIS TO SERVE SHORT TOURS ABOARD SHIP
- 55. PROVIDE LONG RANGE CAREER COUNSELING
- 56. REQUIRE DETAILERS TO MAINTAIN PERSONAL CONTACT WITH INDIVIDUAL PHYSICIANS

57. PUBLICIZE BILLET AVAILABILITY LIST BY SUBSPECIALTY
58. INSTITUTE A CONTRACT SYSTEM WHEREBY THE PHYSICIAN IS GUARANTEED ASSIGNMENT IN A SPECIFIED AREA FOR A SPECIFIED NUMBER OF YEARS WITH AN OPTION FOR EITHER PARTY TO TERMINATE THE CONTRACT AT SPECIFIED INTERVALS.

SECTION VI

1. WHEN DID YOU GRADUATE FROM MEDICAL SCHOOL?
 - A. Prior to 1953
 - B. 1953 - 1957
 - C. 1958 - 1962
 - D. 1963 - 1967
 - E. 1968 - 1970
 - F. 1971 - Present

2. WHAT WAS YOUR FIRST ASSIGNMENT IN THE NAVY MEDICAL CORPS?
 - A. Teaching Hospital (Staff)
 - B. Teaching Hospital (Resident)
 - C. Teaching Hospital (Intern)
 - D. Non-teaching Hospital
 - E. Dispensary
 - F. Fleet/Ship Assignment
 - G. Submarine Duty
 - H. Navy Air Squadron
 - I. Marine Air Squadron
 - J. Fleet Marine Unit
 - K. BuMed
 - L. Research Unit
 - M. Other

3. INDICATE YOUR HIGHEST DEGREE OF SPECIALIZATION
 - A. Board certified
 - B. Board eligible
 - C. Fully trained in specialty for which there is no board
 - D. Partially trained
 - E. No specialty training

4. WHAT DO YOU CONSIDER TO BE YOUR PRIMARY MEDICAL SPECIALTY?
 - A. Have not had specialty training
 - B. Family Practice
 - C. Pediatrics
 - D. General Surgery
 - E. Other Surgical Specialties
 - F. Internal Medicine
 - G. Other Medical Specialties
 - H. OB-GYN
 - I. Psychiatry
 - J. Ophthalmology
 - K. ENT
 - L. Anesthesiology
 - M. Pathology
 - N. Radiology
 - O. Industrial and Preventive Medicine
 - P. Other

5. ARE YOU CURRENTLY WORKING IN YOUR PRIMARY MEDICAL SPECIALTY?
 - A. Have not had specialty training
 - B. Yes
 - C. No

6. INDICATE YOUR PRESENT ASSIGNMENT.

- | | |
|---------------------------------|------------------------|
| A. Teaching Hospital (Staff) | H. Navy Air Squadron |
| B. Teaching Hospital (Resident) | I. Marine Air Squadron |
| C. Teaching Hospital (Intern) | J. Fleet Marine Unit |
| D. Non-teaching Hospital | K. BuMed |
| E. Dispensary | L. Research Unit |
| F. Fleet/Ship Assignment | M. Other |
| G. Submarine Duty | |

7. DID YOU REQUEST THE LOCATION AND/OR TYPE OF YOUR PRESENT ASSIGNMENT?

- A. Yes
- B. No

8. HAVE YOU HAD A TOUR OF DUTY WITH THE FLEET AND/OR WITH A FLEET MARINE FORCE UNIT?

- A. Yes
- B. No

9. ARE YOU QUALIFIED IN SUBMARINE MEDICINE?

- A. Yes
- B. No

10. ARE YOU QUALIFIED AS A FLIGHT SURGEON?

- A. Yes
- B. No

11. WHAT IS YOUR PRESENT RANK?

- A. Captain
- B. Commander
- C. Lieutenant Commander
- D. Lieutenant

12. WHAT IS YOUR DESIGNATOR?

- A. 2100 (Medical Corps)
- B. 2105 (Medical Corps Reserve)
- C. 2200 (Dental Corps)
- D. 2205 (Dental Corps Reserve)

13. ARE YOU PRESENTLY SERVING WITHIN YOUR INITIAL OBLIGATION AS A MEDICAL/DENTAL OFFICER? (Initial obligation is defined as the minimum active service required by your original source of commissioning, plus any additional service obligation you may have acquired during this initial period in order to obtain additional training or education).
- A. Yes
 - B. No
14. WHAT IS YOUR MARITAL STATUS?
- A. Married
 - B. Single
 - C. Divorced, Separated or Widowed
15. HOW MANY DEPENDENTS (OTHER THAN YOURSELF AND YOUR SPOUSE) DO YOU HAVE?
- A. None
 - B. One
 - C. Two or three
 - D. Four or more

SECTION VII

1. WHAT WAS THE GENERAL OPINION OF THE STAFF AND FACULTY OF YOUR MEDICAL SCHOOL TOWARD MILITARY MEDICINE AS A CAREER?
 - A. Should be considered
 - B. Neutral
 - C. Should be avoided

2. WHAT INFLUENCE DID THE DRAFT HAVE ON YOUR DECISION TO ENTER ACTIVE MILITARY SERVICE?
 - A. Was not subject to the draft
 - B. Definitely would have entered even if no draft
 - C. Probably would have entered even if no draft
 - D. Don't know what I would have done if no draft
 - E. Probably would not have entered if no draft
 - F. Definitely would not have entered if no draft

3. DISREGARDING THE INFLUENCE OF THE DRAFT, WHY DID YOU ENTER ACTIVE FEDERAL MILITARY SERVICE?
 - A. The draft was the only major reason
 - B. To serve my country
 - C. For travel and adventure
 - D. For advanced education and training
 - E. To obtain practical experience
 - F. To avoid or defer the problems inherent in setting up and managing a practice
 - G. Opportunity for income while making-up mind about the future
 - H. Job security
 - I. Other

4. DISREGARDING THE INFLUENCE OF THE DRAFT, WHY DID YOU SEEK A NAVY COMMISSION?
 - A. Liked the Navy's system of practicing medicine
 - B. Had prior Navy service and liked the Navy
 - C. Interest in the sea and/or ship life
 - D. Interest in flying or astronautics
 - E. Geographic location of Navy facilities
 - F. Because Navy physicians tend to be assigned to large hospitals
 - G. Other

5. THROUGH WHICH OF THE FOLLOWING PROCUREMENT PROGRAMS DID YOU OBTAIN YOUR COMMISSION?

- A. Direct procurement as regular Navy officer
- B. Navy Medical Officer Scholarship Program (MOSP)
- C. Senior year Medical Student Program (SMSP)
- D. Berry Plan (Immediate)
- E. Berry Plan (Partial deferment)
- F. Berry Plan (Full deferment)
- G. Early Commissioning Program
- H. Navy internship
- I. Navy residency
- J. Naval reserve
- K. Was drafted
- L. Other

6. WHICH OF THE FOLLOWING WAS MOST HELPFUL TO YOU AS A SOURCE OF INFORMATION ABOUT NAVAL MEDICINE?

- A. Medical student
- B. Navy physician
- C. Former Navy physician
- D. Summer clerkship
- E. Navy program at medical school
- F. District medical officer
- G. BuMed
- H. Other

7. WHAT ARE YOUR CURRENT SERVICE PLANS?

- A. Plan to remain on active duty until I retire
- B. Plan to remain in the Navy, but not necessarily until I retire
- C. Undecided about my service plans
- D. Plan to get out as soon as possible

8. ARE YOU ELIGIBLE FOR RETIREMENT NOW?

- A. Yes
- B. No

SECTION VIII

USE THE CHOICES BELOW TO ANSWER ITEMS 1 THROUGH 12.
COMPUTE PROFESSIONAL TIME ON A YEARLY BASIS.

- | | |
|------------------|----------------|
| A. less than 10% | F. 50% - 59% |
| B. 10% - 19% | G. 60% - 69% |
| C. 20% - 29% | H. 70% - 79% |
| D. 30% - 39% | I. 80% or more |
| E. 40% - 49% | |

THE PORTION OF MY TOTAL PROFESSIONAL TIME THAT I PRESENTLY DEVOTE TO THIS FUNCTION IS...

1. INPATIENT CARE
2. OUTPATIENT CARE
3. TEACHING
4. RESEARCH
5. ADMINISTRATION
6. CONTINUING EDUCATION

THE PORTION OF MY TOTAL PROFESSIONAL TIME THAT I WOULD LIKE TO DEVOTE TO THIS FUNCTION IS...

7. INPATIENT CARE
8. OUTPATIENT CARE
9. TEACHING
10. RESEARCH
11. ADMINISTRATION
12. CONTINUING EDUCATION

13. HAVE YOU ATTENDED A CONTINUING EDUCATION COURSE OR PROFESSIONAL MEETING AT NAVY EXPENSE BETWEEN 1 JANUARY 1972 AND 31 DECEMBER 1972?
- A. Yes
- No, because
- B. I could not attend for personal reasons
C. I was not interested in attending
D. Operational commitments made such attendance impractical
E. There were not sufficient funds to sponsor me
F. I had less than 6 months duty remaining
G. Other policy guidelines prevented such attendance
14. HOW WOULD YOU RATE NAVY SPECIALTY TRAINING?
- A. One of the finest obtainable anywhere
B. On a par with that of a good civilian hospital
C. On a par with that of an average civilian hospital
D. On a par with that of an inferior civilian hospital
E. One of the worst obtainable anywhere
15. HOW WOULD YOU RATE THE NAVY'S SYSTEM OF HEALTH CARE DELIVERY AS COMPARED WITH OTHER SYSTEMS WITH WHICH YOU ARE FAMILIAR?
- A. One of the best
B. Above average
C. Average
D. Below average
E. One of the worst
16. FROM THE PATIENT'S POINT OF VIEW, WHAT DO YOU CONSIDER TO BE THE WEAKEST POINT IN THE NAVY'S HEALTH CARE DELIVERY SYSTEM?
- A. There are no weak points
B. No personal choice of doctor
C. Too much waiting
D. Expense involved in being required to go to CHAMPUS
E. Impersonal or inconsiderate care
F. Other

17. IT HAS BEEN PROPOSED THAT A POOL BE FORMED FROM WHICH PHYSICIANS WOULD BE DRAWN ON A ROTATING BASIS TO SERVE SHORT TOURS ABOARD SHIP. WOULD YOU BE WILLING TO PARTICIPATE IN SUCH A POOL?

- A. Yes
- B. No
- C. Not sure

18. DO YOU THINK THAT BUMED WILL BE RESPONSIVE TO THE FINDINGS OF THIS STUDY?

- A. Yes
- B. No
- C. Not sure

Section IX is to be answered by your spouse. If you are not married or if your spouse is not available, leave Section IX blank.

TO THE NAVY SPOUSE

As you well know, when your spouse joins the Navy, you do too. Yet, you are seldom given the opportunity to speak up on things that matter to you. In the next section you will be given that opportunity. If you wish to make additional comments, you may do so on a separate sheet of paper, indicating that you are a Navy spouse. Thank you for your cooperation.

SECTION IX

QUESTIONS TO BE ANSWERED BY YOUR SPOUSE

USE THE CHOICES BELOW TO INDICATE THE EXTENT OF YOUR SATISFACTION WITH EACH OF THE FOLLOWING ASPECTS OF NAVY LIFE:

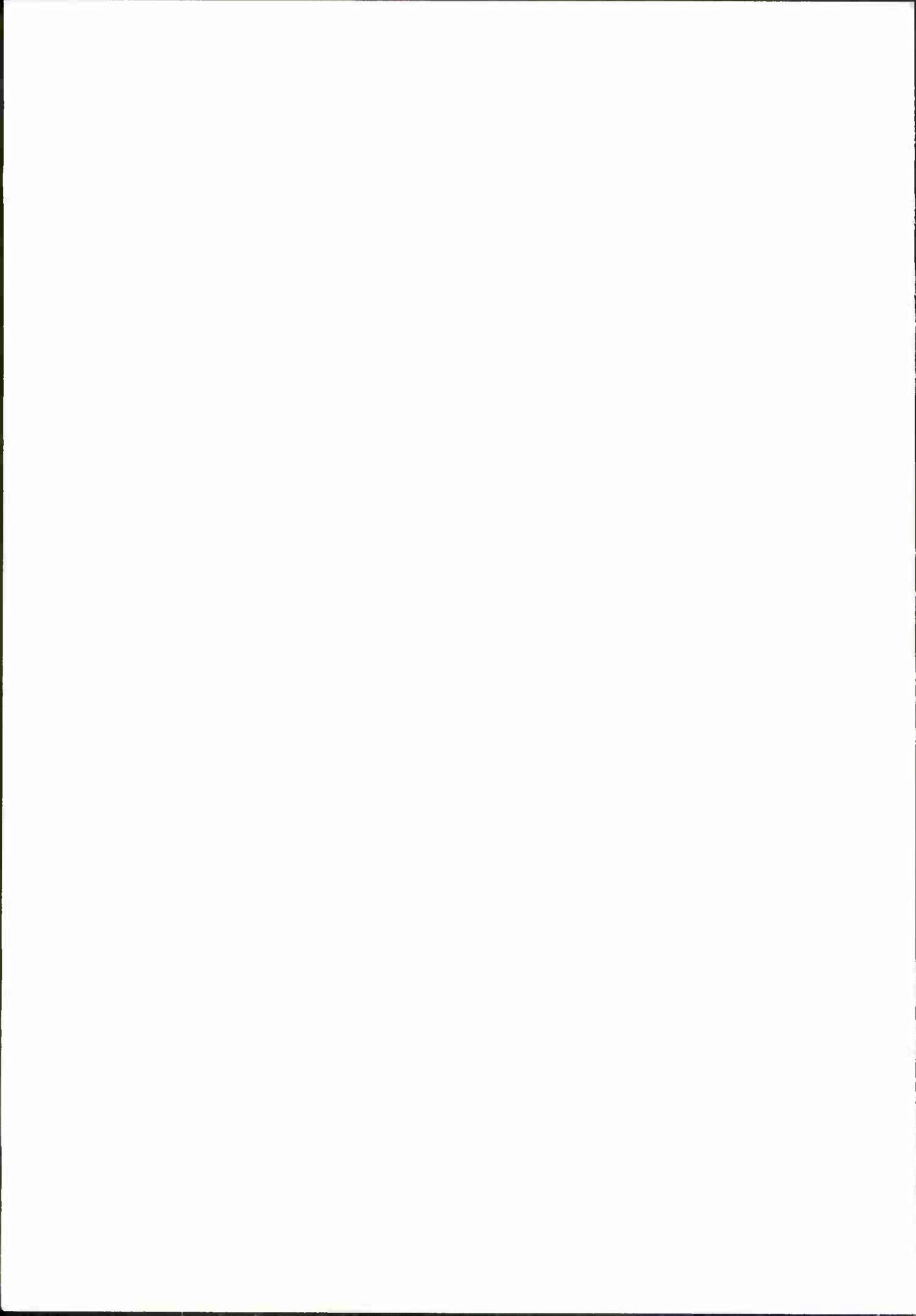
- A. Very satisfied
- B. Satisfied
- C. Indifferent
- D. Dissatisfied
- E. Very dissatisfied

1. SPOUSE'S NAVY PAY
2. NAVY HOUSING OR HOUSING ALLOWANCE
3. SPOUSE'S PROFESSIONAL PRESTIGE
4. FAMILY'S RESPECT IN COMMUNITY
5. NAVY SOCIAL LIFE AND PROTOCOL
6. SPOUSE'S OPPORTUNITY TO PLAN OWN CAREER
7. OPPORTUNITY FOR TRAVEL
8. FREQUENCY OF PERMANENT CHANGE OF STATION (PCS) MOVES
9. AMOUNT OF TIME SPOUSE IS ABSENT FROM HOME
10. EXCHANGES AND COMMISSARIES
11. QUALITY OF CHILDREN'S EDUCATION
12. HEALTH CARE BENEFITS
13. QUALITY OF DENTAL CARE OVERSEAS
14. SPOUSE'S RETIREMENT BENEFITS

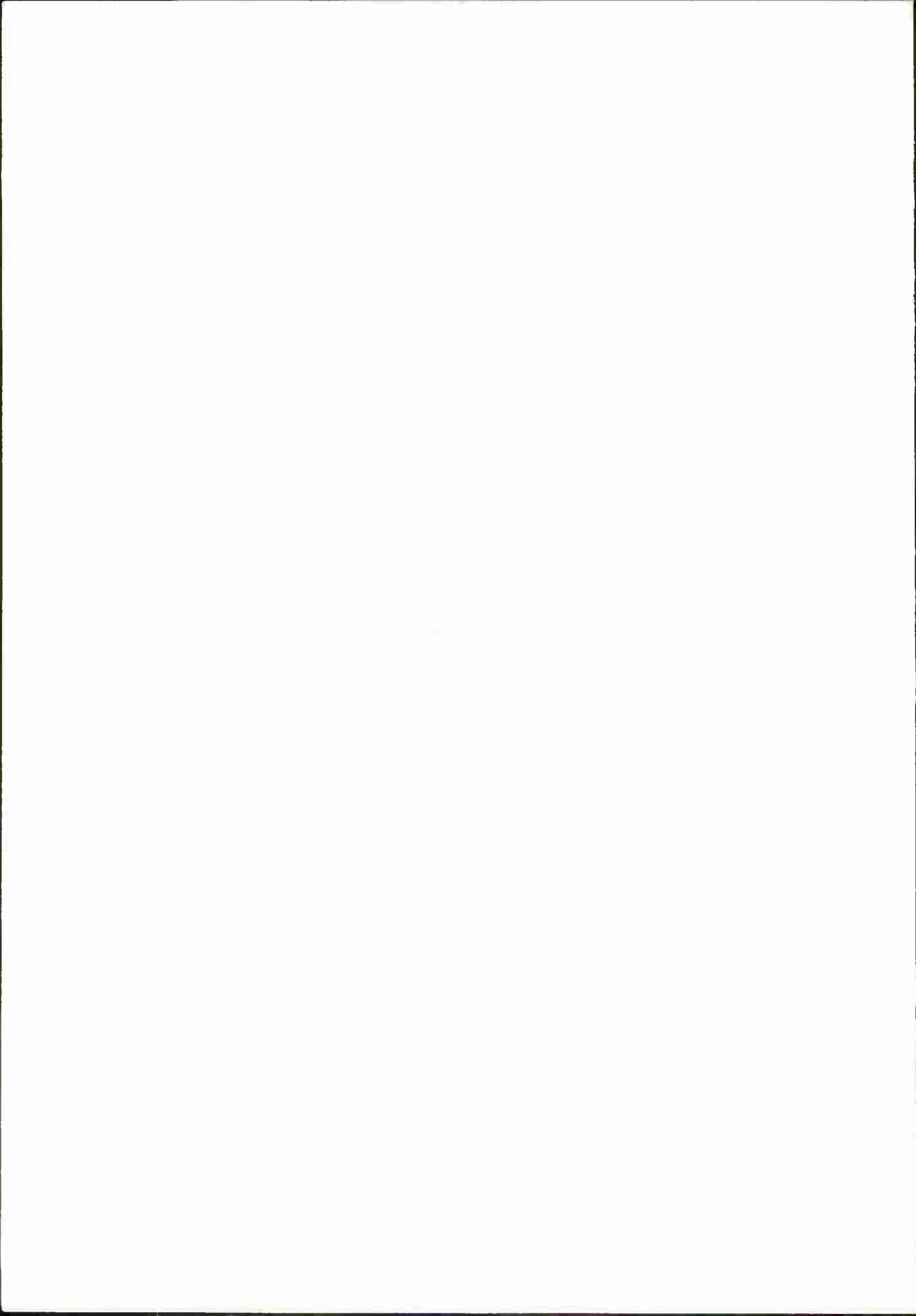
15. WHICH OF THE FOLLOWING STATEMENTS BEST EXPRESSES YOUR ATTITUDE TOWARD YOUR SPOUSE'S REMAINING IN THE NAVY AT THE PRESENT TIME?

- A. Would encourage him/her to stay
- B. Would prefer that he/she stay, but would not mind if he/she left
- C. Ambivalent as to whether he/she stays or leaves
- D. Would prefer that he/she leave, but would not mind if he/she stayed
- E. Would encourage him/her to leave

THANK YOU FOR YOUR COOPERATION



APPENDIX B
SURVEY OF NAVY DENTISTS
QUESTIONNAIRE





DO NOT WRITE ABOVE THIS LINE

SECTION V																										
	A	B	C	D	E	F	G	H		A	B	C	D	E	F	G	H		A	B	C	D	E	F	G	H
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																			42							
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SECTION VII															
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SECTION VIII										
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SECTION IX					
To BE ANSWERED BY SPOUSE					
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SECTION VI																											
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SURVEY OF NAVY DENTISTS



FEBRUARY 1973

**Developed and Conducted for the Surgeon General
by
The Naval Personnel Research and Development Laboratory
Washington, D.C., 20390**

PREFACE

This questionnaire is part of a study designed by the Naval Personnel Research and Development Laboratory for the Surgeon General. The objective of this study is to assess doctors' satisfaction with various aspects of practicing medicine and dentistry in the Navy. Proposed policy and administrative changes, some with far-reaching consequences, will also be evaluated.

The Dentist questionnaire is being sent to all Dentists in the Navy. It is important that we hear from all of you. Completing the questionnaire will take less than an hour of your time--yet the results may affect you for the remainder of your Navy career.

A section of the questionnaire has been devoted to problems and concerns frequently expressed by Navy spouses. If you are married, your spouse is encouraged to express his or her own opinions in that special section. Of course, participation is strictly optional. If you are not married or if your spouse is not available, leave that section blank.

It is requested that you complete and return your answer sheet in the envelope provided within three days of receipt. Although your social security number must appear on the answer sheet, it will be used for statistical control purposes only--in no way will your name be associated with your responses.

A multiple choice questionnaire, by its very nature, limits the range of permissible responses. You are therefore encouraged to comment at length upon any germane issue. Please do so on a separate sheet of paper. There is no limit to the number of additional sheets you may attach.

Thank you for your cooperation.

GENERAL INSTRUCTIONS FOR
COMPLETING THIS QUESTIONNAIRE

1. Answer all questions on the special answer sheet provided. Read each question and all of its responses carefully before selecting your answer.
2. Select only one response to each question.
3. Mark your answers directly on the answer sheet.
4. Use a No. 2 pencil only. Do Not Use Ink.
5. Blacken each answer block completely. Do not go outside the lines of the block. Look at the examples below:



RIGHT



WRONG



WRONG

6. If you make a mistake, erase the mark completely before entering a new one.
7. Check your answers every so often to be sure that the number on the answer sheet is the same as the number of the item in the survey booklet that you are answering.
8. Do not tear or fold the answer sheet.
9. If additional information or clarification is needed, contact C. Braunstein on Autovon 288 - 4472 or commercial (202) 433 - 4472.

BEFORE YOU BEGIN

Fill in your Social Security Number in the spaces provided on your answer sheet. It will be used for statistical purposes only.

SECTION I

Section I is printed directly on your answer sheet. BE SURE TO ANSWER SECTION I BEFORE PROCEEDING TO SECTION II.

SECTION II

1. MY IMMEDIATE SUPERIOR IS...
 - A. Not a dental officer
A dental officer who is
 - B. Commanding Officer
 - C. Executive Officer
 - D. Dept/Division Head
 - E. Chief of Service

2. HOW OFTEN DO YOU WORK IN CLOSE CONTACT WITH YOUR IMMEDIATE SUPERIOR?
 - A. Frequently (almost daily)
 - B. Regularly (about once a week)
 - C. Occasionally (about once every two weeks)
 - D. Seldom (about once a month)
 - E. Never

HOW WELL DO EACH OF THE FOLLOWING STATEMENTS DESCRIBE YOUR IMMEDIATE SUPERIOR?

A	B	C	D	E
Almost always true	Often true	Sometimes true	Seldom true	Almost never true

MY IMMEDIATE SUPERIOR...

3. EXPECTS HIGH QUALITY WORK
4. BUILDS TEAM SPIRIT
5. TREATS EVERYONE FAIRLY
6. ASSUMES RESPONSIBILITY WILLINGLY
7. BACKS ME UP WHEN I AM RIGHT
8. IS CONCERNED ABOUT MY PROBLEMS
9. LISTENS TO AND ACTS UPON MY IDEAS
10. GETS THINGS DONE
11. IS MORE CONCERNED WITH PERSONAL GAIN THAN WITH PATIENT/STAFF WELFARE
12. KEEPS UP TO DATE CLINICALLY
(Answer E if superior is not a Dental Officer)

SECTION III

HOW WELL DO EACH OF THE FOLLOWING STATEMENTS DESCRIBE
DENTISTS IN THEIR FIRST TWO YEARS OF ACTIVE DUTY?

A	B	C	D	E
Almost always true	Often true	Sometimes true	Seldom true	Almost never true

DENTISTS IN THEIR FIRST TWO YEARS OF ACTIVE DUTY...

1. PRACTICE GOOD DENTISTRY
2. ARE PROFESSIONAL IN APPEARANCE
3. ARE PROFESSIONAL IN BEHAVIOR
4. ARE RESPECTFUL TO SENIORS
5. ARE COURTEOUS TO PATIENTS
6. HAVE AN APPRECIATION OF THE ADMINISTRATIVE ASPECTS OF DENTISTRY
7. ACCEPT AND SUPPORT THE POLICIES AND PROCEDURES OF THE DENTAL CORPS
8. ARE MORE CONCERNED WITH PERSONAL GAIN THAN WITH PATIENT WELFARE

SECTION IV

HOW WELL DO EACH OF THE FOLLOWING STATEMENTS DESCRIBE
YOUR PATIENTS?

A	B	C	D	E
Almost always true	Often true	Sometimes true	Seldom true	Almost never true

MY PATIENTS...

1. ARE COURTEOUS
2. MAKE INTELLIGENT USE OF AVAILABLE SERVICES
3. COOPERATE FULLY IN TREATMENT
4. ARE APPRECIATIVE OF CARE GIVEN
5. ARE UNDERSTANDING WHEN UNEXPECTED DELAYS OCCUR
6. REFRAIN FROM MAKING UNNECESSARY VISITS
7. FOLLOW PROCEDURES AND WILLINGLY WAIT THEIR TURN
8. ARE RESPECTFUL

SECTION V

Many proposals and suggestions have been made in an effort to encourage qualified dentists to remain in the Navy. Your opinion is needed to help evaluate these proposals. Select the one statement below (A-H) which best indicates your feelings. It is IMPORTANT that you consider each proposal on its individual merits.

I APPROVE OF THIS PROPOSAL. ITS IMPLEMENTATION WOULD...

- A. Greatly encourage me to stay
- B. Moderately encourage me to stay
- C. Slightly encourage me to stay
- D. Have no effect on my decision to stay or to leave the Navy

I DISAPPROVE OF THIS PROPOSAL. ITS IMPLEMENTATION WOULD...

- E. Greatly encourage me to leave
- F. Moderately encourage me to leave
- G. Slightly encourage me to leave
- H. Have no effect on my decision to stay or to leave the Navy

PROPOSALS DEALING WITH ADVANCEMENT AND COMPENSATION

1. PROVIDE A MECHANISM TO IDENTIFY AND GET RID OF "DEADWOOD"
2. INCREASE USE OF DEEP SELECTION MECHANISM FOR DENTAL CORPS PERSONNEL
3. CREATE A SPECIFIC MEDICAL/DENTAL FITNESS REPORT TO EVALUATE PROFESSIONAL PERFORMANCE

4. INSTITUTE A "PEER-REVIEW" SYSTEM TO ENABLE ALL DENTISTS WITHIN AN ORGANIZATION TO EVALUATE PROFESSIONAL PERFORMANCE WITHIN THAT ORGANIZATION
5. PROMOTE DENTAL CORPS PERSONNEL WITHIN SPECIALTIES
6. ELIMINATE MILITARY RANK STRUCTURE
7. PROVIDE ADDITIONAL MONETARY COMPENSATION TO DENTISTS FOR SPECIALTY CERTIFICATION
8. PROVIDE ADDITIONAL MONETARY COMPENSATION TO DENTISTS FOR SUPERVISORY POSITIONS WITH HIGH RESPONSIBILITY
9. TIE TOTAL PAY TO INCOME EARNED BY CIVILIAN PRACTITIONERS WITH EQUIVALENT QUALIFICATIONS
10. ENACT A PAY PACKAGE THAT WOULD BOOST THE PAY OF JUNIOR DENTAL OFFICERS TO MORE ACCURATELY REFLECT THEIR EARNING POWER IN THE CIVILIAN COMMUNITY
11. INSTITUTE EVENING HOURS AT DENTAL ACTIVITIES
12. PROVIDE ADDITIONAL MONETARY COMPENSATION FOR FLEET, FLEET MARINE FORCE AND ANTARCTIC DUTY
13. ELIMINATE CONTINUATION PAY FOR DENTAL OFFICERS

PROPOSALS DEALING WITH PROFESSIONAL AFFAIRS

14. GUARANTEE AVAILABILITY OF FUNDS FOR ATTENDING CONFERENCES AND MEETINGS
15. INCREASE NUMBER OF TRAINING OPPORTUNITIES AVAILABLE AT CIVILIAN INSTITUTIONS
16. ESTABLISH GENERAL DENTISTRY AS A NAVY DENTAL SPECIALTY
17. REQUIRE ALL DENTISTS TO MEET CONTINUING EDUCATION CRITERIA FOR HOME STATE LICENSES
18. GIVE JUNIOR OFFICERS ASSIGNED TO DENTAL CLINICS OPTION TO BE ROTATED THROUGH ALL DEPARTMENTS WHERE POSSIBLE
19. PROVIDE FOR A GREATER EXCHANGE OF INFORMATION ABOUT THE CLINICAL, RESEARCH AND OTHER ACTIVITIES OF DENTISTS IN THE DENTAL CORPS

I APPROVE OF THIS PROPOSAL. ITS IMPLEMENTATION
WOULD...

- A. Greatly encourage me to stay
- B. Moderately encourage me to stay
- C. Slightly encourage me to stay
- D. Have no effect on my decision to stay
or to leave the Navy

I DISAPPROVE OF THIS PROPOSAL. ITS IMPLEMENTATION
WOULD...

- E. Greatly encourage me to leave
- F. Moderately encourage me to leave
- G. Slightly encourage me to leave
- H. Have no effect on my decision to stay
or to leave the Navy

- 20. PLACE GREATER EMPHASIS ON PREVENTIVE DENTISTRY
- 21. INCREASE DOCTOR/PATIENT RATIO
- 22. HAVE PATIENT SEE SAME DENTIST ON SUBSEQUENT VISITS WHENEVER
POSSIBLE
- 23. CHANGE POLICY TO ALLOW DIRECT PATIENT ACCESS TO SPECIALISTS
FOR COMPLAINTS DEALING WITH SPECIALTY INTEREST
- 24. CALL UPON SPECIALISTS TO TAKE TURNS PRACTICING GENERAL
DENTISTRY IN DIAGNOSIS ROOMS OR OPERATIVE CLINICS
- 25. CHANGE POLICY TO ALLOW JUNIOR DENTISTS TO PRACTICE THE
FULL SPECTRUM OF DENTAL CARE
- 26. RECRUIT MORE WOMEN DENTISTS
- 27. HIRE CIVILIAN DENTISTS (EITHER CIVIL SERVICE OR UNDER CONTRACT)
TO FILL UNPOPULAR SHORE BILLETS

PROPOSALS DEALING WITH ADMINISTRATION

- 28. ELIMINATE COMMANDING OFFICER PERSONNEL INSPECTIONS

29. PROHIBIT ALL MOONLIGHTING
30. CREATE GRIEVANCE COMMITTEE COMPOSED OF STAFF MEMBERS AT EVERY DENTAL ACTIVITY
31. RESCIND ALL RESTRICTIONS AGAINST MOONLIGHTING
32. ELIMINATE COMMANDING OFFICER MATERIEL INSPECTIONS
33. PROVIDE AT LEAST ONE CHAIRSIDE DT PER CLINICAL DENTIST
34. PROVIDE FLEXIBLE WORKING HOURS WHERE POSSIBLE
35. INCREASE OPPORTUNITY FOR INDIVIDUAL DENTISTS TO PARTICIPATE IN MANAGEMENT
36. CONSOLIDATE ALL DENTAL FACILITIES IN A GEOGRAPHICAL AREA SO AS TO EQUALIZE WORKLOAD AND OPTIMIZE UTILIZATION OF AVAILABLE SPECIALISTS AND RESOURCES
37. DECENTRALIZE DENTAL ACTIVITIES TO ENABLE MORE DENTAL OFFICERS TO WORK IN SMALL CLINICS
38. ESTABLISH HIGH MINIMUM STANDARDS FOR DENTAL FACILITIES AND REPLACE OR RENOVATE AGING FACILITIES TO MEET THESE STANDARDS
39. PROVIDE AND UPGRADE EXAMINING ROOM/OFFICE SPACE FOR ALL DENTISTS
40. PROVIDE COMMANDING OFFICERS, EXECUTIVE OFFICERS, DIRECTORS OF DENTAL EDUCATION AND CHIEFS OF SERVICES WITH ADDITIONAL TRAINING FOR THEIR POSITIONS
41. IMPROVE DENTAL TECHNICIAN TRAINING
42. ALLOW DENTISTS TO HANG ON TO GOOD DENTAL TECHNICIANS AND TO GET RID OF POOR ONES
43. INCREASE USE OF SHIPBOARD DENTISTS IN DENTAL SHORE ACTIVITIES WHEN IN PORT
44. IMPROVE PATIENT HANDLING PROCEDURES AT NAVY DENTAL ACTIVITIES
45. INCREASE USE OF QUALIFIED AUXILIARY PERSONNEL TO SCREEN PATIENTS AND TREAT MINOR COMPLAINTS
46. PLACE MEDICAL SERVICE CORPS OFFICERS IN CHARGE OF REGIONALIZED DENTAL ACTIVITIES

I APPROVE OF THIS PROPOSAL. ITS IMPLEMENTATION
WOULD...

- A. Greatly encourage me to stay
- B. Moderately encourage me to stay
- C. Slightly encourage me to stay
- D. Have no effect on my decision to stay
or to leave the Navy

I DISAPPROVE OF THIS PROPOSAL. ITS IMPLEMENTATION
WOULD...

- E. Greatly encourage me to leave
- F. Moderately encourage me to leave
- G. Slightly encourage me to leave
- H. Have no effect on my decision to stay
or to leave the Navy

47. CONSOLIDATE THE DENTAL CORPS OF THE SEVERAL MILITARY SERVICES
AND ESTABLISH AN INDEPENDENT FEDERAL MILITARY DENTAL CORPS

PROPOSALS DEALING WITH ASSIGNMENTS

48. MAKE ASSIGNMENTS COMPETITIVE ON THE BASIS OF ACHIEVEMENT AND
PERFORMANCE
49. INITIATE MAXIMUM SHIP TOUR LENGTH OF ONE YEAR
50. GUARANTEE OPTION OF REMAINING IN A SPECIFIC SHORE BILLET A
MINIMUM OF FOUR YEARS
51. GUARANTEE OPTION OF REMAINING IN A SPECIFIC GEOGRAPHICAL AREA
A MINIMUM OF 8 - 12 YEARS
52. MAINTAIN A VOLUNTEER POOL OF DENTISTS IN CERTAIN AREAS FROM
WHICH DENTISTS CAN BE DRAWN ON A ROTATING BASIS TO SERVE
SHORT TOURS ABOARD SHIP
53. PROVIDE LONG RANGE CAREER COUNSELING
54. REQUIRE DETAILERS TO MAINTAIN PERSONAL CONTACT WITH INDIVIDUAL
DENTISTS

55. PUBLICIZE BILLET AVAILABILITY LIST BY SUBSPECIALTY
56. INSTITUTE A CONTRACT SYSTEM WHEREBY THE DENTIST IS GUARANTEED ASSIGNMENT IN A SPECIFIED AREA FOR A SPECIFIED NUMBER OF YEARS WITH AN OPTION FOR EITHER PARTY TO TERMINATE THE CONTRACT AT SPECIFIED INTERVALS

SECTION VI

1. WHEN DID YOU GRADUATE FROM DENTAL SCHOOL?

- | | |
|------------------|-------------------|
| A. Prior to 1953 | D. 1963 - 1967 |
| B. 1953 - 1957 | E. 1968 - 1970 |
| C. 1958 - 1962 | F. 1971 - Present |

2. WHAT WAS YOUR FIRST ASSIGNMENT IN THE NAVY DENTAL CORPS?

- A. Independent Sea Duty
- B. Non-Independent Sea Duty
- C. Dental Clinic (Command)
- D. Large Dental Dept (over 20 officers)
- E. Medium Dental Dept (10 - 19 officers)
- F. Small Dental Dept (2 - 10 officers)
- G. Training Naval Hospital
- H. Non-Training Naval Hospital
- I. BuMed
- J. Research Unit
- K. NGDS Staff
- L. NGDS Student
- M. Other

3. INDICATE YOUR HIGHEST DEGREE OF SPECIALIZATION

- A. Board certified
- B. Board eligible
- C. Fully trained in specialty for which there is no board
- D. Partially trained
- E. No specialty training

4. WHAT DO YOU CONSIDER TO BE YOUR PRIMARY DENTAL SPECIALTY?

- | | |
|------------------------------------|---------------------------------------|
| A. Have not had specialty training | |
| B. Oral Surgery | I. Public health/Preventive Dentistry |
| C. Prostodontics | J. Maxillo-Facial Prosthetics |
| D. Periodontics | K. Oral Diagnosis |
| E. Orthodontics | L. Dental Science Research Officer |
| F. Pedodontics | M. Operative Dentistry Officer |
| G. Endodontics | N. Dental Education Program Officer |
| H. Oral Pathology | |

5. ARE YOU CURRENTLY WORKING IN YOUR PRIMARY DENTAL SPECIALTY?
- A. Have not had specialty training
 - B. Yes
 - C. No
6. INDICATE YOUR PRESENT ASSIGNMENT.
- A. Independent Sea Duty
 - B. Non-Independent Sea Duty
 - C. Dental Clinic (Command)
 - D. Large Dental Dept (over 20 officers)
 - E. Medium Dental Dept (10 - 19 officers)
 - F. Small dental Dept (2 - 10 officers)
 - G. Training Naval Hospital
 - H. Non-Training Naval Hospital
 - I. BuMed
 - J. Research Unit
 - K. NGDS Staff
 - L. NGDS Student
 - M. Other
7. DID YOU REQUEST THE LOCATION AND/OR TYPE OF YOUR PRESENT ASSIGNMENT?
- A. Yes
 - B. No
8. HAVE YOU HAD A TOUR OF DUTY WITH THE FLEET AND/OR WITH A FLEET MARINE FORCE UNIT?
- A. Yes
 - B. No
9. HAVE YOU HAD A TOUR OF INDEPENDENT DUTY?
- A. Yes
 - B. No
10. WHAT IS YOUR PRESENT RANK?
- A. Captain
 - B. Commander
 - C. Lieutenant Commander
 - D. Lieutenant

11. WHAT IS YOUR DESIGNATOR?
- A. 2100 (Medical Corps)
 - B. 2105 (Medical Corps Reserve)
 - C. 2200 (Dental Corps)
 - D. 2205 (Dental Corps Reserve)
12. ARE YOU PRESENTLY SERVING WITHIN YOUR INITIAL OBLIGATION AS A MEDICAL/DENTAL OFFICER? (Initial obligation is defined as the minimum active service required by your original source of commissioning, plus any additional service obligation you may have acquired during this initial period in order to obtain additional training or education).
- A. Yes
 - B. No
13. WHAT IS YOUR MARITAL STATUS?
- A. Married
 - B. Single
 - C. Divorced, Separated or Widowed
14. HOW MANY DEPENDENTS (OTHER THAN YOURSELF AND YOUR SPOUSE) DO YOU HAVE?
- A. None
 - B. One
 - C. Two or three
 - D. Four or more

SECTION VII

1. WHAT WAS THE GENERAL OPINION OF THE STAFF AND FACULTY OF YOUR DENTAL SCHOOL TOWARD MILITARY DENTISTRY AS A CAREER?
 - A. Should be considered
 - B. Neutral
 - C. Should be avoided

2. WHAT INFLUENCE DID THE DRAFT HAVE ON YOUR DECISION TO ENTER ACTIVE MILITARY SERVICE?
 - A. Was not subject to the draft
 - B. Definitely would have entered even if no draft
 - C. Probably would have entered even if no draft
 - D. Don't know what I would have done if no draft
 - E. Probably would not have entered if no draft
 - F. Definitely would not have entered if no draft

3. DISREGARDING THE INFLUENCE OF THE DRAFT, WHY DID YOU ENTER ACTIVE FEDERAL MILITARY SERVICE?
 - A. The draft was the only major reason
 - B. To serve my country
 - C. For travel and adventure
 - D. For advanced education and training
 - E. To obtain practical experience
 - F. To avoid or defer the problems inherent in setting up and managing a practice
 - G. Opportunity for income while making-up mind about the future
 - H. Job security
 - I. Other

4. DISREGARDING THE INFLUENCE OF THE DRAFT, WHY DID YOU SEEK A NAVY COMMISSION?
 - A. Liked the Navy's system of practicing dentistry
 - B. Had prior Navy service and liked the Navy
 - C. Interest in the sea and/or ship life
 - D. Interest in flying or astronautics
 - E. Geographic location of Navy facilities
 - F. Other

5. THROUGH WHICH OF THE FOLLOWING PROCUREMENT PROGRAMS DID YOU OBTAIN YOUR COMMISSION?
- A. Direct procurement as regular Navy officer
 - B. Navy Dental Scholarship Program (DOSP)
 - C. Senior year Dental Student Program (SDSP)
 - D. Early Commissioning Program
 - E. Dental Allocation Program
 - F. Was drafted
 - G. Other
6. WHICH OF THE FOLLOWING WAS MOST HELPFUL TO YOU AS A SOURCE OF INFORMATION ABOUT NAVAL DENTISTRY?
- A. Dental student
 - B. Navy Dentist
 - C. Former Navy Dentist
 - D. Summer clerkship
 - E. Navy program at dental school
 - F. District Dental Officer
 - G. BuMed
 - H. Other
7. WHAT ARE YOUR CURRENT SERVICE PLANS?
- A. Plan to remain on active duty until I retire
 - B. Plan to remain in the Navy, but not necessarily until I retire
 - C. Undecided about my service plans
 - D. Plan to get out as soon as possible
8. ARE YOU ELIGIBLE FOR RETIREMENT NOW?
- A. Yes
 - B. No

SECTION VIII

USE THE CHOICES BELOW TO ANSWER ITEMS 1 THROUGH 12.
COMPUTE PROFESSIONAL TIME ON A YEARLY BASIS.

- | | |
|------------------|----------------|
| A. less than 10% | F. 50% - 59% |
| B. 10% - 19% | G. 60% - 69% |
| C. 20% - 29% | H. 70% - 79% |
| D. 30% - 39% | I. 80% or more |
| E. 40% - 49% | |

THE PORTION OF MY TOTAL PROFESSIONAL TIME THAT I PRESENTLY DEVOTE TO THIS FUNCTION IS...

1. PATIENT CARE
2. TEACHING
3. RESEARCH
4. ADMINISTRATION
5. LABORATORY
6. CONTINUING EDUCATION

THE PORTION OF MY TOTAL PROFESSIONAL TIME THAT I WOULD LIKE TO DEVOTE TO THIS FUNCTION IS...

7. PATIENT CARE
8. TEACHING
9. RESEARCH
10. ADMINISTRATION
11. LABORATORY
12. CONTINUING EDUCATION

13. HAVE YOU ATTENDED A CONTINUING EDUCATION COURSE OR PROFESSIONAL MEETING AT NAVY EXPENSE BETWEEN 1 JANUARY 1972 AND 31 DECEMBER 1972?
- A. Yes
- No, because
- B. I could not attend for personal reasons
C. I was not interested in attending
D. Operational commitments made such attendance impractical
E. There were not sufficient funds to sponsor me
F. I had less than 6 months' duty remaining
G. Other policy guidelines prevented such attendance
14. HOW WOULD YOU RATE NAVY SPECIALTY TRAINING?
- A. One of the finest obtainable anywhere
B. On a par with that of a good civilian hospital
C. On a par with that of an average civilian hospital
D. On a par with that of an inferior civilian hospital
E. One of the worst obtainable anywhere
15. HOW WOULD YOU RATE THE NAVY'S SYSTEM OF DENTAL CARE DELIVERY AS COMPARED WITH OTHER SYSTEMS WITH WHICH YOU ARE FAMILIAR?
- A. One of the best
B. Above average
C. Average
D. Below average
E. One of the worst
16. FROM THE PATIENT'S POINT OF VIEW, WHAT DO YOU CONSIDER TO BE THE WEAKEST POINT IN THE NAVY'S DENTAL CARE DELIVERY SYSTEM?
- A. There are no weak points
B. No personal choice of doctor
C. Too much waiting
D. Expense involved in being required to go to CHAMPUS
E. Impersonal or inconsiderate care
F. Insufficient dental care for dependents
G. Other

17. IT HAS BEEN PROPOSED THAT A POOL BE FORMED FROM WHICH DENTISTS WOULD BE DRAWN ON A ROTATING BASIS TO SERVE SHORT TOURS ABOARD SHIP. WOULD YOU BE WILLING TO PARTICIPATE IN SUCH A POOL?
- A. Yes
 - B. No
 - C. Not sure
18. DO YOU THINK THAT BUMED WILL BE RESPONSIVE TO THE FINDINGS OF THIS STUDY?
- A. Yes
 - B. No
 - C. Not sure

Section IX is to be answered by your spouse. If you are not married or if your spouse is not available, leave Section IX blank.

TO THE NAVY SPOUSE

As you well know, when your spouse joins the Navy, you do too. Yet, you are seldom given the opportunity to speak up on things that matter to you. In the next section you will be given that opportunity. If you wish to make additional comments, you may do so on a separate sheet of paper, indicating that you are a Navy spouse. Thank you for your cooperation.

SECTION IX

QUESTIONS TO BE ANSWERED BY YOUR SPOUSE

USE THE CHOICES BELOW TO INDICATE THE EXTENT OF YOUR SATISFACTION WITH EACH OF THE FOLLOWING ASPECTS OF NAVY LIFE:

- A. Very satisfied
- B. Satisfied
- C. Indifferent
- D. Dissatisfied
- E. Very dissatisfied

1. SPOUSE'S NAVY PAY
2. NAVY HOUSING OR HOUSING ALLOWANCE
3. SPOUSE'S PROFESSIONAL PRESTIGE
4. FAMILY'S RESPECT IN COMMUNITY
5. NAVY SOCIAL LIFE AND PROTOCOL
6. SPOUSE'S OPPORTUNITY TO PLAN OWN CAREER
7. OPPORTUNITY FOR TRAVEL
8. FREQUENCY OF PERMANENT CHANGE OF STATION (PCS) MOVES
9. AMOUNT OF TIME SPOUSE IS ABSENT FROM HOME
10. EXCHANGES AND COMMISSARIES
11. QUALITY OF CHILDREN'S EDUCATION
12. HEALTH CARE BENEFITS
13. QUALITY OF DENTAL CARE OVERSEAS
14. SPOUSE'S RETIREMENT BENEFITS

15. WHICH OF THE FOLLOWING STATEMENTS BEST EXPRESSES YOUR ATTITUDE TOWARD YOUR SPOUSE'S REMAINING IN THE NAVY AT THE PRESENT TIME?

- A. Would encourage him/her to stay
- B. Would prefer that he/she stay, but would not mind if he/she left
- C. Ambivalent as to whether he/she stays or leaves
- D. Would prefer that he/she leave, but would not mind if he/she stayed
- E. Would encourage him/her to leave

THANK YOU FOR YOUR COOPERATION

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U158755