AD-A149 519

(2)

United States Army Health Care Studies and Clinical Investigation Activity

ARMY NURSE CORPS PERSONNEL MANAGEMENT PRACTICES

by
LTC A. J. Frelin, ANC, USA
Principal Investigator
LTC T. R. Misener, ANC, USA
Associate Investigator
MAJ H. F. Mechanic, ANC, USAR
Associate Investigator

US Army Health Care Studies and
Clinical Investigation Activity
Fort Sam Houston, TX 78234

Final Report #83-0058
September 1984

DTIC FILE COPY

This document has been approved for public release and sale; its distribution is unlimited.

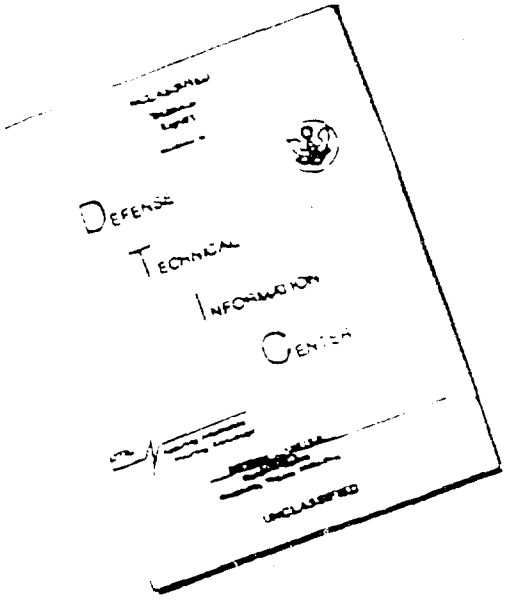
US ARMY
HEALTH SERVICES COMMAND
FORT SAM HOUSTON, TEXAS 78234

DTIC
ELECTE
JAN 15 1985
S E

85 01 08 038

REPRODUCED AT GOVERNMENT EXPENSE

DISCLAIMER NOTICE



THIS DOCUMENT IS BEST QUALITY AVAILABLE. THE COPY FURNISHED TO DTIC CONTAINED A SIGNIFICANT NUMBER OF PAGES WHICH DO NOT REPRODUCE LEGIBLY.

NOTICE

The findings in this report are not to be construed as an official Department of the Army position unless so designated by other authorized documents.

Regular users of the services of the Defense Technical Information Center (per DOD Instruction 5200.21) may purchase copies directly from the following:

Defense Technical Information Center (DTIC)
ATTN: DTIC-DDR
Cameron Station
Alexandria, VA 22314

Telephones: AUTOVON (108) 28-47633, 34, or 35
Commercial (202) 27-47633, 34, or 35

All other requests for these reports will be directed to the following:

US Department of Commerce
National Technical Information Services (NTIS)
5285 Port Royal Road
Springfield, VA 22161

Telephone: Commercial (703) 487-4600

U

SECURITY CLASSIFICATION OF THIS PAGE (When Data Entered)

REPORT DOCUMENTATION PAGE

READ INSTRUCTIONS BEFORE COMPLETING FORM

1. REPORT NUMBER
83-005B

2. GOVT ACCESSION NO.
~~BACCSTD~~ AD A149519

3. RECIPIENT'S CATALOG NUMBER

4. TITLE (and Subtitle)
Army Nurse Corps Personnel Management Practices

5. TYPE OF REPORT & PERIOD COVERED
Final Report
Nov 81 - Sep 84

6. PERFORMING ORG. REPORT NUMBER
83-005B

7. AUTHOR(s)
A. J. Frelin, LTC, ANC, USA
T. R. Misener, LTC, ANC, USA
H. F. Mechanic, MAJ, ANC, USAR

8. CONTRACT OR GRANT NUMBER(s)
N/A

9. PERFORMING ORGANIZATION NAME AND ADDRESS
US Army Health Care Studies and Clinical Investigation Activity
Fort Sam Houston, TX 78234

10. PROGRAM ELEMENT, PROJECT, TASK AREA & WORK UNIT NUMBERS
N/A

11. CONTROLLING OFFICE NAME AND ADDRESS
US Army Health Care Studies and Clinical Investigation Activity
Fort Sam Houston, TX 78234

12. REPORT DATE
Sep 1984

13. NUMBER OF PAGES
175

14. MONITORING AGENCY NAME & ADDRESS(if different from Controlling Office)

15. SECURITY CLASS. (of this report)
UNCLASSIFIED

15a. DECLASSIFICATION/DOWNGRADING SCHEDULE

16. DISTRIBUTION STATEMENT (of this Report)
Approved for public release; unlimited distribution

17. DISTRIBUTION STATEMENT (of the abstract entered in Block 20, if different from Report)

18. SUPPLEMENTARY NOTES
DAOG9529

19. KEY WORDS (Continue on reverse side if necessary and identify by block number)
Active Army; Personnel; Policy; Survey; Retention; Satisfaction; Attitudes; Issues within ANC; AMEDD; Nursing

20. ABSTRACT (Continue on reverse side if necessary and identify by block number)
Study was assigned as part of AMEDD Study Program FY 82. All ANC officers were surveyed (91% responded) to provide insight into important attitudes, preferences, and responses to a wide range of personnel proposals, education, opportunities, and nursing assignments. This will provide ANC planners with a method for identifying those policy alternatives which appear to offer the most effective and efficient control of the recruitment, training, promotion, retention, separation, and retirement of nursing personnel and for predicting the effects of these policy alternatives upon future ANC activities.

DD FORM 1 JAN 73 1473 EDITION OF 1 NOV 65 IS OBSOLETE

U

SECURITY CLASSIFICATION OF THIS PAGE (When Data Entered)

Conclusions reached were: (1) Pay/Allowances/Benefits (a) not a primary issue in attrition except for 66Fs (do not have pay parity with civilians), (b) most support the issue of professional pay for some groups of nurses, and (c) much concern with perceived erosion as evidenced by pay caps, high unreimbursed expenses, and proposals to reduce existing benefits; (2) Present Duty (a) primary concern of all groups is short-fall of personnel available to carry out mission, (b) most ANCs like their jobs; (3) Assignments/Career Planning, ANCs do not believe they have adequate input into career planning/assignments; (4) Military Professional Issues (a) ANC is a professional Corps, proud of its place/responsibility to USA, (b) reluctant to give up recognition of excellence for promotion/selection for leadership positions; (5) Professional Issues (AMEDD Nursing) - ANCs perceive role of AMEDD nursing more professionally challenging than civilian sector, and (6) Attrition Propensity (a) not high in ANC, (b) most frequently cited reason for leaving is inability to combine career and family, (c) most frequently cited reason for staying is professional growth opportunities. The investigators recommend: (1) Pay/Allowances/Benefits (a) pay parity for 66F, (b) keep policy makers aware of the acute concern of service members regarding pay and benefits and their impact on force structure; (2) Present Duty - implement some valid and reliable patient classification system that will more accurately prove the criticality of staffing shortage to force structure planners; (3) Assignments/Career Planning (a) encourage ANCs at all levels to actively take part in guidance/planning activities (especially those in leadership positions), (b) CAO increase communication between/among all members concerned with career/assignment plans (especially with individual ANCs) on matters of assignments and career progression; (4) Military Professional Issues - None; (5) Professional Issues (AMEDD Nursing) (a) widely disseminate the results of this study (b) encourage efforts to improve working environment and satisfaction of all ANCs through positive programs at all levels; and (6) Attrition Propensity (a) carefully scrutinize all data for dissatisfiers which can be corrected (especially at local assignment level), (b) most frequently cited reason for leaving (inability to combine career and family) concerns a professional's evaluation of commitment to a basic responsibility of a military career and as such would be difficult to ameliorate, (c) dissatisfiers appeared to vary minimally within and among groups. It would appear that these factors cut across all groups and subgroups within the Corps.

ACKNOWLEDGEMENTS

We would like to thank the many people who provided assistance and support throughout this study.

To General Hazel Johnson, Chief, ANC, for considering the opinions of each officer important enough to direct a census.

To Colonel (now BG) Connie Slewitzke, Assistant Chief, ANC (now Chief) for her day-to-day support and guidance. To Colonel Rosemary McCarthy, Ph.D., Colonel M. Baskfield, Colonel E. P. Gorman, Colonel Audre McLaughlin, Ph.D., Lieutenant Colonel Jan Southby, Ph.D., and Dr. Harriet Werley for assistance in designing the data collection instrument.

To the nurses of the 94th General Hospital (USAR) for participating in the pilot test of the instrument.

To chief nurses at each MTF and to their assigned project officers for their support in contacting the respondents.

Particular thanks must go to Mrs. Patricia Twist, Management Analyst, HCSCIA, for her assistance in all things from survey formatting, talking to the computer, and for turning rough drafts into a finished manuscript: And to Dr. A. D. Mangelsdorff for making the computer talk to us and for ongoing editorial advice.

Last, but certainly not least, we must thank our colleagues who read and critiqued the draft manuscript and the assistants who helped with mailing, manned the control desk, and helped in many other ways.

Accession For
NTIS GRA&I ☒
DTIC TAB ☐
Unannounced ☐
Justification
By
Distribution/
Availability Codes
Dist | Avail and/or Special
A-1

DTIC COPY INSPECTED

TABLE OF CONTENTS

SECTION	Page
Report Documentation Page	i
Acknowledgements	iii
Table of Contents	iv
List of Figures	vi
List of Tables	vii
Glossary	xii
1. INTRODUCTION	1
2. BACKGROUND	2
3. OBJECTIVE/STUDY QUESTIONS	2
a. Objective	2
b. Study Questions	2
4. METHODOLOGY	3
a. Study Population	3
b. Instrument	3
c. Validity and Reliability	4
d. Procedure	5
e. Data Analysis	5
5. FINDINGS	5
a. Demographic Characteristics of ANC Officers	5
b. Pay, Allowances, and Benefits	10
c. Assignments/Career Planning	12
d. Present Duty	15
e. Military Professional Issues	20

TABLE OF CONTENTS (Continued)

SECTION		Page
	f. Professional Issues (AMEDD Nursing)	21
	g. Attrition Propensity	23
	h. Multivariate Analysis and Reliability Measures	24
6.	CONCLUSIONS	25
7.	RECOMMENDATIONS	27
8.	REFERENCES	30
9.	APPENDICES	31
	A Letters of Instruction Used In Data Collection	32
	B Mean Scores and Standard Deviations for Individual Items (Annotated on Sample Data Collection Booklet)	37
	C Figures	57
	D Tables	70
10.	DISTRIBUTION LIST	162

LIST OF FIGURES

FIGURES Page

1. Age Distribution of ANCs 58

2. Frequency Distribution of ANCs' Age Groups by Gender 59

3. Frequency Distribution of ANC Officers' Years of Federal Service . . 60

4. Frequency Distribution of Within Group Attrition Propensity By Years of Federal Service. 61

5. Frequency Distribution of All ANC by Gender and SSI. 62

6. Frequency Distribution of Marital Status of ANC Officers 63

7A. Frequency Distribution of Dependents Claimed by All ANCs 64

7B. Frequency Distribution of Households Within the ANC with Dependents Requiring Caretakers. 64

8. Frequency Distribution of Advance Hours Needed by All ANCs for Deployment. 65

9. Frequency Distribution of Place of Assignment. 66

10. Frequency Distribution of Duty Positions in MEDDACs/MEDCENs. 67

11. Frequency Distribution of ANCs Concerned Regarding Erosion of Retirement Benefits by Tendency Attrition Propensity 68

12. Perceptions of CAO's Consideration of Officer Preference Statement for Present Duty Assignment. 69

LIST OF TABLES

TABLES Page

1. Frequency Distribution of Years in Service by Attrition Propensity . . 71

2. Frequency Distribution by Rank and Gender. 72

3. Frequency Distribution of Rank by Attrition Propensity 73

4. Frequency Distribution of All ANCs Within Each SSI by Gender 74

5. Frequency Distribution of All ANCs Across All SSIs by Gender 75

6. Frequency Distribution of SSI by Attrition Propensity 76

7. Frequency Distribution of Dependents Requiring Caretaker Arrangements by Dependents for Whom Caretaker Arrangements Have Been Made 77

8. Frequency Distribution of Marital Status by Attrition Propensity . . . 78

9. Frequency Distribution of Duty Position by Perceived Appropriateness of Duty Assignment 79

10. Frequency Distribution of Assignment Preference by Satisfaction With Present Duty Assignment 80

11. Frequency Distribution of SSI by Choice of Assignment. 81

12. Frequency Distribution of Rank by Choice of Assignment 82

13. Frequency Distribution of Duty Position by Choice of Assignment. . . . 83

14. Other Issues Relating to Pay, Allowances, and Benefits 84

15. Frequency Distribution of Attrition Propensity by Overall Satisfaction With Pay, Allowances, and Benefits. 85

16. Frequency Distribution of Responses to Pay, Allowances, and Benefits (PAB) Issues. 86

17. Frequency Distribution of Primary SSI by Satisfaction With Pay, Allowances, and Benefits (PAB). 87

18. Frequency Distribution of Duty Position by Satisfaction With Pay, Allowances, and Benefits (PAB) 88

19. Frequency Distribution of Marital Status by Perceived Equity of Dependent Allowances by Marital Status. 89

20. Frequency Distribution of Attrition Propensity by Perceived Equity of Dependent Allowances 90

TABLES Page

21. Frequency Distribution of CONUS Geographic Preferences 91

22. Frequency Distribution of OCONUS Geographic Preferences 92

23. Factors Influencing Assignment Preferences by Rank of Choice. 93

24. Frequency Distribution of Satisfaction With Present Duty Assignment by Satisfaction with Geographic Location of Duty Assignment 94

25. Frequency Distribution of Perceived Difficulty With Overseas Assignment by Marital Status. 95

26. Frequency Distribution of Actual Versus Preferred Advance Notice Time (Months) for PCS Moves 96

27. Frequency Distribution of Actual Versus Preferred Notice Time for PCS Moves by SSi. 97

28. Frequency Distribution of Marital Status by Perceptions of CAO Efforts to Collocate Spouses. 98

29. Rank Choice of Marital Status by Influence of Closeness to Family for Assignment Preferences 99

30A Frequency Distribution of Primary SSI by Perceptions of Career Counseling. 100

30B Frequency Distribution of Rank by Perceptions of CAO Career Counseling. 101

31. Frequency Distribution of Rank by Job Satisfaction. 102

32. Frequency Distribution of Duty Position by Perceived Job Satisfaction. 103

33. Frequency Distribution of SSI by Perceived Job Satisfaction 104

34. Frequency Distribution of Rank by Perceptions of Staffing Adequacy. . 105

35. Frequency Distribution of SSI by Perceived Staffing Adequacy. 106

36. Frequency Distribution of Duty Position by Perception of Staffing Adequacy 107

37. Frequency Distribution of Job Satisfaction by Perceived Staffing Adequacy. 108

38. Frequency Distribution of Primary SSI by Comparison of Military Versus Civilian Community Staffing Adequacy 109

39. Frequency Distribution of Primary SSI by Perceived Safety of Staffing Patterns 110

TABLES

Page

40. Frequency Distribution of Rank by Perceived Safety of Staffing Patterns 111

41. Frequency Distribution of Duty Position by Perceived Safety of Staffing Patterns 112

42. Frequency Distribution of Job Satisfaction by Perceived Safety of Staffing Patterns. 113

43. Frequency Distribution of Attrition Propensity by Perceived Staffing Adequacy 114

44. Frequency Distribution of Attrition Propensity by Perceived Safety of Staffing Patterns 115

45. Frequency Distribution of SSI by Perceived "Good" Quality of Care. . . 116

46. Frequency Distribution of Perceived Quality of Care by Perceived Adequacy of Staffing Levels. 117

47. Frequency Distribution of Perceived Quality of Care by Perceived Safety of Staffing Patterns. 118

48. Frequency Distribution of Duty Position by Perceived "Fairness" of Work Schedule. 119

49. Frequency Distribution of SSI by Perceived "Fairness" of Work Schedules 120

50. Frequency Distribution of Rank by Perceived "Fairness" of Work Schedule. 121

51. Frequency Distribution of Job Satisfaction by Perceived "Fairness" of Work Schedule. 122

52. Frequency Distribution of Primary SSI by Perceived Adequacy of Supervisory Feedback on Performance. 123

53. Frequency Distribution of Rank by Perceived Adequacy of Supervisory Feedback on Performance. 124

54. Frequency Distribution of Rank by Perceptions of First Line Supervisor as "Doing A Good Job" 125

55. Frequency Distribution of Rank by Perceived Effectiveness of Organizational Lines 126

56. Frequency Distribution of SSI by Perceived Opportunities to Attend TDY/CE Programs. 127

TABLES Page

57. Frequency Distribution of Rank by Perceived Opportunties to Attend TDY/CE Programs. 128

58. Frequency Distribution of Rank by Perceived Appropriateness of Duty Position for Educational and Experience Level 129

59. Frequency Distribution of Primary SSI by Perceived Appropriateness of Duty Position for Educational and Experience Level 130

60. Frequency Distribution of SSI by Perceptions That Decisions Are Based On Rank and Not Professional Knowledge 131

61. Frequency Distribution of Rank by Perceived Adequacy of Orientation to Unit. 132

62. Frequency Distribution of SSI by Perceived Adequacy of Orientation to Unit. 133

63. Frequency Distribution of Perceived Job Satisfaction by Perception of Adequacy of Orientation to Unit. 134

64. Frequency Distribution of Job Satisfaction by Perceived Adequacy of Ongoing Education and Training 135

65. Frequency Distribution of Responses for Select Military Issues. . . 136

66. Subjective Comparison of ANC to Civilian Sector on 16 Major Professional Issues 137

67. Frequency Distribution of Primary SSI by Perceived Nursing Accountability in ANC in Comparison to Civilian Community 138

68. Frequency Distribution of SSI by Perceived Adequacy of Graduate Nurse Transition Program in ANC in Comparison to Civilian Community 139

69. Frequency Distribution of SSI by Perceived Opportunities for Advanced Education in ANC in Comparison to Civilian Community . . . 140

70. Frequency Distribution of SSI by Perceived Opportunties for Continuing Education in ANC in Comparison to Civilian Community . . 141

71. Frequency Distribution of SSI by Perceived Nurse Autonomy in ANC in Comparison to Civilian Community 142

72. Frequency Distribution of SSI by Perceived Opportunities for Role Development Through Career Programs in AMEDD in Comparison to Civilian Community 143

73. Frequency Distribution of SSI by Perceived Opportunities for Flextime in AMEDD in Comparison to Civilian Community 144

TABLES Page

74. Frequency Distribution of SSI by Perceived Nursing Professionalism of ANCs in Comparison to Civilian RNs 145

75. Frequency Distribution of SSI by Perceived Ability to Combine Career and Family in Military Versus Civilian Sector. 146

76. Frequency Distribution of SSI by Interdisciplinary Professional Relationships 147

77. Frequency Distribution of SSI by Floating as a Normal Occurrence. 148

78. Frequency Distribution of SSI by Perceived Status of Quality Assurance Policies in the ANC in Comparison to the Civilian Community 149

79. Frequency Distribution of SSI by Perceived Status of Standards of Practice in the ANC in Comparison to the Civilian Community. . . 150

80. Frequency Distribution of SSI by Perceived Quality of Nursing Leadership in the ANC in Comparison to the Civilian Community . . . 151

81. Frequency Distribution of SSI by Nurses' Image and Status on Health Team 152

82. Response Categories: Issues Most Influencing Retention 153

83. Response Categories: Reasons for Staying in Military 154

84. Response Categories: Reasons "Undecided" About Remaining on Active Duty 155

85. Response Categories: Reasons for Leaving ANC 156

86. Response Categories: "Other Professional Issues" 157

87. Factors Names, Coefficient Alphas, and Number of Items in Factor. . 158

88. Discriminant Analyses: "Staying" or "Leaving" as Dependent Variable. 159

89. Discriminant Analyses: "Gender" as Dependent Variable 160

90. Discriminant Analyses: "Years of Service" as Dependent Variable . . 161

GLOSSARY

AHS - Academy of Health Sciences

AMEDD - Army Medical Department

ANA - American Nurses Association

ANC - Army Nurse Corps

BOQ - Bachelor Officers Quarters

CAO - Career Activities Office

CHN - Community Health Nurse

DA - Discriminant Analyses

HN - Head Nurse

MTF - Medical Treatment Facility

OTSG - Office of The Surgeon General

PAB - Pay, Allowances, and Benefits

PCS - Permanent Change of Station

PX - Post Exchange

RN - Registered Nurse

SSI - Specialty Skill Identifier

TDRL - Temporarily Disabled Retirement List

USAR - United States Army Reserve

SSIs

66A - Nurse Administrator/Nursing Methods Analyst

66B - Community Health Nurse

66C - Psychiatric Nurse

66D - Pediatric Nurse

66E - Operating Room Nurse

66F - Nurse Anesthetist

66G - Obstetrics/Gynocology Nurse

66H - Medical/Surgical Nurse

66J - General Duty Nurse

RANK

2LT - Second Lieutenant

1LT - First Lieutenant

CPT - Captain

MAJ - Major

LTC - Lieutenant Colonel

COL - Colonel

DUTY POSITION

Top Management - to include Chief Nurse, Assistant Chief Nurse, Command Chief Nurse

Middle Management - to include Service/Section Chief (Asst Chief for) Clinical Chief, EVE/NOC, Chief TOE

1st Line Management - Head Nurse

Staff Nurse - including all specialties

Staff Position - includes research, special projects, instructors, CAO, recruiting, historian, Office of The Surgeon General

Primary Practitioner - all nurse practitioners and midwives

Student - PCS student status

ARMY NURSE CORPS PERSONNEL MANAGEMENT PRACTICES

1. INTRODUCTION.

Nurses are an integral component of the multidisciplinary work force required to meet escalating consumer health needs. Yet, a pervasive and well documented problem (Kramer, 1974; Price & Muller, 1981) has been the absence of job permanence among professional nurses. Attrition, characterized by high job turnover and nurses' departure from practice or the profession, has been largely attributed to job dissatisfaction.

The implications of job satisfaction on recruitment, retention, and quality of patient care is well appreciated by the nursing community. In the Army Nurse Corps (ANC) a stable work force is essential to force planning and the Army Medical Department's (AMEDD) ability to support mobilizing forces. High job turnover seriously complicates the mission of the AMEDD, its day-to-day operation, and achievement of the Department's goal of quality patient care.

Cognizant of the consequences of job dissatisfaction, nurses, both within the civilian and military sectors, have sought to explore and address the problem. Previous studies (Lazarus, 1974; Jacobson & McGrath, 1983; McClure, Poulin, Savie & Wandelt, 1983) have revealed several persistant problems. The Army's 1972 study, "Structural Analysis and Planning in the ANC," hereafter referred to as the 1972 ANC Study (Rowen, Swisher, & Saunders, 1972), suggested a number of major areas of concern.

The overall purpose of the current study was to explore Army Nurse Corps (ANC) officers' attitudes, perceptions and preferences regarding critical career issues. Specifically, it considered the impact of key factors on retention and job satisfaction. They included: 1) pay, allowances, and benefits; 2) present

practice setting and duty position; 3) assignments/career planning; 4) military professional issues; 5) AMEDD professional nursing issues; and 6) concurrent issues within the nursing profession.

2. BACKGROUND.

Impetus for the current investigation was generated from the Chief, ANC, and nursing consultants within the Office of The Surgeon General (OTSG). Concerned that attitudinal responses similar to those voiced in the 1972 ANC study were being voiced throughout nursing, they felt that a follow-up study was indicated. The focus of the current investigation would be ANC officers' concerns and attitudes towards the many issues which impact upon career satisfaction and career decisions. Subsequently, the FY 82 Study Program mandated a replication of the 1972 ANC study to serve as a basis for current and future recruitment and retention decisions. The 1972 ANC study was carefully reviewed and discussed with consultants. The need for an updated inquiry suggested that the study not be replicated but rather that it be utilized in the development of a new investigation into critical career issues.

3. OBJECTIVE/STUDY QUESTIONS.

a. Objective.

The objective of the current study was to provide the Chief, ANC and ANC planners information regarding ANC officers' feelings about key career issues and areas of concern.

b. Study Questions.

(1) Which military career characteristics have the greatest impact (positive and negative) on ANC officer retention?

(2) How influential are pay, allowances, and benefits to ANC officers' decisions concerning their military careers?

(3) What impact do the characteristics of professional soldiers (i.e., frequent moves, soldiers' identity, etc.) have on ANC officers' decisions concerning careers?

(4) Which characteristics of the practice of nursing in the Army (i.e., present duty and professional issues) have the greatest impact on ANC career issues?

(5) Is career counseling at all levels perceived by ANC officers as meeting their needs for information required for individual career planning?

(6) How progressive, regarding professional nursing issues, is the Corps perceived to be by ANC officers?

4. METHODOLOGY.

a. Study Population.

The importance of this study to all ANC officers prompted the decision that each member of the Corps be given the opportunity to participate. All ANC officers assigned worldwide to Army Medical Treatment Facilities (MTFs) received questionnaires from project officers. ANC officers pursuing long term civilian/military education, assigned to recruiting positions, or on unique individual assignments were contacted individually by mail. No attempt was made to contact officers outside the system on extended leave, TDRL, etc. Additionally, students in the ANC Basic Officer Orientation Course were excluded due to their unfamiliarity with the system. A total adjusted population of 3,597 subjects was identified. Final returns yielded 3,284 responses; of this, 23 questionnaires were not usable, therefore the final adjusted response rate was 91% (N=3,261).

b. Instrument.

To elicit the required information, a study-specific questionnaire was

constructed. As a preliminary to instrument development, a number of ANC officers assigned to Fort Sam Houston, Texas, including a group of attendees at a Clinical Head Nurse Course at the Academy of Health Sciences, US Army, were anonymously surveyed (N=53) using an open-ended questionnaire. The information gained from these sources along with the 1972 ANC study and the input received from consultants served as a basis for questionnaire construction. Additional input was obtained from nursing consultants within OTSG and in the ANC community along with research consultants within the Corps and the civilian sector.

Prior to implementation of the study a pretest was conducted using the ANC officers (N=31) of a USAR unit (94th General Hospital). Because many of these officers had prior active service, it was felt they could validly test the instrument.

The final questionnaire (Appendix B) contained 140 items in six categories: pay, allowances, and benefits; present duty and practice setting; assignments/career issues; military professional issues; AMEDD professional issues; and professional nursing issues. Eight items in the instrument were open-ended. The remaining 132 items required short responses or selection of a multiple choice option. The average completion time was estimated to be 30-40 minutes.

c. Validity and Reliability.

Content validity was established through the use of consultants, who served as a panel of judges. These experts considered items independently and collectively in assessing the items' merit, relevancy, and accuracy. Factor analysis provided construct validity.

A principal components factor analysis with varimax rotation was performed. The 129 variables yielded 28 factors with eigenvalues greater than 1.00 and accounted for 60.1% of the total variance. Eight factors with three or more items loading at the .40 level were selected for further analysis. Reliability coefficients were computed using Crobach's standard alpha for each of the factors.

d. Procedure.

Data collection procedures insured that a maximum number of ANCs were given an opportunity to participate. To facilitate the process, chief nurses at all Army MTFs were contacted and requested to appoint a project officer to distribute and monitor the return of questionnaires. Questionnaires were distributed and collected during the latter portion of 1982 and early 1983.

e. Data Analysis.

Frequency distributions were computed for all variables. Crosstabulations were conducted between various sub-groups (i.e., rank, SSI, duty position, years of federal service, and marital status) on select variables within each category of item. On crosstabulations, where observations were missing, the response data for the one set of variables was discarded. Chi-square analyses were conducted where appropriate.

5. FINDINGS.

a. Demographic Characteristics of ANC Officers.

(1) Age and Gender Distribution.

The demographic data provided by respondents demonstrated an apparent change in the ANC profile since the 1972 study. In 1972, the

male/female compositon of the Corps was 25% , 75%. Today, men constitute about one-third of the Corps (30%), an increase of five percent over the 10 year period. Conversely, the female population decreased to 70%. In 1982, more than one-half of the members (56%) were 30 to 39 years of age compared to 20% in 1972 when more than one-half were under 27 years old. In the current study, 29% of the Corps was under 30 years of age (Figure 1). The mean age of Corps members was found to be 34 years, with a median of 35 years.

Age distribution by gender was also disproportionate. Only 17% of all male officers were in the 20 to 29 year age group and 27% were over 40 years old. In contrast, there are twice as many women in the 20 to 29 year age group as compared to the over-40 age group. Fifty-seven percent of all men and 48% of all women were in the 30 to 39 year age group (Figure 2). Women comprised 83% of the 20 to 29 year age group and 60% of all Corps members over 40 years of age.

(2) Years of Federal Service.

Thirty-six percent of all ANC officers were members of the Regular Army; 64% were USAR. Sixty-one percent of the officers reported 10 years or less of Federal Service; 31% less than four years. For the entire Corps, the mean number of years of Federal Service was slightly over three years. Only 3% of the Corps reported over 20 years of Federal Service (Figure 3). Slightly less than one-half the Corps has a service obligation.

Fifteen percent of all respondents indicated a propensity to depart from active duty; another 19% were undecided (Figure 4). Respectively, these two groups represented 52% of ANCs with less than four years and 38% with five to ten years; of the ANCs who reported more than 20 years of active duty, 15% planned to retire and another 10% were undecided (Table 1).

(3) Rank and Gender.

Company grade officers comprise nearly 67% of the Corps. Captains and Majors demonstrated minimal variation in the male/female composition of the Corps. Additionally, the proportionate distribution of all men and women in the ANC was comparable to the percentage of men and women in these two grades. However, a change in the number of male LTCs was demonstrated. In 1972, men comprised only 12% of the LTCs as compared to 46% in this study. In 1972, no male respondent held the rank of Colonel, in 1982, 37% of the COLs (N=23) were men (Table 2).

As anticipated, attrition propensity was highest among the junior officers. Seventeen percent of 2LTs and 26% of 1LTs expressed plans to leave active duty. Another 35% of 2LTs and 26% of 1LTs were undecided. Captains comprised the largest group by rank (N=1546, 49%). Seventeen percent reported plans to leave the Army; 22% were undecided (Table 3); 61% planned to remain on active duty. Propensity to remain in the Army increased as rank increased to a high of 86% for COLs.

(4) Primary SSI.

As anticipated, the majority (51%) of ANC officers belonged to the 66H (Medical-Surgical) SSI. The other 49% of the Corps were distributed in the remaining SSIs.

Collectively, within the Corps there was a wide and disproportionate variance in the gender distribution of officers within each SSI (Tables 4 and 5). Although men comprised slightly more than 30% of the ANC, 18% of the male officers accounted for nearly 75% of the 66Fs (anesthetists) (Figure 5 and Table 4). Similarly, 48% of 66Cs (psychiatry) and 43% of 66As (administration) were from the male ANC population. Conversely, women predominated

in the SSIs, 66G (OB/GYN) at 96%, 66D (pediatrics) at 86%, 66B (Community Health) at 76%, and 66H (medical/surgical) at 73%.

Table 6 allows an examination of the attrition propensity of the Corps by SSI. Overall, 41% of the Corps planned to "definitely remain on active duty" while less than 6% "definitely planned to leave active duty." Approximately 53% of the ANCs had not made a commitment regarding their plans. The individuals who were most likely to leave were the 66Hs (24%) and 66Js (23%). Contrary to popular belief, only 19% of the anesthetists fell into this group. The 66As and 66Bs comprised the groups with the highest propensity to remain on active duty.

(5) Marital Status.

The data also suggested a shift in the marital status of ANC officers. In 1982, nearly 58% of all ANCs were married (79% of the men and 48% of the women) (Figure 6) in contrast to 41% in 1972.

Collectively, 36% of the subjects were married to other service members; spouses were predominately in the Army, specifically the AMEDD. Another 8% had spouses who were retired military or in the Reserves. Thirty-six percent had spouses employed in the health professions.

Nearly 57% of all ANCs claimed dependents (14% were unmarried) versus 42% in 1972. Twenty percent of the unmarried ANC officers claimed dependents. In the event of mobilization, 94% of the officers with dependents reported tentative arrangements had been made for dependents (Table 7 and Figure 7). Ninety percent of the entire Corps reported that they could be ready for deployment within 96 hours (Figure 8). As a whole, 84% of ANCs believed they would be able to handle all assignments, both during peacetime or periods of

mobilization, regardless of child care responsibilities. In view of these sentiments, it was surprising that 71% of all subjects felt the Army should provide a personnel management policy specific for military members with limited geographic mobility. However, limited geographic mobility surely encompasses more than dependent considerations.

Significantly, in the written comments, 31% identified an inability to combine career with family responsibilities as an influential factor affecting their decisions to leave the military. Fourteen percent of those service members with dependents stated they would be required to leave the military if Career Activities Office (CAO) could not match assignments to meet their special needs. The primary special needs identified by these officers were their spouses' educational/career goals (21%). Proportionally, there was a slightly higher tendency towards attrition among married officers (Table 8).

(6) Assignment Distribution.

ANCs practicing in MEDCENs/MEDDACs comprised over 90% of the Corps (Figure 9). Of those, 48% were staff nurses, 21% were first line supervisors, and 14% were in middle management (service/section chief, clinical chiefs) (Figure 10).

Nearly 58% of all ANCs ranked their present duty to be their first choice of assignment; 14% their second choice; and 4% their third choice. Twenty-five percent considered their current assignment not their choosing; however, of this number, 17% reported the assignment to be a positive experience.

Regardless of duty assignment, subjects perceived their current duty as appropriate for their education and experience level. Individuals in executive management positions (93.1%) and primary practitioners (Community Health Nurses (CHNs) and nurse practitioners) (95%) were the most positive.

The two outlier groups were staff nurses and first line supervisors, who were most likely to perceive that their current duty assignment was not appropriate (Table 9). When job satisfaction was considered in relation to assignment preference, over 91% of those subjects who identified their position as their first choice, reported positive job satisfaction (Table 10). Within the various SSIs, ranks, and duty positions (Tables 11, 12, and 13), the majority of assignments were the respondents' first choice. Anesthetists (66Fs) received their first choice of assignment most frequently (83.6%) (Table 11). By rank, 2LTs were the group most likely to have an assignment not of their choosing. By duty position, staff nurses were the group least likely to receive their assignment requests.

b. Pay, Allowances, and Benefits.

Pay, allowances, and benefits (PAB) were major issues for respondents. Collectively, erosion of retirement benefits appeared to be the greatest concern; 85% ("agree" = 34% and "strongly agree" = 51%) were "deeply worried that retirement benefits will be eroded by the time I am ready to retire." Interestingly, whether an officer plans to remain on active duty, to leave active duty, or is undecided, there is concern about this issue (Figure 11). Forty-six percent of all ANCs felt that compensation could be radically changed or, in the case of particular benefits, eliminated without service member recourse.

Thirty-six percent (n = 365) of all the written comments made in this section's open-ended question pertained to the perceived lack of written contractual assurances insuring benefits (Table 14). This concern was most prevelant among senior officers, who expressed concern that PAB could be and had been downgraded during the course of their career.

Despite concerns about particular issues, 82% of respondents were satisfied with their present PAB and did not perceive it as a pertinent factor for leaving the military (Table 15). In fact, a large majority (81%) identified pay, allowances, and benefits as salient reasons for remaining in the Army. Similarly, 82% indicated that current retirement policies influenced their decision to remain in the military; nearly as many (79%) felt changes in these policies would negatively effect their future career decisions (Table 16). Sixty-eight percent felt their current salaries were commensurate with their job. However, among the primary SSIs, the significant exception were the 66Fs (anesthetists), where 68% expressed dissatisfaction with their current remuneration (Table 17). Among the various duty positions there was also a general satisfaction with PAB. Interestingly, the group most satisfied with their current PABs were in staff positions (86%), however, on chi-square analysis there was an association at the .035 level between satisfaction with PAB and present duty position (Table 18). The majority (73%) of officers felt a bonus should be paid for tour extension.

ANCs (70%) concurred regarding the need for professional pay for nurses. The primary rationale for professional pay were felt to be performance (76%) and critical care skills (84%) (Table 16).

Sixty-six percent of all officers felt marital and dependent allowances to be fair; however, nearly two-thirds of these subjects were married (Table 19). The equity of an allowance for dependents had no influence on attrition propensity (Table 20).

The present pay package consisting of taxable basic pay augmented by non-taxable allowances and benefits was strongly supported. The majority of

officers considered commissary (86%) and post exchange privileges (75%) to be important benefits. Health and dental care were almost unanimously (95%) deemed to be important benefits. Subjects were equally divided as to whether CHAMPUS benefits should be available for dependents. However, the majority (61%) felt CHAMPUS benefits should not be made available for active duty service members (Table 16).

Most subjects (92%) felt they should have the option to choose between on and off post housing. The majority (77%), regardless of marital status, preferred off post housing; 76% currently reside off post. Written comments by single officers suggested a perceived inequity in housing. These sentiments seemed to be supported by all subjects; 77% felt on post housing should be available to all officers regardless of marital status.

c. Assignments/Career Planning.

This section addressed two major issues: 1) assignments, and 2) career planning.

(1) Geographic Location of Assignments.

While the West Coast is slightly preferred (29%) over other areas, there was minimal variance in the geographic preferences of officers. Regarding overseas assignments, Germany and Hawaii were the two most preferred locations (Tables 21 and 22). Over 80% of the respondents liked the geographic location of their reported assignment. Moreover, the majority (51%) identified their current geographic location to be their first choice. Of interest was the limited number of subjects (16%) who consider this variable to be a "most important factor" in selecting duty assignments (Table 23) although, as previously noted, a large number of subjects (71%) felt the Army should provide a specific personnel management policy for military members with limited geographic

mobility. When geographic location was considered in relation to satisfaction with present duty assignment 69% of officers who were satisfied with geographic location were also satisfied with duty assignment (Table 24). Only 6% of all respondents disliked both their geographic location and duty assignment.

Overall, most officers were satisfied with their present duty (82%). There was little variance among groups although officers planning to remain on active duty were slightly more positive concerning this issue.

Most ANCs (93%) stated they liked to travel although 45% stated an overseas assignment would be difficult for them primarily because of the absence of family and friends. Proportionally, this was highest among married officers (Table 25).

(2) PCS Moves.

PCS moves, for service members with families, were identified as a major source of concern for respondents. The majority of officers (53%) reported between one and four moves during their careers (mean=4 / median=3). Data analysis suggested a wide discrepancy between preferred and actual notification time for PCS moves. While 62% desired at least six months or more notification, the majority (69%) of officers received an average of four months alert notice. Only three percent reported the actual notification time exceeded their preference (Tables 26 and 27). Overall 54% of the Corps perceived that they were given three months or less notice for a PCS; 71% four months or less; and only 10% reported having six months or more notice. When this issue was analyzed by SSI, 66Fs received the least amount of notification; 72% received less than four months alert notice. Concomitantly, 28% of 66Hs received a three-month notification.

Significantly, 33% of all respondents reported they had specific personal considerations which must be addressed prior to PCS moves; this was slightly higher among married personnel and personnel with dependents. Moreover, 14% identified these considerations as prime factors for leaving the military. As previously stated, the primary consideration was spouses' career and educational needs (21%).

Subjects believed long term planning by CAO for projected assignments should take into account previous undesirable assignments for individual officers. A similar number (92%) felt CAO should personally contact officers to discuss all PCS moves.

Regardless of marital status, subjects were extremely positive (84%) about CAO efforts to collocate spouses (Table 28). However, in the written comments submitted by single officers, 11% perceived themselves to "receive the leftover" assignments after collocations are made.

(3) Length of Tour and Preference Rationale.

The current average tour length of three years was reported to be the most preferred (37%) length of stay for CONUS assignments. An additional 20% would choose four year assignments. Twenty-four percent expressed a preference to be moved only at their request.

(4) Career Planning.

Forty-six percent of ANC officers' primary focus in choosing a duty station was the professional experience to be gained (Table 23). However, there was a contrast in the responses of married and single officers; 29% of married officers considered close proximity to family as a factor in choosing duty assignments. This was a concern for only 10% of single officers (Table 29).

With a high emphasis placed on career planning by the majority of officers, it was not unexpected that 85% of respondents had well defined career goals. This percentage rose to 95% for officers for 10 years or more of service. Nevertheless, approximately one-half of all respondents, especially 66Js, (Tables 30A and 30B) felt they received inadequate guidance in the formulation of individual career goals. A similar number (55%) felt they had not received adequate guidance concerning career options; although 68% concurred that their past assignments had facilitated attainment of goals. Of those officers who considered their career goals well formulated, 75% had communicated them to CAO. The outlier was 66Js, who possibly have not thought about Army career goals in their newness to the Army. Fifty-two percent had completed preference statements within the past year and an additional 41% within the last two to five years. The majority of officers believed CAO to be responsive to the goals, needs, and desires of individual officers and felt their preference statement were considered by CAO in selecting assignments (63%) (Figure 12). In general, officers received their first choice of assignments. Overwhelmingly, subjects believe PCS moves should coincide with promotion goals (98%) and that officers should have increased input into career planning (87%).

Responses to the open-ended item in this section reemphasized concern regarding career planning, adequacy of notificaton time for PCS moves, and stability of tours.

d. Present Duty.

It has been well established in the literature that a major factor influencing satisfaction with an organization is an individual's duty position and practice setting (Jacobson & McGrath, 1983; McClure et al., 1983).

The questionnaire contained only one item directly addressing job satisfaction. Overall respondents liked their jobs (82.4%). One factor which in part may be influencing job satisfaction is granting officers their assignment preferences. There was a higher degree of job satisfaction evident among officers receiving their first choice in assignments (Table 10). When the data are inspected closely, a definite pattern emerges; the higher the rank and the greater the number of years of service, the higher the level of job satisfaction. Colonels were the most satisfied (93%) (Table 31), as were subjects with greater than 20 years of service (91%). Officers in executive level management positions expressed a greater degree of job satisfaction (Table 32). The least satisfied groups of officers were staff nurses and 66Js (Tables 32 and 33). It is of interest that while anesthetists was the group most likely to be dissatisfied with overall pay, allowances, and benefits, 87% of 66Fs indicated a high level of job satisfaction.

Despite the general positive attitudes regarding job satisfaction, staffing inadequacies are a problem. The status of staffing on patient units elicited one of the greatest concerns among all respondents. Sixty-six percent of all ANCs perceive serious staffing shortages. Moreover, in the written comments, staffing was repeatedly singled out as the Corps' major problem. As determined through discriminant analysis, irrespective of subject groupings (i.e., rank, SSI, duty position, years in service, attrition propensity, etc.) minimal group variance existed on this issue. By rank and SSI, concern for this issue was most pronounced among COLs, 2LTs, 66As, and 66Js (Tables 34 and 35). By duty position, first line superviors and administrators in executive roles had the greatest concerns about staffing (Table 36). Chi-square analysis of staffing

adequacy in relation to perceived job satisfaction was significant, $p=<.0001$ (Table 37). When subjects were asked to consider staffing levels in the military versus the civilian community, overwhelmingly, the staffing of military facilities was ranked below their civilian counterparts (Table 38).

Closely related to the issue of staffing adequacy is the perception of unsafe staffing patterns. Only 49% of subjects perceived current staffing patterns to be adequate for safe patient care (Table 39). Senior respondents were the least comfortable with current staffing levels (Tables 40 and 41). Job satisfaction in relation to safety of staffing patterns also suggested statistically significant differences (Table 42). Respondents who like their jobs are more likely to believe that staffing patterns are safe and vice versa. However, by attrition propensity, there is no statistical relationship between individual career decisions and perceptions of staffing adequacy (Table 43). However, there is a statistically significant difference when attrition propensity is contrasted with safety of staffing perceptions (Table 44). For those with a tendency to leave the Corps, a greater than expected number perceived the safety of staffing levels as a problem.

Despite concerns regarding safety and staffing levels, 86% of respondents were positive about the quality of patient care (Table 45). Further analysis of responses to the quality issue by subject groupings (i.e., SSI, rank, and duty position) revealed minimal among-group variance. Tables 46 and 47 demonstrate a significant relationship between the quality of care perceptions by perceptions of staffing level adequacy and safety of staffing.

Regarding the fairness of work schedules, by duty position staff nurses were the least satisfied (Table 48). Among the SSIs (Table 49) 66As, 66Bs, and 66Fs were most positive about the fairness of work schedules; in contract, 66Js were least positive about work schedules. Concomitantly, there was a divergence

of responses among the ranks regarding the fairness of schedules with the lower ranks displaying the most dissatisfaction (Table 50). When job satisfaction and fairness of schedules were examined, there was an association (Table 51). Nurses who believed work schedules were fair were more likely to be satisfied with their job and vice versa.

Respondents were generally positive about their immediate supervisor and agreed in characterizing them as "good role models" and as "doing a good job." However, many respondents felt they received insufficient feedback on their performance (41.4%) (Tables 52, 53, and 54). The exceptions were 66As (Admin) and COLs.

Respondents displayed mixed perceptions concerning the effectiveness of organizational levels. The responses revealed statistically significant differences as can be seen in Table 55.

Overall, subjects were evenly divided in their perceptions regarding sufficient opportunities for attendance at continuing education programs and TDYs (Tables 56 and 57). However, significant differences are seen among ranks and SSIs.

In general, there was concurrence among subjects in their perceptions regarding the appropriateness of their duty position for education and experience (Tables 58 and 59). The notable exception was officers in autonomous positions (i.e., 66A and 66F) who were more positive in this area; as with job satisfaction, a pattern was evident--the greater autonomy and authority a position afforded the stronger the perception of appropriate utilization.

Similarly, when rank is the contrast variable, COLs perceived themselves to be the most appropriately utilized (93%) with CPTs (73%) and MAJs (76%) the least. Significantly, while US Army Baylor graduates judged themselves to be well utilized (85%), 27% of those officers with masters degrees from civilian

institutions felt their education was being underutilized or misutilized. In the written comments frequent references were made regarding the problem of poor utilization as well as the lack of authority and autonomy.

Except for 66As, COLs, and officers with 17 or more years of service, there was clear evidence that the majority of officers share the perception that decisions are based on rank and not on professional knowledge (Table 60). These perceptions were statistically significant at the .0001 level of significance.

Although there was variance among respondents with respect to orientation to units and ongoing education and training, in general respondents tended to be positive (66.2%) (Tables 61 and 62). As can be seen in Tables 63 and 64, positive job satisfaction and adequate unit orientation were related.

The section on present duty and practice setting contained three open-ended items. The first question asked respondents what changes they would make if they were the clinical head nurse of a unit. The 1,711 responses were categorized by content analysis. Forty-four percent of the comments concerned improvement of staffing, scheduling, and "the amount of paper work required."

The second open-ended item asked what changes respondents would make if they were the Clinical Chief of a section. From the 1,324 comments received, 29% related to staffing and 25% concerned improving administrative support to staff. Issues addressed included elimination of functional nursing, decreasing the volume of patients to allow implementation of the Standards of Practice, and administrative support for nurses' attempts to obtain authority and autonomy over their practices and positions.

A listing of additional issues of concern was requested in the third open-ended item. The 698 subjects who responded cited unsafe staffing levels

as the key issue. Other issues identified were placement into clinical areas where they felt unqualified to practice, and underutilization of their knowledge and skills (17%).

When the impact of these practice issues was analyzed in relation to attrition rates, there was minimal variance among officers planning to remain in the military versus officers "undecided" or "leaving" the ANC. Thirty-five percent of those "staying" consider staffing adequate compared with 31% of those officers who were leaving and 33% of those undecided. Responses to the safety of staffing levels and quality of care delivered yielded minimal variance among the three groups. While it is difficult to determine which is the cause and which the effect, it is significant to note that in the written comments 22% of the officers who stated they were leaving active duty and a similar number who were undecided, gave reasons directly related to staffing and practice. Another 14% identified conflict between personal, professional, and organizational goals.

e. Military Professional Issues.

The items in this category were directed to the nurse's role as an Army officer. The social as well as professional aspects of soldiering were addressed. By an overwhelming majority, respondents agreed with the statement that "service in the ANC is an important way of serving my country" (96%), and further, that a "military career is more than a job, it is a way of life" (89%). Likewise, 76% agree that duty, honor, country have meaning in today's Army. Similarly, 86% disagree that regimentation (ritual, saluting, etc.) seem out of place. Most support the military and its role in society (63% agree that civilian attitudes critical of the Army are unfounded and only 19% would allow the attitude of family and friends to influence them to leave the military).

Seventy-seven percent disagreed that US military involvement in other countries makes their career less attractive than it would be otherwise. Concerning the military career as a social system, 76% of subjects agreed that they like the feeling of "family" and support within the military community, and 93% like the opportunity to travel.

Despite these positive perceptions, the data suggest several salient areas of concern; notably, respondents were disillusioned with the rank and promotion system as a valid means of insuring promotions and granting responsibility to the most competent. Over 65% lacked confidence in rank seniority as the best means of assuring the most competent are placed in control. Only 35% are satisfied with the current promotion system. Yet, subjects believe they are rated equitably by their raters (82%), but less so by their senior raters (58%). Less than half believed the military affords adequate within-grade incentives or recognition of excellence (Table 65). Additionally, they felt the Army is not responsive to the needs of individuals. Across all groups (SSI, rank and duty position) there was a minimal variance, although senior officers tended to be slightly more positive.

In the open-ended item of this section, the 499 responses focused on several issues: the lack of military bearing in the AMEDD (27%), the AMEDD's emphasis on physical fitness and weight standards (18%), the subjectivity of OERS (15%), and the erosion of officer quality in all grades (15%).

f. Professional Issues (AMEDD Nursing).

This section of the ANC survey concentrated on several major issues: 1) military nursing as a unique profession; 2) the conflict encountered when professionals operate within bureaucratic organizations; 3) the ANC officer's

perception of the status of professional nursing practiced in the Army as compared to the civilian sector; and 4) the respondent's expressed feelings about the ANC as a career.

The typical ANC officer believed military values and traditions enhance rather than hinder the dedication required to meet high standards of the nursing profession. There was also a tendency to believe that the ANC offers an excellent opportunity for professional growth and experience. Ninety-six percent of all respondents were proud to say they are in the ANC, 83% find a high degree of challenge in their work. The opportunities for increasing responsibilities was positively perceived by a large majority (87%). Seventy-eight percent found the expanded role of Army nursing professionally challenging. Similarly, 90% agree the Army provides a wide breadth of experience.

One final aspect considered was officers' perceptions of Army nursing as a profession and how it compares to nursing in the civilian sector. Subjects were provided a list of the "most reported issues of the day" and asked to rate the status of these issues in the ANC as compared to the civilian sector (1=well ahead, 5=well behind) (Table 66). Although there was considerable variance depending on the issue, the overall mean score of 2.52 suggested the ANC was perceived to be slightly ahead of the civilian sector. On 10 items the ANC was perceived to be well ahead. More than 50% of all subjects felt that the ANC was on par or better than their civilian counterparts on 14 of 16 items. Only on two items, flextime and staffing patterns, did subjects feel the ANC is behind the civilian world.

Tables 67 to 81 provide an opportunity to examine how the SSI groups felt about each issue. Almost without exception, 66As were above the mean in their beliefs about the Corps being ahead of the civilian sector. Only

on flextime did 66As fall below the response mean (Table 72). Anesthetists and OR nurses were the two groups which were least positive about the Army nurse's ability to combine career and family in comparison to the civilian sector. Likewise, in Table 80 which looks at quality of nursing leadership, 66Fs were outliers on the low side with this response being "ahead" only in 38.3% of the cases. Of interest on the same table were the 66Js' responses. This group was more positive about the quality of nursing leadership in the Army versus the civilian sector than any other group except 66As.

In the three open-ended items in this section, 24% of ANC officers reported belonging to the American Nurses' Association (ANA). Of these, the single most important reason given was professional obligation and responsibility. The 76% of the Corps who were not ANA members gave several reasons: "Cost outweighs benefits" (33%), "ineffective organization" (22%), "does not represent the individual nurse" (20%), and "no opportunity to participate locally" (7%).

g. Attrition Propensity.

Attrition propensity was significantly related to gender. Women demonstrated a higher likelihood to leave the Army than men (X^2 =25.4, $p<.00001$). Subjects were asked to identify the issues most influencing retention both positively and negatively (Table 82). Additionally, they were asked to share their current career decision and the reason for their decision. Fifty percent of all officers indicated they planned to remain on active duty. The reasons ranged from opportunties for professional growth, challenge, and autonomy to financial security, and long term commitments made (Table 83). The 382 respondents who answered "undecided" about their career decisions cited their primary reason as the difficulty in combining career and family obligations and

conflict regarding professional and organizational goals (Table 84). Similar responses were cited by subjects who planned to leave upon completion of their service tour (Table 85). The last open-ended item sought input regarding other issues of concern in the AMEDD (Table 86).

h. Multivariate Analysis and Reliability Measures.

After analyzing each of the questionnaire items using univariate and bivariate statistical procedures, multivariate analysis was undertaken. A principal components factor analysis with varimax rotation was carried out. The 129 interval level variables were factored for all respondents (N=3261) and yielded 28 factors with eigenvalues greater than 1.0, accounting for 60.1 percent of the total variance. Eight factors with three or more items loading at the .40 level provided a more parsimonious data set for further analysis. Item-to-factor reliability coefficients using Cronbach's standard alpha were computed for each of the factors and yielded coefficients of .63 to .86. The factors and their reliability coefficients are furnished in Table 87. The distillation that occurred by factor analysis allowed the investigators to further analyze differences among particular groups of interest: 1) those planning to leave the Army, stay in the Army, or who are undecided; 2) primary SSI; 3) position in the Department of Nursing; 4) rank; and 5) years of service.

A major objective of the study was to distinguish differences among nurses on a variety of interests. Therefore, a series of discriminant analyses (DA) were carried out using groups as the dependent (criterion) variable and the factors as independent variables. Using DA with intentions to stay or leave the Army as the dependent variable provided the most accurate prediction of group membership for those planning to stay in the Army correctly classified at 96.5% (N=1868) (Table 88). However, both other groups (those undecided and those

planning to leave the service) most often responded like those who were planning to stay. It is not possible to accurately discriminate among the three groups.

Results of the discriminant analysis using sex as the dependent variable (Table 89) revealed that it was not possible to classify a subject's gender by their responses. Men and women ANC members responded in a like manner.

Further DA using grouped years of service were analyzed (Table 90). No substantive conclusions could be drawn from the predicted group membership. ANC members with less than five years of service tended to be more homogenous in their responses than those in any other group. It was not possible to accurately predict group membership for those with over or under 10 years of service. In each group, greater than 94% of all respondents answered similarly to those with under 10 years service. Therefore, length of service is not a high probability predictor of response, except for those under five years of service.

Discriminate analysis which included and excluded SSI, duty position, and rank as independent variables did not produce significant differences in ability to correctly classify the following groups: intent to remain in the Army, sex, and time in service.

In summary, responses provided on the questionnaire varied minimally within and among groups with the group planning to leave the Army being only slightly distinguishable from all other groups in its aggregate responses. The importance of these findings would appear to indicate that factors which are dissatisfiers cut across all groups and subgroups within the Corps.

6. CONCLUSIONS.

The importance of job satisfaction on retention, recruitment, and achievement of the AMEDD's goals and mission prompted the decision to conduct the

current study. Its overall purpose was to explore ANC officers' attitudes, perceptions, and preferences regarding critical career issues. Using the study questions as a framework, study conclusions follow.

Respondents in this study were proud to be Army officers and perceived the Army as more than a job. This perhaps was the single most important characteristic of the military impacting on retention. Negatively perceived military characteristics were the system of promotion and the lack of recognition of excellence.

Pay, allowances, and benefits were key factors in the retention and career decisions of ANC officers. Although there existed a perception that benefits are eroding and will continue to do so, the officers in this study were satisfied with their current remuneration. The major exception was the nurse anesthetists (66Fs).

ANC officers accepted mobilization readiness as their responsibility and were personally prepared for the event. However, they would prefer greater stability of tours. Unquestionably, they took pride in possessing a military identity and would not be dissuaded by friends or family in their military commitments. Also, major concerns were the desire for input on career planning and PCS moves.

The greatest factors perceived to be impacting on professional nursing practice in the ANC were inadequate staffing and its concomitant effect on patient safety. Other important factors were proper utilization of professional expertise and greater autonomy and authority over practice.

Clearly, career officers had well defined professional goals and had communicated them to CAO. They desired greater input into career planning and decision-making. Nevertheless, in this study, they generally were positive with CAO's efforts.

Several nursing issues were examined to contrast Corps-member perceived differences between military and civilian practice settings. With the exception of flextime and adequate staffing patterns, the Corps is viewed as a progressive organization comparable to, or ahead of, the civilian commmunity.

7. RECOMMENDATIONS.

ANCs take great pride in being officers and serving their country. This response was obtained even from officers with high attrition propensity. It is apparent that the issues impacting on retention do not stem from the military orientation or mission of the organization. Instead, retention is impacted mostly by professional, personal, and remuneration issues.

Most ANC officers were satisfied with the geographic location and nature of their work. The one area of discontent was the notification period for PCS moves. CAO is encouraged to facilitate ongoing and regular contacts with officers to emphasize career planning. Whenever feasible, an attempt to provide a six-month notice on anticipated PCS moves would be desirable. At the same time, ANC officers should be reminded of their personal responsibility for maintaining open channels of communication with CAO.

Although a military career was perceived positively, almost unan .y, officers perceive serious inequities and faults with the existing promotion system. This high degree of discontent suggests that the entire system be examined particularly with respect to its implication for the career commitment of junior officers. Perhaps, rather than focusing on restructuring the evaluation report, emphasis should be placed on examining the entire process of evaluation. Special attention might be placed on providing intrinsic rewards and recognition within each rank.

A positive finding was that almost all officers (90%) (to include those members with dependents which require a surrogate parent) felt they would be ready for deployment within 96 hours. However, the data revealed one of the major reasons for attrition was inability to combine military career with family responsibilities. The full dimension of this problem was not explored in this study. It is recommended that it be examined in greater depth, especially as it relates to recruitment, retention, and implications for job satisfaction. It is also recommended that senior raters make an attempt to periodically meet with ratees to discuss performance, goals, etc.

The worth of one's work and of the individual as a worker is most often extrinsically measured by the amount of remuneration and benefits an organization provides. The data in the survey suggest that although ANCs are generally satisfied with salary and allowances, they are deeply concerned about the perceived erosion of entitlements. Whether valid or not, these perceptions serve as a warning signal to the Army that eventually perceived erosion of benefits will impact on career commitments. It is recommended that all current and future PAB policies be evaluated and considered in light of the potential consequences on retention.

Extensive research on the factors influencing job stress and satisfaction have clearly implicated the saliency of the work setting. In the 1982 "Magnet Hospital Study" (McClure et al., 1983) conducted by the American Academy of Nursing, adequate staffing was identified by the nurses as the most critical element in reducing attrition, producing job satisfaction, and enhancing pride in being part of an institution. In the AMEDD, the practice setting and professional practice issues are of prime concern for nurses. A recurring issue was the inadequacy of staffing, especially as it relates to patient safety and

the quality of patient care. Nurses in this study defended the level of care delivered despite serious staff shortages, suggesting either cognitive dissonance or that considerable effort is being continually expended to maintain satisfactory patient care levels. It is strongly urged that further investigations into the relationship between staffing deficiencies and quality of care be explored.

Currently, 23% of the ANC reported to be educationally prepared at the masters levels. By 1985, 32% of the respondents plan to have completed at least one graduate degree. Except for officers educated in the US Army-Baylor Program, a significant portion of masters prepared nurses in this survey perceived that their education was not being fully utilized. Many respondents in clinical staff and middle management positions felt they were often underutilized or misutilized. These perceptions were not shared by nurses in independent roles such as top management, staff positions, and in primary practice. It is suggested this area be further explored and addressed.

The perceptions of ANC officers regarding practice and professional issues must be examined by the Corps. It is strongly recommended that the Corps continue its current research and efforts to justify increases in manpower.

Finally, the factors identified as dissatisfiers appeared across all groups, and subgroups, and therefore hold significant implications for all areas of the Army Nurse Corps.

8. REFERENCES.

Aiken, L. & Gortner, S., (Eds.). (1982). Nursing in the 1980's Crises, Opportunities, Challenges. Philadelphia: J. B. Lippincott.

Department of the Army. (1981). Army Medical Department Standards of Nursing Practice. DA Pamphlet 40-5 (with change 1) Washington D.C.: Headquarters, Department of the Army.

McClure, M. L., Poulin, M. A., Savie, M.D., & Wandelt, M. A. (1983). Magnet Hospitals, Attraction and Retention of Professional Nurses. Kansas City: American Nurses Association.

Jacobson, S., & McGrath M. (1983). Nurses Under Stress. New York: Wiley and Sons.

Kramer, M. (1974). Reality Shock, Why Nurses Leave Nursing. St Louis: C.V. Mosby.

Lazarus, J. (1983). Psychological Stress and the Coping Process. New York: McGraw-Hill.

Price, J. L., & Muller, C. W. (1980). Professional Turnover: A Case for Nurses. New York: SP Medical and Scientific Books.

Rowen, J. W., Swisher, R. B., & Saunders, P. B. (1983). Structure Analysis and Program Planning Study of the Army Nurse Corps (ANC). Washington, D.C.: US Department of Commerce/National Bureau of Standards Final Report: Project No. 431 4487.

APPENDICES

APPENDIX A

LETTERS OF INSTRUCTION USED IN DATA COLLECTION

SUBJECT: ANC Personnel Management Survey Questionnaire: Instructions for Distribution and Return

1. Enclosed are the ANC Personnel Management Questionnaires for distribution at your facility. We have provided enough for each officer plus some extras for thse who might misplace theirs. We ask the following guidelines be used:

a. On Tuesday, 15 Mar 83, distribute questionnaires, one to each assigned ANC officer to include Chief Department of Nursing and request that they be returned by Friday, 18 Mar 83. Please remember those nurses assigned outside the Deparment of Nursing, like the Nursing Methods Analyst, Community Health Nurses, etc. We are providing individual mailing of the TOE Chief Nurses.

b. Provide some way for the questionnaire to be returned so that non-respondents can be identified while respondents anonymity is maintained. Some possible ways are a detachable name slip that respondents can drop in a separate container when they return the questionnaire or perhaps a list available for them to check off their name. You can also decide where and how you would like the questionnaires returned. Especially if you are fairly mobile (a section chief, eve/night supervisor or NETS) you might want to make it easier for the respondents by having collection points on each unit. Several return points will probably be needed, in any case, especially at large spread-out facilities.

c. On Monday, 21 Mar 83, check with non-respondents. You might dash off a memo (I've provided a possible format), or you might prefer personal contact. Give them a few more days, i.e., until Thursday, 25 Mar 83, then make one more attempt. If for some reason there should be someone who chooses not to respond, please ask them to return the blank questionnaire for purposes of control.

d. Please return the questionnaires to us, using the mailer we have supplied, by 2 Apr 83.

2. Hints for success:

a. Obtain your Chief Department of Nursing's support. Ask that they strongly and vocally ask each individual's participation. If you have a "Nurses Call" or regular nurses meeting at your institution, you might use it as a forum to hand out the questionnaires or to explain the Study.

b. Ask you Chief Department of Nursing on Thursday to ask each supervisor to remind nurses on the units that the deadline is near and please return the surveys.

c. Keep one blank copy of the questionnaire which you can reproduce in case you run out.

3. We are committed to the importance of this project and know that the Chief of the Army Nurse Corps and her advisors are, too. Unless nurses are willing to tell the Corps how they want it to look in the future, even changes that are possible may not be. We are highly committed to dissemination of the Study find-

ings. I personally assure you that a copy of the summary data will be provided to each of your facilities at the completion of the project. (More specific data will surely be available upon appropriate request.)

4. If you have any questions please call: AUTOVON 471-3331/4541/7027.

A. J. FRELIN
LTC, ANC
Principal Investigator

Memo to Army Nurses:

HELP! The deadline has passed for return of the ANC Survey Questionnaire and yours is among the missing. Please fill it out today, I need it, your opinion really counts. If by chance you've lost yours, I can supply another. Thanks for your help in this project.

_____
Project Officer

DEPARTMENT OF THE ARMY
US ARMY HEALTH CARE STUDIES AND CLINICAL INVESTIGATION ACTIVITY
FORT SAM HOUSTON, TEXAS 78234

HSHN-H

28 February 1983

SUBJECT: ANC Personnel Questionaire

Dear ANC Colleague:

1. The Chief Army Nurse Corps has commissioned, under AR 5-5, a study of ANC Personnel Management practices. The purpose of the Study is to survey the attitudes, beliefs and opinions of all ANC Officers on selected aspects of Military life in order to assist our policy makers on future planning.

2. The Corps has requested that each officer have the opportunity to respond to this survey. I have enclosed this survey questionnaire and request that you complete it and return it to me using the envelope enclosed here. Please return it to me by 15 March 1983. Because there is no project officer involved please include your name. It will be used only to identify you as a respondent , but not to identify your responses.

3. If you have any questions please call me at AUTOVON 471-3331/4541/7027. Commercial (512) 221-3331/4541/4027.

A. J. FRELIN
LTC, ANC
Principal Investigator
Health Care Studies Division

APPENDIX B

MEAN SCORES AND STANDARD DEVIATIONS FOR INDIVIDUAL ITEMS

(ANNOTATED ON SAMPLE DATA COLLECTION BOOKLET)

INSTRUCTIONS

Please look through the entire booklet to make sure there are no missing pages. There are a total of 18 numbered pages.

As you complete this questionnaire, choose the responses that most closely apply to you. If none exactly applies to you, choose the best applicable response. Please answer from your military and personal experiences, not as you think other individuals might respond.

To assist in the tabulation of results please place the number which corresponds to your responses in the boxes provided in the right margin opposite the item. Disregard the numbers to the right of the box, they are for the keypunch operator.

EXAMPLE

1. Year of birth (last 2 digits): [4][5] 42,43

* * *

3. Current active duty rank:

1 = 2LT	3 = CPT	5 = LTC
2 = 1LT	4 = MAJ	6 = COL

[4] 45

If the question is open-ended (e.g., page 2, Question 26 or page 5, Question 20) please answer in the space provided; leave the boxes to the right of those items blank.

SPECIAL INSTRUCTIONS:

If you are in a new duty station and/or have been in your present assignment less than 30 days, use your immediate past duty (non-school) assignment when responding to questions about your "present" duty. If your last assignment was the Officer Basic Course, use your present assignment, regardless of time assigned.

If you are TDY, answer the questions pertaining to "present unit" in terms of your "home" unit. If you are in a staff position or a PCS educational program, answer only those questions about patient care and the hospital settings that you can answer from your experience; do not answer questions pertaining specifically to a present assignment in a hospital or treatment facility.

We invite your comments on questions, but because your answers to individual questions are machine processed, comments written in the margins will be lost. It is suggested that you keep a sheet of paper beside you as you complete the questions, make comments on it, and place it in the center of the booklet before stapling for return. THANK YOU!

PLEASE - Place only one digit in each box so that your response will be clear for the keypunch operator. Print in block style as indicated below.

[1][2][3][4][5][6][7][8][9][0]

HCSCIA Form 001 (One-Time)
1 Jan 83

		1 - 4
		Do not use this space

PAY, ALLOWANCES, BENEFITS

Select from the responses provided below (1 through 4) the one which most closely expresses how you feel about the item. Place the number of your choice in the appropriate box.

RESPONSE SCALE:
1 = I STRONGLY AGREE with the statement
2 = I AGREE with the statement
3 = I DISAGREE with the statement
4 = I STRONGLY DISAGREE with the statement

		$\bar{x}$	sd
1.	Considering my rank in the Army, my pay and allowances are satisfactory.	1.93	.76
2.	Considering my assignment (job) as a nurse, my pay and allowances are satisfactory.	2.17	.90
3.	All fringe benefits and tax-free allowances should be discontinued and be reflected in base pay.	3.61	.80
4.	Pay should be based only upon rank and longevity.	2.70	1.0
5.	Allowances based on marital status/dependents are fair.	2.27	.96
6.	PX benefits are an important advantage to me.	1.99	.87
7.	Commissary benefits are an important advantage to me.	1.70	.80
8.	Too frequently, the benefits and advantages that are promised in the Army are not delivered.	2.45	.87
9.	I am worried that military retirement benefits will be deeply eroded by the time I am eligible to retire.	1.65	.83
10.	On-post housing should be equally available to all officers regardless of family status or size.	1.85	.91
11.	Health and dental care, as offered by the military are an important advantage to me.	1.35	.64
12.	Military dependent health care recipients should be able to choose the health and dental care they prefer and be covered by CHAMPUS.	2.41	1.04
13.	Active duty military health care recipients should be able to choose the health and dental care they prefer and be covered by CHAMPUS.	2.62	1.05

RESPONSE SCALE: 1 = I STRONGLY AGREE with the statement
2 = I AGREE with the statement
3 = I DISAGREE with the statement
4 = I STRONGLY DISAGREE with the statement

		$\bar{x}$	sd
14.	All nurses should receive some special professional pay.	1.88	.97
15.	ANC officers should receive professional pay based on education.	1.90	.88
16.	ANC officers should receive professional pay based on experience.	1.95	.87
17.	ANC officers should receive professional pay based on performance.	2.18	.98
18.	ANC officers should receive incentive pay or other pay above their rank and longevity for critical SSIs which are based upon training and experience in their specialty.	1.68	.86
19.	ANC officers should receive an annual retention bonus for extending service tours (payable at the end of the extended year).	1.91	.93
20.	My present pay is a positive factor in my decision to remain in the Army.	1.83	.88
21.	My allowances are positive factors in my decision to remain in the Army.	1.85	.83
22.	My benefits are positive factors in my decision to remain in the Army.	1.79	.79
23.	The current retirement policy is a positive influence on my decision to remain in the Army.	1.79	.855
24.	A change in retirement policy would have a negative influence on my decision to remain in the Army.	1.76	.91
25.	Overall, I am satisfied with my pay and allowances.	1.97	.76
26.	What other issue(s), not addressed here, concerning pay, allowances, and benefits, most concerns you? Why?		

PRESENT DUTY

RESPONSE SCALE:
1 = I STRONGLY AGREE with the statement
2 = I AGREE with the statement
3 = I DISAGREE with the statement
4 = I STRONGLY DISAGREE with the statement
7 = NOT APPLICABLE

		$\bar{x}$	sd
1.	The job I am doing is appropriate for my current level of education and experience.	1.95	.96
2.	The lines of authority in my present organization are effective.	2.17	.99
3.	Nursing in-service education programs/continuing education at my present duty assignment are adequate.	2.09	1.11
4.	I have few or no opportunities to attend CE offerings on TDY.	2.49	1.12
5.	Work schedules (duty hours, weekends, holidays, etc.) are as fair as is practical.	2.03	1.02
6.	The quality of nursing care on my unit is very good.	1.47	1.13
7.	My immediate supervisor is a good role model.	1.89	1.14
8.	I was given an opportunity to discuss or express my preference of duty placement (jobs) in my present assignment.	1.87	1.21
9.	The numbers of personnel assigned to my unit (in my present organization) are adequate.	2.73	1.26
10.	The staffing patterns on my unit/service/department are safe.	2.34	1.33
11.	Orientation to my present duty station was adequate.	2.22	1.06
12.	I object to being expected to move from nursing unit to nursing unit without being consulted or being prepared to work that particular kind of patient.	.98	1.40
13.	My superiors provide feedback concerning my work with me on a regular basis.	2.30	1.06
14.	In my present assignment my first line supervisor does a good job.	1.82	1.07

15. If I were a clinical head nurse, the most important changes I would make would be:

16. What percent of your normal duty day is taken up with the following:

a. Administrative tasks appropriate to ward clerks

b. Administrative/clerical tasks necessitated by nursing care (charting, etc.)

c. Housekeeping tasks appropriate to housekeeping personnel

d. Housekeeping tasks necessitated by nursing care

e. Nursing care tasks appropriate to paraprofessional nursing staff

f. Nursing care appropriate to professional nursing

g. Other tasks appropriate to others (please specify)

_____

h. Other tasks appropriate to professional nursing (specify)

_____

TOTAL

RESPONSE SCALE:
1 = I STRONGLY AGREE with the statement
2 = I AGREE with the statement
3 = I DISAGREE with the statement
4 = I STRONGLY DISAGREE with the statement

	$\bar{x}$	sd
17. In my present assignment, the nursing supervisor on "days" (Clinical Chiefs) is generally competent and does a good job.	1.57	1.16
18. If I were a Clinical Chief, the most important change(s) I would make is(are):		
19. My present duty placement (job) is my: (Choose one) 1 = First choice 2 = Second choice 3 = Third choice 4 = Not my choice, but a positive professional experience 5 = Not my choice	1.96	1.46
20. What other issue(s), not addressed here, concerning your present duties would you like to comment on? Please state why these issues concern you rather than merely enumerating them.		

ASSIGNMENTS/CAREER PLANNING

RESPONSE SCALE:
1 = I STRONGLY AGREE with the statement
2 = I AGREE with the statement
3 = I DISAGREE with the statement
4 = I STRONGLY DISAGREE with the statement

	$\bar{x}$	sd
1. Army nurses who have children should be able to handle all duty and station assignments in either peacetime or mobilization.	1.65	.89
2. I like the geographic location of my present assignment.	1.79	.95
3. I like my present duty.	1.79	.91
4. My present duty assignment (geographical location) is my: 1 = First Choice 3 = Third Choice 5 = Don't remember/ Not Sure 2 = Second Choice 4 = Not my choice	2.12	1.35
5. I last completed an officer preference statement: 1 = Within the last year 2 = More than 1 year ago but less than 2 years 3 = More than 2 years ago but less than 5 years 4 = More than 5 years 5 = Never	1.78	1.13
6. I think my officer preference statement was taken into account for my present duty assignment. 1 = YES, I agree 2 = NO, I doubt it 3 = Don't know	1.39	.81
7. I have made _____ PCS moves (enter 2 digits). EXAMPLE: 0 5	3.8	3.5
8. On the average, I have had the following advance notice of a PCS move. 1 = 1 Month or less 5 = 5 Months 2 = 2 Months 6 = 6 Months or more 3 = 3 Months 9 = Never made a PCS move 4 = 4 Months	4.04	2.40
9. If possible, I would prefer the following amount of advance notice of a PCS move: 1 = 1 Months or less 5 = 5 Months 2 = 2 Months 6 = 6 Months 3 = 3 Months 7 = 7 Months to 1 Year 4 = 4 Months 9 = No preference	5.24	1.56
10. The longest PCS assignment I had/have is (length in months):	31.08	15.27
11. The shortest PCS assignment (excluding the Advanced Course) I had/have is (length in months):	10.41	10.46

	$\bar{x}$	sd
12. If given my choice, I would like to stay at a normal CONUS assignment:	3.87	1.48

1 = 1 Year
2 = 2 Years
3 = 3 Years
4 = 4 Years
5 = 5 Years
6 = Move only at my request

13. Listed below are five areas of consideration for choices of assignment. Rank order (from most important to least important) your preferences. (Use each number only once)

Most important				Least important
1	2	3	4	5

	$\bar{x}$	sd
Professional experience to be gained	1.895	1.11
Geographical area	2.81	1.30
Specific duty station	3.40	1.40
Education opportunity available	3.01	1.30
Closeness to family	3.28	1.63

14. Considering all factors important to me (both on and off duty), I prefer to following CONUS assignment: (Choose only one)

1 = East Coast, First Army Area
2 = South East, Third Army Area
3 = Mid-West, Fifth Army Area
4 = West Coast, Sixth Army Area
9 = No preference

15. Considering all factors important to me (both on and off duty), I prefer the following OCONUS assignment: (Choose only one)

1 = Alaska
2 = Hawaii
3 = Korea
4 = Japan
5 = Germany
6 = Italy
7 = Belgium
8 = Canal Zone
9 = No preference

16. Concerning your personal career goals: (1 = YES, 2 = NO)

a. Are they well defined in your own mind?

b. Have you received what you consider to be adequate guidance in their formulation?

c. Have you received adequate guidance concerning career options?

d. Have you communicated your career goals to the ANC Career Activities Office?

If YES, have your assignments prepared you to realize goals?

RESPONSE SCALE: 1 = I STRONGLY AGREE with the statement
2 = I AGREE with the statement
3 = I DISAGREE with the statement
4 = I STRONGLY DISAGREE with the statement

		$\bar{x}$	sd
17.	The ANC Career Activities Office (CAO) is responsive to the goals, needs, and desires of the individual officer.	2.15	.96
18.	I should have increased input to my career planning.	1.73	.78
19.	Consideration is given to the individual officer's expertise and career options when assignments are made.	2.25	.95
20.	Each ANC officer should be contacted personally by CAO concerning prospective moves.	1.46	.71
21.	There should be more long-term planning in PCSs with regard to progression through different career levels.	1.41	.62
22.	There should be more long-term planning in PCSs with regard to projected assignments, especially following one considered undesirable.	1.33	.61
23.	The ANC Career Activities Office is positive in their efforts to colocate military spouses.	1.73	1.08
24.	I know that my desires concerning assignments are not always possible; as a mature military professional I believe the needs of the Army must come first.	1.78	.76
25.	What other issue(s), not addressed here, concerning assignments and career planning, most concerns you? Why?		

PERSONAL HISTORY

Admittedly, most of the information requested in this section could be obtained by name and Social Security number. However, this is an anonymous survey, therefore, the data contained in this questionnaire must stand alone. The information requested here is needed for the best analysis of the entire questionnaire.

1. Year of birth (last two digits): ☐☐ 43,44

2. Sex: 1 = Male 2 = Female ☐ 45

3. Current Active duty rank:

   1 = 2LT 3 = CPT 5 = LTC
   2 = 1LT 4 = MAJ 6 = COL ☐ 46

4. Date of Rank: ☐☐ Mo. ☐☐ Yr. 47-50

5. Status: 1 = RA 2 = USAR ☐ 51

6. Years of active federal military service: ☐☐ 52,53

7. Years of active commissioned ANC service: ☐☐ 54,55

8. Do you have a current service obligation: 1 = YES 2 = NO ☐ 56

   If NO, skip to Question #9.

   a. If YES, how many months remain in your obligation? ☐☐ 57,58

   b. From the choices given , please state the reason for your obligation: (Choose only one. If more than one applies, choose the reason for the longest).

      1 = School 3 = Definite term extension
      2 = Initial obligation 4 = Other (please specify) _____ ☐ 59

SSI	PROFICIENCY DESIGNATION	ASI	
1 = 66A	11 = 9A	20 = 5K	26 = 8C
2 = 66B	12 = 9B	21 = 7T	27 = 8D
3 = 66C	13 = 9C	22 = 7U	28 = 8E
4 = 66D	14 = 9D	23 = 7V	29 = 8H
5 = 66E		24 = 7W	30 = 8J
6 = 66F	98 = Don't know	25 = 8A	31 = 8K
7 = 66G	99 = None		
8 = 66H			99 = None
9 = 66J	ENTER ONLY THE NUMERIC CODE		

9. From the list above, select the single digit code that corresponds to your primary and secondary SSI: (If none, enter "0")
   PRIMARY ☐ 60
   SECONDARY ☐ 61

10. My Proficiency Designation code is: ☐☐ 62,63

11. My ASI code is: FIRST ☐☐ 64,65

11. My ASI code is: SECOND ☐☐ 66,67

12. From the SSI list, indicate your present duty SSI code. ☐ 68

☐ 80

13. From the list of courses and educational programs provided, indicate the attendance code and the year completed/expected to complete. Select the appropriate code from the following list of categories:

ATTENDANCE CODE:
1 = Full time student, fully funded.
2 = Full time student, partially funded
3 = Off duty study, resident
4 = Correspondence course
5 = While not on active duty
6 = Correspondence course, in progress
7 = Off duty study, in progress

COURSES:	ATTENDANCE CODE	Dup 1 - 4 YR OF COMPLETION	
Anesthesiology for Army Nurse Corps Officer	☐	☐☐	5-7
Community Health and Environmental Science	☐	☐☐	8-10
Intensive Care Course	☐	☐☐	11-13
Operating Room Nursing	☐	☐☐	14-16
Nurse Practitioner, Pediatrics	☐	☐☐	17-19
Nurse Practitioner, Psychiatry and Mental Health	☐	☐☐	20-22
Nurse Practitioner, Ambulatory Care	☐	☐☐	23-25
Nurse Practitioner, Obstetrics and Gynecology	☐	☐☐	26-28
Nurse Midwivery	☐	☐☐	29-31
PROFESSIONAL DEVELOPMENT			
AMEDD Officer Advanced	☐	☐☐	32-34
AMEDD Officer Clinical Head Nurse	☐	☐☐	35-37
Chief Nurses Orientation	☐	☐☐	38-40
US Army Command and General Staff College	☐	☐☐	41-43
US Army War College	☐	☐☐	44-46
PROFESSIONAL EDUCATION			
Degree Completion BSN	☐	☐☐	47-49
US Army-Baylor University Health Care Administration	☐	☐☐	50-52
Civilian Education - Masters Degree	☐	☐☐	53-55
Civilian Education - Ph.D/Doctoral Degree	☐	☐☐	56-58

14. From the following list, choose the title which most closely describes your present duty assignment. (Enter the code that corresponds to your choice)

1 = Top Management, to include Chief Nurse, Assistant Chief Nurse, Command Chief Nurse

2 = Middle Management, to include service/section Chief (Asst Chief for) Clinical Chief, EVE/NOC, Chief TOE

3 = 1st Line Management, Head Nurse

4 = Staff Nurse, including all specialties

5 = Staff Position, include research, special projects, instructors, CAO, recruiting, historian, Office of The Surgeon General

6 = Primary Practitioners (all nurse practitioners and and midwives)

7 = Student ☐ 59

15. My current duty is at (enter the appropriate code):

1 = MEDDAC/MEDCEN
2 = Office of The Surgeon General
3 = Recruiting Command
4 = Civilian Education Institution
5 = Military Education Institution or Course
6 = Other (please specify) ☐ 60

16. I live: 1 = On post 2 = Off post ☐ 61

17. I prefer to live: 1 = On post 2 = Off post ☐ 62

18. I think options of living off post should be offered to all officers?

1 = True 2 = False 3 = No preference ☐ 63

19. My marital status is:

1 = Married
2 = Divorced/Separated
3 = Widowed
4 = Single (never married) ☐ 64

20. I am married to (if not applicable, enter "9"):

1 = An active duty military officer
2 = An active duty military enlisted
3 = A Reserve military person
4 = A Retired military person
5 = A US Civil Service employee (retired military)
6 = A US Civil Service employee (reserve military)
7 = A US Civil Service employee (NOT retired/reserve)
8 = A Civilian (other than above) ☐ 65

21. Is your spouse employed in one of the health occupations?

1 = YES 2 = NO 9 = Not applicable ☐ 66

22. If you are not married, enter "9" in the box. If you are married, indicate your spouse's status from the choices below:

1 = Member of the AMEDD
2 = Army (other than AMEDD)
3 = Navy/Marine Corps
4 = Air Force
5 = Other Uniformed Service
6 = Reserves (all services)
7 = Retired military
8 = None of the above (including civilians)

☐ 67

23. How many dependents does the military consider you to have? (If none, enter "00")

☐☐ 68,69

24. a. Do you have specific personal considerations which require special attention when PCS moves are required?

1 = YES 2 = NO

☐ 70

b. If NO above, place a "9" in the next two boxes and go to question 25.

If YES above, indicate special need(s):

1 = Child/children with special learning/educational needs
2 = Spouse's career/educational needs
3 = Dependent with special medical needs
4 = 1 and 2 above
5 = 1 and 3 above
6 = 2 and 3 above
7 = 1, 2, and 3 above

☐ 71

c. If the career activities office could not match an assignment to the special need(s) listed above, would this cause:

1 = Little or no concern
2 = Manageable concern
3 = Probably require an unaccompanied move
4 = Probably require leaving active duty
9 = Not applicable

☐ 72

25. In the event of mobilization, for how many persons would you need to make special arrangement? (i.e., children, disabled parents)?

☐ 73

26. For how many of the persons identified in item 25, have you already made arrangements?

☐ 74

27. Recognizing that human dependents are not the only concerns to be addressed in case of mobilization (i.e., pets, mortgages, bills, etc.), how many hours do you estimate would be required for you to be ready to "move" once notified for "immediate deployment?"

1 = Less than 24 hours
2 = 24-48 hours
3 = 48-72 hours
4 = 72-96 hours
5 = More than 96 hours

☐ 75

☐ 80

MILITARY PROFESSIONAL ISSUES

RESPONSE SCALE: 1 = I STRONGLY AGREE with the statement
2 = I AGREE with the statement
3 = I DISAGREE with the statement
4 = I STRONGLY DISAGREE with the statement

		$\bar{x}$	sd
1.	The Army should provide a policy specific to personnel management conditions for military members who have limited geographic mobility.	2.06	1.03
2.	Being assigned overseas away from family, friends, and familiar surroundings would be a difficult experience for me.	2.49	1.06
3.	Civilian attitudes that are critical of the Army are usually unfounded.	2.22	.82
4.	The upper echelons of the Army are generally responsive to the needs of the individual officer.	2.63	.88
5.	The Army's promotion system is the best way to meet the need for competent officers in higher grades.	2.69	.91
6.	Service in the ANC is an important way of serving my country.	1.53	.66
7.	The manner in which ANC officers wear their military uniform is often below the standard officers should maintain.	2.54	.96
8.	As a way of fulfilling my sense of duty to society, Army nursing is more satisfying than civilian nursing would be.	1.86	.95
9.	I like the opportunity for travel offered by an Army career.	1.58	.72
10.	The attitudes of my friends and family would influence me to leave the Army.	3.03	.92
11.	Regimentation (military ritual, saluting, etc.) seems out of place in today's Army.	3.07	.87
12.	My rating officer is in a position to make a fair and accurate judgment of my performance and ability.	1.89	.89
13.	My senior rating officer is in a position to make a fair and accurate judgment of my performance and ability.	2.33	1.01
14.	My attitude toward US military involvement in other countries makes an Army nursing career less attractive than it would be otherwise.	2.85	.88
15.	The military system of rank, seniority, and command is the best way of insuring that those with the best professional experience and competence will be given responsibility.	2.77	.92

RESPONSE SCALE:	1 = I STRONGLY AGREE with the statement 2 = I AGREE with the statement 3 = I DISAGREE with the statement 4 = I STRONGLY DISAGREE with the statement

		$\bar{x}$	sd
16.	The military rank and promotion system allows (provides) little incentive for excellence within grade.	2.43	.84
17.	I particularly like the feeling of "family" and support within the military community.	2.06	.84
18.	A military career is more than a job, it is a way of life.	1.72	.76
19.	The phrase "duty, honor, country" has little meaning in today's Army.	2.92	.90
20.	What other issue(s), not addressed here, concerning military issues, most concerns you? Why?		

PROFESSIONAL ISSUES (AMEDD NURSING)

RESPONSE SCALE:
1 = I STRONGLY AGREE with the statement
2 = I AGREE with the statement
3 = I DISAGREE with the statement
4 = I STRONGLY DISAGREE with the statement

		$\bar{x}$	sd
1.	ANC officers should have the opportunity to be assigned to medical activities from which they would be able to attend civilian schools to either attain a desired degree or until qualified for long-term civilian schooling.	1.49	.65
2.	ANC career officers in grades of Captain and above should be able to take excess leave to attend school or pursue other nursing related interests.	1.91	.90
3.	In my experience, professional nursing issues are settled on the basis of rank rather than professional knowledge.	2.25	.92
4.	The more rank Army nurses achieve, the more they are concerned with their next promotion/image instead of important nursing issues.	2.44	.95
5.	Working conditions in Army Medical Treatment Facilities are attractive.	2.61	.86
6.	There is a high degree of challenge offered in my work.	1.80	.86
7.	The opportunity for responsibility in the ANC is professionally satisfying.	1.76	.79
8.	In the ANC, promotion is most dependent upon professional competence.	2.81	.90
9.	I am proud to say that I am a member of the Army Nurse Corps.	1.45	.66
10.	The nursing administration of Army hospitals is competent.	2.10	.85
11.	The expanded role of the Army nurse gives me an opportunity to practice nursing as I like.	1.92	.89
12.	The practice of nursing in the Army allows for a wide breadth of experience and professional growth.	1.70	.76
13.	It would seem that there is only one avenue to success (regular, on-time promotions and advancements) in the ANC and that is in management.	1.92	.90
14.	There should be two distinct career tracks available - clinical and administrative.	1.50	.77
15.	I find military discipline out of place in a professional environment.	2.96	.90

RESPONSE SCALE:	1 = I STRONGLY AGREE with the statement 2 = I AGREE with the statement 3 = I DISAGREE with the statement 4 = I STRONGLY DISAGREE with the statement

	$\bar{x}$	sd
16. Not enough emphasis is placed on acquisition of skills necessary for mobilization.	1.78	.82
17. I know my role and am confident about my ability to function with the mobilized army.	2.24	.99

Nursing as a profession has become more and more a subject for debate. Commissions are studying the major issues in order to combat a rising shortage. The Army Nurse Corps, as a microcosm of the larger nursing community, is also interested in these professional issues.

STATUS CODES:	1 = Well ahead of 2 = Ahead of 3 = On a par with 4 = Behind 5 = Well behind

18. a. Please indicate your perception of the status of professional nursing practiced in the Army as compared with the civilian sector (Use the above codes 1, 2, 3, or 4 for each issue):

(1)	Nurse Autonomy	1.88	1.01
(2)	Nursing Professionalism	2.07	.93
(3)	Interdisciplinary professional relationship	2.09	1.01
(4)	Flexible time scheduling opportunities	3.99	1.13
(5)	Opportunities for role development/career progression	2.30	1.10
(6)	Staffing patterns	3.73	1.12
(7)	Floating as a normal occurrence	3.13	1.20
(8)	Continuing educational opportunities	2.28	1.06
(9)	Advanced educational opportunities	2.06	1.07
(10)	Graduate nurse transition programs	2.80	1.28
(11)	Nursing accountability	2.34	1.00
(12)	Quality assurance policies	2.45	1.04
(13)	Standards of nursing practice	2.31	1.01
(14)	Nurse's image/status on the health care team	2.09	1.01

STATUS CODES:	1 = Well ahead of 2 = Ahead of 3 = On a par with 4 = Behind 5 = Well behind

	$\bar{x}$	sd
(15) Quality of nursing leadership	2.26	1.09
(16) Ability to combine career with family responsibilities	2.55	1.53

b. From those issues above for which you responded positively (1 or 2), which one issue would most influence your decision to remain in the ANC? Please indicate the number "01" to "16" that corresponds to your choice. (If none of the above, use code "99")

c. From those issues which you responded negatively (3 or 4), which issue would most influence your decision to leave the ANC? Please indicate the number "01" to "16" that corresponds to your choice. (If none of the above, use code "99")

19. a. Are you now a member of the American Nurses Association (ANA)?

1 = YES 2 = NO

b. If YES, what is the single most important reason why you are?

c. If NO, what is the single most important reason why not?

20. Do you belong to any other professional nursing organizations? Please list below:

21. What other points, not addressed here, concerning professional issues, most concern you? Why?

	$\bar{x}$	sd
Finally, how do you feel at the present time about making the Army a career - that is, staying on active duty for twenty or more years?		
1 = I definitely intend to leave active duty as soon as possible.		
2 = It is a strong possibility that I WILL NOT make a career in the ANC.		
3 = I am undecided as to whether I will stay or leave.	3.73	1.43
4 = It is a strong possibility that I WILL remain on active duty.		
5 = I definitely intend to make a career in the Army.		

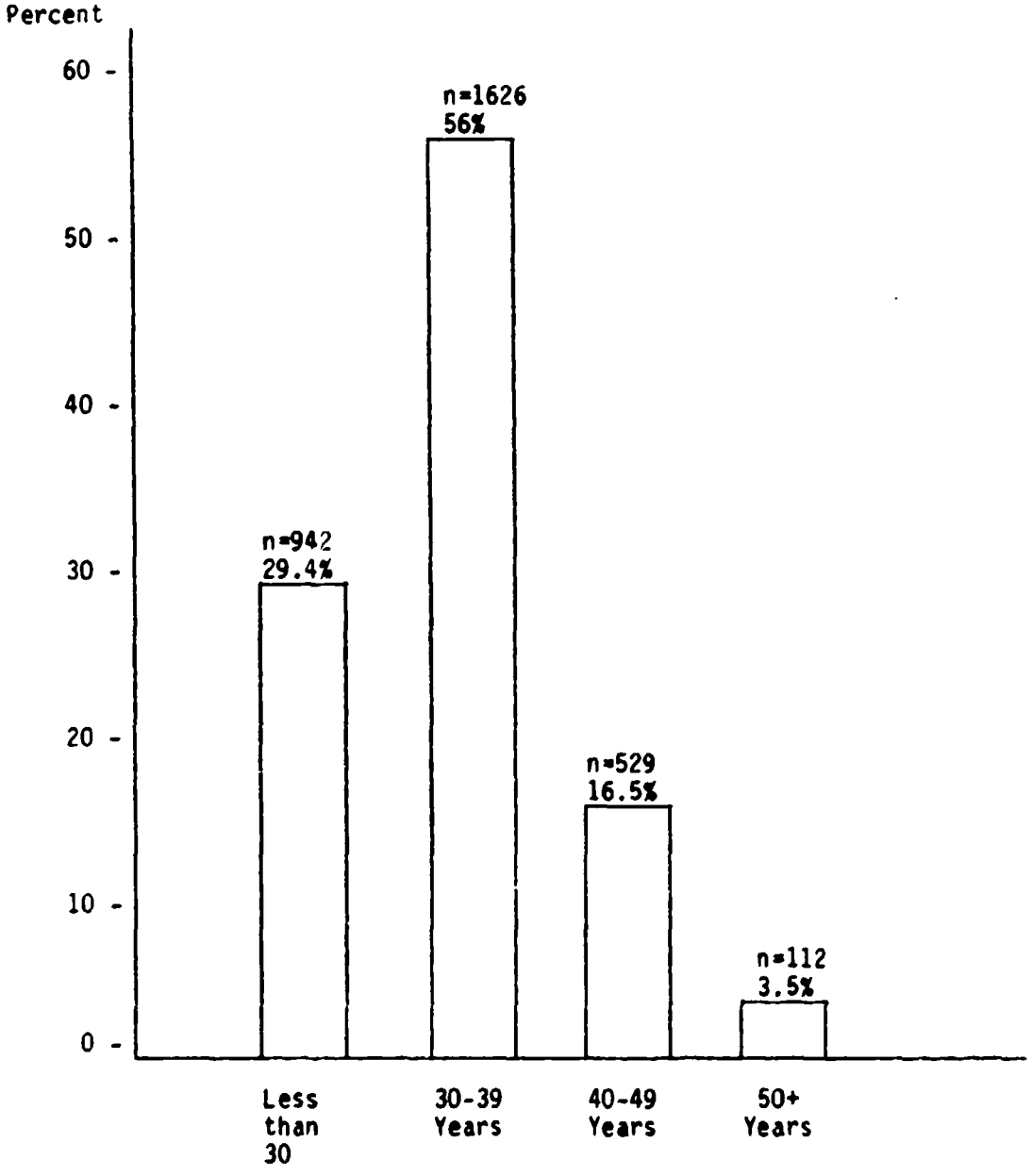
Please briefly explain why.

Thank you for your participation. Please review the final page for instructions for returning your questionnaire.

APPENDIX C

FIGURES

AGE DISTRIBUTION OF ANCs



Total N=3209

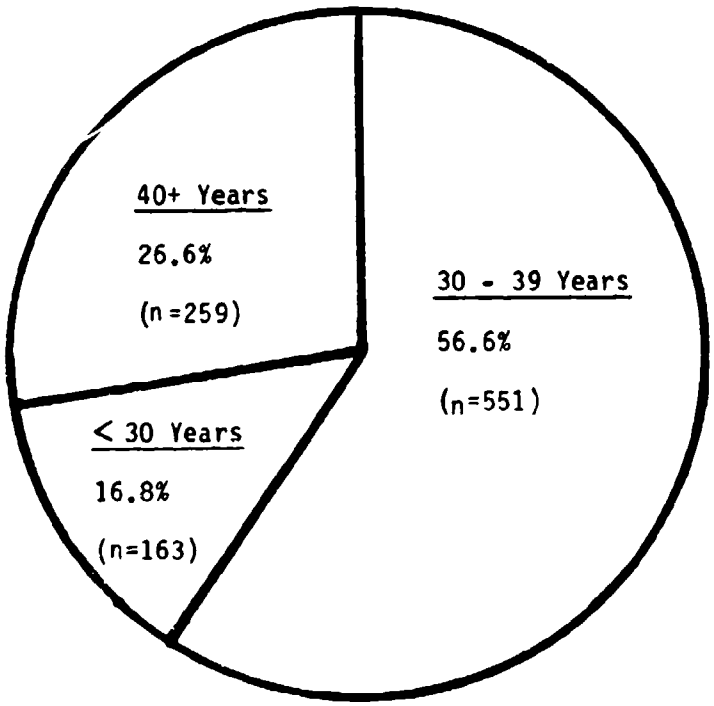
$\bar{X}$ = 34 Years

Figure 1

FREQUENCY DISTRIBUTION

OF ANCs' AGE GROUP BY GENDER

Males
N=973
(30.3%)



Females
N=2236
(69.7%)

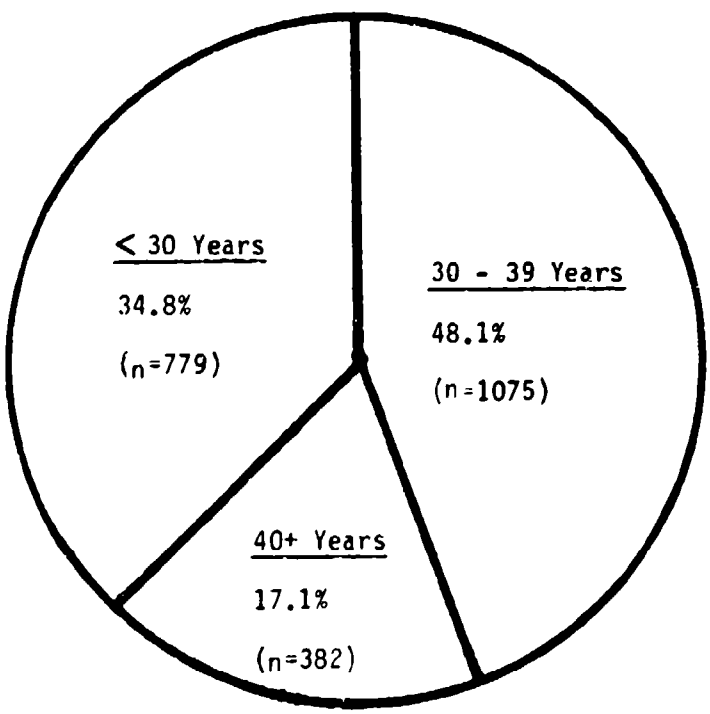
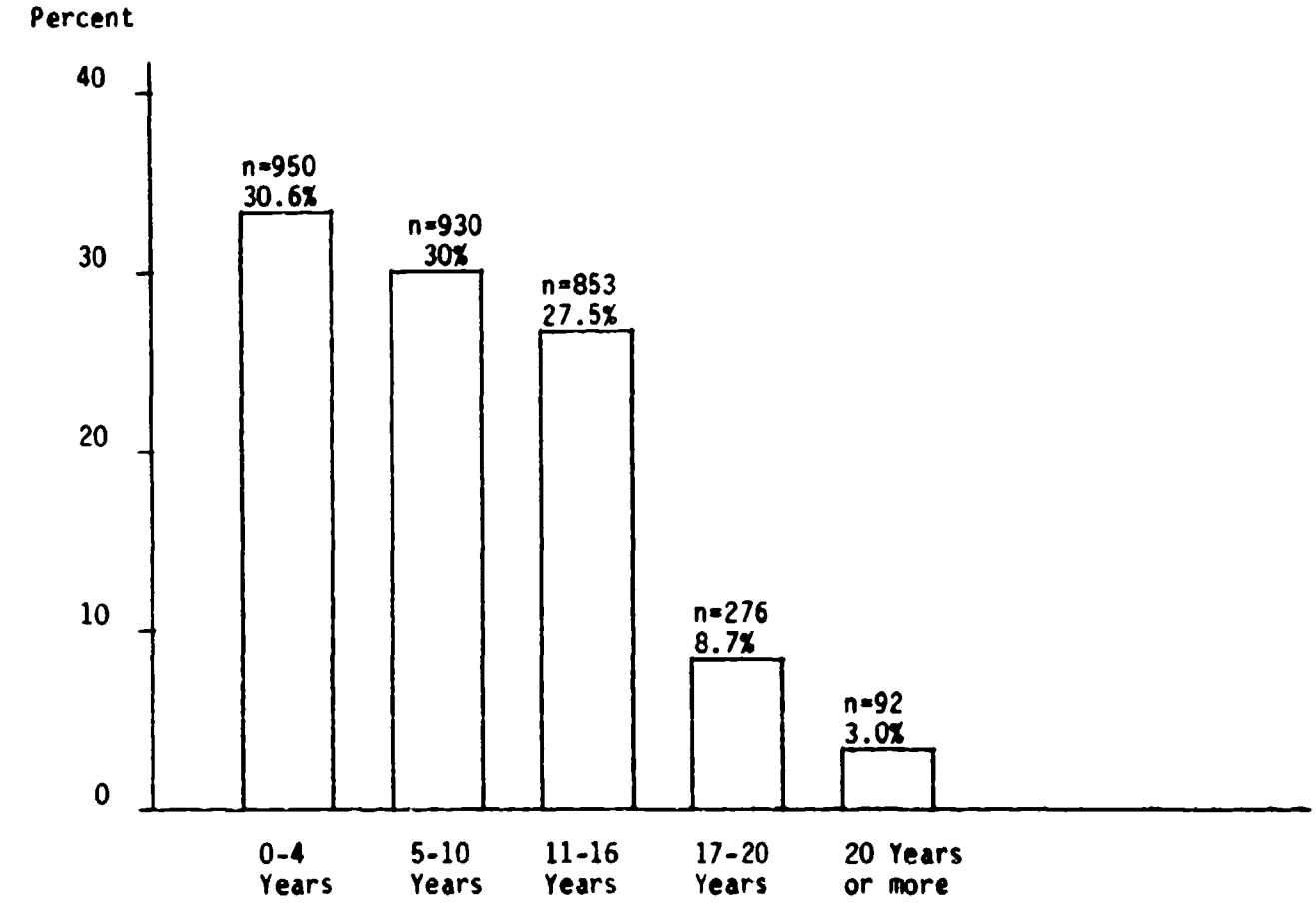


Figure 2

FREQUENCY DISTRIBUTION OF ANC OFFICERS' YEARS OF FEDERAL SERVICE



TOTAL
N=3101

Figure 3

FREQUENCY DISTRIBUTION OF WITHIN GROUP

ATTRITION PROPENSITY BY YEARS OF FEDERAL SERVICE

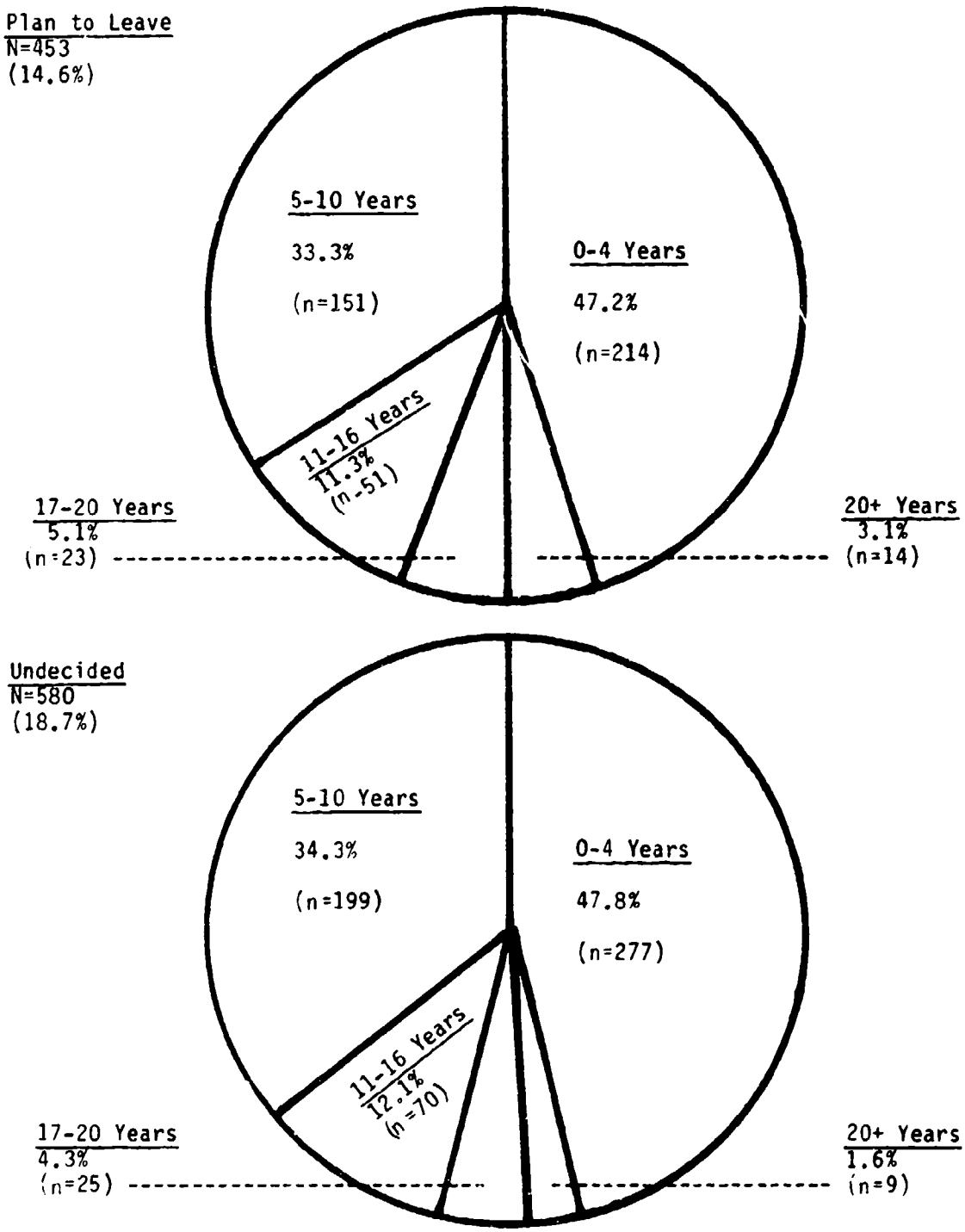


Figure 4

FREQUENCY DISTRIBUTION OF ALL ANC BY GENDER AND SSI

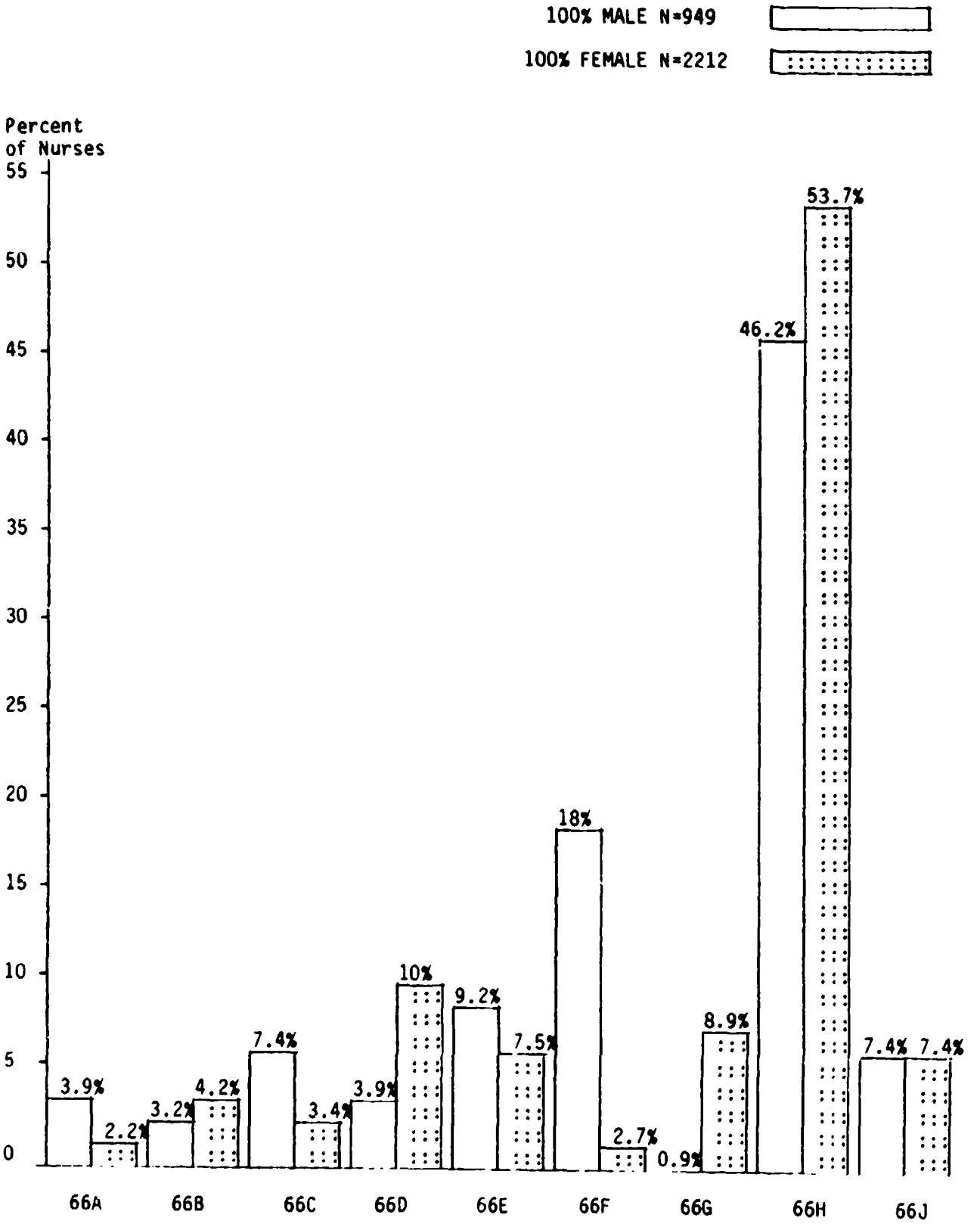


Figure 5

FREQUENCY DISTRIBUTION OF MARITAL STATUS OF ANC OFFICERS

(N=3224)

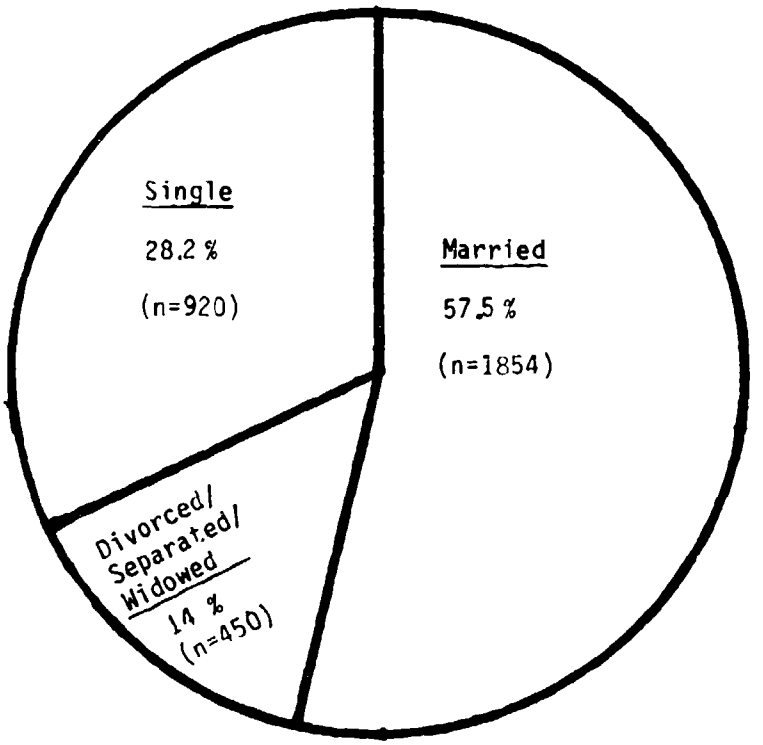
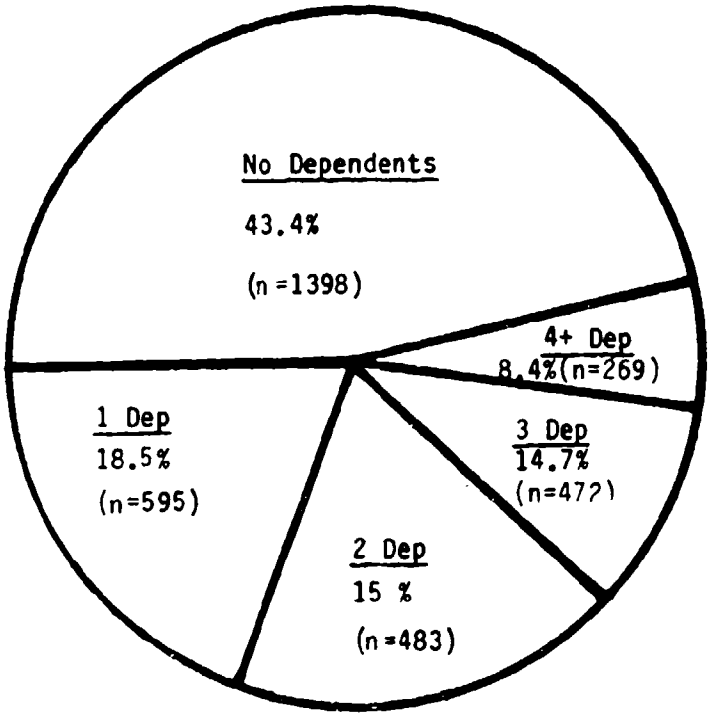


Figure 6

A. FREQUENCY DISTRIBUTION OF DEPENDENTS CLAIMED BY ALL ANCs

N=3219



B. FREQUENCY DISTRIBUTION OF HOUSEHOLDS WITHIN THE ANC WITH DEPENDENTS REQUIRING CARETAKERS

N=3209

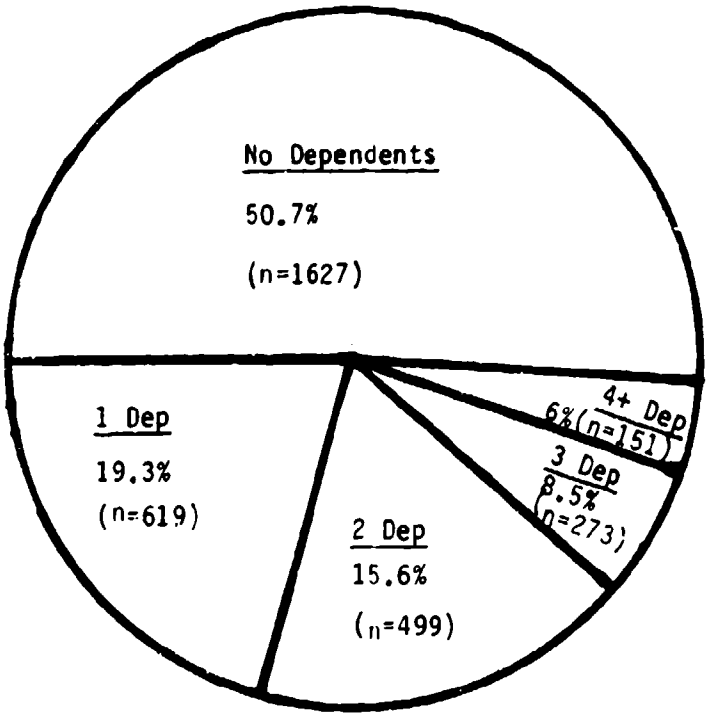


Figure 7

FREQUENCY DISTRIBUTION OF ADVANCE HOURS NEEDED BY ALL ANCs FOR DEPLOYMENT

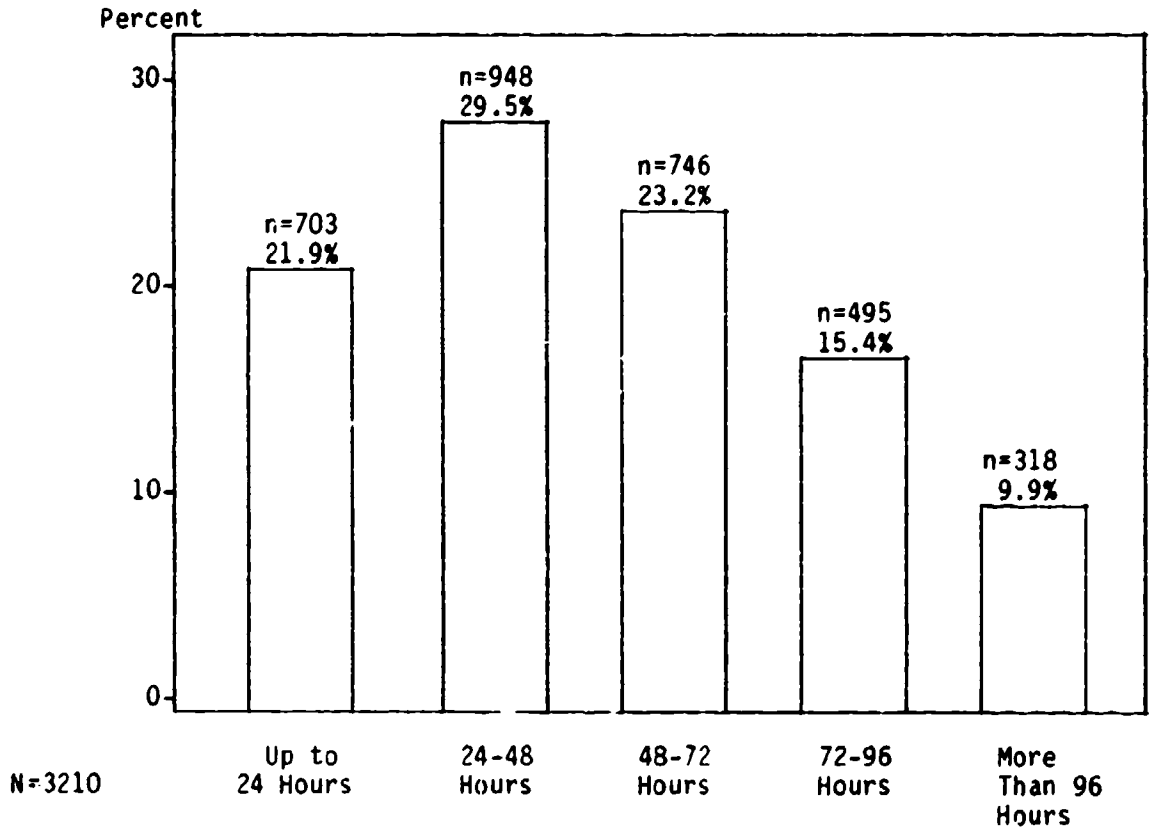
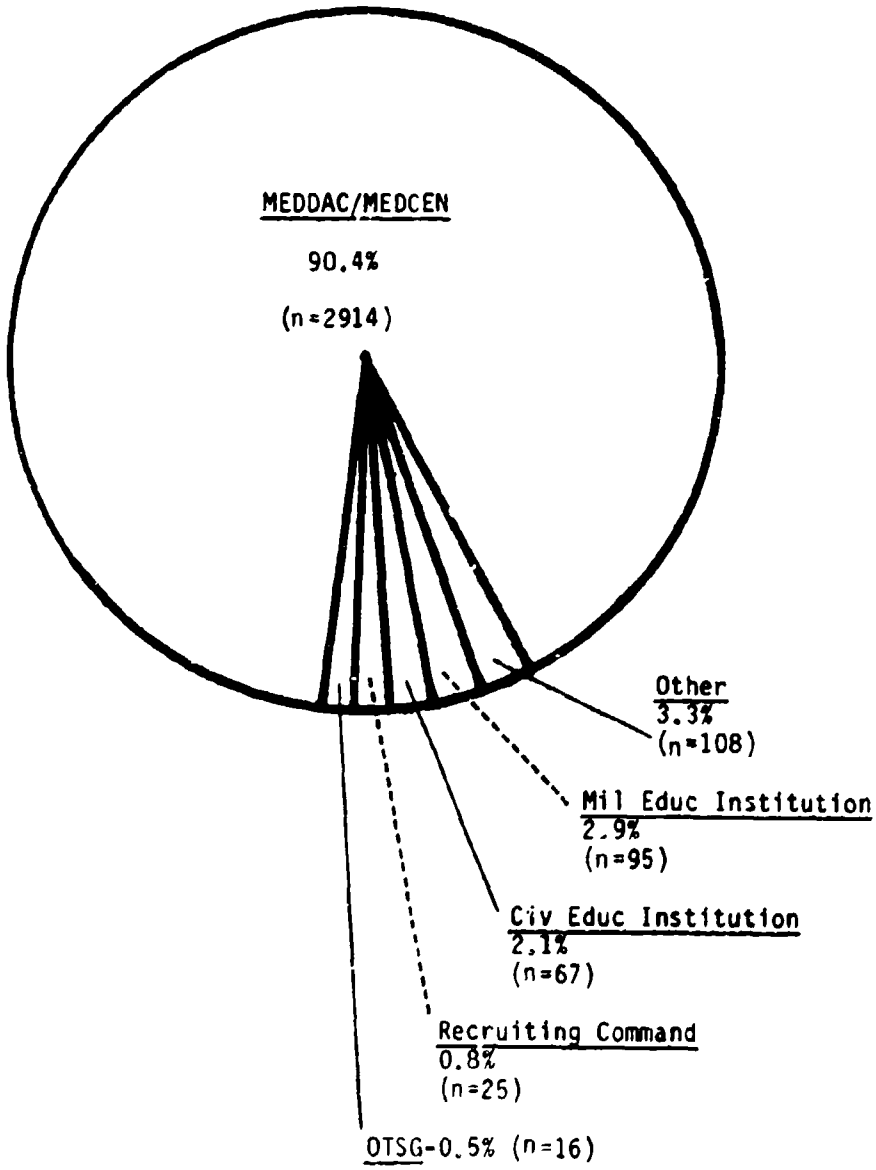


Figure 8

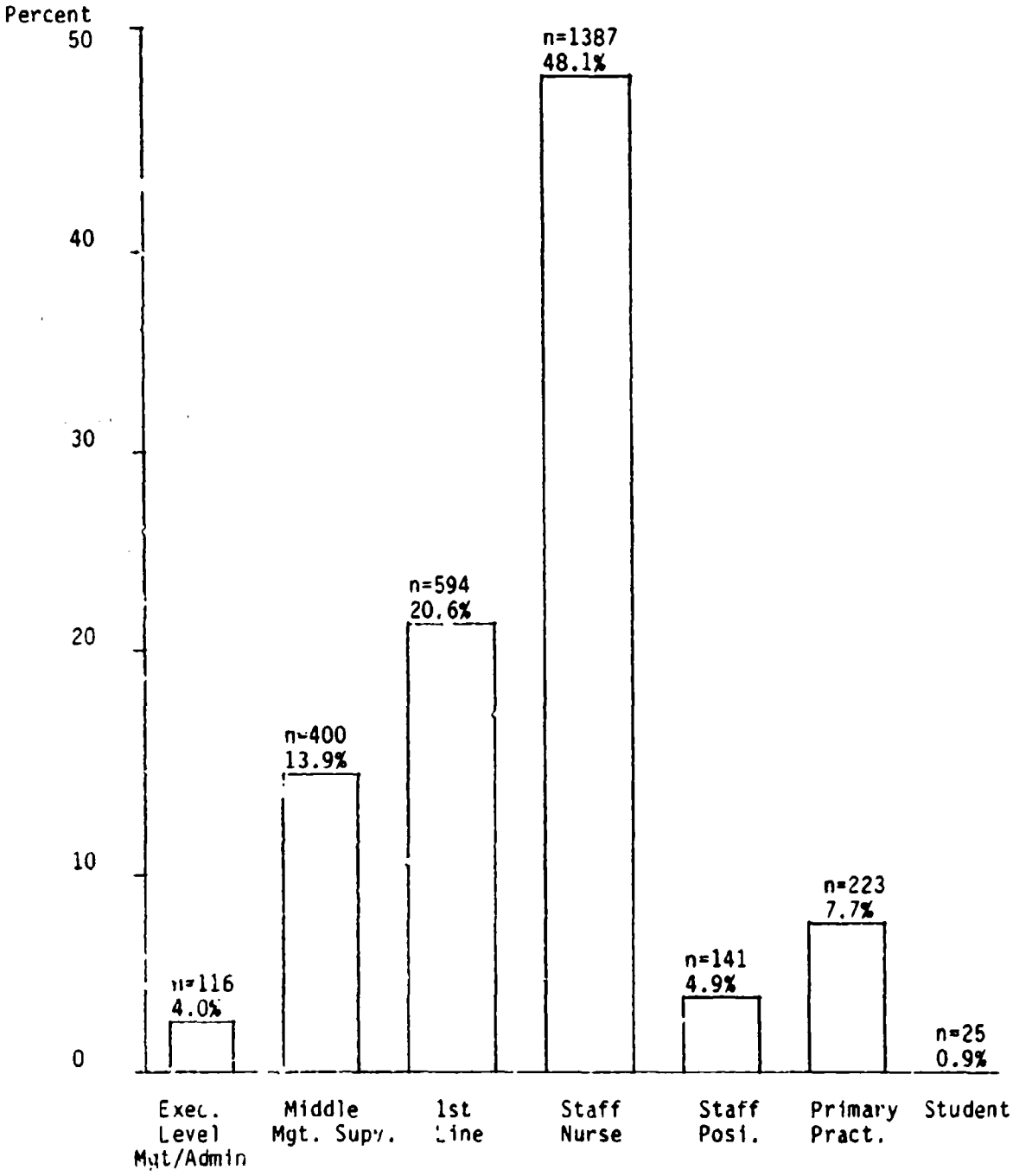
FREQUENCY DISTRIBUTION OF PLACE OF ASSIGNMENT



N=3225

Figure 9

FREQUENCY DISTRIBUTION OF DUTY POSITIONS IN MEDDACs/MEDCENs



Total N=2886

Figure 10

FREQUENCY DISTRIBUTION OF ANCs CONCERNED REGARDING EROSION OF RETIREMENT BENEFITS BY TENDENCY ATTRITION PROPENSITY

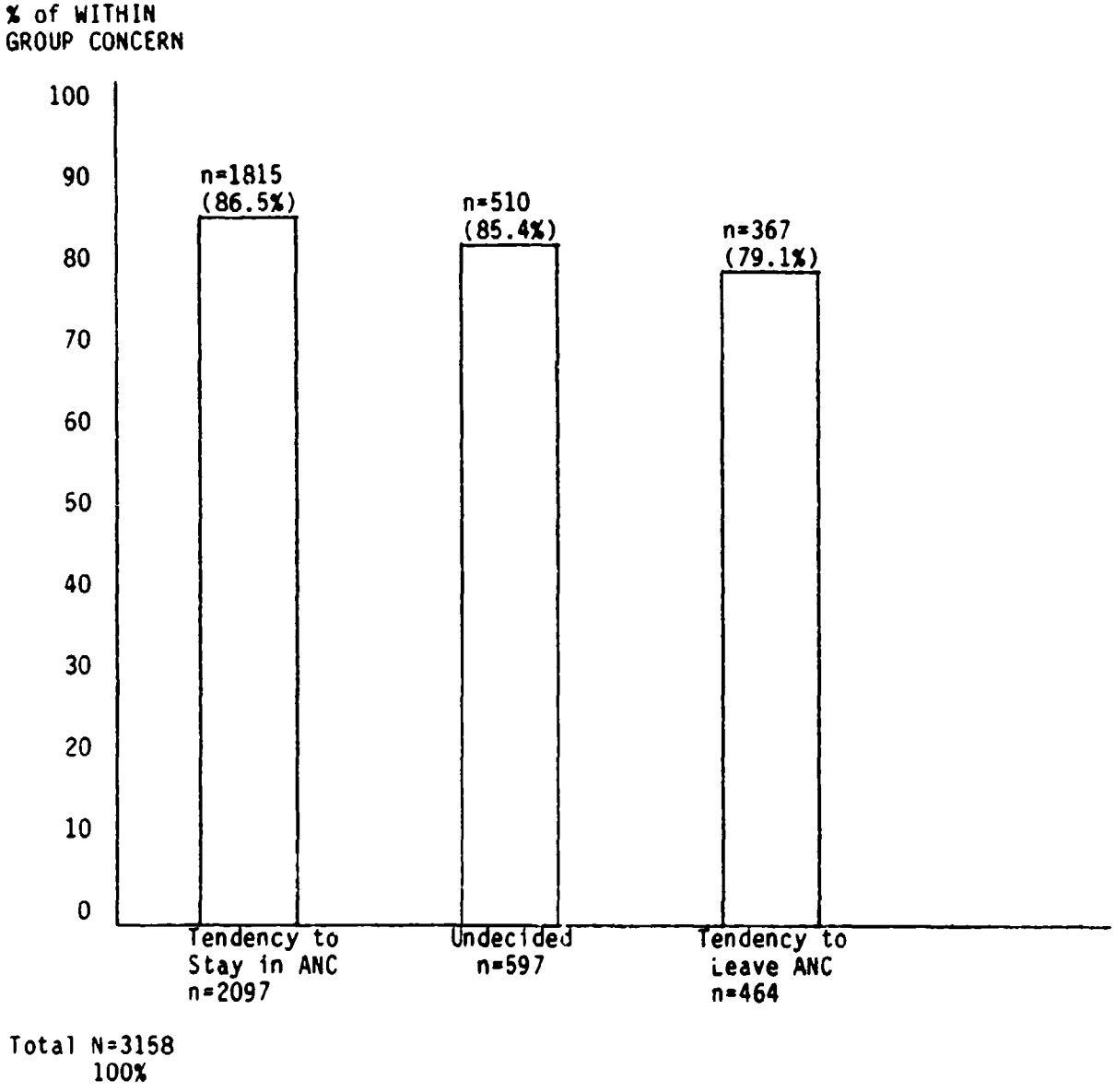


Figure 11

PERCEPTIONS OF CAO'S CONSIDERATION OF OFFICER PREFERENCE
STATEMENT FOR PRESENT DUTY ASSIGNMENT

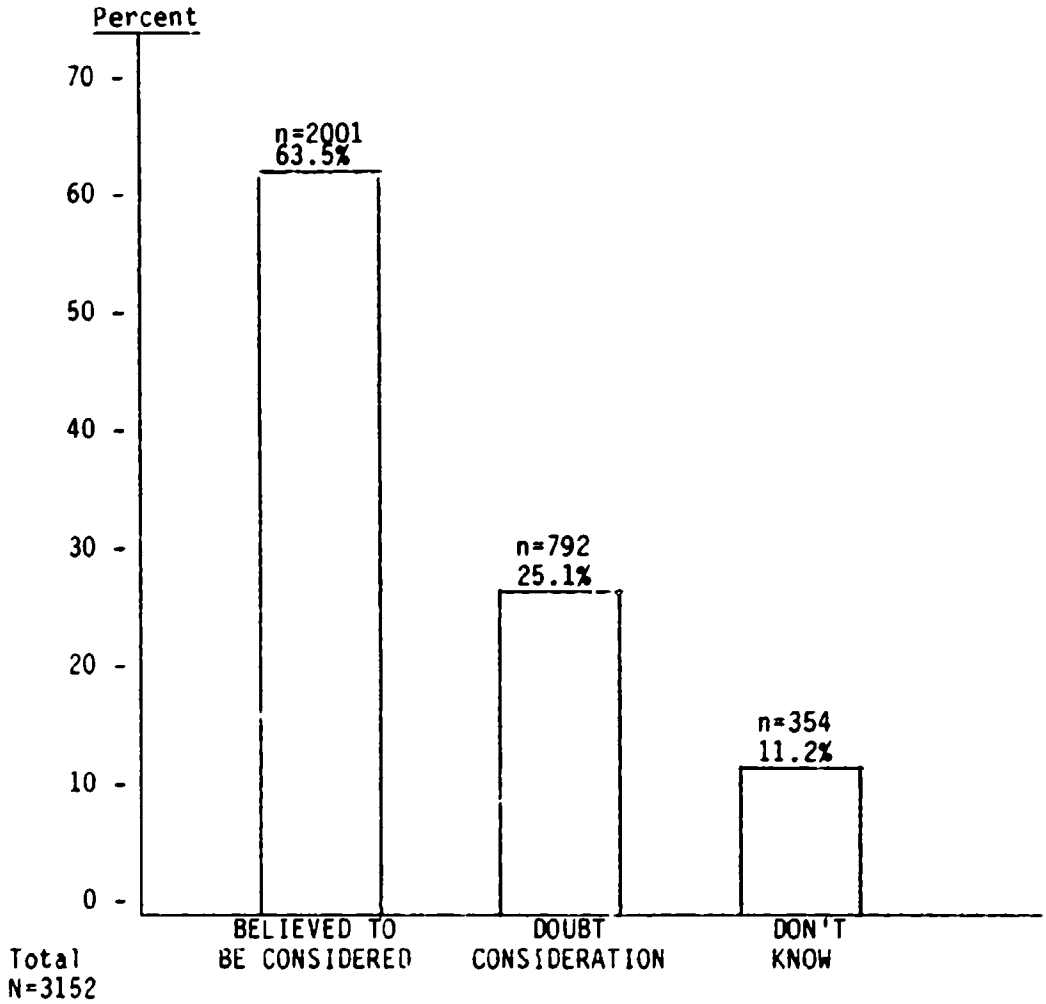


Figure 12

APPENDIX U

TABLES

FREQUENCY DISTRIBUTION OF YEARS IN SERVICE
BY ATTRITION PROPENSITY

YEARS IN SERVICE	ATTRITION PROPENSITY		
	Tendency to Stay	Undecided	Tendency to Leave
0-4 Years Service n=950 (30.6%)	n=459 (48.3%)	n=277 (29.2%)	n=214 (22.5%)
5-10 Years Service n=930 (30%)	n=580 (62.4%)	n=199 (21.4%)	n=151 (16.2%)
11-16 Years Service n=853 (27.5%)	n=732 (85.8%)	n=70 (8.2%)	n=51 (6.0%)
17=20 Years Service n=276 (8.9%)	n=228 (82.6%)	n=25 (9.1%)	n=23 (8.3%)
More Than 20 Years Service n=92 (3.0%)	n=69 (75.0%)	n=9 (9.8%)	n=14 (15.2%)
Total N=3101 100%	n=2068 (66.7%)	n=580 (18.7%)	n=453 (14.6%)

Table 1

FREQUENCY DISTRIBUTION BY RANK AND GENDER

RANK	GENDER: MALE	GENDER: FEMALE
2LT n=172 (5.3%)	n=60 (34.9%)	n=112 (65.1%)
1LT n=405 (12.6%)	n=128 (31.6%)	n=277 (68.4%)
CPT n=1573 (48.9%)	n=458 (29.1%)	n=1115 (70.9%)
MAJ n=724 (22.5%)	n=173 (23.9%)	n=551 (76.1%)
LTC n=283 (8.8%)	n=131 (46.3%)	n=152 (53.7%)
COL n=62 (1.9%)	n=23 (37.1%)	n=39 (62.9%)
Column Totals	n=973 30.2%	n=2246 69.8%

TOTAL N=3219
(100%)

Table 2

FREQUENCY DISTRIBUTION OF RANK BY ATTRITION PROPENSITY

RANK	ATTRITION PROPENSITY		
	STAY	LEAVE	UNDECIDED
2LT n=167 (5.3%)	n=79 (47.3%)	n=29 (17.4%)	n=59 (35.3%)
1LT n=402 (12.7%)	n=194 (48.3%)	n=103 (25.6%)	n=105 (26.1%)
CPT n=1546 (48.9%)	n=947 (61.3%)	n=258 (16.7%)	n=341 (22.1%)
MAJ n=728 (22.6%)	n=598 (83.6%)	n=52 (7.3%)	n=65 (9.1%)
LTC n=273 (8.6%)	n=229 (83.9%)	n=20 (7.3%)	n=24 (8.8%)
COL n=58 (1.8%)	n=50 (86.2%)	n=4 (6.9%)	n=4 (6.9%)
Column Total	n=2097 (66.3%)	n=466 (14.7%)	n=598 (18.9%)

TOTAL N=3161
(100%)

Table 3

FREQUENCY DISTRIBUTION OF All ANCs WITHIN EACH SSI BY GENDER

SSI	GENDER	
	MALE (30%) n=949	FEMALE (70%) n=2212
66A (Admin) n=86 (2.7%)	n=37 (43.0%)	n=49 (57.0%)
66B (CHN) n=124 (3.9%)	n=30 (24.2%)	n=94 (75.8%)
66C (Psych) n=145 (4.6%)	n=70 (48.3%)	n=75 (51.7%)
66D (Peds) n=258 (8.2%)	n=37 (14.3%)	n=221 (85.7%)
66E (OR) n= 253 (8.0%)	n=87 (34.4%)	n=166 (65.6%)
66F (Anesth) n=230 (7.3%)	n=171 (74.3%)	n=59 (25.7%)
66G (OB/GYN) n=205 (6.5%)	n=9 (4.4%)	n=196 (95.6%)
66H (Med/Surg) n=1626 (51.4%)	n=438 (26.9%)	n=1188 (73.1%)
66J (Gen duty) n= 234 (7.4%)	n=70 (29.9%)	n=164 (70.1%)
TOTAL N=3161 (100%)		

Table 4

FREQUENCY DISTRIBUTION OF ALL ANCs ACROSS ALL SSIs BY GENDER

SSI	GENDER	
	MALE	FEMALE
66A (Admin) n=86 (2.7%)	n=37 (3.9%)	n=49 (2.2%)
66B (CHN) n= 124 (3.9%)	n=30 (3.2%)	n=94 (4.2%)
66C (Psych) n=145 (4.6%)	n=70 (7.4%)	n=75 (3.4%)
66D (Peds) n=258 (8.2%)	n=37 (3.9%)	n=221 (10.0%)
66E (OR) n=253 (8.0%)	n=87 (9.2%)	n=166 (7.5%)
66F (Anesth) n=230 (7.3%)	n=171 (18.0%)	n=59 (2.7%)
66G (OB/GYN) n=205 (6.5%)	n=9 (0.9%)	n=196 (8.9%)
66H (Med/Surg) n=1626 (51.4%)	n=438 (46.2%)	n=1188 (53.7%)
66J (Gen duty) n=234 (7.4%)	n=70 (7.4%)	n=154 (7.4%)
TOTAL N=3161 100%	n=949 100%	n=2212 100%

Table 5

FREQUENCY DISTRIBUTION OF SSI BY ATTRITION PROPENSITY

SSI	Definitely Leave	Possibly Leave	Undecided	Possibly Stay	Definitely Stay
66A (Admin) n=81 (2.6%)	n=3 (3.7%)	n=1 (1.2%)	n=12 (14.8%)	n=4 (4.9%)	n=61 (75.3%)
66B (CHN) nn119 (3.8%)	n=6 (5.0%)	n=4 (3.4%)	n=10 (8.4%)	n=31 (26.1%)	n=68 (57.1%)
66C (Psych) n=141 (4.5%)	n=9 (6.4%)	n=12 (8.5%)	n=26 (18.4%)	n=39 (27.7%)	n=55 (39.0%)
66D (PEDs) n=257 (8.3%)	n=13 (5.1%)	n=26 (10.1%)	n=62 (24.1%)	n=69 (26.8%)	n=87 (33.9%)
66E (OR) n=245 (7.9%)	n=11 (4.5%	n=17 (6.9%)	n=37 (15.1%)	n=68 (27.8%)	n=112 (45.7%)
66F (Anesth) n=227 (7.3%)	n=21 (9.3%)	n 23 (10.1%)	n=44 (19.4%)	n=57 (25.1%)	n=82 (36.1%)
66G (OB/GYN) n=203 (6.5%)	n=10 (4.9%)	n=9 (4.4%)	n=53 (26.1%)	n=59 (29.1%)	n=72 (35.5%)
66H (Med/Surg) n=1602 (51.5%)	n=89 (5.6%)	n=143 (18.9%)	n=272 (17.0%)	n=412 (25.7%)	n=686 (42.8%)
66J (Gen Duty) n=232 (7.5%)	n=19 (8.2%)	n=35 (15.1%)	n=68 (29.3%)	n=69 (29.7%)	n=41 (17.7%)
Column Total	n=182 (5.8%)	n=270 (8.7%)	n=584 (18.8%)	n=808 (26.0%)	n=1264 (40.7%)

Total N=3107
100%

Table 6

FREQUENCY DISTRIBUTION OF DEPENDENTS REQUIRING CARETAKER ARRANGEMENTS BY DEPENDENTS FOR WHOM CARETAKER ARRANGEMENTS HAVE BEEN MADE

Number of Dependents Requiring Caretaker	NUMBER OF DEPENDENTS FOR WHOM ARRANGEMENTS HAVE BEEN MADE			
	1	2	3	4 or More
1 n= 530 (39.1%)	n=522 (98.5%)			
2 n=429 (31.7%)		n=396 (92.3%)		
3 n=236 (17.4%)			n=212 (89.8%)	
4 or More n=160 (11.8%)				n=152 (93.3%)
Column Total	n=564 (41.6%)	n=416 (30.7%)	n=217 (16.0%)	n=158 (11.7%)

Total N=1355
100%

Table 7

FREQUENCY DISTRIBUTION OF MARITAL STATUS BY ATTRITION PROPENSITY

MARITAL STATUS	ATTRITION PROPENSITY				
	Definitely Leave	Possibly Leave	Undecided	Possibly Stay	Definitely Stay
Married n=1819 (57.7%)	n=115 (6.3%)	n=158 (8.7%)	n=318 (17.5%)	n=459 (25.21%)	n=769 (42.3%)
Divorced n=414 (13.1%)	n=27 (6.5%)	n=28 (6.8%)	n=77 (18.6%)	n=117 (28.3%)	n=165 (39.9%)
Widow n=20 (0.6%)		n=1 (5.0%)	n=3 (15.0%)	n=5 (25.0%)	n=11 (55.0%)
Single n=897 (28.5%)	n=48 (5.4%)	n=87 (9.7%)	n=194 (21.6%)	n=235 (26.2%)	n=333 (37.1%)
Column Total	n=190 (6.0%)	n=274 (8.7%)	n=592 (18.8%)	n=816 (25.9%)	n=1278 (40.6%)

Total N=3150
100%

Table 8

FREQUENCY DISTRIBUTION OF DUTY POSITION BY PERCEIVED APPROPRIATENESS OF DUTY ASSIGNMENT

DUTY POSITION	"DUTY ASSIGNMENT IS APPROPRIATE FOR MY LEVEL OF EDUCATION AND EXPERIENCE"	
	AGREE	DISAGREE
Top Management n=144 (4.6%)	n=134 (93.1%)	n=10 (6.9%)
Middle Management n=437 (13.8%)	n=364 (83.3%)	n=73 (16.7%)
1st Line Supervisor n=622 (19.7%)	n=466 (74.9%)	n=156 (25.1%)
Staff Nurse n=1404 (44.4%)	n=943 (67.2%)	n=461 (32.8%)
Staff Position n=214 (6.8%)	n=192 (89.7%)	n=22 (10.3%)
Primary Pract. n=233 (7.4%)	n=223 (95.7%)	n=10 (4.3%)
Student n=106 (3.4%)	n=99 (93.4%)	n=7 (6.6%)
TOTAL N=3160 (100%)	n=2421 (76.6%)	n=739 (23.4%)

Table 9

FREQUENCY DISTRIBUTION OF ASSIGNMENT PREFERENCE BY SATISFACTION WITH PRESENT DUTY ASSIGNMENT

ASSIGNMENT PREFERENCE	JOB SATISFACTION	
	SATISFIED	DISSATISFIED
1st Choice n=1823 (57.7%)	n=1666 (91.4%)	n=157 (8.6%)
2nd Choice n=434 (3.7%)	n=356 (82.0%)	n=78 (18.0%)
3rd Choice n=130 (4.1%) (4.1%)	n=85 (65.4%)	n=45 (34.6%)
Not My Choice But Positive Experience n=540 (17.1%)	n=424 (78.5%)	n=116 (21.5%)
Not My Choice n=231 (7.3%)	n=61 (26.4%)	n=170 (73.6%)
TOTAL N=3158 100%	n=2592 (82.1%)	n=566 (17.9%)

Table 10

FREQUENCY DISTRIBUTION OF SSI BY CHOICE OF ASSIGNMENT

SSI	CURRENT ASSIGNMENT				
	1st Choice	2nd Choice	3rd Choice	Not My Choice But Pos Exp	Not My Choice
66A n=82 (2.6%)	n=51 (62.2%)	n=12 (14.6%)		n=17 (20.7%)	n=2 (2.4%)
66B n=119 (3.8%)	n=91 (76.5%)	n=7 (5.9%)	n=2 (1.7%)	n=11 (9.2%)	n=8 (6.7%)
66C n=142 (4.6%)	n=88 (62.0%)	n=25 (17.6%)	n=8 (5.6%)	n=17 (12.0%)	n=4 (2.8%)
66D n=257 (8.3%)	n=156 (60.7%)	n=41 (16.0%)	n=11 (4.3%)	n=31 (12.1%)	n=18 (7.0%)
66E n=253 (8.1%)	n=197 (77.9%)	n=20 (7.9%)	n=7 (2.8%)	n=21 (8.3%)	n=8 (3.2%)
66F n=225 (7.2%)	n=189 (84.0%)	n=11 (4.9%)	n=3 (1.3%)	n=10 (4.4%)	n=12 (5.3%)
66G n=202 (6.5%)	n=123 (60.9%)	n=26 (12.9%)	n=11 (5.4%)	n=28 (13.9%	n=14 (6.9%)
66H n=1596 (51.3%)	n=807 (50.6%)	n=251 (15.7%)	n=71 (4.4%)	n=333 (20.9%)	n=134 (8.4%)
66J n=233 (7.5%)	n=92 (39.5%)	n=34 (14.6%)	n=13 (5.6%)	n=67 (28.8%)	n=27 (11.6%)
Column Total	n=1777 (57.7%)	n=427 (13.7%)	n=126 (4.0%)	n=535 (17.2%)	n=228 (7.3%)

Total N=3109
100%

Table 11

FREQUENCY DISTRIBUTION OF RANK BY CHOICE OF ASSIGNMENT

RANK	CURRENT ASSIGNMENT				
	1st Choice	2nd Choice	3rd Choice	Not My Choice But Pos Exp	Not My Choice
2LT n=172 (5.4%)	n=69 (40.1%)	n=27 (15.7%)	n=6 (3.5%)	n=49 (28.5%)	n=21 (12.2%)
1LT n=403 (12.7%)	n=214 (53.1%)	n=61 (13.1%)	n=24 (6.0%)	n=77 (19.1%)	n=27 (6.7%)
CPT n=1559 (49.3%)	n=917 (58.8%)	n=209 (13.1%)	n=77 (4.9%)	n=239 (15.3%)	n=117 (7.5%)
MAJ n=703 (22.2%)	n=408 (58.0%)	n=97 (13.8%)	n=21 (3.0%)	n=123 (17.5%)	n=54 (7.7%)
LTC n=272 (8.6%)	n=176 (64.2%)	n=37 (13.6%)	n=3 (1.1%)	n=41 (15.0%)	n=15 (5.5%)
COL n=56 (1.8%)	n=38 (67.9%)	n=5 (8.9%)		n=12 (21.4%)	n=1 (1.8%)
Column Total	n=1824 (57.6%)	n=436 (13.8%)	n=131 (4.1%)	n=541 (17.1%)	n=235 (7.4%)

Total N=3165
100%

Table 12

FREQUENCY DISTRIBUTION OF DUTY POSITION BY ASSIGNMENT PREFERENCE

DUTY POSITION	ASSIGNMENT PREFERENCE				
	1st Choice	2nd Choice	3rd Choice	Not My Choice But Pos Exp	Not My Choice
Top Mgmt n=139 (4.4%)	n=96 (68.1%)	n=13 (9.4%)	n=1 (0.7%)	n=28 (20.1%)	n=1 (0.7)
Mid Mgmt n=428 (13.7%)	n=252 (58.9%)	n=64 15.0%	n=9 (2.1%)	n=80 (18.2%)	n=23 (5.4%)
1st Line Supv n=619 (19.8%)	n=317 (51.2%)	n=101 (16.3%)	n=24 (3.9%)	n=134 (21.6%)	n=43 (6.9%)
Staff Nurse n=1396 (44.6%)	n=704 (50.4%)	n=206 (14.8%)	n=83 (5.9%)	n=253 (18.1%)	n=150 (10.7%)
Staff Position n=206 (6.6%)	n=137 (66.5%)	n=30 (14.6%)	n=5 (2.4%)	n=31 (15.0%)	n=3 (1.5%)
Primary Practitioner n=233 (7.4%)	n=206 (88.4%)	n=11 (4.7%)	n=4 (1.7%)	n=6 (2.6%)	n=6 (2.6%)
Student n=112 (3.6%)	n=94 (83.9%)	n=6 (5.4%)	n=3 (2.7%)	n=8 (7.1%)	n=1 (0.9%)
Column Total	n=1806 (57.6%)	n=431 (13.8%)	n=129 (4.1%0	n=540 (17.2%)	n=227 (7.2%)

Total N=3133
100%

Table 13

OTHER ISSUES RELATING TO PAY, ALLOWANCES, AND BENEFITS

CATEGORIES	%	FREQUENCY
Erosion of pay and benefits	36%	(n=365)
Long hours for inadequate pay	15%	(n=149)
Need for professional pay for proficiency	15%	(n=148)
Large unreimbursed expenses in moves	12%	(n=124)
Inequities between married and single pay	12%	(n=122)
Need for dental care for dependents	8%	(n=84)
Others	2%	(n=11)
TOTAL	100%	N=1003

Table 14

FREQUENCY DISTRIBUTION OF ATTRITION PROPENSITY BY OVERALL SATISFACTION WITH PAY, ALLOWANCES, AND BENEFITS

ATTRITION PROPENSITY	SATISFACTION WITH PAB: SATISFIED	SATISFACTION WITH PAB: DISSATISFIED
Plan to Remain n=2096 (66.4%)	n=1774 (84.6%)	n=322 (15.4%)
Undecided n=596 (18.8%)	n=446 (74.8%)	n=150 (25.2%)
Plan to Leave n=464 (14.7%)	n=352 (75.9%)	n=112 (24.1%)
	n=2572 81.5%	n=584 18.5%

TOTAL N=3156
100%

$X^2 = 41.03$, $p<.0001$

Table 15

FREQUENCY DISTRIBUTION OF RESPONSES TO PAY, ALLOWANCES, AND BENEFITS (PAB) ISSUES

PAB ISSUE	Frequency of Responses	
	Agree	Disagree
Overall Satisfaction With Pay & Allowances	81.3%	18.7%
Benefits Are Positive Factors Influencing Career Decisions	85.6%	14.4%
Current Retirement Policy Influences Career Decisions	82.2%	17.8%
Allowances Are a Reason For Remaining In The Army	81.4%	18.6%
Changes In Retirement Policies Would Negatively Influence Career Decisions	78.8%	21.2%
PAB Satisfactory for Rank	82.9%	17.1%
PAB Satisfactory for JOB	67.8%	32.2%
Benefits Should Be Included in Base Pay	6.2%	93.7%
Marriage/Dependents Allowances Are Fair	66.3%	33.7%
PX Benefits Are Important	75.0%	25.0%
Commissary Benefits Are Important	85.9%	14.1%
Benefits Are Often Not Delivered as Promised	45.8%	54.2%
Concern About Erosion of Retirement Benefits	85.2%	14.8%
Health and Dental Care Important Benefits	95.0%	5.0%
Champus Benefits Should Be Available to Dependents	50.2%	49.8%
Champus Benefits Should be Available to Active Duty Members	38.9%	61.1%
ANCs Should Receive Professional Pay	70.0%	30.0%
Professional Pay Should Be Based On Performance	75.9%	24.1%
Extra Pay Should Be Given For Critical Care Skills	84.3%	15.7%

Table 16

FREQUENCY DISTRIBUTION OF PRIMARY SSI BY SATISFACTION WITH PAY, ALLOWANCES, AND BENEFITS (PAB)

SSI	SATISFACTION WITH PAB	
	SATISFIED	DISSATISFIED
66A (Admin) n=88 (2.8%)	n=73 (83.0%)	n=15 (17.0%)
66B (CHN) n=123 (3.9%)	n=100 (81.3%)	n=23 (18.7%)
66C (Psych) n=144 (4.5%)	n=115 (79.9%)	n=29 (20.1%)
66D (Peds) n=258 (8.2%)	n=230 (89.1%)	n=28 (10.9%)
66E (OR) n=256 (8.1%)	n=209 (81.6%)	n=47 (18.4%)
66F (Anesth) n=229 (7.2%)	* n=73 (31.9%)	* n=156 (68.1%)
66G (OB/GYN) n=204 (6.4%)	n=179 (87.7%)	n=25 (12.3%)
66H (Med/Surg) n=1628 (51.4%)	n=1412 (86.7%)	n=216 (13.3%)
66J (Gen duty) n=235 (7.4%)	n=186 (79.1%)	n=49 (20.9%)
TOTAL N=3165 100%	n=2577 (81.4%)	n=588 (18.6%)

$X^2 = 418.7$, $p<.0001$

Table 17

FREQUENCY DISTRIBUTION OF DUTY POSITION BY SATISFACTION
WITH PAY, ALLOWANCES, ANL BENEFITS (PAB)

DUTY POSITION	SATISFACTION WITH PAB	
	SATISFIED	DISSATISFIED
Top Management n=146 (4.6%)	n=121 (82.9%)	n=25 (17.1%)
Middle Management n=437 (13.7%)	n=351 (80.3%)	n=86 (19.7%)
1st Line Supervisor n=622 (19.5%)	n=522 (83.9%)	n=100 (16.1%)
Staff Nurse n=1401 (43.9%)	n=1130 (80.7%)	n=271 (19.3%)
Staff Position n=215 (6.7%)	n=185 (86.0%)	n=30 (14.0%)
Primary Pract. n=232 (7.3%)	n=174 (75.0%)	n=58 (25.0%)
Student n=136 (4.3%)	n=114 (83.8%)	n=22 (16.2%)
TOTAL N=3184 100%	n=2592 (81.4%)	n=592 (18.6%)

$X^2 = 13.6$, $p<.035$

Table 18

FREQUENCY DISTRIBUTION OF PERCEIVED EQUITY OF DEPENDENT ALLOWANCES BY MARITAL STATUS

PERCEIVED EQUITY OF DEPENDENT ALLOWANCES	MARITAL STATUS		
	MARRIED	DIV/SEP/WID	SINGLE
Fair n=2120 (66.3%)	n=1352 (73.2%)	n=284 (63.2%)	n=484 (53.5%)
Unfair n=1079 (33.7%)	n=496 (26.8%	n=162 (36.8%)	n=421 (46.5%)
Total N=3199 100%	n=1848 (57.8%)	n=446 (13.9%)	n=905 (28.3%)

Table 19

FREQUENCY DISTRIBUTION OF ATTRITION PROPENSITY BY
PERCEIVED EQUITY OF DEPENDENT ALLOWANCES

ATTRITION PROPENSITY	PERCEPTION OF EQUITY OF DEPENDENT ALLOWANCES	
	FAIR	UNFAIR
Tendency to Leave n=463 (14.7%)	n=308 (66.5%)	n=155 (33.8%)
Undecided n=594 (18.9%)	n=401 (67.5%)	n=193 (32.0%)
Tendency to Stay n=2089 (66.4%)	n=1382 (66.1%)	n=707 (33.4%)
Total N=3146 100%	n=2091 (66.5%)	n=1055 (33.5%)

$X^2 = 0.3$, $p<.83$

Table 20

FREQUENCY DISTRIBUTION OF CONUS GEOGRAPHIC PREFERENCES

LOCATION	%	N
East Coast (1st Army)	23.2%	n=746
Southeast Coast (3rd Army)	15.4%	n=494
Mideast (5th Army)	19.7%	n=634
West Coast (6th Army)	29.4%	n=946
No Preference	12.3%	n=397
	100%	N=3217

Table 21

FREQUENCY DISTRIBUTION OF OCONUS
GEOGRAPHIC PREFERENCES

LOCATION	%	N
Alaska	8.0	256
Hawaii	27.7	890
Korea	4.7	151
Japan	3.9	125
Germany	29.6	951
Italy	6.3	202
Belgium	9.0	289
Canal Zone	2.1	66
No Preference	8.9	286
Total	100%	3216

Table 22

FACTORS INFLUENCING ASSIGNMENT PREFERENCES BY RANK OF CHOICE

FACTORS INFLUENCING ASSIGNMENT PREFERENCE	RANKING OF CHOICE				
	Most Important	2nd Most Important	3rd Most Important	4th Most Important	Least Important
Professional experience to be gained (n=3226)	n=1493 (46.3%)	n=890 27.6%)	n=504 (15.6%)	n=267 (8.3%)	n=72 (2.2%)
Specific Duty Station (n=3227)	n=366 (11.3%)	n=490 (15.2%)	n=621 (19.2%)	n=851 (26.4%)	n=899 (27.9%)
Geographic location (n=3231)	n=527 (16.3%)	n=869 (26.9%)	n=789 (24.4%)	n=670 (20.7%)	n=376 (11.6%)
Educational opportunity available (n=3226)	n=362 (11.2%)	n=821 (25.4%)	n=802 (24.9%)	n=757 (23.5%)	n=484 (15.0%)
Closeness to family (n=3203)	n=712 (22.1%)	n=359 (11.1%)	n=494 (15.3%)	n=486 (15.1%)	n=1176 (36.4%)

Table 23

FREQUENCY DISTRIBUTION OF SATISFACTION WITH PRESENT DUTY ASSIGNMENT
BY SATISFACTION WITH GEOGRAPHIC LOCATION OF DUTY ASSIGNMENT

DUTY ASSIGNMENT	GEOGRAPHIC LOCATION: SATISFIED	GEOGRAPHIC LOCATION: DISSATISFIED	Row Total
SATISFIED	n=2236 (69.5%)	n=414 (12.8%)	n=2650 (82.3%)
DISATISFIED	n=365 (11.3%)	n=203 (6.4%)	n=568 (17.7%)
Column Total	n=2601 (80.8%)	n=617 (19.2%)	

Total N=3218
100%

Table 24

FREQUENCY DISTRIBUTION OF PERCEIVED DIFFICULTY WITH OVERSEAS ASSIGNMENTS BY MARITAL STATUS

PERCEIVED DIFFICULTY WITH OVERSEAS ASSIGNMENTS	MARITAL STATUS		
	Married (57.5%)	Div/Sep/Widow (14.0%)	Single (28.6%)
Difficult n=1424 (44.5%)	n=960 (52.2%)	n=171 (38.3%)	n=293 (32.0%)
Not Difficult n=1778 (55.5%)	n=880 (47.8%)	n=276 (61.7%)	n=622 (68.0%)
	n=1840	n=447	n=915

Total N=3202
100%

X^2 = 108.63, p<.00001

Table 25

FREQUENCY DISTRIBUTION OF ACTUAL VERSUS PREFERRED
ADVANCE NOTICE TIME (MONTHS) FOR PCS MOVES

ACTUAL NOTICE TIME MONTHS	PREFERRED NOTICE TIME (MONTHS) 1	2	3	4	5	6 OR >	No Pref.	Row Total of Actual Notice Time
1	n=2 1.3%	n=17 10.9%	n=49 31.4%	n=35 22.4%	n=4 2.6%	n=47 30.1%	n=2 1.3%	n=156 (4.9%)
2	n=2 .3%	n=30 5.2%	n=132 23.1%	n=128 22.4%	n=28 4.9%	n=245 42.8%	n=7 1.2%	n=572 (18.1%)
3		n=4 .4%	n=133 14.4%	n=157 17%	n=84 9.1%	n=539 58.2%	n=9 1.0%	n=926 (29.2%)
4			n=15 2.9%	n=85 16.3%	n=25 4.8%	n=389 74.7%	n=7 1.3%	n=521 (16.4%)
5			n=8 3.3%	n=14 5.7%	n=37 15.1%	n=185 75.5%	n=1 0.4%	n=245 (7.7%)
6 or >		n=2 0.6%	n=11 3.4%	n=12 3.8%	n=2 0.6%	n=286 89.7%	n=6 1.9%	n=319 (10.1%)
Never had PCS	n=1 0.2%	n=16 3.7%	n=63 14.7%	n=55 12.8%	n=14 3.3%	n=268 62.5%	n=12 2.8%	n=429 (13.5%)
Column Total of Pref Time	n=5 0.2%	n=69 2.2%	n=411 13.0%	n=486 15.3%	n=194 6.1%	n=1959 61.9%	n=44 1.5%	Total N=3168

SUMMARY:

17.9% Actual same as preferred
64.5% Actual less than preferred
3.0% Actual more than preferred

Table 26

FREQUENCY DISTRIBUTION OF ACTUAL VERSUS PREFERRED
NOTICE TIME FOR PCS MOVES BY SSI

ACTUAL NOTICE TIME	PRIMARY SSI								
	66A	66B	66C	66D	66E	66F	66G	66H	66J
1 Month or Less n=154 4.9%	n=5 5.7%	n=6 4.9%	n=5 3.5%	n=7 2.7%	n=16 6.3%	n=12 5.3%	n=6 3.0%	n=75 4.7%	n=22 9.6%
2 Months n=558 17.9%	n=14 16.1%	n=35 28.5%	n=30 21.3%	n=57 22.4%	n=65 25.7%	n=66 28.9%	n=44 21.7%	n=221 13.9%	n=26 11.3%
3 Months n=914 29.4%	n=38 43.7%	n=40 32.5%	n=44 31.2%	n=88 34.5%	n=68 26.9%	n=87 38.2%	n=68 33.5%	n=447 28.1%	n=34 14.8%
4 Months n=510 16.4%	n=20 23.0%	n=15 12.2%	n=22 15.6%	n=46 18.0%	n=35 13.8%	n=34 14.9%	n=40 19.7%	n=283 17.8%	n=15 6.5%
5 Months n=243 7.8%	n=5 5.7%	n=13 10.6%	n=9 6.4%	n=13 5.1%	n=22 8.7%	n=9 3.9%	n=16 7.9%	n=142 8.9%	n=14 6.1%
6 Months or More n=313 10.1%	n=5 5.7%	n=9 7.3%	n=15 10.6%	n=19 7.5%	n=18 7.1%	n=16 7.0%	n=16 7.9%	n=201 12.6%	n=14 6.1%
Never Had PCS n=421 13.5%		n=5 4.1%	n=16 11.3%	n=25 9.8%	n=29 11.5%	n=4 1.8%	n=13 6.4%	n=224 14.1%	n=105 45.7%
	n=87 2.8%	n=123 4.0%	n=141 4.5%	n=255 8.2%	n=253 8.1%	n=228 7.3%	n=203 6.5%	n=1593 51.2%	n=230 7.4%

Total N=3113
100%

Table 27

FREQUENCY DISTRIBUTION OF MARITAL STATUS BY PERCEPTIONS OF CAO EFFORTS TO COLLOCATE SPOUSES

MARITAL STATUS	"CAO IS POSITIVE IN THEIR EFFORTS TO COLLOCATE MILITARY SPOUSES"	
	Agree	Disagree
Married n=1730 (58.4%)	n=1449 (83.8%)	n=281 (16.2%)
Div/Separated n=382 (12.9%)	n=328 (85.9%)	n=54 (14.1%)
Widow n=20 (0.7%)	n=17 (85%)	n=3 (15%)
Single n=829 (28.0%)	n=685 (82.6%)	n=144 (17.4%)
	n=2479 (83.7%)	n=482 (16.3%)

Total N=2961
100%

$X^2 = 2.04$, $p > .56$

Table 28

RANK CHOICE OF MARITAL STATUS BY INFLUENCE OF CLOSENESS TO FAMILY FOR ASSIGNMENT PREFERENCES

MARITAL STATUS	IMPORTANCE OF CLOSENESS TO FAMILY IN ASSIGNMENT PREFERENCE				
	Most Important	2nd Most Important	3rd Most Important	4th Most Important	Least Important
Married n=1842 (57.5%)	n=542 (29.4%)	n=236 (12.8%)	n=253 (13.7%)	n=250 (13.6%)	n=561 (30.5%)
Div/Sep/Wid n=448 (28.5%)	n=70 (17.2%)	n=36 (8.7%)	n=85 (21.2%)	n=70 (12.7%)	n=187 (40.0%)
Single n=913 (28.5%)	n=94 (10.3%)	n=85 (9.3%)	n=155 (17.0%)	n=161 (17.6%)	n=418 (45.8%)
Column Totals	n=706 (22.0%)	n=357 (11.1%)	n=493 (15.4%)	n=481 (15.0%)	n=1166 (36.4%)

Total N=3203
100%

Table 29

FREQUENCY DISTRIBUTION OF PRIMARY SSI BY
PERCEPTIONS OF CAREER COUNSELING

SSI	CAREER COUNSELING PERCEPTIONS					
	Adequacy of CAO Guidance Goal Formation		Adequacy of CAO Guidance Re: Career Options		"Have You Communicated Your Goals to CAO?"	
	Adequate	Inadequate	Adequate	Inadequate	Yes	No
66A	n=58 (66.7%)	n=29 (33.3%)	n=60 (69.0%)	n=27 (31.0%)	n=85 (97.7%)	n=2 (2.3%)
66B	n=66 (54.1%)	n=56 (45.9%)	n=55 (45.1%)	n=67 (54.9%)	n=104 (84.6%)	n=19 (15.4%)
66C	n=85 (59.9%)	n=57 (40.1%)	n=68 (48.2%)	n=73 (51.8%)	n=109 (77.3%)	n=32 (22.7%)
66D	n=118 (45.9%)	n=139 (54.1%)	n=106 (41.2%)	n=151 (58.8%)	n=199 (77.1%)	n=59 (22.9%)
66E	n=121 (48.8%)	n=127 (51.2%)	n=105 (42.3%)	n=143 (57.7%)	n=183 (72.3%)	n=70 (27.7%)
66F	n=122 (53.5%)	n=106 (46.5%)	n=97 (42.5%)	n=131 (57.5%)	n=194 (85.5%)	n=33 (14.5%)
66G	n=100 (49.0%)	n=104 (51.0%)	n=87 (42.9%)	n=116 (57.1%)	n=161 (79.3%)	n=42 (20.7%)
66H	n=844 (52.2%)	n=773 (47.8%)	n=748 (46.3%)	n=869 (53.7%)	n=1219 (75.1%)	n=405 (24.9%)
66J	n=97 (41.5%)	n=137 (58.5%)	n=85 (36.8%)	n=146 (63.2%)	n=96 (41.4%)	n=136 (58.6%)
Column Totals	n=1611 (51.3%)	n=1528 (48.7%)	n=1411 (45.0%)	n=1723 (55.0%)	n=2350 (74.6%)	n=798 (25.3%)

Table 30A

FREQUENCY DISTRIBUTION OF RANK BY PERCEPTIONS
OF CAO CAREER COUNSELING

RANK	CAREER COUNSELING PERCEPTIONS					
	Adequacy of CAO Guidance Goal Formation		Adequacy of CAO Guidance Re: Career Options		"Have You Communication Your Goals to CAO?"	
	Adequate	Inadequate	Adequate	Inadequate	Yes	No
2LT	n=78 (45.3%)	n=94 (54.7%)	n=65 (38.5%)	n=104 (61.5%)	n=59 (34.7%)	n=111 (65.3%)
1LT	n=200 (49.5%)	n=204 (50.5%)	n=171 (42.3%)	n=232 (57.4%)	n=228 (56.4%)	n=176 (43.6%)
CPT	n=767 (49.2%)	n=793 (50.8%)	n=661 (42.4%)	n=898 (57.6%)	n=1176 (75.0%)	n=393 (25.0%)
MAJ	n=391 (54.5%)	n=327 (45.5%)	n=351 (49.0%)	n=366 (51.0%)	n=609 (84.9%)	n=108 (15.1%)
LTC	n=157 (55.7%)	n=124 (44.0%)	n=139 (49.3%)	n=143 (50.7%)	n=259 (91.2%)	n=25 (8.8%)
COL	n=146 (74.2%)	n=16 (25.8%)	n=46 (74.2%)	n=16 (25.8%)	n=58 (93.5%)	n=4 (6.5%)
Column Totals	n=1641 (51.3%)	n=1558 (48.7%)	n=1453 (44.9%)	n=1759 (55.1%)	n=2391 (74.5%)	n=817 (25.5%)

Table 30B

FREQUENCY DISTRIBUTION OF RANK BY JOB SATISFACTION

RANK	JOB SATISFACTION	
	SATISFIED	DISSATISFIED
2LT n=169 (5.3%)	n=138 (81.7%)	n=31 (18.3%)
1LT n=406 (12.7%)	n=323 (79.6)	n=83 (20.4%)
CPT n=1568 (48.9%)	n=1255 (80.0%)	n=313 (20.0%)
MAJ n=720 (22.5%)	n=614) (85.3%)	n=106 (14.7%)
LTC n=283 (8.8%)	n=253 (89.4%)	n=30 (10.6%)
COL n=61 (1.9%)	n=57 (93.4%)	n=4 (6.6%)
Total N=3207 100%	n=2640 (82.3%)	n=567 (17.7%)

$\chi^2 = 27.05$, $p<.0001$

Table 31

FREQUENCY DISTRIBUTION OF DUTY POSITION BY PERCEIVED JOB SATISFACTION

DUTY POSITION	JOB SATISFACTION: SATISFIED	JOB SATISFACTION: DISSATISFIED
Top Management n=145 (4.6%)	n=137 (94.5%)	n=8 (5.5%)
Mid Management n=436 (13.7%)	n=382 (87.6%)	n=54 (12.4%)
1st Line Supervisor n=622 (19.6%)	n=516 (83.0%)	n=106 (17.0%)
Staff Nurse n=1393 (43.9%)	* n=1042 (74.8%)	* n=351 (25.2%)
Staff Position n=214 (6.7%)	n=200 (93.5%)	n=14 (6.5%)
Primary Practitioner n=233 (7.3%)	n=215 (92.3%)	n=18 (7.7%)
Student n=133 (4.2%)	n=123 (92.5%)	n=10 (7.5%)
Column Total	n=2615 (82.3%)	n=561 (17.7%)

Total N=3176
100%

* χ^2 =121.03, p<.00001

Table 32

FREQUENCY DISTRIBUTION OF SSI BY PERCEIVED JOB SATISFACTION

SSI	JOB SATISFACTION: SATISFIED	JOB SATISFACTION: DISSATISFIED
66A (Admin) n=88 (2.8%)	n=81 (92.0%)	n=7 (8.0%)
66B (CHN) n=121 (3.8%)	n=108 (89.3%)	n=13 (10.7%)
66C (Phych) n=145 (4.6%)	n=124 (85.6%)	n=21 (14.5%)
66D (Peds) n=258 (8.2%)	n=211 (81.8%)	n=47 (18.2%)
66E (OR) n=255 (8.1%)	n=222 (87.1%)	n=33 (12.9%)
66F (Anesth) n=230 (7.3%)	n=199 (86.5%)	n=31 (13.5%)
66G (OB/GYN) N=206 (6.5%)	n=171 (83.0%)	n=35 (17.0%)
66H (Med/Surg) n=1617 (51.3%)	n=1297 (80.2%)	n=320 (19.8%)
66J (Gen duty) n=229 (7.3%)	n=181 (79.0%)	n=48 (21.0%)
Column Total	n=2594 (82.4%)	n=555 (17.6%)

Total N=3149
100%

Table 33

FREQUENCY DISTRIBUTION OF RANK BY PERCEPTIONS
OF STAFFING ADEQUACY

RANK	STAFFING ADEQUACY	
	ADEQUATE	INADEQUATE
2LT n=173 (5.6%)	n=46 (26.6%)	n=127 (73.4%)
1LT n=403 (13.0%)	n=134 (33.3%)	n=269 (66.7%)
CPT n=1524 (49.3%)	n=537 (35.2%)	n=987 (64.8%)
MAJ n=674 (21.8%)	n=240 (35.6%)	n=434 (64.4%)
LTC n=270 (8.7%)	n=88 (32.6%)	n=182 (67.4%)
COL n=50 (1.6%)	n=13 (26.0%)	n=37 (74.0%)
Total N=3094 100%	n=1058 (34.2%)	n=2036 (65.8%)

Table 34

FREQUENCY DISTRIBUTION OF SSI BY PERCIEVED
STAFFING ADEQUACY

SSI	PERCEPTIONS OF STAFFING ADEQUACY	
	ADEQUATE	INADEQUATE
66A (Admin) n=75 (2.5%)	n=21 (28.0%)	n=54 (72.0%)
66B (CHN) n=114 (3.8%)	n=44 (38.6%)	n=70 (61.4%)
66C (Psych) n=133 (4.4%)	n=63 (47.4%)	n=70 (52.6%)
66D (Pedi) n=255 (8.4%)	n=91 (35.7%)	n=164 (64.3%)
66E (OR) n=253 (8.3%)	n=112 (44.3%)	n=141 (55.7%)
66F (Anesth) n=227 (7.5%)	n=114 (50.2%)	n=113 (49.8%)
66G (OB/GYN) n=201 (6.6%)	n=61 (30.3%)	n=140 (69.7%)
66H (Med/Surg) n=1544 (50.9%)	n=466 (30.2%)	n=1078 (69.9%)
66J (Gen duty) n=234 (7.7%)	n=58 (24.8%)	n=176 (75.2%)
TOTAL N=3036 100%	n=1030 (33.9%)	n=2006 (66.1%)

Table 35

FREQUENCY DISTRIBUTION OF DUTY POSITION BY PERCEPTION OF STAFFING ADEQUACY

DUTY POSITION	PERCEPTIONS OF STAFFING ADEQUACY	
	ADEQUATE	INADEQUATE
Executive Level Management/Admin n=129 (4.2%)	n=39 (30.3%)	n=90 (69.8%)
Middle Management n=419 (13.7%)	n=159 (37.9%)	n=260 (62.1%)
1st Line Supervisor n=621 (20.3%)	n=169 (27.2%)	n=452 (72.8%)
Staff Nurse n=1406 (45.9%)	n=479 (34.1%)	n=927 (65.9%)
Staff Position n=182 (5.9%)	n=83 (45.6%)	n=99 (54.4%)
Primary Pract. n=222 (7.2%)	n=90 (40.5%)	n=132 (59.5%)
Student n=85 (2.8%)	n=35 (41.2%)	n=50 (58.8%)
TOTAL N=3064 100%	n=1054 (34.4%)	n=2010 (65.6%)

Table 36

FREQUENCY DISTRIBUTION OF JOB SATISFACTION BY
PERCEIVED STAFFING ADEQUACY

JOB SATISFACTION	ADEQUACY Of STAFFING		
	ADEQUATE	INADEQUATE	ROW TOTAL
SATISFIED	n=934 (37.1%)	n=1583 (62.8%)	n=2519 (81.7%)
DISSATISFIED	n=125 (22.2%)	n=438 (77.8%)	n=563 (18.3%)
	n=1059 (34.4%)	n=2023 (65.6%)	Total N=3082 100%

$X^2 = 44.49$, $p<.0001$

Table 37

FREQUENCY DISTRIBUTION OF PRIMARY SSI BY COMPARISON OF MILITARY VERSUS CIVILIAN COMMUNITY STAFFING ADEQUACY

SSI	STAFFING ADEQUACY IN MILITARY VERSUS CIVILIAN COMMUNITY		
	Ahead	Par	Behind
66A n=85 (2.7%)	n=10 (11.8%)	n=18 (21.2%)	n=57 (67.1%)
66B n=119 (3.8%)	n=9 (7.6%)	n=45 (37.8%)	n=65 (54.6%)
66C n=143 (4.6%)	n=14 (9.8%)	n=41 (28.7%)	n=88 (61.5%)
66D n=257 (8.2%)	n=10 (3.9%)	n=56 (21.8%)	n=191 (74.3%)
66E n=246 (7.8%)	n=43 (17.5%)	n=76 (30.9%)	n=127 (51.6%)
66F n=225 (7.2%)	n=26 (11.6%)	n=83 (36.9%)	n=116 (51.7%)
66G n=206 (6.6%)	n=9 (4.4%)	n=50 (24.3%)	n=147 (71.5%)
66H n=1624 (51.8%)	n=117 (7.2%)	n=389 (24.0%)	n=1118 (54.5%)
66J n=233 (7.4%)	n=20 (8.6%)	n=72 (30.9%)	n=141 (60.5%)
Column Total	n=258 (8.2%)	n=830 (26.4%)	n=2050 (65.4%)

Total N=3138
100%

$\chi^2 = 92.54$, $p<.00001$

Table 38

FREQUENCY DISTRIBUTION OF PRIMARY SSI BY PERCEIVED SAFETY OF STAFFING PATTERNS

SSI	PERCEIVED SAFETY OF STAFFING PATTERNS	
	Safe	Unsafe
66A (Admin) n=69 (2.4%)	n=27 (39.1%)	n=42 (60.9%)
66B (CHN) n=95 (3.2%)	n=66 (69.5%)	n=29 (30.5%)
66C (Psych) n=131 (4.5%)	n=87 (66.4%)	n=44 (33.6%)
66D (Peds) n=249 (8.5%)	n=124 (49.8%)	n=125 (50.2%)
66E (OR) n=249 (8.5%)	n=146 (58.6%)	n=103 (41.4%)
66F (Anesth) n=224 (7.7%)	n=163 (72.8%)	n=61 (27.2%)
66G (OB/GYN) n=198 (6.8%)	n=86 (43.4%)	n=112 (56.5%)
66H (Med/Surg) n=1475 (50.4%)	n=615 (41.7%)	n=860 (58.3%)
66J (Gen duty) n=235 (8.0%)	n=108 (46.0%)	n=127 (54.0%)
Column Total	n=1422 (48.6%)	n=1503 (51.4%)

Total N=2925
100%

Table 39

FREQUENCY DISTRIBUTION OF RANK BY PERCEIVED SAFETY
OF STAFFING PATTERNS

RANK	PERCEIVED SAFETY OF STAFFING PATTERNS	
	SAFE	UNSAFE
2LT n=173 (5.8%)	n=87 (50.3%)	n=86 (49.7%)
1LT n=400 (13.4%)	n=190 (47.5%)	n=210 (52.5%)
CPT n=1484 (49.7%)	n=724 (48.8%)	n=760 (51.2%)
MAJ n=633 (21.2%)	n=319 (50.4%)	n=314 (49.6%)
LTC n=252 (8.4%)	n=122 (48.4%)	n=130 (51.6%)
COL n=42 (1.4%)	n=14 (33.3%)	n=28 (66.7%)
TOTAL N=2984 100%	n=1456 (48.8%)	n=1528 (51.2%)

$X^2 = 5.1$, $p > .40$

Table 40

FREQUENCY DISTRIBUTION OF DUTY POSITION BY
PERCEIVED SAFETY OF STAFFING PATTERNS

DUTY POSITION	PERCEIVED SAFETY OF STAFFING PATTERNS	
	SAFE	UNSAFE
Top Management n=119 (4.0)	n=59 (49.6%)	n=60 (50.4%)
Middle Management n=390 (13.2%)	n=196 (50.3%)	n=194 (49.7%)
1st Line Supervisor n=620 (21.0%)	n=266 (42.9%)	n=354 (57.1%)
Staff Nurse n=1399 (47.4%)	n=665 (47.5%)	n=734 (52.5%)
Staff Position n=128 (4.3%)	n=69 (53.9%)	n=59 (46.1%)
Primary Pract. n=212 (7.2%)	n=143 (67.5%)	n=69 (32.5%)
Student n=83 (2.8%)	n=43 (51.8%)	n=40 (48.2%)
TOTAL N=2951 100%	n=1441 (48.8%)	n=1510 (51.2%)

Table 41

FREQUENCY DISTRIBUTION OF JOB SATISFACTION BY PERCEIVED SAFETY OF STAFFING PATTERNS

JOB SATISFACTION	PERCEIVED SAFETY OF STAFFING PATTERNS: SAFE	UNSAFE
SATISFIED n=2419 (81.4%)	n=1293 (43.5%)	n=1126 (37.9%)
DISATISFIED n=552 (18.6%)	n=159 (5.4%)	n=393 (13.2%)
	n=1452 (48.9%)	n=1519 (51.1%)

Total N=2971
100%

$X^2 = 108.29$, $p<.001$

Table 42

FREQUENCY DISTRIBUTION OF ATTRITION PROPENSITY
BY PERCEIVED STAFFING ADEQUACY

ATTRITION PROPENSITY	PERCEIVED STAFFING ADEQUACY		
	ADEQUATE	INADEQUATE	Row Total
Tendency to Leave	n=142 (31.1%)	n=314 (68.9%)	n=456 (15.1%)
Undecided	n=194 (33.2%)	n=390 (66.8%)	n=584 (19.3%)
Tendency to Stay	n=705 (35.4%)	n=1284 (64.6%)	n=1989 (65.7%)
Column Total	n=1041 (34.4%)	n=1988 (65.6%)	

TOTAL N=3029
100%

$X^2 = 3.47$, $p>0.18$

Table 43

FREQUENCY DISTRIBUTION OF ATTRITION PROPENSITY BY
PERCEIVED SAFETY OF STAFFING PATTERNS

ATTRITION PROPENSITY	PERCEIVED SAFETY OF STAFFING PATTERNS		
	SAFE	UNSAFE	Row Totals
Tendency to Stay	n=973 (51.3%)	n=924 (48.7%)	n=1897 (64.9%)
Undecided	n=273 (47.5%)	n=302 (52.5%)	n=575 (19.7%)
Tendency to Leave	n=185 (41.0%)	n=266 (59.0%)	n=451 (15.4%)
Column Total	n=1431 (49%)	n=1492 (51%)	

TOTAL N=2923
100%

$X^2 = 16.01$, $p<.001$

Table 44

FREQUENCY DISTRIBUTION OF SSI BY PERCEIVED "GOOD" QUALITY OF CARE

SSI	QUALITY OF CARE IS "GOOD"	
	AGREE	DISAGREE
66A (Admin) n=62 (2.2%)	n=57 (91.9%)	n=5 (8.1%)
66B (CHN) n=97 (3.4%)	n=94 (96.9%)	n=3 (3.1%)
66C (Psych) n=125 (4.4%)	n=102 (81.6%)	n=23 (18.4%)
66D (Peds) n=246 (8.7%)	n=209 (85.0%)	n=37 (15.1%)
66E (OR) n=238 (8.4%)	n=215 (90.3%)	n=23 (9.7%)
66F (Anesth) n=220 (7.8%)	n=209 (95.0%)	n=11 (5.0%)
66G (OB/GYN) n=190 (6.7%)	n=161 (84.7%)	n=29 (15.3%)
66H (Med/Surg) n=1426 (50.3%)	n=1201 (84.2%)	n=225 (15.8%)
66J (Gen duty) n=231 (8.1%)	n=178 (77.1%)	n=53 (22.9%)
TOTAL N=2835 100%	n=2426 (85.6%)	n=409 (14.4%)

Table 45

FREQUENCY DISTRIBUTION OF PERCEIVED QUALITY OF CARE
BY PERCEIVED ADEQUACY OF STAFFING LEVELS

"QUALITY OF NURSING CARE ON MY UNIT IS GOOD"	STAFFING IS "ADEQUATE" AGREE	DISAGREE	Row Total
AGREE	n=899 (31.2%)	n=1568 (54.3%)	n=2467 (85.5%)
DISAGREE	n=71 (2.5%)	n=348 (12.1%)	n=419 (14.5%)
Column Total	n=970 (33.6%)	n=1916 (66.4%)	Total N=2886 100%

$\chi^2 = 60.14$, $p<.00001$

Table 46

FREQUENCY DISTRIBUTION OF PERCEIVED QUALITY OF CARE
BY PERCEIVED SAFETY OF STAFFING PATTERNS

"QUALITY OF NURSING CARE ON MY UNIT IS VERY GOOD"	STAFFING PATTERNS ARE "SAFE"		
	AGREE	DISAGREE	Row Total
AGREE	n=1326 (46.1%)	n=1128 (39.3%)	n=2454 (85.4%)
DISAGREE	n=72 (2.5%)	n=347 (12.1%)	n=419 (14.6%)
Column Total	n=1398 (48.7%)	n=1475 (51.3%)	Total N=2873 100%

$X^2 = 193.07$, $p<.00001$

Table 47

FREQUENCY DISTRIBUTION OF DUTY POSITION BY PERCEIVED "FAIRNESS" OF WORK SCHEDULE

DUTY POSTION	WORK SCHEDULES ARE "FAIR"	
	AGREE	DISAGREE
Top Management n=137 (4.4%)	n=125 (91.2%)	n=12 (8.8%)
Middle Management n=430 (13.8%)	n=371 (86.3%)	n=59 (13.7%)
1st Line Supervisor n=620 (19.9%)	n=519 (83.7%)	n=101 (16.3%)
Staff Nurse n=1406 (45.1%)	n=863 (61.4%)	n=543 (38.6%)
Staff Position n=201 (6.4%)	n=167 (83.1%)	n=34 (16.9%)
Primary Practitioners n=228 (7.3%)	n=207 (90.8%)	n=21 (9.2%)
Student n=98 (3.1%)	n=74 (75.5%)	n=24 (24.5%)
Total N=3120 100%	n=2326 (74.6%)	n=794 (25.4%)

$X^2 = 246.7, \quad p<.0001$

Table 48

FREQUENCY DISTRIBUTION OF SSI BY PERCEIVED
"FAIRNESS" OF WORK SCHEDULES

SSI	WORK SCHEDULES ARE "FAIR"	
	AGREE	DISAGREE
66A (Admin) n=83 (2.7%)	n=72 (86.8%)	n=11 (13.2%)
66B (CHN) n=118 (3.8%)	n=109 (92.4%)	n=9 (7.6%)
66C (Psych) n=141 (4.6%)	n=103 (73.0%)	n=38 (27.0%)
66D (Peds) n=253 (8.2%)	n=185 (73.1%)	n=68 (26.9%)
66E (OR) n=250 (8.1%)	n=206 (82.4%)	n=44 (17.6%)
66F (Anesth) n=228 (7.4%)	n=193 (84.7%)	n=35 (15.4%)
66G (OB/GYN) n=201 (6.5%)	n=145 (72.1%)	n=56 (27.9%)
66H (Med/Surg) n=1585 (51.2%)	n=1169 (73.8%)	[illegible]16 [illegible]%)
66J (Gen duty) n=235 (7.6%)	n=130 (55.3%)	n=105 (44.7%)
Column Total	n=2312 (74.7%)	n=782 (25.3%)

Total N=3094
100%

$X^2 = 4.41$, $p<.00001$

Table 49

FREQUENCY DISTRIBUTION OF RANK BY PERCEIVED
"FAIRNESS" OF WORK SCHEDULE

RANK	WORK SCHEDULES ARE "FAIR"	
	AGREE	DISAGREE
2LT n=174 (5.5%)	n=110 (63.2%)	n=64 (36.8%)
1LT n=405 (12.9%)	n=244 (60.2%)	n=161 (39.8%)
CPT n=1549 (49.1%)	n=1119 (72.2%)	n=430 (27.8%)
MAJ n=693 (22.0%)	n=583 (84.1%)	n=110 (15.9%)
LTC n=272 (8.6%)	n=245 (90.1%)	n=27 (9.9%)
COL n=58 (1.8%)	n=49 (84.5%)	n=9 (15.5%)
Total N=3151 100%	n=2350 (74.6%)	n=801 (25.4%)

$X^2 = 130.96$, $p<.00001$

Table 50

FREQUENCY DISTRIBUTION OF JOB SATISFACTION BY PERCEIVED "FAIRNESS" OF WORK SCHEDULE

JOB SATISFACTION	WORK SCHEDULE "FAIR" AGREE	DISAGREE	Row Total
SATISFIED	n=2039 (64.9%)	n=532 (16.9%)	n=2571 (81.9%)
DISSATISFIED	n=307 (9.7%)	n=261 (8.3%)	n=568 (18.1%)
	n=2346 (74.7%)	n=793 (25.3%)	Total N=3139 100%

$X^2 = 155.86$, $p. < .0001$

Table 51

FREQUENCY DISTRIBUTION OF PRIMARY SSI BY PERCEIVED ADEQUACY OF SUPERVISORY FEEDBACK ON PERFORMANCE

SSI	SUPERVISORY FEEDBACK IS "ADEQUATE"	
	AGREE	DISAGREE
66A n=80 (2.6%)	n=58 (72.5%)	n=22 (27.5%)
66B n=113 (3.6%)	n=60 (53.1%)	n=53 (46.9%)
66C n=139 (4.5%)	n=84 (60.4%)	n=55 (39.6%)
66D n=253 (8.2%)	n=146 (57.7%)	n=107 (42.3%)
66E n=254 (8.2%)	n=170 (66.9%)	N=84 (33.1%)
66F n=225 (7.3%)	n=147 (65.3%)	N=78 (34.7%)
66G n=201 (6.5%)	n=105 (52.2%)	N=96 (47.8%)
66H n=1595 (51.5%)	n=913 (57.2%)	n=682 (42.8%)
66J n=236 (7.6%)	n=134 (56.8%)	n=102 (43.2%)
Total N=3096 100%	n=1817 (58.7%)	n=1279 (41.3%)

$X^2 = 24.42$, $p<.001$

Table 52

FREQUENCY DISTRIBUTION OF RANK BY PERCEIVED ADEQUACY OF SUPERVISORY FEEDBACK ON PERFORMANCE

RANK	SUPERVISORY FEEDBACK IS "ADEQUATE"	
	AGREE	DISAGREE
2LT n=174 (5.5%)	n=98 (56.3%)	n=76 (43.7%)
1LT n=407 (12.9%)	n=235 (57.7%)	n=172 (42.3%)
CPT n=1559 (49.4%)	n=875 (56.1%)	n=684 (43.9%)
MAJ n=693 (22.0%)	n=425 (61.3%)	n=268 (38.7%)
LTC n=268 (8.5%)	n=175 (65.3%)	n=93 (34.7%)
COL n=53 (1.7%)	n=40 (75.5%)	n=13 (24.5%)
Total N=3154 100%	n=1848 (58.6%)	n=1306 (41.4%)

$X^2 = 17.73$, $p<.01$

Table 53

FREQUENCY DISTRIBUTION OF RANK BY PERCEPTIONS OF FIRST LINE SUPERVISOR AS "DOING A GOOD JOB"

RANK	SUPERVISOR IS "DOING A GOOD JOB"	
	AGREE	DISAGREE
2LT n=171 (5.6%)	n=137 (80.1%)	n=34 (19.9%)
1LT n=404 (13.1%)	n=306 (75.7%)	n=98 (24.3%)
CPT n=1520 (49.4%)	n=1177 (77.4%)	n=343 (22.6%)
MAJ n=678 (22.0%)	n=531 (78.3%)	n=147 (21.7%)
LTC n=257 (8.3%)	n=203 (79.0%)	n=54 (21.0%)
COL n=48 (1.6%)	n=39 (81.3%)	n=9 (18.8%)
Total N=3078 100%	n=2393 (77.7%)	n=685 (22.3%)

$X^2 = 2.28$, $p > .80$

Table 54

FREQUENCY DISTRIBUTION OF RANK BY PERCEIVED EFFECTIVENESS
OF ORGANIZATIONAL LINES

RANK	ORGANIZATIONAL LINES ARE EFFECTIVE	
	AGREE	DISAGREE
2LT n=173 (5.4%)	n=132 (76.3%)	n=41 (23.7%)
1LT n=407 (12.8%)	n=261 (64.1%)	n=146 (35.9%)
CPT n=1556 (49.0%)	n=993 (63.8%)	n=563 (36.2%)
MAJ n=701 (22.1%)	n=484 (69.0%)	n=217 (31.0%)
LTC n=280 (8.8%)	n=210 (75.0%)	n=70 (25.0%)
COL n=60 (1.9%)	n=52 (86.7%)	n=8 (13.3%)
Total N=3177 100%	n=2132 (67.1%)	n=1045 (32.9%)

$X^2 = 35.38$, $p<.0001$

Table 55

FREQUENCY DISTRIBUTION OF SSI BY PERCEIVED OPPORTUNITIES TO ATTEND TDY/CE PROGRAMS

SSI	OPPORTUNITIES ARE AVAILABLE TO ATTEND CONTINUING EDUCATION PROGRAMS	
	AGREE	DISAGREE
66A n=86 (2.8%)	n=63 (73.3%)	n=23 (26.7%)
66B n=120 (3.9%)	n=79 (65.8%)	n=41 (34.2%)
66C n=140 (4.5%)	n=88 (62.9%)	n=52 (37.1%)
66D n=256 (8.3%)	n=137 (53.5%)	n=119 (46.5%)
66E n=252 (8.1%)	n=115 (46.6%)	n=137 (54.4%)
66F n=227 (7.3%)	n=136 (59.9%)	n=91 (40.1%)
66G n=202 (6.5%)	n=104 (51.5%)	n=98 (48.5%)
66H n=1583 (51.0%)	n=920 (58.1%)	n=663 (41.9%)
66J n=231 (7.4%)	n=129 (55.8%)	n=102 (44.2%)
Total N=3097 100%	n=1326 (57.1%)	n=1771 (42.8%)

$X^2 = 33.82$, $p<.0001$

Table 56

FREQUENCY DISTRIBUTION OF RANK BY PERCEIVED OPPORTUNITIES
TO ATTEND TDY/CE PROGRAMS

RANK	OPPORTUNITIES ARE AVAILABLE TO ATTEND TDY/CE: AGREE	DISAGREE
2LT n=168 (5.3%)	n=91 (54.2%)	n=77 (45.8%)
1LT n=397 (12.6%)	n=200 (50.4%)	n=197 (49.6%)
CPT n=1549 (49.1%)	n=829 (53.5%)	n=720 (46.5%)
MAJ n=701 (22.2%)	n=447 (63.8%)	n=254 (36.2%)
LTC n=280 (8.9%)	n=191 (68.2%)	n=89 (31.8%)
COL n=59 (1.9%)	n=48 (81.4%)	n=11 (18.6%)
Total N=3154 100%	n=1806 (57.3%)	n=1348 (42.7%)

$X^2 = 57.05$, $p < .0001$

Table 57

FREQUENCY DISTRIBUTION OF RANK BY PERCEIVED APPROPRIATENESS
OF DUTY POSITION FOR EDUCATIONAL AND EXPERIENCE LEVEL

RANK	PERCEIVED APPROPRIATENESS OF DUTY POSITION	
	APPROPRIATE	NOT APPROPRIATE
2LT n=173 (5.4%)	n=139 (80.3%)	n=34 (19.7%)
1LT n=406 (12.7%)	n=343 (84.5%)	n=63 (15.5%)
CPT n=1563 (49.0%)	n=1140 (72.9%)	n=423 (27.1%)
MAJ n=708 (22.2%)	n=535 (75.6%)	n=173 (24.4%)
LTC n=281 (8.8%)	n=230 (81.9%)	n=51 (18.1%)
COL n=61 (1.9%)	n=57 (93.4%)	n=4 (6.6%)
Total N=3194 100%	n=2444 (76.6%)	n=748 (23.4%)

$X^2 = 41.49$, $p<.0001$

Table 58

FREQUENCY DISTRIBUTION OF PRIMARY SSI BY PERCEIVED APPROPRIATENESS OF DUTY POSITION FOR EDUCATIONAL AND EXPERIENCE LEVEL

SSI	PERCEIVED APPROPRIATENESS OF DUTY POSITION	
	APPROPRIATE	NOT APPROPRIATE
66A n=87 (2.8%)	n=77 (88.5%)	n=10 (11.5%)
66B n=122 (3.9%)	n=94 (77.0%)	n=28 (23.0%)
66C n=142 (4.5%)	n=94 (66.2%)	n=48 (33.8%)
66D n=257 (8.2%)	n=182 (70.8%)	n=75 (29.2%)
66E n=254 (8.1%)	n=201 (79.1%)	n=53 (20.9%)
66F n=230 (7.3%)	n=205 (89.1%)	n=215 (10.9%)
66G n=203 (6.5%)	n=156 (76.8%)	n=47 (23.2%)
66H n=1605 (51.2%)	n=1205 (75.1%)	n=400 (24.9%)
66J n=235 (7.5%)	n=190 (80.9%)	n=45 (19.1%)
Total N=3135 100%	n=2404 (76.7%)	n=731 (23.3%)

$X^2 = 45.87$, $p<.0001$

Table 59

FREQUENCY DISTRIBUTION OF SSI BY PERCEPTIONS THAT DECISIONS ARE BASED ON RANK AND NOT PROFESSIONAL KNOWLEDGE

PRIMARY SSI	DECISIONS ARE BASED ON RANK	
	AGREE	DISAGREE
66A n=85 (2.7%)	n=20 (23.5%)	n=6n (76.5%)
66B n=121 (3.9%)	n=65 (53.7%)	n=56 (46.3%)
66C n=144 (4.6%)	n=88 (61.1%)	n=56 (38.9%)
66D n=255 (8.1%)	n=158 (62.0%)	n=97 (38.0%)
66E n=250 (8.0%)	n=144 (57.6%)	n=106 (42.4%)
66F n=228 (7.3%)	n=147 (64.5%)	n=81 (35.5%)
66G n=206 (6.6%)	n=119 (57.8%)	n=87 (42.2%)
66H n=1620 (51.6%)	n=888 (54.8%)	n=732 45.2%)
66J n=230 (7.3%)	n=138 (60.0%)	n=92 (40.0%)
Total N=3139 100%	n=1767 (56.3%)	n=1372 (43.7%)

$X^2 = 51.38$, $p<.0001$

Table 60

FREQUENCY DISTRIBUTION OF RANK BY PERCEIVED ADEQUACY OF ORIENTATION TO UNIT

RANK	ADEQUACY OF ORIENTATION TO UNIT	
	ADEQUATE	INADEQUATE
2LT n=174 (5.5%)	n=124 (71.3%)	n=50 (28.7%)
1LT n=405 (12.8%)	n=270 (66.7%)	n=135 (33.3%)
CPT n=1562 (49.3%)	n=980 (62.7%)	n=582 (37.3%)
MAJ n=693 (21.9%)	n=477 (68.7%)	n=216 (31.1%)
LTC n=276 (8.7%)	n=207 (75.0%)	n=96 (25.0%)
COL n=59 (1.9%)	n=41 (69.5%)	n=18 (30.5%)
Column Total	n=2099 (66.2%)	n=1070 (33.8%)

Total N=3169
100%

$X^2 = 26.98$, $p<.01$

Table 61

FREQUENCY DISTRIBUTION OF SSI BY PERCEIVED ADEQUACY OF ORIENTATION TO UNIT

SSI	ADEQUACY OF ORIENTATION TO UNIT	
	ADEQUATE	NOT ADEQUATE
66A n=86 (2.8%)	n=63 (73.3%)	n=23 (26.7%)
66B n=118 (3.8%)	n=72 (61.0%)	n=46 (39.0%)
66C n=141 (4.5%)	n=105 (74.5%)	n=36 (25.5%)
66D n=257 (8.2%)	n=157 (61.1%)	n=100 (38.9%)
66E n=254 (8.2%)	n=170 (66.9%)	n=84 (33.1%)
66F n=228 (7.3%)	n=182 (79.8%)	n=46 (20.2%)
66G n=202 (6.5%)	n=136 (67.3%)	n=66 (32.7%)
66H n=1592 (51.1%)	n=1024 (64.3%)	n=567 (35.6%)
66J n=234 (7.5%)	n=152 (65.0%)	n=82 (35.0%)
Total N=3111 100%	n=2061 (66.2%)	n=1050 (33.8%)

$X^2 = 32.31$, $p < .01$

Table 62

FREQUENCY DISTRIBUTION OF PERCEIVED JOB SATISFACTION BY
PERCEPTION OF ADEQUACY OF ORIENTATION TO UNIT

JOB SATISFACTION	ADEQUACY OF ORIENTATION TO UNIT		
	ADEQUATE	INADEQUATE	ROW TOTAL
SATISFIED	n=1808 (57.3%)	n=781 (24.7%)	n=2589 (82.0%)
DISSATISFIED	n=289 (9.2%)	n=279 (8.8%)	n=568 (18.0%)
	n=2097 (66.4%)	n=1060 (33.6%)	Total N=3157 100%

$X^2 = 74.18$, $p<.00001$

Table 63

FREQUENCY DISTRIBUTION OF JOB SATISFACTION BY PERCEIVED ADEQUACY OF ONGOING EDUCATION AND TRAINING

JOB SATISFACTION	ONGOING EDUCATION AND TRAINING IS "ADEQUATE"		
	ADEQUATE	INADEQUATE	ROW TOTAL
SATISFIED	n=1885 (60.3%)	n=676 21.6%	n=2561 (81.9%)
DISSATISFIED	n=324 (10.4%)	n=242 (7.7%)	n=566 (18.1%)
	n=2209 (70.6%)	n=918 (29.4%)	Total N=3127 100%

$X^2 = 59.04$, $p < .00001$

Table 64

FREQUENCY DISTRIBUTION OF RESPONSES FOR SELECT MILITARY ISSUES

ISSUE	RESPONSES AGREE	RESPONSES DISAGREE
Army responsive to individual member needs	40.5% n=1287	59.4% n=1901
Promotion system best way to assure promotion of most competent	38.8% n=1243	61.1% n=1956
Negative manner in which the uniform is worn	43.0% n=1383	57.0% n=1838
Rater able to judge me fairly	81.6% n=2614	18.4% n=590
Senior rater able to judge me fairly	57.9% n=1852	42.1% n=1348
Military/promotion system ensures best qualified be given responsibility	35.4% n=1139	64.6% n=2079
Rank and promotion system provides little incentive for excellence within grade	46.9% n=1508	53.1% n=1707
Military community is like a "family"	75.7% n=2428	24.3% n=778
Military career is "way of life" and not just a job	89.8% n=2864	11.0% n=354
"Duty", "honor", "country" has little meaning in Army today.	24.3% n=780	75.7% n=243

Table 65

SUBJECTIVE COMPARISON OF ANC TO CIVILIAN SECTOR
ON 16 MAJOR PROFESSIONAL ISSUES

RANK ORDER	PROFESSIONAL ISSUE	AHEAD OF CIVILIAN SECTOR	AT LEAST PAR WITH CIVILIANS	BELOW CIVILIAN SECTOR
1	Autonomy	76.4%	16.5%	7.0%
2	Opport for Adv Edu	70.6%	19.0%	10.5%
3	Nurse's Image	70.3%	21.8%	8.0%
4	Professionalism	68.5%	26.5%	5.0%
5	Interdisciplinary Prof. Relations	68.5%	23.3%	8.2%
6	Role Dev Opportunity	62.8%	22.0%	15.0%
7	Cont Educ Opport	60.0%	28.0%	12.0%
8	Qual of Nursing Leadership	54.3%	36.0%	9.7%
9	Implementation of NSG Practice	53.5%	37.6%	9.0%
10	Accountability	51.8%	39.9%	8.0%
11	QA Policies	47.0%	40.0%	12.7%
12	Grad Nurse Transition	34.8%	33.1%	32.1%
13	Ability to combine Career & Family	24.7%	41.4%	33.9%
14	Floating	17.8%	47.0%	35.2%
15	Staffing Patterns	8.0%	26.0%	65.3%
16	Flextime	8.0%	14.0%	77.6%

Table 66

FREQUENCY DISTRIBUTION OF PRIMARY SSI BY PERCEIVED NURSING ACCOUNTABILITY
IN ANC IN COMPARISON TO CIVILIAN COMMUNITY

SSI	NURSING ACCOUNTABILITY			
	AHEAD	PAR	BEHIND	
66A n=86 (2.7%)	n=64 (74.4%)	n=19 (22.1%)	n=3 (3.5%)	
66B n=119 (3.8%)	n=64 (53.8%)	n=49 (41.2%)	n=6 (5.0%)	
66C n=143 (4.6%)	n=79 (55.2%)	n=52 (36.4%)	n=12 (8.4%)	
66D n=255 (8.2%)	n=137 (53.7%)	n=103 (40.4%)	n=15 (5.9%)	
66E n=245 (7.8%)	n=139 (56.7%)	n=89 (36.3%)	n=17 (6.9%)	
66F n=226 (7.2%)	n=124 (54.9%)	n=94 (41.6%)	n=8 (3.5%)	
66G n=204 (6.5%)	n=115 (56.4%)	n=72 (35.3%)	n=17 (8.3%)	
66H n=1618 (51.7%)	n=791 (48.9%)	n=669 (41.3%)	n=158 (9.8%)	
66J n=232 (7.4%)	n=108 (46.6%)	n=102 (44.0%)	n=22 (9.5%)	
Column Total	n=1621 (51.8%)	n=1249 (39.9%)	n=258 (8.2%)	Total N=3128 100%

$X^2 = 43.64$, $p<.001$

Table 67

FREQUENCY DISTRIBUTION OF SSI BY PERCEIVED ADEQUACY OF GRADUATE NURSE TRANSITION PROGRAM IN ANC IN COMPARISON TO CIVILIAN COMMUNITY

SSI	GRADUATE NURSE TRANSITION PROGRAM			
	AHEAD	PAR	BEHIND	
66A n=85 (2.7%)	n=30 (35.3%)	n=29 (34.1%)	n=26 (30.6%)	
66B n=118 (3.8%)	n=47 (39.8%)	n=40 (33.9%)	n=31 (26.3%)	
66C n=140 (4.5%)	n=53 (37.9%)	n=52 (37.1%)	n=35 (25.0%)	
66D n=250 (8.1%)	n=69 (27.6%)	n=104 (41.6%)	n=77 (30.8%)	
66E n=242 (7.8%)	n=110 (45.5%)	n=69 (28.5%)	n=63 (26.0%)	
66F n=225 (7.3%)	n=93 (41.3%)	n=88 (39.1%)	n=44 (19.6%)	
66G n=201 (6.5%)	n=57 (28.4%)	n=70 (34.8%)	n=74 (36.8%)	
66H n=1605 (51.9%)	n=533 (33.2%)	n=500 (31.2%)	n=572 (35.6%)	
66J n=229 (7.4%)	n=86 (37.6%)	n=72 (31.4%)	n=71 (31.0%)	
Column Total	n=1078 (34.8%)	n=1024 (33.1%)	n=993 (32.1%)	Total N=3095 100%

$X^2 = 57.268$, $p < .00001$

Table 68

FREQUENCY DISTRIBUTION OF SSI BY PERCEIVED OPPORTUNTIES FOR ADVANCED EDUCATION IN ANC IN COMPARISON TO CIVILIAN COMMUNITY

SSI	ADVANCED EDUCATION OPPORTUNTIES			
	AHEAD	PAR	BEHIND	
66A n=86 (2.7%)	n=78 (90.7%)	n=5 (5.8%)	n=3 (3.5%)	
66B n=123 (3.9%)	n=91 (74.0%)	n=17 (13.8%)	n=15 (12.2%)	
66C n=143 (4.6%)	n=88 (61.5%)	n=36 (25.2%)	n=19 (13.2%)	
66D n=257 (8.2%)	n=173 (67.3%)	n=55 (21.4%)	n=29 (11.3%)	
66E n=247 (7.9%)	n=185 (74.9%)	n=38 (15.4%)	n=24 (9.7%)	
66F n=227 (7.2%)	n=150 (66.1%)	n=54 (23.8%)	n=23 (10.1%)	
66G n=204 (6.5%)	n=143 (70.1%)	n=38 (18.6%)	n=23 (11.3%)	
66H n=1622 (51.6%)	n=1143 (70.5%)	n=314 (19.4%)	n=165 (10.2%)	
66J n=233 (7.4%)	n=167 (71.7%)	n=36 (15.5%)	n=30 (12.9%)	
Column Total	n=2218 (70.6%)	n=593 (18.9%)	n=331 (10.5%)	Total N=3142 100%

$X^2 = 35.25$, $p<.004$

Table 69

FREQUENCY DISTRIBUTIONS OF SSI BY PERCEIVED OPPORTUNITIES FOR CONTINUING EDUCATION IN ANC IN COMPARISON TO CIVILIAN COMMUNITY

CONTINUED EDUCATION OPPORTUNITIES

SSI	AHEAD	PAR	BEHIND	
66A n=86 (2.7%)	n=72 (83.7%)	n=11 (12.8%)	n=3 (3.5%)	
66B n=122 (3.9%)	n=79 (64.8%)	n=27 (22.1%)	n=16 (13.1%)	
66C n=143 (4.5%)	n=88 (61.5%)	n=47 (32.9%)	n=8 (5.6%)	
66D n=275 (8.2%)	n=148 (57.6%)	n=77 (30.0%)	n=32 (12.5%)	
66E n=247 (7.9%)	n=160 (64.8%)	n=61 (24.7%)	n=26 (10.5%)	
66F n=229 (7.3%)	n=130 (56.8%)	n=61 (26.6%)	n=38 (16.6%)	
66G n=205 (6.5%)	n=113 (55.1%)	n=65 (31.7%)	n=27 (13.2%)	
66H n=1624 (51.6%)	n=943 (58.1%)	n=482 (29.7%)	n=199 (12.3%)	
66J n=233 (7.4%)	n=154 (66.1%)	n=53 (22.7%)	n=26 (11.2%)	
Column Total	n=1887 (60.0%)	n=884 (28.1%)	n=375 (11.9%)	Total N=3146 100%

$X^2 = 44.86$, $p<.0001$

Table 70

FREQUENCY DISTRIBUTION OF SSI BY PERCEIVED NURSE AUTONOMY IN ANC IN COMPARISON TO CIVILIAN COMMUNITY

SSI	NURSE AUTONOMY: AHEAD	PAR	BEHIND	
66A n=86 (2.7%)	n=72 (83.7%)	n=8 (9.3%)	n=6 (7.0%)	
66B n=122 (3.9%)	n=99 (81.1%)	n=17 (13.9%)	n=6 (4.9%)	
66C n=143 (4.6%)	n=100 (69.9%)	n=24 (16.8%)	n=19 (13.3%)	
66D n=257 (8.2%)	n=198 (77.0%)	n=41 (15.0%)	n=18 (7.0%)	
66E n=247 (7.9%)	n=191 (77.3%)	n=40 (16.2%)	n=16 (6.5%)	
66F n=228 (7.3%)	n=174 (76.3%)	n=38 (16.7%)	n=16 (7.0%)	
66G n=204 (6.5%)	n=158 (77.5%)	n=32 (15.7%)	n=14 (6.9%)	
66H n=1622 (51.6%)	n=1235 (76.1%)	n=270 (16.6%)	n=117 (7.2%)	
66J n=233 (7.4%)	n=173 (74.2%)	n=49 (21.0%)	n=11 (4.7%)	
Column Total	n=2400 (76.4%)	n=519 (16.5%)	n=233 (7.1%)	Total N=3142 100%

X^2 = 18.80, p=0.279

Table 71

FREQUECNY DISTRIBUTION OF SSI BY PERCEIVED OPPORTUNITIES FOR ROLE DEVELOPMENT THROUGH CAREER PROGRAMS IN AMEDD IN COMPARISON TO CIVILIAN COMMUNITY

SSI	OPPORTUNITIES ROLE DEVELOPMENT CAREER PROGRAMS			
	AHEAD	PAR	BEHIND	
66A n=86 (2.7%)	n=71 (82.6%)	n=12 (14.0%)	n=3 (3.5%)	
66B n=122 (3.9%)	n=82 (67.2%)	n=27 (22.1%)	n=13 (10.7%)	
66C n=143 (4.5%)	n=75 (52.4%)	n=43 (30.1%)	n=25 (17.5%)	
66D n=257 (8.2%)	n=145 (56.4%)	n=52 (20.2%)	n=60 (23.3%)	
66E n=247 (7.9%)	n=171 (69.2%)	n=50 (20.2%)	n=26 (10.5%0	
66F n=228 (7.2%)	n=126 (55.3%)	n=64 (28.1%)	n=38 (16.7%)	
66G n=206 (6.6%)	n=124 (60.2%)	n=50 (24.3%)	n=32 (15.5%)	
66H n=1623 (51.6%)	n=1022 (63.0%)	n=346 (21.3%)	n=255 (15.7%)	
66J n=233 (7.4%)	n=160 (68.7%)	n=47 (20.2%)	n=26 (11.2%)	
Column Total	n=1976 (62.8%)	n=691 (22.0%)	n=478 (15.2%)	Total N=3145 100%

X^2 = 55.31, p<.00001

Table 72

FREQUENCY DISTRIBUTIONS OF SSI BY PERCEIVED OPPORTUNITIES FOR FLEXTIME IN AMEDD IN COMPARISON TO CIVILIAN COMMUNITY

SSI	FLEXTIME SCHEDULE OPPORTUNITIES			
	AHEAD	PAR	BEHIND	
66A n=86 (2.7%)	n=6 (7.0%)	n=14 (16.3%)	n=66 (76.7%)	
66B n=120 (3.8%)	n=10 (8.3%)	n=16 (13.3%)	n=94 (78.3%)	
66C n=143 (4.5%)	n=6 (4.2%)	n=28 (19.6%)	n=109 (76.2%)	
66D n=257 (8.2%)	n=9 (3.5%)	n=26 (10.1%)	n=222 (86.4%)	
66E n=248 (7.9%)	n=32 (12.9%)	n=54 (21.8%)	n=162 (65.3%)	
66F n=227 (7.2%)	n=31 (13.7%)	n=41 (18.1%)	n=155 (68.3%)	
66G n=206 (6.6%)	n=8 (3.9%)	n=29 (14.1%)	n=169 (82.0%)	
66H n=1625 (51.7%)	n=121 (7.4%)	n=205 (12.6%)	n=1299 (79.9%)	
66J n=233 (7.4%)	n=24 (10.3%)	n=43 (18.5%)	n=166 (71.2%)	
Column Total	n=247 (7.9%)	n=456 (14.5%)	n=2442 (77.6%)	Total N=3145 100%

$\chi^2 = 69.43$, $p < .00001$

Table 73

FREQUENCY DISTRIBUTION OF SSI BY PERCEIVED NURSING PROFESSIONALISM
OF ANCs IN COMPARISON TO CIVILIAN RNs

SSI	NURSING PROFESSIONALISM			
	AHEAD	PAR	BEHIND	
66A n=86 (2.7%)	n=69 (80.2%)	n=17 (19.8%)		
66B n=122 (3.9%)	n=86 (70.5%)	n=33 (27.0%)	n=3 (2.5%)	
66C n=143 (4.5%)	n=96 (67.1%)	n=37 (25.9%)	n=10 (7.0%)	
66D n=257 (8.2%)	n=178 (69.3%)	n=66 (25.7%)	n=13 (5.1%)	
66E n=248 (7.9%)	n=176 (71.0%)	n=61 (24.6%)	n=11 (4.4%)	
66F n=229 (7.3%)	n=148 (64.6%)	n=77 (33.6%)	n=4 (1.7%)	
66G n=205 (6.5%)	n=140 (68.3%)	n=54 (26.3%)	n=11 (5.4%)	
66H n=1624 (51.6%)	n=1102 (67.9%)	n=430 (26.5%)	n=92 (5.7%)	
66J n=233 (7.4%)	n=161 (69.1%)	n=60 (25.8%)	n=12 (5.2%)	
Column Total	n=2156 (68.5%)	n=835 (26.5%)	n=156 (5.0%)	Total N=3147 100%

X^2 = 22.66, p=0.123

Table 74

FREQUENCY DISTRIBUTION OF SSI BY PERCEIVED ABILITY TO COMBINE CAREER AND FAMILY IN MILITARY VERSUS CIVILIAN SECTOR

SSI	ABILITY TO COMBINE CAREER AND FAMILY			
	AHEAD	PAR	BEHIND	
66A n=85 (3.0%)	n=34 (40.0%)	n=34 (40.0%)	n=17 (20.0%)	
66B n=110 (3.9%)	n=29 (26.4%)	n=49 (44.5%)	n=32 (29.1%)	
66C n=132 (4.7%)	n=31 (23.5%)	n=45 (34.1%)	n=56 (42.4%)	
66D n=218 (7.7%)	n=37 (17.0%)	n=95 (43.6%)	n=86 (39.4%)	
66E n=214 (7.6%)	n=64 (29.9%)	n=76 (35.5%)	n=74 (34.6%)	
66F n=203 (7.2%)	n=36 (17.7%)	n=103 (50.7%)	n=64 (31.5%)	
66G n=177 (6.3%)	n=45 (25.4%)	n=69 (39.0%)	n=63 (35.6%)	
66H n=1473 (52.3%)	n=371 (25.2%)	n=606 (41.1%)	n=496 (33.7%)	
66J n=206 (7.3%)	n=49 (23.8%)	n=91 (44.2%)	n=66 (32.0%)	
Column Total	n=696 (24.7%)	n=1168 (41.4%)	n=954 (33.9%)	Total N=2818 100%

$X^2 = 40.25$, $p<.001$

Table 75

FREQUENCY DISTRIBUTION OF SSI BY INTERDISCIPLINARY PROFESSIONAL RELATIONSHIPS

SSI	INTERDISCIPLINARY PROFESSIONAL RELATIONSHIPS			
	AHEAD	PAR	BEHIND	
66A n=86 (2.7%)	n=68 (79.1%)	n=11 (12.8%)	n=7 (8.1%)	
66B n=123 (3.9%)	n=85 (61.5%)	n=26 (21.1%)	n=12 (9.8%)	
66C n=143 (4.6%)	n=88 (61.5%)	n=37 (25.9%)	n=18 (12.6%)	
66D n=256 (8.2%)	n=191 (74.6%)	n=46 (18.0%)	n=19 (7.4%)	
66E n=247 (7.9%)	n=161 (65.2%)	n=70 (28.3%)	n=16 (6.5%)	
66F n=227 (7.2%)	n=144 (63.4%)	n=62 (27.3%)	n=21 (9.3%)	
66G n=205 (6.5%)	n=141 (68.8%)	n=45 (22.0%)	n=19 (9.3%)	
66H n=1621 (51.6%)	n=1117 (68.9%)	n=374 (23.1%)	n=130 (8.0%)	
66J n=233 (7.4%)	n=157 (67.4%)	n=62 (26.6%)	n=14 (6.0%)	
Column Total	n=2152 (68.5%)	n=733 (23.3%)	n=256 (8.2%)	Total N=3141 100%

X^2 = 25.38, p=0.06

Table 76

FREQUENCY DISTRIBUTION OF SSI BY FLOATING AS A NORMAL OCCURRENCE

SSI	FLOATING AS NORMAL OCCURRENCE			
	AHEAD	PAR	BEHIND	
66A n=86 (2.8%)	n=16 (18.6%)	n=34 (39.5%)	n=36 (41.9%)	
66B n=115 (3.7%)	n=16 (13.9%)	n=55 (47.8%)	n=44 (38.3%)	
66C n=141 (4.6%)	n=32 (22.7%)	n=62 (44.0%)	n=47 (33.3%)	
66D n=253 (8.2%)	n=53 (20.9%)	n=100 (39.5%)	n=100 (39.5%)	
66E n=238 (7.7%)	n=42 (17.6%)	n=134 (56.3%)	n=62 (26.1%)	
66F n=219 (7.1%)	n=28 (12.8%)	n=118 (53.9%)	n=73 (33.3%)	
66G n=205 (6.6%)	n=31 (15.1%)	n=86 (42.0%)	n=88 (42.9%)	
66H n=1611 (52.%)	n=284 (17.6%)	n=750 (46.6%)	n=577 (35.8%)	
66J n=230 (7.4%)	n=50 (21.7%)	n=116 (50.4%)	n=64 (27.8%)	
Column Total	n=552 (17.8%)	n=1455 (47.0%)	n=1091 (35.2%)	Total N=3098 100%

$X2 = 38.88$, $p<.001$

Table 77

FREQUENCY DISTRIBUTION OF SSI BY PERCEIVED STATUS OF QUALITY ASSURANCE POLICIES IN THE ANC IN COMPARISON TO THE CIVILIAN COMMUNITY

SSI	QUALITY ASSURANCE POLICIES			
	AHEAD	PAR	BEHIND	
66A n=86 (2.7%)	n=59 (68.6%)	n=23 (26.7%)	n=4 (4.7%)	
66B n=121 (3.9%)	n=54 (44.6%)	n=57 (47.1%)	n=10 (8.3%)	
66C n=143 (4.6%)	n=77 (53.8%)	n=54 (37.8%)	n=12 (8.4%)	
66D n=254 (8.1%)	n=121 (47.6%)	n=103 (40.6%)	n=30 (11.8%)	
66E n=246 (7.8%)	n=123 (50.0%)	n=93 (37.8%)	n=30 (12.2%)	
66F n=228 (7.3%)	n=118 (51.8%)	n=96 (42.1%)	n=14 (6.1%)	
66G n=204 (6.5%)	n=102 (50.0%)	n=77 (37.7%)	n=25 (12.3%)	
66H n=1621 (51.7%)	n=730 (45.0%)	n=649 (40.0%)	n=242 (14.9%)	
66J n=233 (7.4%)	n=91 (39.1%)	n=111 (47.6%)	n=31 (13.3%)	
Column Total	n=1475 (47.0%)	n=1263 (40.3%)	n=398 (12.7%)	Total N=3136 100%

$X^2 = 48.87$, $p<.00001$

Table 78

FREQUENCY DSITRIBUTION OF SSI BY PERCEIVED STATUS OF STANDARDS OF PRACTICE IN THE ANC IN COMPARISON TO THE CIVILIAN COMMUNITY

SSI	STANDARDS OF NURSING PRACTICE			
	AHEAD	PAR	BEHIND	
66A n=86 (2.7%)	n=67 (77.9%)	n=17 (19.8%)	n=2 (2.3%)	
66B n=122 (3.9%)	n=60 (49.2%)	n=52 (42.6%)	n=10 (8.2%)	
66C n=143 (4.6%)	n=87 (60.8%)	n=45 (31.5%)	n=11 (7.7%)	
66D n=255 (8.1%)	n=138 (54.1%)	n=100 (39.2%)	n=17 (6.7%)	
66E n=246 (7.8%)	n=146 (59.3%)	n=78 (31.7%)	n=22 (8.9%)	
66F n=228 (7.3%)	n=119 (52.2%)	n=92 (40.4%)	n=17 (7.5%)	
66G n=206 (6.6%)	n=109 (52.9%)	n=77 (37.4%)	n=20 (9.7%)	
66H n=1621 (51.6%)	n=858 (52.9%)	n=603 (37.2%)	n=160 (9.9%)	
66J n=233 (7.4%)	n=97 (41.6%)	n=118 (50.6%)	n=18 (7.7%)	
Column Total	n=1681 (53.5%)	n=1182 (37.6%)	n=277 (8.8%)	Total N=3140 100%

$X^2 = 51.08$, $p<.00001$

Table 79

FREQUENCY DISTRIBUTION OF SSI BY PERCEIVED QUALITY OF NURSING LEADERSHIP
IN THE ANC IN COMPARISON TO THE CIVILIAN COMMUNITY

SSI	QUALITY NURSING LEADERSHIP			
	AHEAD	PAR	BEHIND	
66A n=86 (2.8%)	n=60 (69.8%)	n=24 (27.9%)	n=2 (2.3%)	
66B n=118 (3.9%)	n=72 (61.0%)	n=42 (35.6%)	n=4 (3.4%)	
66C n=139 (4.6%)	n=75 (54.0%)	n=50 (36.0%)	n=14 (10.1%)	
66D n=243 (8.0%)	n=117 (48.1%)	n=98 (40.3%)	n=28 (11.5%)	
66E n=241 (7.9%)	n=142 (58.9%)	n=82 (34.0%)	n=17 (7.1%)	
66F n=222 (7.3%)	n=85 (38.3%)	n=101 (45.5%)	n=36 (9.0%)	
66G n=200 (6.6%)	n=105 (52.5%)	n=77 (38.5%)	n=18 (9.0%)	
66H n=1577 (51.7%)	n=856 (54.3%)	n=554 (35.1%)	n=167 (10.6%)	
66J n=225 (7.4%)	n=145 (64.4%)	n=69 (30.7%)	n=11 (4.9%)	
Column Total	n=1657 (54.3%)	n=1097 (36.0%)	n=297 (9.7%)	Total N=3051 100%

X^2 = 62.03, p<.00001

Table 80

FREQUENCY DISTRIBUTION OF SSI BY NURSES' IMAGE AND STATUS ON HEALTH TEAM

SSI	NURSES' IMAGE AND STATUS ON HEALTH TEAM			
	AHEAD	PAR	BEHIND	
66A n=86 (2.7%)	n=64 (74.4%)	n=14 (16.3%)	n=8 (9.3%)	
66B n=123 (3.9%)	n=94 (76.4%)	n=22 (17.9%)	n=7 (5.7%)	
66C n=144 (4.6%)	n=98 (68.1%)	n=32 (22.2%)	n=14 (9.7%)	
66D n=256 (8.1%)	n=190 (74.2%)	n=50 (19.5%)	n=16 (6.3%)	
66E n=246 (7.8%)	n=166 (67.5%)	n=60 (24.8%)	n=20 (8.1%)	
66F n=228 (7.3%)	n=136 (59.6%)	n=68 (29.8%)	n=24 (10.5%)	
66G n=205 (6.5%)	n=148 (72.2%)	n=39 (19.0%)	n=18 (8.8%)	
66H n=1624 (51.7%)	n=1156 (71.2%)	n=341 (21.0%)	n=127 (7.8%)	
66J n=231 (7.3%)	n=156 (67.5%)	n=60 (26.0%)	n=15 (6.5%)	
Column Total	n=2208 (70.3%)	n=686 (21.8%)	n=249 (7.9%)	Total N=3143 100%

X^2 = 24.48, p=.0796

Table 81

RESPONSE CATEGORIES: ISSUES MOST INFLUENCING RETENTION

ISSUE	POSITIVE	NEGATIVE
Autonomy	22%	
Professionalism	12%	
Interdisciplinary prof relationship	6%	
Flextime		17%
Role development opportunity	23%	9%
Staffing patterns		21%
Continuing education opportunities	4%	
Opportunity for advanced education	16%	
Nurses' image	7%	
Quality nursing leadership		8%
Career and family		27%

Table 82

RESPONSE CATEGORIES: REASONS FOR STAYING IN MILITARY

CATEGORIES	%	n
Professional growth opportunities	30%	495
Professional autonomy or challenge	27%	440
Commitments made - longevity	19%	312
Financial security	17%	280
Combination of Professional/ Military Commitment	17%	114
Others	1%	14
TOTALS	100%	N=1650

Table 83

RESPONSE CATEGORIES: REASONS "UNDECIDED" ABOUT REMAINING ON ACTIVE DUTY

CATEGORIES	%	n
Inability to combine career and family	29%	125
Conflict between personal professional and organizational goals	18%	89
Military decision beyond individual's control (RIF, etc.)	14%	57
Lack of support within Corps	7%	29
Unsafe staffing	6%	22
Poor leadership	4%	15
Frequent moves	4%	15
Others	8%	30
TOTALS	100%	N=382

Table 84

RESPONSE CATEGORIES: REASONS FOR LEAVING ANC

CATEGORIES	%	n
Inability to combine career and family	31%	112
Conflict between personal and professional or organizational goals	14%	51
Unsafe staffing	9%	33
Lack of support within Corps	9%	33
Poor leadership	4%	14
Frequent moves	4%	14
Others	29%	104
TOTALS	100%	N=361

Table 85

RESPONSE CATEGORIES: "OTHER PROFESSIONAL ISSUES"

CATEGORIES	%	n
Lack of power/prestige for Corps/Profession	36%	158
Staffing (numbers of personnel)	19%	83
Lack of opportunity for continuing education	10%	44
Need for career tracks (mgt/clinical/educ)	9%	39
Ineffective use of skills or preparation	9%	39
Poor leadership	5%	22
Others	12%	33
TOTAL	100%	N=438

Table 86

FACTOR NAMES, COEFFICIENT ALPHAS, AND NUMBER OF ITEMS IN FACTOR

Factor no.	Factor	Coefficient Alpha	No. of Items Meeting Factor Criteria
1	Professionalism	.80	5
2	Professional Pay	.80	6
3	Leadership, promotion and competence	.77	6
4	Military profession	.73	7
5	Accountability	.86	3
6	Pay, allowance, benefits and retention	.79	5
7	Education and training	.75	5
8	Staffing and scheduling	.63	3

Table 87

DISCRIMINANT ANALYSES:

"STAYING" OR "LEAVING" AS DEPENDENT VARIABLE

Actual Group	No. of Cases	PREDICTED GROUP MEMBERSHIP Undecided	Leaving	Staying
Undecided	530	28 (5.3%)	70 (13.2%)	432 (81.5%)
Leaving	413	22 (5.3%)	121 (29.3%)	270 (65.4%)
Staying	1937	25 (1.3%)	44 (2.3%)	1868 (96.4%)

Percent of "Grouped" cases correctly classified: 70.03%

Table 88

DISCRIMINANT ANALYSES:

"GENDER" AS DEPENDENT VARIABLE

Actual Group	No. of Cases	PREDICTED GROUP MEMBERSHIP Male	Female
Male	900	6 (0.7%)	894 (99.3%)
Female	2048	12 (0.6%)	2036 (99.4%)

Percent of "Grouped" cases correctly classified: 69.2%

Table 89

DISCRIMINANT ANALYSES:

"YEARS OF SERVICE" AS DEPENDENT VARIABLE

Actual Group	No.of Cases	PREDICTED GROUP MEMBERSHIP 0-4 Yrs	5-10 Yrs	11-16 Yrs	17-20 Yrs	21 + Yrs
0 - 4 Yrs	1081	772(71.4%)	293(27.6%)	10 (0.9%)	1 (0.1%)	0 (0.0%)
5 -10 Yrs	946	440(46.5%)	480(50.7%)	25 (2.6%)	0 (0.0%)	1 (0.1%)
11-16 Yrs	551	246(44.6%)	279(50.6%)	26 (4.7%)	0 (0.0%)	0 (0.0%)
17-20 Yrs	201	110(54.7%)	81(40.3%)	8 (4.0%)	1 (0.5%)	1 (0.5%)
21 + Yrs	105	59(56.2%)	40(38.1%)	5 (4.8%)	0 (0.0%)	1 (1.0%)

Percent of "Grouped" cases correctly classified: 44.38%

Table 90

10. DISTRIBUTION LIST.

Defense Technical Information Center (2)

HQDA (DASG-HCD-S) (2)

Dir, Joint Medical Library, Offices of The Surgeon General, USA/USAF, The Pentagon, Rm 1B-473, Washington, DC 20310-2300 (1)

AHS, Stimson Library (1)