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Correlates of Physician Retention at Tripler Army Medical Center

A Graduate Management Project

Submitted to the Faculty of Baylor University

In Partial Fulfillment of the

Requirements for the Degree

of

Master of Health Administration

by

Major Thomas M. Brennand, MS

Running head: Physician Retention

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Abstract

The aggregate initial retention rate for officers in the Army Medical Corps has declined approximately 30% between the years 1984 to 1987. With a majority of physicians leaving the service at the first opportunity, the problems currently being experienced in maintaining a mature and specialty balanced Medical Corps may worsen. This situation has serious implications concerning the ability of Tripler Army Medical Center to achieve it's peacetime and wartime missions. The goal of this project is to identify those factors which have the greatest influence on the decision of military physicians at Tripler Army Medical Center to leave the service. It was decided that one approach to this problem would be to attempt to replicate the findings of the GAO survey, "Survey of Military Physicians" on a local level. In the regression looking at those factors which influence overall satisfaction with the military, the stepwise regression yielded ten variables as being significant in predicting overall satisfaction. The top five factors identified as contributing the most to the variability in overall satisfaction are Military Compensation, Proficiency, Other Work, Proficiency in Promotions, and Deployments. In the stepwise regression examining the factors which influence the stated probability of staying in or leaving the military, the regression equation yielded nine variables as being significant in predicting the stated probability of physicians leaving the service. The top five factors associated with the variability in physicians' stated probability of leaving active duty are Geographic Control, Conflict Area, Military Compensation, Admin Spt Staff, and Pursue Training. The GAO study identified five factors that have a statistically significant influence on a physician's stated probability of leaving active duty. Of these five, they determined that military compensation and non-physician hours appear to be the most important in reducing the stated probabilities of physicians leaving. Of those that the GAO identified as being statistically significant, only one, military compensation, appears in the top five at Tripler.
Although the results of this study have indicated compensation issues are related to retention, they may be no more important than other issues such as the numbers of support staff, the control over geographic assignment, the weight medical proficiency is given in promotions, and the military's sensitivity to the needs of the family.

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CHAPTER I.

INTRODUCTION

medical staff on practicing medicine in the military. The survey is geared to address demographic variables, future plans in the military, attitudes toward various aspects of military service, and factors that might influence physicians' decisions to either stay in the military or leave.

Statement of the Management Problem

Declining retention rates of Medical Corps officers is leading to an inappropriate specialty mix and an insufficiently experienced physician workforce.

CHAPTER II.

LITERATURE REVIEW

Civilian Sector

Physician staffing is probably the most important factor in a hospital's success. Without physicians, hospitals would have no patients or revenues. Competition among hospitals for physicians continues to be strong. Through proactive, competitive physician recruiting and retention programs, hospitals can help insure success even with a growing demand for experienced physicians. (Olson, 1980)

Traditionally, academic medical centers have used the search committee model to replace key physicians. These searches can take upwards of two years. Cuts in graduate medical education payments, the growth of medical group practice plans as a source of income for some of the basic science programs, and competition from community tertiary hospitals with "centers of excellence" have combined to put pressure on academic medical centers to replace physicians quickly and to retain ones already on board. (Grayson, 1989)

An important measure of the success of any policy is the amount by which its benefits exceed its costs. In this respect, the evaluation of policies designed to alter the locational and specialty distribution of physicians requires estimating the quantity of benefits each program produces, the explicit and implicit values of those benefits, and the program's direct and indirect costs. For the most part, there have been relatively few efforts to define and estimate the costs and benefits of physician manpower policies. In large part, researchers have tried only to determine whether specific policies or

programs actually alter physicians' career choices in the directions that were intended. Even this narrow objective has been difficult to achieve because of the problems involved in isolating the effects of a given policy from all of the other factors which may act on specialty, practice, or career decisions. In many instances, the quantitative impacts of these "other factors" has not been clearly established. Because of this, there have been few convincing assessments of the impact of a given program on physicians' career choices. (Ernst & Yett, 1985)

Following is a list of factors which play a key role in the decision process used by physicians who move from one location to another. (Snook, 1984)

Personal Factors	Professional Factors
- Relationship of family to the community	-Community and hospital's backup facilities, as a supplement to the practice
- Children's education	- Availability of medical & surgical specialists in the hospital
- Recreational opportunities	- Opportunities to form a group practice
- General quality of life	- Opportunities for professional development

Military Sector

The percentage of military physicians choosing to leave the service has increased in recent years from 13.7% in 1985 to 15.6% in 1988 (Baine et al., 1990). This has become an area of concern to the

Congress because of the effect this migration of active-duty physicians has on the ability of the services to perform both their wartime and peacetime healthcare missions. In an effort to try and stem this attrition, a bonus was established for physicians who agreed to an additional active duty commitment of two years. This was enacted as a portion of the 1989 National Defense Authorization Act. Additionally, the Act required that the Department of Defense (DoD) submit a report to Congress discussing the issues affecting retention and a proposed pay plan to address the compensation differences between the military and civilian sectors. DoD also, in a later report, addressed issues that were noncompensatory in nature.(Baine et al., 1990)

Military physicians' intentions to leave the service over the next several years appears to coincide with the DoD historical rates of attrition. Approximately 50% of active duty physicians surveyed indicated at least a 70% chance of leaving the service when they become eligible. They have also indicated dissatisfaction with numerous aspects of practicing medicine in a military environment. Compensation, the availability of support staff, medical equipment, lack of continuity of care, perceived excessive requirements in the area of quality assurance, and lack of opportunities for professional growth are cited as major areas of dissatisfaction. Further analysis has suggested that efforts most likely to result in increased retention rates should be oriented toward increasing compensation rates and

what is basically a "revolving door system" (Brown, 1989). That is, for every physician that the Army brings on board each year, we are losing one (or more) trained, experienced physician from the force. The declines seen in retention rate are evidence of a mounting problem and an indicator that sustainment of the system in this fashion may not be continued indefinitely. (Brown, 1989)

Recruiters are having serious difficulty in recruiting physicians (Harben, 1989). As an example, an all out recruiting effort for family practice physicians for the past two years has only resulted in bringing an additional fifteen family practice physicians into the Army. Adequate reimbursement is only part of the problem, there is also the issue of a lack of ancillary staff. Longer residency training programs also exacerbate the problem. Increased training demands mean more physicians are involved in education, which reduces the numbers available to treat patients and meet other Army Medical Department missions. (Harben, 1989)

CHAPTER III.

CURRENT STUDY

Objectives

The goal of this project is to identify those factors which have the greatest influence on the decision of military physicians at Tripler Army Medical Center to leave the service. It was decided that one approach to this problem would be to attempt to replicate the findings of the GAO survey (Baine et al., 1990) on a local level. Before explaining the methods and procedures used, it is worthwhile to summarize what questions the GAO study was looking at, how it determined to answer them, and what were the results.

United States General Accounting Office Human Resources Division Report 90-1 Views on Military Medicine

In March of 1990, the GAO reported back to the Honorable Beverly B. Byron, Chairman of the Subcommittee on Military Personnel and Compensation, House Committee on Armed Services, their findings on those factors they found to most influence military physicians to leave the service. Their report (United States General Accounting Office/Human Resources Division Report 90-1 Views on Military Medicine) discussed those factors as well as reviewed the extent to which military physicians have departed active duty since 1985. They also intended to show that by raising the levels of physician compensation and reducing the amount of time that physicians spend on non-clinical duties, the probability of physicians leaving the service could be reduced. Copies of their report were also forwarded to the

Secretary of Defense, the services, and various congressional committees.

The purpose of the study was to try and identify the reasons why so many military physicians were leaving the service. The GAO attempted to gain insight into this issue by sending out a survey to 1,500 active-duty physicians (500 to physicians in each of the services; Army, Air Force, and Navy) to both gauge the probability that physicians will likely leave the service and what are the factors that most impact on this decision. The survey was conducted between November 1988 and January 1989 and surveyed a stratified sample of physicians, specifically excluding those physicians who were currently in graduate medical education (based on the fact it was felt that these physicians were still several years away from making a decision about whether to stay or leave the military). The questionnaire that they developed was designed to address several areas including compensation, staffing, professional development, training, and other issues concerning the practice of medicine in the military setting.

The GAO found in their study that the physicians surveyed stated intentions of departing the military roughly coincided with the historical rates of attrition compiled by the Department of Defense. In other words, about half of the physicians surveyed indicated at least a 70% probability of leaving the service when eligible and about two thirds indicated at least a 50% probability of leaving at their first opportunity.

Respondents also reported dissatisfaction with many aspects of military medicine. A majority of physicians were unhappy with compensation issues, the numbers and availability of support personnel (both clinical and administrative), equipment, continuity of care in the military healthcare system, and the lack of opportunity to attend continuing medical education events. They found further that merely stated dissatisfaction with individual factors did not of itself cause physicians to make the decision to leave. Their multiple regression analysis revealed that the factors which most influenced the decision to leave were; the amount of time spent on non-physician tasks, the perceived/real differences between military and civilian compensation, and the lack of opportunity to practice in their primary specialty. They also reported that those physicians who were beyond their initial obligation were negatively influenced by the number of unfavorable permanent changes of station. Based on the results of their regression they then calculated the change in the probability of leaving that would be associated with a given change in the independent variable of pay, holding all of the other variables constant. They did the same for the independent variable associated with the time spent on non-physician tasks. The results of this analysis indicated that the probability of leaving the service could be significantly reduced by either increasing compensation or by reducing the amount of time spent on non-physician tasks, or a combination of the two.

Methods and Procedures

Survey Instrument

Because of its advantages, it was decided to use a survey as the means for collecting the data in this study. Survey research has the ability to gather a great deal of information from a relatively large group and is less costly than other methods for obtaining large amounts of data (Kerlinger, 1986). Survey data is also remarkably accurate (within sampling error). A survey of a particular group can give a very accurate picture of the groups values, beliefs, and attitudes (Kerlinger, 1986). Surveys also have their weaknesses. The primary one being that survey information ordinarily does not penetrate deeply below the surface (Kerlinger, 1986). Scope of information sought is usually emphasized at the expense of depth. Surveys research is also very demanding of time. It may be months before information is gathered, tabulated, and analyzed. These considerations not withstanding, for this study a survey seems the logical way to proceed.

Because of the necessity of being able to directly compare results, most of the questions developed for the survey were worded in the same fashion as those of the GAO survey. This is also true of the measurement scales used in scoring. The GAO study used five, eight, and nine point rating scales throughout their survey. These rating scales, although easy to construct and use, have some drawbacks. Because of their ease of construction and use they are sometimes used

indiscriminately and are prone to constant or biased error (Guilford, 1954). However, because they are clear and easy to understand and use, the researchers at the GAO put them in their survey and they will be incorporated into the present study. This way, the analyses can be more directly compared without the confounding influence of variables which may not be measuring the same factors as the original survey. This may also be advantageous in that most of the questions used in the survey are ones whose validity and reliability have been previously established.

The survey itself is divided into six areas; Introduction, Demographic Information, The Military and Your Plans for the Future, Your Attitudes Toward Various Aspects of Military Service, Factors That Might Influence Your Decision to Remain in the Military, or to Leave, and Comments. A copy of the survey in its final form is at Appendix A. It was formatted and the layout designed on the Xerox™ Desktop Publishing System. Initially output to a high quality laser printer, the reproduction of the survey was done by off-set printing at the Tripler Printing Plant. Every effort was made to create as professional a product as possible to increase the readability and cohesiveness of the survey and to enhance the probability that it would be completed and returned.

Introduction

The introduction of the survey served a two-fold purpose. The first was to introduce both the researcher and the study that was

being undertaken. Here, the importance of the information received was stressed. Secondly, the introduction served to highlight the confidential nature of all of responses. It was noted that individual responses to the survey would not be shared with anyone and that only data in aggregate form would be reported in the results. No attempt was to be made to identify specific responses to any individual.

Demographic Information

General demographic information was requested in this section. Questions asked were: name; age; sex; current marital status; branch of service (Tripler not only treats patients on a multi-service basis, but has staff from the other services as well); active duty grade; year of graduation from medical school; whether or not they were a Uniformed Services University of Health Science (USUHS) graduate; whether or not they received their degree from a foreign medical school; whether or not the military paid for any part of their medical education; what was the highest level of professional medical education completed; if residency trained, what was the specialty or subspecialty; and whether or not they were board certified. Initial concern was raised over the inclusion of the name on the survey form itself. Although the original intent was merely for tracking purposes, it could be argued that having the respondent identify himself or herself would affect how the questions were answered. Although the name block remained on the survey, implementing guidance on the

mechanics of filling out the survey emphasized that the inclusion of the respondent's name on the form was strictly optional. In spite of this guidance, the majority of respondents did put their name on it, with a large number even including a phone number in case I wanted to contact them about their answers.

The Military and Your Plans for the Future

Questions in this section were geared toward how long the respondent has been in the military, how they initially entered the service, and questions relating to degree of commitment in remaining. Information was also requested on any obligation still owed to the military.

Your Attitudes Toward Various Aspects of Military Service

This section outlined twenty-six aspects of military service, each aspect to be rated on an eight point scale where 1 = Very Satisfied, 2 = Moderately Satisfied, 3 = Somewhat Satisfied, 4 = Neither Satisfied or Dissatisfied, 5 = Somewhat Dissatisfied, 6 = Moderately Dissatisfied, 7 = Very Dissatisfied, and 8 = Aspect does not Apply. At the end of the section was a single question; "Overall, how satisfied or dissatisfied are you with the military?". This question, designed to assess overall satisfaction with the military, was rated on a five point scale with 1 = Very satisfied, 2 = Somewhat satisfied, 3 = Neither satisfied or dissatisfied, 4 = Somewhat dissatisfied, and 5 = Very dissatisfied.

Factors that Might Influence Your Decision to Remain in the Military

This section lists thirty-eight factors that might influence a

physician to remain in, or leave, the military. Many of the factors relate directly to the attitudes outlined in the previous section. The respondents were asked to check one block for each factor, indicating whether the factor was an inducement to remain in or leave the military. Additionally, the remain or leave blocks were subdivided so that respondents could indicate strength of feeling for each factor. They also had the option of checking a block if they felt the factor was neither an inducement to stay or remain for them. The last question in this section asked for a rank ordering of the respondents top three inducements (by factor number) to remain and the top three inducements to leave military service.

Comments

This last section, the only open-ended section of the survey, provided an opportunity for those wishing to express their opinions, in writing, about their views on the military, this survey, or the practice of medicine in general. The written comments received are at Appendix B. These comments are presented in their unedited form, however, some spelling or grammatical errors have been corrected and parts of some responses have been omitted if they tended to identify anyone individually. Although not part of the statistical analysis, the written comments can often enlighten a researcher about issues that are important (but perhaps not addressed in the survey), items the respondent wants to clarify, and suggestions for improving both the survey and what the survey is attempting to measure.

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in the survey. One of the items which was brought out as significant in both overall satisfaction and stated probability of leaving active duty was military compensation. The written comments serve to illuminate some of the feeling behind this concern. Although money is important to those responding, typical comments include; "Salary means nothing if you're unhappy or have no time to spend it", "The Army can never pay you enough to overcome the frustration of not having a parking space", and "No matter how many bonuses you add, I'll still make more as a civilian, why not divert your energy to new techniques for retention... The only thing that adding bonuses does is retain the incompetent". Other areas that were brought out in the written comments are:

- The Army is not utilizing it's physicians to their potential.
- Orientation, mentorship, and sponsorship programs are lacking.
- Physicians do not feel that they are being treated as professionals.
- More attention to career development is needed.
- There is a serious lack of ancillary personnel.
- Promotions are viewed as not being related to medical proficiency.
- Height/weight and physical training standards take precedence over professional considerations.
- There needs to be more emphasis on non-monetary reward systems for physicians.
- There are too many non-medical military training requirements.
- Desert Shield/Desert Storm issues such as deployment and use of

backfill personnel.

- Issues dealing with women physicians in the military such as childrearing, family separation, and the military's slow responsiveness in dealing with women's concerns.

Most respondents who wrote comments highlighted areas that they felt needed some improvement. However, some commented on the strengths of practicing medicine in the military such as:

- The excellent number and quality of the training programs and Graduate Medical Education in the military.
- The quality of the physicians with whom they work.
- The opportunity to hold positions of high responsibility and authority earlier in their career than their civilian counterpart.
- The military "life-style".
- The opportunity to teach and administer training programs.
- Military medicine is exciting, challenging, and varied.

Because of the value of written comments, they are included in their entirety at Appendix B.

Current Study vs. The GAO Study

The GAO study identified five factors that have a statistically significant influence on a physician's stated probability of leaving active duty. They are summarized at Table 7. Of these five, they determined that military compensation and non-physician hours appear to be the most important in reducing the stated probabilities of physicians leaving. Their analysis showed that although the other

three factors are statistically significant, even the complete eradication of them would have only minor impact in reducing the probability of leaving. Of those that the GAO identified as being statistically

---

1. Higher levels of military pay (relative to civilian compensation).
2. Less time spent on non-physician tasks.
3. The ability to maintain proficiency in a medical specialty.
4. Less time spent on combat readiness training.
5. Fewer undesired permanent changes of station.

Table 7. Factors with a Statistically Significant Impact on a Physician's Stated Probability of Leaving Active Duty (GAO)

significant, only one, military compensation, appears in the top five at Tripler.

Although the surveyed physicians at Tripler included all categories of physicians (not just those who were obligated) the stated probabilities of leaving active duty do not differ greatly from what the GAO found. They report 41% of physicians with a 70 percent or greater probability of leaving and 58% with a 50 percent or greater probability of leaving. The figures at Tripler are 36% with a 70 percent or greater probability of leaving and 67% with a 50 percent or greater probability of leaving. This shows that although the data in

this study may be skewed by the inclusion of non-obligated officers (and retirement eligible officers as well) the figures aren't substantially less, but in the 50 percent or greater category are actually a little higher than what the GAO found. At least in their stated intentions of leaving active duty, both populations are similar.

CHAPTER V.

CONCLUSIONS AND RECOMMENDATIONS

Military compensation, a significant factor in both the GAO and current study, is obviously one which goes beyond the local commander's ability to resolve. It is a systemic issue and one which has to be dealt with at the Department of Defense level. The current study does show that the compensation issue is not universally viewed as a negative factor. It was identified almost equally as an important inducement to stay in the military and an important inducement to leave the military by respondents ranking the top three factors in those two categories. An important point to remember in both studies is the the dependent variable in each case is the "*stated* probability of leaving active duty", not actual leaving behavior. Because of this, expectancy theory may be at work. The physicians may be focusing on the compensation issue because highlighting it may lead to the external goal of increasing pay. That is, they fill out the survey in a way which has the greatest payoff relative to their needs. This argument may have more validity with the GAO study; a tri-service, nationwide survey, commissioned by the United States Congress, than the current study here at Tripler Army Medical Center.

Compensation, although important, may be no more important than the other factors identified. However, of the remaining factors (Table 4), very few can be directly impacted by the Tripler Command Group. Only "Numbers of Administrative Support Staff" and "Sensitivity to the Family" are really addressable at the local level. In addition, there are also the satisfaction variables which can have

an impact on retention. This is demonstrated by the high correlation between "Overall Satisfaction" and "Stated Probability of Leaving Active Duty" (.568). When we look at the significant factors identified in "Overall Satisfaction" (Table 2), there are others that may be impacted locally. These include; "Ability to maintain proficiency in field of medicine", "Number of hours worked", "The degree to which the military treats you as a professional", "The diversity and complexity of cases encountered", and "The importance medical proficiency is given in decisions to promote military physicians".

To be able to meet the missions that Tripler Army Medical Center has, the hospital must gain the cooperation and contributions of the key constituents of the organization. This includes being able to retain the best, most qualified group of physicians to meet these goals. Physicians are critical to the operation of any medical organization and their retention should receive the highest priority if the organization (both locally and the Army Medical Department at large) is to succeed. The primary goal at Tripler should be to positively influence those factors associated with retention which can be influenced at the local level. The retention of good physicians imposes many responsibilities on the hospital leadership (Asay & Maciariello, 1991). These include:

1. Properly orienting new physicians.
2. Maintaining morale, good facilities, and reasonable workloads.
3. Soliciting feedback.
4. Nurturing individual talents.

5. Promoting individual professional development and oversight on the quality of medical education.

6. Making information available to those who will be affected by it.

7. Enriching the job.

As we have seen, although financial considerations are very important to Tripler's physicians, quality of life issues are just as relevant. Many of the factors identified in this study enter into the physician's perception of quality of life in the military.

One of the most important areas outlined above is the soliciting of feedback from the physicians. One method is to use an attitude survey similar to the one used in this study. Attitudes can have a positive or a negative influence on behavior. Information provided by surveys can provide the command with a better understanding of physician reactions to decisions, policies, and other factors in the working environment. As a systematic approach to assessing physician feelings, attitude surveys also have the potential to provide the headquarters with more valid information on attitudes than is available from other sources. Most of all, surveys can help to improve the level of trust and support between subordinates and superiors. The companion step in soliciting feedback is showing appreciation to those who perform well. As the options for fiscal remuneration are extremely limited at this level, non-monetary rewards and positive feedback are very important. Senior leadership

should seek out reasons to compliment members of the staff. In the particular case of physicians, this can be done whenever they handle a case well, take on additional work, or present a well-received presentation or paper, for example. Everyone from the most senior leader on down responds positively to this type of recognition. Although the formal military award channels may work well, the simple pat on the back or words of praise can be even more appreciated.

Although the results of this study have indicated compensation issues are related to retention, they may be no more important than other issues such as the numbers of support staff, the control over geographic assignment, the weight medical proficiency is given in promotions, and the military's sensitivity to the needs of the family. Recognizing that physicians have certain needs and concerns and setting up systems to deal with those that can be addressed at the local level (as well as forwarding the issues that can't be resolved locally) is one key to retaining quality physicians to take Tripler and the Army Medical Department into the future.

CHAPTER VI.

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APPENDIX A

TRIPLER ARMY MEDICAL CENTER

MILITARY PHYSICIAN SURVEY

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TRIPLER ARMY MEDICAL CENTER
MILITARY PHYSICIAN SURVEY

Introduction

As part of a graduate management project for the U.S. Army-Baylor University Graduate Program in Healthcare Administration, MAJ Thomas M. Brennand, Administrative Resident for Tripler Army Medical Center, is conducting a survey of all military physicians assigned to Tripler. The purpose is to assess physician satisfaction with various aspects of practicing medicine in the military and to identify the factors which most impact on physicians' decisions to remain in or leave the military.

The survey may appear lengthy, but most items can be answered quickly by checking a box or writing in a short response. It should take less than 25 minutes to complete. You may use either a pen or pencil to complete the survey. All individual responses will be kept strictly confidential, with information reported only in aggregate with others in the survey. No one, outside of the surveying officer, will know how you, individually, answered any of the questions.

For this study to be meaningful and useful, your responses are very important. This information will be used to provide decision makers within Tripler and the Army Medical Department with information about military physicians' career plans, attitudes toward work and the military, and what is important to them. Any questions relating to the survey may be addressed to MAJ Brennand at 433-5322/6439. Your cooperation in completing and returning this survey rapidly is greatly appreciated. Surveys can be returned through distribution to MAJ Brennand, office symbol HSHK-DCA-A, directly returned to room 1A 008, or by calling MAJ Brennand at 433-5322 for pickup. Thank you very much for your help.

ASPECT OF MILITARY SERVICE	Very Satisfied (1)	Moderately Satisfied (2)	Somewhat Satified (3)	Neither Satisfied nor Dissatisfied (4)	Somewhat Dissatisfied (5)	Moderately Dissatisfied (6)	Very Dissatisfied (7)	N/A - Aspect does not Apply (8)
13. The number of hours you work								
14. The number of patients you care for								
15. The diversity and complexity of the cases you encounter								
16. Continuity of care in the military								
17. The number of nurses, technicians, and other healthcare staff that support you								
18. The number of administrative staff that support you								
19. Availability of parking for physicians								
20. How well military medical facilities are equipped								
21. The QA tasks you're required to perform								
22. Job security in the military								
23. The degree to which the military treats you as a professional								
24. The number of permanent changes of station you've had								
25. Sensitivity of the military to family needs								
26. The time/travel funds the military has given you to attend medical/surgical conferences, seminars, etc.								
27. Other (SPECIFY)								
28. Other (SPECIFY)								

Overall, how satisfied or dissatisfied are you with the military? (CHECK ONE)

1. ( ) Very satisfied 2. ( ) Somewhat satisfied 3. ( ) Neither satisfied nor dissatisfied

4. ( ) Somewhat dissatisfied 5. ( ) Very dissatisfied

Factors that Might Influence Your Decision to Remain in the Military, or to Leave

Listed below are some factors which may influence your decision to remain in the military, or to leave. Indicate how much of an inducement, if any, each of the factors listed below is for you either to remain in the military, or to leave. CHECK ONE BOX FOR EACH FACTOR.

FACTOR	Inducement to remain				Little or no inducement to either remain or to leave (5)	Inducement to leave			
	Very great (1)	Great (2)	Moderate (3)	Some (4)		Some (6)	Moderate (7)	Great (8)	Very great (9)
1. The control you have over the geographic locations where you're assigned									
2. The opportunity you've had in the military to practice your field of medicine/surgery -or- if trained in more than one field, the opportunity you've had to practice the one you prefer to practice									
3. Your ability to maintain proficiency in THAT field while in the military									
4. While in the military, the opportunity you've had to pursue training in a specialty or subspecialty									
5. The frequency with which you've been assigned emergency room duty									
6. Family tradition									
7. The opportunity to serve the United States									
8. The opportuntiy you have to do other work in addition to practicing medicine (e.g., practicing executive medicine, special assignments, etc.)									
9. The frequency with which you participate in field exercises or combat readiness training									
10. The frequency and duration of your deployments									
11. The amount your counterparts in private pratice earn									
12. Malpractice insurance and other expenses associated with a private practice									
13. The effort needed to set up a private practice									

(CHECK ONE BOX FOR EACH FACTOR)

FACTOR	Inducement to remain				Little or no inducement to either remain or to leave (5)	Inducement to leave			
	Very great (1)	Great (2)	Moderate (3)	Some (4)		Some (6)	Moderate (7)	Great (8)	Very great (9)
14. The importance medical proficiency is given in decisions to promote military physicians									
15. Military physician immunity from malpractice suits									
16. The number of hours you work									
17. The number of patients you care for									
18. The diversity and complexity of the cases you encounter									
19. Continuity of care in the military									
20. The fact that military physicians do not have to concern themselves with the patient's ability to pay									
21. A desire to ensure that members of the Armed Services receive quality medical care									
22. The prospect of practicing wartime medicine									
23. The prospect of being sent to a conflict area									
24. The availability of parking for physicians									
25. How well military medical facilities are equipped									
26. The QA tasks you're required to perform									
27. The number of nurses, technicians, and other healthcare staff to support you									
28. The number of administrative staff that support you									
29. Incentive Special Pay (ISP) - whether you receive it or not									
30. The prospect of a yearly retention bonus for experienced physicians who are willing to incur an additional 2-year commitment									
31. Other current military special pay/bonus programs									

(CHECK ONE BOX FOR EACH FACTOR)

FACTOR	Inducement to remain				Little or no inducement to either remain or to leave (5)	Inducement to leave			
	Very great (1)	Great (2)	Moderate (3)	Some (4)		Some (6)	Moderate (7)	Great (8)	Very great (9)
32. Your total military compensation package including base pay, special pay, bonuses ,and other military benefits (e.g., housing allowance, healthcare benefits, etc.)									
33. Job security in the military									
34. The degree to which the military treats you like a professional									
35. The number of permanent changes of station you've had									
36. Sensitivity of the military to family needs									
37. Time/travel funds the military gives you to attend medical/surgical conferences, seminars, etc.									
38. The opportunity that a set schedule gives you to "moonlight"									
39. Other (SPECIFY)									
40. Other (SPECIFY)									

In order of importance, which three of the factors listed above are your greatest:

a) inducements to **REMAIN** in the military? (ENTER FACTOR NUMBERS)

_____ - most important

_____ - second most

_____ - third most

b) inducements to **LEAVE** the military? (ENTER FACTOR NUMBERS)

_____ - most important

_____ - second most

_____ - third most

Your Comments

If you have any comments about military medicine, your military career plans, etc., please write them in the space below. Thank you very much for your time!

APPENDIX B

WRITTEN COMMENTS

Written Comments

• Keys for leaving: 1) MCs are not treated as professionals by the Army. 2) Support clinical and administrative staff are inadequate. 3) Funds for continuing medical education are inadequate. 4) In Desert Storm/Shield medical planning was usurped from the MCs by MSCs and the resultant faulty policies left most physician's - active and reserve alike - with deep seated disillusionment with the Army and the politics that prevent true medical preparedness for war. 5) Longevity, not clinical competence is promoted in the Medical Corps

Keys for improvement of retention: 1) Help the doctor take care of people - increase secretaries, increase administrative/clinical support personnel to help physicians, not the Department of Nursing. 2) Bonuses help, but the Army can never pay enough to overcome the frustration of not having a parking space. 3) The Army would do much better to focus on keeping the cream of the crop physicians it has, instead of recruiting the castoffs of civilian practice.

• I was a volunteer who has been able to select his assignments up to now. I am obligated for fellowship training and have been very happy with my military medical career to date. What will lead to my leaving the service, if I choose to do so, will be the pay inequity between my civilian counterparts and the military pay structure. (My subspecialty took a $5,000 per year pay cut compared to the MORB

program.) Another area of consideration will be family preference and fear of constant uprooting/relocation. The last factor that could drive me out would be if there develops a discrepancy between what my career goals are and what the Army wants for me. Also, as many retiree benefits have been diminished or lost over the years, there is less desire to reach 20 years for retirement purposes and certainty what I'll benefit from what current retirees receive. Those retiree benefits are subject to the whim of elected (political) representatives and could be changed or deleted any time.

• 1) Nursing technician and administrative staffs do their best, but are quickly overwhelmed by the massive numbers of patients for whom this system provides care. Resources are poorly allocated to the medical centers while surrounding MEDDACs - with the responsibility to provide most of the patient care - are wanting. Subspecialty support in many areas of high need is severely lacking. As a result, an inappropriate amount of time is spent by the physician triaging patients and spending CHAMPUS dollars so that the patient can receive the appropriate care and that the already overworked staff won't "burn-out" any more than they already have. 2) The specialty pay given to pediatricians and pediatric subspecialties - much less than colleagues in other (sometimes less demanding) specialties - is an <u>insult</u> and is widely perceived by us as communicating the low regard military medicine has for dependent care in general. 3) We should

either hire more people and pay them what they are worth, or give it up altogether and sign up for BC/BS!

• Training is different from staff practice. Staff work fewer hours and are paid more, and have much more choice about what they do. The training is good, but if the hours are like this as staff, I'm out ASAP.

• 1) After the conflict in the Gulf I realized I am not a warrior. I feel I can more comfortably serve my country in another status, i.e., last April I interviewed at an Indian Health Service Hospital. 2) I like the idea of continuing my time toward retirement but am looking at IHS, PHS, or the VA. 3) Since I don't plan on settling in an area with a military medical center, the medical benefits may never by available to me or my family. 4) I don't like the idea of taking a pay cut! (loss of ISP for psychiatrists). The new system is monetary incentive only applies to non-committed time. If I could get the MORB money during GME payback I might consider staying. 5) My spouse is quite anti-military - she plays a big role.

• Being in the Army is a love-hate situation. You hate the Army 95% of the time. Five percent of the time you love it. That special "thing" you do in the Army (medicine, trauma, combat, aviation, etc.) is so great or such a high that it outweighs the other 95% of the B.S.

• The military doesn't treat you as a professional. No doctor's lounge, doctor's dining area, and in the surgery locker rooms the surgeons are given half lockers while the E-2 scrub tech gets a full size one (it's his "primary work area"). RHIP! HA!! The military doesn't even trust you to eat a $1.00 slice of pizza from a drug rep or pick up the latest Antibiotic Handbook from one. The whole idea of order entry by physicians (the MD typing the order in a computer) while a nurse refuses to take a verbal order "Because you are still in-house". This alone is enough to leave. Return control of the AMEDD to docs and I'll very likely stay!!

• I want equal opportunity to do specialty training - regardless of my race, etc.....

• I am an older physician married to a professional (college professor). My wife cannot freely move every few years without sacrificing her professional credibility, leaving her established network, and giving up her retirement. Additionally, we do not wish to be separated if there is no war. The Army retirement program requires 20 years to be vested. Prior to that, there is no guarantee, unlike other organizations that have 1, 5, and 10 year vesting. The military services are behind the times. Most spouses work, but the military could care less. This needs to change. The retirement program should have graduated vesting prior to 20 years of service

and there should be a tax-sheltered annuity program for voluntary contributions. The Army tours are too short, too mandatory (moves), and everyone is expected to have unaccompanied tours eventually, regardless of circumstances.

• 1) I feel the military loses many active and reserve physicians because it doesn't treat them as professionals. Desert Storm/Shield was a good example. Hospitals were double and triple staffed. Even the MASH unit that I was attached to in Saudi Arabia was two and one half times the normal strength. I realize that we were expecting mass casualties. But many of the physicians didn't return to their practices until mid-May. I saw many physicians that were gone from August to May. That was for a three day war. I think if the military would have treated the professional people better, many would have felt positive about the war. The result of what happened, many are getting out. 2) Many physicians, including myself, enjoy being staff physicians. We are trained as physicians and we provide excellent health care. However, I am unhappy about the need to direct one's career to the management part of medicine. I wish some of us could practice hands-on medicine for our entire career.

• There are two major reasons that I will probably leave the service as soon as legally possible. The first is the dishonorable behavior of senior personnel in their dealing with me. I had a verbal agreement

with the consultant to the Surgeon General for my field, that if I served a year in Korea, I could pay back the rest of my obligation (2 years) in Hawaii. When it came to be time to cut my Hawaii orders, I was forced to sign for 2 additional years to complete a 4 year tour, or go elsewhere. Had I not been manipulated and lied to like this, I would have been much more likely to consider a military career. Second, I strongly resent that my ISP was taken away this year and that more of the pay is based on extending service obligation. If you just paid people fairly more would remain in uniform. I enjoy my present job and like the people that I work with. What I resent is the everchanging playing surface under control of seemingly insensitive individuals in Washington, DC.

- There is a feeling that promotion boards, being comprised predominantly of line officers and non-medical corps, have little concept of what is important in the medical profession and put inordinate weight on "military education". This is driving out many "middle career" professionals. The biggest gig on the system is the lack of sufficient nursing personnel and administrative support, forcing physicians to engage in clerical or "orderly" duties.

- As I age, my priorities shift more and more to my family. I plan to have children, but feel the military is fairly insensitive to the needs of working mothers, especially after Desert Storm where so many

an impact on retention. This is demonstrated by the high correlation between "Overall Satisfaction" and "Stated Probability of Leaving Active Duty" (.568). When we look at the significant factors identified in "Overall Satisfaction" (Table 2), there are others that may be impacted locally. These include; "Ability to maintain proficiency in field of medicine", "Number of hours worked", "The degree to which the military treats you as a professional", "The diversity and complexity of cases encountered", and "The importance medical proficiency is given in decisions to promote military physicians".

To be able to meet the missions that Tripler Army Medical Center has, the hospital must gain the cooperation and contributions of the *key constituents of the organization*. This includes being able to retain the best, most qualified group of physicians to meet these goals. Physicians are critical to the operation of any medical organization and their retention should receive the highest priority if the organization (both locally and the Army Medical Department at large) is to succeed. The primary goal at Tripler should be to positively influence those factors associated with retention which can be influenced at the local level. The retention of good physicians imposes many responsibilities on the hospital leadership (Asay & Maciariello, 1991). These include:

1. Properly orienting new physicians.
2. Maintaining morale, good facilities, and reasonable workloads.
3. Soliciting feedback.
4. Nurturing individual talents.

much younger that your civilian counterparts. Also, the quality of the physicians with whom you work and the collegiality you get to share - this is a frequent regret of those who have left. Salary means nothing if you're unhappy or have no time to spend it. Your first assignment after residency training makes or breaks your chances for a military career.

• More attention to career development is needed. Decisions about where to assign someone often seem to be on the basis of immediate need rather than long-term development. Those individuals who are best able to promote their careers may not be best suited for the positions they attain. The medical politics and backscratching between the SGO and WRAMC creates the sense that there are two Army Medical Corps; that serving the DC area and those on the outside.

• My major dissatisfaction with military medicine is not one item, it is a conglomeration of many, many small hassles that the Army/Tripler creates. They are (in no particular order):
1) I can't make a long distance or AUTOVON phone call from my office. I have to walk to the admin. section, wait for the <u>one</u> long distance line to clear, then make my call. If its busy, I get to wait. I am a <u>staff</u> physician! 2) Not having a regular and reliable office staff. While the people that are there are doing their best (the turnover of admin. staff is tremendous), working at the ortho front

desk is a horrible job. The staff turnover creates confusion, patients don't get seen and get mad, etc... 3) The huge patient load strains the system. Its very hard to get regular follow-up appointments because of the large new patient load. 4) The lack of assistance from social work, home loan, PT, pharmacy, etc.. Home loan regularly runs out of equipment and they don't help the patient with alternative resources.

• I would gladly complete 20 years in service (9 additional years) if they would allow me to continue to practice in Hawaii.

• 1) The number of "incompetent" doctors who are taken in from private practice, promoted to colonel and put in positions of command to make other physicians miserable is excessive (20-30%). 2) The general attitude of "he's going to get out anyway so we'll do what we want to him" by commanders is annoying (also not universal).

• 1) QA is time consuming, an oppressive burden to most of us forced against our will to do it and essentially accomplishes little of practical importance to change medical practice, but like a metastatic cancer it is unstoppable and here to stay. 2) The PT and weight control programs are a good goal, but I have seen good (even excellent) people severely hurt because of it. I think it is overdone! 3) If you want the best quality of care, you've got to keep the best people (salary,

working conditions) and give them the best tools and equipment and training (this is not yet being done in the Army).

- A career in military medicine provides the opportunity and privilege to serve and pursue two of the most significant and important professions; the profession of arms in service to one's country, and the profession of medicine in service to individuals and society. Military medicine also allows one to grow in almost any direction he/she wishes; it is not confining. The military physician has the opportunity to take different forms of responsibility than that of his/her civilian counterpart. The military physician also has the exposure to, and opportunity to learn from, our nation's great leaders. The values of service, patriotism, integrity, "duty, honor, and country" are learned and reinforced not only for and by the military physician, but for his/her family. It is a great "life-style".

- Being deployed to an area of conflict (i.e. Gulf War) is what now most strongly influences my decision to probably leave the military. As a mother with two small children, I am unwilling to entertain this possible personal sacrifice. The issue of monetary compensation falls next in line.

- Medical commanders must realize that they have to get out in their hospitals and get to know the people that work for them. The fact that a commander does not take the time to personally go around and

occasionally talk to his staff translates, to them, that he just doesn't care or that he is too stupid not to realize how important it is. I have worked under both types of commanders and it is like night and day. I will let you guess which one that TAMC has in view that I have not seen our commander in my clinic in over the past two years. My second beef is that the promotion of medical officers is not based on any merit system, as the bad doctors are promoted on the same basis as the good doctors.

• I am very satisfied with my role at Tripler. We have a superb training program, excellent residents, an interesting patient mix with a moderate volume of cases, and an excellent staff. The Army medical leadership has been very responsive to my desire to remain clinical and at this facility (21 years). We have an extremely modern, well-equipped, and staffed clinic of which we are very proud. While our compensation does not match that of our civilian counterparts, our needs are not great - so we are satisfied. Those things I would change/improve if I was in charge would be to increase the number of nursing and anesthesia personnel in the OR so we could do more cases, increase funding for TDY for my residents and staff; and give us more help with QA. It is very physician labor intensive and it is not always clear what is the value of various exercises. Perhaps we should have a GS 5-6 QA coordinator for our service, since one of our physicians is the QA leader for the department.

• I have been extremely pleased with the residency training I have received at TAMC and feel it has been as good or better than large university programs on the mainland. The main factors affecting my remaining in the military beyond my current obligation would be quality of facilities and ancillary support, pay, and ability to determine geographic location and fellowship training. The first few years after initial residency training will determine whether or not the military is an attractive alternative to the civilian sector. If all factors were equal or nearly comparable, I would elect to remain in the military as I also derive a great deal of fulfillment from serving my country as a member of the armed forces.

• The military falls short of securing woman physicians. For a lot of reasons the military is an excellent place for women to practice medicine. Most women would prefer the set-up of military medicine as opposed to private practice. However, it appears that the military is unconcerned with attracting this group of physicians. While incentive pay and rank may be attractive to our male counterparts, we have other concerns and wants. For example: 1) Greater flexibility with pregnancy leave. 2) The ability to postpone payback years in order to spend a year or two at home with young children. 3) Military daycare. 4) The ability to have more control regarding military moves (Despite the fact that this is 1991, many female professionals must accommodate their husbands careers as well, and

find it difficult to relocate every 3 - 4 years.

• I feel that the Army has given up on trying to retain experienced emergency physician specialists. There seems to be no long term plan to retain 62As. The emphasis is on pumping physicians through the three residency programs, and let them go at the end of their commitments. 62As have been declared "less war essential" than surgical specialties, and our ERs are lacking adequate monetary/personnel resources to deal with the non-emergent patients that are dumped on us because of the failure of the "system" to provide adequate primary care.

• I am obligated to 20 years service, adding a 2 year MORB to increase my obligation of total time from 18 to 20 years. Payment of a retention bonus for those over 20 years would be a valuable retention tool for those over 20 years of service.

• The military promotes based on time in service, not medical proficiency. This is a bunch of baloney. We need more nurses and ancillary care providers. Patients in the military, in general, do not seem appreciative of the care they receive, nor do they have an understanding of how hard we work. When I was a medical student I questioned a physician on why he was leaving the military. He told me it was partly for pay, but also because no one asked him to stay.

I would have to agree. I find that those in command could care less about the physicians. In military terms, morale sucks (not just at Tripler, but Army wide). If retirement is cut to 40% for 20 years service, physicians are better off setting up their retirement fund as a civilian. Despite all this, I feel we do an important job. Those in the service to the U.S. deserve good care and I am considering making it a career.

• I am tired of the unbelievably poor support that I receive from the administrative services in my hospital. I am sick of the shortages of ancillary help, supplies, etc. which constantly interfere with my ability to practice my specialty. I am tired of being treated as a clerk by the Army. Once, I had planned to make the Army a career, but I have drastically changed those plans. Unless the administrative support and ancillary services change radically during the remainder of my obligation, I will join the remainder of my neurosurgical colleagues in voting with my feet and finding an acceptable civilian environment in which to continue my practice.

• Your "boss/bosses" can really make or break you, I feel. If things are not so good in other areas, they can give you more freedom - which can then let you come and go more easily, allowing for you to take care of family, finances, and other problems. This can be a great equalizer. But, if you have a bad boss, plus all the other Army stuff,

forget it - speaking from a physician's point of view at least.

• The staffing is horrible, the legal/QA requirements are increasing and there is no support provided to accomplish these requirements. Nevertheless, the military is more than happy to hold us responsible (rather than themselves) and freely turns our names in to the National Pratictioner Data Bank. Ineptness pervades all levels, probably because these are the ones who could not get out and be successful in the more lucrative yet also more competitive civilian practice. Most often, especially at high levels, the ineptness is not dealt with. The military has made grandiose promises and commitments to both physician/nurse and patient, then, as usual, has failed to come through.

• If the military were willing to support me with personnel and provided a professional environment within which I could work, if the military paid me what I was worth to the community at large, if they addressed the problems that I have openly defined at two major medical centers - the military would not be losing this board certified physician in July, 1992.

• The Army medical system is very frustrating. There is a large amount of potential in Army physicians that is untapped and even wasted due to the issues which you have so thoughtfully listed in this

survey. I hope this survey has a positive impact on our armed forces health care system because I would like to stay, but currently it just isn't worth it!

- How doctors in Europe were used and misused during (and especially after) Desert Shield/Storm has clinched my decision to leave the Army.

- I entered the military without prior commitment. That was greeted by suspicion immediately - "why would anyone join the military if they didn't have to?". I was sent to Basic for 12 weeks - no one else I know here had to attend this course - why not? (everyone is different). After one year, I found I was qualified to receive a bonus (significant $)... no one knows what money anyone should get. If you find out you qualify, good luck getting it. I had to demand they call Washington. No one knew I should be getting it, not even my recruiter. I had no sponsor to help me transition to my station until I demanded I get one. The bureaucracy is incredible. So much money could be saved - much of the day in the hospital is spent by everyone "protecting" their status and turf. Amazingly, the medicine practiced despite multiple road blocks is excellent. Just think how fantastic it could be if we could take care of the other problems.

- The fact that physicians are held to the same height and weight

standards and PT test standards as Infantry and other combat arms, who are physically active most of the day, is ridiculous. Physicians, who are basically inactive physically, must take hours of time daily to try and maintain some physical standard that is too high for the job. The military should either lower the standard or give time/work in such a way to give us that physical standard if they want it so badly.

• 1) As an emergency physician, I do not get the pay that EM in the private sector does. The Army does not recognize it as a critical specialty, unlike the Air Force/Navy where my EM counterparts make $8,000 per year more than I do. 2) I do not have the opportunity to practice true emergency medicine - the ERs are family practice clinics and the emergencies are too few to keep the skills I have been trained for. 3) There are far too many patients to care for, too few nurses, and ancillary staff and since EM is a young specialty, most O-6s don't understand our role and don't give us credit where it is appropriately due. 4) I can see no reason whatsoever to stay in the Army. Rank is abused and rationale often takes second seat to traditional opinion. I am, however, very grateful for the residency training I got in the Army and am very proud of it.

• My biggest concern, as a female/wife and mother with a husband who is also active duty, is the prospect of being separated. Because we both work extra long hours, is we were separated neither one of

us alone could take adequate care of our children. Already the military has tried to separate us twice. If we were both deployed I don't feel that this would be fair to our children and would cause extreme psychological stress to me. I think the military should not deploy both AD parents. Perhaps they could also make some allowances for decreased work hours for one parent when they're both working greater than 40 hour work weeks. I think these changes would assist in retaining more female staff, if the military is indeed interested in such.

• I have a greater concern over the loss of future retirement/medical benefits such as not being able to receive care as a retiree in the future. Possible decreases in retirement pay in the future is also a concern. If I can't depend on these with the military, I could get a more dependable insurance and retirement plan in the civilian sector, especially the sooner I left the military. I have always planned to do 20-25 years, but with the talk about cuts in the military budget I am greatly concerned.

• 1) During the current Desert Shield/Storm operation I was deployed as a 61J which is the same designation that a GMO fresh out of internship would get, even though I received six years of post-graduate training and I am board certified in nephrology. 2) There is a huge disparity between what civilian nephrologists earn vs. their

military counterparts, especially in Hawaii. 3) In my department at Tripler, I have to perform various nursing, social service, and secretarial jobs because to the lack of ancillary support. 4) In the military, there is no sense of fairness when taskings for various deployments/assignments are made. It appears that always a few individuals (those with the least seniority) do all of the taskings. Several staff have been at Tripler over 7-8 years and have never been deployed anywhere. I have been at Tripler less than 2 years and have been tasked to go places about 7 times.

• In general I have been quite satisfied. I enjoy the patients I care for, the people I work with, and the opportunity to teach students and housestaff. I appreciate the opportunity I have had to administer a training program. My only real complaint is with the new pay package. I never thought much about how much I am paid and was quite pleased with the bonus I received with the MORB. I truly do resent the cut in pay I am expected to take with the new package. In addition, although I did not expect a bonus for taking the position as a director of a training program, it was satisfying to feel as if the extra work involved was appreciated. The removal of the program director's bonus would seem to indicate that GME is not felt to be very important in Washington. My involvement in GME has been the best part of my military career and should GME cease to be a priority in Army medicine that would be a very strong incentive to get out.

• I joined the Army because I was very unhappy in my civilian practice. The major problem in my civilian practice was the monotony. I found Army medicine challenging, exciting and varied. I enjoy going to the field and have had several opportunities to participate in field exercises. Above all, I have found Army medicine to be of equal or better quality than civilian medicine. One reason I believe I am pleased with Army medicine is because I have practiced as a civilian. Many physicians come into the military immediately after medical school. They receive their post-graduate medical education in the military, then go into practice. They feel the lure of the civilian practice. Once they get out, many of them realize that civilian practice has many problems and they are less satisfied with civilian practice than they thought they would be.

• The military has been very gracious to my family and to myself. However, the inadequate "state of the art" equipment that this institution lacks has a major detrimental effect on current practice in today's medical field and inhibits professional advancement.

• 1) The recent decrease in pay for psychiatrists ($8,800) I find the most disappointing. 2) Although the military appears supportive of military families, I find it discriminates against single people, i.e., the availability of military housing for single officers.

- 1) The military needs to continue to work on the "pay package" to adjust annually for inflation and help make us more compatible to our civilian counterparts. 2) Need to update and modernize our field medical capabilities (for deployments and war situations).

- The reason I will not stay in the military is because of a total lack of concern by the Army in trying to assign my wife and I to the same location.

- Treat military physicians as doctors. Quit pretending that they are "soldiers", they are not! Just accept that and get on with the job. For those that wish to pursue more than medicine, let them. For those that do not, leave them so!

- I have been satisfied with where I've been and what I've done, mostly. However, there are a great many straws the military piles on the backs of it's camels. Biggest straw of which is treatment of MDs as the lowest common denominator. There is no recognition of the MD's importance as head of the healthcare team and extensive academic accomplishments to become a physician. This is in sharp contrast to the situation one encounters in private practice. This is manifested by a whole host of issues such as parking, adequate support staff (both professional and administrative), inadequate pay, and the juvenile approach taken by "leadership" in regard to

inappropriate, superficial, PT testing, height/weight standards, and drug testing (all of which are given a higher priority than professional ability). Lack of leadership is another issue not addressed. Most individuals in the upper echelon "leadership" positions are not of a caliber one can respect as a person or a professional. They all too often get caught up in the military concern with superficialities and appearances, rather than deal with substantive issues.

• We need a reward system for docs who bust their butts to go the extra mile, etc.. Use CHCS (Composite Health Care System) to see who <u>really</u> sees patients - give them extra TDY money. Extra conference/TDY money should be given to PROFIS (Professional Officer Filler System) doctors. Make that into a <u>honor</u> rather than a burden.

• I came into the Army thinking I might possibly make a career out of the Army. I have spent the last 7 years on active duty being convinced of the folly of this notion. I would be content to keep making as much money as I'm making now. However, on the outside, I can do this working one-quarter to one-half as much as I do now. I have had to postpone having my family because I don't have enough time for children with my current schedule. However, pay is frankly not the biggest issue. Attempts to solve the problem of physician retention with pay alone will not address the biggest issues. My job is made more and less pleasant on a day to day basis by innumerable

hurdles and idiotic policies. If I start work at an unusual hour (a late start in the OR for example), I can't get a place to park. Scrubs without holes are a rarity in the locker rooms, as are shoe covers. Cases are frequently cancelled at the last minute because of inadequate workups, patient refusal, inadequate equipment, or reasons that stem form attempts to manipulate the OR schedule. These events are far less frequent on the outside. Staff members are constantly being pulled form the workplace to attend some idiotic, bureaucrat-mandated training, such as HIV or sexual harassment training. We are saddled with a computer system that seems to make life easier for every segment of the hospital except the group that works the longest hours; the physicians. It significantly increases our workload. Cases are billed as "emergencies" when they are really a matter of convenience; this happens on the outside also, but staffing is adequate to handle the demands for such favors. It is not uncommon for residents to lie to staff members in an attempt to manipulate the schedule. This behavior is condoned by their staff and we are forced to tolerate it because we are a "service" rather than a "department". An average workday is at least 10 hours long, but the hospital commander imagines that the ORs finish at noon or one because cases are not scheduled to start after that time. Because of our power down political position, cases routinely run late because of unrealistic time estimates. When the rooms run late enough, urgent cases end up being postponed until the scheduled cases finish. We are constantly

asked to provide services that we do not have the manpower to support. We are also trying to provide quality care with shoddy, careless logistical support. Copying articles for my students is difficult because of all of the turf battles about copier utilization. The secretary does not have the time to do the copying for me. When I try to work at my desk in the office, I also find myself answering the department telephone. Now they tell me that they're going to close the library after normal duty hours, to boot. My immediate supervisor has a wretched clinical practice, but he was brought back into the Army (he goes back and forth) with the rank of O-6. Despite my efforts to teach rotating interns, write, give inservices, and introduce new techniques into the OR, I will never have any official recognition because some enlisted PT grader won't count my pushups because of a lumbar lordosis. In reality, the quality of one's clinical practice means little or nothing to whoever makes decisions about advancement. My husband is trying to put his career back together after our move here. I need to make my own decisions about where I am going to move in order to stay with him. I am sick and tired of being treated as though I don't know when I'm supposed to be at work, .e.g., signing in and out on leave. In general, I have spent the last 7 years being treated as something far less than a highly trained professional. My skills count for nothing; playing "the game" counts for everything. I am tired of working hard with no support and no recognition. I will be voting with my feet in December.

• I have appreciated the opportunity to practice two specialties; pediatrics and orthopedic surgery, in the Army. I have been proud to serve in the U.S. Army. Obviously, money has not been a seriously negative factor in my career to date. However, I have noticed serious problems with the treatment of physicians as professionals. As well, there is a constant shortage of support personnel and there has been since I entered the Army in 1972. Technology has been slow in coming and slow to be adopted due to expense in military medicine. The same has not been true in research and development for weapons systems. I'm afraid that as long as "preservation of the fighting strength" is the mission of U.S. Army Health Services Command, then the state of the art teaching of Army physicians and nurses will suffer fiscal setbacks to weapons systems. Hopefully care of active duty and family members will achieve a higher priority in the future, as manifested by improved financing of the health care systems for wellness, prevention, and then, state of the art intervention when these fail.

• Higher pay and long term stability of assignment location are the greatest inducements to stay in. Retirement pay based on base pay plus bonuses would be the greatest incentive. Bonus pay needs to be indexed to inflation/cost of living raises. There needs to be "save pay" rules that keep you from taking pay cuts during your career. Physicians shouldn't have to do so much administration, such as justifying and researching equipment purchases, manpower studies,

etc... More support people are needed. Weekend days or non-duty days shouldn't count as leave. A good friend of mine left the Army, makes twice as much as I do, and gets three months of vacation a year - Need I say more?

• There is a lack of TQM principles used in physician retention. My understanding of a TQM approach would be; we want to attract, retain, and further train (throughout their career) quality physicians. We want to create the type of organization that quality individuals will make a long term commitment to, and in turn, we will make a long term commitment to developing them (recognition that commitment to quality is a two-way street). For the next 8 years I will be making $14,000 to $16,000 less a year than an identically qualified civilian contemporary, not because I won't make a short term (MORB/MSP) commitment to the organization, but because I did make a long term commitment to the organization (service academy/USUHS). I feel betrayed, I feel like I was a fool to commit to this organization. Physicians are perspicacious, highly educated, and have a marketable skill (options), Though they accept and respect the role that the military's arbitrary authority plays in wartime, they are wary of it's unnecessary application in peacetime. The authoritarian cynicism inherent in the breach of contract that retrospectively says, " We own you, so we don't have to pay you ..." resonates with their deepest suspicions. It isn't about money. It's

about loyalty and trust. The good ones, the ones you want, struggle with commitment, they make an active decision. They ask, "is this organization worthy of my commitment (and my family's commitment). They look at situations like mine, they know I'm obligated, and what do they see?

- I would probably do it again. It has both its advantages and disadvantages, but the "pluses" outweigh the "minuses".

- Basically, I've made most of my points with the various rankings. I answered with My "first impression", and surprised myself when I completed the bottom of the previous page. It seems the real factors that will "keep me in" are "patriotic" matters, such as #7 and #21.

The factors concerning why I might leave do not surprise me nearly as much - I think about them often. Most important are #'s 14 and 34. Regarding #14, even in my short 4 years of active duty, I've already seen incompetence in "leadership" positions and "promoting" of Medical Corps officers to "get them out of our hair and make them someone else's problem". It is really sad sometimes. Another problem is the Medical Corps' "automatic promotions" - It is a communist system that promotes mediocrity. In other words, even though I feel most MC officers are very good, those who are not will be promoted at the "automatic six year" time just like me. It would keep good MC officers like myself in longer if I could get promoted just a "token"

couple of months earlier than those of lesser competence in my field. What good does it do for me to score in the 90th percentile among pathology residents in our yearly nationwide test when I can't get in a leadership position any quicker than somebody who scores in the bottom 10%?

The other main reason to leave is #34. I'm not sure why the Army continually jokes about doctors "not being real officers" and not sharing in the camaraderie of the military, but at the same time does not offer Army medals, etc., for Medical Corps achievements. Again, to be specific, most soldiers can earn quite a few ribbons and badges just by doing their jobs with excellence (note that I do feel that they earn their ribbons). But in the MC, I've never put in less than 80 hours/week, yet all I've earned is my "rainbow ribbon". Why isn't there a ribbon MC officers get for completing internship (up to 120 hours/week and extremely stressful)? Completing residency training? Completing C-4, etc.? It would be nice if after 5 years of residency I could have earned three ribbons for the things I mentioned above. The only way we can earn ribbons is to leave our responsibilities (and make patients wait even longer to get a clinic visit) here at the hospital and go earn an Expert Field Medical Badge! I did earn my Airborne wings while I was in medical school - one of the most prized badges in the Army - believe me, my internship year made my 3 weeks at Airborne school seem like a weekend on Maui! Anyway, you get the idea. One last point - giving the ribbons just might sway a

few good docs to stay in and costs the Army virtually no money. It is a lot cheaper than adding bonus after bonus to my paycheck. Let's face it, no matter how many bonuses you add, I'll make more as a civilian; why not divert your energy to new techniques for retention like those I have listed. The only thing that adding bonuses does is retain the incompetent, who again think it is great to stay in the Army at lower pay than the civilian world, but get to put in far fewer hours (as a staff, not resident physician).

APPENDIX C

CORRELATION MATRIX

ASPECTS OF MILITARY SERVICE

Correlation Matrix for Variables: X_1 ... X_{27}

	Geograp...	Opportu...	Proficie...	Pursue ...	ER Duty	Other W...	ISP	Pay/Bon...
Geograph...	1							
Opportuni...	.189	1						
Proficien...	.141	.708	1					
Pursue Tng	.078	.12	.116	1				
ER Duty	.009	.013	.004	.249	1			
Other Work	.201	.171	.177	.111	.229	1		
ISP	.072	.084	.117	.098	.035	.225	1	
Pay/Bon...	.109	.115	.193	.114	.13	.39	.676	1
Mil Comp...	.159	.072	.12	.068	.064	.097	.377	.445
Field Tng	.174	.017	.088	.035	.347	.286	.178	.25
Deployme...	.268	.173	.212	.183	.427	.351	.194	.263
Prof. in P...	.183	.183	.224	.014	.08	.238	.273	.129
#Hours Y...	.109	.221	.143	.185	.178	.453	.229	.315
#Pts Car...	.131	.247	.177	.074	.027	.206	.103	.226
Diversity	.166	.2	.328	.102	-.051	.015	.017	.144
Continuit...	.142	.191	.18	.094	.102	.217	.189	.182

Correlation Matrix for Variables: X_1 ... X_{27}

	Geograp...	Opportu...	Proficie...	Pursue ...	ER Duty	Other W...	ISP	Pay/Bon...
#Clin Spt...	-.042	.177	.187	-.158	-.081	.076	.078	.077
#Admin ...	2.902E-4	.123	.15	-.11	-.004	.097	.124	.085
Parking	-.057	.189	.179	.065	.04	.171	.138	.138
Equipment	.017	.166	.274	-.102	.04	.193	.077	.122
QA Tasks	.046	.087	.123	.059	.076	.186	.096	.019
Job Secu...	.053	.219	.18	.19	.103	.132	.133	.026
Treated a...	.129	.201	.158	-.012	.122	.276	.057	.133
#PCS	.161	.214	.155	.375	.243	.357	.272	.358
Sensitive...	.283	.294	.251	.121	.151	.141	.132	.083
Time/Tr...	.166	.105	.214	.105	.085	.411	.231	.322
Overall. ...	.254	.313	.306	.136	.191	.341	.103	.136

Correlation Matrix for Variables: X_1 ... X_{27}

	Mil Com...	Field Tng	Deploym...	Prof. in ...	#Hours ...	#Pts Ca...	Diversity	Continui...
Mil Comp...	1							
Field Tng	.084	1						
Deployme...	.081	.57	1					
Prof. in P...	.207	.292	.186	1				
#Hours Y...	.145	.214	.271	.281	1			
#Pts Car...	.136	.114	.168	.2	.506	1		
Diversity	.101	.006	-.009	.056	.015	.433	1	
Continuit...	.199	.242	.254	.412	.377	.385	.19	1

Correlation Matrix for Variables: X_1 ... X_{27}

	Mil Com...	Field Tng	Deploym...	Prof. in ...	#Hours ...	#Pts Ca...	Diversity	Continui...
#Clin Spt...	.213	.041	.059	.279	.245	.336	.156	.384
#Admin ...	.275	.125	.03	.346	.286	.237	-.016	.284
Parking	.246	.163	.033	.311	.24	.243	.032	.221
Equipment	.243	.133	.071	.284	.321	.306	.165	.258
QA Tasks	.047	.298	.226	.272	.212	.215	-.01	.253
Job Secu...	.166	.088	.104	.256	.198	.128	.116	.165
Treated a...	.267	.279	.205	.52	.348	.326	.121	.428
#PCS	.154	.23	.412	.175	.328	.15	.081	.237
Sensitive...	.222	.274	.254	.371	.265	.277	.204	.344
Time/Tr...	.257	.315	.235	.285	.301	.171	.068	.278
Overall, ...	.412	.234	.827	.444	.423	.355	.184	.383

Correlation Matrix for Variables: X_1 ... X_{27}

	#Clin Sp...	#Admin ...	Parking	Equipment	QA Tasks	Job Sec...	Treated ...	#PCS
#Clin Spt...	1							
#Admin ...	.635	1						
Parking	.248	.268	1					
Equipment	.383	.389	.299	1				
QA Tasks	.162	.216	.283	.382	1			
Job Secu...	.066	.048	.177	.26	.232	1		
Treated a...	.367	.475	.276	.384	.251	.176	1	
#PCS	.025	.042	.114	.167	.09	.21	.185	1
Sensitive...	.194	.267	.305	.256	.196	.183	.378	.338
Time/Tr...	.216	.322	.223	.216	.199	.177	.316	.316
Overall, ...	.331	.39	.246	.366	.235	.291	.551	.259

Correlation Matrix for Variables: X_1 ... X_{27}

	Sensitiv...	Time/Tr...	Overall,...
Sensitive to ...	1		
Time/Travel...	.32	1	
Overall. Sat...	.445	.364	1

APPENDIX D

CORRELATION MATRIX

DECISION FACTORS

Correlation Matrix for Variables: X_1 ... X_{39}

	Geograp...	Opportu...	Proficie...	Pursue ...	ER Duty...	Family T...	Serve U....	Other W...
Geograph...	1							
Opportuni...	.42	1						
Proficien...	.441	.742	1					
Pursue T...	.246	.377	.422	1				
ER Duty...	.115	-.037	-.029	.076	1			
Family T...	.242	.245	.313	.223	.242	1		
Serve U.S.	.181	.259	.31	.283	.219	.368	1	
Other Wo...	.268	.249	.303	.201	.085	.301	.35	1
Field Tng...	.149	.088	.034	.116	.24	.213	.324	.361
Deployme...	.196	.11	.036	.116	.192	.242	.313	.279
Counterp...	.241	.263	.342	.15	.221	.303	.132	.223
Malpracti...	.081	.213	.209	.12	.106	.175	.275	.224
Private P...	.139	.201	.261	.122	.189	.171	.292	.171
Prof. For...	.382	.311	.334	.274	.151	.319	.234	.272
Immunity	.193	.21	.22	.151	.063	.2	.055	.182
#Hours Y...	.19	.327	.281	.235	.022	.217	.183	.322

Note: 12 cases deleted with missing values.

Correlation Matrix for Variables: X_1 ... X_{39}

	Geograp...	Opportu...	Proficie...	Pursue ...	ER Duty...	Family T...	Serve U....	Other W...
#Pnts Yo...	.273	.362	.349	.249	.078	.166	.153	.258
Diversity...	.227	.335	.338	.265	-.037	.216	.218	.153
Continuit...	.327	.314	.304	.186	.204	.164	.237	.316
Ability to...	.173	.352	.327	.315	.114	.218	.217	.319
Quality M...	.362	.359	.306	.287	.191	.363	.544	.403
Wartime ...	.123	.17	.145	.127	.034	.273	.35	.368
Conflict ...	.192	.188	.192	.14	.101	.28	.376	.41
Parking...	.101	.125	.056	.072	.208	.166	.132	.199
Equipmen...	.281	.395	.46	.253	.168	.296	.366	.335
QA Tasks...	.063	.144	.157	.175	.227	.218	.199	.352
#Clin Spt...	.182	.222	.284	.153	.208	.168	.249	.213
#Admin ...	.128	.237	.263	.154	.125	.164	.231	.229
ISP...	.188	.201	.228	.099	.004	.168	.172	.104
Retention...	.287	.328	.251	.153	-.072	.285	.267	.207
Pay/Bon...	.219	.306	.316	.235	-.009	.291	.248	.181
Mil Comp...	.236	.327	.353	.254	-.046	.273	.275	.273

Correlation Matrix for Variables: X_1 ... X_{39}

	Geograp...	Opportu...	Proficie...	Pursue ...	ER Duty...	Family T...	Serve U...	Other W...
Job Secu...	.231	.268	.282	.239	.212	.291	.353	.335
Treated a...	.349	.31	.331	.304	.295	.317	.303	.35
#PCS...	.27	.151	.139	.107	.214	.151	.176	.227
Sensitive...	.362	.268	.255	.201	.224	.329	.315	.349
Time/Tr...	.291	.26	.323	.189	.137	.193	.15	.293
"Moonlig...	.233	.249	.273	.161	-.07	.106	.109	.165
Prob. Lea...	.298	.303	.333	.3	.002	.224	.292	.278

Correlation Matrix for Variables: X_1 ... X_{39}

	Field Tn...	Deploym...	Counter...	Malprac...	Private ...	Prof. Fo...	Immunity	#Hours ...
Field Tng...	1							
Deployme...	.74	1						
Counterp...	.239	.176	1					
Malpracti...	.159	.157	.197	1				
Private P...	.094	.035	.242	.688	1			
Prof. For...	.235	.252	.37	.201	.197	1		
Immunity	.072	.03	.098	.52	.36	.308	1	
#Hours Y...	.196	.148	.226	.182	.241	.27	.183	1

Correlation Matrix for Variables: X_1 ... X_{39}

	Field Tn...	Deploym...	Counter...	Malprac...	Private ...	Prof. Fo...	Immunity	#Hours ...
#Pnts Yo...	.125	.097	.313	.335	.315	.306	.282	.698
Diversity...	.037	.087	.207	.261	.288	.127	.206	.309
Continuit...	.205	.19	.325	.1	.113	.344	.068	.489
Ability to...	.172	.105	.278	.351	.373	.228	.337	.313
Quality M...	.373	.336	.274	.304	.261	.342	.21	.27
Wartime ...	.533	.332	.149	.151	.094	.234	.144	.151
Conflict ...	.602	.446	.189	.1	.074	.236	.156	.234
Parking...	.306	.271	.299	.115	.014	.303	.054	.181
Equipmen...	.319	.246	.286	.281	.304	.275	.155	.272
QA Tasks...	.268	.244	.257	.158	.115	.305	.138	.102
#Clin Spt...	.23	.181	.337	.212	.207	.403	.094	.267
#Admin ...	.249	.216	.355	.224	.204	.456	.113	.29
ISP...	.175	.133	.271	.186	.126	.401	.144	.225
Retention...	.205	.234	.174	.327	.237	.25	.169	.241
Pay/Bon...	.21	.227	.354	.285	.251	.393	.189	.297
Mil Comp...	.183	.146	.375	.364	.345	.372	.176	.39

Correlation Matrix for Variables: X_1 ... X_{39}

	Field Tn...	Deploym...	Counter...	Malprac...	Private ...	Prof. Fo...	Immunity	#Hours ...
Job Secu...	.288	.23	.195	.452	.388	.371	.413	.335
Treated a...	.339	.219	.356	.297	.331	.539	.267	.445
#PCS...	.21	.305	.103	.063	.088	.255	.057	.328
Sensitive...	.368	.29	.214	.14	.174	.391	.185	.371
Time/Tr...	.176	.084	.287	.232	.252	.284	.199	.282
"Moonlig...	.023	.004	.187	.14	.111	.159	.057	.296
Prob. Lea...	.248	.138	.26	.221	.247	.272	.216	.356

Correlation Matrix for Variables: X_1 ... X_{39}

	#Pnts Y...	Diversit...	Continui...	Ability t...	Quality ...	Wartime...	Conflict ...	Parking...
#Pnts Yo...	1							
Diversity...	.492	1						
Continuit...	.568	.296	1					
Ability to...	.369	.282	.342	1				
Quality M...	.344	.31	.39	.527	1			
Wartime ...	.076	.097	.191	.113	.306	1		
Conflict ...	.112	.022	.257	.139	.34	.834	1	
Parking...	.235	.136	.23	.156	.2	.073	.144	1
Equipmen...	.233	.245	.219	.389	.419	.213	.236	.317
QA Tasks...	.109	.087	.255	.258	.195	.189	.224	.142
#Clin Spt...	.266	.124	.361	.183	.295	.146	.158	.318
#Admin ...	.229	.126	.277	.162	.259	.177	.183	.311
ISP...	.23	.14	.152	.143	.166	.254	.238	.234
Retention...	.273	.244	.18	.206	.249	.3	.258	.303
Pay/Bon...	.341	.301	.288	.248	.268	.25	.254	.233
Mil Comp...	.376	.322	.359	.355	.305	.273	.216	.303

Correlation Matrix for Variables: X_1 ... X_{39}

	#Pnts Y...	Diversit...	Continui...	Ability t...	Quality ...	Wartime...	Conflict ...	Parking...
Job Secu...	.356	.223	.316	.426	.504	.178	.198	.09
Treated a...	.464	.23	.402	.317	.436	.262	.26	.308
#PCS...	.346	.115	.443	.115	.279	.186	.239	.186
Sensitive...	.379	.213	.371	.271	.35	.351	.356	.239
Time/Tr...	.33	.169	.347	.267	.24	.159	.159	.287
"Moonlig...	.256	.071	.258	.135	.07	.143	.142	.243
Prob. Lea...	.336	.217	.287	.281	.289	.341	.364	.157

Correlation Matrix for Variables: X_1 ... X_{39}

	Equipme...	QA Task...	#Clin Sp...	#Admin ...	ISP...	Retentio...	Pay/Bon...	Mil Com...
Equipmen...	1							
QA Tasks...	.352	1						
#Clin Spt...	.503	.38	1					
#Admin ...	.468	.358	.825	1				
ISP...	.18	.137	.428	.41	1			
Retention...	.262	.129	.291	.295	.479	1		
Pay/Bon...	.205	.16	.333	.38	.608	.668	1	
Mil Comp...	.308	.168	.415	.39	.535	.61	.74	1

Correlation Matrix for Variables: X_1 ... X_{39}

	Equipme...	QA Task...	#Clin Sp...	#Admin ...	ISP...	Retentio...	Pay/Bon...	Mil Com...
Job Secu...	.313	.213	.213	.153	.222	.245	.296	.392
Treated a...	.444	.239	.555	.52	.35	.337	.428	.504
#PCS...	.224	.203	.247	.214	.179	.201	.154	.217
Sensitive...	.277	.166	.336	.307	.916	.347	.288	.353
Time/Tr...	.481	.178	.468	.479	.261	.294	.265	.33
"Moonlig...	.28	.175	.253	.256	.249	.365	.274	.249
Prob. Lea...	.276	.171	.337	.337	.271	.394	.377	.476

Correlation Matrix for Variables: X_1 -- X_{39}

	Job Sec...	Treated ...	#PCS...	Sensitiv...	Time/Tr...	%Moonlig...	Prob. Le...
Job Secu...	1						
Treated a...	.446	1					
#PCS...	.162	.306	1				
Sensitive...	.301	.565	.45	1			
Time/Tr...	.166	.469	.246	.493	1		
%Moonlig...	.051	.224	.178	.275	.505	1	
Prob. Lea...	.326	.462	.198	.476	.324	.27	1

APPENDIX E

STEPWISE REGRESSION

OVERALL SATISFACTION

Stepwise Regression Y_1:Overall, Sat/Dis 26 X variables

Summary Information

F to Enter	2
F to Remove	1.999
Number of Steps	10
Variables Entered	10
Variables Forced	0...0

No Residual Statistics Computed

Stepwise Regression Y_1:Overall, Sat/Dis 26 X variables

STEP NO. 1 VARIABLE ENTERED: X_{23}: Treated as Pro?

R:	R-squared:	Adj. R-squared:	RMS Residual:
.551	.303	.3	.916

Analysis of Variance Table

Source	DF:	Sum Squares:	Mean Square:	F-test:
REGRESSION	1	70.945	70.945	84.486
RESIDUAL	194	162.907	.84	
TOTAL	195	233.852		

STEP NO. 1 Stepwise Regression Y_1:Overall, Sat/Dis 26 X variables

Variables in Equation

Variable:	Coefficient:	Std. Err.:	Std. Coeff.:	F to Remove:
INTERCEPT	1.17			
Treated as Pro?	.308	.033	.551	84.486

Variables Not in Equation

Variable:	Par. Corr:	F to Enter:
Geographic Con...	.221	9.89
Opportunity	.248	12.609
Proficiency	.266	14.644
Pursue Trng	.171	5.804
ER Duty	.149	4.378

STEP NO. 1 Stepwise Regression Y_1:Overall, Sat/Dis 26 X variables

Variables Not in Equation

Variable:	Par. Corr.	F to Enter:
Other Work	.236	11.397
ISP	.066	1.454
Pay/Bonus Prg..	.076	1.124
Mil Compensati..	.33	23.523
Field Tng	.101	1.981
Deployments	.261	14.148
Prof. in Promo...	.22	9.856

STEP NO. 1 Stepwise Regression Y_1:Overall, Sat/Dis 26 X variables

Variables Not in Equation

Variable:	Par. Corr.	F to Enter:
#Hours You Wo...	.296	18.523
#Pts Cared For	.223	10.052
Diversity	.141	3.94
Continuity of C...	.195	7.658
#Clin Spt Staff	.166	5.442
#Admin Spt St...	.175	6.07
Parking	.117	2.677

STEP NO. 1 Stepwise Regression Y_1:Overall, Sat/Dis 26 X variables

Variables Not in Equation

Variable:	Par. Corr.	F to Enter:
Equipment	.201	8.1
QA Tasks	.12	2.829
Job Security	.236	11.415
#PCS	.191	7.295
Sensitive to Fa...	.306	19.923
Time/Travel F...	.24	11.756

Stepwise Regression Y_1:Overall, Sat/Dis 26 X variables

STEP NO. 2 VARIABLE ENTERED: X_9: Mil Compensation

R:	R-squared:	Adj. R-squared:	RMS Residual:
.616	.379	.373	.867

Analysis of Variance Table

Source	DF:	Sum Squares:	Mean Square:	F-test:
REGRESSION	2	88.643	44.322	58.909
RESIDUAL	193	145.209	.752	
TOTAL	195	233.852		

STEP NO. 2 Stepwise Regression Y_1:Overall, Sat/Dis 26 X variables

Variables in Equation

Variable:	Coefficient:	Std. Err.:	Std. Coeff.:	F to Remove:
INTERCEPT	.726			
Mil Compensati...	.185	.038	.285	23.523
Treated as Pro?	.265	.033	.475	65.067

Variables Not in Equation

Variable:	Par. Corr:	F to Enter:
Geographic Con...	.19	7.193
Opportunity	.255	13.899
Proficiency	.253	13.181
Pursue Trng	.156	4.767

STEP NO. 2 Stepwise Regression Y_1:Overall, Sat/Dis 26 X variables

Variables Not in Equation

Variable:	Par. Corr:	F to Enter:
ER Duty	.146	4.199
Other Work	.264	14.378
ISP	-.043	.351
Pay/Bonus Prg...	-.077	1.133
Field Trng	.103	2.06
Deployments	.267	14.761
Prof. in Promo...	.205	8.452

STEP NO. 2 Stepwise Regression Y_1:Overall, Sat/Dis 26 X variables

Variables Not in Equation

Variable:	Par. Corr:	F to Enter:
#Hours You Wo..	.294	18.156
#Pts Cared For	.217	9.516
Diversity	.125	3.051
Continuity of C...	.174	5.968
#Clin Spt Staff	.132	3.38
#Admin Spt St...	.126	3.095
Parking	.06	.69

STEP NO. 2 Stepwise Regression Y_1:Overall, Sat/Dis 26 X variables

Variables Not in Equation

Variable:	Par. Corr:	F to Enter:
Equipment	.159	5.011
QA Tasks	.135	3.547
Job Security	.208	8.701
#PCS	.165	5.348
Sensitive to Fa...	.279	16.246
Time/Travel F...	.191	7.295

Stepwise Regression Y_1:Overall, Sat/Dis 26 X variables

STEP NO. 3 VARIABLE ENTERED: X_{18}: #Hours You Work

R:	R-squared:	Adj. R-squared:	RMS Residual:
.658	.433	.424	.831

Analysis of Variance Table

Source	DF:	Sum Squares:	Mean Square:	F-test:
REGRESSION	3	101.188	33.729	48.816
RESIDUAL	192	132.664	.691	
TOTAL	195	233.852		

STEP NO. 3 Stepwise Regression Y_1:Overall, Sat/Dis 26 X variables

Variables in Equation

Variable:	Coefficient:	Std. Err.:	Std. Coeff.:	F to Remove:
INTERCEPT	.427			
Mil Compensati...	.176	.037	.272	23.124
#Hours You Wo...	.145	.034	.247	18.156
Treated as Pro?	.219	.033	.392	43.278

Variables Not in Equation

Variable:	Par. Corr.	F to Enter:
Geographic Con...	.18	6.404
Opportunity	.22	9.702
Proficiency	.238	11.487

STEP NO. 3 Stepwise Regression Y_1:Overall, Sat/Dis 26 X variables

Variables Not in Equation

Variable:	Par. Corr.	F to Enter:
Pursue Tng	.104	2.081
ER Duty	.11	2.339
Other Work	.167	5.5
ISP	-.115	2.544
Pay/Bonus Prg...	-.178	6.275
Field Tng	.068	.898
Deployments	.218	9.555

STEP NO. 3 Stepwise Regression Y_1:Overall, Sat/Dis 26 X variables

Variables Not in Equation

Variable:	Par. Corr.	F to Enter:
Prof. in Promo...	.179	6.33
#Pts Cared For	.102	2.017
Diversity	.141	3.895
Continuity of C...	.104	2.074
#Clin Spt Staff	.099	1.888
#Admin Spt St...	.09	1.554
Parking	.016	.05

STEP NO. 3 Stepwise Regression Y_1:Overall, Sat/Dis 26 X variables

Variables Not in Equation

Variable:	Par. Corr:	F to Enter:
Equipment	.105	2.112
QA Tasks	.099	1.892
Job Security	.176	6.09
#PCS	.089	1.582
Sensitive to Fa...	.249	12.678
Time/Travel F...	.139	3.77

Stepwise Regression Y_1:Overall, Sat/Dis 26 X variables

STEP NO. 4 VARIABLE ENTERED: X_{25}: Sensitive to Family

R:	R-squared:	Adj. R-squared:	RMS Residual:
.684	.468	.457	.807

Analysis of Variance Table

Source	DF:	Sum Squares:	Mean Square:	F-test:
REGRESSION	4	109.446	27.362	42.008
RESIDUAL	191	124.406	.651	
TOTAL	195	233.852		

STEP NO. 4 Stepwise Regression Y_1:Overall, Sat/Dis 26 X variables

Variables in Equation

Variable:	Coefficient:	Std. Err.:	Std. Coeff.:	F to Remove:
INTERCEPT	.209			
Mil Compensati...	.16	.036	.246	19.848
#Hours You Wo...	.127	.033	.217	14.546
Treated as Pro?	.185	.034	.331	30.057
Sensitive to Fa...	.117	.033	.207	12.678

Variables Not in Equation

Variable:	Par. Corr:	F to Enter:
Geographic Con...	.129	3.215
Opportunity	.174	5.953

STEP NO. 4 Stepwise Regression Y_1:Overall, Sat/Dis 26 X variables

Variables Not in Equation

Variable:	Par. Corr:	F to Enter:
Proficiency	.201	7.966
Pursue Tng	.082	1.277
ER Duty	.091	1.569
Other Work	.176	6.08
ISP	-.13	3.255
Pay/Bonus Prg...	-.166	5.371
Field Tng	.026	.131

STEP NO. 4 Stepwise Regression Y_1:Overall, Sat/Dis 26 X variables

Variables Not in Equation

Variable:	Par. Corr:	F to Enter:
Deployments	.185	6.744
Prof. In Promo...	.187	3.613
#Pts Cared For	.076	1.092
Diversity	.108	2.051
Continuity of C...	.063	.749
#Clin Spt Staff	.095	1.717
#Admin Spt St...	.076	1.094

STEP NO. 4 Stepwise Regression Y_1:Overall, Sat/Dis 26 X variables

Variables Not in Equation

Variable:	Par. Corr:	F to Enter:
Parking	-.032	.195
Equipment	.087	1.454
QA Tasks	.077	1.141
Job Security	.158	4.866
#PCS	.027	.142
Time/Travel F...	.098	1.845

Stepwise Regression Y_1:Overall, Sat/Dis 26 X variables

STEP NO. 5 VARIABLE ENTERED: X_8: Proficiency

R:	R-squared:	Adj. R-squared:	RMS Residual:
.7	.489	.476	.793

Analysis of Variance Table

Source	DF:	Sum Squares:	Mean Square:	F-test:
REGRESSION	5	114.452	22.89	36.426
RESIDUAL	190	119.4	.628	
TOTAL	195	233.852		

STEP NO. 5 Stepwise Regression Y_1:Overall, Sat/Dis 26 X variables

Variables in Equation

Variable:	Coefficient:	Std. Err.:	Std. Coeff.:	F to Remove:
INTERCEPT	.121			
Proficiency	.096	.034	.152	7.966
Mil Compensati...	.155	.035	.238	19.175
#Hours You Wo...	.122	.033	.207	13.665
Treated as Pro?	.181	.033	.324	29.879
Sensitive to Fa...	.099	.033	.176	9.131

Variables Not in Equation

Variable:	Par. Corr:	F to Enter:
Geographic Con...	.118	2.674

STEP NO. 5 Stepwise Regression Y_1:Overall, Sat/Dis 26 X variables

Variables Not in Equation

Variable:	Par. Corr:	F to Enter:
Opportunity	.052	.509
Pursue Trng	.067	.853
ER Duty	.103	2.021
Other Work	.156	4.698
ISP	-.145	4.065
Pay/Bonus Prg...	-.203	8.114
Field Trng	.027	.134

STEP NO. 5 Stepwise Regression Y_1:Overall, Sat/Dis 26 X variables

Variables Not in Equation

Variable:	Par. Corr:	F to Enter:
Deployments	.161	5.059
Prof. in Promo...	.116	2.568
#Pts Cared For	.061	.701
Diversity	.048	.43
Continuity of C...	.05	.478
#Clin Spt Staff	.078	1.015
#Admin Spt St...	.067	.856

STEP NO. 5 Stepwise Regression Y_1:Overall, Sat/Dis 26 X variables

Variables Not in Equation

Variable:	Par. Corr:	F to Enter:
Parking	-.05	.481
Equipment	.049	.456
QA Tasks	.067	.843
Job Security	.187	3.631
#PCS	.017	.054
Time/Travel F...	.077	1.12

Stepwise Regression Y_1:Overall, Sat/Dis 26 X variables

STEP NO. 6 VARIABLE ENTERED: X_8: Pay/Bonus Prgms

R:	R-squared:	Adj. R-squared:	RMS Residual
.714	.51	.495	.778

Analysis of Variance Table

Source	DF:	Sum Squares:	Mean Square:	F-test:
REGRESSION	6	119.368	19.895	32.844
RESIDUAL	189	114.484	.606	
TOTAL	195	233.852		

STEP NO. 6 Stepwise Regression Y_1:Overall, Sat/Dis 26 X variables

Variables in Equation

Variable:	Coefficient:	Std. Err.:	Std. Coeff.:	F to Remove:
INTERCEPT	.222			
Proficiency	.11	.034	.175	10.732
Pay/Bonus Prg...	-.082	.029	-.172	8.114
Mil Compensati...	.202	.038	.312	27.611
#Hours You Wo...	.15	.034	.256	19.698
Treated as Pro?	.175	.033	.314	28.82
Sensitive to Fa...	.09	.032	.159	7.687

STEP NO. 6 Stepwise Regression Y_1:Overall, Sat/Dis 26 X variables

Variables Not in Equation

Variable:	Par. Corr:	F to Enter:
Geographic Con...	.128	3.11
Opportunity	.041	.322
Pursue Tng	.076	1.083
ER Duty	.124	2.954
Other Work	.245	12.023
ISP	-.031	.183
Field Tng	.078	1.154

STEP NO. 6 Stepwise Regression Y_1:Overall, Sat/Dis 26 X variables

Variables Not in Equation

Variable:	Par. Corr:	F to Enter:
Deployments	.212	8.831
Prof. in Promo...	.118	2.678
#Pts Cared For	.077	1.11
Diversity	.07	.925
Continuity of C...	.059	.654
#Clin Spt Staff	.057	.609
#Admin Spt St...	.047	.412

STEP NO. 6 Stepwise Regression Y_1:Overall, Sat/Dis 26 X variables

Variables Not in Equation

Variable:	Par. Corr:	F to Enter:
Parking	-.055	.562
Equipment	.033	.21
QA Tasks	.057	.613
Job Security	.116	2.575
#PCS	.081	1.252
Time/Travel F...	.122	2.851

Stepwise Regression Y_1:Overall, Sat/Dis 26 X variables

STEP NO. 7 VARIABLE ENTERED: X_8: Other Work

R:	R-squared:	Adj. R-squared:	RMS Residual:
.735	.54	.523	.757

Analysis of Variance Table

Source	DF:	Sum Squares:	Mean Square:	F-test:
REGRESSION	7	126.249	18.036	31.511
RESIDUAL	188	107.603	.572	
TOTAL	195	233.852		

STEP NO. 7 Stepwise Regression Y_1:Overall, Sat/Dis 26 X variables

Variables in Equation

Variable:	Coefficient:	Std. Err.:	Std. Coeff.:	F to Remove:
INTERCEPT	.087			
Proficiency	.102	.033	.162	9.63
Other Work	.102	.029	.209	12.023
Pay/Bonus Prg...	-.118	.03	-.246	15.551
MI Compensati...	.282	.038	.857	86.502
#Hours You Wo...	.118	.035	.192	10.652
Treated as Pro?	.155	.032	.278	23.162

STEP NO. 7 Stepwise Regression Y_1:Overall, Sat/Dis 26 X variables

Variables in Equation

Variable:	Coefficient:	Std. Err.:	Std. Coeff.:	F to Remove:
Sensitive to Fa...	.09	.031	.16	8.161

Variables Not in Equation

Variable:	Par. Corr:	F to Enter:
Geographic Con...	.09	1.517
Opportunity	.048	.35
Pursue Tng	.07	.933
ER Duty	.091	1.553
ISP	-.024	.103
Field Tng	.048	.434

STEP NO. 7 Stepwise Regression Y_1:Overall, Sat/Dis 26 X variables

Variables Not in Equation

Variable:	Par. Corr:	F to Enter:
Deployments	.173	5.778
Prof. in Promo...	.104	2.048
#Pts Cared For	.103	2.022
Diversity	.093	1.618
Continuity of C...	.062	.716
#Clin Spt Staff	.077	1.124
#Admin Spt St...	.067	.841

STEP NO. 7 Stepwise Regression Y_1:Overall, Sat/Dis 26 X variables

Variables Not in Equation

Variable.	Par. Corr:	F to Enter:
Parking	-.071	.954
Equipment	.027	.133
QA Tasks	.035	.228
Job Security	.101	1.943
#PCS	.041	.316
Time/Travel F...	.06	.674

Stepwise Regression Y_1:Overall, Sat/Dis 26 X variables

STEP NO. 8 VARIABLE ENTERED: X_{11}: Deployments

R:	R-squared:	Adj. R-squared:	RMS Residual:
.744	.554	.535	.747

Analysis of Variance Table

Source	DF:	Sum Squares:	Mean Square:	F-test:
REGRESSION	8	129.474	16.184	28.995
RESIDUAL	187	104.378	.558	
TOTAL	195	233.852		

STEP NO. 8 Stepwise Regression Y_1:Overall, Sat/Dis 26 X variables

Variables in Equation

Variable:	Coefficient:	Std. Err.:	Std. Coeff.:	F to Remove:
INTERCEPT	.031			
Proficiency	.094	.033	.149	8.828
Other Work	.088	.03	.181	8.905
Pay/Bonus Prg..	-.127	.03	-.266	18.278
Mil Compensati..	.237	.038	.365	39.049
Deployments	.053	.022	.131	5.778
#Hours You Wo..	.108	.034	.184	9.978

STEP NO. 8 Stepwise Regression Y_1:Overall, Sat/Dis 26 X variables

Variables in Equation

Variable:	Coefficient:	Std. Err.:	Std. Coeff.:	F to Remove:
Treated as Pro?	.152	.032	.272	22.765
Sensitive to Fa...	.077	.032	.137	6.042

Variables Not in Equation

Variable:	Par. Corr:	F to Enter:
Geographic Con..	.062	.709
Opportunity	.048	.438
Pursue Tng	.051	.481
ER Duty	.029	.155
ISP	-.029	.153

STEP NO. 8 Stepwise Regression Y_1:Overall, Sat/Dis 26 X variables

Variables Not in Equation

Variable:	Par. Corr:	F to Enter:
Field Trng	-.043	.342
Prof. in Promo...	.105	2.054
#Pts Cared For	.108	2.176
Diversity	.116	2.594
Continuity of C...	.045	.386
#Clin Spt Staff	.086	1.401
#Admin Spt St...	.088	1.449

STEP NO. 8 Stepwise Regression Y_1:Overall, Sat/Dis 26 X variables

Variables Not in Equation

Variable:	Par. Corr:	F to Enter:
Parking	-.05	.472
Equipment	.045	.382
QA Tasks	.011	.023
Job Security	.1	1.876
#PCS	-.003	.001
Time/Travel F...	.059	.645

Stepwise Regression Y_1:Overall, Sat/Dis 26 X variables

STEP NO. 9 VARIABLE ENTERED: X_{15}: Diversity

R:	R-squared:	Adj. R-squared:	RMS Residual
.748	.56	.538	.744

Analysis of Variance Table

Source	DF:	Sum Squares:	Mean Square:	F-test:
REGRESSION	9	180.877	14.542	26.267
RESIDUAL	186	102.975	.554	
TOTAL	195	283.852		

STEP NO. 9 Stepwise Regression Y_1:Overall, Sat/Dis 26 X variables

Variables in Equation

Variable:	Coefficient:	Std. Err.:	Std. Coeff.:	F to Remove:
INTERCEPT	-.05			
Proficiency	.078	.034	.124	5.8
Other Work	.091	.029	.186	9.488
Pay/Bonus Prg...	-.184	.03	-.28	19.99
Mil Compensati...	.239	.038	.369	40.015
Deployments	.057	.022	.142	6.692
#Hours You Wo...	.112	.034	.191	10.745

STEP NO. 9 Stepwise Regression Y_1:Overall, Sat/Dis 26 X variables

Variables in Equation

Variable:	Coefficient:	Std. Err.:	Std. Coeff.:	F to Remove:
Diversity	.065	.041	.084	2.534
Treated as Pro?	.149	.032	.266	21.822
Sensitive to Fa...	.07	.032	.124	4.86

Variables Not in Equation

Variable:	Par. Corr:	F to Enter:
Geographic Con...	.047	.408
Opportunity	.056	.584
Pursue Trng	.041	.312
ER Duty	.032	.192

STEP NO. 9 Stepwise Regression Y_1:Overall, Sat/Dis 26 X variables

Variables Not in Equation

Variable:	Par. Corr:	F to Enter:
ISP	-.014	.039
Field Trng	-.041	.306
Prof. In Promo...	.115	2.48
#Pts Cared For	.061	.691
Continuity of C...	.03	.172
#Clin Spt Staff	.077	1.117
#Admin Spt St...	.106	2.099

STEP NO. 9 Stepwise Regression Y_1:Overall, Sat/Dis 26 X variables

Variables Not in Equation

Variable:	Par. Corr:	F to Enter:
Parking	-.041	.312
Equipment	.038	.27
QA Tasks	.017	.052
Job Security	.093	1.61
#PCS	-.005	.005
Time/Travel F...	.064	.768

Stepwise Regression Y_1:Overall, Sat/Dis 26 X variables

(Last Step) STEP NO. 10 VARIABLE ENTERED: X_{12}: Prof. in Promotions

R:	R-squared:	Adj. R-squared:	RMS Residual:
.752	.565	.542	.741

Analysis of Variance Table

Source	DF:	Sum Squares:	Mean Square:	F-test:
REGRESSION	10	132.239	13.224	24.076
RESIDUAL	185	101.613	.549	
TOTAL	195	233.852		

STEP NO. 10 Stepwise Regression Y_1:Overall, Sat/Dis 26 X variables

Variables in Equation

Variable:	Coefficient:	Std. Err.:	Std. Coeff.:	F to Remove:
INTERCEPT	-.16			
Proficiency	.071	.034	.118	4.852
Other Work	.068	.029	.18	8.897
Pay/Bonus Prg...	-.133	.03	-.278	19.953
Mil Compensati...	.236	.038	.364	39.162
Deployments	.057	.022	.142	6.772
Prof. in Promo...	.054	.034	.093	2.48

STEP NO. 10 Stepwise Regression Y_1:Overall, Sat/Dis 26 X variables

Variables in Equation

Variable:	Coefficient:	Std. Err.:	Std. Coeff.:	F to Remove:
#Hours You Wo...	.109	.034	.186	10.308
Diversity	.07	.041	.091	2.959
Treated as Pro?	.128	.034	.229	13.875
Sensitive to Fa...	.061	.032	.108	3.579

Variables Not in Equation

Variable:	Par. Corr:	F to Enter:
Geographic Con...	.089	.281
Opportunity	.065	.79
Pursue Tng	.045	.378

STEP NO. 10 Stepwise Regression Y_1:Overall, Sat/Dis 26 X variables

Variables Not in Equation

Variable:	Par. Corr:	F to Enter:
ER Duty	.036	.241
ISP	-.053	.51
Field Tng	-.059	.636
#Pts Cared For	.063	.739
Continuity of C...	.008	.012
#Clin Spt Staff	.069	.87
#Admin Spt St...	.097	1.748

STEP NO. 10 Stepwise Regression Y_1:Overall, Sat/Dis 26 X variables

Variables Not in Equation

Variable:	Par. Corr:	F to Enter:
Parking	-.057	.598
Equipment	.034	.213
QA Tasks	.002	.001
Job Security	.077	1.102
#PCS	-.003	.002
Time/Travel F...	.059	.646

APPENDIX F

STEPWISE REGRESSION

DECISION FACTORS

Stepwise Regression Y_1:Prob. Leaving AD? 38 X variables

Summary Information

F to Enter	2
F to Remove	1.999
Number of Steps	9
Variables Entered	9
Variables Forced	0...0

No Residual Statistics Computed

Note: 2 cases deleted with missing values.

Stepwise Regression Y_1:Prob. Leaving AD? 38 X variables

STEP NO. 1 VARIABLE ENTERED: X_{32}: Mil Compensation...

R:	R-squared:	Adj. R-squared:	RMS Residual:
.471	.222	.218	2.707

Analysis of Variance Table

Source	DF:	Sum Squares:	Mean Square:	F-test:
REGRESSION	1	402.106	402.106	54.886
RESIDUAL	192	1406.641	7.326	
TOTAL	193	1808.747		

STEP NO. 1 Stepwise Regression Y_1:Prob. Leaving AD? 38 X variables

Variables in Equation

Variable:	Coefficient:	Std. Err.:	Std. Coeff.:	F to Remove:
INTERCEPT	3.158			
Mil Compensati..	.642	.087	.471	54.886

Variables Not in Equation

Variable:	Par. Corr.	F to Enter:
Geographic Con..	.211	8.899
Opportunity...	.173	5.864
Proficiency...	.193	7.4
Pursue Trng...	.208	8.609
ER Duty...	.023	.097

STEP NO. 1 Stepwise Regression Y_1:Prob. Leaving AD? 38 X variables

Variables Not in Equation

Variable:	Par. Corr:	F to Enter:
Family Tradition	.112	2.421
Serve U.S.	.182	6.508
Other Work...	.167	5.498
Field Tng...	.188	6.604
Deployments...	.082	1.28
Counterpart Pay	.1	1.923
Malpractice Ins..	.06	.689

STEP NO. 1 Stepwise Regression Y_1:Prob. Leaving AD? 38 X variables

Variables Not in Equation

Variable:	Par. Corr:	F to Enter:
Private Practice	.099	1.871
Prof. For Prom...	.122	2.874
Immunity	.152	4.508
#Hours You Wrk	.209	8.747
#Pnts You Car...	.187	6.93
Diversity...	.073	1.034
Continuity of C...	.14	3.822

STEP NO. 1 Stepwise Regression Y_1:Prob. Leaving AD? 38 X variables

Variables Not in Equation

Variable:	Par. Corr:	F to Enter:
Ability to Pay	.123	2.954
Quality Med Care	.164	5.287
Wartime Medic...	.241	11.768
Conflict Area	.296	18.321
Parking...	.013	.034
Equipment...	.149	4.359
QA Tasks...	.093	1.668

STEP NO. 1 Stepwise Regression Y_1:Prob. Leaving AD? 38 X variables

Variables Not in Equation

Variable:	Par. Corr:	F to Enter:
#Clin Spt Staff...	.174	5.951
#Admin Spt St...	.18	6.36
ISP...	.021	.085
Retention Bonus	.146	4.18
Pay/Bonus Prg...	.041	.328
Job Security...	.17	5.673
Treated as Pro...	.289	17.341

STEP NO. 1 Stepwise Regression Y_1:Prob. Leaving AD? 38 X variables

Variables Not in Equation

Variable:	Par. Corr:	F to Enter:
#PCS...	.1	1.913
Sensitive to Fa...	.366	29.485
Time/Travel F...	.196	7.611
"Moonlighting"	.177	6.182

Stepwise Regression Y_1:Prob. Leaving AD? 38 X variables

STEP NO. 2 VARIABLE ENTERED: X_{38}: Sensitive to Family...

R:	R-squared:	Adj. R-squared:	RMS Residual:
.571	.326	.319	2.526

Analysis of Variance Table

Source	DF:	Sum Squares:	Mean Square:	F-test:
REGRESSION	2	590.212	295.106	46.257
RESIDUAL	191	1218.535	6.38	
TOTAL	193	1808.747		

STEP NO. 2 Stepwise Regression Y_1:Prob. Leaving AD? 38 X variables

Variables in Equation

Variable:	Coefficient:	Std. Err.:	Std. Coeff.:	F to Remove:
INTERCEPT	1.209			
Mil Compensati...	.473	.087	.348	29.9
Sensitive to Fa...	.523	.096	.345	29.485

Variables Not in Equation

Variable:	Par. Corr:	F to Enter:
Geographic Con...	.118	2.698
Opportunity...	.12	2.779
Proficiency...	.153	4.579
Pursue Trng...	.173	5.843

STEP NO. 2 Stepwise Regression Y_1:Prob. Leaving AD? 38 X variables

Variables Not in Equation

Variable:	Par. Corr:	F to Enter:
ER Duty...	-.081	1.255
Family Tradition	.03	.171
Serve U.S.	.099	1.894
Other Work...	.069	.897
Field Trng...	.07	.945
Deployments...	-.013	.032
Counterpart Pay	.079	1.18

STEP NO. 2 Stepwise Regression Y_1:Prob. Leaving AD? 38 X variables

Variables Not in Equation

Variable:	Par. Corr:	F to Enter:
Malpractice Ins..	.061	.707
Private Practice	.088	1.48
Prof. For Prom...	.022	.091
Immunity	.111	2.357
#Hours You Wrk	.123	2.935
#Pnts You Car...	.091	1.587
Diversity...	.04	.297

STEP NO. 2 Stepwise Regression Y_1:Prob. Leaving AD? 38 X variables

Variables Not in Equation

Variable:	Par. Corr:	F to Enter:
Continuity of C...	.047	.414
Ability to Pay	.069	.908
Quality Med Care	.069	.9
Wartime Medic...	.152	4.478
Conflict Area	.206	8.462
Parking...	-.041	.32
Equipment...	.087	1.45

STEP NO. 2 Stepwise Regression Y_1:Prob. Leaving AD? 38 X variables

Variables Not in Equation

Variable:	Par. Corr:	F to Enter:
QA Tasks...	.049	.449
#Clin Spt Staff..	.109	2.278
#Admin Spt St...	.122	2.882
ISP...	-.043	.356
Retention Bonus	.086	1.431
Pay/Bonus Prg...	.025	.114
Job Security...	.112	2.435

STEP NO. 2 Stepwise Regression Y_1:Prob. Leaving AD? 38 X variables

Variables Not in Equation

Variable:	Par. Corr:	F to Enter:
Treated as Pro...	.141	3.852
#PCS...	-.06	.692
Time/Travel F...	.047	.429
"Moonlighting"	.111	2.39

Stepwise Regression Y_1:Prob. Leaving AD? 38 X variables

STEP NO. 3 VARIABLE ENTERED: X_{23}: Conflict Area

R:	R-squared:	Adj. R-squared:	RMS Residual:
.596	.355	.345	2.478

Analysis of Variance Table

Source	DF:	Sum Squares:	Mean Square:	F-test:
REGRESSION	3	642.167	214.056	34.863
RESIDUAL	190	1166.58	6.14	
TOTAL	193	1808.747		

STEP NO. 3 Stepwise Regression Y_1:Prob. Leaving AD? 38 X variables

Variables in Equation

Variable:	Coefficient:	Std. Err.:	Std. Coeff.:	F to Remove:
INTERCEPT	.173			
Conflict Area	.27	.093	.183	8.462
Mil Compensati...	.448	.085	.329	27.567
Sensitive to Fa...	.433	.099	.286	19.047

Variables Not in Equation

Variable:	Par. Corr:	F to Enter:
Geographic Con...	.114	2.471
Opportunity...	.112	2.381
Proficiency...	.144	4.026

STEP NO. 3 Stepwise Regression Y_1:Prob. Leaving AD? 38 X variables

Variables Not in Equation

Variable:	Par. Corr:	F to Enter:
Pursue Tng...	.165	5.293
ER Duty...	-.086	1.407
Family Tradition	.001	8.549E-4
Serve U.S.	.043	.349
Other Work...	.002	.001
Field Tng...	-.052	.51
Deployments...	-.105	2.093

STEP NO. 8 Stepwise Regression Y_1:Prob. Leaving AD? 38 X variables

Variables Not in Equation

Variable:	Par. Corr.	F to Enter:
Counterpart Pay	.061	.715
Malpractice Ins..	.059	.659
Private Practice	.094	1.679
Prof. For Prom...	.006	.006
Immunity	.096	1.768
#Hours You Wrk	.106	2.13
#Pnts You Car...	.103	2.009

STEP NO. 8 Stepwise Regression Y_1:Prob. Leaving AD? 38 X variables

Variables Not in Equation

Variable:	Par. Corr.	F to Enter:
Diversity...	.065	.794
Continuity of C...	.024	.107
Ability to Pay	.075	1.074
Quality Med Care	.022	.089
Wartime Medic...	-.029	.156
Parking...	-.054	.562
Equipment...	.061	.702

STEP NO. 8 Stepwise Regression Y_1:Prob. Leaving AD? 38 X variables

Variables Not in Equation

Variable:	Par. Corr.	F to Enter:
QA Tasks...	.014	.035
#Clin Spt Staff..	.11	2.317
#Admin Spt St...	.111	2.362
ISP...	-.066	.824
Retention Bonus	.064	.778
Pay/Bonus Prg..	-.004	.004
Job Security...	.1	1.91

STEP NO. 3 Stepwise Regression Y_1:Prob. Leaving AD? 38 X variables

Variables Not in Equation

Variable:	Par. Corr:	F to Enter:
Treated as Pro...	.136	3.561
#PCS...	-.077	1.139
Time/Travel F...	.057	.626
"Moonlighting"	.109	2.252

Stepwise Regression Y_1:Prob. Leaving AD? 38 X variables

STEP NO. 4 VARIABLE ENTERED: X_4: Pursue Tng...

R:	R-squared:	Adj. R-squared:	RMS Residual:
.61	.373	.359	2.45

Analysis of Variance Table

Source	DF:	Sum Squares:	Mean Square:	F-test:
REGRESSION	4	673.946	168.486	28.061
RESIDUAL	189	1134.802	6.004	
TOTAL	193	1808.747		

STEP NO. 4 Stepwise Regression Y_1:Prob. Leaving AD? 38 X variables

Variables in Equation

Variable:	Coefficient:	Std. Err.:	Std. Coeff.:	F to Remove:
INTERCEPT	-.178			
Pursue Tng...	.235	.102	.138	5.293
Conflict Area	.258	.092	.175	7.891
MI Compensati...	.412	.086	.303	22.977
Sensitive to Fa...	.409	.099	.27	17.106

Variables Not in Equation

Variable:	Par. Corr:	F to Enter:
Geographic Con...	.085	1.381
Opportunity...	.066	.833

STEP NO. 4 Stepwise Regression Y_1:Prob. Leaving AD? 38 X variables

Variables Not in Equation

Variable:	Par. Corr:	F to Enter:
Proficiency...	.098	1.823
ER Duty...	-.099	1.876
Family Tradition	-.018	.058
Serve U.S.	.018	.031
Other Work...	-.015	.041
Field Tng...	-.054	.557
Deployments...	-.114	2.467

STEP NO. 4 Stepwise Regression Y_1:Prob. Leaving AD? 38 X variables

Variables Not in Equation

Variable:	Par. Corr:	F to Enter:
Counterpart Pay	.057	.602
Malpractice Ins..	.057	.62
Private Practice	.091	1.573
Prof. For Prom..	-.019	.069
Immunity	.082	1.282
#Hours You Wrk	.09	1.528
#Pnts You Car...	.082	1.257

STEP NO. 4 Stepwise Regression Y_1:Prob. Leaving AD? 38 X variables

Variables Not in Equation

Variable:	Par. Corr:	F to Enter:
Diversity...	.035	.228
Continuity of C...	.012	.029
Ability to Pay	.039	.292
Quality Med Care	-.009	.017
Wartime Medic...	-.024	.11
Parking...	-.048	.44
Equipment...	.034	.222

STEP NO. 4 Stepwise Regression Y_1:Prob. Leaving AD? 38 X variables

Variables Not in Equation

Variable:	Par. Corr:	F to Enter:
QA Tasks...	-.006	.007
#Clin Spt Staff..	.108	2.224
#Admin Spt St...	.11	2.303
ISP...	-.052	.512
Retention Bonus	.072	.983
Pay/Bonus Prg...	-.011	.024
Job Security...	.081	1.228

STEP NO. 4 Stepwise Regression Y_1:Prob. Leaving AD? 38 X variables

Variables Not in Equation

Variable:	Par. Corr:	F to Enter:
Treated as Pro...	.096	1.748
#PCS...	-.082	1.281
Time/Travel F...	.046	.402
"Moonlighting"	.098	1.806

Stepwise Regression Y_1:Prob. Leaving AD? 38 X variables

STEP NO. 5 VARIABLE ENTERED: X_{10}: Deployments...

R:	R-squared:	Adj. R-squared:	RMS Residual:
.617	.381	.364	2.441

Analysis of Variance Table

Source	DF:	Sum Squares:	Mean Square:	F-test:
REGRESSION	5	688.646	137.729	23.117
RESIDUAL	188	1120.102	5.958	
TOTAL	193	1808.747		

STEP NO. 5 Stepwise Regression Y_1:Prob. Leaving AD? 38 X variables

Variables in Equation

Variable:	Coefficient:	Std. Err.:	Std. Coeff.:	F to Remove:
INTERCEPT	.189			
Pursue Tng...	.242	.102	.143	5.657
Deployments...	-.151	.096	-.102	2.467
Conflict Area	.32	.1	.216	10.302
Mil Compensatl...	.41	.086	.301	22.947
Sensitive to Fa...	.429	.099	.284	18.702

Variables Not in Equation

Variable:	Par. Corr.	F to Enter:
Geographic Con...	.097	1.774

STEP NO. 5 Stepwise Regression Y_1:Prob. Leaving AD? 38 X variables

Variables Not in Equation

Variable:	Par. Corr.	F to Enter:
Opportunity...	.063	.735
Proficiency...	.084	1.313
ER Duty...	-.087	1.431
Family Tradition	-.008	.012
Serve U.S.	.03	.174
Other Work...	-.002	.001
Field Tng...	.028	.15

STEP NO. 5 Stepwise Regression Y_1:Prob. Leaving AD? 38 X variables

Variables Not in Equation

Variable:	Par. Corr.	F to Enter:
Counterpart Pay	.065	.791
Malpractice Ins...	.069	.907
Private Practice	.09	1.532
Prof. For Prom...	-.004	.003
Immunity	.077	1.12
#Hours You Wrk	.089	1.492
#Pnts You Car...	.082	1.265

STEP NO. 5 Stepwise Regression Y_1:Prob. Leaving AD? 38 X variables

Variables Not in Equation

Variable:	Par. Corr.	F to Enter:
Diversity...	.039	.278
Continuity of C...	.02	.073
Ability to Pay	.036	.24
Quality Med Care	.018	.03
Wartime Medic...	-.034	.219
Parking...	-.025	.115
Equipment...	.051	.487

STEP NO. 5 Stepwise Regression Y_1:Prob. Leaving AD? 38 X variables

Variables Not in Equation

Variable:	Par. Corr.	F to Enter:
QA Tasks...	.012	.026
#Clin Spt Staff...	.117	2.611
#Admin Spt St...	.124	2.942
ISP...	-.056	.592
Retention Bonus	.064	1.332
Pay/Bonus Prg...	.002	.001
Job Security...	.096	1.742

STEP NO. 5 Stepwise Regression Y_1:Prob. Leaving AD? 38 X variables

Variables Not in Equation

Variable:	Par. Corr.	F to Enter:
Treated as Pro...	.103	1.986
#PCS...	-.065	.782
Time/Travel F...	.037	.262
"Moonlighting"	.065	1.357

Stepwise Regression Y_1:Prob. Leaving AD? 38 X variables

STEP NO. 6 VARIABLE ENTERED: X_{29}: #Admin Spt Staff...

R:	R-squared:	Adj. R-squared:	RMS Residual:
.625	.39	.371	2.428

Analysis of Variance Table

Source	DF:	Sum Squares:	Mean Square:	F-test:
REGRESSION	6	705.997	117.666	19.953
RESIDUAL	187	1102.75	5.897	
TOTAL	193	1808.747		

STEP NO. 6 Stepwise Regression Y_1:Prob. Leaving AD? 38 X variables

Variables in Equation

Variable:	Coefficient:	Std. Err.:	Std. Coeff.:	F to Remove:
INTERCEPT	-.413			
Pursue Tng...	.24	.101	.141	5.627
Deployments...	-.17	.096	-.115	3.106
Conflict Area	.317	.099	.214	10.223
#Admin Spt St...	.169	.099	.109	2.942
Mil Compensati...	.363	.089	.267	16.513
Sensitive to Fa...	.406	.1	.268	16.528

STEP NO. 6 Stepwise Regression Y_1:Prob. Leaving AD? 38 X variables

Variables Not in Equation

Variable:	Par. Corr:	F to Enter:
Geographic Con...	.108	2.196
Opportunity...	.055	.568
Proficiency...	.068	.869
ER Duty...	-.097	1.764
Family Tradition	-.005	.005
Serve U.S.	.023	.1
Other Work...	-.01	.019

STEP NO. 6 Stepwise Regression Y_1:Prob. Leaving AD? 38 X variables

Variables Not in Equation

Variable:	Par. Corr:	F to Enter:
Field Trng...	.02	.071
Counterpart Pay	.04	.303
Malpractice Ins...	.058	.633
Private Practice	.082	1.274
Prof. For Prom...	-.04	.296
Immunity	.077	1.108
#Hours You Wrk	.076	1.07

STEP NO. 6 Stepwise Regression Y_1:Prob. Leaving AD? 38 X variables

Variables Not in Equation

Variable:	Par. Corr:	F to Enter:
#Pnts You Car...	.074	1.014
Diversity...	.042	.329
Continuity of C...	.009	.016
Ability to Pay	.04	.292
Quality Med Care	.002	4.852E-4
Wartime Medic...	-.033	.201
Parking...	-.048	.436

STEP NO. 6 Stepwise Regression Y_1:Prob. Leaving AD? 38 X variables

Variables Not in Equation

Variable:	Par. Corr:	F to Enter:
Equipment...	.008	.012
QA Tasks...	-.019	.071
#Clin Spt Staff...	.034	.217
ISP...	-.087	1.434
Retention Bonus	.08	1.213
Pay/Bonus Prg...	-.014	.037
Job Security...	.102	1.95

STEP NO. 6 Stepwise Regression Y_1:Prob. Leaving AD? 38 X variables

Variables Not in Equation

Variable:	Par. Corr:	F to Enter:
Treated as Pro...	.064	.768
#PCS...	-.069	.901
Time/Travel F...	-.007	.01
"Moonlighting"	.067	.848

Stepwise Regression Y_1:Prob. Leaving AD? 38 X variables

STEP NO. 7 VARIABLE ENTERED: X_1: Geographic Control...

R:	R-squared:	Adj. R-squared:	RMS Residual:
.63	.397	.375	2.421

Analysis of Variance Table

Source	DF:	Sum Squares:	Mean Square:	F-test:
REGRESSION	7	718.866	102.695	17.526
RESIDUAL	186	1089.881	5.86	
TOTAL	193	1808.747		

STEP NO. 7 Stepwise Regression Y_1:Prob. Leaving AD? 38 X variables

Variables in Equation

Variable:	Coefficient:	Std. Err.:	Std. Coeff.:	F to Remove:
INTERCEPT	-.425			
Geographic Con...	.103	.07	.093	2.196
Pursue Trng...	.212	.103	.125	4.261
Deployments...	-.184	.096	-.125	3.643
Conflict Area	.319	.099	.215	10.4
#Admin Spt St...	.181	.099	.117	3.361
Mil Compensati...	.35	.09	.257	15.286

STEP NO. 7 Stepwise Regression Y_1:Prob. Leaving AD? 38 X variables

Variables in Equation

Variable:	Coefficient:	Std. Err.:	Std. Coeff.:	F to Remove:
Sensitive to Fa...	.868	.103	.243	12.868

Variables Not in Equation

Variable:	Par. Corr:	F to Enter:
Opportunity...	.022	.086
Proficiency...	.034	.212
ER Duty...	-.105	2.045
Family Tradition	-.017	.055
Serve U.S.	.023	.1
Other Work...	-.021	.083

STEP NO. 7 Stepwise Regression Y_1:Prob. Leaving AD? 38 X variables

Variables Not in Equation

Variable:	Par. Corr:	F to Enter:
Field Trng...	.03	.167
Counterpart Pay	.024	.11
Malpractice Ins..	.062	.722
Private Practice	.076	1.078
Prof. For Prom..	-.071	.949
Immunity	.063	.728
#Hours You Wrk	.077	1.095

STEP NO. 7 Stepwise Regression Y_1:Prob. Leaving AD? 38 X variables

Variables Not in Equation

Variable:	Par. Corr:	F to Enter:
#Pnts You Car...	.065	.785
Diversity...	.029	.153
Continuity of C...	-.015	.044
Ability to Pay	.036	.24
Quality Med Care	-.021	.079
Wartime Medic...	-.02	.077
Parking...	-.046	.385

STEP NO. 7 Stepwise Regression Y_1:Prob. Leaving AD? 38 X variables

Variables Not in Equation

Variable:	Par. Corr:	F to Enter:
Equipment...	-.012	.027
QA Tasks...	-.018	.06
#Clin Spt Staff...	.024	.107
ISP...	-.091	1.557
Retention Bonus	.069	.894
Pay/Bonus Prg...	-.016	.045
Job Security...	.097	1.744

STEP NO. 7 Stepwise Regression Y_1:Prob. Leaving AD? 38 X variables

Variables Not in Equation

Variable:	Par. Corr:	F to Enter:
Treated as Pro...	.049	.447
#PCS...	-.084	1.319
Time/Travel F...	-.024	.107
"Moonlighting"	.053	.527

Stepwise Regression Y_1:Prob. Leaving AD? 38 X variables

STEP NO. 8 VARIABLE ENTERED: X_5: ER Duty...

R:	R-squared:	Adj. R-squared:	RMS Residual:
.636	.404	.378	2.414

Analysis of Variance Table

Source	DF:	Sum Squares:	Mean Square:	F-test:
REGRESSION	8	730.784	91.348	15.677
RESIDUAL	185	1077.963	5.827	
TOTAL	193	1808.747		

STEP NO. 8 Stepwise Regression Y_1:Prob. Leaving AD? 38 X variables

Variables in Equation

Variable:	Coefficient:	Std. Err.:	Std. Coeff.:	F to Remove:
INTERCEPT	.026			
Geographic Con...	.11	.07	.098	2.476
Pursue Tng...	.22	.103	.129	4.595
ER Duty...	-.137	.096	-.085	2.045
Deployments...	-.17	.097	-.115	3.085
Conflict Area	.313	.099	.212	10.107
#Admin Spt St...	.191	.099	.128	3.768

STEP NO. 8 Stepwise Regression Y_1:Prob. Leaving AD? 38 X variables

Variables in Equation

Variable:	Coefficient:	Std. Err.:	Std. Coeff.:	F to Remove:
MI Compensati...	.329	.091	.242	13.203
Sensitive to Fa...	.396	.104	.262	14.468

Variables Not in Equation

Variable:	Par. Corr:	F to Enter:
Opportunity...	.012	.027
Proficiency...	.026	.12
Family Tradition	.002	.001
Serve U.S.	.04	.294
Other Work...	-.024	.106

STEP NO. 8 Stepwise Regression Y_1:Prob. Leaving AD? 38 X variables

Variables Not in Equation

Variable:	Par. Corr:	F to Enter:
Field Tng...	.043	.339
Counterpart Pay	.046	.394
Malpractice Ins..	.074	1.023
Private Practice	.098	1.774
Prof. For Prom..	-.068	.857
Immunity	.068	.859
#Hours You Wrk	.072	.959

STEP NO. 8 Stepwise Regression Y_1:Prob. Leaving AD? 38 X variables

Variables Not in Equation

Variable:	Par. Corr:	F to Enter:
#Pnts You Car...	.065	.791
Diversity...	.025	.112
Continuity of C...	2.752E-4	1.394E-5
Ability to Pay	.049	.451
Quality Med Care	-.009	.016
Wartime Medic...	-.029	.16
Parking...	-.031	.176

STEP NO. 8 Stepwise Regression Y_1:Prob. Leaving AD? 38 X variables

Variables Not in Equation

Variable:	Par. Corr:	F to Enter:
Equipment...	-3.527E-4	2.289E-5
QA Tasks...	-6.935E-5	8.850E-7
#Clin Spt Staff...	.048	.421
ISP...	-.093	1.591
Retention Bonus	.057	.602
Pay/Bonus Prg...	-.016	.048
Job Security...	.117	2.573

STEP NO. 8 Stepwise Regression Y_1:Prob. Leaving AD? 38 X variables

Variables Not in Equation

Variable:	Par. Corr:	F to Enter:
Treated as Pro...	.077	1.097
#PCS...	-.071	.925
Time/Travel F...	-.021	.084
"Moonlighting"	.04	.296

Stepwise Regression Y_1:Prob. Leaving AD? 38 X variables

(Last Step) STEP NO. 9 VARIABLE ENTERED: X_{33}: Job Security...

R:	R-squared:	Adj. R-squared:	RMS Residual:
.642	.412	.383	2.404

Analysis of Variance Table

Source	DF:	Sum Squares:	Mean Square:	F-test:
REGRESSION	9	745.651	82.85	14.34
RESIDUAL	184	1062.096	5.778	
TOTAL	193	1808.747		

STEP NO. 9 Stepwise Regression Y_1:Prob. Leaving AD? 38 X variables

Variables in Equation

Variable:	Coefficient:	Std. Err.:	Std. Coeff.:	F to Remove:
INTERCEPT	-.202			
Geographic Con...	.105	.069	.094	2.272
Pursue Trng...	.203	.103	.119	3.892
ER Duty...	-.165	.097	-.102	2.874
Deployments...	-.186	.097	-.126	3.699
Conflict Area	.31	.098	.21	9.986
#Admin Spt St...	.199	.098	.128	4.103

STEP NO. 9 Stepwise Regression Y_1:Prob. Leaving AD? 38 X variables

Variables in Equation

Variable:	Coefficient:	Std. Err.:	Std. Coeff.:	F to Remove:
Mil Compensati...	.281	.095	.207	8.767
Job Security...	.212	.132	.104	2.573
Sensitive to Fa...	.384	.104	.253	13.58

Variables Not in Equation

Variable:	Par. Corr:	F to Enter:
Opportunity...	.001	1.012E-4
Proficiency...	.011	.021
Family Tradition	-.01	.019
Serve U.S.	.02	.076

STEP NO. 9 Stepwise Regression Y_1:Prob. Leaving AD? 38 X variables

Variables Not in Equation

Variable:	Par. Corr:	F to Enter:
Other Work...	-.046	.395
Field Trng...	.03	.162
Counterpart Pay	.048	.42
Malpractice Ins..	.035	.228
Private Practice	.069	.881
Prof. For Prom..	-.092	1.555
Immunity	.031	.175

STEP NO. 9 Stepwise Regression Y_1:Prob. Leaving AD? 38 X variables

Variables Not in Equation

Variable:	Par. Corr:	F to Enter:
#Hours You Wrk	.053	.52
#Pnts You Car...	.043	.337
Diversity...	.017	.051
Continuity of C...	-.013	.03
Ability to Pay	.018	.062
Quality Med Care	-.055	.562
Wartime Medic...	-.028	.144

STEP NO. 9 Stepwise Regression Y_1:Prob. Leaving AD? 38 X variables

Variables Not in Equation

Variable:	Par. Corr:	F to Enter:
Parking...	-.019	.066
Equipment...	-.017	.052
QA Tasks...	-.009	.016
#Clin Spt Staff..	.045	.378
ISP...	-.092	1.551
Retention Bonus	.061	.689
Pay/Bonus Prg..	-.013	.03

STEP NO. 9 Stepwise Regression Y_1:Prob. Leaving AD? 38 X variables

Variables Not in Equation

Variable:	Par. Corr.	F to Enter:
Treated as Pro...	.054	.539
#PCS...	-.064	.762
Time/Travel F...	-.017	.053
"Moonlighting"	.05	.451

APPENDIX G

DEMOGRAPHIC DISTRIBUTION

X_1: Sex

Bar:	Element:	Count:	Percent:	
1	Male	171	87.245%	- Mode
2	Female	25	12.755%	

X_2: Age

Bar:	From: (≥)	To: (<)	Count:	Percent:	
1	20	25	1	.524%	
2	25	30	38	19.895%	
3	30	35	53	27.749%	- Mode
4	35	40	44	23.037%	
5	40	45	26	13.613%	
6	45	50	10	5.236%	
7	50	55	12	6.283%	
8	55	60	4	2.094%	
9	60	65	3	1.571%	

X_3: Marital Status

Bar:	Element:	Count:	Percent:	
1	Married	149	76.41%	- Mode
2	Married, separated	3	1.538%	
3	Widowed	1	.513%	
4	Divorced	9	4.615%	
5	Never married	33	16.923%	

X_4: Branch of Service

Bar:	Element:	Count:	Percent:	
1	Army	191	97.449%	- Mode
2	Air Force	1	.51%	
3	Navy	3	1.531%	
4	USPHS	1	.51%	

X_5: AD Grade

Bar:	Element:	Count:	Percent:	
1	0-3	83	42.347%	-Mode
2	0-4	58	29.592%	
3	0-5	26	13.265%	
4	0-6	28	14.286%	
5	0-7 & >	1	.51%	

X_6: USUHS?

Bar:	Element:	Count:	Percent:	
1	Yes	13	6.667%	
2	No	182	93.333%	-Mode

X_7: Mil Tuition Assist?

Bar:	Element:	Count:	Percent:	
1	Yes	127	73.837%	- Mode
2	No	45	26.163%	

X_8: Education Level

Bar:	Element:	Count:	Percent:	
1	Residency	125	64.103%	- Mode
2	Internship	55	28.205%	
3	Med School	15	7.692%	

X_9: Board Certified?

Bar:	Element:	Count:	Percent:	
1	Yes	108	52.821%	- Mode
2	No	92	47.179%	

X_{10}: How Entered AD?

Bar:	Element:	Count:	Percent:	
1	ASHPSP	102	52.308%	- Mode
2	USUHS	9	4.615%	
3	Volunteer	28	14.359%	
4	Berry Plan	1	.513%	
5	Drafted	7	3.59%	
6	Other	48	24.615%	

X_{11}: Initial Obligation?

Bar:	Element:	Count:	Percent:	
1	Yes	96	48.98%	
2	No	100	51.02%	- Mode

X_{12}: Retirement Eligible?

Bar:	Element:	Count:	Percent:	
1	Yes	11	5.612%	
2	No	185	94.388%	- Mode

APPENDIX H

DESCRIPTIVE STATISTICS

X_1: Sex

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
1.128	.334	.024	.112	29.661	196
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
1	2	1	221	271	0

X_2: Age

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
36.503	8.164	.591	66.651	22.366	191
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
24	62	38	6972	267160	5

X_3: Marital Status

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
1.841	1.57	.112	2.464	85.268	195
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
1	5	4	359	1139	1

X_4: Branch of Service

Mean: .	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
1.051	.332	.024	.11	31.585	196
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
1	4	3	206	238	0

X_5: AD Grade

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
2.01	1.086	.078	1.179	54.024	196
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
1	5	4	394	1022	0

X_6: Year Graduated

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
1971.725	138.336	9.958	19136.971	7.016	193
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
63	1990	1927	380543	754000593	3

X_7: USUHS?

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
1.933	.25	.018	.063	12.935	195
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
1	2	1	377	741	1

X_8: Foreign Degree?

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
1.983	.131	.01	.017	6.584	174
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
1	2	1	345	687	22

X_9: Mil Tuition Assist?

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
1.262	.441	.034	.194	34.939	172
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
1	2	1	217	307	24

X_{10}: Education Level

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
1.436	.634	.045	.402	44.145	195
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
1	3	2	280	480	1

X_{11}: Board Certified?

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
1.472	.5	.036	.25	34.005	195
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
1	2	1	287	471	1

X_{12}: Year Entered AD

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
1980.4	7.799	.558	60.819	.394	195
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
1956	1991	35	386178	764798710	1

X_{13}: Continuous AD?

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
1.297	.458	.033	.21	35.324	195
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
1	2	1	253	369	1

X_{14}: Years on AD

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
8.562	5.849	.422	34.216	68.315	192
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
1	28	27	1644	20612	4

X_{15}: How Entered AD?

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
2.723	2.109	.151	4.449	77.456	195
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
1	6	5	531	2309	1

X_{16}: Military Career?

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
1.689	.464	.033	.215	27.473	193
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
1	2	1	326	592	3

X_{17}: Initial Obligation?

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
1.51	.501	.036	.251	33.186	196
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
1	2	1	296	496	0

X_{18}: Commitment?

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
1.103	.305	.026	.093	27.654	136
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
1	2	1	150	178	60

X_{19}: Prob. Leaving AD?

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
6.066	3.062	.219	9.375	50.473	196
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
1	10	9	1189	9041	0

X_{20}: Retirement Eligible?

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
1.944	.231	.016	.053	11.87	196
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
1	2	1	381	751	0

X_{21}: Year Eligible

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
2003.23	5.043	.373	25.431	.252	183
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
1992	2010	18	366591	734370537	13

X_{22}: Prob. Leave Before Ret.?

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
6.027	3.482	.258	12.126	57.774	182
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
1	10	9	1097	8807	14

X_{23}: % Mgt or Admin

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
13.184	13.793	.985	190.253	104.624	196
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
0	90	90	2584	71166	0

X_{24}: %Clinical Work

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
67.321	24.47	1.748	598.794	36.348	196
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
5	100	95	13195	1005071	0

X_{25}: %Teaching

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
10.551	11.435	.817	130.751	108.375	196
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
0	50	50	2068	47316	0

X_{26}: %Research

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
8.281	8.131	.581	66.111	247.845	196
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
0	80	80	643	15001	0

X_{27}: %Other

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
5.697	17.741	1.27	314.758	311.393	195
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
0	90	90	1111	67393	1

X_{28}: #Hours Expected

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
58.161	23.256	1.678	540.838	39.985	192
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
9	168	159	11167	752789	4

X_{29}: #Hours Worked

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
72.495	20.77	1.491	431.381	28.65	194
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
28	140	112	14064	1102824	2

X_{30}: Geographic Control

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
2.168	1.596	.114	2.548	73.782	196
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
1	8	7	424	1414	0

X_{31}: Opportunity

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
1.857	1.522	.109	2.318	81.98	196
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
1	8	7	364	1128	0

X_{32}: Proficiency

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
2.23	1.743	.125	3.039	78.192	196
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
1	8	7	437	1567	0

X_{33}: Pursue Tag

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
2.464	2.185	.156	4.773	88.656	196
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
1	8	7	483	2121	0

X_{34}: ER Duty

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
4.23	2.748	.196	7.552	64.974	196
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
1	8	7	829	4079	0

X_{35}: Other Work

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
4.036	2.25	.161	5.06	55.74	196
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
1	8	7	791	4179	0

X_{36}: ISP

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
4.546	2.348	.167	5.49	51.548	196
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
1	8	7	891	5121	0

X_{37}: Pay/Bonus Prgms

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
4.015	2.293	.164	5.256	57.097	196
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
1	8	7	787	4185	0

X_{38}: Mil Compensation

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
3.332	1.688	.121	2.848	50.658	196
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
1	7	6	653	2731	0

X_{39}: Field Tng

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
3.74	2.271	.162	5.158	60.726	196
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
1	8	7	733	3747	0

X_{40}: Deployments

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
4.306	2.704	.193	7.311	62.791	196
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
1	8	7	844	5060	0

X_{41}: Pref. in Promotions

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
4.918	1.891	.135	3.577	38.494	196
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
1	8	7	963	5429	0

X_{42}: #Hours You Work

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
3.556	1.868	.133	3.489	52.527	196
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
1	7	6	697	3159	0

X_{43}: #Pts Cared For

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
3.311	1.742	.124	3.036	52.621	196
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
1	8	7	649	2741	0

X_{44}: Diversity

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
2.133	1.426	.102	2.034	66.867	196
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
1	8	7	418	1288	0

X_{45}: Continuity of Care

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
4.311	1.812	.129	3.282	42.022	196
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
1	8	7	845	4283	0

X_{46}: #Clin Spt Staff

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
5.235	1.819	.13	3.309	34.749	196
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
1	8	7	1026	6016	0

X_{47}: #Admin Spt Staff

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
4.995	1.807	.129	3.267	36.185	196
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
1	7	6	979	5527	0

X_{48}: Parking

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
5	1.924	.137	3.703	38.484	196
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
1	8	7	980	5622	0

X_{49}: Equipment

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
3.337	1.791	.128	3.209	53.687	196
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
1	7	6	654	2808	0

X_{50}: QA Tasks

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
4.423	1.768	.126	3.127	39.979	196
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
1	8	7	867	4445	0

X_{51}: Job Security

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
2.755	1.68	.116	2.658	59.171	196
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
1	8	7	540	2006	0

X_{52}: Treated as Pro?

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
4.077	1.961	.14	3.845	48.104	196
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
1	7	6	799	4007	0

X_{53}: #PCS

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
3.383	2.431	.174	5.909	71.863	196
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
1	8	7	663	3395	0

X_{54}: Sensitive to Family

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
4.066	1.943	.139	3.775	47.782	196
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
1	8	7	797	3977	0

X_{55}: Time/Travel Funds

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
4.5	2.183	.156	4.764	48.504	196
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
1	8	7	882	4898	0

X56: Other

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
6.556	1.423	.336	2.026	21.713	18
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
1	7	6	118	808	178

X57: Overall, Sat/Dis

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
2.423	1.095	.078	1.199	45.187	196
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
1	5	4	475	1385	0

X58: Geographic Control...

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
3.418	2.771	.198	7.68	81.073	196
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
1	9	8	670	3788	0

X59: Opportunity...

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
2.52	1.726	.123	2.979	68.481	196
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
1	9	8	494	1826	0

X60: Proficiency...

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
2.77	1.912	.137	3.655	69.005	196
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
1	9	8	543	2217	0

X_{61}: Pursue Tag...

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
3.061	1.811	.129	3.278	59.146	196
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
1	9	8	600	2476	0

X_{62}: ER Duty...

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
4.832	1.894	.135	3.587	39.198	196
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
1	9	8	947	5275	0

X_{63}: Family Tradition

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
4.546	1.356	.097	1.839	29.83	196
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
1	9	8	891	4409	0

X_{64}: Serve U.S.

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
3.474	1.271	.091	1.615	36.573	196
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
1	8	7	681	2681	0

X_{65}: Other Work...

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
4.347	1.884	.135	3.551	43.349	196
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
1	9	8	852	4396	0

X_{66}: Field Tng...

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
5.439	1.868	.133	3.489	34.342	196
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
1	9	8	1066	6478	0

X_{67}: Deployments...

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
5.653	2.066	.148	4.269	36.548	196
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
1	9	8	1108	7096	0

X_{68}: Counterpart Pay

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
6.689	1.982	.142	3.928	29.632	196
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
1	9	8	1311	9535	0

X_{69}: Malpractice Insurance

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
3.372	1.277	.091	1.63	37.855	196
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
1	6	5	661	2547	0

X_{70}: Private Practice

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
3.74	1.328	.095	1.763	35.501	196
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
1	6	5	733	3085	0

X71: Pref. For Promotion

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
5.612	2.113	.151	4.464	37.648	196
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
1	9	8	1100	7044	0

X72: Immunity

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
3.566	1.328	.095	1.765	37.25	196
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
1	7	6	699	2837	0

X73: #Hours You Wrk

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
4.799	1.906	.137	3.633	39.717	194
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
1	9	8	931	5169	2

X74: #Pnts You Care For

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
4.628	1.745	.125	3.045	37.71	196
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
1	9	8	907	4791	0

X75: Diversity...

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
3.311	1.595	.114	2.544	48.166	196
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
1	9	8	649	2645	0

X_{76}: Continuity of Care...

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
5.316	1.876	.134	3.52	35.29	196
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
1	9	8	1042	6226	0

X_{77}: Ability to Pay

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
2.888	1.391	.099	1.936	48.184	196
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
1	6	5	566	2012	0

X_{78}: Quality Med Care

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
3.163	1.405	.1	1.973	44.407	196
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
1	5	4	620	2346	0

X_{79}: Wartime Medicine

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
5.291	1.98	.141	3.92	37.422	196
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
1	9	8	1037	6251	0

X_{80}: Conflict Area

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
5.959	2.058	.147	4.234	34.53	196
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
1	9	8	1168	7786	0

Xg1: Parking...

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
5.5	1.247	.089	1.554	22.664	196
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
1	9	8	1078	6232	0

Xg2: Equipment...

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
4.643	1.994	.142	3.974	42.939	196
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
1	9	8	910	5000	0

Xg3: QA Tasks...

Mean:	Std. Dev.:	Std. Error:.	Variance:	Coef. Var.:	Count:
5.572	1.38	.099	1.904	24.764	194
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
1	9	8	1081	6391	2

Xg4: #Clin Spt Staff...

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
6.459	2.011	.144	4.044	31.135	196
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
1	9	8	1266	8966	0

Xg5: #Admin Spt Staff...

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
6.286	1.966	.14	3.867	31.283	196
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
1	9	8	1232	8498	0

X_{96}: HSP...

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
4.949	2.529	.181	6.397	51.108	196
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
1	9	8	970	6048	0

X_{97}: Retention Bonus

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
3.929	2.104	.15	4.426	53.549	196
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
1	9	8	770	3888	0

X_{98}: Pay/Bonus Prgms...

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
4.102	2.253	.161	5.077	54.928	196
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
1	9	8	804	4288	0

X_{99}: Mil Compensation...

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
4.485	2.243	.16	5.031	50.012	196
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
1	9	8	879	4923	0

X_{90}: Job Security...

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
3.643	1.497	.107	2.241	41.094	196
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
1	9	8	714	3038	0

X_{91}: Treated as Pre...

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
5.184	2.324	.166	5.402	44.837	196
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
1	9	8	1016	6320	0

X_{92}: #PCS...

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
4.811	1.719	.123	2.954	35.723	196
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
1	9	8	943	5113	0

X_{93}: Sensitive to Family...

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
5.163	2.016	.144	4.066	39.051	196
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
1	9	8	1012	6018	0

X_{94}: Time/Travel Funds...

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
5.117	2.276	.163	5.181	44.48	196
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
1	9	8	1003	6143	0

X_{95}: "Moonlighting"

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
5.179	1.537	.11	2.363	29.683	196
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
1	9	8	1015	5717	0

X_{96}: Other...

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
7.259	2.89	.556	8.353	39.814	27
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
1	9	8	196	1640	169

X_{97}: #1 to Remain

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
14.432	11.917	.881	142.016	82.575	183
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
1	39	38	2641	63961	13

X_{98}: #2 to Remain

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
14.691	10.907	.811	118.97	74.247	181
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
1	40	39	2659	60477	15

X_{99}: #3 to Remain

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
17.782	11.479	.87	131.779	64.558	174
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
1	38	37	3094	77814	22

X_{100}: #1 to Leave

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
23.989	11.087	.824	122.911	46.215	181
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
1	41	40	4342	126284	15

X_{101}: #2 to Leave

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
22.883	10.613	.791	112.64	46.38	180
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
1	40	39	4119	114419	16

X_{102}: #3 to Leave

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
23.041	9.309	.71	86.659	40.403	172
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
1	40	39	3963	106129	24

X_{103}: Recode of Prob. Leaving AD?

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
3.242	1.448	.106	2.098	44.677	186
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
1	5	4	603	2343	10

X_{104}: Recode of Geographic Control...

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
2.122	1.521	.109	2.313	71.658	196
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
1	5	4	416	1334	0