

FACTORS AFFECTING THE CAREER INTENTIONS

OF

U. S. ARMY MEDICAL OFFICERS

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INTRODUCTION

Under auspices of the Office of the Surgeon General, Department of the Army, a questionnaire study was conducted, in the spring of 1957, among a representative cross-section of Army Medical Corps officers in all commands. The study was designed to elicit reliable information about the factors affecting doctors' desires to make a career of Army medicine. It was believed that such information would be of use in "planning improvements in Medical Corps administration and in the Army Medical Service in general." The findings from this study are set forth in the following pages.

The representative cross-section.

It was not deemed to be necessary to collect data from all medical officers on active duty at the time of the survey; it was believed that a sample of them would suffice. The basic list used in drawing the sample was the alphabetical roster of active-duty medical officers as of 31 April 1957 on file in the Office of the Surgeon General. After elimination from this roster of all general officers, all medical interns, and all Reserve officers having category expiration date in April, May, or June 1957, the remaining officers were divided into two groups: Regular Army officers and Reserve officers. Differential sampling ratios were applied to these two groups. By strictly random methods, one out of every two Regular Army officers was selected (yield, 697), and one out of every six Reserve officers (yield, 333), resulting in a total sample of 1030.*

The sampling method used assured each Regular Army officer the same chance as every other Regular Army officer, and each Reservist the same chance as every other Reservist, of being included in the sample.

Since the study collected data from a sample rather than from all medical officers, the percentage results given in the report may vary slightly from the results that would have been obtained had all the medical officers in each of the groups been queried. Formulas for computing the amount of allowance that should be made for such variation are given in Appendix A.

Response rate.

A thirty-page questionnaire, to be filled out in private by the officer himself, was mailed to each of the 1030 Army Medical Corps officers comprising the sample. The filled-out questionnaires were then mailed, without signature or other identification, to the National Opinion Research

*Included in the basic list of Reservists were 233 officers with category expiration dates in July 1957, of whom 89 were scheduled for return from overseas in May 1957. It is probable that there was a relatively heavy non-response rate for officers drawn in our sample from this sub-list because, in addition to the welter of arrangements they had to make, many of them undoubtedly took their terminal leaves in advance of their category expiration dates and were thus, in effect, back in civilian life by May 1957, when the questionnaires were sent out.

Center in Chicago, who coded, tabulated, and analyzed the information contained in them -- an arrangement which assured complete confidentiality of the individual returns so that respondents would be encouraged to express their views, of whatever character, fully and frankly. When completed questionnaires were mailed to NORC, a signed post-card was returned to the Office of the Surgeon General in Washington. This procedure made it possible to identify non-respondents so that they could have been sent a second request for cooperation had it turned out that their number was sufficiently large to warrant doing so.

Completed questionnaires were returned to NORC by 912 of the 1030 officers who received them, but twelve of these were received too late for inclusion in the tabulation and analysis. The estimates presented in this report are based, therefore, on 900 cases, or 87 per cent of the total sample. The response rate was somewhat higher for the Regular Army officers in the sample (89 per cent) than for the Reserve officers (84 per cent). These response rates were deemed to be adequate for the purposes; hence, no attempt was made to obtain questionnaires from those officers who did not reply to the first mailing.

The questionnaire.

The scope of the questionnaire, as well as the order in which questions were asked, is indicated by the question-by-question results, reported under the caption, "Question-by-Question Summary," as Appendix B of this report. It will be noted that the questionnaire asks about the types of medical practice the respondent prefers, or would prefer if he were starting over, and also asks the respondent to evaluate practice as a medical officer in the Armed Forces in terms of these preferences; it asks the respondent to evaluate his experience as an Army Medical Corps officer and thus provides a basis for inferences about the factors underlying his satisfaction-dissatisfaction with an Army medical career and his intention to pursue, or not to pursue, such a career; it asks the married officer about the satisfactions-dissatisfactions of his wife and family with respect to his situation as an Army medical officer; it asks, finally, about many factual characteristics of the respondent that may have a bearing on his career preferences and intentions.

The report of findings.

In the following sections, results are generally reported in summary form for all officers holding a Regular Army commission and for officers holding a Reserve commission, with a final summary figure for the total sample (weighted to take account of the differential sampling ratios employed). Results are also presented separately for three sub-groups of the officers holding a Regular Army commission; these sub-groups are (a) Obligated residents: officers who say they are "now participating in an Army-sponsored residency" or whose "primary official duty in (their) present assignment" is that of resident; (b) Other-obligated officers: officers whose "primary official duty in (their) present assignment" is not that of resident but who say they are now serving on obligated active duty under provisions of regular Selective Service, the "Doctor Draft," or payback time for medical training gotten in one of the Army programs; and (c) Non-obligated officers: officers whose "primary official duty in (their) present assignment" is not that of

resident and who are not now serving on obligated active duty under provisions of regular Selective Service, the "Doctor Draft," or payback time for medical training gotten in one of the Army programs.

The body of the report is divided into three sections: The first section sets forth in summary form major findings which seem to be particularly relevant to the problems of medical-officer procurement and retention in the Army Medical Service. Its purpose is to give a quick over-view and to guide the reader to those subject-matters which may be of most interest to him in the detailed presentations in the second and third sections. Attention is centered on two potential sources of career medical officers -- Regular Army officers not presently committed to an Army career, and Reserve officers.

The second section depicts in detail the opinions and attitudes expressed by all medical officers concerning the Army Medical Service and indicates opinion and attitude differences (a) among Regular Army officers and Reservists, and (b) among the three sub-groups of Regular Army officers defined in an earlier paragraph in this introduction (obligated residents, other-obligated officers, and non-obligated officers).

The third section is concerned only with differences in the attitudes and opinions expressed by Regular Army officers intending to have, and officers not intending to have, an Army career.

An appendix (A) provides formulas for computing the amount of error in any estimate or any comparison of estimates that may be due to sampling. A second appendix (B) gives the percentage distributions of answers to each of the questionnaire items for each of four officer-types, for Regular Army medical officers as a group, and for the total sample of medical officers.

I. SOME HIGHLIGHTS OF THE FINDINGS

This study has brought into clear view, and in many cases has provided measures of, the relation between the attitudes, values, experiences, and other characteristics of officers currently on active duty in the Army Medical Service and their intention to continue or not to continue in Army service until they are eligible for retirement pay.

The study revealed one general attitude which undoubtedly has some effect on the career choices of many of the medical officers: a widespread, deep-seated attachment to traditional forms of medical practice. The attitude is most frequently encountered among the younger doctors; but even older officers who are firmly committed to an Army career often manifest a lingering, perhaps a nostalgic, preference for some sort of private practice, individual or group, on a fee-for-service basis in a civilian community. The preference becomes explicit when officers are asked about the careers they would choose for themselves or the type of practice they would select if they were just now finishing their internships. Less than two-fifths of the Regular Army medical officers, and only one in twenty of the Reservists, now say that they would select an Army career if they were starting over. It is evident that expressions of this attitude cannot be taken at face-value as indicators of the choices that officers will or would actually make; but the attitude does, nonetheless, complicate the task of recruiting and retaining a full complement of well-qualified physicians for Army service.

Despite this general attitude, however, more than three-fourths of the Regular Army medical officers say they like practice in the Army, and about the same proportion expect to make a career of Army service. On the whole, these officers seem to be pretty well satisfied with their income, their rank, their retirement opportunities and other security provisions, as well as their professional assignments. Most of them think that the Army medical situation compares quite favorably with that in civilian life with respect to the facilities and equipment provided, the quality of personnel, the amount and kind of professional supervision given the physician in his practice, the professional standards adhered to, and the opportunities provided for specialty training and continued professional growth. In consequence, they feel that they themselves, their families, and Army men and their families generally, get good medical care.

But the negative views about the Army Medical Service as a career choice, even those views shared by relatively small minorities, also deserve careful scrutiny, since these may suggest feasible ways of making the Service more attractive to qualified physicians. The negative views of two groups would seem to be particularly important: One of these is the group of Reserve officers on active duty. They are much more likely to be dissatisfied with many more features of Army life than are the Regular Army medical officers, and are far less attracted to Army practice as a long-run career. The second group consists of those Regular Army medical officers who do not expect to stay in the Army until they are eligible for retirement pay. While this group is relatively small -- a little less than a fourth of all Regular Army medical officers -- it may include a goodly number of qualified physicians who perhaps could be induced to remain for longer periods, thus helping to keep the Army Medical Service at full strength.

The detailed findings pertaining to the Reservists in comparison with the three sub-groups of Regular Army medical officers are contained in the tabular presentations of Section II. Detailed findings depicting the differentiating characteristics of the non-careerists among the Regular Army medical officers are presented in Section III. In the paragraphs which follow immediately, therefore, only the findings concerning these two groups that seem to be most relevant to the problem of retaining well-qualified physicians in Army service on a long-run-career basis will be summarily stated.

A. Non-career Regular Army medical officers.

A number of factors related to careers in the Army Medical Service are of concern to Regular Army officers not now intending to remain in the Army for as much as twenty years of active duty (here called "non-career officers" or, simply, "non-careerists"). These features may be related to attitudes of favorableness or unfavorableness toward an Army medical-officer career. Some of them are tangible and may, therefore, be somewhat amenable to management; some of them seem to be less tangible or manageable:

1. Tangible features.

Lifetime total net income is stated by more than half of the "non-career" physicians to have a very important bearing on their own personal satisfaction with any career, and very few (1 per cent) of the non-career officers feel that lifetime total net income is better in the Army than it is in civilian medical practice, whereas 94 per cent (as compared with 79 per cent of careerists) think such income is higher in civilian practice. More than half of the non-career group think that their net incomes in civilian practice would be much higher than their medical-officer pay. Consistent with these beliefs about income prospects in the Army as compared with civilian practice is the non-career officers' suggestion that there should be an increase in pay or rank, or both, during Army residency training. This suggestion was made by about one-tenth of the group. One out of ten of the non-career officers also recommends that military obligation be cut down or eliminated after residency training.

Economic security is felt to be a very important element in the career satisfaction of medical officers. Most of the physicians in the Regular Army feel that such security is better in military than in civilian medical work. But this feeling is considerably less frequent among the non-careerists than among the careerists (45 per cent and 63 per cent, respectively). Could the feeling of greater security in the Army situation be extended, there might be a significant increase in the proportion of the officers who would be inclined to make a career of Army service.

A substantially larger proportion of non-career than of career officers feel that the civilian situation is more conducive than the Army situation to the achievement of family happiness (56 per cent and 35 per cent, respectively) and of a satisfactory social life (32 per cent and 12 per cent, respectively).

The cost of educating one's children is felt by a considerable proportion of the non-career officers to be a major item of expense making it difficult to get along on Army pay, even though, as compared with career officers, they are much younger, many more of them are unmarried, they have fewer children, and their children tend to be much younger. Moreover, aside from its cost, the education of children in the Army situation is felt to be made difficult by frequent re-assignment of medical officers, which brings either a change of school or long periods of family separation.

Other factors affecting domestic arrangements are also related to dissatisfaction among non-career officers and their wives: housing is felt to be less than satisfactory by many of them; moving entails serious disadvantages, both to the officer and his family; lack of concurrent travel is also frequently mentioned as a source of dissatisfaction for officers and their wives.

Medical supervision is also felt by most of the total group of Regular Army medical officers to be greater in the Army than in civilian practice. But most of the non-career doctors who feel that there is less supervision of Army practice think that this differential is disadvantageous both to patients and physicians in the Army situation. Greater familiarity with supervisory patterns in Army and civilian medicine might cause these particular non-career physicians to be more favorably disposed toward continued Army service.

When medical officers were queried about the possible effect of certain hypothetical changes in retirement regulations, 43 per cent of the non-career officers said they would want to stay in the Army longer than they now intend to stay if they were certain that they might retire at any time after twenty years of active duty; 22 per cent said they would stay longer if they were able to remain on active duty to age sixty; and 19 per cent would stay longer if they were able to remain on active duty to any age they chose. Prevention of voluntary retirement before either twenty-five or thirty years of active duty would make about 70 per cent of the non-career officers want to leave the Army sooner than they now intend. In other words, certainty about being able to retire at times of their own choosing would increase their interest in Army careers.

2. Intangible features.

Certain aspects of medical practice which are felt by the "non-career" officers to be generally important sources of career satisfaction but which are felt to be less adequate in the Army situation, seem not to be so amenable to deliberate modification as those reported above:

Personal freedom is felt to be very important by most of the non-career doctors (60 per cent, as compared with 44 per cent of the careerists), and a much higher proportion of them than of the career doctors find the lack of personal freedom in the Army situation to be a major source of dissatisfaction. Such arrangements as being free to come and go as they please, to live where they want to, to establish themselves permanently in some community, and to keep their own hours, are shown by this and other studies* to be important components of the notion of personal freedom.

* National Opinion Research Center, Careers for Medical Men, Report No. 38 (1948), p. 35.

"Rank and its implications" are felt to be disadvantages by a considerable number of non-career officers, although this reaction is by no means peculiar to them. Many of them feel, for example, that interference by superiors, effects of rank on the quality of patient-care or nursing service, necessity of subordinating oneself to superiors, whatever their competence, and to supervision of research by inexperienced, uninformed superiors, have an adverse effect on the medical work and military life of the medical officers.

Non-career officers are likely to be much more poorly informed about the military and military medicine than are the career officers, since, by and large, markedly fewer of them read military periodicals, and those who do, read them far less frequently.

Promotion prospects are not considered to be satisfactory by about two-thirds of the non-career officers.

B. Reserve officers.

Three-fourths of the officers in this classification are thirty or less years of age and have, therefore, most of their medical careers ahead of them. Since they are by far the youngest of the officer-types studied, and since age is clearly related to many of the attitudes and opinions held, caution should be exercised in interpreting differences between them and the other officer-classifications.

1. Over-all opinions and attitudes toward the Army Medical Service.

More than any other group of medical officers, the Reservists are critical of the Army Medical Service and least attracted to it as a long-run career. About one in eight of them says he likes being a medical officer, and only one in fourteen says he expects to spend his medical career in the Armed Forces. These proportions are in sharp contrast to the three-quarters of the Regular Army officers who like being a medical officer and plan to make a career of it.

One-third of the Reserve officers feel that the Army Medical Service could be run a lot better, and an additional 50 per cent feel that the Service could be run somewhat better. Of all officer-groups, the Reservists are the least satisfied with the present situation in the Army Medical Service.

Regarding assignments as medical officers, most of the Reserve officers state a preference for clinical medicine, almost eight of ten noting this choice. The Reserve officers also are more likely than any other group to prefer work involving frequent patient-contacts rather than work on other medical problems; nearly 90 per cent of the Reservists express this preference.

It follows that Reserve officers, on the whole, are not interested in medical administration. They do, however, express the same degree of interest as the Regular Army officers in medical teaching and in medical research. (About eight out of ten are interested in teaching, and about six out of ten in research.)

There is some indication that the Reserve officer is less informed than the Regular Army officer about current Army and Armed Forces medical situations. More than one-half of the Reserve officers state that they have no idea about how long they would be permitted to remain on active duty under current regulations. The Reservists also appear to be somewhat more inclined to interpret erroneously questions concerning military schools and courses. For example, one-third of the Reservists state that they have attended the Medical Corps Basic Course, which is not open to Reserve officers.

Fewer Reservists than any other officer-group read military periodicals (see Appendix B, Question 75), a fact which indicates both their lack of interest in military, even military-medical, information and the difficulty of getting information to them through this medium. They may, in consequence, fail to learn about certain aspects of Army medicine which might change their negative attitudes.

2. Military experience and interest.

In general, it may be said that the Reserve officer did not have prior military experience of any kind. Nine out of ten of the Reservists had never before served on extended active duty in the Armed Forces, while only slightly more than one-half of the Regular Army officers had had no previous extended active duty. The Reservists have thus less total service credit than any other officer-group, 77 per cent having less than a seven-year total service credit, which includes the five years' constructive credit for medical school and civilian internship.

Fewer Reserve officers than Regular Army officers have had experience in the various types of military medical organization. Their shorter length of duty has prevented any varied experience in these fields. Significantly more of the Reserve officers are now assigned to Class I hospitals, to dispensary service, and to service with a tactical unit than are Regular Army officers; assignment in these three unit-types includes over 60 per cent of the Reserve officers. Clinical medical duties occupy 65 per cent of all Reserve doctors.

Very few of the Reserve officers obtained any of their medical or premedical training under Armed Forces auspices. GI-Bill training reported by four per cent and Armed Forces internships by six per cent are the kinds of Armed Forces medical training most frequently mentioned.

If the Reserve officers were planning to take an Army residency, 69 per cent of them would prefer to take this residency training in a civilian hospital. Only about one-fourth of the Regular Army officers would make this choice.

About one-half of the Reserve officers state that if they were planning a career as a medical officer and were free to choose a branch of service, they would choose the Army. An additional one-third would prefer the Air Force, while 18 per cent have no preference. In the Regular Army, on the other hand, 82 per cent of the officers state that they would prefer the Army for such a career.

Certain of the hypothetical changes in retirement regulations would affect the career orientations of the Reserve officers. About 15 per cent say that they would want to stay in the Army longer than they now plan, if they were certain that they could retire any time they so desired after twenty years of active duty, if they could remain until age sixty, or to any age they wished. This proportion is less than that in the Regular Army but is a significantly large segment of the Reserve group.

3. Civilian medical interest and experience.

Slightly more of the Reserve officers than of the Regular Army officers have had some practice as an M.D. in civilian life, though it is clear that most Reserve officers have not had long-continued civilian medical experience.

One-third of the Reserve officers feel that they would have to get out of the Army by age thirty-four or younger in order to have worthwhile professional opportunities in civilian life. Only four per cent of the Regular Army doctors feel that they must be this young in order to establish themselves as civilian doctors. Only about one-eighth of the Reserve officers feel that they could have good professional opportunities in civilian life at the age of fifty or older, while one-third of the Regular Army officers feel this way. Since virtually all of the Reserve officers intend to practise as civilians, their conception of the age at which they must leave military service to accomplish this end is extremely important in influencing their decisions in this regard.

When asked about their plans to take residency training, 55 per cent of the Reserve officers state that they plan to take a civilian-sponsored residency, and only five per cent are now taking or plan to take an Army-sponsored residency. In the Regular Army group, 31 per cent are now participating or plan to participate in an Army residency, and only one per cent expect to take civilian-sponsored residency training.

A significantly higher proportion of the Reserve officers (12 per cent) as compared with the Regular Army doctors (1 per cent) state that if they were to get out of the Army in the near future, their net income in civilian life would be much lower than their income as a medical officer.

4. Specific career considerations -- Army v. civilian.

When asked to compare Army and civilian medical work in relation to career satisfaction, many more of the Reserve officers than Regular Army doctors felt that the Army was not better than civilian practice in most respects. In those cases where the Reserve officer does feel that the Army compares favorably, he is inclined to discount the relative importance of the advantage involved.

"Regimentation and regulation" was cited as the outstanding disadvantage in being a medical officer by the Reserve group. It appears that "regimentation and regulation" is, for the Reservist, a symbol of everything which medical practice should not be.

Fifteen per cent of the Reserve physicians find no outstanding advantages in being a medical officer in the Armed Forces, while only three per cent of the Regular Army officers indicate no advantages at all.

Among officers with dependent children, 38 per cent of the Reserve group and 74 per cent of the Regular Army officers feel that education of their children is or will be a major expense making it difficult to get along on an Army income. Both the officers and their children are younger in the Reserve group than in the Regular Army, and fewer Reservists expect to be in the Army when education expenses are at their peak. As a result, this is a less important consideration to the Reserve doctors. On the other hand, 22 per cent of the Reserve group (relatively more recently out of medical school) report that paying off debts is or will be a major expense difficult to meet on Army pay. Only two per cent of the Regular Army officers note this particular difficulty.

Reserve officers are not particularly dissatisfied with their own Army promotion prospects. Sixteen per cent of them state that they are "very well satisfied" and 44 per cent "well satisfied." In the Regular Army these percentages are 14 per cent "very well" and 34 per cent "well" satisfied. The slightly greater satisfaction exhibited by the Reserve group may be due primarily to the fact that they do not intend to remain in the Service, and thus promotion prospects are of no particular concern to them.

II. ATTITUDES OF ARMY MEDICAL OFFICERS:
REGULAR AND RESERVE, OBLIGATED AND NON-OBLIGATED

This section will present the career preferences and expectations of the entire sample of Army medical officers, their general opinion of the Army Medical Service, their interest in various important aspects of medical practice in the Army and in civilian life, the advantages and disadvantages they see in making a career of Army medical service. The tables and text will point out significant differences among the four sub-groups of medical officers defined in the Introduction (p. 2), and in addition, relationships between or among some of the attitudes expressed will be examined.

1. Career preferences and expectations of Army medical officers.

When all physicians in the Army are taken as a group, approximately as many report that they "would like" a career as a medical officer in the Armed Forces as say they "would dislike" one. But when the sample is divided into the four sub-groups, significant differences among them frequently appear. The non-obligated groups -- officers who are under no fixed obligation to the Army but have chosen to remain in its service -- are the most favorable toward an Armed Forces medical-officer career.

TABLE 1

GENERAL ATTITUDE TOWARD A MEDICAL-OFFICER CAREER

Q.1(A) General attitude toward being a medical officer in one of the Armed Forces:	Ob1. resd.	Ob1.- other	Non- obl.	Total Reg. Army	Resv.	Total sample (weighted)
Like	73%	69%	84%	79%	13%	41%
Neutral.	18	21	10	14	22	18
Dislike.	8	10	1	4	61	37
No answer	1	-	5	3	4	4
Total	100%	100%	100%	100%	100%	100%
	(158)	(97)	(364)	(619)	(281)	(1462)*

*Throughout this report, numbers in parentheses will refer to the number of cases on which per cents are based. The total sample weighted is greater than the number of actual respondents -- see Introduction (p. 1) for sampling information.

Approximately four out of five Regular Army medical officers, but less than one in seven Reserve officers, express a general liking for an Armed Services career.

A much smaller proportion of the Regular Army officers, however, would freely choose such a career if they were starting over. When asked, "Suppose you were just finishing your internship now and had a free choice in the matter; which one of these situations would you choose for your career?" only about a third of them would pick "Medical officer in one of the Armed Forces."

TABLE 2

Q.1(B)	CAREER CHOICE					
	Obl. resd.	Obl.- other	Non-obl.	Total Reg. Army	Resv.	Total sample (weighted)
Individual private (solo) practice	10%	18%	9%	11%	20%	16%
Individual private practice with pooled facilities. .	13	14	8	11	22	17
Group practice in a partnership arrangement.	20	23	22	22	30	27
Medical officer in one of the Armed Forces.	35	26	42	37	5	19
Medical-school teaching and/or research	9	7	10	9	9	9
Other and No answer	13	12	9	10	14	12
Total	100%	100%	100%	100%	100%	100%
	(158)	(97)	(364)	(619)	(281)	(1462)

The columns in the above table show approximately the same order of differences among the four sub-groups as was shown by Table 1. Few Reserve officers would choose the Armed Forces for their medical career, but among Regular Army officers, more respondents in each of the sub-groups would make the choice of Armed Forces medicine than would choose any other single form of practice. Obligated officers, however, are more inclined to select some form of private practice than to choose Armed Forces Medical Service.

The career choice which these physicians would now make is of particular interest when compared with their present career expectations. In all groups more respondents expect to spend the major part of their medical career as Armed Forces medical officers than express a preference for this career situation if they were starting over. More doctors in all groups express preference for group practice, private practice with pooled facilities, and medical-school teaching and/or research than expect to make these their major careers. More residents and Reservists expect to have a solo practice than prefer to have one.

TABLE 3

CAREER EXPECTATION

Q.1(C) Expectation of major career situation:	Obl. Resd.	Obl.- other	Non- obl.	Total Reg. Army	Resv.	Total sample (weighted)
Individual private (solo) practice.	16%	11%	3%	7%	32%	21%
Individual private practice with pooled facilities. .	6	7	1	4	20	13
Group practice in a part- nership arrangement . . .	16	10	3	7	28	20
Medical officer in one of the Armed Forces.	53	69	89	77	7	36
Medical-school teaching and/or research	2	1	1	1	5	4
Other and No answer .	7	2	3	4	8	6
Total	100%	100%	100%	100%	100%	100%
	(158)	(97)	(364)	(619)	(281)	(1462)

Two elements, at least, contribute to the differences by sub-groups between the Army doctor's preferences among the several types of practice and his expectation of being able to practise in that way -- the present-day organization of medicine with individual practice as the predominant form, and the doctor's assessment of the stage he has reached in his own career. If the medical officer has had extensive service in the Army Medical Corps, he may feel that his past Army service makes continuation in Armed Forces medicine the most practical and desirable career, though he would not choose it if he were again beginning his career. In the progress of any career, the passage of time and the concomitant decisions involving the career itself tend to reduce the alternatives open to the individual, and to fix him more solidly in his present situation.

2. General opinion of Army Medical Service.

When asked to state their opinion about how well the Army Medical Service is run, a preponderant majority of doctors on active duty with the Army Medical Service in the spring of 1957 said that the Army Medical Service could be run at least somewhat better than it has been. While one Army doctor in five felt that the Army Medical Service is being run "about as well as possible," one in every four thought it could be run "a lot better." Half of the doctors on active duty took a position between these two extremes, 55 per cent expressing the opinion that the Army Medical Service could be run "somewhat better." Among the four sub-groups, the Reservists are most critical. But worth noting, also, is the difference between obligated residents and other-obligated officers. Many doctors select the Army for their residency training in order to obtain financial benefits and other benefits

accompanying the program, and in some cases they could not afford residency training otherwise. Residents' attitudes reflect these facts. The other-obligated doctors, their training completed, are now serving payback time, thus postponing the civilian medical careers many of them seek.

TABLE 4
ATTITUDES ABOUT THE RUNNING
OF THE ARMY MEDICAL SERVICE

Q.11 How well is the Army Medical Service run:	Ob1. resd.	Ob1.- other	Non- obl.	Total Reg. Army	Resv.	Total sample (weighted)
It is run about as well as possible	20%	16%	27%	24%	16%	19%
It could be run somewhat better.	64	61	57	59	51	55
It could be run a lot better.	16	22	14	16	32	25
No answer	*	1	2	1	1	1
Total	100%	100%	100%	100%	100%	100%
	(158)	(97)	(364)	(619)	(281)	(1462)

Throughout these tables, "" equals less than one-half of one per cent.

3. Interest in aspects of Army Medical Service.

Within the Armed Forces Medical Service, an assignment in clinical medicine would be preferred by more than two-thirds of the Army medical officers; teaching, research, or a staff and command assignment would be preferred by only small numbers of respondents. Only within the non-obligated-officer group are staff and command assignments preferred by substantial numbers. Staff and command work is, of course, closely associated with the military aspects of the medical service and is, accordingly, chosen by more non-obligated, Armed-Forces-oriented officers than by any other group.

TABLE 5

"In general, which one of the following assignments would you prefer as a medical officer?"

<u>Q.6(A)</u>	<u>Obl. resd.</u>	<u>Obl.- other</u>	<u>Non-obl.</u>	<u>Total Reg. Army</u>	<u>Resv.</u>	<u>Total sample (weighted)</u>
Clinical medicine.	72%	66%	50%	58%	77%	69%
Teaching	13	13	7	10	6	7
Research	3	6	6	5	7	6
Staff.	2	3	9	6	3	5
Command.	2	7	23	15	3	8
Other.	8	4	5	6	3	4
No answer	-	1	-	*	1	1
Total	100%	100%	100%	100%	100%	100%
	(158)	(97)	(364)	(619)	(281)	(1462)

The great interest in clinical medicine is again apparent when officers are required to choose between work with patients and work on medical problems.

TABLE 6

PATIENTS VS. MEDICAL-PROBLEMS INTEREST

<u>Q.6(B)</u> <u>Preferred situation:</u>	<u>Obl. resd.</u>	<u>Obl.- other</u>	<u>Non-obl.</u>	<u>Total Reg. Army</u>	<u>Resv.</u>	<u>Total sample (weighted)</u>
Working on medical problems that do not require frequent contacts with patients. . .	20%	26%	32%	28%	12%	19%
Working directly with patients constantly.	80	74	68	72	88	81
Total	100%	100%	100%	100%	100%	100%
	(158)	(97)	(364)	(619)	(281)	(1462)

At least 74 per cent of all except the non-obligated medical officers state that they would choose to work directly with patients constantly. In the non-obligated group, 68 per cent of the officers choose patient-centered practice. The difference (small though it is) between the non-obligated officers and the other Army physicians as to their interest in serving patients directly may be related to the non-obligated officers' preference for command and staff assignments as shown in Table 5.

Non-obligated officers are older men and hold higher ranks, for the most part, than other officers and are more frequently involved in non-clinical work. Patient-care and the doctor-patient relationship are the core of medical practice; however, medical teaching, research, and administration also constitute important aspects of medicine and may hold increased interest for the medical officer as he is exposed to the broader aspects of Army medicine.

TABLE 7
INTEREST IN MEDICAL TEACHING AND RESEARCH

Q.3	Ob1. resd.	Ob1.- other	Non-obl.	Total Reg. Army	Resv.	Total sample (weighted)
<u>Interest in medical teaching:</u>						
Very interested.	44%	56%	42%	45%	43%	44%
Somewhat interested.	40	32	33	34	38	36
Not very or Not interested at all.	16	12	25	21	19	20
Total	100%	100%	100%	100%	100%	100%
 Q.4						
<u>Interest in medical research:</u>						
Very interested.	22%	27%	22%	23%	24%	24%
Somewhat interested.	41	37	30	34	35	34
Not very or Not interested at all.	37	36	48	43	41	42
Total	100%	100%	100%	100%	100%	100%
	(158)	(97)	(364)	(619)	(281)	(1462)

Almost one-half of all officers on active duty with the Medical Corps are "very interested" in spending part of their career in medical teaching, and one-fourth are "very interested" in working in medical research for some part of their career. The groups of officers do not differ greatly in their expressions of interest in medical teaching and research, though non-obligated officers seem to be the least interested in them.

One medical officer in three, over-all, expresses some interest in medical administration (such as running a hospital), but the proportion in the Regular Army is over one-half.

TABLE 8

INTEREST IN MEDICAL ADMINISTRATION

Q.2 Interest in medical administration:	Obl. resd.	Obl.- other	Non- obl.	Total Reg. Army	Resv.	Total sample (weighted)
Very interested.	11%	12%	43%	30%	6%	16%
Somewhat interested.	23	28	29	27	13	19
Not very interested.	24	28	14	19	22	21
Not interested at all.	42	32	14	24	58	44
No answer	-	-	-	-	1	*
Total	100%	100%	100%	100%	100%	100%
	(158)	(97)	(364)	(619)	(281)	(1462)

Older medical officers with experience in various forms of service assignments are frequently interested in administration, while younger officers retain their interest in patients and are less inclined to be interested in medical work not involving patients directly. In medicine, as in business and the other professions, there is a tendency for an individual to progress gradually into greater administrative responsibility in the field. After a certain amount of actual practice, the best possibility for career advancement may to some seem to lie in the direction of administrative responsibilities.

More Army medical officers who are "very interested" in medical administration (N=170) express a liking for salaried practice (32 per cent), a medical-officer career (93 per cent), and U.S. Public Health Service work (33 per cent) than do doctors not at all interested in medical administration (N=140). Of officers "not at all interested" in medical administration, 15 per cent like salaried practice, 64 per cent like a medical-officer career, and 9 per cent, U.S. Public Health Service work. Officers "very interested" in medical administration, on the other hand, are less favorable toward individual private practice (49 per cent "like" this alternative career), individual private practice with pooled facilities (45 per cent), and group practice (55 per cent) than are officers "not at all interested" in medical administration (the proportion in the latter group being 62 per cent liking solo practice, 61 per cent private practice with pooled facilities, and 72 per cent group practice).

Opportunity for supervisory positions in the more formally organized medical careers may contribute to liking these career-types on the part of officers interested in medical administration.

Some interest in spending a part of a medical career as a medical staff officer with a line outfit (Army Surgeon, Division Surgeon, etc.) was shown by about one-fourth of all officers. Over half are not interested at all in such service.

TABLE 9

INTEREST IN STAFF-OFFICER WORK

Q.5 Interest in being a staff officer with a line outfit:	Obl. resd.	Obl.- other	Non- obl.	Total Reg. Army	Resv.	Total sample (weighted)
Very or somewhat interested.	33%	31%	4%	42%	14%	26%
Not very interested.	25	20	22	23	18	20
Not interested at all.	41	49	29	35	68	54
No answer	1	-	-	*	*	*
Total	100%	100%	100%	100%	100%	100%
	(158)	(97)	(364)	(619)	(281)	(1462)

Service with a line outfit is military work, and physicians who have little interest in remaining in the Armed Forces for a long period are less likely to have interest in service as a staff officer with a line outfit. On the other hand, to Army-oriented, non-obligated officers, service as a medical staff officer at Army or Division level may mean higher status.

4. Some interrelations among these attitudes.

The Army physician's general attitude toward being a medical officer in one of the Armed Forces is frequently related to other, more specific attitudes revealed by the foregoing tables.

In general, Army doctors would prefer some form of private practice, regardless of their attitude toward the Armed Forces Medical Service; but there is a slight tendency to value private practice more when unfavorable toward a medical-officer career.

More officers would like than would dislike medical-school teaching and/or research, with a tendency for greater proportions of those who like medical-officer careers to say they would like teaching and research.

Most of the Army doctors express indifference or active dislike concerning Veterans Administration work, the U.S. Public Health Service, and salaried practice for an institution or industry, regardless of their attitude toward Armed Forces Medical Service. This disapproval is more pronounced among the officers who also disapprove of a medical-officer career.

TABLE 10

ATTITUDES TOWARD A MEDICAL-OFFICER CAREER AS RELATED TO
VARIOUS ALTERNATIVE CAREERS**

Q.1(A) Attitude toward:	Attitudes toward being a medical officer in one of the Armed Forces					
	Total Regular Army***			Reserves		
Individual private (solo) practice --	Like	Neutral	Dislike	Like	Neutral	Dislike
Like	51%	53%	89%	51%	68%	82%
Neutral.	21	29	-	23	22	13
Dislike.	28	18	11	26	10	5
Total	100%	100%	100%	100%	100%	100%
	(469)	(84)	(27)	(35)	(60)	(172)
Private practice with pooled facilities --						
Like	54%	63%	82%	40%	72%	76%
Neutral.	26	24	11	29	20	17
Dislike.	20	13	7	31	8	7
Total	100%	100%	100%	100%	100%	100%
	(467)	(84)	(28)	(35)	(60)	(172)
Group practice --						
Like	62%	73%	78%	54%	65%	67%
Neutral.	20	21	11	26	28	21
Dislike.	18	6	11	20	7	12
Total	100%	100%	100%	100%	100%	100%
	(467)	(84)	(28)	(35)	(60)	(170)
Salaried practice --						
Like	24%	12%	4%	37%	3%	4%
Neutral.	34	41	36	23	38	20
Dislike.	42	47	60	40	59	76
Total	100%	100%	100%	100%	100%	100%
	(466)	(84)	(28)	(35)	(60)	(172)
Public Health --						
Like	24%	2%	-%	37%	5%	1%
Neutral.	39	42	4	34	43	13
Dislike.	37	56	96	29	52	86
Total	100%	100%	100%	100%	100%	100%
	(465)	(84)	(28)	(35)	(60)	(171)
Veterans Administration --						
Like	14%	2%	-%	23%	5%	2%
Neutral.	38	48	21	43	35	12
Dislike.	48	50	79	34	60	86
Total	100%	100%	100%	100%	100%	100%
	(468)	(84)	(28)	(35)	(60)	(171)
Medical-school teaching and/or research --						
Like	53%	50%	39%	66%	45%	51%
Neutral.	21	26	36	17	32	23
Dislike.	26	24	25	17	23	26
Total	100%	100%	100%	100%	100%	100%
	(470)	(84)	(28)	(35)	(60)	(172)

**Percentages are based on the total number of officers giving answers concerning both the medical-officer and the alternative career.

***Insufficient number of cases in the Regular Army officer sub-groups with a neutral or unfavorable attitude toward a medical-officer career makes meaningful tabulation by these groups impossible.

Preference for work on medical problems not requiring frequent patient-contacts, rather than working directly and almost constantly with patients (Table 6 above), is also related to interest in the various forms of practice (Table 2 above):

TABLE 11

MEDICAL PROBLEMS OR PATIENT-CARE INTEREST AND LIKING FOR CAREER TYPES

Q.1(A) Per cent saying they would like:	Preference for:	
	Direct contact with patients	Medical problems
Individual private (solo) practice	61%	35%
Individual private practice with pooled facilities.	65	36
Group practice in partnership.	70	51
Salaried practice for institution or industry. .	18	30
Medical officer in the Armed Forces.	81	83
U.S. Public Health	14	32
Veterans Administration.	12	10
Medical-school teaching and/or research.	52	53
	(415)	(165)

Those officers who prefer direct patient-contact are more likely to prefer individual private practice and group practice than those who are interested in work with medical problems which don't require frequent patient-contacts. The officers more interested in "problems" than in direct patient-contact are more likely than others to be interested in salaried practice and in the U.S. Public Health Service. It seems likely that the doctors interested in broad medical problems feel that it would be difficult to pursue this interest while in independent practice and that relatively few places offer opportunity for extensive research. On the other hand, salaried practice for an institution or industry and the Public Health Service can often provide such opportunities and may be favored for this reason.

There is no difference in the proportions of "problem"- and "patient"-oriented officers who like medical-school teaching and/or research, or who would find to their liking a career as an Armed Forces medical officer.

5. Advantages and disadvantages of a medical-officer career.

The officers answered in their own words two general questions about the advantages and disadvantages of being a medical officer in the Armed Forces. The distributions of answer groupings are found in Tables 12 and 13.

Outstanding advantages. Regularity of hours was noted as an outstanding advantage by 48 per cent of all of the Army physicians. The next most

TABLE 12

ADVANTAGES TO BEING A MEDICAL OFFICER
RATHER THAN A CIVILIAN PHYSICIAN

Q.9 Outstanding advantages of medical-officer situation:	Obl. resd.	Obl.- other	Non- obl.	Total Reg. Army	Resv.	Total sample (weighted)
Regularity of hours, work-week (the leisure, vacations, long leaves, normal life, good family life)	41%	49%	44%	44%	51%	48%
Long-term economic security (pen- sion, steady income, retirement, income during illness or disability, survivor's benefits)	27	41	41	38	17	26
Initial financial return (good initial pay, financial support during residency or training, early security after internship)	53	24	8	22	27	25
Opportunity to practise good patient-care (no need to consider patient's finances)	27	47	42	39	14	24
Travel	20	21	33	28	22	24
Opportunity for continued training and education (chance to learn specialty, attending professional meetings, support for professional advancement)	57	40	24	35	13	22
Work materials (availability of competent consultants, no office expense, different types of cases to be seen)	24	25	19	21	12	16
Work atmosphere (no professional jealousy, cooperation with col- leagues, minimum of administrative interference)	18	29	26	24	8	15
Extra-medical opportunity (oppor- tunity for outside experience, social contacts, lead a fuller life, adventure and variety, per- sonal freedom)	10	9	23	17	4	10
Miscellaneous (PX and commissary, time to decide what specialty to go into, psychological security, being of service to the country)	4	5	11	8	8	8
No advantages at all	1	4	4	3	15	10
No answer	2	1	3	2	3	3
Total (Some respondents gave more than one answer)	284%	295%	278%	281%	194%	231%
	(158)	(97)	(364)	(619)	(281)	(1462)

frequently mentioned item was long-term economic security, though in this case the officer groups vary considerably. Fewer of the Reserve officers and residents felt economic security to be an outstanding advantage. It seems apparent that these respondents are not denying that there is economic security in the Armed Forces Medical Service but rather that their age, stage of career, and long-term goals make this less salient to them personally.

Initial financial return and opportunity for continued training and education were stated as important advantages by over one-half of the obligated residents. The current position of residents makes these particular elements highly important in their analysis of medical-officer advantages, other features of a medical-officer career having less immediate relevance for them.

With the exception of "regular hours," "initial financial return," and "travel," fewer Reservists than any other group mention each item as an outstanding advantage. This difference may indicate greater general dissatisfaction with their Army situations on the part of Reservists, or it may merely reflect limited Army experience, or both.

Outstanding disadvantages. For Army doctors as a whole, the major objection to being a medical officer appears to be "regimentation and regulation." One-half of them gave answers that seem properly to fall under this heading. Two out of three Reservists, as compared with only one out of three Regular Army doctors, list this aspect of Army life as an outstanding disadvantage.* It seems likely that what is here called "regimentation" epitomizes the Army to many medical officers and conflicts with their conception of the physician in civilian practice as "his own boss."

The major disadvantage for the Regular Army medical officer is the necessity of frequent moves. These officers, more often than Reservists, have families who must be moved in order to prevent lengthy separations. Fewer Reservists object to this situation, probably because their family responsibilities differ, because of the nature of their current assignments, and because they do not plan to remain in the Army for any appreciable time.

Nearly one-half of the doctors in the Regular Army cite inadequate income as being a decided disadvantage. Army income is less important to the Reservists than to the other doctors, since most of the Reserve group do not intend to be dependent on this income source for any long period of time; as younger men, also, they probably tend to compare themselves with younger civilians of fairly modest income.

The obligated-other officers and the Reservists, in contrast to the residents and non-obligated officers, cite disadvantages relating to their career course. The residents are actually continuing their training in a manner acceptable to the medical profession as a whole, and the non-obligated

* In a recent survey, 71 per cent of medical students stated that "regimentation" is their reason for disliking a medical-officer career (National Opinion Research Center, Career Preferences of Medical Students in the United States, Report No. 60 (November, 1956)).

TABLE 13

DISADVANTAGES TO BEING A MEDICAL OFFICER
RATHER THAN A CIVILIAN PHYSICIAN

Q.10 Outstanding disadvantages of medical-officer situation:	Obl. resd.	Obl.- other	Non- obl.	Total Reg. Army	Resv.	Total sample (weighted)
Regimentation and regulation (loss of personal freedom, can't practice as I want to, irrelevant regulations, red tape, military demands unrelated to medicine, interference of MSC)	34%	40%	28%	32%	66%	51%
Moving (short tours of duty, raising children in a transient situation, separation from family, friends). . . .	60	61	64	63	29	43
Income (low income, inadequate pay to provide for children or retirement). . .	46	54	42	45	25	34
Patients and doctor-patient relationships (no choice of patients, can't follow up long-term patients, demanding, defrauding, unreasonable patients, no children to treat, can't treat referred civilians).	12	11	6	8	27	19
Own career course (disruption of training, less chance for advancement in own field, delay in starting private practice, no recognition for certification, indefiniteness of promotion)	13	24	11	13	21	18
Housing (poor housing, inadequate living quarters, living conditions). . .	23	34	25	26	8	16
Rank and its implications (interference from above, effect of rank on quality of patient-care or nursing service, kow-tow to incompetent superiors, didactic uninformed superiors)	11	20	11	12	19	16
Work atmosphere (little professional stimulation)	3	3	2	2	20	13
Lack of prestige (less prestige among non-professionals, decline of officer prestige).	13	22	15	15	6	10
Personnel shortages (inadequate personnel on weekends and holidays, shortage of officers and enlisted men, unevenness of supply of doctors).	3	4	3	3	4	3
Miscellaneous (some lack of personal integrity, whim of U.S. Congress, administrative duties, too much free time and partying, lack of redress for poor efficiency rating, insufficient facilities)	11	6	14	14	11	12
No disadvantages at all.	2	-	1	1	1	1
No answer	4	1	2	3	3	3
Total (Some respondents mentioned more than one)	235%	280%	224%	237%	240%	239%
	(158)	(97)	(364)	(619)	(281)	(1462)

officers have, in most cases, chosen and settled down to the Army Medical Service as a voluntary career and thus would probably not feel any strong dissatisfaction with the course of their careers.

Regular Army officers see as disadvantages housing and lack of prestige. The expectation of only short duty as a medical officer makes these less important to the Reservists.

Lack of professional stimulation and limited and unsatisfactory patient relationships are mentioned much more frequently by the Reserve officers than by Regular Army doctors as major disadvantages in a medical-officer career. These two items may be said to reflect the "doctor" role. A stimulating work atmosphere, coupled with favorable doctor-patient relations, probably characterizes the ideal medical situation. Reservists are of necessity often assigned to relatively routine medical duties which do not meet the criteria of the "ideal" medical situation.

6. Adequacy of available equipment and facilities in Army vs. civilian practice.

Most Regular Army physicians feel that medical equipment and facilities are better in the Army than in civilian situations.

TABLE 14

ATTITUDES TOWARD EQUIPMENT AND FACILITIES

Q.8(A) <u>Equipment and facilities:</u>	<u>Obl.</u> <u>resd.</u>	<u>Obl.-</u> <u>other</u>	<u>Non-</u> <u>obl.</u>	<u>Total</u> <u>Reg.</u> <u>Army</u>	<u>Resv.</u>	<u>Total</u> <u>sample</u> <u>(weighted)</u>
Better in civilian	4%	12%	3%	5%	31%	20%
Better in Army	70	56	76	71	25	45
About the same in both . . .	26	31	21	24	43	35
No idea and No answer . . .	-	1	*	*	1	*
Total	100%	100%	100%	100%	100%	100%
	(158)	(97)	(364)	(619)	(281)	(1462)

The Reserve officers tend to equate equipment and facilities in the Army and civilian situations. Among those who differentiate at all, a small majority state that medical equipment and facilities are better in civilian work than in the Army.

Three-fourths of all officers say that equipment and facilities are "very important" to their personal satisfaction with any medical career (see Appendix B, Question 8(B) for the remaining answers), though only six to eight per cent of the various officer-groups feel that "equipment and facilities" constitutes one of the three factors most important to their personal career satisfaction. The superiority of Army equipment and facilities is noted by many of the medical officers, but satisfaction with the Army in this regard does not itself constitute a sufficient inducement to an Armed Forces medical career.

7. Caliber of medical personnel in Army and civilian practice.

The majority of physicians on active duty say that, in their personal opinion, the caliber of physicians is about the same in the Army and in civilian practice; however, one-fourth of all medical officers on active duty feel that career Army medical officers are professionally inferior to most civilian physicians, while only one-eighth of all of the officers feel that the Army medical officers tend to be superior to most civilian physicians.

When the various sub-groups of officers are examined on their attitudes about the caliber of medical personnel, a decided difference is seen between the Reserve officers and the Regular Army officers. Only one per cent of the Reservists consider Army medical officers to be superior to civilian physicians, while in the Regular Army 27 per cent consider Army physicians superior. Non-obligated Army doctors have a particularly favorable opinion of Army medical officers, with slightly more than one-third of these doctors stating that Army physicians are superior to civilian. In the Reserve group 38 per cent feel that career Army medical officers are professionally inferior to most civilian physicians, while only four per cent of the Regular Army respondents feel that this is so. (See Appendix B, Question 32, for the remaining distribution.)

Answers to this question reflect the over-all attitude difference between Reservists and Regular Army doctors concerning the Army Medical Service. Reserve status itself is indicative of over-all dissatisfaction for many, and this dissatisfaction is apparent in the attitudes toward many specific aspects of Army medicine.

8. Professional standards in Army vs. civilian practice.

Virtually all of the doctors report that professional standards are "very important" to their personal satisfaction with any medical career (96 per cent of the total weighted sample). There is little difference with respect to this attitude among the sub-groups.

About one-fifth of all Army medical officers consider "general professional standards" to be one of the three most important factors in their personal satisfaction with a medical career, with Reserve officers noting this importance somewhat less often than Regular Army officers do.

Slightly less than one-half of the officers think that professional standards are about the same in the Army and in civilian life. About one-third of all medical officers feel that general professional standards are better in civilian life, while one-fifth of them feel that the standards are better in the Army.

The major differences of attitude concerning civilian and Army professional standards occur between Reservists and Regular Army physicians. Only three per cent of the Reservists consider professional standards to be better in the Army, while 44 per cent of all Regular Army medical officers believe that Army professional standards are superior.

Reserve officers now assigned to a Class II hospital (N=33) are not significantly more likely than other Reserve officers to say that Army professional standards are superior to civilian. Apparently even work in the most advanced Army medical centers does not improve greatly the Reserve officer's attitude toward Army medical professional standards.

One-half of the Reserve officers assert the superiority of civilian professional standards, while only seven per cent of the Regular Army physicians concur in this rating. Non-obligated officers are particularly favorable toward the professional standards existing in the Army Medical Service, with 53 per cent of these officers stating that such standards are superior in the Army.

9. Supervision of physicians in Army and in civilian practice.

Most officers feel that medical supervision is greater in the Army than in civilian work. Three out of four Regular Army doctors note this greater Army supervision, while slightly more than one-half of the Reserve officers agree.

TABLE 15

"In general, do you feel that Army Medical Officers are more closely supervised or less closely supervised than civilian physicians in the way they treat their patients?"

<u>Q.33(A)</u>	<u>Total</u> <u>Reg. Army</u>	<u>Resv.</u>	<u>Total sample</u> <u>(weighted)</u>
More closely supervised .	77%	52%	63%
Less closely supervised .	4	17	11
Little difference	19	31	26
Total	100%	100%	100%
No. of officers** .	(614)	(275)	(1439)

** No. of officers is the total number giving some response to this question.

The medical officers were also asked:

Q.33(B) "Do you think this generally works to the advantage or disadvantage of patients in the Army?"

and Q.33(C) "Do you think this generally works to the advantage or disadvantage of the medical officer in the Army?"

The relationship between answers to Question 33(A) and Questions 33(B) and 33(C) for the total sample and for Regular Army and Reserve officers is shown in the following table:

TABLE 16**

Q.33(B)	Q.33(A) Officers saying Army doctors are:								
	More closely supervised			Less closely supervised			Little difference		
	Total Reg. Army	Total Resv.	Total sample (wtd.)	Total Reg. Army	Total Resv.	Total sample (wtd.)	Total Reg. Army	Total Resv.	Total sample (wtd.)
To patients' advantage . . .	92%	42%	68%	21%	2%	5%	22%	14%	17%
To patients' disadvantage . .	4	38	20	67	79	77	4	2	2
Makes no difference	4	16	10	12	17	16	74	81	79
No answer	*	4	2	-	2	2	-	3	1
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%
Q.33(C)									
To officer's advantage . . .	79%	31%	57%	17%	19%	19%	23%	15%	18%
To officer's disadvantage . .	9	50	28	75	68	69	4	5	4
Does not affect officer	12	15	13	8	11	10	72	76	75
No answer	*	4	2	-	2	2	1	4	3
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%
	(474)	(143)	(903)	(24)	(47)	(165)	(116)	(85)	(371)

** Where sufficient cases exist, the distribution by Regular Army groups is shown in Appendix B, p. 63.

Among the officers who feel that more supervision exists in the Army, a significantly greater proportion of Regular Army doctors than Reservists think this situation is advantageous to patients and officers. Among those who feel that less supervision exists in the Army (only 11 per cent of the total sample), most officers consider this to be disadvantageous to both patients and physicians.

10. Quality of patient-care in Army and in civilian practice.

One-fourth of all medical officers believe that the quality of patient-care is better in civilian situations, while one-third feel it is better in the Army. The officer-groups differ considerably in their opinion about the relative merits of Army and civilian medicine in this regard. For example, while only four or five per cent of the Regular Army groups feel that the quality of patient-care is better in civilian life than in the Army, more than 40 per cent of the Reserve officers state that civilian patient-care is better.

At least 98 per cent of all officer-groups feel that the quality of patient-care is "very important" to their satisfaction with any medical career. About one-half of the total sample states that this is one of the three most important factors in their career satisfaction.

Closely related to the questions on the quality of patient-care are those referring to the medical officers' conceptions of how well satisfied Army personnel and their dependents are with the medical care they receive from the Army Medical Service.

TABLE 17

ATTITUDES ABOUT MEDICAL CARE IN ARMY FACILITIES

Q.31(A)

Officers' attitudes about dependents' satisfaction with Army medical care:	Obl. resd.	Obl.- other	Non-obl.	Total Reg. Army	Resv.	Total sample (weighted)
They are <u>very</u> or <u>somewhat</u> satisfied	79%	77%	84%	82%	67%	74%
They are <u>somewhat</u> or <u>very</u> dissatisfied.	21	22	15	17	30	24
No answer	-	1	1	1	3	2
Total	100%	100%	100%	100%	100%	100%

Q.31(B)

Officers' attitudes about military personnel satisfaction with Army medical care:

They are <u>very</u> or <u>somewhat</u> satisfied	93%	91%	94%	93%	83%	88%
They are <u>somewhat</u> or <u>very</u> dissatisfied.	6	8	5	6	16	11
No answer	1	1	1	1	1	1
Total	100%	100%	100%	100%	100%	100%
	(158)	(97)	(364)	(619)	(281)	(1462)

Three-fourths of all Army doctors think that the dependents are at least somewhat satisfied with the care they receive at Army medical facilities. Nearly nine out of ten doctors feel that the military personnel themselves are at least somewhat satisfied with this care. Thus, Army doctors are more inclined to believe that they are satisfying military personnel than to believe that they are satisfying the dependents of those personnel.

More non-obligated physicians feel confidence in patient-satisfaction than any other officer-group. Since non-obligated Regular Army physicians are most likely to praise the quality of patient-care in the Army, it is not surprising that they are most likely to believe that the Army patients are generally satisfied with the medical care they receive.

It is also probable that the Reservists' relatively unfavorable attitude about Army medical care affects their views concerning the dissatisfaction of others with this care.

11. Research and training opportunities in Army vs. civilian practice.

About one-third of all officers feel that "opportunities for research" are better in the Army, while an equal proportion feel that they are better in civilian life. But these equal proportions in the total sample disappear when the answers of the Reservists and Regular Army physicians are separately tabulated; there are wide differences between these two sub-groups. About 40 per cent of the Reservists express the opinion that the opportunity for research is better in civilian life, while about 20 per cent feel that research opportunity is superior in the Army. These proportions are reversed for the Regular Army officers, two-fifths of whom rate Army research opportunities as better, while only one-fifth feel that civilian opportunities are better. The officer-groups agree, in general, in stressing the importance of research opportunities for their personal satisfaction with a career. About one-fifth of the officers consider research opportunities "very important" and an additional three-fifths "somewhat important" to them personally.

In the total Army group, 36 per cent feel that the opportunity to fulfill specialty-board requirements is better in the Army, while only 20 per cent feel that such opportunity is better in civilian situations. Among the Regular Army officers, 57 per cent feel that opportunity to fulfill specialty-board requirements is better in the Army, with but eight per cent preferring the civilian situation for meeting these requirements. In the Reserve group, on the other hand, 30 per cent rate civilian opportunity as better, while only 21 per cent state that the opportunity to fulfill specialty-board requirements is better in the Army.

Somewhat larger differences of opinion exist between officer-groups concerning the importance of specialty-board qualification. Residents and other-obligated officers (almost all of whom had recently completed their residency training) are most inclined to state that the opportunity to meet specialty-board requirements is "very important." (See Appendix B, Question 8(B) for the distribution.)

The great emphasis placed on fulfilling board requirements is further evidenced by the large proportion of medical officers who are already certified or who expect to become certified. Eighty-six per cent of the Reservists expect to seek certification or are now certified. In the non-obligated group, this proportion is 74 per cent. Among the obligated officers, consisting largely of doctors now serving residencies or on payback time for Army residency training, the proportion who do not intend to become board-certified is negligible.

12. "Specialty orientation" as a factor in medical-officer attitudes.

In considering specialty orientation as a factor that might affect physicians' inclinations toward an Army career, Regular Army medical officers and Reservists were separated into those who are "specialty-oriented" (now board-certified or planning to meet specialty-board requirements) and those who are "not specialty-oriented" (neither certified nor planning certification). The advantages and disadvantages of a medical-officer career were then analyzed according to the specialty orientation of the medical officers concerned.

Specialty-oriented groups in both the Regular Army and the Reserves cite the advantage of high initial income in the Army more than do the non-specialty groups in the Regular Army and the Reserves (see Table 18). The possibilities for obtaining specialty training in the Armed Forces is associated with more substantial pay during this period than can be obtained in comparable civilian training. Thus, initial pay is apparently a strong factor in the specialty-oriented doctor's choice of Army training.

In the Regular Army, specialty-oriented physicians are much more likely than are non-specialty-oriented doctors to cite the advantage of the opportunity for continued training and education in the Armed Forces. The possibilities of training within their specialty is also a strong motivating factor toward Army training.

Non-medical opportunity is noted as an advantage by a smaller proportion of specialty-oriented doctors than non-specialty-oriented doctors in the Regular Army group. The specialty doctors are apparently more concerned with advantages in the Army relating to strictly medical considerations than with other situations in Army service.

Long-term economic security is felt by more non-specialty- than specialty-directed doctors to be an advantage of Armed Forces service. Specialty training opportunity may be, for many physicians, the overriding reason for Army service, in which case eventual income and long-term security in Armed Forces medicine may not be so salient to these officers at the present point in their careers. Also, once specialty training is completed, the Army specialist's income does not compare so favorably with that of his counterpart in civilian medicine as it did during his actual residency training.

Nearly one-fifth of the specialty-oriented Reserve officers say that there are no advantages to a medical-officer career. Most of the Reservists intend to take any specialty training they plan under civilian auspices and consequently may close their eyes to any advantages in the Army since Army service only interrupts their professional progress.

TABLE 18

ADVANTAGES TO A MEDICAL-OFFICER CAREER:
SPECIALTY- AND NON-SPECIALTY-ORIENTED OFFICERS**

Q.9 Officers reporting the fol- lowing as advantages to a medical-officer career:	Total Regular Army		Reservists	
	Specialty- oriented	Non- specialty- oriented	Specialty- oriented	Non- specialty- oriented
Regularity of hours.	46%	44%	48%	71%
Initial financial return . .	27	5	32	16
Long-term economic security.	37	49	16	21
Travel	26	42	24	18
Opportunity for continued training and education. . .	42	10	14	10
Work atmosphere.	26	21	8	8
Work materials	24	15	12	10
Opportunity to practise good patient-care.	40	41	11	18
Non-medical opportunity. . .	14	36	5	3
Miscellaneous.	6	19	8	16
No advantages at all	3	3	18	3
Total (Some respondents mentioned more than one)	291%	285%	196%	194%
	(488)	(96)	(206)	(38)

** Specialty-oriented officers include those who are now board-certified or who plan to seek board certification. Non-specialty-oriented officers are those neither certified nor planning certification.

TABLE 19

DISADVANTAGES TO A MEDICAL-OFFICER CAREER:
SPECIALTY- AND NON-SPECIALTY-ORIENTED OFFICERS**

Q.10 Officers reporting the fol- lowing as disadvantages to a medical-officer career:	Total Regular Army		Reservists	
	Specialty- oriented	Non- specialty- oriented	Specialty- oriented	Non- specialty- oriented
Income	50%	34%	25%	32%
Moving	65	61	30	26
Housing.	27	25	7	13
Lack of prestige	16	19	6	3
Rank and its implications. .	13	11	21	13
Regimentation and regulation	34	29	68	66
Patients and doctor-patient relationships	10	3	28	26
Own career course.	15	7	23	16
Work atmosphere.	3	1	22	18
Personnel shortages.	4	1	4	-
Miscellaneous.	13	16	10	13
No disadvantages at all. . .	1	2	2	3
Total (Some respondents mentioned more than one)	251%	209%	246%	229%
	(485)	(97)	(206)	(38)

** Specialty-oriented officers include those who are now board-certified or who plan to seek board certification. Non-specialty-oriented officers are those neither certified nor planning certification.

13. Internships under Army vs. civilian auspices.

About one-third of all the officers would prefer an Army internship if they were just now finishing medical school. Regular Army and Reserve physicians differ considerably in their attitude toward internship training. Of the Regular Army officers, 61 per cent would prefer an Army internship, but only 14 per cent of the Reservists would make this choice. Little interest was shown for any other governmental internship training.

Officers who had, in fact, served an Army internship (Regular Army and Reserve officers alike)* were more likely than others to state that they would choose such an internship again.

TABLE 20

ARMY INTERNSHIP TRAINING AND INTERNSHIP CHOICE

Q.37 Officer group, service in <u>Army internship:</u>	Q.46 Internship would now choose:			
	<u>Army</u>	<u>Civilian</u>	<u>Other</u>	<u>Total</u>
Resident --				
<u>Did serve Army internship.</u>	80%	14%	6%	100% (81)
<u>Did not serve Army internship.</u> . .	52	40	8	100% (60)
Obligated-other --				
<u>Did serve Army internship.</u>	69%	26%	5%	100% (42)
<u>Did not serve Army internship.</u> . .	63	37	-	100% (43)
Non-obligated --				
<u>Did serve Army internship.</u>	74%	24%	2%	100% (78)
<u>Did not serve Army internship.</u> . .	56	42	2	100% (257)
Total Regular Army --				
<u>Did serve Army internship.</u>	76%	20%	4%	100% (201)
<u>Did not serve Army internship.</u> . .	56	41	3	100% (360)
Reservists --				
<u>Did serve Army internship.</u>	81%	6%	13%	100% (16)
<u>Did not serve Army internship.</u> . .	10	85	5	100% (257)
Total sample (weighted) --				
<u>Did serve Army internship.</u>	77%	18%	5%	100% (249)
<u>Did not serve Army internship.</u> . .	25	71	4	100% (1131)

About one-fourth of all those officers who served an Army internship would now choose some alternative, primarily a civilian, internship program; however, about one-fourth of those whose internship training was not in the Army state that they would now prefer an Army internship if they were just finishing medical school.

The group of officers who stated that they would not now choose an Army internship, though they did, in fact, take their internship under Army auspices, may have been dissatisfied with it, or may have taken Army internships because of economic necessities and other situational considerations which would not be relevant if they were just beginning their medical careers at the present time.

* In this particular tabulation, percentages are highly unreliable for the Reserve officers since their base number here was only sixteen.

14. Residencies under Army vs. civilian auspices.

About one-third of all medical officers plan to take either a civilian- or an Army-sponsored residency. In the Reserve officer group, 55 per cent plan a civilian residency, and three per cent plan one under Army sponsorship. As might be expected, considerably smaller proportions of the obligated-others and non-obligated officers plan residencies, the majority having already completed any residency training they intend; but most of those officers who do plan such training intend to take their residencies under Army sponsorship. (See Appendix B, Question 39, for the remaining distribution.)

The preference of the Reserve officers for civilian residency training is indicated further in the question: "Suppose you were now planning to take an Army residency and had a free choice in the matter; where would you prefer to take your Army residency training?" While 69 per cent of the Reservists state their preference for Army residency training in a civilian hospital, about 65 per cent of all Regular Army groups would choose to serve such training in an Army hospital.

When asked what changes in the Army residency program would make the program more attractive to them personally, 18 per cent of the total officer group could suggest no changes. Furthermore, there was little consensus on the changes that were suggested. Changes in teaching staff or supervisory staff, and elimination of or decrease in military obligation resulting from taking a residency, were each suggested by about one-eighth of all of the medical officers. No other single change was suggested by as many as ten per cent of the officers.

Regular Army respondents were most concerned with changes in staff, one-fifth of all Regular Army medical officers making this suggestion. Changes in what is taught or in the manner of teaching were suggested by 12 per cent of the Regular Army doctors. One-fourth of the Regular Army physicians, however, made no suggestions for changes which would make the program more attractive. Only 12% of the Reserve officers suggested no changes, while nearly one-fifth of the Reservists suggested a cut in the military obligation resulting from the residency. It is apparent that for many Reserve officers the Army residency program itself is satisfactory but that the length of the Army obligation it entails is not.

Nearly all obligated Army officers have served Army residencies, and almost none of the Reservists have done so. As a consequence, analysis of the effect of an Armed Forces residency on opinions about the residency must be limited to the non-obligated group. No significant differences exist between the non-obligated officers with Armed Forces residency training and those without, on the question of which residency they would now prefer, about seven out of ten saying they would prefer an Army residency.

Non-obligated officers, however, with and without Armed Forces residency training, differ slightly from one another in their suggestions of changes which might make the Army residency more attractive. One-fourth of all non-obligated officers with Armed Forces residencies say that changes should be made in the staff, while only one-tenth of those without such residency training make this suggestion. One-fourth of the non-obligated medical officers who have had an Armed Forces residency suggest no changes, while

nearly 60 per cent of those without such Armed Forces training make no suggestions. Since medical officers who have received this training are more inclined to be aware of and concerned about any deficiencies that may exist, this latter result is not surprising.

Most of the non-obligated officers would choose to serve their Army residency in an Army hospital, though there was a stronger indication of this choice among those officers without Armed Forces residency training than among those with this training. Sixty-two per cent among those non-obligated officers with Armed Forces residency training would choose an Army hospital, while 74 per cent of those non-obligated officers without such residency training would make the choice of an Army hospital.

No significant differences exist between the officers who have served an Armed Forces internship and those who have not, regarding their residency preferences. (General differences in residency preference by officer-status may be seen in Appendix B, Questions 42 to 45.)

15. Economic security as a factor in medical-officer attitudes.

When asked to compare initial net income, lifetime total net income, and economic security in civilian and Army practice, doctors on active duty with the Army indicate the following:

TABLE 21

COMPARISON: CIVILIAN AND ARMY ECONOMIC SITUATIONS

<u>Q.8(A)</u>	<u>Obl. resd.</u>	<u>Obl.- other</u>	<u>Non-obl.</u>	<u>Total Reg. Army</u>	<u>Resv.</u>	<u>Total sample (weighted)</u>
Initial net income --						
Better in civilian practice	43%	48%	49%	47%	54%	51%
Better in Army	52	40	43	45	35	39
About the same in both . .	4	12	7	7	8	7
No idea and No answer	1	-	1	1	3	3
Total	100%	100%	100%	100%	100%	100%
Lifetime total net income --						
Better in civilian practice	86%	89%	79%	82%	88%	85%
Better in Army	4	2	9	6	2	4
About the same in both . .	10	7	10	10	7	8
No idea and No answer	-	2	2	2	3	3
Total	100%	100%	100%	100%	100%	100%
Economic security --						
Better in civilian practice	19%	27%	20%	21%	30%	26%
Better in Army	52	48	64	59	46	51
About the same in both . .	26	22	15	19	21	20
No idea and No answer .	3	3	1	1	3	3
Total	100%	100%	100%	100%	100%	100%
	(158)	(97)	(364)	(619)	(281)	(1462)

There is substantial agreement among the officer groups concerning the financial situation in Army medical practice. Slightly more than one-half of all the doctors on active duty in the Army feel that initial net income is better in civilian practice. More than eight out of ten feel that lifetime total net income is better in civilian than in Army medicine, while slightly more than half of the officers find greater economic security in Army medical work. Reserve officers, though in general agreement with the other groups on this point, are a little less likely than are Regular Army officers to consider economic factors important.

TABLE 22

IMPORTANCE OF ECONOMIC FACTORS:
REGULAR ARMY OFFICERS AND RESERVISTS

<u>Q.8(B)</u>	<u>Total Regular Army</u>	<u>Reservists</u>
Initial net income --		
Very important	22%	19%
Somewhat important . .	72	67
Not at all important .	6	14
Total	100%	100%
Lifetime total net income --		
Very important	52%	39%
Somewhat important . .	46	57
Not at all important .	2	4
Total	100%	100%
Economic security --		
Very important	66%	56%
Somewhat important . .	33	43
Not at all important .	1	1
Total	100%	100%
	(619)	(281)

Initial net income is considered one of the three most important factors in medical career satisfaction by only one per cent of all of the officers. Thirteen per cent (with variation from 11 per cent for the Reservists to 20 per cent for the obligated residents) feel that lifetime total net income is one of the three most important items, and 19 per cent of all officers consider economic security to be one of the three most important elements in their personal satisfaction with any career.

The importance of total income is indicated by a comparison of intentions regarding an Army medical career, and the attitudes expressed about such a career if lifetime net income in military and civilian practice were the same. The officers were asked: "If you do get out of the Army when you now intend to, what per cent of your base pay will you draw as retirement pay at that time?" They were also asked: "Suppose the lifetime net income from civilian and military medical work were absolutely the same, which career would you prefer?" The relationship between these two questions may be seen in Table 23:

TABLE 23

CAREER INTENTION AND PREFERENCE FOR CIVILIAN OR MILITARY MEDICINE
IF THE LIFETIME NET INCOME WERE THE SAME IN BOTH

Q.36 Career preference if lifetime net income were the same:	Q.17 Eligibility for retirement pay at end of intended Army service			
	None (less than 20 years' active duty)		Some (at least 20 years' active duty)	
	Total	Total	Reg. Army	Reserve
	Reg. Army	Reserve	Reg. Army	Reserve
Civilian medicine.	54%	89%	12%	-%
Military medicine.	34	5	82	-
No preference.	9	6	6	-
No answer	3	*	*	-
Total	100%	100%	100%	100%
	(148)	(259)	(454)	(16)

Thirty-four per cent of the Regular Army officers not now intending to remain in the Army until eligible for any retirement pay say that they would prefer military medicine if the lifetime net income from it were the same as that from civilian work. About half of this sub-group (56 per cent) are residents, and a quarter (26 per cent) are officers on other-obligated time. On the other hand, 54 per cent of the Regular Army doctors not now intending an Army medical career say that they would not prefer military medicine even if the lifetime net income from it were made equal to civilian medical lifetime net income.

Twelve per cent of the Regular Army officers who do intend to spend at least twenty years on active duty in the Army would prefer civilian medicine if lifetime net income were the same in both. (Eighty-three per cent of this group are non-obligated officers.) Also, as was pointed out earlier, nearly all Regular Army officers feel that lifetime net income is actually better in civilian medicine. Therefore, it seems that income alone is not the determining factor; other circumstances have also influenced the decision of these doctors to make a career of Army Medical Service.

Certain types of major expenses make it difficult for officers to get along on their Army income. Forty per cent of all of the officers report that they have such expenses or anticipate having them (these proportions being 57 per cent for the Regular Army and 28 per cent for the Reservists).

Education of children is the most frequently mentioned expense of this nature, being reported by considerably more Regular Army officers than Reservists (42 per cent of all Regular Army physicians and 11 per cent of the Reservists). No other items of expense were noted by more than five per cent of the total officer group to be major factors making it difficult to get along on Army pay.

Reserve officers are less likely to report expenses of this character, since most of them do not intend to remain in the Army after completing their military obligation; therefore, Army income will not be relevant for the meeting of major expenses over any long period of their medical careers. Within the groups of officers feeling that there are or will be expenditures not easily met on Army pay, Reserve officers are concerned with somewhat different kinds of expenses from those of Regular Army officers. The difficulty of debt payment was mentioned by considerably more Reservists than Regular Army officers. These Reserve officers are more recently out of medical school and are concerned with repayment of the debts incurred during this early period of their training and work. (Remaining items may be seen in Appendix B, Question 58.)

16. Hours of work, personal freedom, social life, and family happiness as factors in medical officers' attitudes.

There was general agreement that hours of work are more regular in the Army than in civilian practice, 90 per cent of all officers stating this opinion. Furthermore, regularity of hours is the "outstanding advantage" in a medical-officer career most frequently mentioned, with 48 per cent of the total group citing it. Regularity of hours, however, is considered to be one of the three most important factors in career satisfaction by only four per cent of the total weighted sample. Thus, it seems apparent that regularity of hours, while thought considerably better in Army than in civilian life, is not, in itself, of great importance to many Army physicians, Regular or Reserve.

About one-third of all medical officers find that social life is better in the Army, one-third better in civilian life, and the remaining one-third about the same in both. Regular Army groups generally note the superiority of Army social life, while the Reservists state a preference for the social life of a civilian situation. There is general uniformity in group attitudes concerning the importance of social life in career satisfaction. About 90 per cent consider social life at least somewhat important; however, fewer than one-half of one per cent of the total group considers social life to be one of the three most important factors in their personal satisfaction with a career.

Two-thirds of the total sample believe that personal freedom is greater in civilian practice, 79 per cent of the Reservists and 48 per cent of the Regular Army officers stating this opinion. About one-half of the Regular Army doctors consider personal freedom "very important" to their own career satisfaction, the other half stating that it is "somewhat important." More of the Reservists feel that personal freedom is "very important," three-fourths of the Reserve physicians making this statement. Personal freedom is cited as one of the three most important factors in their career satisfaction by 21 per cent of the Reserve officers and by 7 per cent of the Regular Army officers. (See Appendix B, Question 8(C), for the remaining distribution.) "Regimentation and regulation" (loss of personal freedom, complying with irrelevant regulation, inability to practise as wanted, no control over type of duty, no choice of location, red tape, etc.) is the most frequently reported disadvantage in a medical-officer career. Two-thirds of the Reserve officers cite "regimentation and regulation" as a disadvantage,

but considerably smaller proportions of the other groups note this, the distribution being 28 per cent of the non-obligated officers, 34 per cent of the residents, and 40 per cent of the obligated-others.

Family happiness was the item most frequently listed by the total sample as being one of the three most important factors in personal satisfaction with a career. It ranked first among the Regular Army doctors, while in the Reserve group it was a very close second to the quality of patient-care. When asked to compare the potential for family happiness in civilian and Army situations, significantly more officers felt that the opportunity was better in civilian than in Army life. Reservists, particularly, express a preference for a civilian situation, 65 per cent of them feeling that family happiness could better be found in civilian life, and only 8 per cent in Army medicine. There is indication that those non-medical factors felt to be better in the Army than in civilian life are only "somewhat important" to both Regular Army officers and Reservists (see Table 24). In other words, many officers state that the very aspects in which they believe the Army excels civilian careers are of relatively minor importance to them and thus do not constitute important inducements for them to seek long-term Army careers.

TABLE 24

COMPARISON AND IMPORTANCE OF NON-MEDICAL FACTORS:
REGULAR ARMY AND RESERVE OFFICERS

Factor:	Regular Army Officers (N=619)							
	Q.8(A) Better in				Q.8(B) Importance			
	Army	Civilian	Same	Don't know	Very impt.	Somewhat impt.	Not at all impt.	
Regularity of hours . .	88%	1%	11%	-%	20%	68%	12%	100%
Social life	50	17	31	2	16	70	14	100%
Personal freedom . . .	30	48	22	-	48	50	2	100%
Family happiness . . .	26	41	29	4	95	5	*	100%

Factor:	Reserve Officers (N=281)							
	Q.8(A) Better in				Q.8(B) Importance			
	Army	Civilian	Same	Don't know	Very impt.	Somewhat impt.	Not at all impt.	
Regularity of hours . .	92%	2%	6%	-%	10%	73%	17%	100%
Social life	22	49	27	2	20	72	8	100%
Personal freedom . . .	11	79	9	1	74	25	1	100%
Family happiness . . .	8	65	21	6	94	6	-	100%

17. Wives' attitudes as factors in medical-officer attitudes.

Given the importance attached to family happiness by Army physicians in making their career decisions, the attitudes of their wives (or attributed by them to their wives) deserve further examination. Wives reported as having a favorable or unfavorable attitude toward the Army medical service of their husbands differed somewhat in the specific factors which they liked and disliked. The officers were asked to answer the following three questions:

Q.62(A) "What is your wife's attitude about your having a career as a medical officer in the Army -- favorable or unfavorable?"

Q.62(B) "What are the main things your wife likes about your being in the Army?"

Q.62(C) "What are the main things your wife dislikes about your being in the Army?"

(The total distribution of answers to these specific questions may be seen in Appendix B, Question 62(A), (B), and (C)).

TABLE 25

REPORT OF ATTITUDE OF WIFE TOWARD ARMY SERVICE
AND SPECIFIC ITEMS LIKED AND DISLIKED

Main things in Army reported as:	Q.62(A) <u>Reported attitude of wife</u>							
	<u>Favorable</u>				<u>Unfavorable</u>			
	<u>Obl. resd.</u>	<u>Obl.- other</u>	<u>Non-obl.</u>	<u>Resv.</u>	<u>Obl. resd.</u>	<u>Obl.- other</u>	<u>obl.</u>	<u>Resv.</u>
	(82)	(58)	(274)	(40)	(47)	(27)	(59)	(167)**
(B) Liked by the wife --								
Economic security.	27%	29%	22%	39%	28%	22%	36%	7%
Initial income	15	9	1	5	40	7	2	13
Travel	49	60	61	39	23	33	36	20
Social life.	33	33	50	24	23	26	24	8
(C) Disliked by the wife --								
Moving	59%	60%	60%	45%	82%	93%	74%	59%
Housing.	25	41	30	13	22	45	44	17
Income	30	28	24	8	26	45	49	15

** Number of cases is the number of wives of each officer-status reported as having general attitudes about the Army situation. The number of cases varies slightly between reports of likes and dislikes; the number stated here is the smaller of the two if a difference exists.

The factors in Table 25 are the only ones in which a generally favorable or unfavorable attitude toward Army service makes a significant difference. In all groups of officers, wives reported as favorable to the Army service of their husbands were reported as more inclined to like travel than those said to be unfavorable. In the non-obligated and Reserve groups, significantly more wives stated to be favorable than wives stated to be unfavorable to medical-officer service were reported to like the social life. Some indication of this was found, also, in the other two officer-groups.

Initial income was liked by more residents' wives reported as unfavorable to medical-officer service than by residents' wives with favorable attitudes. Since we have previously noted that initial income may have been the primary factor in some residents' choice of obtaining their residency training under Army auspices, their wives, who see few other advantages to Army medical service, are likely to consider initial income an advantage.

Moving was disliked more by wives generally unfavorable to Army medical service than by those favorable. Problems of moving may well be very important factors in the over-all attitude of the wife toward Army service.

In general, the officers' own attitudes toward Army medical service are strongly related to the attitudes attributed by them to their wives. Five aspects of Army life reported as being liked by the Army wives were sufficiently similar to advantages mentioned by the officers themselves to permit analysis of agreement of husbands and wives with respect to them. More wives of officers mentioning a specific factor as an advantage were reported to feel that the same factor was an advantage to them than wives of officers not necessarily mentioning this particular item. It is evident, however, that regularity of hours and travel were reported as being liked by significantly more wives than were economic security, initial income, and work atmosphere.

Four aspects of Army life reported to be disliked by medical-officer wives were similar to those felt to be disadvantageous to a medical-officer career by the physicians themselves. Here again many wives of husbands mentioning a specific factor were reported as agreeing that this factor was a disadvantage. Moving and housing, however, were more frequently stated as being disliked by the wives than were income and rank. Moving and housing difficulties would be of particular importance to the wives, since, in many cases, the burden of moves and the difficulties of unsatisfactory housing fall most heavily on the wives themselves.

TABLE 26

WIVES OF HUSBANDS REPORTING SPECIFIC ADVANTAGE:
PER CENT STATED TO LIKE THE FOLLOWING

Q.9 Officer group:	Q.62(B) Wife noted as liking:					
	<u>Economic security</u>	<u>Initial income</u>	<u>Travel</u>	<u>Regularity of hours</u>	<u>Work atmosphere</u>	
Total Regular Army** --						
Economic security. . .	<u>37%</u>	4%	51%	56%	6%	(219=100%)
Initial income . . .	28	<u>27</u>	45	47	9	(116=100%)
Travel	25	4	<u>79</u>	61	9	(162=100%)
Regularity of hours.	25	6	52	<u>75</u>	4	(250=100%)
Work atmosphere. . .	26	4	50	61	<u>6</u>	(136=100%)
Reservists --						
Economic security. . .	<u>27%</u>	5%	34%	64%	11%	(44=100%)
Initial income . . .	17	<u>26</u>	22	72	2	(54=100%)
Travel	14	18	<u>64</u>	66	2	(44=100%)
Regularity of hours.	16	13	22	<u>86</u>	5	(119=100%)
Work atmosphere. . .	28	6	17	78	<u>17</u>	(18=100%)

TABLE 27

WIVES OF HUSBANDS REPORTING SPECIFIC DISADVANTAGE:
PER CENT STATED TO DISLIKE THE FOLLOWING

Q.10 Officer group:	Q.62(C) Wife noted as disliking:				
	<u>Moving</u>	<u>Housing</u>	<u>Income</u>	<u>Rank</u>	
Total Regular Army** --					
Moving	<u>75%</u>	31%	30%	10%	(361=100%)
Housing.	66	<u>67</u>	31	7	(153=100%)
Income	64	36	<u>49</u>	11	(258=100%)
Rank	67	32	28	<u>17</u>	(75=100%)
Reservists --					
Moving	<u>78%</u>	16%	14%	16%	(69=100%)
Housing.	50	<u>28</u>	-	33	(18=100%)
Income	67	22	<u>35</u>	15	(60=100%)
Rank	56	17	11	<u>20</u>	(46=100%)

** Insufficient cases prevents analysis of Regular Army sub-groups.

Alleviation of certain of the problems of a somewhat transient existence (moving, housing, husband's absences from home, and lack of concurrent overseas travel) would apparently be extremely important in inducing a more favorable attitude toward Army service for these officers' wives. Income and financial problems are also felt to be important to many officers' wives as well as to the officers themselves.

18. Rank and its implications.

In general, officers prefer to be called "Doctor" rather than to be addressed by rank (see Appendix B, Questions 26 to 30); however, those officers who are generally unfavorable toward a medical-officer career are more inclined than others to prefer being addressed as "Doctor" by all with whom they have contact, while officers who are favorable to a medical-officer career are more willing to be addressed by rank.

Rank held is also related to the term of address preferred by all groups of officers. Preference for being addressed by rank increases as rank held increases, with concomitant decrease of preference for being called "Doctor." Apparently until a certain substitute status, in terms of rank held, is reached, the officer prefers to be addressed as "Doctor," which itself is a term of high prestige on the American scene.

Attitudes about the rank the officer feels he should hold now differ somewhat among officer-groups. About two per cent of each officer-group state that they hold a higher rank at the present time than they feel they should hold. It seems possible that errors in reporting either their present grade or their attitude about what rank they should hold could account for this small proportion, or the officers concerned may be reflecting dissatisfaction with the duties to which they are now assigned. On the other hand, a rather large proportion of each officer-group feels that they should hold a higher rank than they do. The proportion of doctors of each officer-type feeling they should hold a higher rank is:

Residents	28%
Obligated-others	62%
Non-obligated.	42%
Reservists	35%.

None of the residents feels he should hold rank more than one grade higher, but seven per cent of the obligated-others, one per cent of the non-obligated, and five per cent of the Reservists feel they should hold ranks two or more grades higher than their current ones.

19. AMSS courses at Brooke Army Medical Center as factors in medical-officer attitudes.

The groups of physicians were separated into those who have been or are now assigned to tactical units or headquarters, and those without such experience or assignment. These sub-groups were then compared in terms of their general attitudes toward the AMSS courses. This comparison revealed significant differences of attitude only in the non-obligated group, where 80 per cent of those with tactical or headquarters experience (N=244) felt

that the AMSS courses were at least somewhat useful, while 67 per cent of the non-obligated officers without tactical or headquarters experience (N=117) viewed the program as somewhat or very useful.

20. Summary -- Army Medical Service vs. civilian medicine.

The non-obligated officer is most favorable toward Army medical service. In general, the obligated residents have a more favorable opinion about the way in which the Army Medical Service is run than have the obligated-other group.

Among the Regular Army doctors, the career of medical officer was preferred by more respondents than any other single career. Among Reserve officers, civilian group practice was given as the major choice.

Most Regular Army doctors expect to spend the major part of their careers in Armed Forces medicine. Most of the Reservists expect to practise alone.

Clinical medicine was felt by at least half of each officer-group to be the assignment they would prefer as medical officers. A command assignment was preferred by about one-fourth of the non-obligated officers, while a much smaller proportion of the remaining doctors expressed such a preference.

Only within the non-obligated group did any significant number indicate marked interest in spending part of their career in medical administration. This group was also the most interested of all officer-groups in being medical officers with a line outfit.

A little less than one-half of all medical officers state they are very interested in spending at least part of their career in medical teaching.

About one-fourth of all Army doctors state that they are very interested in medical research.

Medical officers who like Armed Forces medical-officer careers are a little less likely than others to like individual practice and group practice. The converse is also true.

Regularity of hours was felt to be the outstanding advantage to a medical-officer situation for the officers as a whole, though residents noted initial financial return and opportunity for continued training and education as being the foremost advantages.

"Regimentation and regulation" was the most frequently mentioned disadvantage to being a medical officer among Army doctors as a whole. Reservists, particularly, object to this element in the medical situation of the Armed Forces. Among Regular Army doctors, on the other hand, the largest proportions cite moves and moving to be the outstanding disadvantages.

Reserve officers tend to feel that most factors associated with medical practice are better in the civilian setting than in the Army. Those aspects felt to be superior in the Armed Forces are generally held by the Reserve officers to be less important to their personal satisfaction.

Fewer Reservists than Regular Army doctors feel that military personnel and their dependents are very satisfied with the care they receive at Army medical facilities.

Initial income is cited as an advantage to a medical-officer career more frequently by doctors with a specialty orientation than by those without such orientation.

Reservists prefer civilian internships and residencies, while Regular Army physicians prefer to take this training under Army auspices.

In the non-obligated group, about a seventh of the officers who intend to stay in the Army until retirement state that they would prefer a civilian medical career even if the lifetime net income from military and civilian medicine were the same.

About a third of the obligated residents not now intending a military medical career would actually prefer one if Army and civilian income were the same.

The expense of educating one's children was cited much more frequently than any other factor as a major expense which makes or will make it difficult to get along on one's Army income.

Increase in rank is related to a decreasing desire to be addressed as "Doctor" rather than by rank. Officers who dislike a medical-officer career are most inclined to wish to be addressed as "Doctor" rather than by rank.

A significant number of officers in all groups feel that they should hold a rank higher than they do now.

In the non-obligated group, "headquarters" and "tactical-unit" experience was related to more favorable attitudes toward the Army Medical Service School courses.

III. ATTITUDES OF REGULAR ARMY MEDICAL OFFICERS:
"CAREERISTS" AND "NON-CAREERISTS"

In this section, attention will be centered on differences between "careerists" and "non-careerists" -- between those medical officers who intend to remain in Army service until they are eligible for retirement benefits and those who intend to leave the Army before retirement time. Detailed comparisons of these career and non-career groups may suggest feasible changes that would enhance the attractiveness of an Army medical career to eligible physicians.

Three-fourths of all Regular Army medical officers put themselves in the Army career group as just defined, although only a small proportion of the Reserve officers (one in fourteen) expect to spend a major part of their medical careers in the Armed Forces. Unless otherwise indicated, only Regular Army physicians are included in the comparisons of careerists and non-careerists in the following part of this section.

1. Differences by general attitude toward being a medical officer.

Not surprisingly, Army career orientation and general attitudes toward being a medical officer in one of the Armed Forces are strongly related. They are not, however, identical.¹

TABLE 28

GENERAL ATTITUDE TOWARD MEDICAL-OFFICER CAREER
AND CAREER ORIENTATION

<u>Career orientation:</u>	<u>Regular Army officers' general attitude toward medical-officer career</u>		
	<u>Like</u>	<u>Neutral</u>	<u>Dislike</u>
Non-career	15%	60%	79%
Career	85	40	21
Total	100%	100%	100%
	(470)	(84)	(28)

More than eight out of ten officers who say they "like" or "would like" a career as a medical officer intend to be Army career doctors. Of those "neutral" to this career, 40 per cent intend to be career officers, while 21 per cent of them who say they would "dislike" a medical-officer career express such an intention.

(The general-attitude question asked officers to rate a number of types of medical career on a like-neutral-dislike scale; obviously, a physician could in general like an Armed Forces medical career and still

prefer some other career for a variety of reasons. This fact should be kept in mind whenever reference is made to the results of this question.)

2. Differences by attitudes concerning eight types of practice situation.

Officers who do not plan long-term careers in the Army tend to favor individual private practice and group practice more than do those who plan Army careers. Less than one in six "non-career" officers say they "would like" salaried practice in an institution or industry, and only one in sixteen would like a career with the U.S. Public Health Service or Veterans Administration. Thus, the types of career particularly liked by Army doctors who plan to get out of the Army before twenty years of active duty are those of the more traditional private practice. These non-careerists are also more inclined than careerists to dislike formally-structured medical practice. Among career officers, the proportions who would like salaried practice are somewhat larger, though still not more than a fourth (except for practice in the Armed Forces, which is salaried).

TABLE 29

ARMY CAREER ORIENTATION AND LIKING
FOR VARIOUS CAREER TYPES

Q.1(A) <u>Per cent saying they "would like":</u>	Regular Army officers: <u>career orientation</u>	
	<u>Non-career</u>	<u>Career</u>
Individual private (solo) practice	72%	48%
Individual private practice with pooled facilities	71	52
Group practice in partnership.	72	63
Medical-school teaching and/or research.	55	50
Medical officer in the Armed Forces.	51	91
Salaried practice in institution or industry . . .	16	24
U.S. Public Health	6	24
Veterans Administration.	6	13
	(148)	(454)

3. Differences by importance attached to factors generally affecting career satisfaction.

"Career" and "non-career" officers differed in only a few instances in their ratings of the importance of various factors involved in their personal career satisfaction.

TABLE 30

CAREER ORIENTATION AND IMPORTANCE OF CERTAIN FACTORS
RELATED TO PERSONAL CAREER SATISFACTION

Q.8(B) Factors affecting personal satisfaction with any type of medical career:	Regular Army officers: career orientation	
	Non-career	Career
	(Per cent rating factor very important)	
Opportunity to fulfill specialty-board requirements	76%	52%
Opportunity to specialize.	71	50
Personal freedom	60	44
Initial net income	30	20
Service to humanity.	57	74
Opportunity for research	16	24
	(148)	(454)

Non-career officers are more likely than career officers to feel that opportunity to fulfill specialty-board requirements, opportunity to specialize, initial net income, and personal freedom are "very important." Many of the non-career officers are now in specialty training or on payback time. Their selection of Army service for this period is related to the opportunities for obtaining this training and the initial financial benefits in Armed Forces medicine. The career officers, on the other hand, are apt to be further along in their own medical careers and thus less interested in, or concerned about, training and initial income.

Regular Army medical officers are likely to feel that personal freedom is better provided in civilian than in Army medical situations. The fact that personal freedom is more important to non-career officers than to career officers suggests that a felt lack of "personal freedom" may be a major source and symbol of the non-career officers' dissatisfaction with Army careers.

4. Differences by comparative detailed ratings of Army vs. civilian practice.

All medical officers in the sample were given a list of nineteen factors associated with medical practice and were asked, with respect to each of these, which is better -- Army or civilian practice. Considerably larger proportions of "careerists" than "non-careerists" gave the Army the better rating on twelve of the nineteen items, as follows:

TABLE 31

ARMY MEDICAL SITUATION SUPERIORITY AND CAREER ORIENTATION

Q.8(A) Per cent who feel that the following are <u>better</u> in the Army than in civilian <u>medical work:</u>	Regular Army officers: <u>career orientation</u>	
	<u>Non-career</u>	<u>Career</u>
Equipment and facilities	59%	76%
Quality of patient-care.	35	69
Economic security.	45	64
Opportunity to meet specialty-board requirements .	50	59
Social life.	28	56
Opportunity to practise as should.	32	55
Professional standards	19	52
Opportunity for research	34	47
Personal freedom	14	35
Professional stimulation	13	32
Family happiness	12	31
Service to humanity.	5	19
	(148)	(454)

On the seven other items (see Appendix B, Question 8(A)), which, for the most part, were more objective in nature, no significant difference was found between the career and non-career groups. But by the sample of Regular Army officers as a whole, total lifetime net income, opportunity to educate one's children, and prestige were held to be less good in the Army than in civilian medical work, while regularity of hours and initial net income in the Army were felt to be equal to, or better than, they are in civilian medical work.

5. Differences by age and length of service in Army.

The "career" officer-group is older than the "non-career." Eighty-three per cent of the non-career officers, but only 29 per cent of the career officers, are under 36 years of age. Furthermore, in the non-career group, only one per cent are over 45, while 35 per cent of the career group are in this older age-bracket.

TABLE 32

CAREER ORIENTATION AND AGE

Q.76 Age at last birthday:	Regular Army officers: career orientation			
	Non-career		Career	
	Per cent at each age	Cumulative per cent	Per cent at each age	Cumulative per cent
25 and under	2%	2%	*%	*%
26-30.	50	52	5	5
31-35.	31	83	24	29
36-45.	16	99	36	65
46-50.	1	100	21	86
51-55.	-		12	98
56 and over.	-		2	100
Total	100%		100%	
	(148)		(454)	

The number of years of actual active duty the doctor has already served is closely related to intention to stay in the Army.

TABLE 33

CAREER INTENTION AND YEARS ACTUAL ACTIVE DUTY:
OBLIGATED AND NON-OBLIGATED OFFICERS

Q.66 Years actual active duty:	Per cent intending to remain in the Army at least 20 years**					
	Obligated		Non-obligated		Total Reg. Army	
Less than 2 years.	12%	(57)	-%	(3)***	12%	(60)
2-5 years.	39	(46)		(8)***	41	(54)
5-10 years	58	(73)	75	(32)	63	(105)
Over 10 years.	79	(73)	96	(208)	94	(381)
Total	50	(249)	93	(351)	75	(600)

** Per cent based on officers reporting intention.

*** Insufficient cases for percentaging.

After about five years of service, one-half of the doctors in the Regular Army intend to spend enough additional time in the Army Medical Service to be eligible for their pension. Of the doctors with more than ten years of active duty, 96 per cent of the non-obligated and 79 per cent of the obligated officers expect to remain long enough to be eligible for retirement pay. It appears, however, that there is no one point in an Army career after which officers no longer decide to leave Army service before retirement eligibility, though length of active duty and retirement intentions are strongly related.

These differences between careerists and non-careerists in age and length of active service take on added significance when the following facts are taken into account:

More officers over 35 years of age than under 35 feel that lifetime total income, equipment and facilities, doctor-patient relations, professional prestige, and economic security are very important elements in their personal satisfaction with a career. The younger doctors (under 35) feel in greater numbers that opportunity for meeting specialty-board requirements is "very important." Many of the younger doctors are still in training. As a rule, they are constantly dealing with patients; high prestige and high income are probably future expectations for them which they may tend to take for granted at present. Army doctors 35 to 50 years of age are more likely to stress the importance of regular hours than are doctors under 35. This age-group is more likely to have families and therefore to feel that such regularity is a personal advantage, while the younger doctors are often still in training and may tend to take for granted that their situation traditionally involves being on call to serve the sick at any hour. The group 35-to-50 years old is also more likely to feel that research is very important to them than are the officers over 50 years of age, whose interests may be more related to staff and command duties.

Obviously, age and length of service are closely related; older physicians in a sample of Army medical officers naturally tend to have spent more time in service than younger physicians. But both of these variables are found to be closely related to a great many other important characteristics, as the accompanying text shows. Great caution should, however, be used in interpreting these relationships, since they may be strongly affected by other factors that are only accidentally related to age. Had those officers who are now 50 years of age or over been given this same questionnaire when they were under 35, their answers would have differed, sometimes rather markedly, from the answers of the present group of officers in the younger age-category, because the institutional set-up, both in military and civilian medicine, is considerably different now from what it was when the present 50-year-olds were graduating from medical school. During the last two or three decades, also, the general social circumstances affecting the attitudes and career choices of younger people have changed profoundly as a result of Depression, wars, and general social changes.

As length of service on active duty increases, officers are much more likely to feel that Army practice excels civilian practice in many respects that have important bearing on physicians' satisfaction with their careers.

TABLE 34

LENGTH OF TOTAL ACTIVE DUTY AND ATTITUDES
TOWARD MEDICAL SITUATIONS

Q.8(A) Per cent who feel the following are better in the Army than in civilian medical work:	Q.66 Length of active duty			
	Under 5 years	5-10 years	10-20 years	Over 20 years
Quality of patient-care.	37%	55%	67%	81%
Social life.	36	42	53	70
Opportunity to practise as should.	34	50	51	65
General professional standards	16	41	51	59
Personal freedom	13	29	35	40
Professional stimulation	14	25	31	34
Service to humanity.	-	12	20	23
Doctor-patient relationships	1	3	10	21
	(114)	(106)	(299)	(80)

It is not clear from Table 34, of course, whether the more favorable attitudes toward the Army medical situation merely reflect longer active service, or whether -- in some degree, at least -- they are causally related to length of service; but it seems reasonable to believe that the relation works both ways. It seems likely that those officers who are most strongly dissatisfied with the Army career prospects tend to drop out after a relatively short period of active duty.

6. Differences by initial career intention (orientation):

"Career" and "non-career" officers were asked: "When you first came into the Army Medical Corps, what were your intentions about staying in the Service?"

TABLE 35

ORIGINAL INTENTIONS AND PRESENT CAREER ORIENTATION

Q.50 <u>Original intention:</u>	Regular Army officers: <u>career orientation</u>	
	<u>Non-career</u>	<u>Career</u>
Planned to get out of the Army as soon as possible.	31%	28%
Initial service was a tryout period in which to decide	58	39
Planned to make a career in the Army	11	33
Total	100%	100%
	(148)	(454)

Significantly larger numbers of the medical officers planning to stay till retirement eligibility in the Army state that they originally intended to make the Army a career, although more than a quarter of the career doctors originally intended to get out as soon as possible. On the other hand, 11 per cent of those officers who do not now intend to remain in the Army for as much as twenty years say that they originally felt that they wanted an Army career.

The higher the rank held by the officer now, the greater the proportion stating that they originally intended an Army career. This finding was true in both the career and non-career groups. It may be that the officers holding higher-rank positions are more satisfied with the Army, find it difficult to recall their original intentions, and therefore tend to state that they entered the Medical Corps with the plan of making this service their career.

Few non-career officers (10 per cent) have had any combat experience, but close to one-half of those officers who intend to make the Army their medical career have seen combat. In the career group, significantly more officers who have had combat experience state that they originally intended to have a career in the Army (39 per cent as against 28 per cent in the non-combat group). Older officers are more likely to have had combat experience and also are likely to find it difficult to recall their original intention. Since they are now Army-career-oriented, they may tend to believe that this was their original intention also, though in fact such may not have been the case.

Between the two career-orientation groups, no difference exists when original intention is related to liking or disliking a medical-officer career. In each career-orientation group, more doctors who dislike a medical-officer career state that they originally intended to get out of the Army as soon as possible. Fewer of the doctors with an unfavorable attitude toward a medical-officer career say that they considered their initial service a tryout period.

7. Differences in satisfaction with promotions and rank.

When "career" and "non-career" officers were asked what rank they feel they should hold at the present time, responses of the two career-orientation groups did not differ greatly. About 40 per cent of each group said that their present rank should be higher than it is.

A larger proportion of the career group (55 per cent) than of the non-career (33 per cent), however, were "very well" or "well" satisfied with their promotion prospects. Furthermore, even among the non-career officers who expressed satisfaction with their promotion prospects, many may in effect be saying that they are satisfied because promotion will have only short-term relevance for them.

The career groups do not differ significantly in their opinions of the rank a medical officer should hold after twenty-five years of active duty in the Medical Corps. About seven out of ten of each career-orientation group feel that an Army doctor with this length of service should be a General Officer.

8. Differences by type of military medical experiences.

The relation of length of active duty as a medical officer to career orientation has already been examined (see Paragraph 5 above). But when length of active duty is held constant, differences in the character or type of training and experience of medical officers is found to be related to career intention.

Internships and residencies. The data presented in the following table would seem to indicate a negative relationship between medical training in the Army (an Army internship or residency) and intention to remain in Army medical service until eligible for retirement pay. But this inference is unwarranted. If age and the factors associated with age are taken into account, the difference virtually disappears. As has been pointed out, the careerists are a much older group than the non-careerists and hence did not have nearly the same opportunity to take internships or residencies in the Army.

TABLE 36

ARMED FORCES INTERNSHIP AND RESIDENCY TRAINING
AND CAREER ORIENTATION

Q.37	Regular Army officers: <u>career orientation</u>	
	<u>Non-career</u>	<u>Career</u>
<u>Served Armed Forces internship:</u>		
Yes	50%	32%
No	50	68
Total	100%	100%
<u>Served Armed Forces residency:</u>		
Yes	92%	65%
No	8	35
Total	100%	100%
	(148)	(454)

Among the officers now taking an Army residency, the following relationship between career orientation and length of active duty was found:

TABLE 37

RESIDENTS: LENGTH OF ACTIVE DUTY AND CAREER ORIENTATION

Q.66 <u>Length of actual active duty:</u>	<u>Regular Army officers: career orientation</u>	
	<u>Non-career</u>	<u>Career</u>
Less than 1 year	11%	3%
1-2 years	40	4
2-3 years	22	12
3-5 years	11	12
5-7 years	12	16
7-10 years	4	25
10-15 years	-	27
15-20 years	-	1
Total	100%	100%
	(82)	(72)

In the resident group, officers intending an Army medical career have had considerably more active duty than those not planning an Army career. Fifty-three per cent of the "career" residents have had seven or more years' active duty, while only four per cent of the "non-career" residents have served this long on active duty in the Army. On the other hand, only seven per cent of the career residents have had less than two years' active duty, as compared with 51 per cent of the non-career residents.

A somewhat similar distribution occurs in the obligated-other group, with four per cent of the career doctors having less than five years' total active duty as compared with 22 per cent of the non-career other-obligated group. Seventy-two per cent of the career officers in this obligated-other group have had more than ten years' total active duty, as compared with 37 per cent of the non-career doctors in this officer-group.

The figures presented in the two preceding paragraphs suggest that length of duty served in the Army is more importantly related to a decision to pursue an Army medical career than is training obtained under Army auspices.

Changes in the Army residency program which would make the Army residency program more attractive to them personally are suggested by many medical officers. Career and non-career officers differ somewhat with respect to these changes. Eleven per cent of the non-career officers recommend that military obligation be cut down or eliminated, with four per cent of the career officers making this recommendation.

In the non-career group, 11 per cent recommend that there be an increase in pay or rank, with three per cent of the career doctors agreeing. More than one-third of the career officers feel that no changes need be made, while only 15 per cent of the non-career officers show this degree of satisfaction with the program as it now exists. The career-orientation groups did not differ on the remaining suggestions, which are listed in Appendix B, Question 44.

Nearly nine out of ten of the non-career officers have had all the residency training they want or are now participating in a residency program; therefore, the number of non-career officers who are planning to take residency training in the future is too small to permit contrast with the career officers with this intention.

Slightly less than one-half of the physicians now serving residencies in the Army are career officers. These career residents are considerably more likely to say that no changes in the residency program need be made (34 per cent of the career residents suggest no changes, while only 14 per cent of the non-career residents feel that no changes need be made in the program).

Analysis revealed that this difference between the non-career and the career residents is not due to concern with military obligation, although career officers might be expected to be less concerned with payback time since they intend to remain in the Service anyway. In fact, the only significant difference between the career and non-career residents as to changes which should be made in the residency program is in the proportion stating that miscellaneous changes should be accomplished (43 per cent of the non-career and 25 per cent of the career officers note miscellaneous changes). These miscellaneous changes include: making the program more flexible in length, reducing administrative and paper work, removing less competent officers, improving the general-practice residency, making Reserve officers eligible, eliminating abuse of privilege by patients, requiring the six-month basic course only for career officers, and providing more travel funds, better facilities, more civilian contact.

Other aspects of military experience. Officers with ten to fifteen years' active duty, now assigned to clinical medicine, are a proportionately larger group among the "non-career" than the "career" officers. On the other hand, career officers with more than ten years of service are more likely to have staff and command duties at the present time than non-career officers with the same length of active duty.

For those officers who have served less than five years' active duty and plan an Army career, 41 per cent have served at least one overseas tour, while among those with less than five years' active duty and not planning an Army career, only 19 per cent have been overseas. This may indicate that foreign travel and work-opportunity make the attitudes toward a medical-officer career more favorable.

Career officers have had more varied military experience in the past, due to their longer service; however, when length of total active duty is taken into account, no large differences are found between the career and non-career officers in regard to their past Army medical experiences. In only one case was there a significant difference: in the group with five to ten years' active duty, a larger proportion (63 per cent) of the career officers than of the non-career officers (38 per cent) had served in a Class I hospital.

Military training bore some general relation to intentions toward an Army career, but in this case, too, age and active-duty time are involved. A slightly larger proportion (58 per cent) of the career officers than of the non-career officers (47 per cent) had had ROTC training. ROTC training had,

however, been obtained by officers who generally had considerably longer actual active duty than those without this training, and, therefore, the career orientation and ROTC relationship may be one of age and active duty rather than of the inherent benefits of the ROTC program.

More of the career officers (34 per cent) had also had the Advanced Course, Medical Corps, than of the non-career officers (9 per cent). Only in the career group did one find Command and General Staff College experience (27 per cent). Eight out of ten of the non-career officers, however, had had the Basic Course, Medical Corps, while 63 per cent of the career officers had had this training.

Professional interference and non-essential duty time. The medical officers were asked whether various types of Army personnel ever interfere with the medical officer's professional decisions.

Career and non-career officers report similar experiences as far as interference with their professional decisions by Army line officers and Medical Service Corps officers is concerned. More non-career than career physicians, however, report that Army nurses interfere at least "sometimes" with their decisions. Nearly nine out of ten of the non-career officers are either residents or in clinical medicine. This distribution of present assignments, plus the non-career officers' generally lower rank, would make interference by nurses more likely than would be the case for career officers.

TABLE 38

INTERFERENCE WITH PROFESSIONAL DECISIONS AND CAREER ORIENTATION

Q.s 23, 24, 25 How frequently do the following interfere with the medical officer's professional decisions:	Regular Army officers: career orientation	
	Non-career	Career
<u>Army line officers --</u>		
Frequently	1%	4%
Sometimes.	36	28
Only once in a great while	36	52
Never.	9	11
Have no idea	18	5
Total	100%	100%
<u>Army nurses --</u>		
Frequently	5%	4%
Sometimes.	30	20
Only once in a great while	40	52
Never.	16	19
Have no idea	9	5
Total	100%	100%
<u>Medical Service Corps officers --</u>		
Frequently	3%	7%
Sometimes.	29	23
Only once in a great while	34	43
Never.	18	23
Have no idea	16	4
Total	100%	100%
	(148)	(454)

As can be seen in Table 38, the major difference between career and non-career officers is in their report of slight or no interference by line or MSC officers and their report that they have no idea about such interference. Non-career officers may never have been in a situation where they could have experienced such interference. More career officers state that there is little or no interference in their professional decisions by line officers or by MSC officers, while more non-career doctors say they have no idea about such interference. When asked, "In which of the following Medical Service Corps assignments (if any) are MSC officers likely to interfere with the medical officer's professional decisions?", 19 per cent of each group say there is no type of Medical Service Corps assignment which is conducive to interference in the medical officer's professional decisions. Differences between the career-orientation groups occurred only in regard to the following Medical Service Corps assignments:

TABLE 39

MSC ASSIGNMENTS CONDUCTIVE TO INTERFERENCE
AND CAREER ORIENTATION

Q.25(B) Interference likely from MSC officers in the following assignments:	Regular Army officers: career orientation	
	Non-career	Career
Hospital executive officer	33%	48%
Personnel officer.	25	15
Management officer	11	28
Comptroller.	14	22
	(148)	(454)

The MSC assignments from which interference is reported to come seem to depend on the kind of assignment the doctor himself now has. Thus, career physicians, because of the kind of work they are doing, may come into conflict with different kinds of MSC officers than the non-career physicians do.

Career and non-career officers are similar in their reports of the amount of duty time they spend doing things which should be done by someone other than a physician. About eight out of ten in each career-orientation group feel that "very little" of their time is spent on things not necessitating a doctor. No significant difference exists between the career-orientation groups regarding time spent on things which should be done by a medical officer with less training, with about two-thirds of the doctors saying that "very little" of their time is so spent.

9. Differences by civilian medical experience and interests.

Civilian medical experience. Forty-eight per cent of the "career" officers, but none of the "non-career" group, received their M.D.'s in 1940 or before, while only two per cent of the career group, but 30 per cent of the non-career officers, received their medical degrees in 1955 or 1956. This difference, of course, reflects the age differential in the two career-orientation groups.

Career officers are more likely to have worked as an M.D. in civilian life than are non-career officers. Forty-seven per cent of the career group have had some civilian medical experience, with 11 per cent having had more than five years of civilian practice. Thirty-two per cent of the non-career doctors practised as civilians, but only one per cent had had as much as five years of civilian work.

No relationship exists in either career-orientation group between having had a civilian practice and "liking" a medical-officer career.

Civilian medical interests. Among the non-career doctors, one per cent consider themselves too old now to have worthwhile professional opportunities in civilian life, while 11 per cent of the career physicians now feel themselves too old for civilian professional work.

All officers were asked, "When you leave the Army, do you plan to continue a career in civilian life?" More than nine out of ten officers do plan civilian work.

10. Career preferences among the Armed Forces.

In each of the Regular Army officer-groups, choice of a particular medical-officer career within the various Armed Forces was strongly in favor of the Army rather than any other branch of service. Of the total Regular Army doctors, 82 per cent would make this choice, the major alternative being the Air Force. When asked in which of the Armed Forces they would least like to make their careers, 57 per cent of the Regular Army physicians indicate that a Navy medical career would be least acceptable, and 26 per cent are least inclined to serve as an Air Force medical officer. Only two per cent of the doctors now in the Army indicate that an Army medical career would be least desirable.

It is apparent that though some Regular Army medical officers do not express interest in a medical-officer career, and a sizable proportion do not intend to remain in the Army until they reach retirement eligibility, once a doctor is in the Army, he tends to find the Army preferable to the other branches of the Armed Forces as a career site.

11. Career preferences within the Army Medical Service.

As noted in Section II, about six out of ten Regular Army doctors state a preference for an assignment as a medical officer in clinical medicine as opposed to one-in-seven who prefer a command assignment. This interest in command work is restricted largely to the non-obligated officer-group, with 23 per cent of the non-obligated physicians preferring this work, compared to only four per cent in the rest of the Regular Army.

Among the "career" doctors, 39 per cent are "very interested" in medical administration, while only five per cent of the "non-career" doctors are "very interested" in medical administration.

Almost one out of four career officers, but only one out of twenty non-career officers, are "very interested" in spending at least part of their careers as medical staff-officers with a line outfit. Since this work is directly and specifically a military assignment, the greater interest of career Army officers is not surprising.

Interest in staff and command aspects of the Army Medical Service was positively related to intention to remain until eligible for retirement pay. Forty-one per cent of the careerists are "very interested" in learning Army Medical Service staff and command procedures, while only five per cent of the non-careerists express such interest. A smaller proportion of the medical officers are "very interested" in learning broad Army staff and command procedures (23 per cent of the career officers and 4 per cent of the non-career officers). Interest in a medical-officer career sufficient to incline the officer toward remaining in the Army for a career is thus generally related to an interest in a supervisory, administrative role, but within the Army Medical Service more than within the Army as a whole.

Seventy-seven per cent of the career officers are at least somewhat interested in medical teaching, as compared with 88 per cent of the non-career doctors. The somewhat fewer career officers expressing this interest is probably because career officers are more likely than others to be involved in Army medical administration.

12. Opinions about administration of Army hospitals.

No major differences exist between "career" and "non-career" officers in their opinions about what type of officer should command an Army hospital. Slightly more than one-half of each group state that a senior medical officer whose experience has been chiefly in administration and command would do a better job of commanding a large Army hospital in the United States than would a senior medical officer whose experience has been chiefly clinical. On the other hand, differences do appear when the "patient-orientation" or "problem-orientation" of the physician is taken into account. Officers (career and non-career alike) who prefer work involving direct contact with patients rather than medical-problem work are more likely to feel that hospitals should be commanded by officers whose experiences have been chiefly clinical.

TABLE 40

MEDICAL-PROBLEM OR PATIENT-CARE INTEREST
AND ATTITUDES ABOUT HOSPITAL COMMAND

Q.15 A better job of hospital command would be done by a senior medical officer whose <u>experience has been chiefly:</u>	Regular Army officers with <u>preference for:</u>	
	<u>Direct contact with patients</u>	<u>Medical problems</u>
Clinical	54%	33%
Administrative	46	67
Total	100%	100%
	(433)	(168)

13. Opinions about supervision of Army medical officers.

More than eight out of ten of the "career" officers feel that Army medical officers are more closely supervised than civilian physicians. In the "non-career" group, 62 per cent think that Army medical supervision is greater than civilian. Opinions concerning the advantages to patients and medical officers of greater supervision were as follows:

TABLE 41

ADVANTAGES OF MEDICAL-OFFICER SUPERVISION
AND CAREER ORIENTATION

Q.33 <u>More supervision in the Army:</u>	Regular Army officers: <u>career orientation</u>	
	<u>Non-career</u>	<u>Career</u>
Total	62%	81%
To patients' advantage	81%	95%
To patients' disadvantage	9	3
Makes no difference	10	2
	100%	100%
To medical officer advantage	62%	84%
To medical officer disadvantage	22	5
Makes no difference	16	11
	100%	100%
	(92)	(368)

Over-all, large majorities of both career-orientation groups feel that close supervision is to the advantage of patients and doctors. The career-orientation groups differ in their attitude about the relative amount of supervision existing in the Army Medical Service.

Most of the officers who felt that Army supervision was less than civilian (10 per cent of the non-career and 2 per cent of the career) felt that this lesser supervision was disadvantageous to both the patients and the doctors.

Of the career officers, 85 per cent feel that the dependents of military personnel are generally satisfied with the medical care they receive at Army medical facilities. In the non-career group, 74 per cent state that the dependents are generally satisfied with this care.

Satisfaction with medical care was attributed to military personnel themselves by 90 per cent of the non-career and 95 per cent of the career officers.

14. Comparison of economic advantages of Army vs. civilian careers.

Income. There was some disagreement between the "non-career" and the "career" groups on the relative merit of civilian and Army medical situations in terms of economic differentials.

TABLE 42

COMPARISON OF ARMY AND CIVILIAN ECONOMIC DIFFERENTIALS
AND CAREER ORIENTATION

<u>Q.8(A):</u>	<u>Regular Army officers: career orientation</u>	
	<u>Non-career</u>	<u>Career</u>
Initial net income --		
Better in civilian practice.	42%	49%
Better in Army	51	43
About the same in both	6	7
Don't know.	1	1
Total	100%	100%
Lifetime total net income --		
Better in civilian practice.	94%	79%
Better in Army	1	8
About the same in both	5	11
Don't know.	*	2
Total	100%	100%
Economic security --		
Better in civilian practice.	26%	19%
Better in Army	45	63
About the same in both	26	17
Don't know.	3	1
Total	100%	100%
	(148)	(454)

Career and non-career doctors alike think that the lifetime total net income of an Army doctor is not better than that of a civilian doctor, but significantly more career officers do feel that lifetime total net income is as good in the Army as in civilian medicine. Lifetime total net income is said by approximately the same proportions of career and non-career doctors to be "very important" to their personal satisfaction with any career (51 per cent and 54 per cent, respectively).

More career than non-career officers believe economic security to be better in the Army than in civilian life, though both groups feel quite strongly that economic security is superior in the Army. Long-term economic security is listed as a major advantage to a medical-officer career by 41 per cent of the career physicians and by 32 per cent of the non-career doctors, although the two career-orientation groups do not differ in their statements of the importance of this factor in their career satisfaction. (Sixty-six per cent of the non-career and 67 per cent of the career doctors say that economic security is "very important" to their satisfaction with a career.)

It is thus evident that the value placed on total net income or economic security has little to do with career orientation, but that career orientation is somewhat related to the way the medical officer rates these factors in the Army and in civilian life.

Somewhat more non-career doctors than career doctors say that initial net income is better in the Army. One-half of the non-career officers list this as a major advantage to a medical-officer career, while less than one-third of the career officers so list it. Thirty per cent of the non-career officers and 20 per cent of the careerists feel that initial net income is "very important" to their career satisfaction. This greater stress on initial income made by the non-career officers, both as to its general importance and the Army as a source, is due to the large proportion of these officers who have selected the Army for training (residencies primarily) and who may well have been influenced in their choice by the relatively high income while in Army training programs.

As would be expected, more favorable comparisons for the Army in terms of economic factors exist among doctors who generally "like" a medical-officer career than in those groups who are neutral to or who dislike medical-officer work.

Nearly all officers feel that if they were to get out of the Army in the near future, their net income in civilian life (including any Army retirement pay to which they might be entitled) would be at least somewhat higher than their medical-officer income. The only difference which occurs between career and non-career doctors is in the proportion saying that this income would be much higher and those feeling it would be somewhat higher.

In the non-career group, 55 per cent think that civilian net income would be much higher than their medical-officer pay, and 33 per cent feel that it would be somewhat higher. In the career group, 37 per cent think civilian net income would be much higher, and 52 per cent think it would be somewhat higher.

It is impossible to determine exactly what is meant by a "much higher" income. General attitudes toward Army situations may make for a different interpretation of the same amount of additional income. For officers favorable toward an Army career, an increment of \$2,000 may be considered only "somewhat" higher, while for officers who do not have an Army career orientation, and who are not generally favorable toward Armed Forces service, this same \$2,000 difference may be considered "much higher" income. Some of the career doctors would now be eligible for retirement

pay if they were to leave the Army. Most of these officers hold a high rank and thus would have a considerable additional income through Army retirement benefits. These officers are older, however, and may feel that this fact would limit their civilian opportunities. This limitation, plus their favorable attitude toward the Army, could account for their feeling that their civilian income would not be much greater than their present Army income.

Career and non-career officers do not differ significantly in estimating their net income ten years hence if they were to enter civilian medicine.

Also, as was noted in Section II (Table 23), income itself in many cases does not appear to be the major factor in career choice; reactions to many other aspects of the Army doctor's situation seem to be equally weighty.

Expenses. Equal proportions of career and non-career doctors feel that they have now, or will have in the future, major expenses which will make it difficult to get along on their Army income. Of career officers, 42 per cent indicate no expense of this nature, and 44 per cent of the non-career officers concur.

An additional 39 per cent of the non-career officers and 44 per cent of the career officers felt that education of children is or will be a major expense making it difficult to get along on their Army income. All other kinds of expenses were spoken of relatively infrequently.

With the exception of officers holding the rank of colonel, higher present rank was associated with greater proportions of officers stating that expense of children's education does make or will make it difficult to get along on Army pay. The colonels here represented have fewer dependent children than other rank groups, and the education of their dependent children may also be far enough along so that this expense is of less concern to them.

There is indication that within the career-officer group, apprehension about major expenses making it difficult to get along on Army pay may be related to general favorability or unfavorability toward a medical-officer career. Significantly more career officers who like a medical-officer career than career officers who are neutral to or dislike an Armed Forces medical job, feel that there are no major expenses which will be difficult to meet (44 per cent vs. 28 per cent). Since all of these officers intend to remain in the Army until they are eligible for retirement pay, it appears that expectation of financial stringencies may affect attitudes toward the Armed Forces Medical Service. Whether freedom from difficult expenses makes the officer more favorable toward this service, or whether the favorableness itself is the cause of less concern about major expenses is not known, but this concern with expenses seems to be indicative of morale.

15. Family considerations in re career orientation.

The marital status of Regular Army officers was not found to be related to a "liking" for a medical-officer career. There was some indication that increase in family size (in terms of numbers of dependent children) was related to increasing favorability toward a medical-officer career, though this relationship was slight and may be accounted for by the relationship between longer active duty and larger family size.

The presence of dependents other than the spouse and dependent children was not related to favorability toward a medical-officer career.

Non-medical considerations, such as family happiness, are very important to Regular Army doctors, as to most people. Judgments of the relative advantage of civilian or Army practice with regard to these non-medical considerations are related to career intentions.

TABLE 43

NON-MEDICAL CONSIDERATIONS AND CAREER ORIENTATIONS

Q.8(A) Comparison of Army and civilian situations for the achievement of:	Regular Army officers: career orientation	
	Non-career	Career
Family happiness --		
Better in civilian practice.	56%	35%
Better in Army	12	31
About the same in both	25	31
Don't know.	7	3
Total	100%	100%
Social life --		
Better in civilian practice.	32%	12%
Better in Army	28	56
About the same in both	36	29
Don't know.	4	3
Total	100%	100%
	(148)	(454)

Significantly more career than non-career officers deem the Army situation more conducive than the civilian to family happiness and satisfactory social life.

Asked about their wives' attitudes toward their careers as Army doctors, 86 per cent of the career officers, as compared to 37 per cent of the non-career physicians, reported their wives to be favorable. Officers who were themselves generally favorable toward a medical-officer career were more likely than others to report a favorable attitude for their wives.

The two orientation groups differed also in the frequency with which they reported that their wives found particular features of Army life advantageous or disadvantageous.

TABLE 44

REPORTED ADVANTAGES AND DISADVANTAGES TO WIVES OF REGULAR ARMY OFFICERS AND CAREER ORIENTATION

Wives reported to feel the following specific factors to be:	Regular Army officers: career orientation	
	Non-career	Career
Q.62(B) Advantages in Army --		
Initial economic advantages.	24%	3%
Fringe benefits.	17	10
Travel	34	56
Social life.	22	45
Q.62(C) Disadvantages in Army --		
Moving	77%	62%
Rank and regimentation	16	8
Housing.	24	34
	(137)	(435)

Economic factors were cited as being advantages to a greater proportion of wives of non-career than of career officers. Material throughout this report substantiates the idea that for many officers who do not intend to remain in the Army until they are eligible for retirement pay, the economic benefits of temporary Army service while in residency training exist as notable advantages. These benefits do not play such a role in the attitudes of career officers, and this differential appears in reports for the officers' wives, also.

Travel is much more frequently cited as an advantage for wives of careerists than for wives of non-careerists, and moving less of a disadvantage to the former than to the latter.

Social life is said to be an advantage for larger proportions of career than non-career wives. Career orientation itself probably tends to direct the officer and his family toward associations with other Army personnel, while intention to leave the Army service in a shorter time may well have an opposite effect.

"Rank and regimentation" apparently symbolizes general dissatisfaction with Army service more for the non-career than for career officers, and this difference is reflected in the disadvantages reported for the wives of these officers, though neither group of wives feels this to be very important.

Housing was reported as being a disadvantage for more of the career wives than for those of the non-career doctors. It is to be expected that the housing situation in the Army would be of more concern for those wives whose husbands intend to remain in Army service for a long period of time.

More than nine out of ten Regular Army officers are married, and almost nine out of ten of these married officers have dependent children, so the problem of children's education brooks large in their thinking. Opportunity to educate one's children is considered by nearly all officers (nine out of ten of each career-orientation group) to be "very important" to their personal satisfaction in a career. But whether the opportunity is better in the civilian or the Army situation is a question concerning which there is a difference of opinion. This difference is related to career orientation. Two-thirds of the career officers and 84 per cent of the non-career officers believe education of children to be better in civilian life than in Army service. Only in the career group did any officers (six per cent) feel that education of children was better in the Army. The remaining officers felt that the opportunity to educate one's children was about the same in civilian and in Army situations.

The duties of a medical officer frequently involve moving the family, with consequent disruption of children's schooling. Such disruption is felt to be disadvantageous by most parents, civilian as well as military, and might be viewed as an extremely unfavorable situation by medical officers.

TABLE 45

NUMBER OF DEPENDENT CHILDREN AND CAREER ORIENTATION
OF MARRIED OFFICERS

Q.s 60 and 61 Number of children completely or <u>partially dependent financially:</u>	Regular Army officers: <u>career orientation</u>	
	<u>Non-career</u>	<u>Career</u>
0	12%	11%
1	24	14
2	31	31
3	21	25
4 or more.	12	19
Total	100%	100%
	(140)	(447)
Officers having dependents other than wife and financially dependent children	11%	22%
	(148)	(454)

Career officers, being older, have larger families dependent on them financially. More of these officers than the non-career officers have three or more dependent children and have dependents other than a wife and financially dependent children.

16. Information differences: reading of military periodicals.

"Career" officers are likely to be better informed about the military and military medicine, since, by and large, more of them read military periodicals, and those who do, read them more frequently.

TABLE 46

READING OF MILITARY PERIODICALS AND CAREER ORIENTATION

Q.75 Periodical-reading:**	Regular Army officers: career orientation	
	Non-career	Career
Army-Navy-Air Force Journal --		
Frequently	17%	50%
Occasionally	43	43
Never.	40	7
Total	100%	100%
	(136)	(430)
Army-Navy-Air Force Register --		
Frequently	1%	7%
Occasionally	23	57
Never.	76	36
Total	100%	100%
	(123)	(372)
Army Times --		
Frequently	24%	41%
Occasionally	65	52
Never.	11	7
Total	100%	100%
	(142)	(431)
U.S. Armed Forces Medical Journal --		
Frequently	55%	82%
Occasionally	41	17
Never.	4	1
Total	100%	100%
	(145)	(447)
Your hospital or unit paper --		
Frequently	53%	80%
Occasionally	34	13
Never.	13	7
Total	100%	100%
	(137)	(408)

** Some of the Regular Army physicians did not answer this question; the number of cases indicated in this table are the total number giving some answer to each item in Question 75.

Nearly all Regular Army doctors read the Army Times, the U.S. Armed Forces Medical Journal, and their hospital or unit paper at least occasionally, while considerably fewer officers in each group read the Army-Navy-Air Force Register. The Army-Navy-Air Force Journal is widely read by career-minded medical officers but much less so by non-career medical officers. The more infrequent reading of military periodicals by non-career officers indicates that it may be more difficult to reach these doctors through this medium.

17. Suggested changes in retirement regulations.

When the Regular Army medical officers were asked about various changes in retirement conditions, substantial minorities indicated that they would plan to stay in the Army longer than they now plan to if they were certain of being permitted to retire at any time they wished after twenty years' active duty (37 per cent), if they were certain that they could remain on active duty to age 60 (27 per cent), or if they could remain on active duty to any age they wished (27 per cent). Virtually all of the rest stated that these changes would not affect their plans as to when they will get out of the Army.

When the officers were asked what changes in their Army plans would be made if voluntary retirement were not permitted until twenty-five years' active duty had been completed, 55 per cent of them stated that such a change would make them want to get out of the Army sooner; furthermore, 65 per cent said they would want to leave the Army sooner if they were not permitted to retire until they had completed thirty years of active duty. Most of the rest of the officers said that these changes would make no difference in their plans.

When career intention was considered in relation to the hypothetical changes in retirement conditions, the attitudes shown in Table 47 were found:

TABLE 47

ARMY PLANS AND CHANGES IN RETIREMENT CONDITIONS:
CAREER ORIENTATION

Q.53

What would be your Army plans if the following conditions were adopted:

If you were certain you would be permitted to retire any time you wished after 20 years' active duty --

Regular Army officers:
career orientation

Non-career Career

Would want to get out sooner	-%	-%
Would want to stay in longer	43	35
Would not change my plans.	57	65
Total	100%	100%

If you were certain that if you wished, you could remain on active duty to age 60 --

Would want to get out sooner	1%	2%
Would want to stay in longer	22	28
Would not change my plans.	77	70
Total	100%	100%

If you were certain that you could remain on active duty to any age you wished --

Would want to get out sooner	1%	2%
Would want to stay in longer	19	30
Would not change my plans.	80	68
Total	100%	100%

If voluntary retirement would NOT be permitted until you had completed 25 years' active duty --

Would want to get out sooner	69%	51%
Would want to stay in longer	1	9
Would not change my plans.	30	40
Total	100%	100%

If voluntary retirement would NOT be permitted until you had completed 30 years' active duty --

Would want to get out sooner	70%	64%
Would want to stay in longer	-	7
Would not change my plans.	30	29
Total	100%	100%
	(148)	(454)

In general, these findings reveal that many career- and non-career-oriented Regular Army physicians would like to feel sure that once they reach twenty years' active duty, the option to retire is theirs and that they would not be forced off active duty for age. The findings also suggest that many of the officers who do not now intend to remain on active duty for twenty years would consider staying longer (probably until eligible for retirement pay) if they were certain that at that time the Army would definitely permit them to retire. These officers (43 per cent of the non-career group) may be saying, in effect, that twenty-year-retirement is attractive to them but that they are not going to stay in the Army for fear that subsequent regulations or policy change may deny them the retirement they would want if they made the Army their careers.

It appears that if the questions were interpreted exactly as worded, no one would state that he would want to get out of the Army sooner, in response to the first three of the above questions. Permission to remain in the Service longer, or to retire after twenty years' service if one wishes, should imply nothing which would make the respondent desire to leave the Army sooner. The per cent so replying in these cases is insignificant.

The last two questions, on the other hand, should not make any respondent state that he would want to remain longer in the Army. Nothing in the present system would normally prevent his remaining the additional time required by these changes. Since a small group of career officers state that they would want to remain in the Army longer if retirement requirements were stiffened, it indicates that these officers are saying they would plan to remain longer to meet these regulations, rather than that they would want to remain in the Army longer if these changes were made.

18. Opinions about the Army Medical Service School.

In the "career" group, three-fourths of the officers feel that the AMSS program is at least quite useful, while one-half of the "non-career" group express this attitude toward the program. Within each career-orientation group, those who "like" an Armed Forces medical-officer career are more favorable toward the AMSS courses than those who are neutral to or who dislike this career.

No consistent differences were found between higher rank and attitudes toward the AMSS courses. At least 60 per cent of each rank-group among the career officers felt that the program was useful, while in the non-career group only in the rank of major was so large a proportion favorable. In all other ranks in the non-career group, less than one-half of the officers felt the AMSS courses to be quite useful or very useful.

Within each career-orientation group, combat experience itself is not related to general attitudes toward the AMSS; however, present or past experience in a tactical unit or headquarters assignment is related to a favorable attitude toward the AMSS courses. In the total Regular Army, 330 of the officers reported that they have past or present tactical or headquarters experience; 285 of the officers have not had such experience. Of those officers with tactical or headquarters experience, 75 per cent feel that the AMSS is at least somewhat useful, while only 61 per cent of those officers without such experience grant this degree of usefulness to the AMSS.

It should be kept in mind that tactical or headquarters experience is itself related to length of service and that many of the officers with tactical or headquarters experience belong to the generally favorable career-officer group. Tactical or headquarters experience is thus indicative of, rather than sufficient cause in itself for, a favorable attitude toward the Army Medical Service School.

19. Career orientation and administrative, staff, and command potential.

When asked how interested they would be in attending hospital administration courses, 60 per cent of the "career" officers stated that they were interested, and five per cent had already attended. In the "non-career" group, only 26 per cent were interested, and one per cent had attended the hospital administration courses.

Interest in Command and General Staff College showed somewhat the same relationship with career orientation. Nineteen per cent of the career officers have already had this training, and an additional 49 per cent state an interest in this course. Only one per cent of the non-career officers have attended the Command and Staff College, and an additional 34 per cent are interested in such training.

Specialty-board-certification and certification interest are not related to interest in staff and command or hospital administration in the non-career group. In the career group, however, the following distribution is found:

TABLE 48

CAREER OFFICERS: SPECIALTY INTEREST AND ADMINISTRATIVE INTEREST

<u>Interest in:</u>	<u>Q.41</u> Board- certified	<u>Specialty-board-certification</u>	
		<u>Definitely or</u> <u>probably will seek</u> <u>certification</u>	<u>Definitely or</u> <u>probably will not</u> <u>seek certification</u>
Q.13 Staff and command, Army Medical Service --			
Very or somewhat interested	67%	79%	97%
Not very or not at all interested.	33	21	3
Total	100%	100%	100%
Q.14 Staff and command, Army in general --			
Very or somewhat interested	53%	62%	84%
Not very or not at all interested.	47	38	16
Total	100%	100%	100%
Q.2 Medical administration --			
Very or somewhat interested	56%	64%	96%
Not very or not at all interested.	44	36	4
Total	100%	100%	100%
	(181)	(158)	(93)

In the career group, specialty-certification is inversely related to interest in administrative or command positions, though more than one-half of all career officers are at least somewhat interested in these supervisory positions, regardless of their certification status or intention.

APPENDIX A

A Note on Allowances for Error Due to Sampling

As indicated in the Introduction (Page 1), allowance should be made for differences in percentages derived from the sample and percentages that would have resulted from a complete census of all medical officers. Given the purposes of the survey and the way in which the results are intended to be used, the allowance that should be made for any percentage pertaining to the total Regular Army medical-officer group, or any one of its subdivisions, can be derived by application of the following formula:

$$\text{Percentage} \pm 1.4 \sqrt{\frac{pq}{n}}$$

where p = the proportion of the physicians with the given attribute,

where $q = 1-p$,

and n = the base from which p was derived.

The constant 1.4 in this formula takes into account the fact that half of all Regular Army physicians were in the sample. The chances are approximately 20 to 1 that a percentage found in a sample like the present one would not deviate more than this amount in either direction from a figure obtained from a complete census of the Regular Army officer-group.

The same formula can be used in determining the allowance for the Reserve physicians, except that the constant 1.8 should be substituted for the constant 1.4. This is due to the fact that only one-sixth of the Reservists were included in the sample.

Because the total sample includes two component groups for which different sampling ratios were used, the replies of the Reservists had to be weighted to get an over-all percentage; hence, a formula for approximating roughly the allowance that should be made for any percentage pertaining to the total sample is as follows:

$$\text{Percentage} \pm 2 \sqrt{.1 \frac{p_1 q_1}{n_1} + .3 \frac{p_2 q_2}{n_2}}$$

where p_1 = the proportion of Regular Army physicians with the given attribute,

where $q_1 = 1-p_1$

and n_1 = the base from which p_1 was derived;

where p_2 = the proportion of Reserve physicians with the given attribute,

where $q_2 = 1-p_2$

and n_2 = the base from which p_2 was derived.

The two constants introduced into this formula are to take into account the differential sampling ratios employed.

Corresponding allowances have to be made, of course, in considering differences between any two groups of medical officers in their replies to a given question. The amount of allowance that needs to be made in any such case can be approximated by use of the formulas set forth below.

When two sub-groups of Regular Army physicians are being compared, the formula to be applied is:

$$D \pm 1.4 \sqrt{\frac{PQ}{n_1} + \frac{PQ}{n_2}}$$

where D = the difference between the percentages for the two groups being compared,

where P = the proportion having the given attribute in the two sub-groups combined,

where Q = 1-P

and n_1 = the number of physicians in one of the sub-groups,

and n_2 = the number of physicians in the other sub-group.

If both the sub-groups being compared are Reservists rather than Regular Army officers, 1.8 should be substituted for the constant 1.4 in the above formula.

If one of the sub-groups being compared is composed of Regular Army officers, while the other is composed of Reservists, the allowance can be approximated by use of the following formula:

$$D \pm 2 \sqrt{.5 \frac{PQ}{n_1} + .8 \frac{PQ}{n_2}}$$

where D, P, and Q are the same as in the formula next above,

and n_1 = the number of physicians in the Regular Army sub-group,

and n_2 = the number of physicians in the Reservist sub-group.

APPENDIX B

QUESTION-BY-QUESTION SUMMARY

Percentage Distributions of Answers to Each of the Questionnaire
Items for Each of Four Officer-types, for Regular Army Medical
Officers, and for the Total Sample of Medical Officers

A note on respondent errors: There were a few instances in this study in which an occasional respondent misinterpreted questions or apparently made errors in recording his answers.

Question 1(B), Page 3 below, was occasionally answered not in terms of a type of practice preferred among the choices presented but rather in terms of a type of further training desired. All such responses were coded into the "Other" category and involve about three per cent of respondents in the total weighted sample.

Question 37, Page 29 below, was apparently misinterpreted by a few respondents. Two per cent of the physicians now in Army residencies state that they did not get residency training under Armed Forces auspices; it is assumed that these physicians replied to the question in terms of completed medical training, excluding the training they are now receiving. This respondent-error accounts for the two per cent who gave negative answers and the one per cent giving no answer among the "Obligated Residents."

In Questions 47 and 48, Pages 40 and 42, physicians in each of the officer-groups sometimes erred in reporting whether they had attended or would be interested in attending the Medical Corps Basic Course. Apparently the title used for this course in the questions ("Medical Corps, RA" in Question 47 and "Basic Course (MC)" in Question 48) led to mistaken identification and wrong answers in a few cases.

Answers to Questions 59 and 60, Page 50, were subject to some inconsistency in the reporting of the respondents' marital status. Eighteen per cent of the Reserve officers state that they are "Single," while 15 per cent say that they "Have never been married." It is possible that this three-percentage-point difference may arise from the fact that some of those who classified themselves as "Single" are "Divorced, separated, or widowed."

Marginal Results--Study of Army Medical Corps Officers
on Active Duty

Unless otherwise noted percentages are based on the following numbers of cases in the subgroups:

Obligated Residents	-158
Other Obligated Officers	- 97
Non-obligated Officers	-364
Total Regular Army	-619
Reserve Officers	-281

1. (A) Listed below are a number of situations in which a physician might spend his medical career. After each situation, please check the appropriate answer to indicate how you would like, or would have liked, such a situation for your own career.

	Obl. Resd.	Obl. Other	Non- Obl.	Total Regular Army	Total Reserve	Total Sample (Weighted)
<u>Individual private practice</u>						
Would like	61%	58%	45%	51%	74%	64%
Neither like nor dislike . . .	15	26	20	20	16	17
Would dislike	21	15	27	24	8	15
No answer	3	1	8	5	2	4
Total	100%	100%	100%	100%	100%	100%
<u>Individual private practice with pooled facilities</u>						
Would like	59%	67%	47%	54%	67%	61%
Neither like nor dislike . . .	21	21	25	23	18	21
Would dislike	16	10	20	17	10	13
No answer	4	2	8	6	5	5
Total	100%	100%	100%	100%	100%	100%
<u>Group practice in partnership arrangement</u>						
Would like	66%	69%	58%	62%	62%	62%
Neither like nor dislike . . .	20	18	19	19	23	21
Would dislike	10	12	17	14	11	13
No answer	4	1	6	5	4	4
Total	100%	100%	100%	100%	100%	100%

1. (B) Suppose you were just finishing your internship now and had a free choice in the matter; which one of these situations would you choose for your career?

	Obl. Resd.	Obl. Other	Non-Obl.	Total Regular Army	Reserve	Total Sample (Weighted)
Individual private practice	10%	18%	9%	11%	20%	16%
Individual private practice with pooled facilities	13	14	8	11	22	17
Group practice in a partnership arrangement	20	23	22	22	30	27
Salaried practice for an institution or for industry	1	-	3	2	2	2
Medical officer in one of the Armed Forces	35	26	42	37	5	19
U. S. Public Health Service	-	-	1	*	-	*
Veterans Administration	-	1	-	*	-	*
Medical school teaching and/or research	9	7	10	9	9	9
Other	2	3	2	2	4	3
No answer	10	8	3	6	8	7
Total	100%	100%	100%	100%	100%	100%

1. (C) Regardless of your preferences, in which of these situations do you think you will actually spend the major part of your medical career?

	Obl. Resd.	Obl. Other	Non-Obl.	Total Regular Army	Reserve	Total Sample (Weighted)
Individual private practice	16%	11%	3%	7%	32%	21%
Individual private practice with pooled facilities	6	7	1	4	20	13
Group practice in a partnership arrangement	16	10	3	7	28	20
Salaried practice for an institution or for industry	3	1	2	2	2	2
Medical officer in one of the Armed Forces	53	69	89	77	7	36
U. S. Public Health Service	-	-	-	-	-	-
Veterans Administration	-	-	-	-	1	*
Medical school teaching and/or research	2	1	1	1	5	4
Other	3	1	1	2	4	3
No answer	1	-	-	*	1	1
Total	100%	100%	100%	100%	100%	100%

2. How interested are you in spending at least part of your career in medical administration, such as in the running of a hospital?

	Obl. Resd.	Obl. Other	Non-Obl.	Total Regular Army	Reserve	Total Sample (Weighted)
Very interested	11%	12%	43%	30%	6%	16%
Somewhat interested	23	28	29	27	13	19
Not very interested	24	28	14	19	22	21
Not interested at all	42	32	14	24	58	44
No answer	-	-	-	-	1	*
Total	100%	100%	100%	100%	100%	100%

* Here and on future pages = less than one-half per cent.

8. (C) Which THREE of these factors are the most important to your personal satisfaction with any medical career you may follow?

	Obl. Resd.	Obl. Other	Non- Obl.	Total Regular Army	Reserve	Total Sample (Weighted)
Family happiness	58%	65%	60%	60%	52%	55%
Quality of patient care	48	45	56	52	56	54
Opportunity to practice medicine as you think it should be practiced	41	42	35	38	39	38
General professional standards	30	18	23	24	19	21
Economic security	22	16	22	21	18	19
Service to humanity	12	16	16	15	20	18
Professional stimulation	14	16	17	16	17	17
Personal freedom	8	13	6	7	21	15
Lifetime total net income	20	18	14	16	11	13
Opportunity to educate one's children	12	21	17	16	10	13
Doctor-patient relationships	13	10	8	9	15	12
Equipment and facilities	6	6	8	7	7	7
Opportunity to specialize	10	9	2	5	5	5
Prestige in the medical pro- fession	2	6	7	6	4	4
Regularity of hours	8	2	5	5	2	4
Opportunities for research	5	2	4	4	4	4
Opportunity to fulfill specialty board requirements	3	2	2	2	2	2
Initial net income	1	-	1	1	*	1
Social life	1	-	*	*	-	*
No answer	-	-	1	*	1	1
Total (Some mentioned more than one)	314%	307%	304%	304%	303%	303%

9. What are the outstanding advantages to you in being a Medical Officer in the Armed Forces, compared to your being a physician in civilian life?

	Obl. Resd.	Obl. Other	Non- Obl.	Total Regular Army	Reserve	Total Sample (Weighted)
Regularity of hours, workweek	41%	49%	44%	44%	51%	48%
Long-term economic security	27	41	41	38	17	26
Opportunity to practise good patient care	27	47	42	39	14	24
Travel	20	21	33	28	22	24
Initial financial return	53	24	8	22	27	25
Opportunity for continued training and education	57	40	24	35	13	22
Work materials	24	25	19	21	12	16
Work atmosphere	18	29	26	24	8	15
Extra-medical opportunity	10	9	23	17	4	10
Miscellaneous	4	5	11	8	8	8
No advantages at all	1	4	4	3	15	10
No answer	2	1	3	2	3	3
Total (Some respondents mentioned more than one)	284%	295%	278%	281%	194%	231%

10. What are the outstanding disadvantages to you in being a Medical Officer in the Armed Forces, compared to your being a physician in civilian life?

	Obl. Resd.	Obl. Other	Non- Obl.	Total Regular Army	Reserve	Total Sample (Weighted)
Regimentation and regulation . . .	34%	40%	28%	32%	66%	51%
Moving	60	61	64	63	29	43
Income	46	54	42	45	25	34
Own career course	13	24	11	13	21	18
Patients and doctor-patient relationship	12	11	6	8	27	19
Housing	23	34	25	26	8	16
Rank and its implications	11	20	11	12	19	16
Work atmosphere	3	3	2	2	20	13
Lack of prestige	13	22	15	15	6	10
Personnel shortages	3	4	3	3	4	3
Miscellaneous	11	6	14	14	11	12
No disadvantages at all	2	-	1	1	1	1
No answer	4	1	2	3	3	3
Total	235%	280%	224%	237%	240%	239%
(Some respondents mentioned more than one)						

15. Of the following two types of senior medical officers, which type do you think would be likely to do the better job of commanding a large Army hospital in the United States?

	Obl. Resd.	Obl. Other	Non-Obl.	Total Regular Army	Reserve	Total Sample (Weighted)
A senior medical officer whose experience has been chiefly <u>clinical</u> . . .	40%	52%	48%	46%	40%	43%
A senior medical officer whose experience has been chiefly <u>in administration and command</u>	57	48	49	51	58	55
No answer	3	-	3	3	2	2
Total	100%	100%	100%	100%	100%	100%

16. During the past 60 days, have you been required to perform duties which in your opinion could have been performed as well or better by someone who is not a physician?

	Obl. Resd.	Obl. Other	Non-Obl.	Total Regular Army	Reserve	Total Sample (Weighted)
No (including "not in past 60 days") . .	79%	72%	84%	81%	62%	70%
Yes	19	27	15	17	38	29
Kind of duties unspecified . .	7%	-%	9%	6%	4%	4%
Low level medical duties . .	33	12	13	18	36	32
Work of other profession. . .	3	-	4	3	3	3
"Paper work".	33	27	13	22	28	26
Other administration work . . .	27	38	46	39	20	25
Military duties	20	38	39	34	37	36
Miscellaneous	-	4	6	4	3	3
No answer	2	1	1	2	-	1
Total (Some mentioned more than one)	100% 123%	100% 119%	100% 130%	100% 126%	100% 131%	100% 129%
Number of officers	(30)	(26)	(54)	(110)	(107)	

31. (A) In general, how do you think most dependents of military personnel feel about the medical care they receive at Army medical facilities?

	Obl. Resd.	Obl. Other	Non-Obl.	Total Regular Army	Reserve	Total Sample (Weighted)
They are <u>very satisfied</u> with the care they receive	41%	37%	46%	44%	22%	31%
They are <u>somewhat satisfied</u> . .	38	40	38	38	45	43
They are <u>somewhat dissatisfied</u> .	20	20	14	16	25	21
They are <u>very dissatisfied</u> . .	1	2	1	1	5	3
No answer	-	1	1	1	3	2
Total	100%	100%	100%	100%	100%	100%

31. (B) In general, how do you think most military personnel feel about the medical care they themselves receive at Army medical facilities?

	Obl. Resd.	Obl. Other	Non-Obl.	Total Regular Army	Reserve	Total Sample (Weighted)
They are <u>very satisfied</u> with the care they receive	49%	47%	65%	58%	28%	41%
They are <u>somewhat satisfied</u> . .	44	44	29	35	55	47
They are <u>somewhat dissatisfied</u> .	5	8	5	6	14	10
They are <u>very dissatisfied</u> . .	1	-	*	*	2	1
No answer	1	1	1	1	1	1
Total	100%	100%	100%	100%	100%	100%

32. In your personal opinion how do most career Army medical officers compare professionally with most civilian physicians in similar types of work?

	Obl. Resd.	Obl. Other	Non-Obl.	Total Regular Army	Reserve	Total Sample (Weighted)
Career Army medical officers are professionally <u>superior</u> to most civilian physicians	16%	20%	34%	27%	1%	12%
Career Army medical officers are professionally <u>about the same</u> as most civilian physicians	73	76	62	67	52	58
Career Army medical officers are professionally <u>inferior</u> to most civilian physicians	9	2	2	4	38	24
Have no idea	2	2	1	2	9	6
No answer	-	-	1	*	-	*
Total	100%	100%	100%	100%	100%	100%

For 33. (A) - (C) see Page 63.

38. (B) In which specialty or specialties have you ever taken ANY residency training?

	<u>Obl. Resd.</u>	<u>Obl. Other</u>	<u>Non-Obl.</u>	<u>Total Regular Army</u>	<u>Reserve</u>	<u>Total Sample (Weighted)</u>
Allergy	-%	2%	2%	1%	1%	1%
Anesthesiology	5	6	3	4	3	3
Cardiovascular Disease	1	5	5	4	3	4
Dermatology & Syphilology	4	1	3	3	1	2
Gastroenterology	1	4	2	2	1	1
Internal Medicine	16	28	24	23	16	20
Neurology	3	8	6	6	4	5
Neurological Surgery	6	1	2	3	1	1
Obstetrics & Gynecology	16	8	8	10	8	8
Ophthalmology	4	3	3	3	2	2
Orthopedic Surgery	16	16	10	13	4	8
Otolaryngology	2	1	3	3	4	3
Pathology	13	16	9	11	7	9
Pediatrics	8	4	4	5	4	4
Physical Medicine & Rehabilitation	1	1	2	1	*	1
Preventive Medicine	1	2	6	4	*	2
Psychiatry	6	6	7	7	6	6
Pulmonary Diseases	1	8	5	5	4	4
Plastic Surgery	3	2	4	3	1	2
Radiology	8	7	4	6	1	3
Surgery	32	26	22	25	20	22
Thoracic Surgery	3	6	5	5	2	3
Urology	8	3	5	6	2	4
Other	2	4	2	3	4	3
None	1	5	17	11	38	26
No answer	-	2	2	1	3	2
Total	161%	175%	165%	168%	140%	149%
(Some mentioned more than one)						

43. Suppose you were just now completing your internship and were planning to take an Army residency; if you had a choice in the matter, would you prefer to take an Army residency as a Regular Army Officer or as a Reserve Officer on active duty?

	Obl. Resd.	Obl. Other	Non-Obl.	Total Regular Army	Reserve	Total Sample (Weighted)
As a Regular Army Officer	51%	52%	64%	59%	23%	38%
As a Reserve Officer on active duty	22	24	12	17	55	38
Would make no difference to me . .	27	24	24	24	21	23
No answer	-	-	-	-	1	1
Total	100%	100%	100%	100%	100%	100%

44. Suppose you were just now completing your internship and were planning to take a residency; what changes would make the Army residency program more attractive to you personally?

	Obl. Resd.	Obl. Other	Non-Obl.	Total Regular Army	Reserve	Total Sample (Weighted)
Residency in hospital of own choice	5%	3%	2%	3%	8%	6%
Army sponsored civilian residency ,	3	4	5	4	9	7
Changes in teaching staff or supervisory staff	24	26	17	20	7	12
Changes in what is taught or manner of teaching	13	11	11	12	8	9
Better utilization of training after it is acquired	3	3	2	2	6	4
Eliminate or cut down military obligation resulting from taking residency	5	11	3	5	19	13
Increase pay or rank	7	5	2	4	4	4
Improve or augment housing	4	4	6	6	1	3
Guaranteed commitments	2	6	4	4	4	4
Miscellaneous	31	20	15	20	17	18
No changes	21	24	29	26	12	18
No answer	10	9	23	17	28	24
Total	128%	126%	119%	123%	123%	122%
(Some respondents mentioned more than one)						

57. By what age do you think you would have to get out of the Army in order to have worthwhile professional opportunities in civilian life?

	Obl. Resd.	Obl. Other	Non-Obl.	Total Regular Army	Reserve	Total Sample (Weighted)
Age 34 or younger	5%	6%	3%	4%	32%	20%
Age 35 to 39 inclusive	17	14	6	10	16	14
Age 40 to 44 inclusive	29	32	16	22	18	20
Age 45 to 49 inclusive	29	30	32	31	19	23
Age 50 to 54 inclusive	15	11	27	21	8	13
Age 55 to 59 inclusive	3	3	10	7	3	5
Age 60 or older	1	3	4	3	1	2
No answer	1	1	2	2	3	3
Total	100%	100%	100%	100%	100%	100%

58. Aside from your regular living expenses, are there any major expenses which now make it difficult or which will make it difficult for you to get along in the future on your Army income?

	Obl. Resd.	Obl. Other	Non-Obl.	Total Regular Army	Reserve	Total Sample (Weighted)
No	44%	33%	45%	43%	70%	59%
Yes	55	67	55	57	28	40
Kinds unspecified	6%	8%	4%	5%	5%	5%
Education of children	70	74	76	74	38	60
Buy home, farm, decent housing	8	15	7	9	14	11
Pay off debts	5	3	1	2	22	10
Moving expenses	9	11	10	10	8	9
Life insurance, annuity	12	14	4	8	18	12
Professional expenses	2	2	3	2	6	4
Higher standard of living	8	6	1	4	13	7
Support other relatives	2	9	13	10	6	8
Miscellaneous	8	29	10	9	9	9
No answer	1	-	*	*	2	1
Total	100%	130%	100%	171%	100%	129%
(Some mentioned more than one)	100%	133%	100%	133%	100%	139%
Number of officers	(87)	(65)	(198)	(350)	(78)	

62. (A) What is your wife's attitude about your having a career as a Medical Officer in the Army - favorable, or unfavorable?

	Obl. Resd.	Obl. Other	Non-Obl.	Total Regular Army	Reserve	Total Sample (Weighted)
I'm not married	8%	5%	4%	5%	20%	13%
Very favorable	21	23	41	33	4	16
More favorable than unfavorable	35	39	38	37	11	22
More <u>unfavorable</u> than favorable	27	25	15	20	31	26
<u>Very</u> unfavorable	8	6	2	4	32	21
No idea what her opinion would be	1	1	*	1	2	2
No answer	*	1	-	*	-	*
Total	100%	100%	100%	100%	100%	100%

62. (B) What are the main things your wife likes about your being in the Army?

	Obl. Resd.	Obl. Other	Non-Obl.	Total Regular Army	Reserve	Total Sample (Weighted)
Regular hours, work week	46%	50%	50%	49%	50%	49%
Travel	33	46	51	46	17	30
Social life	25	27	42	35	10	21
Long-run financial security	22	24	22	23	10	16
Fringe benefits	15	8	9	10	9	10
Initial economic advantage	20	7	1	7	8	8
Work atmosphere	9	5	4	6	3	4
Vague reasons	2	2	5	4	1	2
Miscellaneous	10	10	16	13	5	8
Nothing, doesn't like anything about Army	4	4	2	3	11	8
No answer	6	5	4	5	5	5
Not married	8	5	4	5	20	13
Total	200%	193%	210%	206%	149%	174%

(Some mentioned more than one)

that Army medical officers are more closely supervised than civilian physicians in the way they treat their

lly works to the advantage or to the disadvantage of

lly works to the advantage or to the disadvantage of the Army?

	Less Closely Supervised					Little Difference					Total Sample Wtd.	No Answer	
	Opl. Other	Non-Opl.	Total Regular	Reserve	Total Sample Wtd.	Opl. Resd.	Opl. Other	Non-Opl.	Total Regular	Reserve			Total Sample Wtd.
	21	2	5	19	25	22	14	17					
	67	79	77	7	2	4	2	3					
	12	17	16	74	73	74	81	79					
	-	2	2	-	-	-	3	1					
	100	100	100	100	100	100	100	100					
	(4)	(10)	(24)	(43)	(14)	(16)	(85)	(11)					
	17	19	19	17	27	23	15	18					
	75	68	69	9	2	4	5	4					
	8	11	10	72	71	72	76	75					
	-	2	2	2	-	1	4	3					
	100	100	100	100	100	100	100	100					
	(4)	(10)	(24)	(43)	(14)	(16)	(85)	(11)					