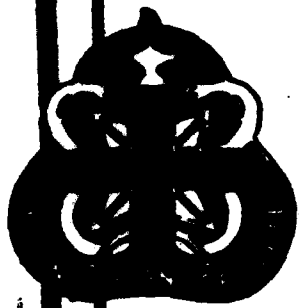


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United States Army Health Care Studies



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

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

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EXECUTIVE SUMMARY
ARMY NURSE CORPS PERSONNEL MANAGEMENT PRACTICES

INTRODUCTION

Nurses are an integral component of the multidisciplinary work force required to meet escalating consumer health needs. Yet, a persistent problem has been the absence of job permanence among professional nurses. Attrition, characterized by high job turnover and nurses' departure from practice or the profession, has been largely attributed to job dissatisfaction.

Cognizant of the implications of job dissatisfaction, the profession has attempted to explore and address the problem. Previous studies within the civilian sector (Lazarus, 1974; Jacobson & McGrath, 1983; McClure, Poulin, Savie, & Wandelt, 1983) have revealed several problematic areas. In the military community, the 1972 study "Structure Analysis and Program Planning Study of the Army Nurse Corps" (Rowen, Swisher, & Saunders, 1972), hereafter referred to as the 1972 ANC Study, suggested specific areas of concern for the Army Nurse Corps (ANC).

The overall purpose of the current study was to explore Army Nurse Corps officers' attitudes, perceptions and preferences regarding critical career issues. The Corps believed that a follow-up to the ANC 1972 Study was indicated to serve as a basis for current and future recruitment and retention decisions.

STUDY QUESTIONS:

- (1) Which military career characteristics have the greatest impact (positive and negative) on ANC officer retention?
- (2) How influential are pay, allowances, and benefits to ANC officers' decisions concerning their military careers?
- (3) What impact do the characteristics of professional soldiers (i.e., frequent moves, soldiers' identity, etc.) have on ANC officers' decisions concerning careers?
- (4) Which characteristics of the practice of nursing in the Army (i.e., present duty and professional issues) have the greatest impact on ANC career issues?
- (5) Is career counseling at all levels perceived by ANC officers as meeting their needs for information required for individual career planning?
- (6) How progressive regarding professional nursing issues is the Corps perceived to be by ANC officers?

METHODOLOGY

1. Study Population.

The importance of this study to all ANC officers prompted the decision that each member be given the opportunity to participate. To facilitate the process, Chief Nurses at all Army medical treatment facilities (MTF) were contacted and requested to appoint a project officer to distribute and monitor the return of questionnaires. ANC officers pursuing long term civilian/military education, assigned to recruiting positions or on unique individual assignments were contacted individually by mail. Questionnaires were distributed and collected during late 1982 and early 1983. No attempt was made to contact officers "outside the system", who were on extended leave, TDRL, etc. Additionally, students in the ANC Basic Officer Orientation Course were excluded due to their unfamiliarity with the system. A total adjusted study population of 3,597 subjects was identified. Final returns yielded 3,284 responses; of this, 23 questionnaires were not usable, therefore, the final adjusted response rate was 91% (N = 3,261).

2. Instrument.

A study specific questionnaire was constructed. Prior to instrument development, a number of ANC officers assigned to Fort Sam Houston, San Antonio, Texas, at a Clinical Head Nurse Course at the US Army Academy of Health Sciences were anonymously surveyed (N=53) using an open-ended questionnaire. The information gained from these sources along with the 1972 ANC study served as a basis for survey construction. The final instrument contained 140 items divided into six categories: pay, allowances and benefits, present duty and practice setting, assignments/career issues, military professional issues, AMEDD professional issues, and professional nursing issues. Eight items on the final instrument were open-ended questions. The remaining 132 items required a short response or selection of a multiple choice option.

FINDINGS

1. Demographic Characteristics of ANC Officers.

a. Age and Gender Distribution.

The demographic data provided by respondents demonstrated an apparent change in the profile of the ANC since the 1972 ANC study. In 1982, more than one-half of the Corps (56%) were 30 to 39 years of age as compared to 20% in 1972 when more than one-half were under 27 years old. Fifty-seven percent of all men and 48% of all women ANC officers in 1982 were in the 30 to 39 age group; 29% of the Corps was under 30 years old. The male/female ratio changed from 25% / 75% to 30% / 70%. Age distribution by gender was also disproportionate. In 1982, men represented only 17% of the 20 to 29 age group and 40% of the over 40 age group. Conversely, women comprised 83% of the 20 to 29 year age group and 60% of the over-40 age group.

b. Rank and Gender Distribution.

Company grade officers comprised 67% of the Corps in 1982. Men constituted about one-third of the Corps; an increase of six percent over the 10-year period. At the ranks of Captain and Major, there was minimal variance in the male/female composition. However, in 1972 men comprised only 12% of the LTCs as compared to 46% today. In 1972, no male respondent held the rank of COL; currently 37% of the COLs (N=27) are men. As anticipated, attrition propensity is highest among the junior officers. Seventeen percent of 2LTs and 26% of 1LTs expressed plans to leave active duty. Another 35% of 2LTs and 26% of 1LTs were undecided. Captains comprised the largest group by rank; 17% were planning to leave, 22% were undecided, and 61% planned to remain on active duty. Plans to stay increased as rank increased to a high of 86% for COLs.

c. Primary SSI and Gender Distribution.

Fifty-one percent of the Corps reported holding the 66H SSI. Distribution of males/females among the SSIs differed (Figure 1 and Table 1). Although men comprised only 31% of the ANC, 18% of them accounted for nearly 74% of the 66Fs (anesthetists). Additionally, 48% of 66Cs (psychiatry) and 43% of 66As (administration) were men. In contrast, women predominated in the SSIs of 66G (OB-GYN) at 96%, 66D (pediatrics) at 86%, 66B (Community Health) at 76%, and 66H (medical/surgical) at 73%. Overall, 41% of the Corps planned to "definitely remain on active duty", while less than 6% "definitely planned to leave active duty." This means that approximately 53% of the ANCs had not made a commitment regarding their plans. The groups most likely to leave were the 66Hs (24%), with 66Js (23%) most closely following. Contrary to popular belief, only 19% of the anesthetists fell into this group. The 66As and 66Bs comprised the groups with the highest propensity to stay on active duty.

d. Marital Status Distribution.

The data also suggested a shift in the marital status and number of dependents. In 1982, 58% of ANCs were married in contrast to 41% in 1972. Of these, thirty-eight percent were married to service members. Fifty-seven percent claimed dependents versus 42% in 1972. Twenty percent of unmarried officers claimed dependents. Despite the number of ANCs with dependents, 90% of the Corps responded that they could be ready within 96 hours in the event of mobilization. Significantly, in the written comments, 31% identified the inability to combine career with family responsibilities as an influential factor in leaving the military. Fourteen percent of those service members with dependents stated they would be required to leave the military if the Career Activities Office (CAO) could not match assignments to meet their special needs.

e. Assignment Distribution.

Ninety percent of all ANC officers were assigned to MEDDACs/MEDCENS. Forty-eight percent of these were staff nurses.

f. Attrition Propensity.

Attrition propensity was contrasted with several variables. Tables 2, 3, and 4 provide the data by years in service, rank, and SSI. Overall, 67% of the Corps planned to remain on active duty; 19% were undecided regarding

their decision; and 15% planned to leave.

2. Pay, Allowances, and Benefits.

a. Pay, allowances, and benefits (PAB) were major issues for respondents. Overall, 82% of the Corps was satisfied with PAB. Table 5 contrasts satisfaction with PAB and attrition propensity. The significant chi-square reveals a definite relationship between the two variables.

b. Collectively, erosion of retirement benefits appeared to be the greatest concern; 85% ("agree" = 34% and "strongly agree" = 51%) were "deeply worried that retirement benefits will be eroded by the time I am ready to retire." Forty-six percent felt that compensation can be radically changed or, in the case of particular benefits, eliminated without service member recourse.

c. Nearly 36% (400 respondents) of all the comments made in this section's open-ended question pertained to the perceived lack of written contractual assurances ensuring benefits. This concern was most prevalent among senior officers, who expressed concern that PAB could and had been downgraded during the course of their careers.

d. The present pay package of taxable basic pay augmented by nontaxable allowances and benefits was strongly supported. Despite concerns about particular issues, 82% of respondents were satisfied with their present PAB and did not perceive it as a pertinent factor for leaving the military. In fact, a large majority (81%) identified pay, allowances, and benefits as salient reasons for remaining in the Army. Similarly, 82% indicated that current retirement policies influence their decision to remain in the military; nearly as many (79%) feel changes in these policies would negatively effect their future career decisions. Sixty-eight percent felt their current salaries were commensurate with their job. However, among the primary SSIs, the significant exception was the 66F (anesthetists), where 68% expressed dissatisfaction with their current remuneration. Among the various duty positions there was also a general satisfaction with PAB. Interestingly, the group most satisfied with their current PABs were in staff positions (86%). On chi-square analysis there was an association at the .035 level between satisfaction with PAB and present duty.

e. Sixty-six percent felt marital and dependent allowances to be fair. Written comments by single officers suggested a perceived inequity in housing. Almost unanimously (92%) subjects felt they should have the option to choose between on and off post housing. The majority (77%), regardless of marital status, preferred off post housing; 76% currently reside off post.

3. Assignments/Career Planning.

a. Geographic Location.

This section addressed two major issues: (1) preferences in assignments, and (2) career planning, both locally and by the Career Activities Office (CAO). Over 80% of respondents liked the geographic location of their current assignment and stated that Army nursing is more satisfying than civilian nursing (76%). An equal number liked their job. There was little variance among groups,

although officers planning to remain on active duty were slightly more positive about this issue. Ninety-three percent of all respondents stated they liked to travel, although 44% stated an overseas assignment would be difficult for them. Of interest was the high number of subjects (71%) who felt the Army should provide a specific personnel management policy for military members with limited geographic mobility.

b. PCS Moves.

(1) PCS moves, especially for service members with families, were identified as a major concern for respondents. Fourteen percent of those with families stated they would be required to leave the military if CAO could not match assignments to meet their special needs.

(2) Data analysis suggested a wide discrepancy between preferred and actual notification times for PCS moves. While 62% desired at least a six-month notification period, the majority of officers responded that they had received a two to four month alert notice.

(3) Subjects believed long-term planning by CAO for projected assignments should take into account previous undesirable assignments for individual officers.

c. Length of Tour and Preference Rationale.

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

4. Career Planning.

a. For 46% of ANC Officers, the primary focus in choosing a duty station was the professional experience to be gained. However, a significant contrast was reported between married and single officers; 29% of married officers identified close proximity to family as a major factor in choosing duty assignments while this was a concern for only 10% of single officers.

b. Eighty-five percent of respondents reported well defined career goals. This percentage rose to 95% for officers with 10 or more years service. Nevertheless, nearly one-half of all respondents, especially 66Js, felt they had not received adequate guidance in the formulation of individual career goals.

c. Of those officers who considered their career goals well formulated, 75% had communicated them to CAO. Fifty-two percent of subjects had completed preference statements within the past year, and an additional 41% within the last two to five years. The majority of officers (63%) felt their preference statement was considered by CAO in selecting assignments, and that they generally received their first choice of assignments. Ninety-two percent felt each officer should be personally contacted by CAO concerning PCS moves.

d. Eighty-four percent of married officers were positive about CAOs efforts to collocate military spouses. However, in the written comments submitted by single officers, 11% perceived themselves to get the "leftover" assignments after collocations are made. The responses to the open-ended item in this section reemphasized concern regarding career planning, adequacy of notification time for PCS moves, and stability of tours.

5. Present Duty.

a. It has been well established in the literature that major factors influencing satisfaction with an organization are an individual's duty position and practice setting (Jacobson & McGrath, 1983; McClure et al., 1983). The study data suggested that overall respondents like their jobs (Tables 6, 7, and 8). However, a definite pattern emerged; the higher the rank and the greater the number of years of service, the higher the level of job satisfaction. Colonels were the most satisfied (93%) as were subjects with greater than 20 years of service (91%). Officers in staff and top management positions expressed the greatest degree of job satisfaction (93.5%) as did 66As at (92.0%). The least satisfied groups were 66Hs (80.2%) and 66Js (79.0%).

b. Nearly 58% of all ANCs rank their present duty to be their first choice of assignment. Twenty-five percent considered their current assignment not their choosing; however, of this number, 17% believed the assignment to be a positive experience.

c. Regarding the appropriateness of current job assignment vis-a-vis education and experience level, 77% were generally positive. When this aspect was considered by SSI, 66As and 66Fs were most positive in their responses (88.5% and 89.1%, respectively); 66Cs (66%) were the least positive. When rank is the contrast variable, COLs perceive themselves to be the most appropriately utilized (93.4%); MAJs (76%) and CPTs (73%), the least. As with general job satisfaction, individuals in staff or top management positions and primary practitioners perceived that they were well utilized, whereas 67% of clinical staff nurses perceived that they were inappropriately utilized for their preparation and ability.

d. When the education of an officer is considered, those subjects who are US Army-Baylor graduates judged themselves to be well utilized (85%). Significantly, 27% of all other officers with masters degrees perceived that they were not being appropriately utilized for their educational level.

e. Staffing on patient units elicited the greatest concern among all respondents, especially the 66A-COL and 66J-2LT groups. Table 9 provides a breakout of perceptions of adequacy of staffing by duty position. While less than 34% considered staffing levels to be adequate, 49% perceived current staffing patterns to be adequate for safe patient care. The senior respondents were least comfortable with patient safety. As a group, the 66Fs (73%) perceived the least problem with safety in relation to staffing. Despite varying opinions regarding safety and staffing, 86% of respondents were positive about the level of patient care. This positive response revealed minimal variance within groups, i.e., SSI and rank. A relationship between attrition propensity and perceptions of staffing adequacy was not found (Table 10).

However, a significant relationship was revealed between attrition propensity and perceived safety of staffing levels (Table 11). Those planning to leave the Army were more likely to believe staffing levels to be unsafe.

f. Seventy-five percent of respondents considered work schedules fair given existing exigencies; however, this belief decreased to 55% for 66Js. Concomitantly, only 61% of all clinical staff nurses, regardless of SSI, were satisfied with the fairness of work schedules.

g. Lines of authority and quality of leadership were also addressed in the study; 67% of all respondents felt the organizational lines of authority worked. However, a trend emerged when responses were analyzed by SSI and rank. Those in authority (COLs) were much more positive (87%) than CPTs (63.8%), LTs (64.1%), and those in clinical staff positions (61%).

h. Respondents perceived their immediate supervisor to be doing a good job (78%), to be a good role model (72%), and to provide regular feedback (59%). The majority of respondents (66%) considered their orientation adequate for their current position. Seventy-one percent of all respondents were satisfied with inhouse education and training. There was little among group variance with respect to these latter issues.

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

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

k. A listing of additional issues of concern was requested in the third open-ended item. The 698 subjects who responded cited unsafe staffing levels as the key issue. Other issues identified were placement into clinical areas where they feel unqualified to practice, and underutilization of their knowledge and skills (17%).

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

6. Military/Professional Issues.

a. The items in this category were directed to the ANC's role as an Army officer. The section addressed the social as well as professional aspects of soldiering. By an overwhelming majority, respondents agreed with the statement that "service in the ANC is an important way of serving my country" (96%), and further, that a "military career is more than a job, it is a way of life" (89%). Likewise, 76% agreed that duty, honor, country have meaning in today's Army. Similarly, 86% disagreed that regimentation (ritual, saluting, etc.) seems out of place. Most support the military and its role in society. Concerning the military as a social system, 76% of subjects agreed that they like the feeling of "family" and support within the military community, and 93% like the opportunity to travel.

b. Despite these positive perceptions, 32% felt the Army is not responsive to individual needs. Moreover, 65% lacked confidence in rank seniority as the best means of assuring the most competent officers are placed in control. Only 39% of respondents were satisfied with the current promotion system. Yet, subjects believe they are rated equitably by their raters (82%) but less so by their senior raters (58%). Less than one-half felt the military affords adequate within-grade incentives or recognition of excellence. In this section's open-ended item, the 499 responses focused on several issues: lack of military bearing in the AMEDD (27%), the AMEDD's concern with physical fitness and weight standards over performance (18%), the subjectivity of OERs (15%), and the erosion of quality in all ranks (15%).

7. Professional Issues (AMEDD Nursing).

a. The typical ANC officer appeared to believe military values and traditions enhance rather than hinder the dedication required to meet high standards in nursing. They also tended to believe that the ANC offers an excellent opportunity for professional growth and experience. Ninety-six percent of all respondents were "proud to say they are in the ANC," 83% find a "high degree of challenge in their work." The opportunity for responsibilities was satisfying for 87% of respondents. Seventy-eight percent found the expanded role of Army nursing professionally challenging. Similarly, 90% agreed the Army provides a wide breadth of experience.

b. One final aspect in this section was officers' perceptions of Army nursing as a profession and how it compares to nursing in the civilian sector. Subjects were provided a list of the "most reported issues of the day" and asked on a Likert-type scale to rate the status of these issues in the ANC as compared to the civilian sector (1=well ahead to 5=well behind) (Table 12). Although there was considerable variance depending on the issue, the overall mean score of 2.52 suggested the ANC is perceived to be slightly ahead of the civilian sector. On 10 items the ANC was perceived to be well ahead. More than 50% of subjects felt that the ANC was on par or better than their civilian counterparts on 14 of the 16 items. Only on two items, flextime and staffing patterns, did subjects feel the ANC to be behind the civilian community.

c. In the three open-ended items in this section, 24% of ANC officers reported belonging to the American Nurses Association (ANA). Of these, the single most important reason given was professional obligation and responsibility. The 74% of the Corps who were not ANA members gave several reasons: "cost outweighs benefits" (33%), "ineffective organization" (22%), "does not represent the individual nurse" (20%), and "no opportunity to participate locally" (7%).

8. Multivariate Analysis.

a. A major objective of the study was to distinguish differences among nurses on a variety of characteristics. Five groups of interest were identified as dependent (criterion) variables. They included: (1) those planning to leave the Army, stay in the Army, or undecided; (2) primary SSI; (3) position in the Department of Nursing; (4) rank; and (5) years of service. After analyzing each of the questionnaire items using univariate and bivariate statistical procedures, multivariate analysis was undertaken. Eight factors were identified as the independent variables for discriminant analyses.

b. Discriminant analyses, with intentions to stay or leave the Army as the dependent variable, provided the most accurate prediction of group membership, with those planning to stay in the Army correctly classified at 97% percent (N=1,868). However, both other groups (those undecided and those planning to leave the service) most often responded like those who were "planning to stay." It was not possible to accurately discriminate among the three groups.

c. Results of the discriminant analysis, using gender as the dependent variable, revealed that it was not possible to classify subjects' gender by their responses. Men and women ANC members responded in a like manner.

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

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

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

RECOMMENDATIONS

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

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

Although a military career was perceived as positive, the one major issue that surfaced was the current promotion system. Almost unanimously officers perceived serious inequities and faults with the existing system. This high degree of discontent suggests that the entire system be examined particularly with respect to its implication for the career commitment of junior officers. Perhaps, rather than focusing on restructuring the evaluation tool, emphasis should be placed on examining the entire process of evaluation. Special attention might be placed on providing intrinsic rewards and recognition within each rank. Respondents expressed concern about the senior raters' role in their career. It is recommended that senior raters make an attempt to periodically meet with rates to discuss performance and goals.

A positive finding was that almost all officers (90%) felt they would be ready for deployment within 96 hours. Yet, the data revealed one of the major reasons for attrition was inability to combine military career with family responsibilities. The full dimensions of this problem were not explored in this study. It is recommended that it be examined in greater depth, especially as it relates to recruitment, retention, and implications for job satisfaction.

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

Extensive research on the factors influencing job stress and satisfaction have clearly implicated the saliency of the work setting. In a recent nationwide study (McClure et al., 1983), adequate staffing was identified by nurses as the most critical element in reducing attrition, producing job satisfaction, and enhancing pride in being part of an institution. In the AMEDD, the practice setting and professional practice issues were of prime concern for nurses. A recurring issue was the inadequacy of staffing, especially as it relates to patient safety and the quality of patient care. Nurses in this study defended the level of care delivered, despite serious staffing shortages, suggesting either cognitive dissonance, or that considerable effort is being continually expended to maintain satisfactory patient care levels. It is strongly urged that investigations into the relationship between staffing deficiencies and quality of care be further explored.

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

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Appendix A

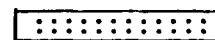
FIGURE

FREQUENCY DISTRIBUTION OF ALL ANC BY GENDER AND SSI

100% MALE N=949



100% FEMALE N=2212



Percent
of Nurses

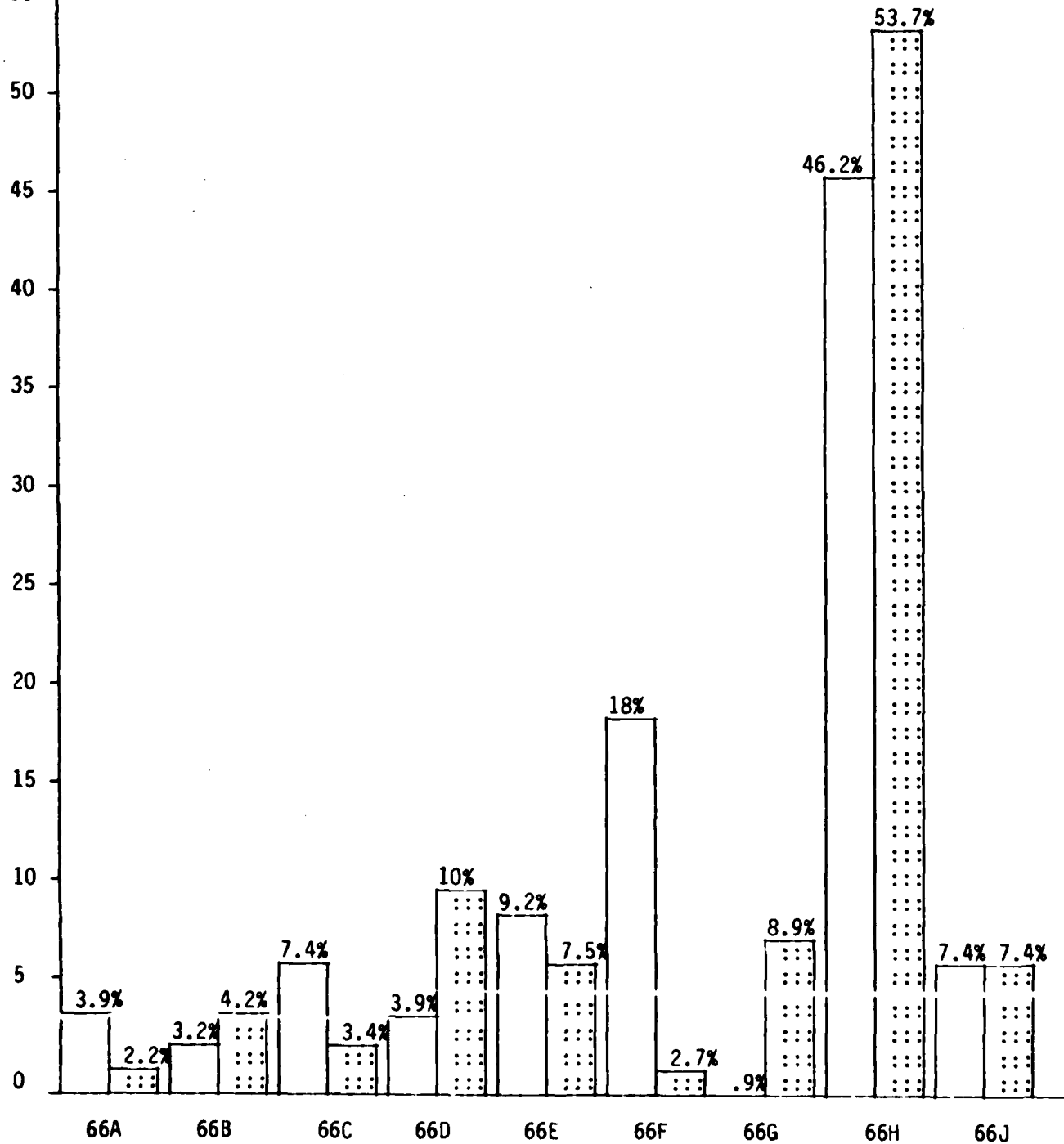


Figure 1

Appendix B

TABLES

FREQUENCY DISTRIBUTION OF ALL ANCs WITHIN EACH SSI BY GENDER

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

TOTAL N=3161
(100%)

Table 1

**FREQUENCY DISTRIBUTION OF YEARS IN SERVICE
BY ATTRITION PROPENSITY**

**YEARS IN
SERVICE**

ATTRITION PROPENSITY

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

Table 2

FREQUENCY DISTRIBUTION OF RANK BY ATTRITION PROPENSITY

RANK

ATTRITION PROPENSITY

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

TOTAL N=3161
(100%)

Table 3

FREQUENCY DISTRIBUTION OF SSI BY ATTRITION PROPENSITY

SSI	Definitely Leave	Possibly Leave	Undecided	Possibly Stay	Definitely Stay
66A (Admin) n=81 (2.6%)	n=3 (3.7%)	n=1 (1.2%)	n=12 (14.8%)	n=4 (4.9%)	n=61 (75.3%)
66B (CHN) n=119 (3.8%)	n=6 (5.0%)	n=4 (3.4%)	n=10 (8.4%)	n=31 (26.1%)	n=68 (57.1%)
66C (Psych) n=141 (4.5%)	n=9 (6.4%)	n=12 (8.5%)	n=26 (18.4%)	n=39 (27.7%)	n=55 (39.0%)
66D (PEDs) n=257 (8.3%)	n=13 (5.1%)	n=26 (10.1%)	n=62 (24.1%)	n=69 (26.8%)	n=87 (33.9%)
66E (OR) n=245 (7.9%)	n=11 (4.5%)	n=17 (6.9%)	n=37 (15.1%)	n=68 (27.8%)	n=112 (45.7%)
66F (Anesth) n=227 (7.3%)	n=21 (9.3%)	n=23 (10.1%)	n=44 (19.4%)	n=57 (25.1%)	n=82 (36.1%)
66G (OB/GYN) n=203 (6.5%)	n=10 (4.9%)	n=9 (4.4%)	n=53 (26.1%)	n=59 (29.1%)	n=72 (35.5%)
66H (Med/Surg) n=1602 (51.5%)	n=89 (5.6%)	n=143 (18.9%)	n=272 (17.0%)	n=412 (25.7%)	n=686 (42.8%)
66J (Gen Duty) n=232 (7.5%)	n=19 (8.2%)	n=35 (15.1%)	n=68 (29.3%)	n=69 (29.7%)	n=41 (17.7%)
Column Total	n=182 (5.8%)	n=270 (8.7%)	n=584 (18.8%)	n=908 (29.0%)	n=1264 (40.7%)

Total N=3107
100%

Table 4

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

ATTRITION
PROPENSITY

SATISFACTION WITH PAB

	SATISFIED	DISSATISFIED
Plan to Remain n=2096 (66.4%)	84.6% (n=1774)	15.4% (n= 322)
Undecided n=596 (18.8%)	74.8% (n=446)	25.2% (n=150)
Plan to Leave n=464 (14.7%)	75.9% (n=352)	24.1% (n=112)
TOTAL N=3156 100%	n=2572 (81.5%)	n=584 (18.5%)

$\chi^2 = 41.03, p < .0001$

Table 5

FREQUENCY DISTRIBUTION OF RANK BY JOB SATISFACTION

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

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

Table 6

FREQUENCY DISTRIBUTION OF DUTY POSITION BY PERCEIVED JOB SATISFACTION

DUTY POSITION

JOB SATISFACTION

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

Column
Total

n=2615
(82.3%)

n=561
(17.7%)

Total N=3176

* $\chi^2 = 121.03, p < .00001$

Table 7

FREQUENCY DISTRIBUTION OF SSI BY PERCEIVED
JOB SATISFACTION CARE

JOB SATISFACTION

<u>SSI</u>	SATISFIED	DISSATISFIED
66A n=88 (2.8%)	n=81 (92.0%)	n=7 (8.0%)
66B n=121 (3.8%)	n=108 (89.3%)	n=13 (10.7%)
66C n=145 (4.6%)	n=124 (85.5%)	n=21 (14.5%)
66D n=258 (8.2%)	n=211 (81.8%)	n=47 (18.2%)
66E n=255 (8.1%)	n=222 (87.1%)	n=33 (12.9%)
66F n=230 (7.3%)	n=199 (86.5%)	n=31 (13.5%)
66G n=206 (6.5%)	n=171 (83.0%)	n=35 (17.0%)
66H n=1617 (51.3%)	n=1297 (80.2%)	n=320 (19.8%)
66J n=229 (7.3%)	n=181 (79.0%)	n=48 (21.0%)
Column Total	n=2594 (82.4%)	n=555 (17.6%)

Total N=3149
100%

Table 8

FREQUENCY DISTRIBUTION OF DUTY POSITION BY PERCEPTION OF STAFFING ADEQUACY

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

Table 9

FREQUENCY DISTRIBUTION OF ATTRITION PROPENSITY BY PERCEIVED STAFFING ADEQUACY

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

TOTAL N=3029
(100%)

$\chi^2 = 3.47, p > 0.18$

Table 10

FREQUENCY DISTRIBUTION OF ATTRITION PROPENSITY BY
PERCEIVED STAFFING SAFETY

ATTRITION
PROPENSITY

SAFETY OF STAFFING LEVEL

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

TOTAL N=2923
(100%)

$\chi^2 = 16.01, p < .001$

Table 11

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

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

Table 12

DISTRIBUTION LIST

Defense Technical Information Center (2)

HQDA (DASG-HCD-S) (2)

Dir, Joint Medical Library , Offices of The Surgeon General, USA/USAF, The
Pentagon, Rm 18-473, Washington, DC 20320-2300 (1)

AHS, Stimson Library (1)

HQDA (DASG-CN) (1)

C, Dept of Nursing of all US Army MEDDACs/MEDCENS (3)

Chief Nurse at each Major Command (1)

HSCL-N (1)

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