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U.S. Navy Dental Corps Officer Survey: Perceptions, Attitudes, and Turnover Intent

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**U.S. NAVY DENTAL CORPS OFFICER SURVEY:
PERCEPTIONS, ATTITUDES, AND TURNOVER INTENT**

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EXECUTIVE SUMMARY

Problem

The Chief of the Navy Dental Corps requested a study of attitudes and perceptions of active duty Navy Dental Corps officers as part of a comprehensive effort to review existing policies, improve management awareness, and facilitate long-range planning.

Objective

The purpose of this study was to evaluate profession-related attitudes and perceptions of active duty Navy Dental Corps officers and to identify demographic, professional, and attitudinal factors associated with turnover intent.

Approach

An anonymous survey was sent to all active duty Navy Dental Corps officers in May, 1990. Computer analyses were conducted on the responses of the 1,156 Dental Corps officers (70%) who returned the survey by September, 1990.

Results

Results indicated that the areas of the Navy Dental Corps that were viewed most positively by Dental Corps officers were training opportunities, camaraderie, military life (e.g., military lifestyle, travel), and job satisfaction (e.g., challenge, variety, quality of care). The areas judged as most in need of improvement included pay, promotion opportunity, and administrative or collateral duty requirements. Generally speaking, satisfaction was positively associated with military rank and negatively associated with specialization, in that general dentists and comprehensive dentists indicated greater satisfaction than specialists.

Lieutenants (LTs) and lieutenant commanders (LCDRs) showed the highest relative percent increase in anticipated non-retirement loss rates. Among LCDRs, turnover intent was disproportionately high for oral/maxillofacial surgeons, periodontists, and endodontists. An analysis of the relationships between a number of demographic, professional, and attitudinal factors and turnover intent indicated that satisfaction with the job (e.g., challenge, variety, quality of care), pay, and promotion opportunity were negatively associated with turnover intent. Fifty-three percent of all LTs and LCDRs intending to separate from active duty specified pay or lack of promotion opportunity as the primary reason.

Conclusions

A number of important professional values (e.g., training, camaraderie, challenge, quality of care) are both highly prized and well afforded within the Navy Dental Corps. However, pay, promotion opportunities, and administrative/collateral duty requirements are identified as areas of greatest concern. The results of this study provide an empirical basis for an improved understanding of the Navy Dental Corps and can serve as a valuable heuristic for policy deliberations.

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U.S. NAVY DENTAL CORPS OFFICER SURVEY: PERCEPTIONS, ATTITUDES, AND TURNOVER INTENT

All viable, complex organizations, in which specialization of function exists, contain a number of formal, well-developed control systems to ensure that planned activities are producing the desired results.^{1,2} These systems generally focus on financial, production, or administrative aspects of the organization and produce management information to: (a) coordinate the activities of different parts of the organization, (b) specify and monitor the behavior of lower-level members of the organization, (c) take corrective action where problems exist, and (d) plan for the future of the organization.¹ However, as Argyris³ points out, control systems tend to be effective and to produce valid information for the unimportant and programmed problems and to produce invalid information for the important and non-programmed problems.

Given the relative social isolation of top executives within large organizations⁴ and the obstacles to vertical communication upward,⁵ many managers have used the principles of Organizational Development to improve organizational processes. Beckhard⁶ defines Organizational Development as an "effort planned, organization-wide, and managed from the top, to increase organization effectiveness and health through planned interventions in the organization's processes, using behavioral-science knowledge." Action research represents the primary vehicle through which information is collected and managed to support the goals of Organization Development.⁷ The scientific methods and approaches invoked by action research are also central to the Total Quality Management principles of statistical analysis of process and continuous process improvement.

Through the processes of data collection, feedback, intervention, and evaluation, leaders gain access to new data and critical problem-solving resources from the membership, and members gain confidence that their commitment is wanted and that their concerns will be addressed. This collaborative dynamic between the executives and the members of an organization appears particularly vital in the processes of human resource development and long-range planning.

As part of a comprehensive effort to review existing policies, improve management awareness, and facilitate long-range planning, the Chief of the Navy Dental Corps requested a survey of all active duty Navy Dental Corps officers. The purpose of this report on the results of the survey is to: (a) evaluate attitudes and perceptions regarding the Navy Dental Corps and (b) identify personal, career, and attitudinal factors associated with turnover intent.

METHODS

Sample

A total of 1,156 Dental Corps officers (70%) responded to the survey. As shown in Table 1, the majority of the respondents were male (92%), held a designator of 2200 (71%), and were married (80%). The mean age of the sample respondents was 38 years,

Table 1

Demographic Summary of Dental Corps Officer Survey Respondents

Designator:*			Rank:		Sex:		Age:		
	<u>N</u>	<u>%</u>		<u>N</u>	<u>%</u>		<u>N</u>	<u>%</u>	<u>Years</u>
2200	816	71	LT	389	37	Male	1,046	92	Mean 37.8
2205	338	29	LCDR	278	26	Female	93	8	Std.Dev. 7.6
	1,154	100	CDR	201	19		1,139	100	Range 25-59
			CAPT	185	18				
				1,053	100				
Marital Status			Children:		Housing:				
	<u>N</u>	<u>%</u>	Mean	Range		<u>N</u>	<u>%</u>		
Married	924	80	1.5	0-8	Own	596	52		
Single	178	15			Rent	338	29		
Divorced	44	4			Navy Housing	189	16		
Single Parent	8	1			BOQ	25	2		
	1,154	100			Other	5	<1		
						1,153	100		

* 2200 denotes a Dental Corps officer; 2205 denotes a Naval Reserve Dental Corps officer.

with a range from 25 to 59 years. Approximately two-thirds of the respondents were lieutenants (37%) or lieutenant commanders (26%), and about one third were commanders (19%) or captains (18%). The distribution of respondents by subspecialty was as follows: general dentistry (57%), oral/maxillofacial surgery (9%), comprehensive dentistry (8%), prosthodontics (7%), periodontics (6%), endodontics (6%), and other (7%). A complete listing of respondents' primary subspecialty by education or experience level is presented in **Appendix A**. Approximately 48 percent of the sample had received a one-year program of advanced education (e.g., GPR, ACP) and 42 percent had participated in a two-or-more year program (e.g., residency). The sample did not differ significantly from the population of Navy Dental Corps officers on any factors on which population data were obtained (e.g., designator, rank, sex, and subspecialty).

Procedure

Based largely on input from the leadership of the Naval Dental Command, a 68-item survey was constructed to assess background information, career profile, turnover intent, and attitudes and perceptions regarding a number of Navy Dental Corps issues. In order to provide objective assessments of selected issues, as well as broad coverage of attitudes and perceptions, quantitative information was collected using Likert-type rating scales and qualitative input was obtained through semi-structured narrative responses. The content of the final questionnaire was reviewed by the Chief of the Navy Dental Corps and his staff, personnel at the Naval Dental Command, San Diego, and personnel at the Naval Dental Research Institute. A copy of the questionnaire is provided in **Appendix B**.

In May, 1990, the survey was mailed to all active duty Navy Dental Corps officers. Privacy act issues were addressed in a cover letter from the Chief of the Navy Dental Corps, and all respondents were anonymous. As the surveys were returned to the Naval Health Research Center (NHRC), items in narrative format were content analyzed and coded into appropriate response categories. The narrative responses addressed the primary reason(s) for turnover intent, the aspects of Navy dentistry judged most positive, and the aspects of Navy dentistry judged most in need of improvement. In the first phase of the content analysis, a list of narrative responses was made from the first 600 surveys which were returned. These responses were grouped into categories on the basis of content similarity, and descriptive labels were assigned to facilitate the coding process. Any subsequent responses which were not represented within the original category structure were assigned new categories. This process resulted in the establishment of 51 content categories. Near the end of the coding process, an inter-rater reliability test was conducted between two independent coders on a 10 percent sample of the data. This analysis produced a significant Cohen's kappa of .77 ($p < .001$) and indicated that the coding process was highly reliable. A complete list of the content analysis categories is presented in **Appendix C**.

Upon completion of the content analysis, all data on the surveys were double-entered, by two data-entry clerks, into separate computer files which were then matched and verified in accordance with normal NHRC procedures.

RESULTS

The results of data analysis are presented in two sections. The first section presents analyses which were conducted to describe the predominant **attitudes and perceptions** of Dental Corps officers and to examine the profession-related correlates of these attitudes and perceptions. In the second section, the **turnover intent** of Dental Corps officers is examined and important associations are presented.

Perceptions and Attitudes

The perceptions and attitudes of Dental Corps Officers were assessed through **quantitative**, Likert-type rating scales and through **qualitative**, narrative responses to open-ended questions. Given the specific analytic requirements of these different types of data, the results are presented separately.

Quantitative Items. The quantitative assessment of attitudes and perceptions was based on two separate sets of items. One set consisted of 17 items rated on two dimensions, satisfaction and importance, using 5-point Likert-type rating scales. The verbal anchors for the satisfaction dimension were "very dissatisfied" (1), "undecided" (3), and "very satisfied" (5), and the verbal anchors for the importance dimension were "not at all important" (1), "undecided" (3), and "very important" (5). As shown in **Table 2**, among those issues which were viewed as most important, the Dental Corps officers expressed the highest levels of satisfaction with professional camaraderie, educational opportunities, professional growth, and job challenge/variety, and the lowest levels of satisfaction with promotion, pay, and dental technical support staff.

Table 2

Mean Satisfaction and Mean Importance
(n = 1,007)

	Satisfaction	Importance
<u>Higher Importance Items</u>	<u>Mean</u>	<u>Mean</u>
Professional Camaraderie	4.28	4.34
Educational Opportunities	4.06	4.42
Professional Growth	3.86	4.55
Job Challenge and Variety	3.81	4.39
Job Security	3.67	4.35
Retirement Benefits	3.32	4.32
Medical Benefits	3.29	4.20
Family-Life Compatibility	3.23	4.35
Dental Technical Support Staff	2.61	4.19
Pay	2.56	4.40
Promotion Opportunities	2.52	4.53

<u>Lower Importance Items</u>		
Travel	4.06	3.74
Healthy Patient Population	4.00	3.18
Military Lifestyle	3.68	3.75
Equipment and Facilities	3.46	4.07
PCS Moves	3.41	3.90
Personal Recognition	3.04	4.02

The second set of quantitative items to assess attitudes and perceptions consisted of 14 items presented in a 5-point Likert-type rating scale with verbal anchors of "strongly disagree" (1), "undecided" (3), and "strongly agree" (5). As shown in Table 3, the highest levels of agreement were expressed on items regarding high quality of Navy dental care, ability to make more money in the private sector, quality of Navy residency programs/training, and clear career path. The lowest levels of agreement were expressed on items regarding the desirability of greater research opportunities, satisfaction with career development officer, and the appropriateness of the time-length of the four-year time-in-service requirement for dental residencies.

While the information from these individual items has some descriptive utility, the development of a reduced set of underlying factors was necessary to increase the interpretability of issues and to facilitate statistical analyses. The items from the two scales were entered into a principle components factor analysis to derive a set of underlying dimensions. Factor loadings of .40 or greater were used to develop the factors and a varimax rotation was employed. As shown in Table 4, this analysis yielded an eight factor solution, and the following descriptive labels were assigned on the basis of item content: (1) training opportunities, (2) job satisfaction, (3) military life, (4) promotion/security, (5) workload, (6) pay, (7) technical support, and (8) career guidance.

Table 3

Mean Agreement
(n = 1,045)

<u>Agreement Item</u>	<u>Mean</u>
This command provides a very high quality of dental care.	4.44
Even after overhead expenses, I could make much more money in the private sector.	4.22
Navy dental residency programs are as good as or better than civilian dental residency programs.	4.09
The Navy Dental Corps provides excellent training opportunities.	4.09
I have a clear career path in mind.	4.05
I am very satisfied with my job.	3.58
I would recommend the Navy to most dentists as a good place to work.	3.42
I have too many collateral duties.	3.19
My job interferes with my family life and responsibilities.	2.79
My work day is too long.	2.77
I am satisfied with the career planning guidance I have received from my <u>assignment</u> officer.	2.71
The 4-year time-in-service eligibility requirement for Navy dental residency programs is too long.	2.44
I am satisfied with the career planning guidance I have received from my <u>career development</u> officer.	2.38
I would like a greater opportunity to do research.	2.38

The items in these factors were then entered into a scaling analysis to determine internal consistency and reliability. On the basis of low item-total correlations, the quality of care item was removed from the job satisfaction scale, the career path item was removed from the promotion/security scale, and the medical benefits item was removed from the technical support scale. The scale reliabilities (coefficient alpha) are presented in **Appendix D**.

Table 4

Factor Analysis Results on Quantitative Items

Quantitative Item Grouping	Factor Loading
Training Opportunities	
Educational Opportunities [satisfaction scale]	.84
The Navy Dental Corps provides excellent training opportunities.	.84
Professional Growth [satisfaction scale]	.60
Navy dental residency programs are as good as or better than civilian dental residency programs.	.58
Job Satisfaction	
I am very satisfied with my job.	.63
Job Challenge and Variety [satisfaction scale]	.61
This command provides a very high quality of dental care.	.57
I would recommend the Navy to most dentists as a good place to work.	.44
Military Life	
PCS Moves [satisfaction scale]	.69
Family-Life Compatibility [satisfaction scale]	.68
Military Lifestyle [satisfaction scale]	.58
Travel [satisfaction scale]	.57
Healthy Patient Population [satisfaction scale]	.44
Promotion/Security	
Job Security [satisfaction scale]	.74
Promotion Opportunities [satisfaction scale]	.69
Retirement Benefits [satisfaction scale]	.54
I have a clear career path in mind.	.47
Personal Recognition [satisfaction scale]	.40
Workload	
My work day is too long.	.77
My job interferes with my family life and responsibilities.	.66
I have too many collateral duties.	.62
Pay	
Even after overhead expenses, I could make much more money in the private sector.	.73
Pay [satisfaction scale]	.64
Technical Support	
Dental Technical Support Staff [satisfaction scale]	.66
Medical Benefits [satisfaction scale]	.59
Equipment and Facilities [satisfaction scale]	.50
Career Guidance	
I am satisfied with the career planning guidance I have received from my <u>career development</u> officer.	.88
I am satisfied with the career planning guidance I have received from my <u>assignment</u> officer.	.86
[Ungrouped Items]	
The 4-year time-in-service eligibility requirement for Navy dental residency programs is too long.	[all loadings < .39]
Professional Camaraderie [satisfaction scale]	[all loadings < .39]
I would like a greater opportunity to do research.	[all loadings < .39]

As shown in Figure 1, these quantitative data indicate that training opportunities, military life, and job satisfaction are the areas viewed most positively, and pay and career guidance are the areas viewed least positively. Multivariate analyses of variance were then computed to assess the association between career factors (i.e., rank and subspecialty) and the eight attitude scales concerning career-related issues. In the first analysis, military rank was significantly associated with the set of attitude scales ($p < .001$). Additional univariate analyses confirmed a significant effect of rank on each of the attitude scales. As shown in Figure 2, higher military rank was generally associated with more positive attitudes, and the rank order of attitudes was generally consistent across the different military ranks. Much of the effect of military rank appears to be attributable to the more positive attitudes expressed by captains.

In order to assess the relationship between subspecialty and attitudes, a separate multivariate analysis of variance was computed on the individuals within each military rank. Because only four percent of the lieutenants had obtained a subspecialty rating, this group was not included in the analysis. In addition, only those subspecialties which were represented by ten or more individuals within each rank were included in the analysis. The results of these multivariate analyses of variance indicated that the greatest effect of subspecialty on attitudes occurred within the sample of lieutenant commanders ($p < .001$).

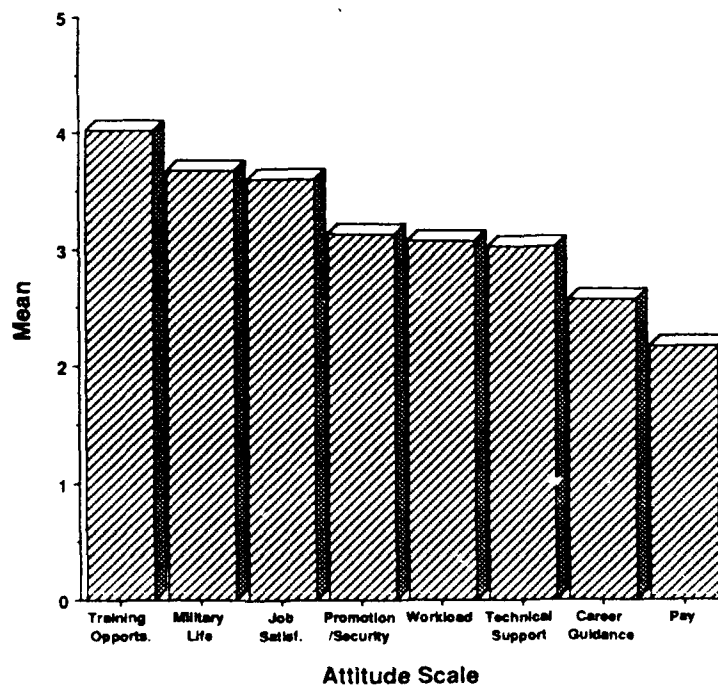


Figure 1. Mean Satisfaction Scores on the Eight Attitude Scales

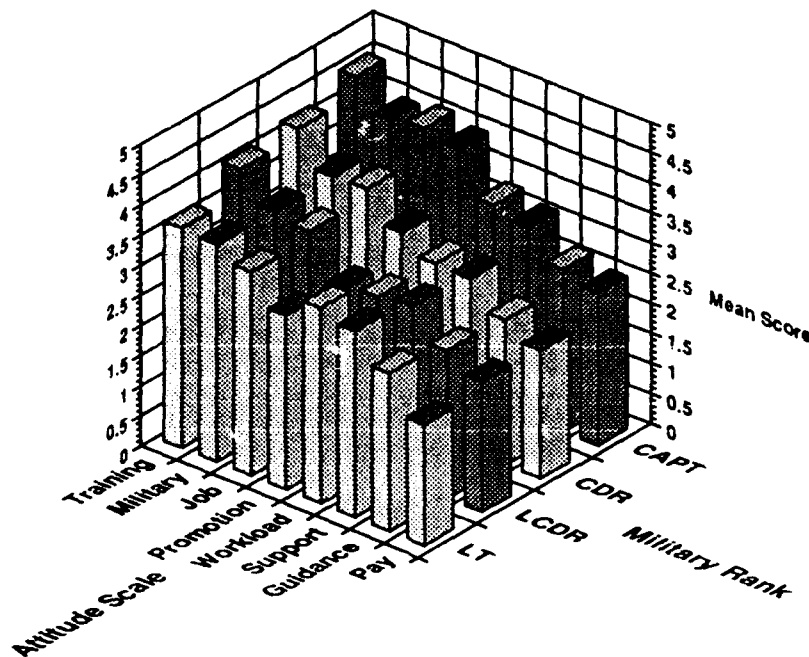


Figure 2. Mean Satisfaction Scores on Attitude Scales By Military Rank

Subsequent univariate tests, using the Roy-Bargmann⁸ stepdown procedure and an alpha level of .01, demonstrated a significant relationship between subspecialty and the following attitude scales: training, job satisfaction, promotion/security, and pay. As shown in **Figure 3**, lieutenant commanders who were general dentists or comprehensive dentists were generally more satisfied with their jobs, promotion, and pay than individuals who specialized in periodontics, endodontics, prosthodontics or oral/maxillofacial surgery. Lieutenant commanders who were comprehensive dentists or periodontists were most satisfied with training opportunities.

The multivariate analysis of variance of subspecialty and attitudes among commanders also demonstrated a significant effect ($p < .001$). Within this community, however, univariate tests indicated that the only significant effect occurred between subspecialty and pay. The order of the mean value of each subspecialty on the attitudes toward pay was very similar to the order of the subspecialties within the lieutenant commander group. The results of the multivariate analysis of variance between subspecialty and attitude scales among captains yielded no significant multivariate effects.

Qualitative Items. In order to identify issues of priority to Navy Dental Corps officers, narrative-response items were also presented in the survey. Respondents were requested to identify the three most positive aspects of Navy dentistry and the three areas of Navy dentistry which most need improvement. As shown in **Figure 4**, the

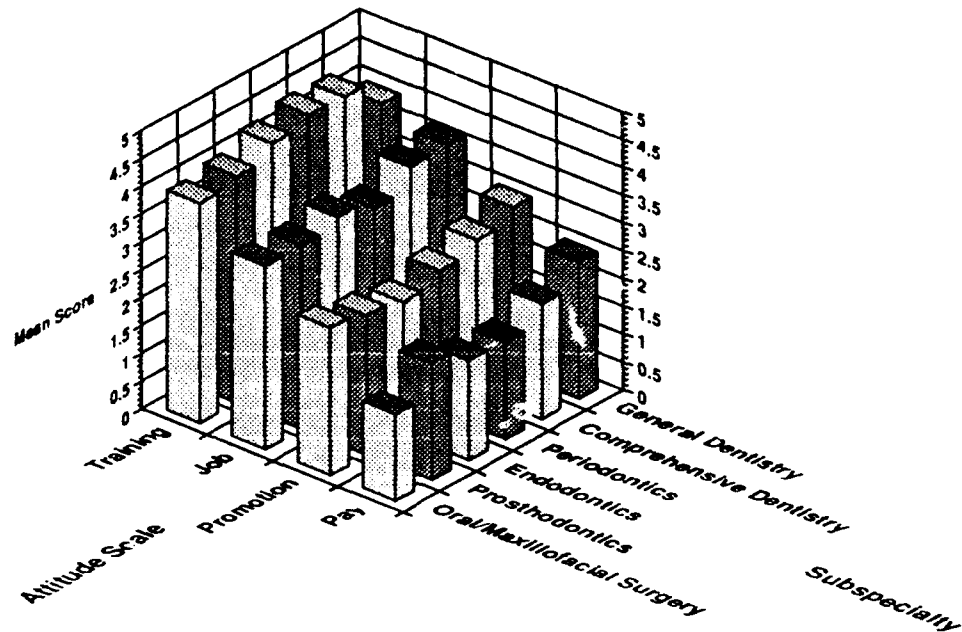


Figure 3. Mean Satisfaction Scores By Subspecialty Among LCDDR Dental Corps Officers (n=277)

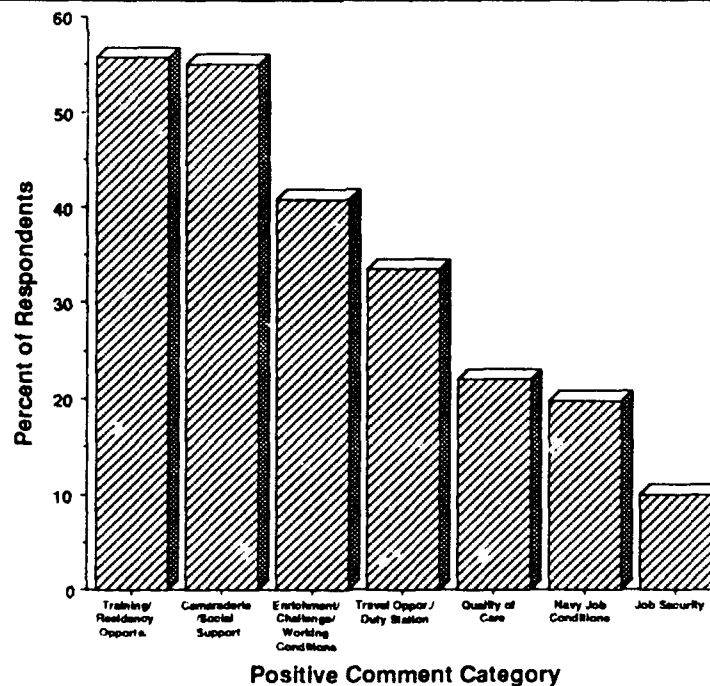
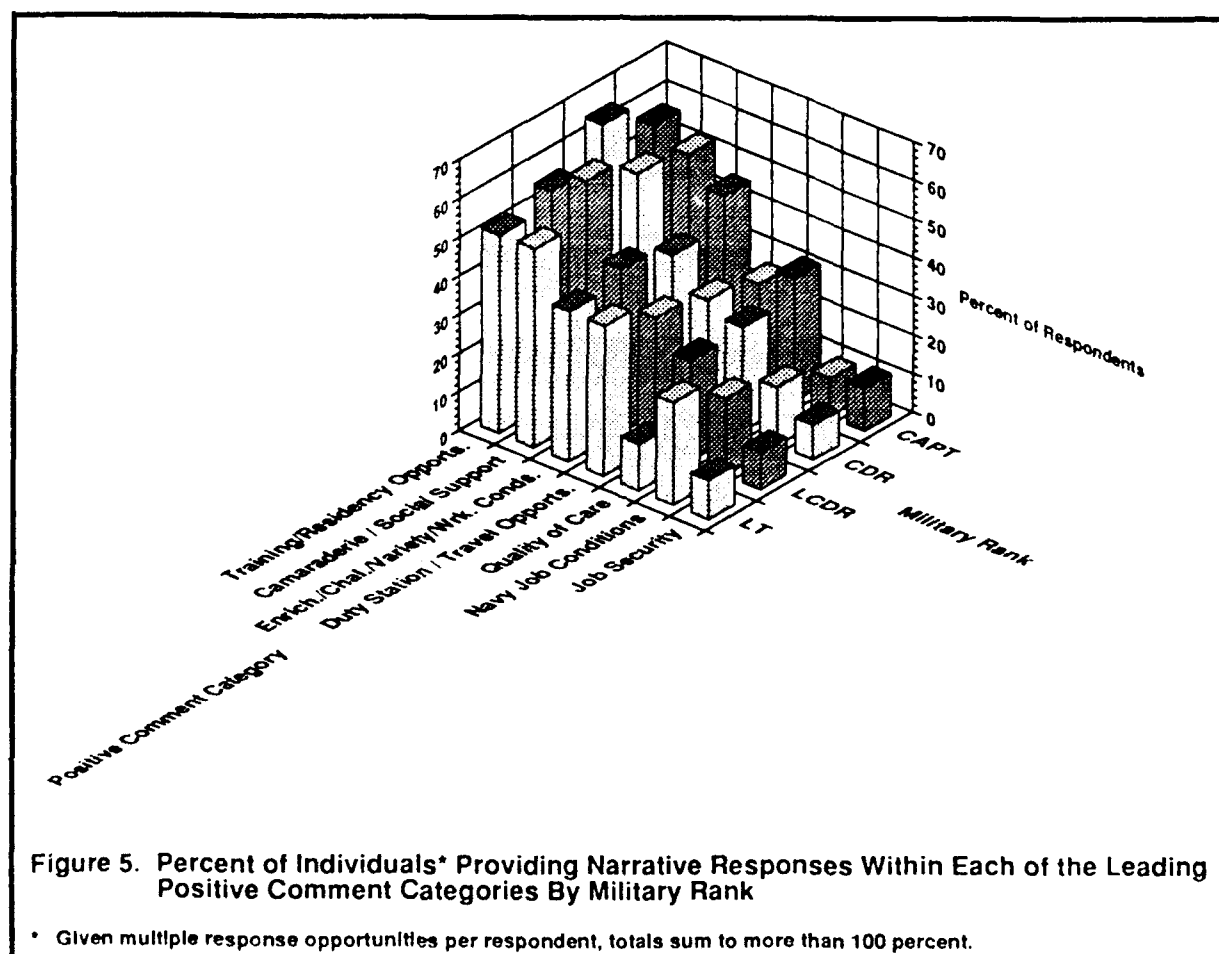


Figure 4. Percent of Individuals* Providing Narrative Responses Within Each of the Leading Categories of Most Positive Aspects of Navy Dentistry

* Given multiple response opportunities per respondent, totals sum to more than 100 percent.

results of the content analysis of these responses indicated that the most positive aspects of Navy dentistry were the training and residency opportunities and the camaraderie and social support among colleagues. In addition, many job-related factors were identified as positive aspects of Navy dentistry. These factors included: (a) challenge, variety, enrichment, and working conditions, (b) opportunities for mobility through travel or interesting duty stations, (c) high quality of Navy dental care, and (d) job characteristics (e.g., regular hours, the absence of malpractice and overhead expenses, and the provision of care to a ready patient population regardless of their ability to pay).

An inspection of the rank order of the response frequency of each of these leading positive aspects of the Navy Dental Corps indicated a general consistency across military ranks (Figure 5). Deviations in the rank order of response categories across military rank were infrequent and involved only adjacent categories when they did occur.



Invited comments regarding the three areas of Navy dentistry judged most in need of improvement were also analyzed. As shown in **Figure 6**, the leading areas identified as requiring improvement were pay, promotion opportunities, and administrative/collateral duty requirements. Additional areas which were identified less frequently included: a) enlisted staffing shortages, b) leadership, specifically leadership incompetence, an excess of executives, and the practice of favoritism, c) recognition, namely insufficient positive feedback, overemphasis on administrative tasks, and dissatisfaction with performance evaluation criteria, d) competence of enlisted staff, specifically competence of dental technicians, limited training opportunities for dental technicians, unmotivated attitudes of enlisted personnel, and inadequate lab and ancillary support, and e) material support, primarily inequity in supply distribution from command to command, limited supply access, slow supply delivery, and inadequate equipment. While considering these additional categories, however, it is important to remember that the specific points raised within each category are represented by relatively infrequent responses.

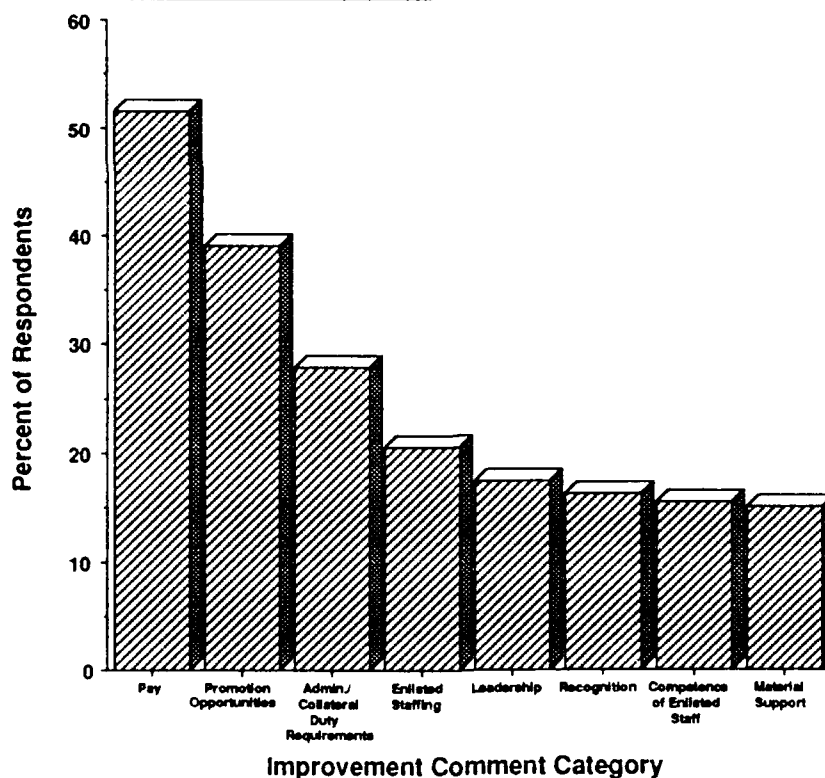
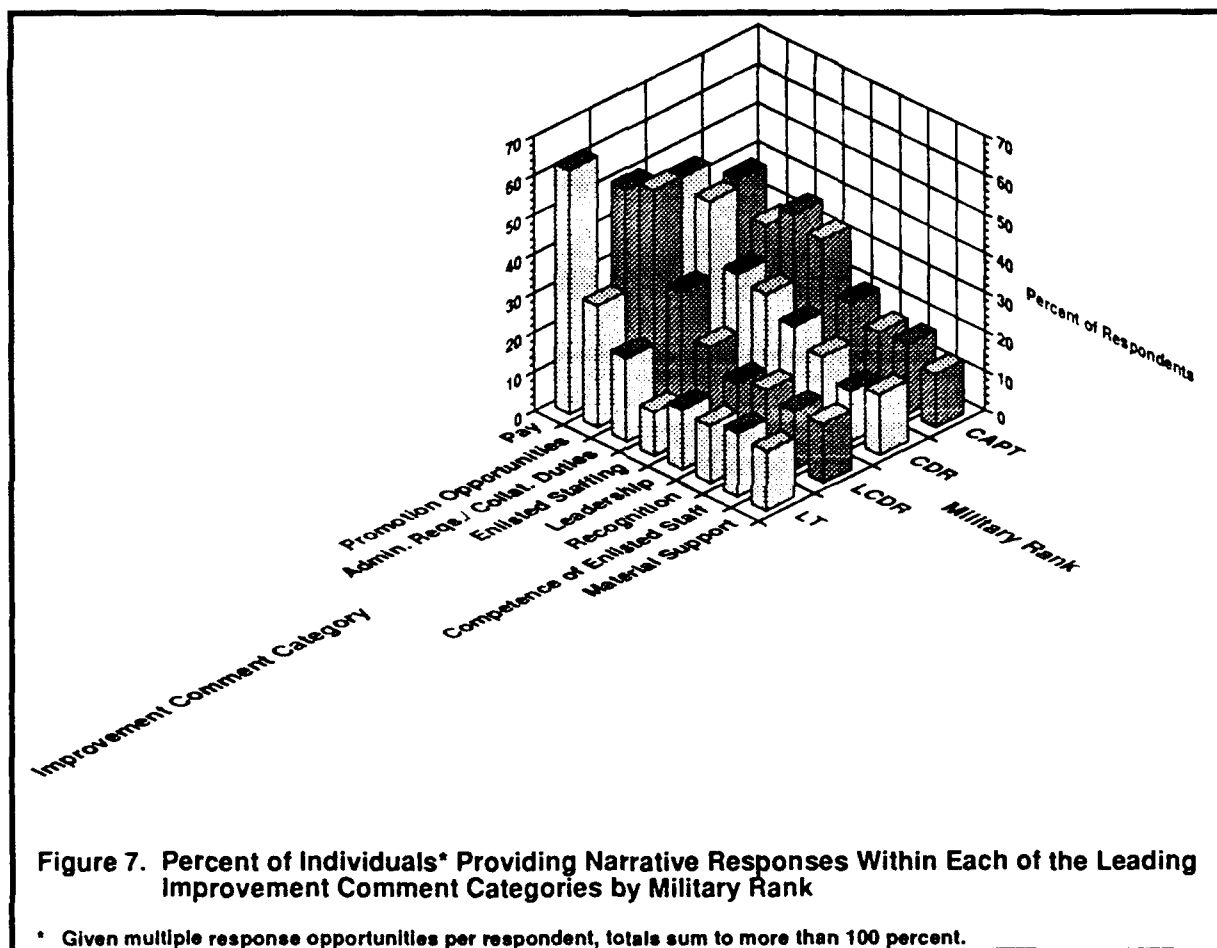


Figure 6. Percent of Individuals* Providing Narrative Responses Within Each of the Leading Categories of Areas of Navy Dentistry That Most Need Improvement

* Given multiple response opportunities per respondent, totals sum to more than 100 percent.

Figure 7 presents the rank order of the areas which most need improvement as reported by each military rank. While the rank order of these issues is generally consistent across military ranks, there appear to be some interesting differences in focus. Lieutenants, for example, tend to emphasize pay while lieutenant commanders and commanders focus more on promotion opportunities. Captains, on the other hand, more frequently identify issues related to administrative requirements/collateral duties and enlisted staffing. The percent of respondents associated with each comment category, as well as examples of comments within each category, are presented in Appendix E. In addition, the full text of the narrative comments of a sample of respondents is presented in Appendix F.



Turnover Intent

The turnover intent of this sample was assessed primarily by an item regarding each respondent's intended turnover decision within the next two years. The response categories were 1) continue on active duty, 2) separate from active duty, 3) retire, 4) undecided, 5) resign my commission, and 6) other. Figure 8 shows the distribution of these responses within each rank. As might be expected, lieutenants and captains were the groups most likely to express an intent to leave the Navy within the next two years. Approximately one-third of the lieutenants intend to separate from active duty or resign,

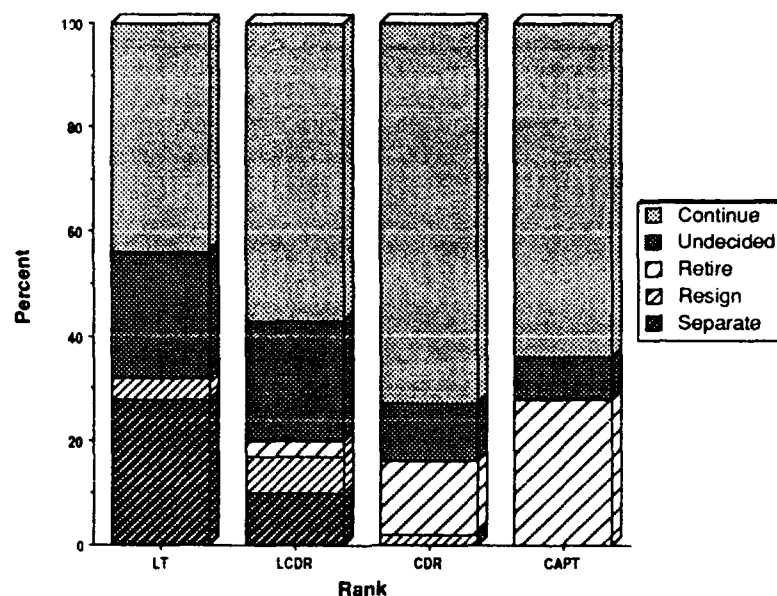


Figure 8. Turnover Intent Within the Next Two Years

and about one-fourth of the captains intend to retire. An additional comparison was made between the projected average **annual** losses (i.e., intend to separate from active duty, resign my commission, or retire) for each rank over the next two years, with the actual average **annual** losses during the previous two years. As shown in Table 5, the projected annual losses were greater than the previous annual losses for all dental officer ranks except commanders. The greatest relative percentage increase in anticipated losses occurred among the lieutenant commanders.

Table 5

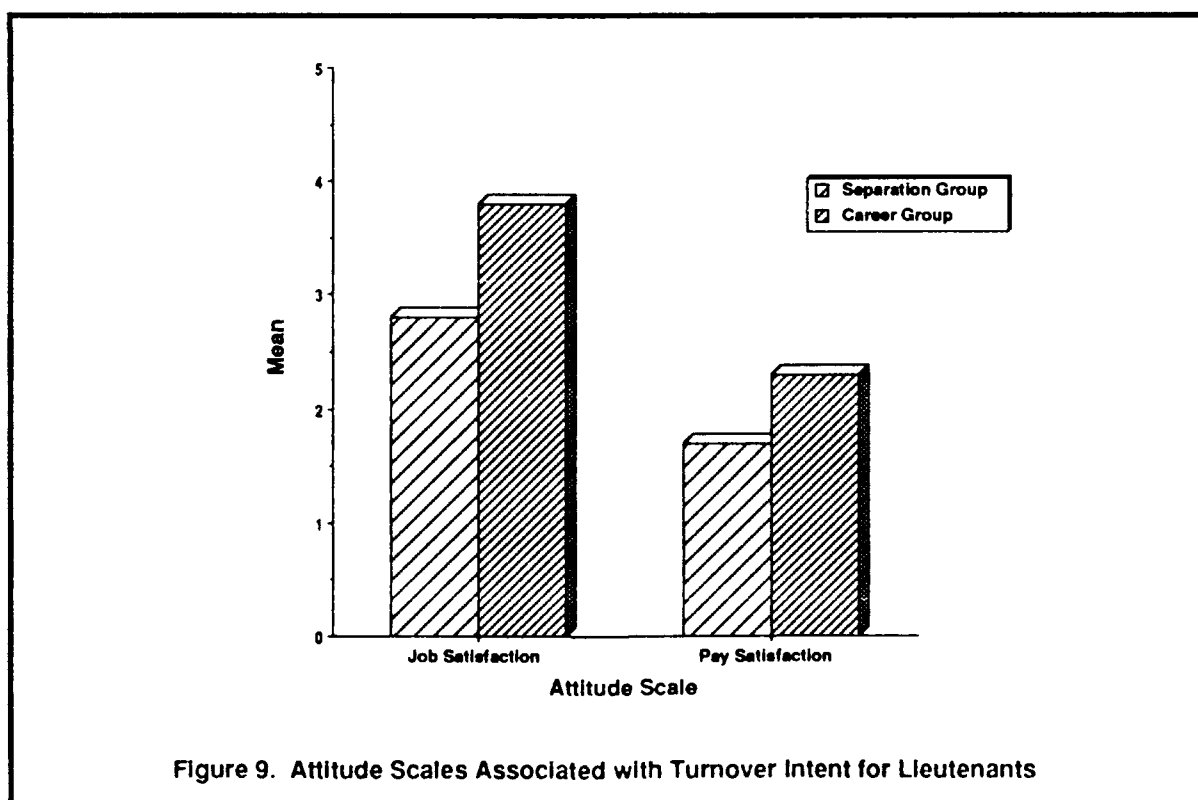
Observed and Projected Average Annual Losses Among Navy Dental Corps Officers

Rank	Average Annual Percent Loss		Relative Percentage Change
	Observed ('88-'89)	Projected ('90-'91)	
LT	14.3	15.9	11.2
LCDR	4.9	7.8	59.2
CDR	4.1	3.9	-4.9
CAPT	9.5	10.2	7.4

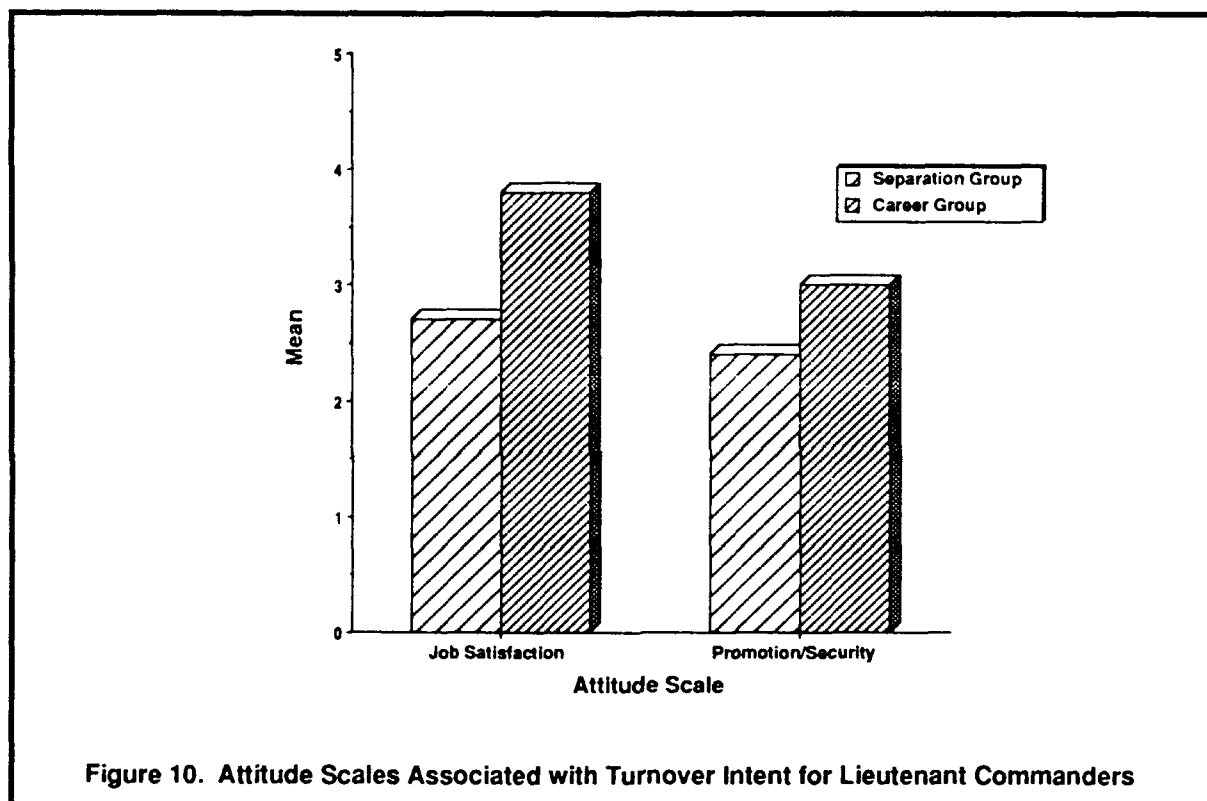
NOTE: Respondents who indicated their short-term turnover intent was undecided were not included as losses in these calculations. Observed loss data were provided by the Navy Personnel Research and Development Center.

In order to identify factors associated with turnover intent, respondents were divided into two groups. The first group, identified as the separation group, consisted of those individuals who indicated that they intended to separate from active duty or resign their commission within the next two years. The second group, identified as the career group, consisted of those individuals who indicated that the year in which they intended to leave active duty was 20 years or more after the year that they reported for active duty. Using these two criterion groups, separate multiple discriminant analyses were computed for lieutenants and lieutenant commanders to identify factors associated with turnover intent. The ranks of commander and captain were not included because most separation in these ranks is through the retirement process. The independent variables used in these analyses included two dummy variables, which were marital status (married=1; not married=0), and subspecialty (subspecialty=1; general dentist=0), and the mean scores on each of the eight attitude scales (training opportunities, job satisfaction, military life, promotion/security, workload, pay, technical support, and career guidance).

Within the lieutenants, there were 126 members in the separation group and 75 members in the career group. Because only four percent of the lieutenants had a subspecialty, this variable was not included in the analysis. The results of the multiple discriminant analysis indicated that job satisfaction and pay were significantly associated with group membership ($p < .001$). As shown in Figure 9, those individuals who were more satisfied with their jobs and with their pay were more likely to express an intent to remain in the Navy for an entire career.



In the group of lieutenant commanders, there were 47 individuals in the separation group and 127 individuals in the career group. Results of the multiple discriminant analysis indicated that job satisfaction, promotion/security, and subspecialty were significantly associated with group membership ($p < .001$). As shown in **Figure 10**, those individuals who had higher job satisfaction or expressed more positive attitudes toward promotion or security were more likely to express an intent to be a career Navy Dental Corps officer. **Figure 11** shows the proportion of lieutenant commander dental officers in each subspecialty who intend to separate from active duty within the next two years. Among lieutenant commanders, the anticipated separation rate for oral/maxillofacial surgeons, periodontists, and endodontists is nearly three times greater than the rate for general dentists, prosthodontists, or comprehensive dentists.



A second method of assessing factors associated with turnover intent was to conduct a content analysis of the specific narrative responses provided to the open-ended item which requested the primary reason for an individual's choice of turnover intent. **Figure 12** shows the distribution of responses provided by lieutenants and lieutenant commanders who expressed an intent to separate from active duty or resign their commissions within the next two years. Within this group ($n=169$), the narrative responses indicate that pay is the leading factor associated with expressing an intent to separate from active duty. Other leading factors include lack of promotion opportunities, preference for a career change, and dissatisfaction with job challenge, variety, or enrichment. These four factors account for 77 percent of all expressed reasons for intending to separate from active duty. A complete list of all narrative responses regarding the primary reason for separating from active duty is presented in **Appendix G**.

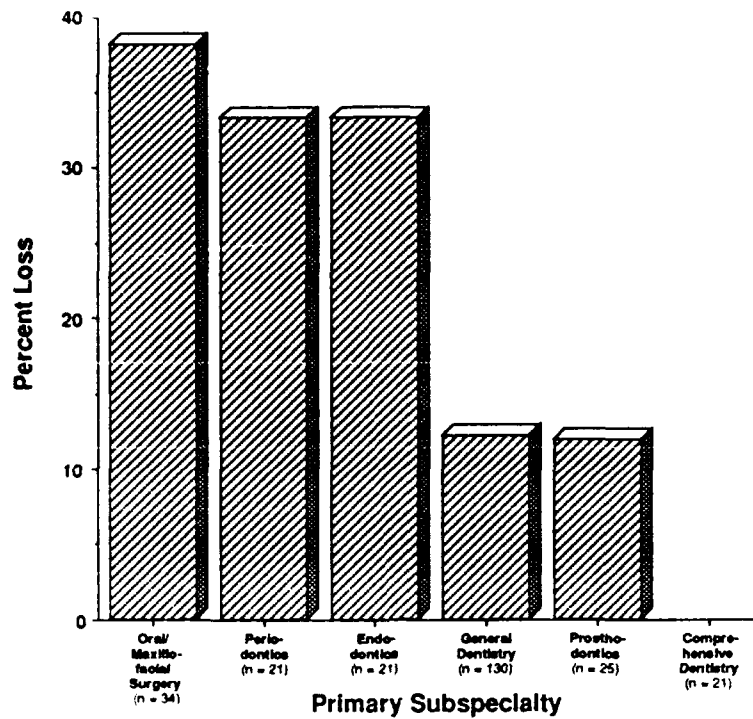


Figure 11. Proportion of LCDRs Separating by Primary Subspecialty

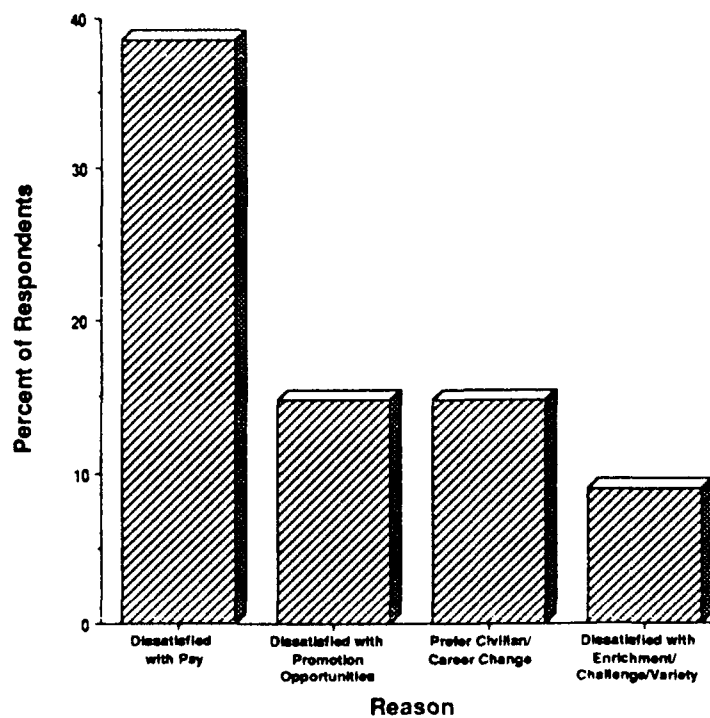


Figure 12. Leading Reasons for Intent to Separate/Resign for Lieutenants and Lieutenant Commanders (n=169)

DISCUSSION

In response to this survey, Navy Dental officers provided thoughtful insight into the issues confronting the Navy Dental Corps, a large and complex organization. Navy dental officers acknowledged appreciation for certain job conditions unique to Navy dentistry, and dissatisfaction with others. One of the most compelling findings of this study was that important professional values such as educational opportunities, professional growth, job challenge/enrichment/variety, quality of care, and professional camaraderie were both highly prized and well afforded within the Navy Dental Corps.

Within the private sector, a recent study indicates that while civilian dentists are generally satisfied with dentistry, they tend to be dissatisfied with the professional environment (e.g., malpractice risk), income, personal time, and practice management.⁹ In both the quantitative assessments and narrative responses in the present study, Navy Dental Corps officers demonstrated an appreciation for many of the professional advantages associated with Navy dentistry. These advantages included Navy job conditions (i.e., no overhead costs, no collection problems, regular hours, etc.), and job security.

Unlike many dentists in private practice, Navy dentists work in close association with many of their colleagues. This proximity facilitates both professional and social interaction and is viewed as a very positive aspect of the Navy Dental Corps. Similarly, many Navy Dental Corps officers expressed high levels of satisfaction with the military way of life. These attitudes often reflected a deep personal commitment to the nation, the Navy, and/or the Navy Dental Corps. This commitment was generally founded on a strong set of patriotic values and the conviction that the pursuit of the mission of the Navy Dental Corps was an important expression of those values.

Although many Navy Dental Corps officers acknowledge and appreciate the high professional standards exhibited in Navy dentistry and are loyal to the organization, they are relatively dissatisfied with the pay and promotion opportunities. Pay is a particularly acute issue among lieutenants, many of whom are struggling with large debts incurred through student loans. A review of dental school assistance policies or loan deferment programs may be indicated to address this issue.

While school loan debts present special problems among lieutenants, pay represents the most contentious issue across all ranks of the Navy Dental Corps. These perceptions of dissatisfaction with pay are probably multi-determined.¹⁰ According to Lawler's¹¹ discrepancy model, pay satisfaction is a function of the perceived amount of pay that should be received less the amount that is received. In the present study, most dentists believed that, even after expenses, they could make more money in the private sector. Such external comparisons are generally emphasized more by professionals than by blue collar workers and by younger rather than older managers.¹² These external comparisons may partially account for the fact that Navy dentists with a subspecialty in oral/maxillofacial surgery, endodontics, or periodontics reported lower levels of pay

satisfaction than general dentists. In addition to perceived discrepancies with the private sector, many Navy dentists identified professional pay and bonus discrepancies between the Navy Dental Corps and the Navy Medical Corps.

More recent refinements of Lawler's discrepancy model have demonstrated that pay satisfaction is also influenced by the perceived adequacy of the pay-system administration.¹²⁻¹⁴ Satisfaction with the pay-system administration is generally based upon perceived satisfaction with both the internal pay hierarchy and with the methods used to distribute pay.¹⁴ Unlike the private sector, the salary grades in the military are easily recognized and based largely on seniority of rank rather than pay-for-performance. The results of the present study demonstrated that the more junior officers, who receive less pay, spend proportionately more time in direct patient care, the primary mission of the Navy Dental Corps. This factor, coupled with perceptions that organizational rewards, such as promotion and recognition, are influenced more by collateral duties than by performance in direct patient care, may contribute to dissatisfaction with the pay-system administration. Within the Navy Dental Corps, it is probably well recognized that more senior officers must become increasingly involved in leadership and administrative roles, that collateral duty performance represents an important criteria for professional development,¹⁵ and that strict pay-for-performance is not feasible in the military. However, excellence in direct patient care must remain a fundamental tenant of Navy dentistry and should be prominently recognized in the reward structure of both officer and enlisted personnel.

Within organizations, there are typically numerous forces operating to "demoralize" incentive systems and adversely affect satisfaction.¹⁶ Comparisons of "demoralized" and "successful" incentive systems indicate that lax incentive administration is a primary cause of demoralization.¹⁶ It is, therefore, important to establish and maintain careful and diligent incentive administration policies which are perceived as fair and unbiased at all levels of the organization. Because organizational control systems and their attendant reward structures can produce dysfunctional organizational behaviors, such as rigid bureaucratic behavior, resistance, and invalid information, care must be taken to recognize the complexities of motivation and human behavior in the establishment of organizational policy.¹

While the proper application of extrinsic motivation and rewards is important, many positive organizational behaviors occur because they are intrinsically motivated and internally controlled.¹⁷ Professionals, such as dentists and physicians, are often intrinsically motivated by factors such as an internal sense of accomplishment by performing at a high level of competence or the enjoyment of positive patient-provider relationships.^{9,18} Intrinsic motivational factors such as these are believed to operate most effectively within organizations which provide accurate feedback, allow participation, and have standards which are moderately difficult to reach.¹

Within the military, promotion also represents a particularly important component of the reward structure. Aside from obvious pay, status, and responsibility implications, military promotion is a primary determinant of continued employment in the

organization.⁹ Failure to promote may signify involuntary separation or retirement. Within the Navy Dental Corps, promotion is viewed as a very important issue with which there is relatively little satisfaction. Because both pay levels and promotion rates in the Navy Dental Corps are largely beyond the control of the immediate organization, these issues are particularly difficult to address. In the absence of direct control over many Congressionally mandated policies, it is important to provide sufficient information to Navy Dental Corps officers to instill confidence that the issues of pay and promotion are recognized and that aggressive actions are being pursued to maintain parity with comparable professional groups.

The issues of pay and promotion are also important because they are associated with other important outcomes such as absenteeism and voluntary turnover.¹⁰ In the present study, job satisfaction, pay, and promotion were significantly related to turnover intent among lieutenants and lieutenant commanders. In fact, 53 percent of all lieutenants or lieutenant commanders who expressed an intent to separate from active duty identified pay or lack of promotion opportunities as the primary reason. Although turnover is a complex process which is determined by a number of factors, it is generally associated with both the **desirability of leaving** and the **ease of leaving**.²⁰ While dissatisfaction with the job, pay, or promotion opportunity are probably components of the desirability of leaving, the significant association between subspecialty (i.e., oral/maxillofacial surgery, periodontics, and endodontics) and turnover intent may reflect external opportunities which contribute to the ease of leaving. The results of this study indicate that turnover among lieutenant commanders in the Dental Corps, particularly those in the identified subspecialties, may be higher than observed in the past and may represent an area of vulnerability.

Other leading areas of concern expressed in the narrative comments by Navy Dental Corps officers included administrative and collateral duty requirements, leadership, competence of the enlisted staff, and material support. These issues provide a framework for more intensive focus and review at the clinic, command, and headquarters levels of the organization. The quantitative and qualitative information provided by the respondents of this study should provide a sound empirical basis for an improved understanding of the Navy Dental Corps and a valuable heuristic for policy deliberations.

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Appendix A

Primary Subspecialties By Education Level

Subspecialty	D: DDS/ DMD	J: Fully Trained	K: Board Certified	P: Master's Degree	S: Significant Experience	V: Formal Preparation	-- missing data		Total	
							N	%	N	%
1700 General Dentistry	232	33	23	2	169	51	147	657	57	
1750 Oral/Maxillofacial Surgery	0	26	43	0	25	2	3	99	9	
1725 Comprehensive Dentistry	0	18	20	0	47	3	3	91	8	
1769 Prosthodontics	0	51	15	0	19	0	0	85	7	
1760 Periodontics	0	38	19	0	12	1	1	71	6	
1710 Endodontics	0	22	24	0	18	3	1	68	6	
1740 Operative Dentistry	0	7	6	0	3	0	0	16	1	
1745 Oral Medicine/Diagnosis	0	1	8	0	3	0	2	14	1	
1735 Orthodontics	0	8	2	1	0	0	0	11	1	
1780 Oral Pathology	0	0	8	0	1	0	0	9	.8	
1775 Public Health Dentistry	0	4	0	3	1	0	0	8	.7	
1720 Dental Education Programs	1	0	0	0	2	3	1	7	.6	
1795 Pediatric Dentistry	0	7	0	0	0	0	0	7	.6	
1790 Dental Science and Research	0	0	0	0	4	0	1	5	.4	
1730 Maxillofacial Prosthodontics	0	2	0	0	0	0	0	2	.2	
1907 Health Services Quality Assurance	0	0	0	0	1	0	0	1	.1	
Total:	233	217	168	6	305	63	159	1,151	100	

Appendix B

A Copy of the Dental Corps Survey

DENTAL CORPS SURVEY

1. Designator (**check one**): 2200 ☐ 2205 ☐ 2. Rank: O - ____

3. Age: ____ years. 4. Sex: Male ☐ (1) Female ☐ (2)

5. Subspecialty Codes (**enter code number and qualification suffix**):

1) _____ 2) _____ 3) _____

Subspecialty Codes:

1700 General Dentistry	1745 Oral Medicine/Oral Diagnosis	1780 Oral Pathology
1710 Endodontics	1750 Oral and Maxillofacial Surgery	1790 Dental Science and Research
1720 Dental Education Programs	1760 Periodontics	1795 Pediatric Dentistry
1730 Maxillofacial Prosthodontics	1769 Prosthodontics	1806 Health Care Management
1740 Operative Dentistry	1775 Public Health Dentistry	1907 Health Services Quality Assurance

Suffix Codes (enter the letter which best applies):

D - Doctorate Level of Education	K - Board Certified	S - Significant Experience
J - Fully Trained	P - Masters Level of Education	V - Formal Preparation

6. Did the Navy provide financial assistance toward your basic dental education? No ☐ (1) Yes ☐ (2)

7. Have you received advanced dental education?

A) 1-year program (e.g., GPR, ACP): No ☐ (1) Yes, In-service ☐ (2) Yes, Civilian ☐ (3)

B) 2-or-more-yr prog (e.g., dental residency): No ☐ (1) Yes, In-service ☐ (2) Yes, Civilian ☐ (3)

8. Did the Navy provide financial assistance for your advanced dental education?:

A) 1-year program (e.g., GPR, ACP): No ☐ (1) Yes ☐ (2) N/A ☐ (3)

B) 2-or-more-yr prog (e.g., dental residency): No ☐ (1) Yes ☐ (2) N/A ☐ (3)

9. Year you graduated from dental school: 19 ____.

10. Years on active duty: ____ years.

11. Years as a Navy dentist: ____ years.

12. End of Active Obligated Service (if 2205) or DOPMA (if 2200): 19 ____.

13. Education: A) Dental degree (DDS/DMD): No ☐ (1) Yes ☐ (2)

B) Specialty Certificate: No ☐ (1) Yes ☐ (2)

C) Masters-level degree (MA/MS): No ☐ (1) Yes ☐ (2)

D) Ph.D.-level degree: No ☐ (1) Yes ☐ (2)

14. Marital Status (**check one**):

Single ☐ (1) Married ☐ (2) Divorced ☐ (3) Single Parent ☐ (4)

15. Children (**enter number**) ____.

16. Housing Status: Rent ☐ (1) Own ☐ (2) Navy Housing ☐ (3) BOQ ☐ (4) Other ☐ (5)

Career

17. Current Duty Station (**check one**) :

- | | |
|---|--|
| <input type="checkbox"/> A) Annex dental clinic | <input type="checkbox"/> G) Sea duty |
| <input type="checkbox"/> B) Branch dental clinic | <input type="checkbox"/> H) FMF duty |
| <input type="checkbox"/> C) Headquarters dental clinic | <input type="checkbox"/> I) Mobile construction battalion |
| <input type="checkbox"/> D) Naval dental school staff | <input type="checkbox"/> J) Other staff duty (e.g., BUMED, NMPC) |
| <input type="checkbox"/> E) Hospital staff | <input type="checkbox"/> K) Other, specify: _____ |
| <input type="checkbox"/> F) GPR, Specialty Residency or ACP | |

18. Years served in **each** duty assignment during Navy career (*round to nearest year*) :

- | | |
|--|---|
| ___ A) Annex dental clinic | ___ G) Sea duty |
| ___ B) Branch dental clinic | ___ H) FMF duty |
| ___ C) Headquarters dental clinic | ___ I) Mobile construction battalion |
| ___ D) Naval dental school staff | ___ J) Other staff duty (e.g., BUMED, NMPC) |
| ___ E) Hospital staff | ___ K) Other, specify: _____ |
| ___ F) GPR, Specialty Residency or ACP | |

19. Current Billet (**check one**) :

- | | |
|--|--|
| <input type="checkbox"/> A) Assistant dental officer | <input type="checkbox"/> F) Branch director |
| <input type="checkbox"/> B) Dental officer | <input type="checkbox"/> G) Executive Officer |
| <input type="checkbox"/> C) Director, dental services | <input type="checkbox"/> H) Commanding Officer |
| <input type="checkbox"/> D) Head, annex dental officer | <input type="checkbox"/> I) Staff officer (e.g., BUMED, NMPC, HSETC) |
| <input type="checkbox"/> E) Department head | <input type="checkbox"/> J) Naval dental school staff |
| | <input type="checkbox"/> K) Other: _____ |

20. Years served in **each** capacity during Navy career (*round to nearest year*) :

- | | |
|-----------------------------------|---|
| ___ A) Assistant dental officer | ___ G) Director, dental services |
| ___ B) Dental officer | ___ H) Executive Officer |
| ___ C) QA/RM coordinator | ___ I) Commanding Officer |
| ___ D) Head, annex dental officer | ___ J) Staff officer (e.g., BUMED, NMPC, HSETC) |
| ___ E) Department head | ___ K) Naval dental school staff |
| ___ F) Branch director | ___ L) Specialty advisor |

21. Total number of years assigned overseas duty: ____ years.

22. On the average, how many hours per week do you spend on **each** of the following?

(Hrs/Wk)

- A. ____ Direct patient care
- B. ____ Training (Dental CE, BLS and ATLS, etc.)
- C. ____ Collateral duties (e.g., QA/RM coordinator, committees, etc.)
- D. ____ All other organizational/professional duties (Duty, meetings, etc.)

Retention Issues

23. At the end of your active obligated service (2205) or within the next 2 years (2200), what is your career intent? **(check one, and indicate primary reason(s) on blank line)**

- ☐ 1) Continue on active duty ☐ 3) Retire ☐ 5) Resign my commission
☐ 2) Separate from active duty ☐ 4) Undecided ☐ 6) Other, specify: _____

Primary reason(s): _____

24. In what year do you plan to leave active duty? _____

25. Please use the scale on the left to rate your **satisfaction** with each of the following aspects of the Navy Dental Corps. Use the scale on the right to rate the **importance** of each item in your decision to remain in the Navy or separate/retire. If you are close to retiring at 30 years, how important has each been in your decision to stay in the Navy? **(Circle one number per item per scale.)**

Very Dissatisfied	1	2	3	4	5	Very Satisfied		Not at all Important	1	2	3	4	5	Very Important
	1	2	3	4	5		Educational opportunities		1	2	3	4	5	
	1	2	3	4	5		Professional camaraderie		1	2	3	4	5	
	1	2	3	4	5		Travel		1	2	3	4	5	
	1	2	3	4	5		Job security		1	2	3	4	5	
	1	2	3	4	5		Retirement benefits		1	2	3	4	5	
	1	2	3	4	5		Military lifestyle		1	2	3	4	5	
	1	2	3	4	5		Pay		1	2	3	4	5	
	1	2	3	4	5		Healthy patient population		1	2	3	4	5	
	1	2	3	4	5		Medical benefits		1	2	3	4	5	
	1	2	3	4	5		Promotion opportunities		1	2	3	4	5	
	1	2	3	4	5		Personal recognition		1	2	3	4	5	
	1	2	3	4	5		Job challenge and variety		1	2	3	4	5	
	1	2	3	4	5		Family-life compatibility		1	2	3	4	5	
	1	2	3	4	5		Equipment and facilities		1	2	3	4	5	
	1	2	3	4	5		PCS moves		1	2	3	4	5	
	1	2	3	4	5		Professional growth		1	2	3	4	5	
	1	2	3	4	5		Dental technical support staff		1	2	3	4	5	
	1	2	3	4	5		Other: _____		1	2	3	4	5	

26. Please use the following scale to rate your agreement or disagreement with each of the following statements (*circle one number for each question*) :

	Strongly Disagree		Undecided		Strongly Agree
A. Even after overhead expenses, I could make much more money in the private sector.	1	2	3	4	5
B. I have too many collateral duties.	1	2	3	4	5
C. The Navy Dental Corps provides excellent training opportunities.	1	2	3	4	5
D. Navy dental residency programs are as good as or better than civilian dental residency programs.	1	2	3	4	5
E. The 4-year time-in-service eligibility requirement for Navy dental residency programs is too long.	1	2	3	4	5
F. I am very satisfied with my job.	1	2	3	4	5
G. I am satisfied with the career planning guidance I have received from my <u>assignment</u> officer.	1	2	3	4	5
H. I am satisfied with the career planning guidance I have received from my <u>career development</u> officer.	1	2	3	4	5
I. My job interferes with my family life and responsibilities.	1	2	3	4	5
J. This command provides a very high quality of dental care.	1	2	3	4	5
K. I would like a greater opportunity to do research.	1	2	3	4	5
L. My work day is too long.	1	2	3	4	5
M. I would recommend the Navy to most dentists as a good place to work.	1	2	3	4	5
N. I have a clear career path in mind.	1	2	3	4	5

INPUT FOR THE CHIEF OF THE NAVY DENTAL CORPS

Please use this opportunity to communicate to the Chief of the Navy Dental Corps. All personal identification will be removed from your responses. They will then be transcribed, integrated with the responses of all other Dental Corps officers, and presented directly to RADM Clegg. Please be candid, legible, and concise.

Identify the three most positive aspects of Navy dentistry.

1. _____

2. _____

3. _____

Identify the three areas of Navy dentistry which most need improvement.

1. _____

2. _____

3. _____

Additional comments on issues of importance to Navy dentistry are encouraged and should be forwarded with this survey. ***Thank you for your cooperation!***

Please return this survey to:

D. Stephen Nice, Ph.D.
Naval Health Research Center
P.O. Box 85122
San Diego, CA. 92186-5122

Appendix C

Content Analysis Categories for Most/Least Positive Aspects of Navy Dentistry and for Primary Reason for Short-Term Turnover Intent

- 1 Contingent on pay
- 2 Appreciates regular/stable pay
- 3 Dissatisfied with pay
- 4 Contingent on promotion
- 5 Satisfied with promotion opportunities
- 6 Dissatisfied with promotion opportunities
- 7 Satisfied with leadership
- 8 Dissatisfied with leadership
- 9 Dissatisfied with career guidance
- 10 Appreciates camaraderie/social support
- 11 Lack of social support/recognition
- 12 Dissatisfied with morale
- 13 Satisfied with enrichment/challenge/variety/working conditions
- 14 Objects to limited enrichment/opportunity/challenge/variety
- 15 Appreciates quality of care
- 16 Dissatisfied with quality of care
- 17 Contingent on training/residency
- 18 Appreciates officer training/education/residency opportunities
- 19 Dissatisfied with officer training/residency programs/opportunities
- 20 Appreciates competence of enlisted staff
- 21 Dissatisfied with competence of enlisted staff
- 22 Dissatisfied with enlisted staffing
- 23 Objects of dental officer staffing (shortage)
- 24 Appreciates material support
- 25 Dissatisfied with material support
- 26 Satisfied with Quality Assurance program
- 27 Objects to Quality Assurance restrictions
- 28 Objects to collateral duty/administration requirements
- 29 Objects to dental/Dental Corps practices
- 30 Objects to other current Navy practices
- 31 Contingent on duty choice
- 32 Likes duty station / travel opportunity
- 33 Dissatisfied with duty station/detailing process
- 34 Dissatisfied with moving
- 35 Contingent on personal/family matters
- 36 Appreciates impact on family
- 37 Dissatisfied with impact on family
- 38 Appreciates job security
- 39 Dissatisfied with job security
- 40 Appreciates retirement/health benefits
- 41 Dissatisfied with retirement/health benefits
- 42 Retiring
- 43 Bad health / Disability
- 44 Not augmented
- 45 Obligated
- 46 Contingent on opportunities/feelings for job/Navy
- 47 Appreciates Navy job conditions
- 48 Prefers civilian / Career change
- 49 Interservice transfer
- 50 Appreciates military life
- 51 Dissatisfied with military life

Appendix D

Reliabilities of the Eight Attitude Scales

Attitude Scale and Associated Items	Standardized Coefficient Alpha
Career Guidance	.84
I am satisfied with the career planning guidance I have received from my <u>career development</u> officer.	
I am satisfied with the career planning guidance I have received from my <u>assignment</u> officer.	
Training Opportunities	.80
Educational Opportunities [satisfaction scale]	
The Navy Dental Corps provides excellent training opportunities.	
Professional Growth [satisfaction scale]	
Navy dental residency programs are as good as or better than civilian dental residency programs.	
Job Satisfaction	.75
I am very satisfied with my job.	
Job Challenge and Variety [satisfaction scale]	
I would recommend the Navy to most dentists as a good place to work.	
Military Life	.70
PCS Moves [satisfaction scale]	
Family-Life Compatibility [satisfaction scale]	
Military Lifestyle [satisfaction scale]	
Travel [satisfaction scale]	
Health Patient Population [satisfaction scale]	
Promotion/Security	.69
Job Security [satisfaction scale]	
Promotion Opportunities [satisfaction scale]	
Retirement Benefits [satisfaction scale]	
Personal Recognition [satisfaction scale]	
Workload	.59
My work day is [not]* too long.	
My job interferes [little]* with my family life and responsibilities.	
I [do not]* have too any collateral duties.	
Pay	.57
Even after overhead expenses, I could [not]* make much more money in the private sector.	
Pay [satisfaction scale]	
Technical Support	.50
Dental Technical Support Staff [satisfaction scale]	
Equipment and Facilities [satisfaction scale]	

* Inserted to reflect reversal of scale values.

Appendix E

Sample Comments Within Category Groupings

Below are samples of respondents' comments to three survey items. Preceding each set of samples is the category heading used to summarize those and similar comments. The three survey items requested:

- a) identification of the three most positive aspects of Navy dentistry,
- b) identification of the three areas of Navy dentistry most in need of improvement, and
- c) the primary reason for the respondent's short-term (within two years) turnover intent.

The Most Positive Aspects of Navy Dentistry or The Primary Reason for Turnover Intent Decision:	% of Respondents*
Appreciates officer training or education or residency opportunities	55.7%
Dental residency program / GPR program / Training opportunities	
C.E. programs / Specialty training / Advanced dental education	
Quality of training / Quality of dental officers	
Desire orthodontic specialty residency	
Appreciates camaraderie or social support	55.0%
Camaraderie / Social support system	
Consultation availability / Shared authority among colleagues	
Working with knowledgeable dental officers	
Interaction with other specialties	
Attitude of coworkers / Esprit de corps	
Satisfaction with enrichment/challenge/variety or working conditions	40.8%
Multiple career pathways	
Excellent leadership/management opportunities	
Different opportunities not available for civilians	
Clinical rotations / Challenge	
Opportunity to practice dentistry / Providing dental treatment	
Opportunity for overall self-improvement	
Job satisfaction / Professional satisfaction	
Good working conditions	
Milieu for personal and professional growth	
Professional growth/development	
Enjoy the Dental Corps / Career dental officer	
Opportunity for non-job-related activities	
Emphasis on physical fitness	
Sports / Recreation activities	
Appreciates duty station or travel opportunity	33.6%
Want to serve on a ship	
Operational tour	
Overseas billet / Opportunity to travel	
New duty station / Variety of settings	
Experiencing life all over the world	
Flexibility in personal life to travel	
PCS mobility / Like moving every few years	
Paid-for moving	

* Values are based on responses to 'most positive aspects of Navy Dentistry' item only. Due to multiple response possibility, values sum to more than 100 percent.

Appreciates quality of care	22.0%
Quality of care / Quality of service	
Corps emphasis on "quality"	
That dentistry is a practice and not a business	
Empathy for patients	
Good infection control	
Appreciates Navy job conditions	19.7%
Can retire at early age	
No overhead costs worry	
Can provide care despite inability to pay	
Don't collect payments from patients	
No malpractice / Practicing free of business and legal burdens	
Security of knowing family is being taken care of	
Patients are readily available / Large patient population	
Don't bring work home / Low stress level	
Having duty officers for emergency patients	
No worries over sick time, pay or vacation time	
Regular hours / Time off / Regular vacation time	
Leave and liberties / 30 days leave	
Appreciates job security	10.0%
Job security / Tenure	
Appreciates military life	8.6%
Enjoy Navy / Dedication to Navy/Dental Corps	
Putting on the uniform / Military man / Loyalty to country	
Combine military with dental career	
Unique career / Unique life / Unique lifestyle / Quality of life	
Goal- and mission-oriented	
Providing support to maintain healthy fighting force	
Appreciates pay	7.9%
Steady pay / Steady income / Stability of pay scales	
Pay regular and predictable / Good pay in the beginning	
Appreciate initial student loan deferment	
Have dependents in college	
Appreciates retirement or health benefits	6.5%
Working for retirement / Satisfactory retirement benefit	
Benefits / Health benefits	
Appreciates material support	6.4%
Excellent facilities / Excellent equipment	
Appreciates competence of enlisted staff	1.3%
Excellent staff	
Satisfied with leadership	1.0%
Excellent leadership / Compassionate immediate bosses	
Support given to Dental Corps by line community	
Superiors are very supportive of my career goals	
Satisfied with Quality Assurance program	.5%
QA	

Appreciates promotion opportunities	.4%
Promotion opportunity / In zone of promotion	
Like the prospects / Want XO/CO job	

Appreciates impact on family	.1%
Family-life compatibility / Family stability	

Aspects of Navy Dentistry Most in Need of Improvement or The Primary Reason for Career Intent Decision:	% of Respondents*
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Dissatisfied with pay	51.5%
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- Pay / Financial / Poor pay / Pay and compensation
- Salaries not in line / Increase pay
- Pay program for jr. officers / Pay at lower ranks / Pay discrepancy
- Bonus and professional pay higher in private practice
- Higher specialty bonus pay needed / Low specialty pays
- Increase the pay and bonuses / Bonuses
- Improve professional pay program
- Special pay lessens when member enters residency training
- ASP during residency (lack of adequate income)
- Dental school debt overwhelming
- Student loans unmanageable / Need loan deferment program

Dissatisfied with promotion opportunities	39.1%
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- No upward mobility / Promotion opportunity restricted
- Not enough promotion / Promotion system / Clean up promotion
- Slow promotion / Decreased promotion opportunity
- Consistency in promotion opportunity
- Inequities in promotion potential
- Promotion opportunities and equity / Minority advancement
- Revive frocking
- Administration path forced on people for promotion
- Increase importance of clinical dentistry for promotion
- Civilian dentists get more credit for promotion
- Difficult for doctors from private practice to advance
- Eliminate separate agendas for training and promotion
- Need input from specialty board for selection
- Uncertainty of future promotion
- Passed over for promotion
- Dissatisfied with augmentation process

Objects to administrative requirements or collateral duties	27.9%
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- No administrative support
- Too much administration / Bureaucracy in paperwork
- Decrease paperwork / Too much paperwork
- Reduce reporting requirements
- Decrease paperwork and accounting procedures / DIRS
- Written consults written incorrectly
- Dentists aren't chairside enough due to too much admin
- Too many collateral duties
- FMF duty is emphasized on collateral duty

* Values are based on responses to 'areas most in need of improvement' item only. Due to multiple response possibility, values sum to more than 100 percent.

Dissatisfied with enlisted staffing	20.6%
Number of dental technicians	
Better allocation of DTs	
Clerical staff lacking and DTs are filling in	
Enlisted staffing insufficient	
Dissatisfied with leadership	17.5%
Needs better leadership and management	
Stronger leadership training	
Most leaders are incompetent / Higher officers are inept	
Incompetent branch clinic directors / Directors crunching COs	
Lack of leadership / Leadership	
Lack of positive role models	
Leaders of vision needed / Lack of communicated vision by leadership	
Need command to enjoy dentistry	
Overall command organization	
Need few executives / Too many chiefs per indians	
Give control back to branch clinics	
Give control to subordinates of department heads	
LT and LCDR don't have enough authority	
Politics / Good ol' boy relationships / Favoritism / Buddy system	
Abuse by senior officers / Treatment of juniors	
Fitness reports are poor measure of individual	
Fitness reports not measuring main goal—dentistry	
Objects to lack of support or recognition	16.3%
Support the clinical dentist	
Support clinicians by administrators / Overworking staff	
Lack of appreciation of clinical skills	
Recognition for clinical—not administrative	
Lack of communication / Lack of contact	
Need for officers to voice opinions without fear of retribution	
Constant looking over the shoulder	
Constant worry to accept every task/duty	
Dental officers treated as children	
Disregard for personal wishes / Not open to suggestions/new ideas	
Need open and honest input	
Accessions of quality dental officers	
Recognition / Personal recognition / Limited positive feedback	
Evaluation system not fair / Performance reviews [need improvement]	
Stop occurrence screens	
Dissatisfied with competence of enlisted staff	15.5%
Need better trained dental technicians	
Quality of dental technicians	
Enlisted A, C, and prosthetic C school [needs improvement]	
Expand training opportunities for DT	
Dental technical support staff / Technician support	
Need to be able to handle their own	
Need quality personnel / Better lab support	
Ancillary support / Expand ancillary functions	
Lack of motivation in enlisted	
Lack of DT respect for personnel and patients	

Dissatisfied with material support	15.0%
Supply access / Supplies problems / Supply system	
Needs to be quicker	
Supplies not evenly distributed from command to command	
Equipment problems / Required to do more with less	
Resource utilization / Updating stock tables	
Bad facilities / Newer facilities	
Objects to limited enrichment/opportunity/challenge/variety	12.4%
Need administrative career path / Career progression	
Restriction to operative dentistry	
Want to practice complete dental science / More rotations	
Waste time on things not directed to professional development	
Loss of goal (to provide dentistry) / Loss of professional ethics	
Job challenge and diversity [needed]	
More variety/stimulation wanted / Variety of job opportunity	
Other job opportunities not readily available	
Tour not professionally rewarding / Not fun	
Decrease pressure for more productivity	
Tired of patient care	
Dentists in non-patient-care jobs	
Time for research [needed] / Time to teach [needed]	
More time for fitness [needed]	
Need better opportunity	
Lack of opportunities for minorities	
Limited opportunities of career paths for women	
Operational opportunity for women	
Junior lieutenants duty needs greater variety	
Junior officers need to develop skills	
Need to participate in professional program as jr. officer	
Dissatisfaction with officer training/residency programs/opportunities	12.1%
Increase training / Training not available	
Educational opportunity / Professional training opportunity	
Continuing education / Increase professional seminars	
Selection for training	
Increase specialty training programs	
Training/education for specialist inadequate	
More liberal training in orthodontic and postorthodontic	
Additional training for overseas slots	
More civilian training	
Training of junior dental officers to Naval officers	
Reward for residency training	
Emphasis on training	
Eliminate advanced clinical dentistry program	
ACP programs / Less C.M.E. Programs / Overhaul training programs	
Trained people-clinical, not administrative	
Dissatisfied with competence of dental officers	
Too long to get education / Shorter time for training	
Funding for education /	
Not enough TAD funding for continuing education	
Monotony of basic exams before training	
Dissatisfied with obligation conditions	

Objects to other current Navy practices 12.0%

- Realistic infection control [needed]
- Consistency in procedure [needed]
- Counting and ODR
- Reduce civilian contracts
- Parity with civilian hired practitioners
- Better interchange with civilian
- Friendship in the dental teams (shore and sea)
- Colleagues on practice concepts
- Kill DOPMA
- CNT uniforms
- Equal opportunity concerns / Retention and recruitment of minorities
- Discontinue reverse discrimination of females and minorities
- Dental officers should not lose credentials upon transfer
- Dependent overseas screening / Overseas screening process
- Dental care available to few dependents/retirees
- Service to fleet / Service to the fleet before deployment
- Too many large clinics not enough small clinics
- Have to work in the big clinics to be seen
- Differences from clinic to clinic [excessive] / Regionalization
- Budget restraints in the military overall / OPTARS too low
- Budget planning and allocation / Food allowance not good
- Get dental officer input for dental spaces before ship construction
- MSC should be utilized to free dentists to treat patients
- Need for computer education (ADP)
- Increase interaction of Dental Corps and line
- Dental Corps losing autonomy
- Treated as second class citizen to Medical Corps
- Enlisted promotion and pay raise / Need retention of DT
- Enlisted career motivation

Objects to dental or Dental Corps practices 8.6%

- Need to provide sedation
- Prevention of caries vs. treatment
- Dental Corps bias against oral surgeons
- Lack of availability of specialty care / Lack of specialty officers
- Need for prosthetics / Need to include oral pathology services
- Need for periodontics/pedodontists
- Underutilization of some specialists
- Lack of opportunity to provide prosthetic work
- Allow general dentists to do more than drill and fill
- Lose general dentistry if assigned only operative
- Allow general dentists to do all aspects
- Specialists should do difficult cases
- Need dentists to do clinical policy with practice
- Dental health care more responsible to operational needs
- Better coordinated fleet liaison programs
- No direct control over DT, supplies, or patient flow
- Can't have own supplies, DOR, DT, etc.
- Inefficient dental delivery system / Efficiency in clinical treatment
- Re-think blue-green shift
- Problem of following patients over the years
- Dental readiness figures are inaccurate and misleading
- Prosthetic lab tech career ladder
- Tougher selection into Dental Corps / Credentialing program
- Screen MSC officers to serve as DTFs

Objects to Quality Assurance restrictions (QA) Paperwork drills / QA system / Corps too obsessed with QA	7.0%
Dissatisfied with dental officer staffing Need retain/acquire quality dental officers Senior personnel not chairside / Active practice by senior staff Retired officers stay in billets Retention of nonproductive personnel Release from active duty senior officers Recognize aged general-dentistry board	7.0%
Dissatisfied with job security No tenure / No job security / Job security for junior officers Lack of job security due to DOPMA / DOPMA scares Need more alternatives to a 20-year career	5.3%
Dissatisfied with morale Morale / Low morale among junior officers Loss of team effort / Lack of dedication and view of big picture Need change of attitude of Navy dentists Backstabbing / Too much competitiveness Specialize-or-perish mentality No benefit to working hard—get more stuff	4.8%
Dissatisfied with quality of care Need to treat patients, not numbers / Patient treatment Increase after hour emergency patient visits	4.8%
Dissatisfied with duty station or detailing process Duty stations in less desirable places / Unable to get duty station Transfers / Assignments / Location of assignment Personnel assignments / Equality of PCS / Detailing process New commissioned dental officers get operational billets More operational billets Hate sea duty / Sea duty objection Overseas objection Needs more overseas billets Mandatory overseas time / All should serve at sea Tours should be longer	4.0%
Dissatisfied with retirement or health benefits Poor retirement benefits / Erosion of benefits Poor family medical care Put oral surgeon on carrier and give wartime benefits	3.9%
Dissatisfied with career guidance Uncertainty of career plan Quality of guidance to junior dental officers Idea that there is one career pattern that fits all	3.7%
Dissatisfied with moving PCS orders / Orders / Moves Treatment of people while moving Moving costs	3.5%

Dissatisfied with impact on family	2.0%
Improve family life / No stable family life / Stability	
Family separation	
Want to have children—don't want to work full time	
Dissatisfied with military life	1.2%
Don't know if military is for me / Lifestyle	
Improve base housing / Poor housing conditions	
Poor childcare available	
Dissatisfied with Navy job conditions	.3%
Want civilian practice / Private practice dentist	
Wants to be an employer not an employee	
Returning to civilian graduate school / Attending medical school	
Want a civilian teaching career / Change of jobs / Career change	
High stress	

The Primary Reason for Career Intent Decision:

Interservice transfer

Contingent on personal/family matters

Depends on personal life

Contingent on duty assignment

Depends if receive duty choice

Contingent on opportunities or feelings for job or Navy

Depends if still a challenge / Depends if Navy changes

Depends on opportunity available / Depends on many things

Contingent on promotion

Depends if get promotion / Selection outcome

Depends if receives selection for LCDR

Contingent on pay [career intent is undecided]

Financial / Money

Low pay / Low specialty pay / Uncompetitive pay

Dental school loans too high for Navy salary

Pay insufficient to cover school loans

Contingent on training or residency

Depends if receive training / Depends on residency

Not augmented

Failed to select / Mandatory

Retiring

Age / 20 years / 30 years / DOPMA

Bad health or disability

Bad health

Obligated to Navy

Complete full obligation of orders / Too many years invested in Navy

Appendix F

Input for the Chief of the Navy Dental Corps: A Sample of Respondents' Invited Comments

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LT Respondents

The MOST POSITIVE aspects of Navy Dentistry:

1. Excellent quality of dentistry being done along with good up-to-date equipment and materials.

The areas of Navy Dentistry which MOST NEED IMPROVEMENT:

1. Performance reviews are only done at fit-rep time and then after it has been written. There is a need for more frequent yet informal performance reviews to either correct deficiencies or excel at positive qualities.
2. Improve the family life by allowing for increased homesteading vice moving every 2-3 years, which is very difficult on working spouses and children.
3. Although better than basic pay, dental Special pays do not begin to help equal the cost of school loans and still maintain a pleasurable life-style. I plan to leave the Navy within two years due to inadequate pay if I am not selected for training because there is no financial future in staying due to money lost at PCS move time and poor family quality of life. The Navy is a great place to start. However, I feel I am quickly losing financial ground to my civilian peers.

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Next Respondent:

The MOST POSITIVE aspects of Navy Dentistry:

1. Excellent training opportunities.
2. Generally good working conditions/duty assignments.
3. Camaraderie — people I have worked with.

The areas of Navy Dentistry which MOST NEED IMPROVEMENT:

1. Promotion opportunities
2. Lack of support for junior officer by senior officers. Lack of concern for more junior personnel.
3. Pay and compensation.
4. Retention of nonproductive personnel — i.e., 30-year captains. Compare the Navy to the Army/Air Force Dental Corps. Compared to the other services (and other Navy communities) there is a distinct lack of well-defined career milestones. These milestones should be readily identified (i.e., board certification, specialty training, command, etc.) and if met should correlate strongly with promotion. In the Navy, it seems as though things vary year to year, and many dental officers feel that promotion board results are completely unpredictable.

Also: Detailers that don't lie would be a nice touch.

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Next Lt Respondent:

The MOST POSITIVE aspects of Navy Dentistry:

1. For the newly graduated dentist, the Navy provides training and experience second to none.
2. The Navy often provides meaningful and interesting continuing education (i.e., forensics, C2, seminars by Kerr).
3. The equipment (at my facility) is the best, and facilitates a good working environment and excellent patient care.

The areas of Navy Dentistry which MOST NEED IMPROVEMENT:

1. PAY. I will pay over \$1,000/month in school loans, and my salary does not offer much left over for a quality of life that I feel I need at 28 years of age. I cannot save money or even think about buying a small home (I have the standard of living of a student). I am missing a sense of security which I feel is important in a profession such as dentistry, which is missing due to inadequate pay. Our civilian counterparts are making much more money. Even at ages under 30. Base pay of \$1,832 (with \$100 more for DDS) a month is insufficient compensation for the services we're providing. I propose considering a raise in the DDS pay from \$1,200/year to that which equals MD's special pay. Keeping in mind the unfilled billets this year, a pay raise is indicated.

P.S.: This survey is most meaningful and I do hope I will see results from actions taken by your final summarization.

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Next LT Respondent:

The MOST POSITIVE aspects of Navy Dentistry:

1. Working with other providers in the same building and can consult with them.
2. Opportunity to travel.
3. Family atmosphere at this command.

The areas of Navy Dentistry which MOST NEED IMPROVEMENT:

1. Promotion opportunity, especially for officers who have completed residencies prior to active duty. The recruiters don't tell you about how you get credit for years for promotion without telling you the consequences of being passed over and being forced out the service. People are put in a hard position.
2. Need more support staff; techs and admin.
3. The overwhelming patient load overseas for dependents, where we have to limit what we can provide.

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Next LT Respondent:

The MOST POSITIVE aspects of Navy Dentistry:

1. Don't need to worry about patient billing and collection of fees.

2. Meet some good people; quality and people-oriented professionals who care about their patients and subordinates.

The areas of Navy Dentistry which MOST NEED IMPROVEMENT:

1. Lack of opportunity for promotion and training. Lack of job security.
2. Judging performance based on production is leading to lower quality. I have noticed numerous instances where annual exams were done without current radiographs in order to increase production, and resulted in missing even good-sized caries, lesions. I have done-over more exams and restorations than in the past, due to dental officers not taking time to do things right the first time. I believe that until we address the causes rather than the symptoms (i.e., using numbers to fudge ones performance) and more opportunities to training are opened, that the trend towards lower quality will continue.

Also I have been in the Navy for 5 years, done what was asked of me, volunteered for additional duties, gone overseas and aboard ship. Yet my chances for promotion are dim and I am not eligible for training, having been passed over. The dentistry I have practiced in the Navy has largely been amalgam dentistry, which has not prepared me well for civilian practice. I would like to make the Navy a career but right now see no future in it. If I am not performing competitively, it has never been addressed to me. Has it come down to promoting only those who know the right people, were assigned to the correct duty station, or are the most adept at blowing their own horn?

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Next LT Respondent:

The MOST POSITIVE aspects of Navy Dentistry:

1. Excellent GPR Program
2. Excellent training opportunities, other than ortho. For ortho, can't get selected until about 7 years active duty. I realize that it's based on need.

The areas of Navy Dentistry which MOST NEED IMPROVEMENT:

1. Being the only dentist on a ship is terrible—too many meetings, etc. I didn't go through college/dental school to sit at meetings and spot check DC equipment while my dental skills are wasted.
2. Takes too many years before one can pursue a specialty. Civilians become specialists before we can even begin a specialty program. If I have the grades, skills, etc. to pursue a particular specialty, why should I spend a minimum of 4 years on active duty before being selected? Many specialist in the Navy are selected because they have already served 5-8 years and are "Naval career oriented." Many of these people would not be competitive if they applied for civilian programs. Let the young guys specialize after their GPR if they're qualified. Then pay them the bonuses they deserve and more will stay in.
3. Bonuses equal to the Medical Corps. We have the same 8 years of training (post high school). We've already lost dental school scholarship opportunities.
4. Two years as the only dental officer on a ship is a huge waste of GPR training. To obtain an early promotion recommendation, one must spend his time doing collateral duties and kissing up to the captain instead of doing dentistry. Checking fire stations and doing command assessments on morale, etc. (and other collateral duties) are not good reasons for doing a GPR, yet that's what all GPRs do in their next 2 years.

Last year as a GPR, I worked at least 80 hours a week and I thoroughly enjoyed it. This year I worked 40-50 hours a week and I hated it. I spent 1/2 of that time (at the most) doing dentistry. I

can't wait to get off this ship and out of the Navy so that I can begin to develop again as a professional as I did during my GPR year. "One holer" dental billets are good for career oriented senior LTs and junior LCDRs because many of them like the admin better than patient care anyway. That's why they stay in.

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Next LT Respondent:

The MOST POSITIVE aspects of Navy Dentistry:

1. Excellent camaraderie
2. Excellent travel benefits/opportunities.
3. Good opportunity for direction if undecided out of dental school.
4. Excellent GPR program.

The areas of Navy Dentistry which MOST NEED IMPROVEMENT:

1. Blatant malpractice and patient mismanagement by dental officers for personal gain/praise (increase readiness at patient expense).
2. Little to no opportunity for advancement in a reasonable time period, with a gloomier future ahead with bases closing (decreasing billets)
3. Very low pay standards compared to civilian equivalent. (The Dental Corps as a whole needs to quit bitching about it behind closed doors and follow the example of our medical counterparts.)
4. Lack of maturity, incentive, and personnel numbers of dental technical support.
5. Absolutely ridiculous credentialing system. A monumental waste of money. Training people in advanced programs and not allowing them to utilize their newly acquired skills and knowledge. The one thing an advanced training program does is teach you your limitations. The Navy should have enough confidence in their programs to allow the graduates to practice their skills.
6. Even the new solution of core privileges is limiting. It is however a step in the right direction, as compared to the previous credentialing process. Ex. of previous system: How can a dental officer be credentialed to do certain procedures (i.e., bridges, impacted teeth, periografts, molar endo, etc.) as an isolated duty Dental Officer for his battalion without any supervision, yet now be able to do none of the same in a properly equipped clinic on deployment? (A clinic other than the deployment site clinic—the support clinic, mainside.)

If there were any way to get out of my obligation of 4 years today, I would. I am that dissatisfied with the system. I appreciate the opportunity to speak my mind candidly. I congratulate you on your effort to improve the system. The system however needs a major overhaul. There are little to no incentives, unlike 10-15 years ago.

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Next LT Respondent:

The MOST POSITIVE aspects of Navy Dentistry:

1. Travel to different areas of U.S. and parts of world, and work with different people, different cultures.
2. Free medical has allowed me to have [specified # of] wonderful children and [specified # and type of] surgeries at minimal costs.

3. Ability to purchase home in some parts of the world and still own it while living in military housing.
4. Build up speed, confidence, and use different dental materials.

The areas of Navy Dentistry which MOST NEED IMPROVEMENT:

1. I think it's completely unsatisfactory and a slap in the face to dental techs for them to not be able to be credentialed as expanded auxiliary (giving injections, carving, packing, etc.) when corpsmen (the same high school student) can stick me, push IVs, etc. Our upper management says: Let's do more with less but don't let dental techs do anything because the ADA doesn't want it! Something's seriously wrong.
2. The Navy's Information Control Program and med/legal QA System/DIRS is out of control and forces too much collateral duties and obligations that effect clinical performance. The Navy does assembly-line dentistry instead of general dentistry (crown/bridge, perio, endo, surgery and operative). Junior officers (0-5 years) get stuck doing alloys and composites, and other work is for the specialist or the fair-haired female dentist or favored male dentist working along side them. (No one else.)
3. Comment on upper management and Promotion Boards: my greatest complaint is that the Navy's upper management is largely composed of highly trained, highly paid administrators that sought training, augmentation, collateral duties, certain tours, so they could get out of clinical dentistry. There is no sensitivity or favor from Promotion Boards if you love clinical dentistry and do not want collaterals because you don't want to be an administrator. I have found many Navy-trained clinicians who sought training for the wrong reason. They don't like being a clinician but they gutted out training and collateral duties because early on they saw that the road to the top was through management and thus certain hoops had to be jumped through.

The Navy considers work and extra homework essential and family [un]important. It should be the other way around. Talk to the Chaplain Corps to see what damage has been done to family neglect for mission and advancement purpose. I'm a father ... and love my wife. I don't want the Navy as my "mistress" so that when I go home I have extra work that isn't allowed during work because I am expected at the chair.

Upper DC management seldom or never sits at the chair, but states they have their advisors who do! The majority would hate dentistry more if required to follow some of the paper-pushing policies they never had to work with. I believe there should be a clear route to promotion you decide early in your dental career. (Either "all clinical" or "future admin.") But the future admin type should be required to place a minimum of 10-20 hrs per week at the chair or he forfeits his special pay. If this were implemented, you wouldn't have administrator types taking training away from "true clinicians" because they want to be XO or CO some day. Also, instead of saying you must have collaterals, have them go get an MBA or get the Navy to have one. Oral surgeons have been the only specialty that the "true clinician" promotion has been honored.

All dentists in the Corps should have training, training, training as the #1 TAD/budget cost, not QA, house-hunting, facility upkeep, etc. Stop showing favoritism to a select few, let us do dentistry (complete tx plans) and stop promoting admin types who hate the chair, but look great on paper.

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Next LT Respondent:

The MOST POSITIVE aspects of Navy Dentistry:

1. Freedom from the business responsibilities of a practice (e.g., collections, malpractice suits, etc.).
2. Team work/sharing of expertise; specialization at most instances.

3. Variety of pace and daily work schedule; collateral duties giving other means of involvement with other people.

The areas of Navy Dentistry which MOST NEED IMPROVEMENT:

1. Pay — not enough to compare with civilian dentists, who don't have the rigorous life-style we do.
2. Job security — promotion and retention opportunities are poor and discouraging. We lose many very talented people.
3. DIRS and dental readiness — too much emphasis on promotion instead of patient needs. Also dentists are discouraged from other Navy activities because it might take away from production. For example — I am jet back-seat qualified, but have often had to take leave to participate. Such activities should be encouraged as fringe benefits of being military. On board our carrier, I don't have to take leave to fly, but am expected to make up for anytime I miss. This brings to mind the idea of Airwing/squadron dentist or "flight dentists." It would seem more efficient in the treatment of airwing personnel if their dentist was with them consistently. I know the interest among Navy dentists would be overwhelming, and I your first volunteer.

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Next LT Respondent:

The MOST POSITIVE aspects of Navy Dentistry:

1. Camaraderie with peers! (However due to emphasis of rank in the Dental Corps, there is distinct stratification which limits camaraderie)
2. Access to dental treatment is not limited by patient's "ability to pay," like private practice. (However, access is limited by inadequate availability of appointments.)
3. Ability to move geographically and experience other areas of the U.S. and the world. (Again, is now limited, due to attempts to save dollars)

The areas of Navy Dentistry which MOST NEED IMPROVEMENT:

1. Increased numbers and quality of dental technicians, hygienists. Dental officer productivity is continually wasted due to inadequate support.
2. Increased professionalism — reduce oppression of junior dental officers, reduce micromanagement. LTs and sometimes LCDRs are treated as if we're still dental students by our seniors, or similar to how jr. enlisted are treated. Military rank is given too much power; it is often abused. Many senior officers have very poor leadership and management skills and listening skills. We need to function as a group of mutually respecting professionals pursuing our primary function — which is patient care, not military activities and self-propagating paperwork! Let's concentrate on the bottom line — patient care — insuring access for all. (We continually diagnose disease and then have to compete for scarce appointment availability for our patients to get treatment.) Let's communicate standards of care in a positive, professional manner (rather than paranoia).
3. Get dental officers back to the chair and out of the collateral duty business. We need more enlisted and non-dental support for the heavy administrative burdens. Especially, get the specialists back to patient care!

The Dental Corps is overmanaged and underled. The managers use positional power (rank) to control subordinates instead of leadership qualities and less oppressive power bases such as expert power (expertise) or referent power (personal traits). Mutual respect is lacking.

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Next LT Respondent:

The MOST POSITIVE aspects of Navy Dentistry:

1. Wonderful opportunity to enhance, sharpen, share dental skills & experiences. Learning new skills!
2. Working with wonderful people — staff and patients! Opportunity to study specialties and having an adventure!
3. Opportunity to travel to places I would never have been able to see! I do love the Navy!

The areas of Navy Dentistry which MOST NEED IMPROVEMENT:

1. We need help with pay/dental school loans. I'm an O-3 over 0 years. My pay after taxes, military loans does not allow me to pay my bills (dental loans, car, credit, family needs). Right now I exist on a poverty scale! (I do reside in very nice base housing.) Some of my dental school loans are deferred, some I consolidated before the Navy. In all honesty, I do not know how I will pay my loans when all deferments are exhausted. Many of my contemporaries are being forced to enter private practice. I plan to make the Navy a career. However, I am not sure if I can financially afford to.

Even though I have two years private-practice experience and a CPR, I make less than my buddy, right out of school (& with no license). How? He was in the Army before dental school. I think with my skills and experience, I should be earning the same!

2. DOPMA cut-offs for dentists scare many of the new guys. Our career longevity is often a "locker room" subject. Good, hard working people should be rewarded with promotion in the Dental Corps.
3. PCS moves with a family will always cost the officer much of his own money. This area needs attention.

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Next LT Respondent:

The MOST POSITIVE aspects of Navy Dentistry:

1. Opportunity to work in some very nice facilities. (Also, worked in some very poor ones, too!)
2. Travel, and future opportunity for advanced training in some very good programs.
3. Operational exercises/military training — exercises with marines in Korea/Thailand, etc. I enjoy being at sea — lots of very good experiences.

The areas of Navy Dentistry which MOST NEED IMPROVEMENT:

1. PAY: Dental specialty pay needs to be increased (3-4 times current levels!) to be competitive with private practice and with those pays given medical side of the house.
2. RESPECT: Line community has to stop treating dental like second-class citizens. The Dental Corps is much better than Medical Corps. Wish they would learn this soon!
3. SUPPORT: I feel like I don't receive the specialty support that my troops deserve! I'm tired of making excuses why they can't get dental work completed. They only get patch work and eval — but no appointment to get definitive treatment. One major concern most of us have is our job security! After 2 years of in-processing recruits, 2 years of the beach, desert and mountains with the

Fleet Marines, and independent duty aboard ship, I feel that I have paid my dues. Now with this large reduction of force, I wonder if I'll have a job (even if I am USN and promoted to LCDR). It's difficult to make long term plans and set goals, with the uncertainty of our armed forces. I would like to see a plan in writing of how they tend to reduce the numbers in the Corps within the next five years (i.e., # retired, # resigned, # reduction in recruitment, etc.). Maybe this would put some light on our situation for the future!

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Next LT Respondent:

The MOST POSITIVE aspects of Navy Dentistry:

1. The ability to move and travel.
2. The opportunity to work in a group-practice setting to benefit from specialty advice.

The areas of Navy Dentistry which MOST NEED IMPROVEMENT:

1. Continuing education. I have received one 3-day course in the past 2-1/2 years with the FMF.
2. The Dental Corps should put more emphasis on patient care and reduce the amount of paperwork, which distracts from patient care.
3. Allow L1s to do a greater variety of patient treatment and consider allowing such procedures as nitrous sedation and IV sedation.

I was pleasantly surprised to see this survey come across my desk and learn that anyone was interested in the general satisfaction of Dental Corps members as a whole. I would like to expand on my answers to the questions to give a little clearer understanding of my experience in the Dental Corps.

I feel that I have been underutilized [as] a dentist and over-utilized as a secretary. I joined the Navy hoping to do general dentistry, yet for the past 4 years I have been doing, almost exclusively, amalgam and composite restorations. I am frustrated by the fact that I have not completed a root canal, that I have not prepared any type of fixed prosthetics or any type of removable prosthetics, and have performed only an insignificant number of routine tooth extractions. On the other hand, we spend an ever increasing amount of time on collateral duties, DIRS, Readiness reports, time accounting, etc., which I see as providing no benefit towards improved patient care.

What really rubs me the wrong way is that we are evaluated primarily on our collateral duties and that quality of care and patient handling are of little concern when it comes to promotion. It is assumed that everyone is an excellent dentist, yet we spend endless hours on quality assurance and fill out incidence reports.

In the area of continuing education, the Navy apparently feels that it is a reward and a luxury. Continuing education is a necessity and the best means of staying current on improvements in treatment. At the current rate of continuing ed. hours I have received, I am in danger of not fulfilling state licensure requirements. A current license is a requirement by the Navy, yet maintaining that requirement is made difficult by Navy policy.

I understand that some of my complaints with the Dental Corps are a function of the size of clinic [where] I have been stationed, but I hope that my experience is in the small minority and not the majority.

Next LT Respondent:

The MOST POSITIVE aspects of Navy Dentistry:

1. Group practice environment.
2. Stable practice.
3. Health care benefits.

The areas of Navy Dentistry which MOST NEED IMPROVEMENT:

1. The typical dentist enters the Navy as an O-3 under 2 with a three-year deferment of school loans. Any substantial pay increases or special bonus is enacted past the initial service obligation. The dentist is then faced with an outstanding debt (from student loans) which almost entirely nullifies any pay advantage of continuing with military service. If Dental Corps is serious about retaining dentists past the 3-to-5-year period, some degree of relief must be found to help. The young LT eliminates a portion of the student debt during the 3-year grace period, without having to endure a substandard way of life. A solution would be to have every LT enter as an O-3 over 4 and begin the \$6,000 continuation pay immediately. This would enable the LT to enjoy a reasonable life-style and initiate payment on the principal of the loan. I expect nothing but lip service to this particular problem. The Navy currently has no problem recruiting young dentists who really have few options in obtaining job opportunities in the private sector. As long as the Naval Dental Corps is able to find bodies to fill these three-year duty tours, the Corps will not spend the insignificant (compared to current medical officers, or even 1 jet) amount of money which could ensure a stable source of LTs to fill the career slots of the future.

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Next LT Respondent:

The areas of Navy Dentistry which MOST NEED IMPROVEMENT:

When I was recruited to come into the Navy out of private practice, I entered the Navy after 5 years of private practice. When I was recruited, Capt. [name] had talked to me on the phone and told me what an advantage my 2-1/2 of constructive time would be for promotion. He told that although I wouldn't be getting paid for my private practice time, I would promote early.

Last year I was passed over for selection to LCDR because I found myself in the zone after only 3 years of active duty and had too few fitreps. Something needs to be done to reward those who come out of private practice. I already had experience and was productive for the Navy immediately. I was getting paid the same as the officers right out of dental school.

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Next LT Respondent:

The MOST POSITIVE aspects of Navy Dentistry:

1. Navy dentistry provides a newly graduated dentist the opportunity to build confidence, speed/quality of work, and professionalism.
2. Navy dentistry provides incredible travel opportunities, ranging from a world-wide variety of duty stations to the MAC Flight Space "A" Program.
3. Navy Dentistry, as a whole, retains dental specialists, which allows for routine professional dialogue between dental officers.

The areas of Navy Dentistry which MOST NEED IMPROVEMENT:

1. Financial compensation: The average dentist of today has accumulated \$40,000 to \$70,000 of educational debt. The current trend is to incorporate continuation pay into the dental officer's personal budget for school loan repayment. The Dental Corps' policy of suspending continuation pay while attending formal residency training places a severe financial burden on many dental officers. Recommendation: reinstate continuation pay for Dental Corps officers in formal residency training (duty under instruction).
2. Productivity: The Dental Corps demands a high rate of productivity from its dental officers. Yet the current trend in many commands takes Q.A. coordinators, clinic directors, XOs and COs completely out of patient treatment, thus decreasing the command's overall productivity. This is very disenchanting to junior officers. Leadership by example should not stop at the end of an L.M.E.T. course. Recommendation: senior officers in executive positions should continue "hands-on" patient treatment on a part-time basis.
3. Fitness Reports: The evaluation system for Dental Corps officers is extremely overinflated. Such grade inflation contributes to an already highly competitive atmosphere in the Dental Corps. When 95% of officers are rated as being in the top 1% of the Dental Corps, Selection Boards are hard pressed to make selections of the best officers. Recommendation: "call a spade a spade" when evaluating dental officers. The truth hurts. However, the Dental Corps will be better off in the long run by attempting to change an outdated system rather than succumbing to the system's inherent weaknesses.

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Next LT Respondent:

The MOST POSITIVE aspects of Navy Dentistry:

1. I enjoy the operational aspects; ships, aircraft, travel. I enjoy the Navy mission and teamwork.
2. Educational opportunities and conferences.
3. Camaraderie and fraternity that being a Naval officer offers.

The areas of Navy Dentistry which MOST NEED IMPROVEMENT:

1. Lack of leadership and poor personnel and materiel. I am looking to develop skills in these areas — where are my role models?
2. Pay.
3. Lack of trained technicians and too much B.S. paperwork that takes away from patient time for both DDSs and techs.
4. We are always hearing, "Do more with less." Can you really believe that increasing the paper shuffle is going to let us have more patient care time? Taking away chairside personnel and putting them into paper-pushing jobs is ruining the Navy Dental Corps. Taking techs and making them do the admin work is decreasing productivity, as doctors are having to work by themselves or with untrained Red Cross volunteers, and leads to decreased productivity, decreased patient satisfaction and decreased officer retention. That's really how it is!

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Next LT Respondent:

The MOST POSITIVE aspects of Navy Dentistry:

1. I believe that, as a whole, Navy dentistry provides some of the best dental care in the country and continues to move forward in this regard.
2. Outstanding educational opportunities and training programs.
3. The professional camaraderie is outstanding and a truly rewarding part of Navy dentistry.

The areas of Navy Dentistry which MOST NEED IMPROVEMENT:

1. NDS Bethesda appears to be on the cutting edge of many areas of dentistry whereas other commands have trouble getting routine supplies, e.g., amalgam, bonding agent. I see this as a major discrepancy.
2. Many commands lose sight of the fact that we are all indeed in the Navy — the same Navy of the members of the fleet — and often it is not evident that dental officers are Naval officers, particularly with respect to how the chain of command works, and the sometimes excessive emphasis on the "rights" of enlisted personnel and rewards for a job not always that "well-done" by enlisted personnel. In situations of conflicting personalities and opinions as to operating procedures and daily functioning, so often it seems that while the Dental Corps "looks out" for its enlisted support, it often ignores the "rights" of its officers and fails to provide the guidance, support and rewards for hard work needed by from the most junior officer to even more senior-level officers.
3. In this era of "rights and responsibilities," there is too much "handling with kid gloves" of some situations for fear of insulting someones race, sex, or ethnicity. The result is often a "reverse prejudice" where it is not the qualified people who receive the "preferred" treatment, so to speak, but those who invoke the most fear in the upper management as having the possibility of claiming "unfair treatment" due to race, sex, or nationality.

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Next LT Respondent:

The MOST POSITIVE aspects of Navy Dentistry:

1. Training and experience.
2. You have specialty support — you are never alone.
3. Opportunity to deploy — the adventure.

The areas of Navy Dentistry which MOST NEED IMPROVEMENT:

1. Compensation for student loans incurred by us who had to borrow.
2. The pay raises we have are significantly less than our peers in private practice.
3. Job security — While many people struggle with overhead in private practice and "business pressures," dentistry in the private sector still has a lot to offer. I have been offered 4 jobs that pay significantly more money than I make now (e.g., \$42,000-\$55,000) to start, plus a bonus if I produce more! Ten years from now times 2. This, in an area where \$36,000 is a lot of money; not California). I love the Navy, I don't want to ever leave it. But, the following reasons pull me hard to private practice.
 - a) DOPMA — I know outstanding dentists that have been in for 14-16 years and passed over twice for O-5. You only need one C.O. at 12 years in to have this problem! And he could burn me on my fitness report because he doesn't like _____ about me. I will not take that risk even though I am 4 fitness reports ranked #1 and 1% early. In private practice I get rewarded directly (\$\$\$) for going far beyond the mark.

Suggestion: improve the separation pay if rotated out before 20. \$30,000 is dog food for separation because of 1 bad fitness report. I'm good, and I know I am. The Navy is a choice, not the only choice, and not even a secure choice. The latter scares me!

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Next LT Respondent:

The MOST POSITIVE aspects of Navy Dentistry:

1. Opportunities for career enhancement and development through continuing education, specialty training, and readily accessible consultation with specialist.
2. The amount of uniformity present is enough to make a new duty station [merely] a change in clinic location and not an entirely new indoctrination to new policies, records, etc.
3. Ability to have access to fairly modern machinery and equipment — especially in very remote clinics such as mine. I'm sure there are operatories in many CONUS private practices that don't have what I do at my disposal.

The areas of Navy Dentistry which MOST NEED IMPROVEMENT:

1. Improvement in the quality of technicians. I have been very disappointed (in only 2 years active duty) in the inexperience, inability, and the contagiously bad attitudes of the techs that I have worked with.
2. Present system of one-film bite wing radiographs is terrible! The difficulty of proper angulation coupled with the inept technicians result in very poor films, which means more retakes. It should be done just like it is taught in dental schools — premolar and molar bitewings.
3. Updating of Stock Tables to include more modern types of restorative material and impression materials which now are made on open purchase. This would save time, especially at my duty station where open purchase items take 3-4+ months to receive.

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LCDR Respondents

The MOST POSITIVE aspects of Navy Dentistry:

1. Interaction with other dental specialties.

The areas of Navy Dentistry which MOST NEED IMPROVEMENT:

1. Pay — must be equitable with our civilian counterparts.
2. Promotion — too long, too little, too late for promotions. There is no "reward" for those that work hard day in, day out.
3. Dental technician support — dental officer spends too much time on administration duties — should be providing patient care.

Statement 5 [of this survey] sums it all up about my specialty in the Navy. They don't even list orthodontists 1735-Js. That sends out a clear message where we stand in regard to the Navy Dental Corps.

Next LCDR Respondent:

The MOST POSITIVE aspects of Navy Dentistry:

1. Variety — travel opportunities, different clinics to work in, work with people from all over the country and different schools.
2. Basic job security, adequate pay, leave time.
3. People — there's a little of everything.

The areas of Navy Dentistry which MOST NEED IMPROVEMENT:

1. Feedback and personal recognition — more than an annual evaluation; need to improve evals.
2. Better leadership and management — we are all professionals and doctors.
3. Patient care — Too many board certified/qualified practitioners not treating patients.
4. Increase quality of support personnel — chairside and administrative.
5. Reduce administrative/collateral duties. Our primary job is patient care.

I would hope that the compiled results of these surveys would be made available to all members of the Navy Dental Corps. By having a common knowledge of the consensus of opinion, recognition of deficiencies noted and recognition of strengths noted, we, better positioned to help resolve present deficiencies, prevent future deficiencies and build on the strengths that are found within the Dental Corps. I was surprised to have received such a survey but I am very glad to have had the opportunity to respond.

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Next LCDR respondent:

The MOST POSITIVE aspects of Navy Dentistry:

1. Professional camaraderie/group practice — Most positive aspect, being able to discuss professional matters.
2. Varied tasks and collateral duties as experience increases, broadens scope to allow visualization of big picture.

The areas of Navy Dentistry which MOST NEED IMPROVEMENT:

1. Resource utilization — we would be much more cost-effective if each D.O. had 2 chairside assistants.
2. Need to revamp standard stock supplies to allow procurement of "State of the Art" supplies and equipment.
3. Restructure Corps to give back control of branch clinics to Naval base commanders. Branch clinics seem to get short end of stick from parent command unless physically located in close proximity. Give branch directors the ability to manage the clinic to best serve the local area. Policies made at NDCs just don't apply at outlying clinics, leaving OIC or branch directors hands tied!
4. Overseas screening process is a joke! Standardization of Qual vs Disqual, relate to what is actually available at overseas locations. Especially where dependents are involved. Have Navy commands review or recommend for disapproval for overseas TRSN and actually take our advice.

5. Enlisted training has got to improve also. Seems a great decrease in ability of DTs in past 5 years. Should be more incentive for enlisted to strive for betterment/retention. Where have all the motivated, squared-away sailors gone to?

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Next LCDR Respondent:

The MOST POSITIVE aspects of Navy Dentistry:

1. Highest quality of dental care in the world.
2. Professional development.
3. Camaraderie.

The areas of Navy Dentistry which MOST NEED IMPROVEMENT:

1. Poor leadership — COs [are] only concerned with their own career. Many have not been involved in treatment for years and hence don't really appreciate the constraints placed on productivity by infection control, QA, and, poor technician support. All we hear is that we are not producing enough. Why don't those who demand more production get in the operatory and show us how it is done?
2. Everybody should be involved with treatment — O-6s + E-8s, E-9s. It seems many aspire to promotion so they can get away from the chair.
3. Support of personnel — the patient is not always correct!

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Next LCDR Respondent:

The MOST POSITIVE aspects of Navy Dentistry:

1. Professional camaraderie — always someone nearby with whom to consult.
2. The leader in QA, infection control — over civilian practitioners.
3. Opportunity to travel. Also, benefits — medical, legal, recreational.

The areas of Navy Dentistry which MOST NEED IMPROVEMENT:

1. Dental tech shortage! Especially overseas FMF units, which should be a priority! RADM [name] has been informed of the needs on Okinawa, but nothing is being done to correct this major discrepancy! It is always known when a dental officer is arriving on island, but no one knows (!) when a dental tech is arriving! Absurd and inefficient system. Set up a detailing system for the techs similar to that for the officers. Assign alternate techs for FMF in case the assigned techs do not complete school. It really seems as though the senior dental officers in positions of authority have forgotten what it's like to work alone without a tech — and even with infection control concerns and the continued drive to increase dental readiness!
2. The overseas screening exam is for the most part not being performed properly. Too many dependents come overseas with multiple caries requiring treatment, which is not always easily available since the number of dental officers is solely based on the number of active duty personnel. Dependents overseas (command sponsored) deserve dental 1x, but the number of dental officers assigned overseas should not be increased unless the shortage of techs is corrected.

3. Promotion takes so long today. 6 years from LT to LCDR for selection, but wearing LCDR on the 7th year. Same for CDR.
4. Training for Ortho and Pedo in the past has been based on whether civilians desire to enter into the Navy. Economically sound, but what about LOYALTY to the Navy? Odds are the dental officer will be of more value to the Dental Corps in terms of years than the "quick-fix" civilian-trained specialist. Isn't this obvious?

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Next LCDR Respondent:

The MOST POSITIVE aspects of Navy Dentistry:

1. Education.
2. Travel.
3. Interaction with other clinical dentists.

The areas of Navy Dentistry which MOST NEED IMPROVEMENT:

1. Promotion opportunities.
2. Adequate administrative and chairside support.
3. Retention of our valuable enlisted personnel through concerned management, better pay and working conditions.
4. Preventive dentistry! Our preventive dental care to our shipmates is a professional embarrassment! Our dependents are eligible for more consistent care through Delta Dental. Create an enlisted hygiene career path.
5. Honesty in recruiting dentists and enlisted personnel (pay, promotion, and career opportunities).
6. Leadership! Captains and commanders should be paid to lead, not to sit on their ass until retirement! There is a major difference between pre and post DOPMA officers!

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Next LCDR respondent:

The areas of Navy Dentistry which MOST NEED IMPROVEMENT:

1. ASP for fully trained oral & maxillofacial surgeons — we are worth more than \$6-8 K/yr!
2. More flexibility to practice in hospitals — even if assigned to clinic, guarantee weekly time @ hospitals.
3. We do not need to be PCS to carriers — TAD only! I have to argue with my DH & justify my need to continue hospital-based practice/refreshers training. So far, since Mar '90 I have spent most of my time doing T2s & sickcall! Any dentist can do this! My DH stated that my time at the hospital was contrary to the mission of the dept & ship. We are trained at a great expense, yet the Navy loses money and valuable assets by placing surgeons PCS on carriers, essentially restricting them to the ship while in port (where exodontia can be accomplished by others — the little that there is) because narrow-minded/short-sighted DHs do not and cannot see/comprehend the need to maintain our skills that only a hospital can provide, and keeping our (ASP) pay tied to dental so nonspecialists & non-oral-surgeons can, undeservedly, continue to receive ASP. We should be tied to medical ASP per the committee on special pays recommendations. Until the Dental Corps wakes up and smells the coffee, the OMS committee will always be short of adequate manning.

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Next LCDR Respondent:

The MOST POSITIVE aspects of Navy Dentistry:

1. Training opportunity

The areas of Navy Dentistry which MOST NEED IMPROVEMENT:

1. Lack of money to provide adequate supplies & facilities, constantly being cut.
2. Marginally adequate pay.
3. Long-term job security poor for junior officers. Dissatisfied with constant need to move & inability to establish a permanent place. Cost of moves never fully covered. Opportunity for oral & maxillofacial surgeons in Navy to practice what they were trained to do is poor. Will be hard to keep them in the Navy if they are not allowed to practice their specialty to the full extent of their training.

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Next LCDR Respondent:

The MOST POSITIVE aspects of Navy Dentistry:

1. Training and continuing education opportunities are excellent.
2. Opportunity to specialize after 1 year ACP training.
3. Camaraderie with other professionals is outstanding.

The areas of Navy Dentistry which MOST NEED IMPROVEMENT:

1. Too much emphasis on non-dental functions, collateral duties; more admin support is needed but instead we get more admin requirements. Supplies and equipment are inadequate. Dental techs are not adequately trained and, unlike their corpsman counterparts, are not given sufficient responsibility to keep the best and brightest.
2. Pay is not equitable with the private sector; paying civilian contract dentists more than active duty dental officers is an insult. Payback for residency training is excessive, especially coupled with loss of co-pay during residency. Job security does not exist, and time-in-grade prior to promotion is an abomination.
3. General dentists are treated like dental students. Credentialing requirements are too restrictive. Once you have established your abilities at a command working under various specialists, you are forced to start over at the next command. Credentials should be accumulated and follow you from one command to another; you should not have to re-apply for the same credentials.

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Next LCDR Respondent:

The MOST POSITIVE aspects of Navy Dentistry:

1. Professional camaraderie, excellent opportunity for consultation with other dental specialists.
2. Educational opportunities — funded Continuing Education.
3. Appreciative patients, reasonable patient-case load.

The areas of Navy Dentistry which MOST NEED IMPROVEMENT:

1. Pay and promotions: dental specialists are making one-third or less than their civilian counterparts. There are too many years in the zone between promotions, and the number of those selected for promotion is too low.
2. Administrative demands: additional administrative demands (such as QA, collateral duties, recording of DIRs, treatment logs, infection logs, MEPRS, Occurrence Screens, etc.) are continually being place on dental officers. Since there is little time to perform these administrative functions during the day because of treatment responsibilities, then it has to be accomplished at home. This leads to increased spouse dissatisfaction and decreased spouse support for remaining on active duty.
3. Support Staff: there is a need for increased quantity and quality of dental technicians. They are often poorly trained in A school, and therefore need on-the-job training at their new commands. This decreases productivity. More enlisted are needed to perform administrative functions and collateral duties which are now performed by dental officers, whose time could be better spent providing dental services.

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CDR Respondents

The MOST POSITIVE aspects of Navy Dentistry:

1. Training and education. Probably the best available when compared to civilian and other services.
2. Professional camaraderie.
3. Job challenge.

The areas of Navy Dentistry which MOST NEED IMPROVEMENT:

1. Pay: grossly inadequate when compared with specialists in the civilian sector.
2. Promotion: increased time in rank and decreased promotion opportunity makes the service less desirable, particularly for junior dental officers.
3. Personal recognition: not enough at the lower levels.
4. As my representative to the American Dental Association, I would like Admiral Clegg to pursue licensure by credentials.
5. I would encourage all Navy Dental Corps administrators, including our admirals, to sit chairside and treat patients at least one day each month. They could then determine if their requests for increased DIRS are reasonable within the constraints of requirements for infection control, quality of care, decreasing numbers of assistants, and increasing paperwork. Since many of our leaders have not been clinical dentists within 10-15 years, it would be enlightening to see if their requests are practical/attainable.

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Next CDR Respondent:

The MOST POSITIVE aspects of Navy Dentistry:

1. The quality of dentistry is the best in the world.
2. Leaders in infection control and quality assurance.

3. Many commanding officers are now people-oriented. They showed interest in their officers, the technicians, and the patients. In the past, many have shown only concern for increasing DIRS and readiness, at the patient's expense.

The areas of Navy Dentistry which MOST NEED IMPROVEMENT:

1. Manpower. We need to dramatically increase the number of dental technicians, hygienists, and secretarial staff.
2. Treatment of TMJ Patients. These patients require an enormous amount of chair time and it appears that nobody wants to handle them! We need a protocol and some specially trained persons to evaluate, make impressions, fabricate and adjust splints, and to know when surgery would benefit. The Oral and Maxillofacial Surgeon can do this but with their short numbers, their time is probably more valuable elsewhere. The prosthodontist operatories are probably best equipped for splint fabrication and adjustment. The unit time values for DIRS should also be adjusted to reflect the tremendous amount of time required for TMJ evaluations and treatment.
3. Continuing Education Funds. These seem to always run out the month before my specialty meeting, even when they have been budgeted for! Perhaps this could be listed as an allowance on each dental officer's LES. If not used for CE, then it would be re-cooped by the government. This would then allow for a more equitable distribution of continuing education funds, and eliminate some of the abuse I've seen by OICs and COs.
4. Pedodontists. A fully trained pedodontist should be given permission to use nitrous oxide sedation, and their operatories should be equipped with a fail-safe N2O-O2 machine, non-invasive blood pressure monitor, and a pulse oximeter. Current pedodontic programs give ample training for N2O + O2 use, however, none provide equivalent training of an oral and maxillofacial surgery program, as required by current instructions. Our pedodontists are very very good, but they need nitrous oxide! Please help them!
5. Additional Special Pay. This ASP should not be taken away from residents. This creates a financial hardship. Training programs are all in expensive-to-live areas; a specialist will earn less in a 20-year career than a general dentist will. The last ASP can never be made up, even with Board Certification, especially for the oral maxillofacial surgery residents, who now lose \$6,000.00 for four years. A consideration for retention would be: take this \$24,000.00 ASP that is withheld during residency and, after the person completes his obligated service for training received, utilize it as a signing bonus for agreeing to serve another 4-5 years.

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Next CDR Respondent:

The MOST POSITIVE aspects of Navy Dentistry:

1. High quality dental without regard for patient's ability to pay.
2. Peer interaction of staff on a daily basis allows for constant academic stimulation — keeps you current!

The areas of Navy Dentistry which MOST NEED IMPROVEMENT:

1. Our line counterparts don't view us as Naval officers, therefore, we are slighted when it comes to housing, etc. — the more senior, the worse it is.
2. Promotions are slow and not predictable, i.e., very good dental officers don't get promoted.
3. We don't reward excellence in a way the line can understand. We need to give more medals for the

superior service.

4. The Dental Corps does not recognize contributions of the general dentist, who are the bulk of our staff and receive the least attention for training, TAD funds, and credentials. They receive the bulk of the sea billets and isolated overseas billets.

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Next CDR Respondent:

The MOST POSITIVE aspects of Navy Dentistry:

1. I feel that the ability to function within a "group practice" (share ideas, consultation, etc.) is a highly significant benefit, allowing exchange of ideas, current technology, etc.
2. The general ability to utilize state-of-the-art materials is a decided benefit, although, some of the decisions/purchases of major equipment (quality/function) are beyond me.
3. The provision of continuing education is a distinct benefit, although it varies from location to location. In the area where I am, I know one clinic (Marine) where this benefit is virtually withheld from the dental officers by those in charge, primarily at the battalion level.

The areas of Navy Dentistry which MOST NEED IMPROVEMENT:

1. Promotion: although I have "broken service," as I had to choose to resign in order to receive training, I know that my qualifications and performance warrant selection. Although I address this issue personally, it is one which permeates the Corps at this time.
2. Clinical and administration support: although I address this as a personal issue, it also is one which seems to be Navy-wide. At my command, administrative support is virtually nil. The CO/XO have created a "headquarters command" which virtually walls them off from the concurrent branch clinic, and little concern is exhibited for those "across the way." All who are "attached" to the branch are in fear of expressing their true thoughts and when they do, they are told that either they are wrong or "mind your own business." The CO feels that everything is "peaches and cream" though.
3. Supply: this is partly, at least here, a problem of being overseas and a problem of the command again. We are faced with a system of multiple stops in the supply pathway. This creates delays, losses, etc., and the feud between supply depots doesn't help. We also, until recently, had a completely inept and uninterested MSC/Supply Officer, who took little interest in her job, so [that] much was lost or not ordered within the command itself. Those in "headquarters," although very aware of the situation, chose to solve it by "waiting out the problem," allowing transfer to be the cure. This subjected us all to two years of frustration, dissatisfaction, and compromise of patient care in the meanwhile. We are also quite removed from the decision-making process as far as funds and utilization are concerned. When monies must be spent at end of quarters, or when additional funds become available, this information is kept "secret," and the "headquarters" spends as it desires. I realize that this is their prerogative, but I feel that we should be made aware so that we might at least have input!
4. Although mentioned above, I did not address clinical support. We need more technical support for the clinical areas. As I mentioned, the "headquarters" had created its own little kingdom, and with it, they seize personnel resources as well. It's almost as if they were a completely separated UIC. Even in times of clinical shortage due to leave, illness, etc., the "headquarters" will not allow "their" enlisted personnel to assist in relieving the shortages.

As I have stated before, it seems that a second class, and especially a first class petty officer is virtually useless. If they are not "administration," and refusing to function in a clinical environment,

they are being trained by someone for such positions in the name of "career progression," etc. Why not create a upper level only MSC enlisted corps composed of those who make second class and up, and are only interested in sitting at a desk? These personnel, both hospital corpsman and dental technicians, would then cease to be DT/HM, and could be additionally assigned to clinics, not taking away from the stated "two-to-one" DT/doctor ratio which really doesn't exist. Another avenue would be to shift these people into the YN/PN/DK ratings, where they don't hinder the ability to deliver patient care. These personnel could continue to become chiefs also.

Along with this shift or new "Corps," we need a stated "operating room" rating. This is a unique training and functional environment which should be protected. We have very qualified, trained, and interested people, who are now serving their "sentence" in small clinics, as operative technicians, etc. This shift would eliminate the "administration" technician NOBC, and thus, the DT rating as such would consist of trained clinical, repair, and surgical technicians, who chose to be what their job describes.

The Dental Corps would thus be staffed with functioning dental technicians at as close to the two-to-one ratio as possible (excluding lab and repair), and these "administration" personnel could/would be added as required and in addition to the personnel involved in the real mission of patient care delivery. This could be especially beneficial if[to?] the idea of staffing based on the true delivery requirements of active duty plus dependent populations.

I apologize for the somewhat disjoint responses, as I had to complete this material between patients, in spare moments, etc.

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Next CDR Respondent:

The MOST POSITIVE aspects of Navy Dentistry:

1. Opportunity to lead hard-working, dedicated people.
2. Educational opportunities.
3. Travel opportunities.

The areas of Navy Dentistry which MOST NEED IMPROVEMENT:

1. Decrease Bureaucracy. Return to pre-regionalization Dental Corps. Unit dental officer works for unit CO. We have created too many non-clinical "heavy" billets, who now appear to justify their existence by making more administrative requirements and putting even more administrative burden on those of us who make the wheels go around.

A dental officer should work for the base CO, as a department head. He should be able to compete with other departments for funds and priorities. If he can't make it work by interacting with the people he is supporting, get someone who can. Too many of our senior people have risen to the top by keeping their heads down and their mouths shut or by some way pleasing their dental superiors. Often those same people cannot interact effectively with the line, their peers, or their subordinates. As insecure leaders, they in turn encourage the rise of like persons rather than dynamic potential leaders who make them feel uncomfortable. It's an often described syndrome in any study of leadership in organizations. Throwing us into the line arena would help to weed out these inbreeding problems and identify true leader/managers.

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Next CDR Respondent:

The MOST POSITIVE aspects of Navy Dentistry:

1. The challenges and opportunities concomitant with service as a Naval officer. In particular, the opportunities for leadership and management positions.
2. The commitment to quality service for our patient population and our predication to the support of operational units.
3. Professional camaraderie.

The areas of Navy Dentistry which MOST NEED IMPROVEMENT:

1. As a surgeon, I am most concerned with the veritable hemorrhage of young talent from our community and our apparent inability to attract top flight accessions from civilian training programs.
2. I believe we can still improve upon our process of selecting officers for leadership positions. Every effort should be made to identify potential leaders as early as possible with great care taken to ensure they are properly educated and experienced for positions at the executive level.
3. Pay, especially for some specialists, continues to be a very disappointing issue. We have got to close the civilian-military pay gap or continue to lose some of our best people!
4. We need to get a "gung ho" surgeon or two out in the community to work with recruiting district Medical Program Officers in an effort to get civilian trained surgeons in the Navy following their residencies. There is nothing like an enthusiastic Navy surgeon to talk up Navy dentistry! The officer(s) chosen for this additional duty should be very carefully screened, have a wide range of Navy experience (and perhaps some civilian experience), and should be well prepared for their mission. This project would not come cheap. It would certainly cost us in terms of travel expenses and in lost provider time (I would expect this doctor to be away from his command 30-50 percent of the time) but I believe, the pay-off would be big in the long run. In any event, we need to get busy in the Oral and Maxillofacial Surgery community now!

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Next CDR Respondent:

The MOST POSITIVE aspects of Navy Dentistry:

1. Friendships/camaraderie.
2. Education.
3. Travel opportunities.

The areas of Navy Dentistry which MOST NEED IMPROVEMENT:

1. Compensation — especially for junior officers (it is a disgrace).
2. Collateral duties should be equally distributed regardless of rank and seniority. O6s should not be allowed the luxury of having no collateral duties. They make 2 to 3 times the salary of an O3 and O4 and should be expected to make contributions in this area. In most places, they are permitted the opportunity to "retire" on active duty creating an extra burden for the O3s through O5s. In this command, the O6s do none of the following:
 - stand duty
 - accept or perform collateral duties
 - provide little or no training for JOs

The [group of] O6s described in this complaint does not include the CO, XO, or Branch Director.
3. Supply system has continued to get worse over the 13 years I have been in the Dental Corps.

4. Attitude change — patient care is emphasized less and less, while paper work is emphasized more and more.

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Next CDR Respondent:

The MOST POSITIVE aspects of Navy Dentistry:

1. Opportunity to consult with specialists.
2. Practice in different locations (travel).
3. Retirement.

The areas of Navy Dentistry which MOST NEED IMPROVEMENT:

1. Promotion.
2. Promotion.
3. Promotion, especially Prosthetic Laboratory Technicians. It seems to me more often than not, the dental officers that are down in the trenches doing the real dentistry are the ones least appreciated and least rewarded. I think that is poor testimony for any organization and why I would not recommend the Navy to dentists for a career.

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Next CDR Respondent:

The MOST POSITIVE aspects of Navy Dentistry:

1. Excellent delivery of top-quality dentistry in which we dictate the quality control parameters.
2. Outstanding Group Practice with super professional continuing educational opportunities; superior professional camaraderie.
3. Chance to practice our chosen profession AND have the opportunity to develop leadership/management skills in a wide variety of settings U.S. and worldwide; the opportunity to make a contribution to the Navy and to dentistry in the arena of management and command.

The areas of Navy Dentistry which MOST NEED IMPROVEMENT:

1. Poor promotion opportunity added to long time-in-grade waits for promotion eligibility.
2. Ever-widening gap in PAY COMPARABILITY to the civilian sector, and the abomination we call dental Co-pay; the amounts are a pittance compared to what we used to receive; lower significantly than medical officers; even helicopter pilots make more than we do, and the Navy trained ALL of them!
3. Poor assignments of technicians worldwide; very poor training of our technicians and the significant lessening of their abilities due to poor training in A school; additionally the rampant QA paranoia that is pervading the Corps today prohibits them from being nothing more than fancy dishwashers and clean-up crews! Additional technical and clerical help would definitely enhance mission readiness.

CAPT Respondents

The MOST POSITIVE aspects of Navy Dentistry:

1. Outstanding opportunities for advanced education for some.
2. Commitment to quality by most health care providers. Opportunities for sharing of knowledge.

The areas of Navy Dentistry which MOST NEED IMPROVEMENT:

1. Failure to recognize individuals with personal awards — dismal record, even worst now with RLC. This is a major problem. We have senior O-6s, who have been commanding officers two and three times, with no personal awards. We have major branch directors who can't get MSMs after sustained superior tours. Responsible line commanders need guidance from BUMED. We need to start recognizing people. Dental Corps facilities receive unbelievable amounts of praise and BZs. We have been doing the job right for a long time. It's about time, long over due, in fact — we need to award our people. This should be an immediate, high priority issue.
2. Inability to stay in any one place longer. PCS moves cost the person significant out-of-pocket expenses. Intangible loss of income, family stability, investment opportunity, etc.
3. I'm an O-6. However, promotion opportunities in last 6-7 years are poor for most people. Too many top-notch people are passed over. Dental Corps needs to select all they are authorized. Apparent inequitable selections. One personality conflict with superior may end career/promotion opportunity. Big business encourages risk takers and independent thinking. It's okay to make mistakes as long as you are a productive team player. The Navy DC squashes these attributes.
4. I sincerely believe that the Dental Corps is "eating too many of their young." This one issue needs prompt attention or the future of the Corps is in doubt. We already are hiring more and more civilians. Young people are getting out in record numbers. We retire and retain some non-producers. The "purple suit" may be closer than we know.

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Next CAPT Respondent:

The MOST POSITIVE aspects of Navy Dentistry:

1. Group practice with great people.
2. Travel — being able to provide the best care without concerns for the ability of the patient to pay.

The areas of Navy Dentistry which MOST NEED IMPROVEMENT:

1. Improve special pays The SECNAVINST 7220.61F is little more than a shell game of moving funds.
2. An officer who was in for 14 years in 1986, sees no increase in his bonus for the rest of his time in the Navy.
3. The current depth of the QA program is not needed. We are looking for problems we don't have, and wasting treatment time doing it. The program may sound good on paper but does very little to improve care.
4. The leadership in Washington doesn't appear willing to fight for the dentists in the field. Many of the people up there have been out of clinical practice too long to understand the problems. They may talk QA and other programs, but have never worked under them.

The positive aspects are on a steady decline. It is becoming more difficult to tell officers to stay in. Decreased pay, longer working hours, more needless paperwork.

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Next CAPT Respondent:

The MOST POSITIVE aspects of Navy Dentistry:

1. Job security.
2. Travel and living in different areas.
3. Camaraderie.

The areas of Navy Dentistry which MOST NEED IMPROVEMENT:

1. PAY: our USN LTs make less than the contract hygienists. It doesn't come close to civilian pay as time increases.
2. PROMOTION: decreasing expectations are not the answer. Cut throat competition for FITREPS is not a good climate.
3. ADMIN REQUIREMENTS: too many programs. Navy has become a babysitting service. Too many nonsense programs. Credentialing is totally out of control, not necessary, too convoluted. We need technician support.

We need more help — better ratio of technician to doctor. At every turn, something is going away. The last one was leave. Now, we lost a day on the weekend. Give us more computer support/people. We need Navy-wide computer programs that work. We need more money in the right areas. Identify what we do for our patients. Do we do prosthetics? If so, why can't we. Close the laboratories. Send the pros to commercial labs. Either don't let people in requiring orthodontia or get orthodontists. Let us get down to doing dentistry. Pay us a good wage and don't worry about day care centers or MWR. Get rid of the wasted administration requirements. We need to get going down the road instead of becoming mired down with continual new requirements, administrative justifications, red tape, and waiting times. The rest of the world is leaving us in the dust. It looks like the Navy is giving lip service to TQM in an attempt to get increased productivity for nothing. Things are not good in the field, but no one will really talk about it. They usually have too much to lose.

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Next CAPT Respondent:

The MOST POSITIVE aspects of Navy Dentistry:

1. Good professional camaraderie at the clinical level — every attempt to give the patient the best available.
2. Adequate training opportunities for those that desire; adequate continuing education.
3. For the most part, adequate work environment and equipment.

The areas of Navy Dentistry which MOST NEED IMPROVEMENT:

1. Very inefficient. Not enough enlisted clinical support with the tremendous under-utilization of doctors' clinical productivity.
2. Too much [expletive] paperwork and documentation, and many senior officers propagating more of it!

3. We've become very management outstanding and leadership deficient. Let's get on with preventing dental disease clinically and not just on paper. I feel a lot more could be done with current preventive techniques. We are under-utilizing:

- a. fluoride rinses, fluoride treatment for the caries active
- b. diagnosis [of] the caries active with caries screen/similar testing
- c. implementing a concentrated preventive regime for these few:
 - i. temporary shore assignments until proven caries are controlled
 - ii. those that are caries controlled can go to any billets
 - iii. let's get the caries control to Class I and out in the fleet
 - iv. let's identify the caries active and put in temps until caries control is attained. They don't deserve more unless they become responsible.
 - v. how about the Peridex-xylitol corrections — where's the action?

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Next CAPT Respondent:

The MOST POSITIVE aspects of Navy Dentistry:

1. State-of-the-art instruments, equipment, and supplies.
2. Great potential for continued professional development through exchange of ideas and experiences.
3. Opportunity for graduate education.

The areas of Navy Dentistry which MOST NEED IMPROVEMENT:

1. Competition among O3, O4, and O5s for promotion has resulted in great emphasis on many meaningless collateral duties vs. clinical excellence.
2. QA and infection control are unrealistic in demands upon the clinician's time and energy on minutia of little value except to meet the expectation of an administrator.
3. Credentialing and QA have intimidated too many providers to the point where they are afraid to do procedures which have a high risk of failure. As a result, real quality patient care decreases.
4. Leadership: Where are the leaders? We have developed many managers who tend to micro-manage everything. With the multiple courses LMET etc. we must send our officers to them all the way up the promotion ladder. This would best be done as part of PCS transfer orders so command discretion relative to expenditure of training funds will not interfere with this very important training. Managers manage things and solve problems. Leaders lead personnel to excellence and develop leaders among the followers.

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Next CAPT Respondent:

The MOST POSITIVE aspects of Navy Dentistry:

1. Opportunity to work aboard ships and interact with the line.

2. Professional camaraderie.
3. Training programs.

The areas of Navy Dentistry which MOST NEED IMPROVEMENT:

1. The mission of the Dental Corps is not clearly defined at all levels, and there are conflicting ideas on what we should emphasize. Is our purpose to produce CTVs, produce dental readiness, or to produce a healthy patient? We cannot provide all three simultaneously, and yet somehow, we are expected to do so. If we really serve the line, we should let the line decide what they want (and what they will pay for) the Dental Corps to do. The line should determine who has priority for dental treatment (recruits, students, fleet sailors) and should play a more active role in the leadership of the Dental Corps and the establishment of Dental Corps policies. Also, individual branch dental clinics should belong directly to the commanding officers of the base or station, and not to a larger dental command. (Note: Dental officers on ships are usually very happy working for a line CO!)
2. More emphasis should be placed on the quality of dental care that is rendered instead of the quantity of dental procedures. The Dental Corps does not provide "the finest dental care in the world" as we so often hear. Although our dental officers deliver superior restorations, there is a lot of patchwork being done and an inadequate amount of prosthodontics and periodontics. Our civilian colleagues gear their practices toward doing everything for the patient and treating all his problems; our military practice is aimed at doing the minimal amount a patient needs. The quality assurance program attempts to ensure that our dental health care systems meet accepted standards. However, the current instruction is very poorly written and extraordinarily burdensome. We should take a more common-sense approach toward QA (aimed at reducing the amount of paperwork!).
3. There is too much emphasis placed on the importance of collateral duties. Our junior officers feel that they have to volunteer for every little job or project that comes up in order to get more "bullets" on their *FITREP*. *This is a dreadful waste of talent and money, since most of these duties could and should be performed by Medical Service Corps/dental technicians/yeoman personnel.*
4. Career planning and career pathways for dental officers are very poorly defined. Indoctrination and orientation programs are poorly organized and inconsistent. The detailers generally do not provide adequate career guidance, especially for junior officers.

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Appendix G

Primary Reason(s) for Intent to Leave Active Duty Within the Next Two Years

Rank	# Years as Navy Dentist	Intent*	Primary Reason(s)
LT	1	Sep.	Can't afford to stay in the Navy and pay bills.
LT	4	Sep.	Due to heavy financial debt.
LT	3	Sep.	Inability to meet financial obligations.
LT	3	Sep.	Cannot afford to pay my \$900./month school loans on my pay.
LT	2	Sep.	Can't afford to pay student loans if I stay on active duty. Career officer lack of respect for dental education.
LT	2	Sep.	Decreasing pay and opportunities for advancement and training jeopardize educational loan commitments.
LT	3	Sep.	Educational expenses; indebtedness vs. Navy pay.
LT	2	Sep.	Financial: school loans come due and need more money.
LT	4	Sep.	Inadequate pay compensation for school loans.
LT	2	Sep.	Insufficient pay scale (unable to meet student loan re-payments).
LT	4	Sep.	Lack of pay, help with educational debt, professional growth opportunities. Dislike being in a chain of command.
LT	5	Sep.	Make more money to pay loans off. Navy is limiting my professional growth.
LT	1	Sep.	Money! I have \$67,000 of unpaid student loan debt.
LT	1	Sep.	Pay; must increase income to cover student loans and family expenses.
LT	2	Sep.	Pay is \$5-10,000 too low. Student loans due. Inadequate credentialing opportunities.
LT	3	Sep.	Will be unable to pay back school loans on current salary.
—	3	Sep.	Over \$100,000. indebtedness educational expense.
—	2	Sep.	When student loans come due, I will not be able to afford to stay in the Navy at the current pay levels.
LT	3	Sep.	Financial. Lack of promotion opportunities. Need to proceed into "admin" to get promoted.
LT	2	Sep.	Financial. Hardship on family by moving.
LT	5	Sep.	Financial need. Slow promotions.
LT	2	Sep.	Financial. Long hours. Little to no chance for advancement.
LT	1	Sep.	Financial.
LT	5	Sep.	Financial.
LT	5	Sep.	Financial.
LT	3	Sep.	Financial.
LT	4	Sep.	Financial.
LT	2	Sep.	Financial.
LT	2	Sep.	Insufficient pay.
LT	2	Sep.	Insufficient pay. Poor, misleading leadership.
LT	3	Sep.	Insufficient pay compared to civilian dentists.
LT	3	Sep.	Lack of pay compared to civilian work.
—	2	Sep.	Very low compensation; incompatible compensation with civilian dentist.
LT	6	Resign	Insufficient salary for my years of education. Lack of professional ethics.
LT	1	Resign	Lack of adequate monetary compensation. Too much paperwork.

* Indicates turnover intent within two years. "Sep." represents decision to separate from active duty.

Rank	# Years as Navy Dentist	Intent	Primary Reason(s)
LT	2	Sep.	Low pay for hours spent. Separation from family.
LT	3	Sep.	Low pay. Poor retirement benefits.
LT	2	Sep.	Monetary. Also, lack of variety.
LT	1	Sep.	More money.
LT	1	Sep.	Money.
LT	1	Sep.	Pay.
LT	3	Sep.	Pay.
LT	2	Sep.	Pay.
—	1	Sep.	Pay.
LT	5	Sep.	Pay discrepancy. Politics.
LT	1	Sep.	Pay. PCS moves.
LT	2	Sep.	Pay. Lack of respect. Attitude of senior officers toward junior officers. Lack of leadership.
LT	2	Sep.	Poor pay. Lack of respect by seniors and detailer.
LT	4	Resign	Pay. Sea duty. Moving.
LT	4	Sep.	Pay. Inability to get desired training.
LT	2	Sep.	Pay incentives to re-enlist inadequate.
LT	2	Sep.	The pay is not enough.
LT	5	Resign	Poor long-term prognosis for pay, advancement, training.
LT	1	Sep.	Salary. Not enough specialty rotations. Don't want to move every 2 years.
LT	5	Resign	To increase finances. To increase treatment options.
LT	2	Sep.	Repetitious admin errors delaying compensation, with burden always on the member to prove errors exist.
LT	2	Sep.	Advancement/training potential is slim.
LT	5	Sep.	Inadequate advancement. Inadequate pay. Terrible supply and equipment support. Limited professional growth.
LT	1	Resign	Lack of advancement opportunities and pay.
LT	5	Sep.	No opportunity for advancement or job security.
LT	1	Sep.	Uncertain advancement.
LT	5	Sep.	Not a positive outlook for career/future.
LT	2	Sep.	Opportunity for promotion very vague.
LT	5	Sep.	Passed over for promotion.
LT	6	Sep.	Uncertainty of long-term career (promotions). Money; payscale not high enough.
—	5	Resign	Promotion looks bleak.
LT	1	Resign	A better future in private practice for me.
LT	1	Sep.	To be an employer, not an employee.
LT	3	Sep.	Be own boss. Stable family life.
—	5	Sep.	Private practice. Dislike family separation.
LT	3	Sep.	Go into private practice with my wife.
LT	2	Resign	Private practice opportunity; increased pay and flexibility.
LT	5	Sep.	Private practice is very attractive; no chain of command.
LT	0	Sep.	The desire for solo private practice.
LT	5	Sep.	Want to join civilian group practice.
—	1	Sep.	Desire a private practice.
—	5	Sep.	Return to private practice.
—	2	Sep.	Desire to pursue civilian career.
LT	3	Sep.	Civilian career; private practice.
LT	4	Sep.	Desire to pursue private practice.

Rank	# Years as Navy Dentist	Intent	Primary Reason(s)
LT	3	Sep.	Desire private practice.
LT	4	Sep.	Desire to experience private civilian practice.
LT	0	Sep.	Private practice.
LT	4	Sep.	Private practice.
LT	2	Sep.	Private practice civilian.
—	2	Sep.	Desire orthodontic specialty residency.
LT	3	Sep.	Pursuit of pediatric dental residency.
LT	4	Sep.	Pursue civilian residency training.
LT	3	Sep.	Returning to civilian graduate school.
LT	3	Sep.	Dissatisfied with Naval dentistry and professional growth.
LT	3	Sep.	Don't want to wait years before transitioning out of clinical dentistry. Don't want family separation.
LT	6	Sep.	Lack of opportunity.
LT	4	Sep.	Lack of variety of patient treatment.
LT	3	Sep.	Lack of variety. Lack of recognition. Money.
LT	2	Sep.	Not professionally stimulated in Navy.
LT	5	Sep.	Professional. Economic.
LT	2	Sep.	Poor career potential. Lower pay vs. civilian DDS. Budget cuts. Poor promotion potential.
LT	1	Sep.	To be able to practice the complete scope of dental sciences. Financial.
LT	3	Sep.	Unsatisfied due to lack of motivational driving forces. Desire my own practice.
LT	4	Resign	Interservice transfer to PHS Coast Guard.
LT	3	Sep.	Family reasons.
LT	3	Sep.	Family responsibilities and obligations.
LT	2	Resign	Family obligation.
LT	5	Sep.	Intent to have children and don't want to work full-time.
LT	2	Sep.	My husband is going back to school and it is inconvenient for me to go "on the seas" or "over the seas."
LT	3	Sep.	To enable my wife and I to pursue our respective careers.
LT	2	Sep.	Hate sea duty. Not enough patient care. Too much admin. Family separation. Interested in ortho.
LT	1	Resign	Unable to get to a duty station near my fiance.
LT	2	Sep.	Moving every 2 years. Too long to get training. Poor possibility of 20+ year career with retirement benefits.
LT	3	Sep.	No desire to relocate frequently (3-4 years).
LT	6	Sep.	Uncertain direction of Navy Dental Corps and of Navy's training, promotion, and health care delivery priorities.
LT	4	Sep.	Abuse by senior officers. Low quality of senior officers. Low pay. Disrespect from line.
LT	3	Sep.	Disillusioned with chain of command, i.e., I am unsure of my command's priorities.
LT	2	Sep.	Incompetent seniors. Limited credentialing privileges. Family separation. Incredibly poor pay.
LT	3	Resign	Political bullshit wastes my time. I'm a graduate, not a student needing my rendered treatment reviewed.
LT	2	Sep.	Inadequate incentives.
LT	3	Sep.	Lack of appreciation for clinical skills; only military skills are rewarded.
LT	4	Sep.	Cannot provide me the training I desire. Inept superiors subject subordinates to senseless rules and whims.

Rank	# Years as Navy Dentist	Intent	Primary Reason(s)
LT	3	Sep.	Civilian residency.
LT	3	Sep.	Lack of training funding (TAD). Too much collateral duties. Too little dentistry other than operative.
LT	2	Sep.	OMFS/MD training. Salary.
LT	3	Sep.	Orthodontic training.
LT	5	Resign	Training.
LT	3	Sep.	Wished to pursue advanced dental training, and no training through Navy available.
LT	2	Sep.	I've got nothing but time.
LT	5	Sep.	Continue with Reserves.
LT	1	Sep.	Dissatisfied with job security and promotion opportunity.
LCDR	8	Sep.	Disparity in pay with civilian sector.
LCDR	6	Sep.	Economic reasons.
LCDR	10	Sep.	Financial.
LCDR	10	Resign	Financial. Job satisfaction.
LCDR	9	Sep.	Higher income. Reduced promotion opportunities.
LCDR	11	Resign	Inadequate pay.
LCDR	6	Sep.	Money. Also, I'm attending civilian residency.
LCDR	10	Sep.	Not enough pay. Too many moves. Contingencies and amount of specialty training pay.
LCDR	9	Resign	Poor pay and lack of job satisfaction and lack of promotions.
LCDR	12	Resign	Poor pay. Lack of professional growth opportunities.
LCDR	8	Sep.	Signed up post-DOPMA; great, unsatisfactory disparity in pay.
LCDR	5	Sep.	"Retired" O-6s limit promotions. Overemphasis on specialty. Active duty general dentists unable to do General Dentistry.
LCDR	10	Resign	Chances for promotion to O-5 severely limited.
LCDR	7	Resign	Delayed promotions. Pitiful pay.
LCDR	12	Resign	Fail to select.
LCDR	8	Sep.	Lack of promotion opportunities.
LCDR	7	Sep.	Lack of promotion; # of years in each grade = lower pay over a career.
LCDR	7	Resign	Lack of promotional opportunity. Lack of job security.
LCDR	11	Resign	Poor promotion opportunity.
LCDR	8	Sep.	Promotion. Detailing. No active, positive input.
LCDR	8	Sep.	Slow promotion. Pay poor.
LCDR	8	Sep.	Slowdown of promotions.
LCDR	9	Sep.	Slow promotion. Low pay.
LCDR	10	Resign	Very slow promotions. Lack of professional satisfaction.
LCDR	6	Sep.	Attending medical school.
LCDR	12	Resign	Better opportunities for career development.
LCDR	10	Sep.	Private practice.
LCDR	11	Sep.	Dental clinic vs. hospital billet. Financial.
LCDR	11	Sep.	Future appears bleak for military medicine.
LCDR	14	Resign	Lack of career enhancing opportunities for a "fail to select" with little chance for promotion.
LCDR	1	Sep.	The Navy has not allowed me to practice what I have spent 4 years in oral surgery residency training to do!
LCDR	10	Sep.	Unfulfilled career goals.
LCDR	9	Resign	Poor childcare available in Navy; inconsistent

<u>Rank</u>	<u># Years as Navy Dentist</u>	<u>Intent</u>	<u>Primary Reason(s)</u>
LCDR	5	Sep.	Family separation and low wages.
LCDR	11	Sep.	Family separation. Decrease in projected salary.
LCDR	4	Resign	The way the Navy Dental Corps treats its people!
LCDR	8	Sep.	Dissatisfaction with branch directors' promotion opportunities.
LCDR	10	Resign	Detailing experience (the senior detailer lied, compromising my family life).
LCDR	10	Resign	Treated like children by senior officers.
LCDR	10	Resign	Low morale. Inadequate pay. Poor promotion opportunity. Spouse dissatisfaction.
LCDR	9	Sep.	Lack of supply support, technician support, clerical support, pay, length of time to advancement.
LCDR	15	Resign	Lack of hospitals available, with duty at clinic only. Poor pay.
LCDR	9	Resign	Poor assistant support. Low pay. No admin support.
—	8	Sep.	Dissatisfied with the direction of the USN in relation to my career and my family and my profession.
—	18	Sep.	Degradation of benefits. Pay vs. private sector.
CDR	17	Resign	Lack of upward mobility, of fairness in selection process, of consistent leadership/policies of our Corps.
CDR	13	Resign	Poor promotion possibility. Pay not keeping pace with civilian DDS.
CDR	13	Resign	Restricted professional development. Monetary.

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