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MEDICORPS
MHL

Medical Officers Opinions on Professional and Personal Problems of Army Service

Unclassified
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8 Feb 5[illegible]
R. Hoffman

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A JOINT REPORT:

Report No. 137 of:
Research Division
Office of Armed Forces
Information & Education
Department of Defense

Report No. SR-3 of:
Motivation, Morale, and Leadership Div.
Human Resources Research Office
George Washington University

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MEDICAL OFFICERS' OPINIONS ON PROFESSIONAL AND PERSONAL PROBLEMS OF ARMY SERVICE.

This study was conducted at the request of the Office of the Surgeon General, D/A

SR-3

A Joint Report:

Report No. 137 of:
Research Division
Office of Armed Forces Information and Education
Department of Defense

Report No. SR-3 of:
Human Resources Research Office
Motivation, Morale and Leadership Div.
The George Washington University
Operating under contract with
The Department of the Army

July 1953

COVER PICTURE

U.S. Army Photograph - Korean Conflict - Medical Officer examines soldier prior to loading him on a plane for evacuation from the Kyongju front.

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OBJECTIVES AND METHODS

This report, while prepared primarily for the Office of The Surgeon General and those interested in the special problems of military medical personnel, contains information that may have application to other military personnel management situations.

The Korean War necessitated a sharp increase in the number of Medical Corps officers on active duty, the increase being brought about in part by recalling reserve officers to active duty and in part by calling into service doctors under the provisions of Public Law 779 1/. In early 1952, the Surgeon General requested that an Army-wide survey of Medical Corps officers be conducted to ascertain their attitudes about military service and professional problems within the Medical Corps. The study was undertaken by the Attitude Assessment Branch, Information and Education Division, Department of the Army. It was completed by the Research Division, Office of Armed Forces Information and Education, Department of Defense, and the Human Resources Research Office, The George Washington University.

The principal objectives of the study were:

To ascertain attitudes toward military service and military medicine, and to get suggestions for consideration in effecting improvements.

To determine the degree of interest in continuance as a Medical Corps officer after the officer's scheduled period of service was due to be completed.

To find out how well informed and how interested officers were in Medical Corps advanced training programs (residencies, internships, in-service short courses).

To compile background information on the general characteristics of Medical Corps officers to supplement statistical data available through other sources.

1/ Public Law 779 of the 81st Congress, popularly called the "Doctor Draft Law," provided for the registration and possible induction of physicians, dentists, and allied specialists who had not reached the age of 50. Doctors registered under this Act were classified into four priorities of call for military service not to exceed 24 months, depending upon whether their medical training

The questions to be asked of Medical Corps officers were given extensive field tests in which Medical Officers answered preliminary questionnaires and discussed the problems of measuring facts and opinions, and offered suggestions that additional issues be covered. A final 97-item questionnaire evolved from this process.

The sample: It was decided that a special mail technique of gathering the information would be best, since obtaining the opinions of officers in installations scattered around the globe would be too time-consuming if personal interviews were to be used; further, earlier experience with the same special mail procedure had been found effective in achieving a high rate of return of questionnaires, and evidently achieved better rapport and more detailed responses on controversial questions than would have been obtainable through other methods 2/. The steps in conducting the survey were as follows:

1. A sample of 2,399 Medical Officers was selected by arranging the 5,393 central personnel cards for all officers (after excluding the cards of officers who would be unavailable because they were in a travel status or due for separation before they could receive questionnaires) in order by theater and by rank within each theater, and selecting a systematic random sample from this stratified deck of personnel cards for all officers who could be reached in this survey.

2. The 2,399 officers selected were sent the following materials through the mails in mid-May 1952:

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was paid for in part by the government, whether they had had World War II educational deferments, and whether they had had active military duty after 16 September 1940. All Medical Corps officers who volunteered for military service could receive $100 per month in addition to the base pay and allowances for their rank. In practice, practically all physicians called for service under the provisions of Public Law 779 have volunteered rather than waiting to be drafted.

2/ See "Effectiveness of a Mail Questionnaire Technique in the Army," Don Cahalan, Public Opinion Quarterly, Vol. 15, No. 3 (Fall 1951), pp. 575-578.

a. A letter signed by the Surgeon General, asking the officers' cooperation in the study ". . . to gather information which will help us to improve the medical service," reassuring them that their answers would be anonymous and that it was not an 'investigation' in any sense of the word.

b. The 97-item questionnaire, with covering instructions which again reassured them of anonymity and asked them to return it within five days after receipt, saying "There is nothing to prevent you from returning an entirely blank questionnaire except your own interest and sense of responsibility." (Only three officers returned blank questionnaires.)

c. A separate post card, on which they were to certify by their signature that they had returned a questionnaire; they were told that the purpose of the post card was to make it possible to send follow-up reminders to those who were late in replying. (As it developed, because of the high rate of return no follow-up letters were deemed necessary.)

The response: As of the cut-off date for final tabulation (22 August 1952), 1,797 of the 2,399 officers had sent back filled-in questionnaires. This was 75 per cent of the selected sample, and 80 per cent of the 2,213 from the selected sample remaining after setting aside 186 who were not reached through the mails because of termination of duty, transfer of station, and related reasons.

This rate of return by mail was as satisfactory as the rate obtained in most personal interview studies in which those to be interviewed are selected by name. As to the representativeness of those sending replies, the following tables show that the distributions of certain relevant characteristics closely parallel the distribution of the total for Regular and Reserve Medical Corps officers in the various ranks and commands:

	Regular Army		Reserve Officers		All Officers	
Distribution by Rank:	On Duty	Replied	On Duty	Replied	On Duty	Replied
Colonel or General	23%	24%	1%	1%	7%	8%
Lieutenant Colonel	25	25	3	3	10	11
Major	21	20	6	6	11	11
Captain	31	30	44	43	40	39
First Lieutenant	*	1	46	47	32	31
Total	100%	100%	100%	100%	100%	100%

* Throughout this report * indicates less than one-half of one per cent.

Distribution by Command:	Regular Army		Reserve Officers		All Officers	
	On Duty	Replied	On Duty	Replied	On Duty	Replied
Continental United States	75%	77%	53%	51%	60%	59%
U. S. Forces, Far East	12	9	28	25	23	20
U. S. Army, Pacific	2	2	1	2	1	2
U. S. Army, Alaska	*	*	1	1	1	1
U. S. Army, Caribbean	3	2	1	1	2	1
Europe (USAREUR, Austria, Trieste)	8	9	16	20	13	16
Other	*	1	*	*	*	1
Not classifiable	-	*	-	*	-	*
Total	100%	100%	100%	100%	100%	100%

The statistical analysis: Replies for most of the questions could be tabulated directly from the alternatives checked by the officers. Answers to the free-answer questions, in response to which many officers wrote lengthy replies, were classified by statistical clerks (including some pre-medical students fairly familiar with medical terminology and problems), with frequent consultation with OSG officers.

Assuming that the sample was random, percentages obtained from the total of 1,797 officers would in 95 instances out of 100 not vary more than two percentage points, through chance alone, from the percentage that would have been obtained if all Medical Corps officers had been interviewed in this survey 3/. This report presents most findings separately for the following three classes of officers:

- Throughout this report - indicates no answers were given in this category.

3/ The issue of statistical reliability is of course separate from the problem of any bias that might have arisen in the language of the questions and other sources of distortion in response. The exact influence of these factors cannot be assessed, as is true in any survey. However, it would appear that such factors were kept to a minimum by the precision of the sampling, the various points of view represented in the specialists who conducted the field testing and evolved the final wording, and by the fact that the officers were assured that this study was being conducted by an agency outside the Medical Corps and that the respondents were to be anonymous. From the candid tone of the replies and the amount of effort that was evident in the completed questionnaires of most officers, it would appear that this study reflects actual attitudes as accurately as possible.

	Number	Per Cent
Regular Army Medical Corps officers	600	33%
Reserve officers, Commissions dated before application of Public Law 779 (12 October 1950)	315	18
Reserve officers, Commissions dated after application of Public Law 779	882	49
Total:	1797	100%

Presented below are the differences required between each pair of groups to justify the assertion that the difference would have occurred by chance alone fewer than five times in 100 (i.e., that the difference is significant at the five per cent level)4/.

Comparisons between Regular Army officers and Reservists before 12 October 1950: differences of five percentage points

Comparisons between Regular Army officers and Reservists after 12 October 1950: differences of four percentage points

Comparisons between the two groups of Reserve officers: differences of five percentage points

Occasionally in this report comparisons are drawn between groups some of which had as few as 100 officers (e.g. officers at certain types of installations). In all such instances, no differences are singled out for comment unless they are significant at the five per cent level.

4/ Computations are based on the most conservative case--where the observed distribution of opinion on an issue was 50-50. Where the observations lead to a population estimate other than 50-50, a smaller difference would be required for significance at the five per cent level.

SUMMARY OF PRINCIPAL FINDINGS

This summary presents only a few of the major findings that are treated in detail later, arranged according to the nine major areas of inquiry:

A. FACTUAL INFORMATION ON MEDICAL CORPS OFFICERS

There were considerable differences in the assignments and status of the Reserve officers (especially those who were called to duty upon expansion of the Medical Corps after the outbreak of the Korean War) in contrast to the situations of Regular Army Medical Corps officers. These differences, which were found to be related to the markedly greater dissatisfaction of Reservists regarding most aspects of military medicine, operated in combination to the evident professional and personal disadvantage of many Reservists:

Station: Three-fourths of the Regular officers were stationed within the U. S., in contrast to half of the Reservists. Eleven per cent of the Regulars were in the Pacific theater, in contrast to 27 per cent of the Reservists. Much of this disparity was due to the Medical Corps' granting U. S. tours of duty to Regulars who had served outside of the country at some time since Pearl Harbor (82 per cent of Regulars had served abroad during that time). Despite the greater foreign service of Regulars in the past, the issue of present overseas assignment was an occasion for considerable bitterness among Reservists.

Installation: Regulars were generally (64 per cent) assigned to general hospitals or headquarters, usually the most-favored assignments, while a larger proportion of Reservists than Regulars drew duty in station hospitals or with tactical units. Again this difference in assignments in large measure was the direct result of rotation of Regulars from overseas assignments to tours in the States, as well as the greater proportion of Regulars qualified for the more-favored appointments in terms of their having completed residencies (55 per cent for Regulars, only 29 per cent for Reservists) and their longer experience in service medicine.

Rank: Two-thirds of the Regulars were Majors or higher, but only ten per cent of Reservists were of field grade. Again this disparity is understandable, since 83 per cent of the Reservists had been on duty as Medical Officers less than two years and thus did not have the time in service to warrant many promotions under the Army promotion system. But again the matter of rank was a source of dissatisfaction to many Reservists.

Separation of Families: Only eight per cent of Regulars were not living with dependents, in contrast to 28 per cent of the post-Public Law 779 Reservists. As described in detail later in this report, unhappiness or uncertainty over separation of families figured heavily in the reasons given by Reservists for not desiring to extend their scheduled periods of active duty.

Facts about Medical Corps officers that might run counter to popular impression were the relative youthfulness of Regular Army Medical Corps officers (only 17 per cent were 45 years or older), and that as many as 39 per cent had worked in a civilian practice.

B. PROBLEMS OF PROFESSIONAL AND PERSONAL ADJUSTMENT

1. Attitudes Toward Military Service

From several standpoints, Reserve officers expressed a fair degree of adjustment to serving a tour of duty:

Fifty-five per cent of the Reservists responded that they liked the military service at least "fairly well," in contrast to 89 per cent of the Regulars. Even among those called to duty under Public Law 779, only 22 per cent indicated they did not like the military service "at all."

Fifty-three per cent of the Reservists answered that "All things considered, I am glad to have a tour of duty." Seventy-one per cent answered they thought they had received a "square deal" in the Army.

Even so, Reservists in general were negative toward serving in the Army any longer than required. Two-thirds answered that they would want to get out of the Army "RIGHT NOW" if they knew they would not be recalled short of a full-scale war, and an additional nine per cent were undecided.

Among Regular Army officers, 37 per cent either wanted to get out "RIGHT NOW" (22 per cent) or were undecided (15 per cent). Section B presents a detailed analysis of the characteristics of this group of officers.

The outstanding advantages of being a Medical Corps officer in contrast to being a civilian physician were seen by both Regulars and Reserves to be "working conditions" and "better net income." Regulars mentioned "more opportunity for professional experience and training" and "better equipment and facilities" more often than did Reservists. An implication of the findings throughout the study is: if it were possible

to convince Reservists that they would have better opportunities for professional training if they stayed in the Army for a longer time, more Reservists would sign up for extensions of active duty.

Relatively few Army doctors mentioned as an advantage of Army medicine for factors of professional prestige and a liking for social life and associates in the Army. Although this survey did not deal extensively with the intangible factor of prestige, evidence from other studies of occupational prestige leads to the tentative conclusion (p. 49) that "It is suspected that the wide disparity in community status and prestige between the role of the private practitioner in his home community in contrast to his relative anonymity in the Army is one of the more important factors in Reservists' dissatisfaction with the practice of medicine in the Army..."

The outstanding disadvantages Army doctors mentioned as applying to themselves as Medical Officers compared to civilian doctors were:

> Disadvantages to home and family life (separation, no roots in a community, housing problems, problems of children's education due to transfers);
>
> Financial disadvantages;
>
> Disadvantages related to military regimentation, military policies that seemed to hamper carrying out medical responsibilities, or policies that seemed subject to too-rapid change;
>
> Disadvantages related to mal-assignment or the risk of mal-assignment;
>
> Inability to use one's initiative or practice medicine in one's own way.

Officers who wanted to get out of the Army "right away," or who were undecided, mentioned significantly more often than others such disadvantages as mal-assignment or the risk of mal-assignment, inability to use one's initiative, inability to get desired education or training or specialization, loss of personal freedom, and rank-consciousness within the Medical Corps.

Housing for dependents: 87 per cent of Regular Army officers with dependents and 59 per cent of Reservists with dependents

were living with them at the time of the survey. Twenty-nine per cent of all Medical Corps officers who were questioned were living with dependents in government housing: 41 per cent of the Regulars and 23 per cent of the Reservists.

About seven out of ten of those who had dependents, Regulars and Reservists alike, indicated they were satisfied with their housing, the percentage satisfied being greater among those who occupied government housing. The chief complaint was about the availability of housing. There were relatively few specific complaints about the management of the available housing, although many reservists expressed the opinion that the Regulars had an advantage in the assignment of housing.

2. Direct Comparisons of Military and Civilian Medicine

On almost every point of direct comparison, a majority of Regular Army officers preferred military medicine and a majority of the Reservists preferred civilian medicine:

While 57 per cent of the Regulars chose "Medical Officer in the Armed Forces" as an "ideal" medical career for them, only nine per cent of the Reserve officers expressed a similar preference for a service medical career in comparison to five other types of medical careers.

While two-thirds of the Regulars expressed a preference for military medical work if the net income were "absolutely the same" as civilian medicine, only 15 per cent of the Reservists would prefer military medicine even if the income were the same.

A majority of both Regulars and Reservists expressed the view that the retirement income after 30 years was better in civilian than in military practice. Analysis of responses regarding retirement income leads to the conclusion that a campaign to induce officers to extend their tours of active duty on the grounds of better retirement benefits would not be especially effective, since the majority of Medical Officers did not believe service retirement income was better; and in any case the issue of retirement benefits did not seem to be an especially important one in the thinking of many Medical Officers.

On five of seven other specific issues on which military and civilian medicine were compared, there was a tendency for the officers as a whole to rate civilian medicine as

superior to military. Combining responses expressing a higher rating of military medicine with "no difference" responses showed that:

Military medicine had an equal or higher "acceptability" than civilian medicine to at least seven out of ten Regular Army officers on every one of the seven issues.

Military medicine had an equal or higher "acceptability" than civilian medicine to a majority of Reserve officers on only two of the seven issues.

Officers rated military medicine lower on issues that seemed to involve considerable self-interest (such as the opportunities for professional gain in knowledge, ability, and the chance to utilize specialized skills) and higher on issues presumed to have less immediate personal self-interest (such as preventive medicine, equipment and facilities, and opportunities for better care of patients). The following table summarizes the responses on the seven issues:

	Percentage answering "Military service" is superior to civilian, or that there is "no difference"		
	Regular Army	Reserve Officers	All Officers
Opportunity to do a satisfactory job of preventive medicine	97%	91%	93%
Better medical equipment, facilities	92	59	70
Opportunity to do a satisfactory job of care of patients	87	42	57
Chance to fulfill requirements of American Specialty Boards	83	42	56
Personal gain in professional knowledge and ability in Army, compared to gain if a civilain during the same period	74	33	46
Opportunity to utilize one's special training and skills	71	29	43
Opportunity for gain in professional knowledge and training	73	23	40

Differences in views of officers at different types of installations were pronounced on all issues except preventive medicine, with officers in headquarters or general hospitals being found most favorable toward military medicine. Those in station hospitals, field hospitals or dispensaries, or with tactical units were less favorable toward military medicine. These findings were consistent with findings on almost every other question in the survey.

C. ATTITUDES TOWARD THEIR ASSIGNMENTS

Three-fourths of the officers liked their assignments at least "fairly well" in relation to other possible Army medical assignments. (Only three per cent indicated they would change to any other assignment to get out of their current assignment.) Half considered their work "very useful and important" compared to other Army assignments they might have, and an additional one-third rated their work "fairly useful and important." Again responses were more favorable among officers stationed in the U. S., and in headquarters or general hospitals, and less favorable among officers in field installations.

It is concluded in this section of the report that professional considerations concerning satisfaction with their work weighed more heavily in officers' adjustment than other elements having to do with more immediate self-interest or convenience; and that attempts to induce Reserve officers to extend their tours of duty would be more successful to the extent that the officers are convinced that their assignments will be in work that they consider vital.

The condition mentioned most often as causing difficulty in carrying out one's work was lack of properly trained personnel, mentioned most often by officers working at station hospitals.

Opinions on opportunity to use professional skills and training in their assignments, the volume of work, the volume of non-medical duties performed during the preceding 60 days, and the amount of time spent in doing work that could or should be done by a non-Medical Officer or a Medical Officer of less training, formed a consistent pattern in which the most-satisfied were the Regulars and those in general hospitals, and the least-satisfied were those assigned to field units. In commenting on the reactions of post-Public Law 779 Reservists (among whom one-third answered that "almost all" or "about three-fourths" of their time was spent in work that could be done by a Medical Corps officer

of less training), this Section C of the report concludes by saying, "This feeling, so prevalent among this class of Reservists, appears related to one of the reasons for greater difficulty in adjustment, namely, the feeling (expressed on a number of questions) that much of their work was not worthwhile, or that they did not have enough to do ... whether the feelings of these officers were justified or not, the existence of these impressions at least indicates there was a lack of high morale concerning the job situation on the part of a sizable minority of Medical Officers at the time of this study.

D. INTEREST IN SPECIAL ASSIGNMENTS

Only eight per cent of the Reservists indicated they would be "very interested" in an assignment as either Staff Medical Officer (MOS 3000) or Medical Officer, Command (MOS 3500), even if it would be assumed they would get any necessary additional training. The low interest of the Reservists might be expected, since most of them expected to leave the service after their limited tours of duty were completed. But, the fact that only three out of ten Regular Army company grade officers were even "somewhat interested" in these staff or command assignments may indicate special efforts may be needed to replace retiring senior officers in these appointments with qualified and interested career Medical Officers.

At least some interest in conducting research while in the Army was expressed by two-thirds of the officers. However, a majority had no opinion on how easy or difficult it was to get funds to do medical research at field installations, and most of the remainder considered it to be difficult to get funds for research.

E. PROMOTION AND CLASSIFICATION

One-third of the Regulars and two-thirds of the Reservists expressed the opinion that they should have had higher rank, considering the kind of work they did and their responsibilities. While 58 per cent of the Regulars expressed themselves as at least "well satisfied" with the Army promotion system, only 20 per cent of the Reservists were as well satisfied--and about four out of ten Reservists indicated they were "not satisfied at all."

The leading suggestions on improvement of the promotion system were that professional ability and training should be the chief requisites for promotion, and that definite and uniform promotion regulations and policies were needed.

The classification system for Military Occupation Specialties within the Medical Corps was rated as either "good" or "very good" by 91 per cent of the Regulars and 77 per cent of the Reservists. Suggestions for improvement of the classification system indicated that many officers were not very familiar with the workings of the system.

F. RESERVE OFFICERS' INTEREST IN FUTURE ARMY SERVICE

Applying for Regular Army commissions: Six per cent of the Reserve officers indicated they had already applied for a Regular Army commission, and an additional one per cent indicated they were already planning to apply. An additional 23 per cent answered that they might apply but only under certain circumstances, the chief condition, mentioned by almost half of those that might apply, having to do with being assured of training or specialization in their chosen field of medicine. The substance and tone of many of the responses of those who "might" apply under certain circumstances indicated substantial doubt as to the Medical Corps' being able to live up to commitments that might be made to Reservists as an inducement to join the Regular Army.

Signing up for additional active duty: Seven per cent of the Reservists reported they had already applied for Regular Army status or had signed up for active duty beyond their present tour of duty. An additional 18 per cent indicated they "might" sign up for one, two, or three years' additional duty. The remaining three-fourths expressed the opinion that they would not sign up for additional active duty under any circumstances short of an all-out war.

Those who were materially more receptive toward extending their periods of active duty were Medical Officers who had no residency credit as yet. The interest of this group in an Army-sponsored residency is discussed in the next section.

Interest in joining the Ready or Standby Army Reserve after completing active duty tours was low. Half the Reservists responded that they would not participate in the reserve program under any circumstances, 30 per cent indicated they "might" participate in the Standby Reserve, and 12 per cent that they "might" sign up for the Ready Reserve. Officers' listing of the conditions under which they might participate indicate that relatively few of these Reserve officers would show an active interest in participating in a reserve program after their tours were completed, unless changes in the program or information about it could convince them that the advantages were much greater than they thought.

G. RESIDENCIES, INTERNSHIPS, AND SPECIAL TRAINING

1. The Army's Residency Program

The size of the current residency program, which is designed primarily for doctors signing up for tours of duty as Regular Army officers, is indicated by the fact that fully one-fifth of the Regular officers questioned in this study were currently in an Army residency. The potential scope of the program could be even larger, since 45 per cent of the Regular Army officers and 71 per cent of the Reservists had not as yet completed a residency.

Interest in signing up for a residency was measured by asking the officers what their response would be if they were offered a residency in their first or second choice of specialty, to begin within a year. Acceptance of a residency would commit the officer to accepting a Regular Army commission as of the date the residency was approved, and would obligate him to serve for a period at least equal to the time spent in residence, in addition to the residency period itself.

The response of Regulars and Reservists was as follows:

> Twelve per cent of Regular Army officers indicated they would "definitely" or "probably" sign up; this was slightly less than half of the 27 per cent of Regulars who had not yet completed a residency or were not currently in a residency.
>
> Nineteen per cent of the Reservists responded that they "definitely" or "probably" would sign up if they got such an offer; this was more than one-fourth of the Reservists who had not yet completed a residency.

The principal drawbacks to an Army residency cited by Medical Officers were their dislike for Army service in general, their not wishing to commit themselves to serving longer than their period of residency, and their feeling that the Army did not provide as good training as is available in civilian medical facilities. Also, mistrust concerning the Army's living up to its commitments appeared to be a psychological barrier to some officers.

The weight of officer opinion was that the Army should sponsor more residencies in civilian hospitals, although many officers had no opinion on the question. Suggestions on improving the Army residency program centered around the need for publicizing the program within the Medical Corps, the clarification of policies governing the program, and a desire for greater use of medical facilities outside Army hospitals for Army-sponsored residencies.

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2. The Army Internship Program

Only one-fourth had any suggestions on improvement of the program. The leading suggestions were concerned with improving standards and increasing the responsibilities and broadening the training, rather than with the personal problems of the intern--such as amount of stipend, hours of work, and the like.

3. In-Service Training Program

Regarding short-term and refresher courses for Medical Corps officers, one-fourth of the Reserve officers indicated they had never heard of such courses. Only one-fifth of either the Regulars or the Reserves indicated they were "not especially interested" in taking such courses; and practically all those who had an opinion rated such courses as worthwhile. The conclusion was that officer interest in in-service short-term courses was sufficiently great to insure interested participation by most officers if the program were expanded to include more Reservists and were more widely publicized within the Corps.

Concerning military training of Medical Corps officers, the Regulars and Reservists alike laid primary emphasis on the following four suggestions:

> Medical Officers should be given military training at specific times (many such comments specified that all MC officers should go to the Medical Field Service School upon entering service);
>
> More administrative and supply, command, and leadership training;
>
> Medical Officers should have some actual combat duty or field duty during the training period, more courses on field duties, more basic military training;
>
> More indoctrination on military regulations, policies, and practices.

H. MEDICAL CARE AND MEDICAL PERSONNEL MANAGEMENT

1. Medical Care

A majority of officers rated the medical care and treatment which patients in their installations received from Medical

Officers as "very good"; only eight per cent rated care as "fair" or "poor." Ratings were highest among officers in general hospitals, and somewhat lower in field hospitals and dispensaries, and tactical units.

The four leading suggestions on improvement of the quality of medical care in the Army were:

Specific suggestions on treatment practices (e.g., more psychiatric treatment, control of VD) and policies (e.g., shorter time for patients in hospitals);

More military and medical training needed (expand residency program, in-service refresher courses, medical meetings);

Higher qualifications, better promotion system, more pay for Medical Officers;

Better doctor-patient relationship; more doctors so patients will get care as individuals.

On the issue of length of time military patients were being kept in Army hospitals, the balance of opinion among those who had opinions was that patients were being kept too long in general hospitals in the U. S., but that the time in hospitals in Korea was about right. Opinion on length of patient term in U.S. station hospitals and hospitals in non-combat areas overseas was fairly evenly balanced between "too long" and "about right." No more than four per cent expressed the opinion that military patients were being kept too short a time in any of the four types of hospitals.

2. Medical Personnel Management

Male enlisted medical technicians serving at the officers' installations were rated by a majority as not better than "satisfactory," but only 11 per cent of officers working at installations where there were enlisted men serving as medical technicians rated them as "unsatisfactory." Officers in station hospitals made significantly lower general estimates of their enlisted men than did officers at other types of installations. The three leading suggestions offered regarding the selection, training, and supervision of enlisted men were: provide more formal or on-the-job training; establish higher qualifications or give Medical Corps more authority in selecting its men; and assign men in specialties for which they were trained and transfer them less frequently.

The rating of WAC enlisted medical technicians was similar to that for male enlisted technicians: only 12 per cent of the officers who had served in units with WAC enlisted personnel rated them as "unsatisfactory" in general. Again, ratings were lowest among doctors at station hospitals.

As to preference between enlisted men or WACs as medical technicians in non-combat zones, half the officers expressed a preference for men as workers, nine per cent for WACs, and the remaining four out of ten had no preference. The proportion to whom WACs were "acceptable" as medical technicians (if defined as a combination of those who preferred WACs plus those with no preference) thus was 48 per cent for officers as a whole, and 64 per cent among officers who had served in installations where WAC enlisted personnel were working.

Adequacy of staffing: The officers were asked whether their unit had any nurses, enlisted personnel, Medical Service Corps officers, or civilians, and whether the unit had enough of them and of doctors "to do an adequate job." The following table shows that the feeling that there was a shortage of nurses was expressed more often than concern about shortages of the other types of personnel.

	Per Cent of Medical Corps Officers Who Reported That Their Unit Had Too Few of These:
Nurse Corps officers	39%
Medical Corps officers	32
Enlisted personnel	29
Medical Service Corps officers	20
Civilians	12

I. MEDICAL OFFICERS' COMPARISONS OF REGULARS AND RESERVISTS

Despite attempts within the professional corps of the Army to discourage the drawing of distinctions between Regular and Reserve officers on active duty, this study found that many officers did draw distinctions, both as to relative effectiveness of officers in their work and as to favoritism one group might have over the other.

As regards relative effectiveness within any given grade:

The Regulars and Reservists differed materially in their ratings of which group was "usually better" on specific attributes, although in the aggregate a majority of both Regulars and Reservists indicated they felt there was "usually little difference" on four of the seven issues raised.

On six of the seven issues, the proportion of Regulars who rated Regulars as "usually better" was higher than the proportion who rated Reservists as "usually better."

The reactions of Reservists indicated they had an even more marked tendency to draw distinctions between Regulars and Reservists. Consistently, more Reservists rated Regulars as better than Reservists in the "Administrative" functions of "competence in medical administration," "ability to get the cooperation of superior officers," and "ability to get the cooperation of subordinates." On the other hand, more Reservists rated Reservists as better than Regulars in the "Medical" functions of "considerate treatment of Army patients", "adherence to principles of medical ethics", "standing up for sound medical practices", and "competence in practice of medicine." Two-thirds of the Reservists rated Reservists as "usually better" on the last point.

As regards relative advantages enjoyed by Regulars and Reserves while on active duty:

The Regulars' usual response, "there is little difference," was the answer of the majority of Regulars on five of the seven items.

The two exceptions were that 38 per cent of Regulars indicated they felt Regulars did have an advantage in choice of areas for assignment, and 55 per cent responded that they felt Regulars had an advantage in prestige within the Army.

The Reservists were more inclined to see differences in advantages than were the Regulars, consistent with Reservists' greater tendency to draw distinctions between Regulars and Reservists' effectiveness in their work. The following table shows that on four of the seven items, a majority of Reservists answered that they felt the Regulars had the advantage; on none of these items did any substantial proportion of Reservists feel that Reservists had the advantage.

Answers of Reservists on relative advantages:

	Regulars have the advantage	There is little difference	Reserves have the advantage	No opinion, not ascertained
In choice of areas for assignments	77%	14%	1%	8%
In choice of duties	68	24	1	7
In prestige within the Army	68	19	6	7
In promotions	64	24	3	9
In choice of housing	39	43	-	18
In recognition for work done	36	53	1	10
In Military Occupation Specialty classification	22	65	2	11

Section I of this report points out that on certain of these points, especially choice of areas for assignments and choice of duties, the Medical Corps might well have legitimate reasons for granting some advantage to the Regulars. Further, the study did not inquire into whether officers felt any advantage to be proper or improper. Even so, considering all the available evidence, two conclusions appear warranted:

1. A degree of lack of mutual understanding and respect existed as an undercurrent in the relationships of Regular and Reserve Medical Corps officers at the time of the study. Differences of opinion on the relative effectiveness and advantages were gross enough to indicate a potentially serious problem of harmony within the Corps. Understandably, this single study could not provide definite estimates on how much the drawing of distinctions by Medical Corps officers

is affecting the achievement of the Corps' basic missions, nor is it known definitely how much adverse effect Regular-Reserve frictions might have on the interest of Reservists in extending their tours of active duty or on future cooperation with the Medical Corps on the part of Reservists upon their return to civilian status.

2. If it is true that psychological distance between Regulars and Reservists is affecting harmony within the Corps and also in the Corps' relationship with civilian medicine, the question is: what remedies might be found, in addition to the rectification of any actual inequities? Although this study does not provide a precise blueprint for an educational campaign directed at both Regulars and Reservists, it is clear from the findings that there are two connected barriers to be overcome in order to make such a campaign effective:

   a. It is estimated that any mass attempt to improve Regular-Reserve relations through direct appeals for harmony might be treating merely the symptoms. It may well be that much of the tendency toward group cleavages is a reflection of deep-seated frustrations stemming from officers' being called into service on short notice without their having any clear understanding of why they are serving, or why they often do not get the assignment of their choice.

   b. The findings were that Regulars and Reservists did not have an identity of interests and values concerning their service in the Medical Corps. Any program of remedial action or information that would attempt to induce either the Regulars or the Reserves to accept all of the interests and values of the other group would tend to intensify existing feelings of group cleavages. It is hoped that the detailed findings of this study will provide information useful in mapping out the areas in which there already exists a fair degree of identity of interest that could be utilized to induce Regulars and Reserves to work together more harmoniously. These areas of mutual interest include the possible augmentation of programs of training and residencies for Medical Corps officers, improvements in the classification and training of other Corps personnel, and the expansion of medical research opportunities.

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DETAILED FINDINGS

A. FACTUAL INFORMATION ON MEDICAL CORPS OFFICERS

Certain factual information about the three classes of officers in this study is summarized below, to provide background for the interpretation of the expressions of attitudes and descriptions of experiences that are presented later in this report.

The three groups are:

Regular Army officers (occasionally abbreviated "RA" in this report), constituting 33 per cent of the total;

Reserve officers with commissions prior to application of Public Law 779 (abbreviated "Bef. 779"), 18 per cent of the total;

Reservists with commissions after Public Law 779 went into effect (abbreviated "Aft. 779"), 49 per cent of the total.

1. Discussion of Differences in Training and Experience:

Seventy per cent of the Regular Army officers received their M. D. degrees prior to 1947, in contrast to the Reservists commissioned after application of Public Law 779, among whom 70 per cent got their medical degrees after 1946. Thirty-nine per cent of the Regulars had worked in a civilian practice, as against 68 per cent of Reservists commissioned after P. L. 779 went into effect.

Two implications of these figures are (1) the fact that as many as 39 per cent of Regular officers had worked in civilian practice runs counter to any popular impression that Regular Army officers have little acquaintance with civilian medicine, and (2) that two-thirds of Reservists commissioned after P. L. 779 had been in civilian practice should be recognized as one factor related to their problems of adjustment to military medicine, described later in this report.

Fifty-four per cent of Regular officers had completed a residency, as contrasted to 23 per cent among Reserve officers commissioned before application of P. L. 779 and 31 per cent of those who were commissioned afterward. This difference in training provides one explanation for the contrast in primary MOS (Military Occupation Specialty), in which it is

seen that 36 per cent of the Reserve officers were classified in the non-specialized Medical Officer (general) group, as contrasted to only 8 per cent of the Regulars. Reservists' reactions to Medical Officer (general) assignments are discussed later in Section C of this report.

		Total RA	Reserve Def.779	Reserve Aft.779	Total Reserve	All Officers
	Number of cases	600	315	882	1197	1797
Q. 1[5/]	Year of M.D. degree:					
	1942 or earlier	46%	26%	2%	7%	20%
	1943 through 1946	24	16	27	25	24
	1947 or later	29	57	70	67	55
	Not ascertained	1	1	1	1	1
		100%	100%	100%	100%	100%
Q. 2	Worked as M.D. in civilian practice after internship	39%	48%	68%	63%	55%
Q.24	Status of specialty training:					
	No residency credit	14%	46%	25%	30%	25%
	Some credit, not completed	31	31	44	41	37
	Completed residency, not all requirements for Am. Board	15	5	15	12	13
	Completed requirements for Am. Board, not yet certified	16	11	12	12	13
	Hold certificate from Am. Board	23	7	4	5	11
	Not ascertained	1	*	*	*	1
		100%	100%	100%	100%	100%

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5/ Throughout, numbers are those in the questionnaire. Some questions are condensed in this report. Complete copies of the questionnaires are available upon request.

(Continued)		Total RA	Reserve Bef.779	Reserve Aft.779	Total Reserve	All Officers
Q.13	Primary MOS groupings:[6]					
	Group I	32%	19%	26%	24%	29%
	Group II	30	19	32	28	29
	Group III	19	14	3	5	8
	Group IV	10	3	5	5	7
	Group V	8	45	33	37	27
	Not ascertained	1	*	1	1	*
		100%	100%	100%	100%	100%
Q. 3	Received medical or pre-med. training under the following Armed Forces auspices:					
	a. Army Special Training Program	35%	30%	40%	38%	37%
	b. Navy V-12 program	7	16	18	18	14
	c. G. I. Bill	21	46	34	37	32
	d. Armed Forces internship	24	33	7	14	17
	e. Armed Forces residency	60	1	1	1	20
Q. 6	Had military training in:					
	a. Reserve Officers Training Corps	50%	51%	25%	32%	38%
	b. Basic course, Medical Field Service School	70	43	56	53	59
	c. Advanced course, MFSS	19	4	1	2	8
	d. Some other Branch School	18	12	7	9	12
	e. Command and General Staff School	24	2	-	1	8

6/ Group I includes: ophthalmologist or otorhinologist, obstetrician or gynecologist, urologist, anesthesiologist, neurosurgeon, general surgeon, thoracic surgeon, plastic surgeon, orthopedic surgeon and specialist in physical medicine.
Group II includes: specialist in pulmonary disease, gastroenterologist, cardio-vascular specialist, dermatologist, allergist, pediatrician, neurologist, psychiatrist, neuropsychiatrist, internist.
Group III includes: Medical Officer (staff), radiological defense, preventive medicine, industrial medicine, Medical Officer (command).
Group IV includes: electroencephalographer, roentgenologist, diagnostic roentgenologist, Medical Officer (laboratory), radiologist, tissue pathologist.
Group V includes: Medical Officer (general)

2. Discussion of Other Background Differences:

Age: While the Regulars were, on the average, older than Reservists (two-thirds of whom were younger than 31), it is of interest to note that only 17 per cent of the RA men were 45 years of age or older. As to rank, 69 per cent of RA officers were of field grade, as contrasted to two per cent of Reservists commissioned after P. L. 779; related to this disparity in rank is the active duty time of less than two years (only six per cent for Regulars but understandably 97 per cent for post-P. L. 779 Reserve officers).

Station: Three-fourths of the Regulars were stationed within the U. S. in contrast to half of the Reservists; 11 per cent of the RA officers were stationed in the Pacific theater, as against 27 per cent of the Reservists. Superficially, this might indicate discrimination against the Reservists, more of whom were sent to serve in Korea and Japan. However, 82 per cent of the RA officers had served outside of the U. S. as a Medical Officer at some time since Pearl Harbor, and 100 per cent of those RA officers whose commissions were dated before 5 July 1946. Yet, despite the greater foreign service of the Regulars in the past, the issue of present overseas assignment is an occasion for considerable bitterness on the part of Reservists.

Regular officers were generally (64 per cent) assigned to general hospitals or headquarters, while a much larger proportion of Reservists than Regulars drew duty in station hospitals or with tactical units--again in large measure this is a function of the large proportion of RA officers who had completed residencies, and their length of service.

Families: Over 80 per cent of all three groups of Medical Corps officers were married; but 28 per cent of the total post-P. L. 779 Reservists were not living with their dependents, as contrasted to eight per cent of RA officers. This difference is largely attributable to the larger proportion of overseas assignments of the more recent Reservists.

		Total RA	Reserve Bef.779	Reserve Aft.779	Total Reserve	All Officers
Q.12	Age:					
	Less than 31	35%	55%	72%	67%	56%
	31 through 44	48	31	27	28	35
	45 or older	17	13	1	5	9
	Not ascertained	*	1	*	*	*
		100%	100%	100%	100%	100%

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		Total RA	Reserve Bef.779	Reserve Aft.779	Total Reserve	All Officers
Q. 4	Field Grade (Major or higher):	69%	33%	2%	10%	30%
Q. 8	On active duty as Medical Officer less than two years altogether:	6%	42%	97%	83%	57%
Q.10	Stationed in continental U. S.:	77%	55%	49%	51%	59%
Q.11	Served outside U. S. as Medical Officer some time since beginning of World War II:	82%	81%	53%	60%	68%
Q.52	Type of installation to which assigned:					
	Headquarters	13%	8%	3%	4%	7%
	General hospital	51	19	22	21	31
	Station hospital	19	35	33	34	29
	Field hospital	2	5	9	8	6
	Dispensary	3	15	12	13	10
	With a tactical unit	4	15	15	15	11
	Some other assignment	8	2	6	4	6
	Not ascertained	*	1	*	1	*
		100%	100%	100%	100%	100%
Q.36	Marital status and dependents:					
	Single, widowed, divorced, separated	6%	12%	19%	17%	13%
	Married, no children	13	21	17	18	17
	Married, has children	80	67	64	65	70
	Not ascertained	1	-	-	-	*
		100%	100%	100%	100%	100%
Q.37	Living with dependents?					
	Has no dependents	4%	9%	16%	14%	11%
	Yes, living with dependents	87	67	56	59	68
	Not living with dependents	8	23	28	26	20
	Not ascertained	1	1	*	1	1
		100%	100%	100%	100%	100%

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		Total RA	Reserve Bef.779	Reserve Aft.779	Total Reserve	All Officers
Q.38	Dependents in government quarters?					
	Has no dependents	4%	9%	16%	14%	11%
	Yes, in govt. quarters	41	27	22	23	29
	Not in govt. quarters	54	63	61	62	59
	Not ascertained	1	1	1	1	1
		100%	100%	100%	100%	100%

B. PROBLEMS OF PROFESSIONAL AND PERSONAL ADJUSTMENT

1. Attitudes Toward Military Service

The survey contained many questions on the problems of adjustment within the military service, and the advantages and disadvantages of practicing military medicine. In and of themselves, the expressed attitudes of Medical Officers were not sought out as a popularity contest between military and civilian medicine, it being recognized that relatively few among those Reservists called to active duty under P. L. 779 would expect to make a career of military medicine. Further, without more research it would not be possible conclusively to rate the state of morale of Medical Corps officers as "excellent" or "poor." Rather, the aim was to examine the relative adjustment to military service among various groups of officers. This information is useful as background for appraising their opinions on issues on which improvements might be accomplished within the authority of the Medical Corps, and how the Medical Corps might be able to attract more Reserve officers to continue on active duty beyond their present commitments.

On the following questions, the major subdivisions of Medical Corps officers continue to be: Regular Army officers, Reserve officers commissioned prior to application of Public Law 779, and Reservists commissioned after P. L. 779 went into effect.

a. Like or Dislike for Military Service:

Q.41 "In general, how do you like the military service?"

	Total RA	Reserve Bef.779	Reserve Aft.779	Total Reserve	All Officers
Very well	57%	25%	10%	14%	29%
Fairly well	32	45	39	41	37
Do not like it so well	7	21	29	27	20
Do not like it at all	3	8	22	18	13
Not ascertained	1	1	*	*	1
	100%	100%	100%	100%	100%

By theater and status of dependents, the percentage reporting they liked military service "very well" or "fairly well" was:

Stationed in the U. S.	74%
Stationed in Far East	51
Stationed in Europe	58 **/
Dependents living with officer	72%
Had no dependents	56
Dependents not with officer	52

**/ "Stationed in Europe" is limited to those under the command of U. S. Army, Europe; for convenience in tabulating, results for officers in U. S. Forces, Austria, and Trieste U. S. Troops (less than one and one-half per cent of the total sample) were omitted.

Discussion:

Eighty-nine per cent of RA officers said they liked the military service at least "fairly well", as compared to 55 per cent among Reserve officers. It is of interest that even among those called to duty after Public Law 779, only 22 per cent indicated they did not like the military service "at all."

The results by theater reflect in part the distribution of Regular and Reserve officers; as an illustration, 77 per cent of the Regulars were serving in the U. S., as contrasted to 55 per cent of Reserves before P. L. 779, and 49 per cent of Reserves after P. L. 779. Reservists also differed from Regulars in that 67 per cent of Regular officers were living with dependents, as against 56 per cent among post-P. L. 779 Reservists. As is seen in Section F, actual or potential separation from families is a leading factor in Reservists' hesitation to extend their current periods of active duty. This is a special problem in the Medical Corps because of the high proportion of officers who are married (87 per cent for the Medical Corps officers in this study).

b. Service to the Country:

Q.42 "All things considered, in what way do you think you could be of greatest service to your country right now?"

	Total RA	Reserve Bef.779	Reserve Aft.779	Total Reserve	All Officers
Medical Officer in service	75%	39%	39%	39%	51%
Being a civilian doctor	8	36	42	41	30
Would be no difference	16	23	18	19	18
Not ascertained	1	2	1	1	1
	100%	100%	100%	100%	100%

Among the various theaters and types of installations, the percentage indicating they felt being a Medical Officer in the service was the way in which they would be of greatest service to their country was as follows:

Stationed in the U. S.	55%
Stationed in Far East	47
Stationed in Europe	42
Headquarters	62%
General hospitals	61
Station hospitals	46
Field hospitals or dispensaries	40
With tactical units	40

Discussion:

A much higher proportion of Regular Army officers than Reservists responded that they thought they could be of greater service as a Medical Officer. This response was more prevalent among officers in the U. S. than those in Europe, and in headquarters and general hospitals more than among those in station hospitals, field hospitals or dispensaries, and tactical units.

On a related question, No. 43, "In case another World War developed within a year, all things considered, in what way do you think you could be of greatest service to your country?", 77 per cent of the total said, "By being a

Medical Officer in the Service"; among Reserve officers, the "Medical Officer" answer was given by 69 per cent. Even among those who had said "By being a civilian doctor" on the preceding question, over half said "Medical Officer" in case another World War developed within a year. One implication of this finding, consistent with other findings, is that relatively few Reservists seemed to feel they would be completely miscast as Medical Officers.

c. Attitude Toward Serving a Tour of Duty:

Q.44 "What is your feeling about your serving a tour of duty as a Medical Officer?"

	Total RA	Reserve Bef.779	Reserve Aft.779	Total Reserve	All Officers
All things considered, I am glad to have a tour of duty	84%	62%	50%	53%	64%
I don't feel strongly one way or the other	6	12	15	14	11
All things considered, I would just as soon not have a tour of duty	6	23	34	31	23
Not ascertained	4	3	1	2	2
	100%	100%	100%	100%	100%

The percentage saying they were glad they had a tour of duty ranged as follows among the various theaters and types of installations:

Stationed in the U. S.	68%
Stationed in Far East	54
Stationed in Europe	57
Headquarters	76%
General hospitals	76
Station hospitals	56
Field hospitals or dispensaries	56
With tactical units	47

Discussion:

Even among Reservists commissioned after P. L. 779, one-half indicated they were glad they had a tour of duty. Those with tactical units made up the only group in which less than half indicated that, all things considered, they were glad to have served as a Medical Officer.

d. Wife's Attitude Toward Army as Career:

Q.45 "What is your wife's attitude toward your making a career as a Medical Officer?"

	Total RA	Reserve Bef.779	Reserve Aft.779	Total Reserve	All Officers
Very favorable	35%	13%	3%	5%	15%
Fairly favorable	25	16	8	10	15
Somewhat unfavorable	20	23	16	18	19
Very unfavorable	13	36	53	49	37
I am not married	6	12	19	17	13
Not ascertained	1	*	1	1	1
	100%	100%	100%	100%	100%
Per cent favorable, among married officers	64%	33%	14%	18%	34%

Among the minority who were married but who did not have their dependents living with them, only 18 per cent said their wives had at least a "fairly favorable" attitude toward their making a career as a Medical Officer, in contrast to 39 per cent among married officers whose dependents were living with them.

Discussion:

It should be pointed out that the officers' estimate of their wives' attitudes may not have been accurate, and that the question referred to making a career of being a Medical Officer. Even so, the findings certainly indicate that discontent is prevalent among wives of Medical Corps Officers; and in Section F it is shown that family factors weigh heavily in Reservists' unwillingness to extend their tours of active duty. Even among the Regular Army officers,

fully one-third reported their wives as being at least "somewhat unfavorable" toward continuing in a career as a Medical Officer -- a factor related to the finding (presented in detail later) that only two-thirds of the Regular Army officers were sure they would not want to get out of the Army "right now" if they knew they would not be recalled short of a full-scale war.

e. Housing for Dependents:

It was assumed that dependent housing would be an especially relevant problem for Medical Officers since most of them had dependents (95 per cent of the Regular officers, 84 per cent of the Reservists and 88 per cent of the total). Accordingly, in this survey officers were asked whether their dependents were living with them; and if so, whether they occupied government housing; whether they were satisfied with their dependents' housing; and whether they had any suggestions as to what the Army might do to improve their housing situation.

(1) Occupancy of Government and Non-government Housing:

The housing situation of Regular and Reserve officers was as follows:

	Total RA	Reserve Bef.779	Reserve Aft.779	Total Reserve	All Officers
Had no dependents	4%	9%	16%	14%	11%
Living with dependents	87	67	55	59	68
In government housing	(41)	(27)	(21)	(23)	(29)
In non-government housing	(46)	(40)	(34)	(36)	(39)
Not living with dependents	8	23	28	26	20
Not ascertained	1	1	1	1	1

Additional findings: Ninety-two per cent of Regular officers with dependents, and 69 per cent of Reservists with dependents, were living with them. As pointed out in Section A of this report, at the time of the survey a much larger proportion of Regulars were stationed in the U. S. (77 per cent) than was the case with Reservists (51 per cent).

Of those living with dependents, 47 per cent of Regulars and 39 per cent of Reservists were living in government housing; of the total living with dependents, 43 per cent occupied government housing.

(2) Satisfaction with Dependents' Housing:

	Total RA	Reserve Bef.779	Reserve Aft.779	Total Reserve	All Officers
Q.39 "Are you satisfied or dissatisfied with your dependents' housing?"					
I have no dependents	4%	9%	16%	14%	11%
Very satisfied	35	28	22	24	27
Satisfied	33	37	34	34	34
Dissatisfied	17	12	12	12	14
Very dissatisfied	9	8	8	8	8
Not ascertained	2	6	8	8	6
	100%	100%	100%	100%	100%
"Very satisfied" or "satisfied" with their dependents' housing, among those with dependents:	70%	71%	67%	68%	68%

Satisfaction with dependents' housing differed as follows among the three groups with dependents:

	Living with dependents in government housing	Living with dependents in non-govt. housing	Dependents not living with officer
Very satisfied	52%	24%	15%
Satisfied	33	44	36
Dissatisfied	11	20	12
Very dissatisfied	4	10	15
Not ascertained	*	2	22
	100%	100%	100%

Discussion:

Among those with dependents, Reservists were no different from Regulars in the proportion saying they were satisfied with their dependents' housing; about seven out of ten said they were either "very satisfied" or "satisfied." This is in contrast with results on most other questions; ordinarily Reservists as a group were less well satisfied than Regulars.

A materially larger percentage of those living with dependents in government housing expressed satisfaction (85 per cent) than those living with dependents in non-government housing (68 per cent). (Among those whose dependents were not living with the officer, only 51 per cent expressed satisfaction with their housing; but the difference in opinion of those officers was accounted for in large measure by the fact that 22 per cent did not answer the question--perhaps because they were not in a position to evaluate the housing of dependents who were not living with them at the time.)

Among those stationed in the U. S. and living with dependents in government housing, 78 per cent expressed satisfaction with their housing. This was not materially different from the 70 per cent satisfied among those in the States living with dependents in non-governmental housing.

Among those stationed outside the U. S. and living with dependents in government housing, nine out of ten expressed satisfaction with their housing. This proportion did not vary a great deal for officers living with dependents in the Far East as contrasted to those who had their dependents with them in Europe.

(3) Suggestions for Improvement in Dependents' Housing:

Q.40 "If you are not completely satisfied with your dependents' housing, is there anything you think the Army should do to improve their housing situation?"

	Those dissatisfied with dependents' housing:		All officers (including those satisfied)
	In govt. quarters	Not in govt. quarters	
Complaints about availability of housing	24%	49%	19%
Complaints about housing costs and allowances	28	26	11
Complaints about quality and furnishing (poor construction, etc.)	48	14	10
Location of housing from base and other facilities (recreation, etc.)	15	17	6
Complaints about housing management, regulations	12	13	5
Quarters too small	15	2	3
Maintenance and repairs needed	18	*	2
Miscellaneous other suggestions	11	9	6
(Some offered more than one suggestion)	171%	130%	62%
Total offering suggestions	(96%)	(86%)	(41%)
Had no suggestions	(4%)	(14%)	(59%)

Discussion:

The chief complaint was about the availability of housing, mentioned by one-fifth of the total sample and half of those dissatisfied who were living with dependents in non-government quarters.

The second complaint was about housing costs in relation to allowances, offered by one-fourth of the dissatisfied officers.

Quality of housing was criticized by about half the dissatisfied officers in government quarters.

There were relatively few complaints about management of the housing; but it should be noted on another question (presented later in this report) that 39 per cent of the Reserves indicated they thought the Regulars had an advantage in choice of housing, even within any given grade.

Fifty-nine per cent of the total had no suggestions at all.

f. Fairness of Treatment:

	Total RA	Reserve Bef.779	Reserve Aft.779	Total Reserve	All Officers
Q.46 "In general, do you feel you have received a square deal in the Army?"					
Yes	89%	78%	68%	71%	77%
No	8	18	30	27	20
Not ascertained	3	4	2	2	3
	100%	100%	100%	100%	100%

The proportion saying "yes" among officers in the various theaters and types of installations:

Stationed in the U. S.	83%
Stationed in Far East	64
Stationed in Europe	72
Headquarters	84%
General hospitals	88
Station hospitals	77
Field hospitals or dispensaries	66
With tactical units	54

Discussion:

Even among Reservists who came into the service after P. L. 779 went into effect, only 30 per cent, even under conditions of anonymity, indicated they felt they had not gotten a square deal from the Army; this is consistent with the findings elsewhere in this report that while most Reservists wanted to get back into civilian life as soon as possible, complaints about gross unfairness were relatively few.

Those stationed in the Far East and in Europe were less prone to say that they received a square deal than were those who were stationed in the U. S.

g. Desire for Release from Army:

Results on the following question about desire to get out of the Army are to be viewed as officers' expressions of their preferences as of the time of the survey, rather than as predictions of the decisions they would make if faced with an actual choice between staying in or getting out of the Army. The same caution applies to other results of questions presented later in this report, in which officers were asked to give their preferences or intentions on such issues as whether they might apply for a Regular Army commission, extend their tours of active duty as Reservists, or apply for an Army residency.

Q.47 "Would you want to get out of the Army RIGHT NOW if you knew you would not be recalled short of a full-scale war?"

	Total RA	Reserve Bef.779	Reserve Aft.779	Total Reserve	All Officers
Yes	22%	58%	71%	67%	52%
No	62	31	20	23	36
Undecided	15	10	9	9	11
Not ascertained	1	1	*	1	1
	100%	100%	100%	100%	100%

The proportion saying "No" -- that they would not want to get out of the Army "RIGHT NOW" -- was as follows for different theaters and assignments:

Stationed in the U. S.	43%
Stationed in Far East	23
Stationed in Europe	32
Headquarters	57%
General hospitals	47
Station hospitals	28
Field hospitals or dispensaries	24
With tactical units	24

Discussion:

It is not too surprising that seven out of ten Reservists commissioned after application of P. L. 779 would want to get out "RIGHT NOW" under the stated conditions; and the responses of officers in the various theaters and types of installations are consistent with expressions of attitude presented earlier. However, that 37 per cent of the Regular Army officers indicated that they either would want to get out right away or were undecided is a fact that deserves further analysis.

The following table describes some of the characteristics of the Regulars who would not want to get out right away, as contrasted to the other Regulars.

Characteristics of Regular Army officers, divided according to response on Q.47, "Would you want to get out of the Army RIGHT NOW if you knew you would not be recalled short of a full-scale war?"

		Regular Army officers who responded:	
		"Yes" or "Undecided"	"No"
		(Total: 216)	(Total: 376)
Q. 4	Present grade:		
	Captain or lower	41%	25%
	Major or higher	59	75
		100%	100%
Q. 8	Length of active duty as Medical Officer:		
	Up to four years	43%	26%
	Four to ten years	31	31
	Ten years or more	26	43
		100%	100%
Q.14	Date of Regular Army Commission:		
	Before 5 July 1946	28%	37%
	On or after 5 July 1946	72	63
		100%	100%

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"Would you want to get out of the Army RIGHT NOW if you knew you would not be recalled short of a full-scale war?"

Regular Army officers who responded:

	"Yes" or "Undecided"	"No"
Q.13 Primary MOS group:		
Group I (surgeons and allied)	38%	27%
Group II (internal medicine and allied)	36	29
Group III (medical administration and allied)	7	25
Group IV (diagnostic, laboratory and allied)	10	11
Group V (Medical Officer, general)	9	9
	100%	100%
Q.24 Status of residency training:		
No residency credit	7%	19%
Some credit, residency not completed	31	31
Residency completed, but not Board requirements	20	12
Have Board requirements but not certificate yet	19	15
Hold an American Board certificate	23	23
	100%	100%
Q.62 How do you feel about your present work-load?		
Have too much to do	26%	21%
About the right amount	56	69
Do not have enough to do	16	8
Not ascertained	2	2
	100%	100%

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"Would you want to get out of the Army RIGHT NOW if you knew you would not be recalled short of a full-scale war?"

Regular Army officers who responded:

		"Yes" or "Undecided"	"No"
Q.65	"How much of your duty time is spent doing things which should be done by someone who is not a physician?"		
	One-fourth to almost all of my time	31%	19%
	Very little of my time	63	78
	Not ascertained	6	3
		100%	100%
Q.76	"Suppose the net income from civilian medical work and military medical work were absolutely the same, which career would you yourself prefer?"		
	Civilian medicine	54%	12%
	Military medicine	39	82
	No preference	7	6
		100%	100%
Q.82	"Where would you be more likely to be able to do a satisfactory job of taking care of patients?"		
	Military service	33%	56%
	Civilian life	26	6
	No difference; not ascertained	41	38
		100%	100%
Q.83	"Where is it more possible to do a satisfactory job of preventive medicine?"		
	Military service	85%	92%
	Civilian life	3	1
	No difference; not ascertained	12	7
		100%	100%

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"Would you want to get out of the Army RIGHT NOW if you knew you would not be recalled short of a full-scale war?"

		Regular Army officers who responded: "Yes" or "Undecided"	"No"
Q.84	"Where would you be more likely to have an opportunity to utilize your special training and skills?"		
	Military service	11%	40%
	Civilian life	47	17
	No difference; not ascertained	42	43
		100%	100%
Q.85	"Where would you be more likely to gain in professional knowledge and training?"		
	Military service	19%	54%
	Civilian life	47	14
	No difference; not ascertained	34	32
		100%	100%
Q.86	"Where would you have a better chance to fulfill the requirements of the American Specialty Boards?"		
	Military service	21%	54%
	Civilian life	31	8
	No difference; not ascertained	48	38
		100%	100%
Q.87	"In general, where would you be more likely to have better medical equipment and facilities?"		
	Military service	59%	81%
	Civilian life	17	3
	No difference	24	16
		100%	100%

Discussion:

Concerning the Regular Army officers who either wanted to get out of the Army right away or were undecided, it is seen that:

They were more likely to be Captains or First Lieutenants. (Put in another way, 48 per cent of the Regular Army company grade officers were in this "want-out-or-uncertain" group in contrast to 37 per cent of the Majors and Lieutenant Colonels, and 18 per cent of those who were Colonels or of higher rank.) Consistent with this, they were more likely to have been commissioned in the Regular Army after 5 July 1946, and they were more likely to have had less than four years' service. (Forty-eight per cent of those with up to four years service, 37 per cent of those with four to ten years, and 25 per cent of those with ten or more years' service as a Medical Officer expressed themselves as desiring to get out of the Army right now or being uncertain about it.)

They were more likely to be in MOS Group I (surgeons and allied specialists). Among Regular officers, 45 per cent of those in Group I wanted out of the Army or were undecided, 41 per cent in Group II (internal medicine and allied), and about four out of ten of the relatively few Group V (Medical Officer general) Regular Army officers. Fewer than one-fifth of the Group III (medical administration and allied) Regular Army officers fell into this "want-out-or-uncertain" group.

Consistently, the want-out-or-uncertain" Regulars compared military medicine more unfavorably to civilian medicine than did other Regulars on all issues raised, especially those having to do with opportunity to utilize special training and skills, likelihood of gain in professional knowledge and training, and chance to fulfill American Specialty Board requirements. The "want-out-or-uncertain" Regulars also were more negative than other Regulars on five questions on attitudes toward Army service, on which the detailed results are not presented in the preceding table for reasons of space. They were more negative than others on how they liked the military service, on whether being a Medical Officer in the service was the way they could render greatest service to their country, their feeling about serving a tour of duty as a Medical Officer, whether they had received a "square deal" in the Army, and the apparent usefulness and importance of their work compared to other Army assignments they might have had.

In a separate question on outstanding disadvantages of being a Medical Officer, presented in detail later in this section, the "want-out-or-uncertain" group were much like the

other Regular officers in their mention of the three leading disadvantages (disadvantages to home life, financial disadvantages, and military regulations and regimentation, in that order). The disaffected group differed, however, from other Regulars in their more frequent mention of these disadvantages: rank of Medical Officers hampers them in carrying out duties, too much non-medical work, and inability to get desired education, training, and specialization.

h. Retirement Pay:

One question asked to get information on awareness of economic benefits of Medical Corps service, and indirect information on the personal commitment of officers to a long-term Army career, was as follows:

Q.78 "At the present time, which of the following do you think comes closest to the monthly retirement pay of a Medical Corps Colonel with 30 years' service?"

	Total RA	Reserve Bef.779	Reserve Aft.779	Total Reserve	All Officers
$125-$325 a month	11%	13%	13%	14%	13%
$425	32	26	24	24	27
$525 (correct)	46	36	27	29	35
$625	8	14	20	18	15
More than $625	3	8	13	13	9
Don't know; not ascertained	*	3	3	2	1
	100%	100%	100%	100%	100%

Discussion:

Only 46 per cent of the Regular Army officers were correct, even after all officers had ample opportunity to think about it or to "look up" the right answer before answering the questionnaire (they were asked not to do so). Even among field grade Regular Army officers (about six out of ten of whom were Colonels or Generals and thus should have been well-informed) only 50 per cent were correct.

It should be noted that while all groups of officers tended to underestimate the retirement pay of a Colonel with 30 years' service, the Reservists overestimated relatively more than the Regulars. One speculation on the implication of this is: if the Army were to emphasize the financial benefit of Regular Army service as an inducement to Reservists to transfer to the Regular Army, a campaign on this point alone would not be likely to be spectacularly successful. This guess is further reinforced by findings, presented later in this Section, that (at least on the level of opinions and values the officers expressed) the issue of the long-term financial benefits of Army service do not weigh heavily with Reserve Medical Corps officers. One illustration: 80 per cent of Reservists answered that they would still prefer civilian to military medical practice if the net income from both types of practice were exactly the same.

i. Length of Regular Army Tours of Duty:

Medical Corps policy is, wherever possible, to assign Medical Corps officers to tours of duty of two years at minimum if stationed in the U. S. In "normal" peacetime conditions, officers can look forward to a tour of duty in one location of about three years. Two questions were asked, one to determine what the officers thought the standard U. S. tour actually was, and another to find out what they thought the standard tour ought to be. These questions were asked to ascertain how much misunderstanding there was on the length of tour, especially among Reservists who might be more inclined to extend their periods of active service if they were better acquainted with the total length of tour they might have in the U. S.

Q.73 "What do you understand to be the standard tour of duty in one place for Regular Army Medical Officers stationed in the U. S.?"

	Total RA	Reserve Bef.779	Reserve Aft.779	Total Reserve	All Officers
One year	2%	6%	6%	6%	5%
Two years	8	14	19	18	14
Three years	42	37	29	31	35
Four years or more	15	5	6	6	8
There is no standard tour	32	35	36	36	35
Don't know; not ascertained	1	3	4	3	3
	100%	100%	100%	100%	100%

Q.74 "What do you think should be the standard tour of duty in one place for Regular Army Medical Officers stationed in the U. S.?"

	Total RA	Reserve Bef.779	Reserve Aft.779	Total Reserve	All Officers
One year	*%	3%	6%	5%	3%
Two years	5	15	13	14	11
Three years	31	31	21	23	26
Four or five years	42	19	18	18	26
There should be no standard tour	21	28	38	36	31
Don't know; not ascertained	1	4	4	4	3
	100%	100%	100%	100%	100%

Discussion:

The average conception of the present standard tour of duty was about three years, although many were unclear on that point. About one-third thought there was no standard tour. Even within the group to which the question applied most directly -- Regular Army officers then actually on a U. S. tour of duty -- only 44 per cent thought the standard tour was three years and 30 per cent thought there was no standard tour. Relatively few Reservists (24 per cent) thought the tour was two years or less; hence it would appear that misinformation about the length of Stateside tour of duty in the Regular Army would not in itself be occasion for much of the reluctance of Reservists to go into the Regular Army.

As to what the tour should be, three-fourths of the Regular Army officers (72 per cent of RA officers then on duty in the U. S.) specified three or more years. Reservists tended to respond "There should be no standard tour" relatively more often than did Regular Army officers, and to specify three years or more relatively less often. The inference is not that the Reservists were against longer tours in principle although that is possible; but it is also possible that Reservists were less inclined to specify the longer tours for Regular Army officers because they were in favor of more rotation of RA officers overseas. The possibility of this interpretation renders it difficult to interpret the meaning of the results for Reserve officers.

j. Greater Freedom from Off-Duty Calls:

	Total RA	Reserve Bef.779	Reserve Aft.779	Total Reserve	All Officers
Q.81 "Does the greater freedom from professional calls during off-duty time offer any inducement for you to stay in the Army?"					
A very strong inducement	25%	17%	10%	12%	16%
A fairly strong inducement	27	22	14	16	20
Not a very strong inducement	22	30	25	26	25
No inducement at all	26	30	50	45	38
Not ascertained	-	1	1	1	1
	100%	100%	100%	100%	100%

Discussion:

At least on the level of conscious recognition as an inducement, it would appear this type of appeal is not a very important consideration to Reserve officers.

k. Free-Answer Responses on Advantages and Disadvantages of Being a Medical Officer:

In addition to the many direct questions regarding preferences between being a Medical Corps officer and a civilian doctor, the officers were asked to write in their own words the outstanding advantages and disadvantages of service medicine compared to civilian practice. While the results should be interpreted cautiously because some officers might tend to provide stereotyped answers when at a loss to express their true feelings, the responses have the advantage of permitting the doctors to raise issues not covered in the more direct questions.

(1) Outstanding Advantages of Being a Medical Officer:

The following table presents the frequency of free-answer responses on this question separately for Regular and Reserve officers.

		Regular Army Officers	Reserve Officers	All Officers
Q.88	"What do you think are the outstanding advantages to you, if any, of your being a Medical Officer in the Army compared to your being a Physician in civilian life?"			
	Working conditions better (regular hours, more free time)	41%	35%	37%
	Better net income (pay, perquisites)	31	25	26
	More opportunity for professional experience, training	38	17	24
	Security; retirement benefits	31	19	23
	More opportunities for travel	25	11	16
	Better equipment, facilities	22	10	14
	Postgraduate training at better pay	19	10	13
	Money no problem in doctor-patient relationship	23	8	13
	Miscellaneous professional satisfactions (e.g., less rivalry)	13	6	9
	More advantages to home and family (e.g., more time to spend with them)	12	5	7
	Miscellaneous personal satisfactions (e.g., always liked Army life)	10	6	7
	More opportunity to utilize abilities, practice one's specialty	11	3	6
	Satisfaction of serving one's country	6	6	6
	Like social life, associates in Army	8	2	4
	Assured advancements and promotions	3	1	2
	Miscellaneous aspects of doctor-patient relationship	2	*	1

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(Continued) Outstanding advantages of being a Medical Officer in the Army	Regular Army Officers	Reserve Officers	All Officers
More professional prestige	1%	1%	1%
Miscellaneous other advantages	1	1	1
(Some mentioned more than one advantage)	297%	166%	210%
Total mentioning advantages	(90%)	(67%)	(75%)
Mentioned no advantages	(10%)	(33%)	(25%)

Discussion:

A separate tabulation of answers by those who had expressed themselves as not desiring to get out of the Army "RIGHT NOW" (if they knew they would not be recalled short of a full-scale war) yielded results practically identical to the views expressed by Regular Army officers on the outstanding advantages of being a Medical Officer in the Army. Similarly, those who would want to get out of the Army immediately, or were undecided, cited advantages in a pattern practically identical to the views of Reserve officers. These similarities prevailed even though a good many Regulars had indicated they wanted to get out of the Army and some Reservists indicated they did not want to get out.

Regular Army officers consistently mentioned each of the types of advantages more often than did the Reservists, although the relative rank order of the advantages was about the same for both groups of officers.

Working conditions and better net income were cited as the leading advantages by both Regulars and Reserves. Regulars mentioned more opportunity for professional experience and training and better equipment and facilities more often than did the Reservists. In view of the expressed interest of Reservists in professional training, discussed later in this

report, one implication of the findings is that extensions of active duty might be increased by convincing Reservists that they would have better opportunities for professional training if they stayed in the Army for a longer time.

It should be noted that more professional prestige and a liking for social life and associates within the Army were mentioned by relatively few doctors. It is suspected that the wide disparity in community status and prestige between the role of the private practitioner in his home community in contrast to his relative anonymity in the Army is one of the more important factors in Reservists' dissatisfaction with the practice of medicine in the Army, although this is an intangible that could not be measured in this particular survey. 7/

(2) Outstanding Disadvantages of Being a Medical Officer:

Obtaining in the doctors' own words their listing of the disadvantages of being a Medical Officer in contrast to civilian practice has the same merits and limitations as other free-answer questions. While the expressions of opinion thus measured are not limited to the specific issues raised elsewhere in the questionnaire (and thus may bring to light complaints that might otherwise not be registered), responses do differ according to how expressive the individual Medical Officer might be. Further, it is recognized that officers who were maladjusted to service life primarily for reasons beyond the control of the Medical Corps might tend to express dissatisfaction about more superficial or socially acceptable grievances and to minimize their own failings in adjustment. Even so, the dissatisfactions expressed will be of value in determining which areas of dissatisfaction are worthy of further study and remedial action.

7/ A 1947 nation-wide study of the prestige of occupations among the general public found "Physician" rated as tied for second in rank among 90 selected occupations (tied with "State Governor"), being preceded only by "Justice of the Supreme Court." On the other hand, the same survey found "Captain in the Regular Army" ranking 31st among the 90 occupations (tied with "Author of Novels" and just above "Instructor in the Public Schools"). (From the report "National Opinion on Occupations," unpublished report of the National Opinion Research Center, then at the University of Denver, Denver, Colorado, April, 1947. Full details of this study available at the N.O.R.C., now at the University of Chicago.)

The disadvantages of service medicine are presented below, separately for Regulars and Reserves, and for those who did not want to get out of the Army "RIGHT NOW" as against others.

Q.89 "What do you think are the outstanding disadvantages to you, if any, of your being a Medical Officer in the Army compared to your being a Physician in civilian life?"

	Regular Army Officers	Reserve Officers	Did not want out of Army "RIGHT NOW"	Wanted out of Army "RIGHT NOW" or Undecided	All Officers
Home and family life (separation, no roots in a community, housing, children's education)	65%	41%	54%	46%	49%
Financial disadvantages	54	32	43	37	40
Dislike military regulations, regimentation, policies (including unpredictable changes)	33	28	29	29	30
Malassignment or possibility of it	12	30	16	29	24
Can't use initiative or practice medicine in own way	8	20	8	20	16
Unable to get desired education, training, specialization	7	21	8	21	16
Loss of personal freedom; not being one's own boss	9	19	9	20	16
Rank of Medical Officers hampers in carrying out medical duties	9	18	9	18	15
Too much administrative or non-medical work	9	12	8	13	11

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(Continued) Outstanding disadvantages of being a Medical Officer in the Army

	Regular Army Officers	Reserve Officers	Did not want out of Army "RIGHT NOW"	Wanted out of Army "RIGHT NOW" or Undecided	All Officers
No close doctor-patient relationship; limited opportunity to follow up cases	6%	10%	6%	11%	9%
Miscellaneous personal disadvantages (e.g., had a good practice to return to)	4	9	5	9	7
Slow advancement, poor promotional policies	6	6	5	7	6
Medical ethics or standards (e.g., differential treatment of patients by rank	3	7	3	7	5
Inability to choose professional associates	3	6	4	5	5
Lower prestige of Army medicine	5	5	5	6	5
Inferior equipment, facilities, assistants	2	4	1	5	4
Non-medical officers have too much control	3	3	2	3	3
Dislike social life in the Army	1	2	1	2	2
Possibility of hazardous duty	2	1	2	1	1

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(Continued) Outstanding disadvantages of being a Medical Officer in the Army

	Regular Army Officers	Reserve Officers	Did not want out of Army "RIGHT NOW"	Wanted out of Army "RIGHT NOW" or Undecided	All Officers
No close doctor-patient relationship; limited opportunity to follow up cases	6%	10%	6%	11%	9%
Miscellaneous personal disadvantages (e.g., had a good practice to return to)	4	9	5	9	7
Slow advancement, poor promotional policies	6	6	5	7	6
Medical ethics or standards (e.g., differential treatment of patients by rank	3	7	3	7	5
Inability to choose professional associates	3	6	4	5	5
Lower prestige of Army medicine	5	5	5	6	5
Inferior equipment, facilities, assistants	2	4	1	5	4
Non-medical officers have too much control	3	3	2	3	3
Dislike social life in the Army	1	2	1	2	2
Possibility of hazardous duty	2	1	2	1	1

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(Continued) Outstanding disadvantages of being a Medical Officer in the Army

	Regular Army Officers	Reserve Officers	Did not want out of Army "RIGHT NOW"	Wanted out of Army "RIGHT NOW" or Undecided	All Officers
Miscellaneous other disadvantages (e.g., too many patients, uncooperative patients)	2%	2%	2%	3%	2%
(Some mentioned more than one disadvantage)	243%	276%	220%	290%	266%
Total mentioning disadvantages	(92%)	(92%)	(88%)	(94%)	(92%)
Mentioned no disadvantages	(8%)	(8%)	(12%)	(6%)	(8%)

Discussion and additional findings:

As with the findings presented earlier on the outstanding advantages of being a Medical Corps officer, the disadvantages listed by those who did not want to get out of the Army "RIGHT NOW" were, with two exceptions, almost identical to responses of Regular Army officers; and the answers of those who did want to get out of the Army right away (or were undecided) were almost the same as answers of Reserve officers as a group. The two exceptions were: 65 per cent of the Regular officers cited disadvantages to home and family life, while 54 per cent of those who did not want to get out of the Army right away wrote in the same response; and 54 per cent of Regular officers mentioned financial disadvantages, as against 43 per cent of those who did not want to get out of service right away.

Those who wanted to get out of the Army right away or were undecided stressed significantly more than others such factors as malassignment or possibility of malassignment, that they couldn't use initiative or practice medicine their own way, were unable to get desired education, training or specialization, or their loss of personal freedom, or rank-consciousness.

Other findings on some of the disadvantages most frequently mentioned:

Disadvantages to home and family life were mentioned more often by Regulars than by Reserves, by field grade officers than by company grade officers, and by officers in the U. S. in contrast to those stationed in Europe.

Financial disadvantages, as mentioned before, were cited more often by Regulars than Reservists; they were also mentioned more often by field grade officers (50 per cent) than by First Lieutenants (30 per cent) or Captains (39 per cent); financial problems were also mentioned more by officers in the U. S. (47 per cent) than in Europe (29 per cent) or in the Far East (26 per cent).

The feeling of actual or potential malassignment was mentioned more often by Reservists, company grade officers, officers in Europe, and those in field hospitals or dispensaries, or in tactical units (mentioned by 39 per cent of the latter).

The "Can't use initiative or practice medicine my own way" disadvantage was mentioned by 20 per cent of the Reserves as against eight per cent of Regulars, and by one-fifth of those overseas as compared to 13 per cent of officers in the U. S.

Inability to get the education or training desired was cited relatively often by First Lieutenants (26 per cent) and by those with the "Medical Officer (general)" MOS (16 per cent); it should be remembered that rank and MOS were related in that a larger proportion of Reservists were company grade officers and also had the MOS of "Medical Officer (general)."

"Too much administrative or non-medical work" was mentioned by only nine per cent of officers in the U. S. and in the Far East, but by 19 per cent of officers in Europe.

2. Direct Comparisons of Military and Civilian Medicine:

This section presents findings on direct questions regarding the relative attractiveness of civilian and military practice. The preceding section does present comparisons by inference between civilian and military medicine; and hence these two sections should be reviewed as a unit for details on the preferences of Medical Corps officers.

In examining the opinions of Regular Army officers about the relative advantages of civilian and military medicine, it must be remembered that 39 per cent of Regular officers had practiced medicine in civilian life (as contrasted to 63 per cent of all Reservists) and hence were in a less ready position to make a comparison. Even so, the impressions that Regular officers did have of military medicine in contrast to civilian practice are of interest in their own right -- and in passing, it should be noted that Regular officers did prefer military medicine on almost every point on which comparisons were drawn.

a. Preference of Medical Career:

Q.75 "Ideally, what sort of medical career would you prefer?" (Check all that apply) **/	Total RA	Reserve Bef.779	Reserve Aft.779	Total Reserve	All Officers
Private practice	26%	54%	65%	62%	50%
Group or cooperative practice	31	34	37	36	34
Medical teaching	26	20	31	28	28
Medical Officer in Armed Forces	57	20	5	9	25
Medical research	16	9	17	15	15
U. S. Public Health Service, Veterans Administration	3	5	2	3	3
Some other medical career	2	1	1	1	1

**/ Percentages add to more than 100 because many officers checked more than one medical career as ideal.

The preferences of ideal medical careers among the major primary MOS groupings were: 8/

Ideal medical career: (multiple answers included)	Group I Surgeons & allied	Group II Internal Medicine & allied	Group III Medical Administration & allied	Group IV Diagnostic, Laboratory & allied	Group V Medical Officer (general)
Private practice	54%	49%	22%	39%	60%
Group or cooperative practice	36	36	15	34	36
Medical teaching	27	40	17	42	16
Medical Officer in Armed Forces	24	17	69	34	17
Medical research	10	26	8	27	9
U. S. Public Health Service, Veterans Administration	1	3	9	2	3
Some other medical career	*	1	4	1	1

Discussion:

Private practice ranked first with Reservists, and with all primary MOS groupings except Group III, (which was composed primarily of Regular Army officers). 9/

8/ These descriptive terms for the five primary MOS groupings are unavoidably broad. For details of which specialties are included in each group, see footnote 6, page 23.

9/ The relative order of preference of types of medical careers by Reservists was much the same in this 1952 study as the preferences of medical students, interns and residents; see "Careers for Medical Men", Report No. 38 of the National Opinion Research Center, University of Chicago, October 1948, p. 4. (This study also obtained opinions of a representative sample of private practitioners of military age. Appreciation is hereby expressed for permission to adapt several of the questions from the 1948 study for this study of Medical Corps officers.)

Group or cooperative practice was chosen by about the same proportion of Regular and Reserve officers and the various MOS groupings (again excepting Group III). The evenness of this preference among the various groups leads to the speculation that one incentive that might well be stressed in encouraging officers to extend their tours of active duty would be the group practice aspects of Army medicine.

Medical teaching was a preference that was just as frequent among Regular as among Reserve officers, a point that may have implications in reassignments of Regular officers or in counseling on their post-retirement occupations. One-third of the post-P. L. 779 Reservists also considered medical teaching an ideal career; perhaps this interest might be utilized to bring about some extensions of active duty on the part of the newer Reservists, if sufficient desirable teaching assignments would be available.

Medical Officer in Armed Forces was the leading choice only among Regular Army officers and MOS Group III officers (who were mostly RA officers).

Medical research was not specified by more than 17 per cent of any groups except II and IV, whose work involved a research emphasis.

The U. S. Public Health Service and the Veterans Administration would be chosen by very few Medical Corps officers.

That Army officers are not necessarily narrow in their views of what would constitute an "ideal" medical career is indicated by the fact that on the average they checked 1.5 out of the six types of careers as "ideal."

b. Preference if Military and Civilian Income were Identical:

Q.76 "Suppose the net income from civilian medical work and military medical work were absolutely the same, which career would you yourself prefer?"

	Total RA	Reserve Bef.779	Reserve Aft.779	Total Reserve	All Officers
Civilian medicine	27%	65%	85%	80%	62%
Military medicine	66	27	11	15	32
No preference	7	7	3	4	5
Not ascertained	-	1	1	1	1
	100%	100%	100%	100%	100%

The percentage of officers indicating they would prefer civilian medicine even if the net income were the same was as follows for the various sub-groups:

Stationed in the U. S.	55%
Stationed in the Far East	76
Stationed in Europe	72
Headquarters	35%
General hospitals	50
Station hospitals	72
Field hospitals or dispensaries	75
With tactical units	75
Group I (surgeons and allied)	62%
Group II (internal medicine and allied)	70
Group III (medical administration and allied)	20
Group IV (diagnostic, laboratory and allied)	55
Group V (Medical Officer, general)	71

Discussion, and other findings:

Two-thirds of Regular Army medical officers checked a preference for military medicine if the net income were to be the same, as contrasted to only 15 per cent among Reserve officers preferring military medicine under these conditions. The pattern of responses by theater and type of installation was the same as on questions presented earlier, with more of the officers stationed in the States preferring military medicine than those overseas, and more of those in headquarters or general hospitals preferring military medicine than those at less central installations. Responses by the various primary MOS groups did not differ greatly, except that only one-fifth of Group III officers expressed a preference for civilian medicine; but, as has been shown earlier, most of these officers were Regular Army officers who as medical administrators could be assumed to have a greater career commitment in specialized military medical work than would the others.

Responses by officers in the various theaters and installations do not reflect merely the differences in conditions prevailing in the various stations, but also

the distribution of Regular as against Reserve officers; and thus the Regulars' greater preference for military medicine would have a considerable influence on the preferences expressed in the various stations. The study did not provide enough information to determine precisely how much of the difference among the various stations is attributable to the difference in proportion of Regular Army officers. However, one can infer from the findings that whatever the reasons might be, the results on this question (as well as others) reflect a poorer state of morale abroad, and in station hospitals, field hospitals and dispensaries, and tactical units. Other details on morale at the different types of installations are presented later in this report.

It might be argued that even though the question clearly asked for a preference assuming "the net income from civilian medical work and military medical work were absolutely the same", perhaps many officers would choose civilian medicine merely because they could not think in terms of the assumption that the net income would be the same. However, this influence on answers did not seem to apply very strongly, because those who on another question estimated that their income would be less than $8,000 in five years if they were out of the Army did not differ materially in their preference for civilian medicine from those who estimated that their income would be $20,000 or more in five years if they were to get out of the Army right now.

That financial considerations in and of themselves do not seem to weigh very heavily on desire to get out of the Army is indicated by the following table, in which the preference for civilian or military medicine (under the assumption that the net income would be identical) is shown for Regular Army and Reserve officers further subdivided according to whether they would want to get out of the Army "RIGHT NOW" if they would not be recalled except for national emergency:

Q.76 "Suppose net income from civilian medical work and military medical work were absolutely the same, which career would you yourself prefer?"

	YES, Get out RIGHT NOW or Undecided		NO, Would stay in Army	
	Regulars	Reserves	Regulars	Reserves
Civilian medicine	54%	88%	12%	54%
Military medicine	39	9	82	37
Undecided	7	3	6	9
	100%	100%	100%	100%

Discussion:

Almost nine out of ten Reservists in the "get-out-or-uncertain" group still expressed a preference for civilian medicine over military medicine, even supposing the net income would be absolutely the same.

c. Relative Retirement Income:

Q.77 "In your opinion, among the men completing their internships this year, which are more likely to have a better income to retire on 30 years from now?"

	Total RA	Reserve Bef.779	Reserve Aft.779	Total Reserve	All Officers
Those who make a career of Army medicine	23%	28%	23%	25%	24%
Those who make a career of civilian medicine	55	50	52	51	53
Would be little difference	13	14	16	15	14
No opinion	8	7	9	8	8
Not ascertained	1	1	*	1	1
	100%	100%	100%	100%	100%

Discussion:

There was no significant difference in opinion on this issue of relative retirement income in Army and civilian medicine. About twice as many checked "civilian medicine" as did "Army medicine." Even the Regular Army officers, who would be presumed to be more inclined to give arguments favoring Army medicine as a career, were no more inclined than Reservists to check "Army medicine." One

implication of this is that retirement benefits do not seem to be a paramount factor in the immediate thinking of medical officers regarding the relative advantages of military and civilian medical careers.

The conclusion is that a heavy emphasis on the Army retirement benefits in any campaign to get Medical Corps officers to extend their tours of active duty would, in and of itself, not be especially effective. Whatever the merits of the contention that Army retirement benefits are better or just as good as in civilian life, a majority of Medical Corps officers have been found not to believe this--and the issue of retirement benefits did not seem of high importance to many medical officers.

d. Estimated Civilian Income After Five Years:

Q.79 "If you were to get out of the Army right now, about how much yearly income do you think you would be making five years from now? (Estimate net yearly income after deducting business expenses)"

	Total RA	Reserve Bef.779	Reserve Aft.779	Total Reserve	All Officers
Less than $8,000	6%	13%	12%	12%	10%
$8,000 to $12,000	25	37	32	34	31
$12,000 to $20,000	51	36	42	40	44
$20,000 or more	13	7	11	10	11
Can't guess and Not ascertained	5	7	3	4	4
	100%	100%	100%	100%	100%

Discussion:

Three-fourths of all the officers estimated between $8,000 and $20,000, a range that fits fairly realistically the average net earning of civilian physicians at the present time. It is of interest to note that very few found themselves unable to guess as to what their net income might be five years from now if they were out of the Army.

The only material difference in estimates is between the Regulars and pre-Public Law 779 Reservists in the proportion estimating $12,000 to $20,000; this group of Reservists generally estimated a lower income than the Regulars. This

difference might well have been accounted for by the differences in rank rather than a difference in undue optimism or pessimism in either group; half the Regulars were Lieutenant Colonels or higher, and thus might be accustomed to thinking in terms of higher income, as against only 14 per cent among this class of Reservists being in these higher grades. But, whatever the reason for the difference, one implication is that these results for Regular officers (in combination with the results presented earlier in the issue of whether civilian or military medicine provides the better retirement income) do not indicate that Regular Army medical officers would be impressed by appeals to remain in Army medicine primarily on the grounds of financial security. The Regular Army doctors were found to be thinking in terms of even higher civilian incomes for themselves than were the Reservists.

e. Other Comparisons of Civilian and Military Medicine:

The tables below summarize the reactions of Medical Corps officers on seven other questions involving comparisons between civilian and military medicine. On five of these issues, there was a tendency for the officers as a group to rate civilian medicine as superior to military.

Q.80 "How much do you feel you have gained in professional knowledge and ability as a physician as a result of your service in the Army as compared to what you think you would have gained during the same period in civilian life?"

	Total RA	Reserve Bef.779	Reserve Aft.779	Total Reserve	All Officers
Gained more in Army	35%	15%	8%	10%	18%
Gained about as much in Army as in civilian life	39	21	24	23	28
Would have gained more in civilian life	26	63	68	67	53
Not ascertained	*	1	*	*	1
	100%	100%	100%	100%	100%

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	Total RA	Reserve Bef.779	Reserve Aft.779	Total Reserve	All Officers
Q.82 "Where would you be more likely to be able to do a satisfactory job of taking care of patients?"					
In military service	48%	21%	9%	12%	24%
No difference	39	35	29	30	33
In civilian life	13	43	62	57	43
Not ascertained	*	1	*	1	*
	100%	100%	100%	100%	100%
Q.83 "Where is it more possible to do a satisfactory job of preventive medicine?"					
In military service	89%	81%	80%	80%	83%
No difference	8	11	11	11	10
In civilian life	2	7	8	8	6
Not ascertained	1	1	1	1	1
	100%	100%	100%	100%	100%
Q.84 "Where would you be more likely to have an opportunity to utilize your special training and skills?"					
In military service	29%	12%	4%	6%	14%
No difference	42	30	21	23	29
In civilian life	28	56	75	70	56
Not ascertained	1	2	*	1	1
	100%	100%	100%	100%	100%
Q.85 "Where would you be more likely to gain in professional knowledge and training?"					
In military service	41%	16%	7%	9%	20%
No difference	32	16	13	14	20
In civilian life	26	67	80	77	60
Not ascertained	1	1	*	*	*
	100%	100%	100%	100%	100%

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		Total RA	Reserve Bef.779	Reserve Aft.779	Total Reserve	All Officers
Q.86	"Where would you have a better chance to fulfill the requirements of the American Specialty Boards?"					
	In military service	42%	23%	13%	16%	25%
	No difference	41	26	26	26	31
	In civilian life	16	49	60	57	43
	Not ascertained	1	2	1	1	1
		100%	100%	100%	100%	100%
Q.87	"In general, where would you be more likely to have better medical equipment and facilities?"					
	In military service	73%	45%	29%	33%	46%
	No difference	19	27	26	26	24
	In civilian life	8	27	45	40	30
	Not ascertained	-	1	*	1	*
		100%	100%	100%	100%	100%

The following tables present the percentages indicating that military medicine had an equal or higher acceptability than civilian medicine.

Comparison of civilian and military medicine		Percentage answering "military service" is superior to civilian or that there is "no difference": Total RA	Reserve Bef.779	Reserve Aft.779	Total Reserve	All Officers
Q.83	Opportunity to do a satisfactory job of preventive medicine	97%	92%	91%	91%	93%
Q.87	More likely to have better medical equipment, facilities	92	72	55	59	70

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Comparison of civilian and military medicine		Percentage answering "military service" is superior to civilian or that there is "no difference": Total RA	Reserve Bef.779	Reserve Aft.779	Total Reserve	All Officers
Q.82	Opportunity to do a satisfactory job of taking care of patients	87%	56%	38%	42%	57%
Q.86	Chance to fulfill requirements of American Specialty Boards	83	49	39	42	56
Q.80	Personal gain in professional knowledge and ability in Army compared to gain if a civilian during same period	74	36	32	33	46
Q.84	Opportunity to utilize one's special training and skills	71	42	25	29	43
Q.85	Opportunity for gain in professional knowledge, training	73	32	20	23	40

Results by Theater: **/

		Stationed in U. S.	Stationed in Europe	Stationed in Far East
Q.83	Opportunity to do a satisfactory job of preventive medicine	93%	95%	89%
Q.87	More likely to have better medical equipment, facilities	75	65	58
Q.82	Opportunity to do a satisfactory job of taking care of patients	63	48	44
Q.86	Chance to fulfill requirements of American Specialty Boards	63	43	42

**/ The questions asked for comparisons of civilian and military medicine in general, rather than in their specific theaters.

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Comparison of civilian and military medicine	Percentage answering "military service" is superior to civilian or that there is "no difference":		
Results by Theater:	Stationed in U. S.	Stationed in Europe	Stationed in Far East
Q.80 Personal gain in professional knowledge and ability in Army compared to gain if a civilian during same period	58%	30%	28%
Q.84 Opportunity to utilize one's special training and skills	50	33	30
Q.85 Opportunity for gain in professional knowledge, training	49	26	23

Results by Type of Installation: **/

	Headquarters	General Hospital	Station Hospital	Field Hospital, Dispensary	Tactical Unit
Q.83 Opportunity to do a satisfactory job of preventive medicine	90%	95%	89%	96%	92%
Q.87 More likely to have better medical equipment, facilities	83	84	60	65	54
Q.82 Opportunity to do a satisfactory job of taking care of patients	72	73	49	43	38
Q.86 Chance to fulfill requirements of American Specialty Boards	73	72	45	42	40
Q.84 Opportunity to utilize one's special training and skills	62	59	34	27	28
Q.85 Opportunity for gain in professional knowledge, training	54	59	31	23	20

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**/ The questions asked for comparisons of civilian and military medicine in general rather than in the officers' specific installation.

(Continued)

Comparison of civilian and military medicine	Percentage answering "military service" is superior to civilian or that there is "no difference":

Results by Type of Installation:

	Head-quarters	General Hospital	Station Hospital	Field Hospital, Dispen-sary	Tacti-cal Unit
Q.80 Personal gain in professional knowledge and ability in Army compared to gain if a civilian during same period	50%	71%	43%	24%	13%

Discussion:

Regular Army and Reserve comparisons show more than 70 per cent of the Regulars as rating military medicine as equal to or superior to civilian medicine on each of the seven questions. However, only on the issue of preventive medicine did more than six out of ten Reservists rate military medicine equal to or better than civilian medicine.

Although the Reservists gave generally lower ratings to military medicine, the rank order of the responses was practically the same for both Regulars and Reservists.

The reactions of Reservists in comparing military medicine with private practice were very similar to those reported in the 1948 National Opinion Research Center study of civilian medical students, interns, residents, and private practitioners (see footnote 9, page 55), summarized as follows (page 1 of the N. O. R. C. report):

"For most men training to become doctors or already in practice, there simply are not any desirable alternatives to private practice. Most students, interns and residents are preparing to enter private practice and are expecting to find there relatively high financial rewards, together with the satisfactions deriving from professional independence, responsibility and freedom to pursue the work they are interested in as they see fit, and from their sense of social usefulness and the prestige bestowed upon them by the community . . .

"Under these circumstances, there would be little enough reason why doctors should actively seek professional careers outside private practice. There is, in addition, howe.er, a positive distaste for one of the major alternative career lines--namely, careers in government medicine . . . doctors' criticisms of government services are, in the last analysis, simply a conclusion that the professional atmosphere of private practice is not to be found in them."

In general, Medical Corps officers rated military medicine lower on issues that could be classified as involving considerable self-interest (such as opportunities for professional gain in knowledge and ability, and a chance to utilize specialized skills), and higher on issues that evidently would involve less immediate personal self-interest, such as preventive medicine, equipment and facilities, and opportunities for better care of patients.

Comparisons by theater show that the ratings of the advantages of military medicine were considerably higher among those in Stateside assignments, the disparity being greatest on personal gain in professional knowledge and ability in the Army compared to gain if the officer had been in civilian practice during the same period.

Comparisons by type of installation reveal that officers in headquarters or general hospitals were quite similar in their being the groups most favorable toward military medicine on these seven issues. Station hospital, field hospital or dispensary, and tactical unit Medical Officers were less favorably disposed toward military medicine, with officers in tactical units being the least favorable of all. These findings were consistent with other findings, reported earlier, regarding attitudes toward military medicine on the part of officers in the various theaters and types of installations.

C. ATTITUDES TOWARD THEIR ASSIGNMENTS

This section deals with the aspects of Medical Corps officers' specific assignments, that they especially liked or disliked, and their suggestions for remedies in the ways assignments are administered. Since officers' general adjustment to the Army will color their reactions to assignments, the findings on general adjustment reported earlier in Section B should be reviewed as background for this current section.

1. Rating of Present Assignment:

	Total RA	Reserve Bef.779	Reserve Aft.779	Total Reserve	Grand Total
Q.57 "In general, how well do you like your present assignment in the Army compared to other possible assignments?"					
Very well	72%	48%	46%	47%	55%
Fairly well	15	29	25	26	23
Not so well	8	13	14	14	12
Not at all well	4	9	14	12	9
Not ascertained	1	1	1	1	1
	100%	100%	100%	100%	100%

The proportion reporting they liked their assignments "very well" or "fairly well" in relation to other possible assignments was 78 per cent for all Medical Corps officers. Results for the various theaters and types of installations were as follows:

	Per cent liking assignment "Very" or "Fairly" well
Stationed in the U.S.	87%
Stationed in the Far East	63
Stationed in Europe	65
Headquarters	75%
General hospitals	96
Station hospitals	83
Field hospitals or dispensaries	63
With tactical units	37

Discussion:

The differences in rating of assignments by Regular as against Reserve officers were not tremendous if one combines those who answered "very well" and "fairly well". Eighty-seven per cent of Regulars and 73 per cent of Reservists gave one of these two more favorable responses. Thus, it is seen that while two-thirds of the Reservists would want to get out of the Army "RIGHT NOW" if they would not be recalled short of a full-scale war, three-fourths of them report themselves as at least fairly well adjusted to their assignments in comparison to other possible assignments.

Consistent with the indication that Reserve officers were at least fairly well adjusted to their specific assignments is the finding that even among those who reported that they thought they could be of greatest service to their country as a civilian doctor, 63 per cent indicated they liked their present assignments at least "fairly well".

Differences by theater were significant, with those overseas rating their assignments as less well liked than those in the States. Among the various kinds of installations, those in field hospitals and dispensaries, and those with tactical units, liked their assignments less than others. Consistent with the findings elsewhere in this survey, more of those with tactical units were dissatisfied with their assignments.

2. Desire for Change in Assignment:

	Total RA	Reserve Bef.779	Reserve Aft.779	Total Reserve	Grand Total
Q.58 "Would you change to some other Army assignment if given a chance?"					
Yes, any other assignment	4%	6%	3%	4%	3%
Would depend upon assignment	60	71	74	73	69
No	35	20	22	21	26
Undecided, Not ascertained	1	3	1	2	2
	100%	100%	100%	100%	100%

Discussion:

This question might be considered of special use in determining how many Medical Corps officers were so desperately unhappy in their then current assignments as to be willing to take any other assignment. It is seen that only a handful would take any other assignment. This extreme response did not vary especially by theater and type of installation; the largest number in any one sub-group that indicated they would take any other assignment was 15 per cent, in the case of Medical Corps officers assigned to tactical units.

3. Usefulness and Importance of Work in Comparison to Other Assignments:

Q.59 "How useful and important do you feel is the work you are doing right now, compared to other Army assignments you might have?"	Total RA	Reserve Bef.779	Reserve Aft.779	Total Reserve	Grand Total
Very useful & important	71%	46%	39%	40%	51%
Fairly useful and important	20	38	39	38	32
Not very useful and important	6	11	16	15	11
Not useful and important at all	2	4	6	6	5
Not ascertained	1	1	*	1	1
	100%	100%	100%	100%	100%

The percentage rating their work as "very useful and important" compared to other Army assignments they might have, was as follows for the various theaters and types of installations:

	Rated Their Work "Very Useful and Important"
Stationed in the U.S.	60%
Stationed in the Far East	42
Stationed in Europe	30
Headquarters	59%
General hospitals	69
Station hospitals	49
Field hospitals, dispensaries	32
With tactical units	21

Discussion:

Morale, in terms of a feeling of usefulness and importance of one's work, was especially high among Regular Army officers, and lowest among Medical Officers in Europe. Among the various classes of installations, morale was lowest in field hospitals and dispensaries, and in tactical units. While it is not possible to determine whether like or dislike for assignment is determined primarily by the feeling about the importance of the work one is doing, or whether the objective importance of the work determines Medical Corps officers' like or dislike for their assignments, the fact is that the two reactions are highly related. Three-fourths of those who said they liked their present assignment "very well" compared to other possible Army assignments also rated their work as "very useful and important"; only one-third who indicated they liked their jobs "fairly well" also rated it "very useful and important"; and less than ten per cent of those who said they liked their assignments "not so well" or "not at all well" also judged their work "very useful and important".

The implication of this is merely that satisfaction with one's job goes hand in hand with a feeling of the value of the work that one does. Further, from the summary of the reasons given by Regular Army officers who would like to get out of the Army "right now," (see p. 37), it appears that professional considerations surrounding one's work weigh more heavily (at least on a conscious level) in Medical Corps officers' adjustment than other considerations having to do with immediate self-interest or convenience. Thus, appeals for extension of duty by Medical Corps officers would be more successful to the extent that the officers were convinced that their assignments would be in work they consider vital.

4. Conditions Causing Difficulty in One's Work:

Q.60 "Are there any conditions that are causing you difficulty in carrying out your own work in the way you think it should be done? If so, please describe in detail."

Summary of Conditions Causing Difficulty	Regular Army	Reserve Officers	All Officers
Lack of properly trained personnel	19%	20%	20%
Personal problems (e.g., personality clashes) and miscellaneous (e.g., too much or too little work)	14	19	17
Too many non-medical, administrative, or unimportant duties	6	13	11
Lack of medical supplies, equipment	4	11	9
Poor facilities and equipment	7	8	8
Poor cooperation from superiors, other branches, other medical units	5	8	7
Problems resulting from rank	3	7	6
Problems with patients (e.g., with dependents, too few patients, more should be out-patients)	3	6	5
Mal-assignment	1	3	3
(Some mentioned more than one difficulty)	62%	95%	86%
Total mentioning difficulties	(47%)	(60%)	(56%)
Mentioned no difficulties	(53%)	(40%)	(44%)

Discussion, and other results:

Regulars and Reserves did not differ materially in their frequency of mention of conditions that were causing difficulty in their work, except that Reserves mentioned more often too many non-medical or unimportant duties and lack of medical supplies and equipment. In part, this difference was attributable to the differences in installations: Reserves were more often stationed at station hospitals, field hospitals or dispensaries, or with tactical units; these difficulties were mentioned more often by officers at these types of installations.

The leading difficulty mentioned, lack of properly trained personnel, was commented upon more often by Medical Officers stationed in the U. S. (23 per cent) and by those in station hospitals (32 per cent) than by others. The frequency of such comments by station hospital officers is consistent with their answers in Section H, "Medical Care and Medical Personnel Management."

5. Opportunity to Use Professional Skills and Training:

Q.61 "How much opportunity do you have to use your particular professional skills and training in your present Army job?"	Total RA	Reserve Bef.779	Reserve Aft.779	Total Reserve	All Officers
About as much as I would like to have	64%	46%	38%	40%	48%
Not as much as I would like to have	34	52	62	59	51
Not ascertained	2	2	*	1	1
	100%	100%	100%	100%	100%

The proportion saying "about as much opportunity as I would like to have," within the various theaters and types of installations:

Stationed in the U.S.	58%
Stationed in the Far East	37
Stationed in Europe	28
Headquarters	42%
General hospitals	71
Station hospitals	49
Field hospitals, dispensaries	27
With tactical units	9

Discussion:

Answers followed the same pattern as on the preceding question about usefulness and importance of assignments, but the differences were even more marked. Again those in overseas assignments, and those in field hospitals, dispensaries, or tactical units were less favorable in their replies than were others.

6. Volume of Work:

Q.62 "How do you feel about your present total work-load?"	Total RA	Reserve Bef.779	Reserve Aft.779	Total Reserve	All Officers
Too much to do	23%	24%	21%	22%	22%
About right amount	64	58	53	54	58
Not enough to do	11	16	25	23	19
Not ascertained	2	2	1	1	1
	100%	100%	100%	100%	100%

Estimates of volume of work ran as follows within the various theaters and types of installations:

	Too Much to do	About Right	Not Enough to do
Stationed in the U.S.	30%	61%	8% **/
Stationed in the Far East	11	54	34
Stationed in Europe	10	53	35
Headquarters	17%	60%	19%
General Hospitals	20	69	10
Station Hospitals	37	51	11
Field Hospitals, dispensaries	15	57	28
With tactical units	12	38	49

**/ Percentages should be totaled horizontally; each horizontal line does not add to quite 100 per cent because of the exclusion of responses that were "Not ascertained," which varied from one to four per cent among the various sub-groups.

Discussion:

This was one of the few questions on which Regular and Reserve officers did not differ much in the aggregate, although more of the Reservists since Public Law 779 were inclined to say they did not have enough to do. However, there was considerable variation among theaters and installations. Those stationed in the U. S. tended more often to say they had too much to do rather than not enough, and a larger proportion of those overseas reported that they did not have enough to do. Those in field hospitals and dispensaries, and in tactical units, were most frequent in saying "I do not have enough to do."

Having enough work to do is correlated positively with adjustment to Army medical practice. It is noted that the groups in which a higher proportion would have liked to get out of the Army "RIGHT AWAY" (p.37) were also the groups in which a larger percentage reported themselves as not having enough to do: those overseas; and those in field hospitals or dispensaries, or tactical units. Another finding related to the adverse effect of not having enough to do is that among those who rated their work as "very useful and important," only five per cent indicated they did not have enough to do; those who termed their work "fairly useful and important" had 21 per cent who claimed they did not have enough to do; while about two-thirds of those who rated their work as "not very useful or important" or "not useful and important at all" claimed they did not have enough to do.

Station hospital Medical Officers had a higher proportion (37 per cent) than any other group saying they had too much to do. The written-in comments of those who said they had too much to do revolved primarily around a feeling that they had too great a patient load to be able to meet satisfactory standards of medicine, or too much non-medical work.

7. Non-Medical Duties and Work that Might be Done by Others:

a. Non-Medical Duties During Last 60 Days:

Q.63 "What non-medical duties, if any, have you been required to perform in addition to your primary job during the last 60 days?"	Regulars	Reserves	All Officers
Military command functions	11%	18%	16%
Administration	9	15	13
Boards, courts, and investigations	13	9	10
Teaching and training	9	8	9
Supply and finance	4	11	8
Sanitation and public safety	2	8	6
Personnel	1	2	1
Miscellaneous	*	1	*
(Some mentioned more than one)	49%	72%	63%
Total mentioning additional duties	(35%)	(44%)	(41%)
Mentioned no duty	(65%)	(56%)	(59%)

Discussion:

The differences in non-medical duties, Regular Army and Reserve officers listed as being required of them in addition to their primary jobs during the two months prior to the survey, were not marked. However, there were differences by theaters, especially on "military command functions," specified by 11 per cent of those in the U. S., 17 per cent of officers in the Far East, and 32 per cent of officers in Europe. The primary difference by types of installations was on the same item, military command functions, mentioned by only seven per cent of officers in general hospitals, 22 per cent by officers in field hospitals and dispensaries, and 38 per cent by officers assigned to tactical units.

b. Duties that Could or Should Be Done by a Non-Physician:

	Total RA	Reserve Bef.779	Reserve Aft.779	Total Reserve	All Officers
Q.64. "How much of your duty time is spent doing things which could be done by someone who is not a physician?"					
Almost all to about 3/4	6%	11%	15%	14%	11%
About half of my time	6	17	14	15	12
About one-fourth my time	20	22	23	22	22
Very little of my time	64	48	48	48	53
Not ascertained	4	2	*	1	2
	100%	100%	100%	100%	100%
Q.65 "How much of your duty time is spent doing things which should be done by someone who is not a physician?"					
Almost all to about 3/4	3%	8%	10%	10%	7%
About half of my time	4	11	10	10	8
About one-fourth my time	17	24	24	24	22
Very little of my time	72	55	55	55	61
Not ascertained	4	2	1	1	2
	100%	100%	100%	100%	100%

The proportion responding that no more than about one-fourth their time was spent in work that could or should be done by a non-physician was as follows:

	No more than about one-fourth of time spent in work that:	
	Could be done by non-physician	Should be done by non-physician
All officers	75%	83%
Regular Army	84%	89%
Reserves prior to P.L.779	70%	79%
Reserves after P.L.779	71	79
Total Reservists	71	79
Stationed in the U. S.	85%	89%
Stationed in Far East	66	78
Stationed in Europe	52	64
Headquarters	64%	72%
General hospitals	92	96
Station hospitals	87	93
Field hospitals, dispensaries	67	77
With tactical units	24	38

Discussion:

Although Reservists differed somewhat from Regulars in their answers, the differences on these questions were not gross. However, differences in theater were apparent, with a higher proportion of those overseas (especially in Europe) saying more than one-fourth of their work could or should be done by a non-physician. In the various types of installations, more officers in headquarters, field hospitals and dispensaries, and tactical units (especially the latter) reported that a considerable part of their work could or should be done by a non-physician.

c. Duties that Could or Should Be Done by Medical Officer with Less Training:

Q.66 "How much of your duty time is spent doing things which could be done by a Medical Officer with less training than you have?"	Total RA	Reserve Bef.779	Reserve Aft.779	Total Reserve	All Officers
Almost all to about 3/4	13%	21%	34%	31%	25%
About half of my time	18	18	16	16	17
About one-fourth my time	21	14	13	13	16
Very little of my time	44	44	36	38	40
Not ascertained	4	3	1	2	2
	100%	100%	100%	100%	100%

Q.67 "How much of your duty time is spent doing things which should be done by a Medical Officer with less training than you have?"					
Almost all to about 3/4	7%	10%	22%	19%	14%
About half of my time	14	16	12	13	13
About one-fourth my time	21	14	15	15	17
Very little of my time	54	57	49	51	53
Not ascertained	4	3	2	2	3
	100%	100%	100%	100%	100%

The summary below presents the percentages among the various groups of officers reporting that no more than about one-fourth of their time was spent in work that could or should be done by a Medical Officer with less training:

	No more than about one-fourth of time spent in work that:	
	Could be done by Medical Off. with less training	Should be done by Medical Off. with less training
All officers	56%	70%
Regular Army	65%	75%
Reserves prior to P.L.779	58%	71%
Reserves after P.L.779	49	64
Total Reservists	51	66
Stationed in the U.S.	61%	73%
Stationed in Far East	49	64
Stationed in Europe	43	58
Headquarters	58%	65%
General hospitals	69	80
Station hospitals	53	66
Field hospitals, dispensaries	46	59
With tactical units	34	54

Discussion:

The results were much the same as on the questions about duties that could or should be performed by a non-physician. Those who were most inclined to answer that a considerable part of their work could be done by a Medical Officer of less training were: post-P.L. 779 officers, officers overseas, and those in field units.

Fully one-third of the post-P.L. 779 officers said that "almost all" or "about three-fourths" of their time was spent in work that could be done by a Medical Corps officer of less training. This feeling appears related to one of the reasons for greater difficulty in adjustment, namely the view (expressed on a number of questions) that much of their work was not worthwhile, or that they did not have enough to do.

Whether the feelings of the officers who reported that much of their work could be done by a Medical Officer with "less training" were justified cannot be determined by this survey, not only because their evaluations might have been faulty, but also because "less training" may have meant a number of

things other than amount of formal training: the issue of relative competence in comparison to other doctors, and the like. But whether the feelings of these officers were justified or not, the existence of these impressions at least indicates there was a lack of high morale concerning the job situation on the part of a sizeable minority of Medical Officers at the time of this study.

D. INTEREST IN SPECIAL ASSIGNMENTS

Reactions of both Regular Army and Reserve Medical Officers were obtained on three types of special assignments:

Interest in duty as Staff Medical Officer (MOS 3000).

Interest in assignment as Medical Officer, Command (MOS 3500).

Interest in doing research within the Army; problems associated with Army medical research at field installations.

1. Interest in Duty as Staff Medical Officer:

Q.19 "How interested would you be in duty as a Staff Medical Officer (MOS 3000), assuming you would get any necessary additional training?"	Total RA	Reserve Bef.779	Reserve Aft.779	Total Reserve	All Officers
Very interested	20%	14%	6%	8%	12%
Somewhat interested	21	15	9	11	14
Very little interest	18	14	12	12	14
Not interested at all	39	54	72	67	58
Not ascertained	2	3	1	2	2
	100%	100%	100%	100%	100%

One fourth of the total indicated they would be at least "somewhat interested"; this feeling was expressed by 19 per cent of the Reserves and 41 per cent of the Regulars. If one excludes those who already had a MOS of 3000, the overall percentage at least "somewhat" interested is reduced only slightly (from 26 per cent down to 23 per cent).

Interest in duty as Staff Medical Officer was highest among field grade officers (Major or higher). After exclusion of the limited number who already had a MOS of 3000, those at least "somewhat interested" were:

40 per cent among Regular Army field grade officers
46 per cent among Reserve field grade officers

31 per cent among Regular Army company grade officers
12 per cent among Reserve company grade officers.

2. Interest in Duty as Medical Officer, Command:

Q.20 "How interested would you be in an assignment as a Medical Officer, Command (MOS 3500), assuming you would get any necessary additional training?"

	Total RA	Reserve Bef.779	Reserve Aft.779	Total Reserve	All Officers
Very interested	23%	17%	6%	8%	14%
Somewhat interested	24	14	10	11	15
Very little interest	19	13	11	12	14
Not interested at all	33	54	72	68	56
Not ascertained	1	2	1	1	1
	100%	100%	100%	100%	100%

Twenty-nine per cent expressed themselves as either "very interested" or "somewhat interested." As was true of the question on interest in Staff Medical Officer, more Regular Army officers (47 per cent) than Reservists (19 per cent) were interested in duty as Medical Officer, Command.

After exclusion of those who already had a MOS of 3500, the percentage at least "somewhat" interested stood at 25 per cent of the total.

Again, interest in this special duty was concentrated primarily among field grade officers. Those at least "somewhat interested" (excluding those who had the MOS of 3500) were as follows:

51 per cent among Regular Army field grade officers
49 per cent among Reserve field grade officers

35 per cent among Regular Army company grade officers
14 per cent among Reserve company grade officers.

Discussion:

The low interest of junior Reserve officers is understandable, since most of them expected to leave the service just as soon as their limited tours of duty were completed. But the fact that only a third of the Regular Army company grade officers were even "somewhat interested" in assignments as Command or Staff Medical Officers indicates special motivation may be needed to interest the desired proportion of junior

officers in these special assignments. While officers were not asked why they were not interested in these assignments, another recent study found a wide disparity in the general vocational interests of Command or Staff Medical Officers in contrast to physicians in general: "It appears that only about a third of the Command and Staff group now have the interests of physicians, while four out of five of them get an A or B+ on the Public Administrator Scale." 10/

3. Research Within the Army Medical Corps:

Three questions were asked concerning research: whether the officer was doing any medical research, how much interest he had in doing research while in the Army, and how easy did he think it was to get funds to support research at field installations.

a. Proportion Doing Medical Research in Army:

Q.21 "Are you yourself doing any research that is designed to contribute to medical knowledge?"

	Total RA	Reserve Bef.779	Reserve Aft.779	Total Reserve	All Officers
No, not right now	65%	87%	83%	84%	78%
Yes, part-time	32	11	13	12	19
Yes, full-time	2	1	4	4	3
Not ascertained	1	1	*	*	*
	100%	100%	100%	100%	100%

10/ Strong, Edward K., Jr., and Tucker, Col. Anthony C., "The Use of Vocational Interest Scales in Planning a Medical Career," Psychological Monographs, Vol. 66, No. 9, 17 June 1952, p. 22.

The proportions saying they were doing research, within the major theaters and types of installations:

	Doing medical research		
	Part time	Full time	Total doing research
Stationed in the U.S.	23%	4%	27%
Stationed in Far East	15	2	17
Stationed in Europe	9	-	9
Headquarters	16%	7%	23%
General hospitals	31	1	32
Station hospitals	12	1	13
Field hospitals, dispensaries	14	1	15
With tactical units	7	1	8

Discussion:

It is seen that more Regular Army officers were engaged in research at least part-time (34 per cent) than Reserves (16 per cent), and that more officers stationed in the U.S. and in general hospitals or headquarters were active in research than was true of other officers. None of the officers in Europe reported doing research full-time, and only nine per cent reported doing any research designed to contribute to medical knowledge.

b. Interest in Doing Research in the Army:

Q.22 "How interested are you in doing research while you are in the Army?"

	Total RA	Reserve Bef.779	Reserve Aft.779	Total Reserve	All Officers
Not interested	27%	41%	36%	37%	34%
Would like to do part-time research	66	49	46	47	53
Would like to do full-time research	6	8	18	15	12
Not ascertained	1	2	*	1	1
	100%	100%	100%	100%	100%

Discussion:

About two-thirds of both Regulars and Reserves expressed interest in doing research. On this type of question some officers might have been inclined to express an interest because of the possible prestige of doing research, rather than because of a serious interest. (In answer to another question cited earlier, on what was considered an "ideal" medical career, medical research ranked below private practice, group or cooperative practice, medical teaching, and Medical Officer in the Armed Forces.) In any case, the results do indicate at least some interest in research on the part of a majority of Medical Officers.

c. Getting Funds to Support Army Research:

Q.23 "So far as you know, how easy is it to get funds to support research by individual Medical Officers stationed at field installations?"

	Total RA	Reserve Bef.779	Reserve Aft.779	Total Reserve	All Officers
Very easy	1%	1%	*%	1%	1%
Fairly easy	12	5	6	6	8
Fairly difficult	22	13	14	13	16
Very difficult	23	22	21	21	22
No opinion	40	57	58	58	52
Not ascertained	2	2	1	1	1
	100%	100%	100%	100%	100%

Discussion:

The most common response was "no opinion" on whether it was easy or difficult to get funds; the most frequent write-in comment was that they had gotten no information on the matter at all. Even among those who said they were doing such research at least part-time, "no opinion" was the most frequent response (38 per cent); 15 per cent of those doing research indicated they thought it was at least "fairly easy" to get funds for research, and 46 per cent said "fairly difficult" or "very difficult."

The question was about availability of research funds "at field installations." The following summary table shows that the only marked differences by theaters and types of installations were that those stationed in Europe were more inclined to respond that research funds were "fairly difficult" or "very difficult" to obtain at field installations, with fewer of those in the Far East and those attached to tactical units reporting such funds were difficult to obtain.

	Research funds at field installations "very" or "fairly" difficult to obtain
Stationed in the U.S.	38%
Stationed in Far East	31
Stationed in Europe	47
Headquarters	40%
General hospitals	39
Station hospitals	40
Field hospitals, dispensaries	40
With tactical units	32

To summarize: the findings are that few officers were conducting research in overseas commands, especially in Europe; that the great majority of officers expressed at least some interest in doing some research; and that a majority of officers had no opinion on the availability of funds and that most of the balance considered getting research funds to be difficult.

E. PROMOTION AND CLASSIFICATION

1. Grade Held in Relation to Grade They Believe They Should Hold:

Q.68 "What grade do you believe you should hold considering the kind of work you do and the responsibility you have?"

	Total RA	Reserve Bef.779	Reserve Aft.779	Total Reserve	All Officers
First Lieutenant	1%	6%	14%	11%	8%
Captain	13	37	55	51	38
Major	31	27	25	25	27
Lieutenant Colonel	19	19	4	8	12
Colonel or General	33	9	*	3	13
Not ascertained	3	2	2	2	2
	100%	100%	100%	100%	100%

The distribution of grades actually held by these officers was as follows:

First Lieutenant	1%	8%	61%	47%	31%
Captain	30	59	37	43	39
Major	20	19	2	6	11
Lieutenant Colonel	25	13	*	3	11
Colonel or General	24	1	*	1	8
	100%	100%	100%	100%	100%

Rank held vs. rank they thought they should hold:

Should hold higher rank	36%	46%	70%	63%	54%
Same rank	55	47	26	32	40
Should hold lower rank	6	5	2	3	4
Not ascertained	3	2	2	2	2
	100%	100%	100%	100%	100%

Discussion:

About two-thirds of the Reserves, as against one-third of the Regulars, expressed the view that they should hold higher rank.

Among officers grouped according to Military Occupation Specialties, surgical and internal medical and allied specialists were more inclined than others to indicate they felt they should have held a higher rank:

	Per cent indicating feeling they should have higher rank
Group I (surgeons and allied)	62%
Group II (internal medicine & allied)	60
Group IV (diagnostic, lab., & allied)	55
Group V (Medical Officer, general)	46
Group III (medical administration & allied)	36

2. Satisfaction with and Suggestions on Army Promotion System:

Q.69 "How satisfied are you with the Army promotion system for Medical Officers?"

	Total RA	Reserve Bef.779	Reserve Aft.779	Total Reserve	All Officers
Very well satisfied	22%	11%	2%	5%	10%
Well satisfied	36	27	11	15	22
Not so well satisfied	25	28	29	29	28
Not satisfied at all	11	23	45	39	29
No opinion	5	10	12	12	10
Not ascertained	1	1	1	*	1
	100%	100%	100%	100%	100%

Discussion:

While 58 per cent of Regular Army officers stated that they were at least "well satisfied," only 20 per cent of Reservists were as well satisfied, and about four out of ten Reservists checked that they were "not satisfied at all."

It was found to be true, as expected, that there was a relationship between an officer's serving in a grade lower than he indicated he thought he deserved and his dissatisfaction with the promotion system. Only six per cent of those in a

grade lower than they thought they deserved indicated they were at least "well satisfied" with the system, in contrast to 66 per cent who were in the grade they thought they deserved.

It is of interest to note that 12 per cent of Reservists as a group said they had no opinion on the promotion system; this proportion of "no opinion" is higher than for most other questions, and may reflect lack of clear knowledge of exactly how the system operated. That a good many did not have a clear understanding of the promotion system is apparent from the comments analyzed below:

Q.70 "Do you have any suggestions on how the Medical Corps could improve its promotion system?"

	Regulars	Reserves	All Officers
Professional ability, training should be chief requisites for rank	28%	40%	36%
Need definite uniform promotion regulations & policies	14	17	16
Promotions should be faster and/or more regular	4	9	8
Rank in Medical Corps should be attained & evaluated apart from the rest of the Army	7	9	8
Promotions are given too rapidly in some cases	2	3	3
Treat Reserve officers better or same as Regular officers	2	4	3
Complaints about T/OE regulations on efficiency ratings & favoritism	5	3	3
Age or time in grade should be the prime requisite	3	1	2
Primarily interested in more money--with or without rank	3	1	2
Don't know anything about the promotion system or don't understand it	1	2	2
Improve overseas and combat promotion policies	1	2	2
Miscellaneous pertinent comments	7	5	5
(Some offered more than one suggestion)	77%	96%	90%
Total offering suggestions	(59%)	(73%)	(68%)
Offered no suggestions	(41%)	(27%)	(32%)

Discussion:

Reserves differed little from Regulars in their responses on this question, except on the leading comment (professional ability and training should be the chief requisites for establishing rank), and in the proportion writing in the comment that promotions should be faster or more regular.

3. Rating of, and Suggestions on, MOS Classification System:

Q.71 "How would you rate the Medical Corps' system for classifying Medical Officers as to MOS?"

	Total RA	Reserve Bef.779	Reserve Aft.779	Total Reserve	All Officers
Very good	53%	31%	32%	32%	39%
Good	38	48	44	45	43
Just fair	6	12	13	13	10
Poor	*	3	2	2	2
Very poor	1	1	3	2	2
No opinion	2	4	6	5	4
Not ascertained	*	1	*	1	*
	100%	100%	100%	100%	100%

The proportion rating the MOS classification system as "very good" or "good" was as follows for the officers in the various classes of MOS: 11/

	MOS System "Very good" or "Good"
All Medical Corps officers	82%
Group I (surgeons and allied)	89%
Group II (internal medicine and allied)	88
Group III (medical administration and allied)	83
Group IV (diagnostic, laboratory, and allied)	90
Group V (Medical Officer, general)	64

11/ See Footnote 6, p.23, for the specialties within each of these groups.

Discussion:

The general level of satisfaction with the MOS classification system would seem high (with eight out of ten saying "very good" or "good"), especially in relation to their just-expressed views on the Army promotion system (only one-third "very well" or "well" satisfied). However, the substantial Medical Officer, general group stood out as less satisfied with the MOS system than others: only 19 per cent of them rated the MOS system "very good," in contrast to 39 per cent for Medical Officers as a whole.

Q.72 "In what ways, if any, do you think the Medical Corps' MOS classification system should be improved?"

	RA Officers	Reserve Officers	All Officers
Dissatisfied with policies for ascertaining MOS classifications (years of training not applied soundly, policies need clarification, practices vary too much, etc.)	7%	14%	12%
Not doing work my MOS calls for	5	8	7
Complaints about prefix ratings (ABCD prefix should be changed more frequently, range within each prefix group too great, etc.)	7	5	6
Complaints on MOS 3100 (given as a catch-all, they get inferior assignments, little recognition)	2	6	5
New MOS classifications or subclassifications needed	2	2	2
MOS classifications should be easier to change when situation (e.g., added training) warrants	1	2	2
Inequities in MOS assignment, personal interviews needed, assignment officers not well enough informed, etc.	1	3	2
Miscellaneous other complaints	9	7	7
(Some offered more than one suggestion)	34%	47%	43%
Total offering suggestions	(28%)	(36%)	(33%)
Offered no suggestions	(72%)	(64%)	(67%)

Discussion:

Two-thirds had no suggestions on the MOS system. The pattern of responses was much the same as for the question on improvement of the Medical Corps' promotion system, reported earlier.

F. RESERVE OFFICERS' INTEREST IN FUTURE ARMY SERVICE

Reserve officers were asked special questions on their interest in applying for a commission in the Regular Army, whether they might sign up for some additional active duty after their Reserve tours of duty were completed, and whether they might participate in either the ready or standby reserve program when they returned to civilian life. This section presents the results on what groups of Reservists were interested in each of these programs, the conditions under which they would feel like participating, and the main reasons they gave for not desiring to participate.

1. Interest in Applying for Regular Army Commission:

Q.16a "Have you applied for a commission in the Regular Army?"

	Reserve Bef.779	Reserve Aft.779	Total Reserve
Yes, application accepted or pending	5%	2%	2%
Yes, accepted but I turned it down	2	*	1
Applied but I was not accepted	8	1	3
No, have not applied	83	96	93
Not ascertained	2	1	1
	100%	100%	100%

Q.16b "(IF 'NO') Do you think that you might apply for a commission in the Regular Army?"

Am already planning to apply	2%	1%	1%
Might apply, but only under certain circumstances	33	19	23
Sure I am not going to apply under any circumstances	48	76	69
Total who had not applied for RA	83%	96%	93%

The answers of various sub-groups of Reserve officers on their actual or intended applications for Regular Army commissions were as follows:

Group	Number in sample	Have applied or intend to	Might under certain circumstances	Will not apply
Total Reserve officers 12/	(1197)	7%	23%	69%
Reserves prior to P.L.779	(315)	17	33	48
Reserves after P.L. 779	(882)	4	19	76
Stationed in the U.S.	(606)	11	24	65
Stationed in Far East	(321)	6	17	77
Stationed in Europe	(224)	6	27	67
Headquarters	(54)	19	31	50
General hospitals	(252)	14	25	61
Station hospitals	(404)	8	17	75
Field hospitals, dispensaries	(248)	6	23	71
With tactical units	(175)	6	30	64
Primary MOS Group I (surgeons and allied)	(301)	5	18	77
Group II (internal medicine and allied)	(345)	5	16	78
Group III (medical administration and allied)	(58)	26	43	31
Group IV (diagnostic, laboratory and allied)	(56)	9	12	79
Group V (Medical Officer, general)	(437)	12	29	59
Eligible for release in 1952	(340)	8	21	71
Eligible for release in 1953	(785)	6	23	71

Discussion:

That six out of ten Reservists were sure they would not apply for a commission in the Regular Army under any circumstances is no surprise in view of the finding reported earlier (p.37) that a similar percentage indicated they would want to get out of the Army "RIGHT NOW" if they knew they would not be recalled short of a full-scale war. Even though a large majority of Reservists would not apply for a Regular Army commission, the minority (23 per cent) who indicated they might apply are of special interest to the Medical Corps, not only because the nucleus of Regular

12/ Each group of officers totals 100 per cent horizontally, except for occasional omissions of one or two per cent "Not ascertained."

Army officers in the Medical Corps is small (about one-third of the whole Corps) but also because it will need replenishing soon because about one-fifth of the Regulars have had 20 years' service.

It is seen that those who were most interested in becoming a Regular Army officer were:

Reserves commissioned prior to application of Public Law 779;

Those stationed in the U.S.;

Those in headquarters (few in number, only 54 out of the 1197 Reservists interviewed);

Group III primary MOS (medical administration and allied; these also were few among Reservists: only 58 in this sample).

The fact that Reservists who were eligible for release very soon after the survey, 1952, gave practically identical responses to those who were scheduled for release the next year, would indicate that in general reactions toward applying for a RA commission were quite firm. If officers were more likely to make up their minds when they were closer to the point of decision, one would have expected a difference in responses of those eligible soon to get out of the Army, as against the answers of those scheduled for release a year later.

2. Circumstances Under Which Reservists Would Apply for RA Commission:

The 23 per cent of Reservists who indicated they might apply for a commission in the Regular Army under certain circumstances were asked:

Q.16c "Under exactly what conditions would you apply?"

	Reserve Bef.779	Reserve Aft.779	Total Reserve
If assured training in my field (residency, board qualification, specialization)	44%	45%	45%
If needed because of world situation; if extensions or recalls make RA seem advisable	27	23	25

(Continued on next page)

(Continued)

Q.16c "Under exactly what conditions would you apply?"	Reserve Bef.779	Reserve Aft.779	Total Reserve
If given certain rank; if promotion policies improved	17%	25%	22%
If given assignments commensurate with training and ability	18	18	18
If I could be assured of an adequate income	9	16	13
If I could be assured of uninterrupted training-completion of training once it's started	9	10	10
If I could have tour of duty of desired length (long or short enough)	6	11	9
Depends upon professional situation as civilian	7	8	8
Assurance of a certain level or quality of training--want to specify these	5	8	7
If eligible (age, health, level of training)	9	5	6
Assurance that my residency training will start at a specified time or within a reasonable time	5	5	5
Depends on my family, living conditions for family	6	5	5
If could be assigned to type of installation desired	5	5	5
If could be assigned to geographic area desired	5	4	4
If policy of rotation were improved	4	4	4
If Army would give written contract; not go back on promises	6	2	3
Miscellaneous	10	8	9
(Some officers mentioned more than one condition)	192%	202%	198%
Total offering conditions	(98%)	(96%)	(97%)
Offered no conditions	(2%)	(4%)	(3%)

Discussion:

It is seen that the outstanding condition specified by those who might apply for a Regular Army commission was training and a chance to specialize. Comments most frequent among this group were those about getting assurance that they could complete a residency once they had started one, or that they would get high-caliber training, or that a residency would start within a reasonable length of time. Reactions of Reservists to participation in the Army residency program are given in detail in a later section.

Those who said they would apply if needed because of the world situation or if extensions or recalls were such as to make Regular Army status advisable were essentially a group that viewed the Regular Army as a choice secondary to civilian medicine; a choice to be adopted only under pressure of future circumstances.

Rank or promotion policies were mentioned by one-fifth of those who might apply. General levels of dissatisfaction with promotions are discussed earlier in Section E, in which it was reported that two-thirds of the Reserve officers were "not so well satisfied" or "not satisfied at all" with the Army promotion system for Medical Officers.

3. Reasons for Not Applying for a Regular Army Commission:

The following table presents the main reasons given for not applying for a RA commission, with separate findings for the 23 per cent who "might" apply but only under certain circumstances and for the 69 per cent who indicated they would not apply under any circumstances.

Q.96 "Although there may be a number of reasons why you do NOT intend to apply for a commission in the Regular Army, what is the ONE MOST IMPORTANT REASON why you do not intend to apply?"

	Might apply only under special circumstances	Sure not apply under any circumstances	Total Reservists not planning to apply RA
Family and home problems (no permanent home or community status, separation of family, not good for children)	19%	25%	23%
Dislike lack of personal freedom (uncertainty; not being own boss; insecurity)	14%	22%	20%
Dislike military regimentation or Army life (Army, Congress don't keep promises, red tape)	13	18	17
Uncertainty about proper assignment (can't practice specialty, not suitable range of patients)	10	13	12
Have civilian plans made (have private practice, appointment, residency)	10	12	12
Can't use initiative or practice medicine my way; no competitive spirit	5	11	10
Rank hampers Medical Officer in carrying out professional duties; resent chain-of-command (either medical or non-medical) in medicine	5	11	9
Miscellaneous personal reasons	3	11	9
Financial disadvantages	8	9	9
Complaints about discrimination in medical care, other shortcomings in standards, ethics	2	7	6

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Discussion:

It is seen that the outstanding condition specified by those who might apply for a Regular Army commission was training and a chance to specialize. Comments most frequent among this group were those about getting assurance that they could complete a residency once they had started one, or that they would get high-caliber training, or that a residency would start within a reasonable length of time. Reactions of Reservists to participation in the Army residency program are given in detail in a later section.

Those who said they would apply if needed because of the world situation or if extensions or recalls were such as to make Regular Army status advisable were essentially a group that viewed the Regular Army as a choice secondary to civilian medicine; a choice to be adopted only under pressure of future circumstances.

Rank or promotion policies were mentioned by one-fifth of those who might apply. General levels of dissatisfaction with promotions are discussed earlier in Section E, in which it was reported that two-thirds of the Reserve officers were "not so well satisfied" or "not satisfied at all" with the Army promotion system for Medical Officers.

3. Reasons for Not Applying for a Regular Army Commission:

The following table presents the main reasons given for not applying for a RA commission, with separate findings for the 23 per cent who "might" apply but only under certain circumstances and for the 69 per cent who indicated they would not apply under any circumstances.

Q.96 "Although there may be a number of reasons why you do NOT intend to apply for a commission in the Regular Army, what is the ONE MOST IMPORTANT REASON why you do not intend to apply?"

	Might apply only under special circumstances	Sure not apply under any circumstances	Total Reservists not planning to apply RA
Family and home problems (no permanent home or community status, separation of family, not good for children)	19%	25%	23%
Dislike lack of personal freedom (uncertainty; not being own boss; insecurity)	14%	22%	20%
Dislike military regimentation or Army life (Army, Congress don't keep promises, red tape)	13	18	17
Uncertainty about proper assignment (can't practice specialty, not suitable range of patients)	10	13	12
Have civilian plans made (have private practice, appointment, residency)	10	12	12
Can't use initiative or practice medicine my way; no competitive spirit	5	11	10
Rank hampers Medical Officer in carrying out professional duties; resent chain-of-command (either medical or non-medical) in medicine	5	11	9
Miscellaneous personal reasons	3	11	9
Financial disadvantages	8	9	9
Complaints about discrimination in medical care, other shortcomings in standards, ethics	2	7	6

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Q.96 "Although there may be a number of reasons why you do NOT intend to apply for a commission in the Regular Army, what is the ONE MOST IMPORTANT REASON why you do not intend to apply?"

	Might apply only under special circumstances	Sure not apply under any circumstances	Total Reservists not planning to apply RA
Poor promotional policies, slow advancement	7%	5%	6%
Education & training are inadequate or subject to interruption	6	4	4
Too much non-medical or administrative work	3	4	4
Age and health reasons	6	3	4
Poor supervision; too many supervisors	2	3	3
Dislike social life, social stratification in Army	1	2	2
Miscellaneous complaints about military medicine	*	1	1
Lack of good working facilities, equipment, drugs, qualified assistants	-	1	1
(Some mentioned more than one reason)	114%	162%	152%
Total giving reasons	(78%)	(97%)	(92%)
Did not give reasons	(22%)	(3%)	(8%)

Discussion:

It is seen that family and home problems was the most frequent single class of reason why Reservists did not intend to apply for Regular Army status. A number of slightly less frequent responses, however, if taken together would become the leading general reason: the interrelated responses of "Dislike lack of personal freedom...", "Dislike military regimentation or Army life," and "Can't use initiative or practice medicine my way...."

Relatively few here mentioned "Too much non-medical or administrative work."

4. Interest in Additional Active Duty:

Q.17a If you do not expect to apply for a Regular Army commission, do you think you might sign up for some additional active duty after your present tour of duty is completed?"

	Reserve Bef.779	Reserve Aft.779	Total Reserve
Already applied for RA or planning to; already signed up for additional active duty	11%	4%	7%
Might sign up for one year	12	12	12
Might sign up for two years	4	2	2
Might sign up for three years	8	2	4
Would not sign up for additional active duty under any circumstances short of an all-out war	59	77	72
Not ascertained	6	3	3
	100%	100%	100%

The reactions within various groups of Reserve officers were distributed as follows:

	Applied for RA or plan to, or signed up for additional active duty	Might sign up for one to three years additional duty	Would not apply
Total Reserve officers[13/]	7%	18%	72%
Reserves prior to P. L. 779	11	24	59
Reserves after P. L. 779	4	16	77
Stationed in the U. S.	8	17	71
Stationed in Far East	6	16	76
Stationed in Europe	6	19	71
Headquarters	8	40	50
General hospitals	11	21	64
Station hospitals	4	13	79
Field hospitals, dispensaries	5	19	74
With tactical units	7	21	69
Primary MOS Group I (surgeons & allied)	4	13	80
Group II (internal medicine & allied)	4	15	77
Group III (medical administration & allied)	14	45	34
Group IV (diagnostic, lab., & allied)	4	16	78
Group V (Medical Officer, general)	8	22	67
Eligible for release in 1952	4	12	82
Eligible for release in 1953	7	18	72
No residency credit yet	12	22	61
Some residency credit	5	15	78
Completed a residency	4	17	75

13/ Each group of officers totals 100 per cent horizontally, except for occasional omissions of a few "Not ascertained" answers.

Discussion:

Among Reserve officers in general, signing up for additional active duty was no more attractive than applying for a Regular Army commission; 72 per cent responded that they would not apply for any additional duty under any circumstances short of an all-out war.

The variations in responses concerning extended duty among the various sub-groups were much the same as on the question about accepting a RA commission. It should be noted that those who had no residency credit yet were materially more receptive than others toward extending their periods of active duty. The interest of this group in an Army-sponsored residency is discussed in the next general section on residencies, internships, and special training.

5. Conditions Under Which Reservists Would Sign for Extended Duty:

The 18 per cent of the Reservists who responded that they might sign up for one to three years' additional duty after their tours of duty were completed, were asked:

Q.17b "If you might sign up for one, two, or three years' additional active duty, under exactly what conditions would you sign up?"	Reservists who "might" sign up for add. duty
If a certain type of training or work assignment were available	47%
If could have my preference in duty station	29
Depends on world situation; if I were needed	16
If I got a promotion or held a certain rank	16
If family and home conditions would permit	8
If enough financial gain	8
If I could be sure of the length of tour I desired	4
Depends on possibilities in civilian medicine	4
If certain regulations and policies of Army change	2
If I'm eligible--age, health	2
Miscellaneous conditions	10
(Some mentioned more than one condition)	146%
Total mentioning some conditions	(97%)
Offered no conditions	(3%)

Discussion:

By far the most frequent single condition had to do with the availability of desired types of training or work assignments. Again there was relatively infrequent explicit mention of financial considerations.

6. Reasons for Not Signing up for Additional Active Duty:

The 72 per cent of Reservists who responded that they would not sign up for additional active duty under any circumstances short of an all-out war were asked:

Q.17c "What would be your main reasons for not signing up?"	Reservists who would not sign up for additional duty
Family and home problems (no permanent home or community status, separation of family, not good for children)	30%
Miscellaneous personal reasons (not well-adjusted to Army; loss of prestige; prefer civilian life; etc.)	28
Have civilian plans made (private practice, appointment, residency)	25
Uncertainty about proper assignment (can't practice specialty, not suitable range of patients)	22
Financial disadvantages	20
Education & training are inadequate or subject to interruption	18
Dislike military regimentation or Army life (Army, Congress don't keep promises, red tape)	16
Dislike lack of personal freedom (uncertainty; not being own boss; insecurity)	13
Poor promotional policies, slow advancement	9
Complaints about discrimination in medical care; other short-comings in standards, ethics	7
Can't use initiative or practice medicine my way; no competitive spirit	6
Too much non-medical or administrative work	6
Rank hampers Medical Officer in carrying out professional duties; resent chain-of command in medicine	4

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Q.17c "What would be your main reasons for not signing up?"

	Reservists who would not sign up for additional duty
Age and health reasons	4%
Poor supervision; too many supervisors	3
Miscellaneous complaints about military medicine	3
Lack of good working facilities, equipment, drugs, qualified assistants	2
Dislike social life, social stratification in Army	1
(Some gave more than one main reason for not signing up)	—
	21%
Total giving reasons	(96%)
Did not give reasons	(4%)

Discussion:

Reasons given for not desiring to sign up for additional active duty were much like those given for not intending to apply for Regular Army status, with family and home problems being mentioned the most often. It should be noted that this was mentioned fairly often even by those who were single, widowed, divorced, or separated: 19 per cent of these officers mentioned this drawback, as compared to 30 per cent of those living with dependents at the time, and 38 per cent of those whose dependents were not living with them.

7. Reservists' Interest in Ready or Standby Army Reserve:

The Medical Corps has two principal post-discharge reserve programs: the ready reserve, in which officers attend meetings about two to four times a month and go on active duty two weeks every year; and the standby reserve, in which meetings are held about once or twice a month and officers are committed to go on active duty for two weeks in every year that funds are provided for such purposes. The following question was asked to ascertain interest in these Army reserve programs on the part of Reserve officers:

Q.18a "When you are released from active duty, do you think you might participate in either the ready or standby Army reserve program?"

	Reserve Bef.779	Reserve Aft.779	Total Reserve
I might participate in the ready reserve /defined/	21%	9%	12%
I might participate in the standby reserve /defined/	32	29	30
I would not participate in the ready or standby reserve program under any circumstances	35	57	51
Already applied for RA or not ascertained	12	5	7
	100%	100%	100%

Discussion:

The results warrant the prediction that participation in the ready reserve on the part of Medical Officers called to duty under Public Law 779 will be disappointing, from the standpoint of numbers at least, if these officers' attitudes have not changed by the time they go back to civilian life. Since P. L. 779 officers constituted about three-fourths of the total Reserve strength on active duty at the time of the survey, the reasons they gave for not participating in the Army Reserve programs are of significance; these are presented below.

Officers differed considerably by area of specialization in their willingness to sign up for the post-discharge Army reserve programs, as shown in the following summary of views of officers in the different primary MOS groups:

	Might participate in ready reserve	Might participate in standby reserve
Primary MOS Group I (surgeons & allied)	12%	22%
Group II (internal medicine & allied)	8	35
Group III (medical administration & allied)	38	31
Group IV (diagnostic, lab., & allied)	9	32
Group V (Medical Officer, general)	13	31

In the aggregate, those in Group I were the least inclined toward joining Reserve groups after their return to civilian life. These officers comprise a group of special importance to the Medical Corps reserve program, since so many critical specialties are involved (surgery, physical medicine, ophthalmology and otorhinology, anesthesiology).

It was noted earlier that Group III, medical administrative officers, who were found to be more in favor of joining the ready reserve than any other group, consistently exhibited greater liking for Army medicine than any of the other groups.

Although the views of the Group III and IV reserve Medical Officers are presumed to be of importance to a Medical Corps that is limited in numbers, it should be remembered that each of these groups represents only five per cent of the total Reserve sample and hence the figures given above are perhaps less stable than they would have been had the views of the entire Reserve been obtained.

8. Conditions Under Which Reservists Would Join Army Reserve:

The 42 per cent who indicated they "might" participate in either the ready or standby reserve were asked:

Q.18b "...Under exactly what conditions would you participate?"	Reservists who said they might sign up for Army Reserve
Might if participation is convenient (if facilities close by, if didn't interfere with civilian practice)	30%
Might under suitable recall policies or procedures (e.g., recalled only in all-out war, only if other M.D.'s have served their tours)	17
If assured favorable assignment, treatment while on active duty (choice in assignment, primarily medical duties)	16
Conditions involving promotion or advancement practices or policies	12
Depends on international situation (if state of emergency exists)	9
If made worthwhile financially	5
(Some mentioned more than one condition)	
Total mentioning some conditions	89%
Offered no conditions	(83%)
	(17%)

Discussion:

Upon scrutiny it appears that many of the comments revealed rather lukewarm reactions toward Army reserve participation on the part of those who said they "might" sign up after discharge. The leading condition, "if participation is convenient," indicates special efforts might be needed to keep many of these doctors as interested participants; and the conditions "if assured favorable assignment" and "promotion or advancement" are of such nature that they could not always be met by a Medical Corps operating under personnel ceilings and budgetary limitations. Thus, these findings support the judgment that if the conditions prevailing at the time of the survey were unchanged, relatively few Reserve officers would show an active interest in participating in an Army reserve program after their tours of duty were completed.

9. Reasons Reservists Would Not Participate in Army Reserve:

The 51 per cent who checked "I would not participate in the ready or standby reserve program under any circumstances" were asked:

Q.18c."...What would be your main reasons for not participating?"	Reservists who said they would not sign up for Army reserve
Wouldn't want to be recalled; inequities in system of recall	33%
Would interfere with civilian practice; don't have the time	26
Dislike the Army, military life	21
See no advantage; not worth time spent (to officer or to country)	16
Would interfere with home and family obligations	9
Would not be of sufficient professional value	9
Afraid of mal-assignment; Army doesn't have to keep its promises	5
Feel they have done their share already	4
Not eligible (age, physical condition)	2
Miscellaneous reasons for not joining	7
(Some gave more than one reason for not joining)	132%
Total giving reasons	(95%)
Did not give reasons	(5%)

Discussion:

The main reason given for not desiring to participate in the Army Reserve program revolved around the issue of the recall to active duty of officers who sign up. As it stood at the time of this study, the general tone of the responses was to the effect that these Medical Officers just did not see where there would be sufficient benefits in joining to be worth the risk of being recalled. Their reactions on joining the Army Reserve seem consistent with reactions on other issues presented earlier in this report: the desire of two-thirds of the Reservists to get out of the Army "RIGHT NOW" if not subject to recall except for an all-out war, and the disinclination of about three-fourths to extend their tours of active duty, and their generally low level of information and interest concerning Army retirement benefits.

G. RESIDENCIES, INTERNSHIPS, AND SPECIAL TRAINING IN MEDICAL CORPS

The following questions were asked regarding special training within the Medical Corps:

Concerning residencies, whether officers might apply for an Army-sponsored residency and under what conditions; reasons for not applying; whether they had any suggestions for improvement in the residency program.

Concerning internships, officers' suggestions for improvements in the program.

Concerning other in-service training (short courses, etc.), whether officers had had any experience with such training, and what they thought of it.

1. The Army's Residency Program:

The scope of the program at the time of the survey can be summarized by pointing out that participation is limited to those who sign up for the more extended tour of duty called for under Regular Army status, and that fully one-fifth of the Regular Army officers who were questioned were currently in an Army residency. The potential scope of the residency program could be very large, since 45 per cent of the Regular Army officers, 71 per cent of the Reservists, and 62 per cent of the total Medical Corps officers interviewed had not as yet completed a residency.

a. Choice of Residency:

Q.27 "If you were to take a residency while on duty in the Army, which specialties would you accept?"

	First Choices Only, for:				
	Total RA	Reserve Bef.779	Reserve Aft.779	Total Reserve	All Officers
General Surgery	4%	16%	15%	15%	11%
Internal Medicine	3	17	14	15	11
Obstetrics & Gynecology	2	8	7	7	5
Psychiatry	2	2	5	4	3
Orthopedic Surgery	1	4	2	3	2
Radiology	1	4	2	2	2
Pediatrics	1	3	2	2	2
Pathology	1	2	2	2	2
Preventive Medicine & Public Health	4	1	*	1	2
Anesthesiology	*	2	2	2	1
Dermatology & Syphilology	*	2	1	1	1
Cardiovascular Disease	*	*	1	1	1
Opthalmology	1	1	1	1	1
Physical Medicine & Rehabilitation	*	-	1	1	1
Plastic Surgery	*	-	1	1	1
Urology	1	1	1	1	1
Neurology	*	1	*	*	*
Otolaryngology	*	*	1	1	*
Neurosurgery 14/	*	1	*	*	*
Gastroenterology	-	-	*	*	*
Pulmonary disease	-	*	*	*	*
Thoracic Surgery	-	-	*	*	*
None	3	10	9	9	7
In an Army residency now	20	*	*	*	7
Already completed residency	54	23	31	29	37
Not ascertained	2	2	2	2	2
	100%	100%	100%	100%	100%

14/ Neurosurgery was not provided in the list of specialties, but some officers wrote it in under "some other specialty." It is likely that some additional officers would have chosen neurosurgery had it appeared in the list of specialties.

Discussion:

It is seen that the outstanding choices were general surgery and internal medicine, and that there were no material differences in preferences as between Regular Army officers and Reserve officers who had not completed a residency.

b. Interest in Applying for Army-Sponsored Residency:

Q.28a "Do you think you might apply for a residency that is sponsored by the Army?"

	Total RA	Reserve Bef.779	Reserve Aft.779	Total Reserve	All Officers
Have already completed one	54%	23%	31%	29%	37%
Am in Army residency now	20	*	*	*	7
Have requested residency, not yet acted on	2	3	1	1	1
Have been accepted	4	1	1	1	2
Am already planning to apply	4	3	2	2	3
Might apply, but only under certain circumstances	8	31	24	26	20
Am sure I'm not going to apply under any circumstances	6	36	40	39	28
Not ascertained	2	3	1	2	2
	100%	100%	100%	100%	100%

Discussion:

It is seen that very few Regular Army officers who had not completed a residency would not apply for one under any circumstances, and that the Reservists fall into three groups of roughly equal size--those who have completed residencies, those who are planning to apply or might under certain circumstances, and those who indicate they would not apply under any circumstances. The circumstances under which officers "might apply" are presented below.

c. Circumstances Under Which Officers Might Apply:

The 32 per cent of all officers who said they "might" apply for a residency were asked:

Q.28b "If you might apply, but only under certain circumstances--

--Under exactly what conditions would you apply for a residency sponsored by the Army?"	Total officers who might apply under certain circumstances
Conditions involving policy of obligated service equal to length of residency (would apply if "pay-back time" were shortened or eliminated)	28%
If trained in civilian hospital or one comparable to a good civilian hospital	26
If get choice of specialty desired	19
If could return to civilian status when residency is completed	17
If I remain in service long enough (voluntary or involuntary extensions)	12
If had choice of assignment, station, or duties	12
If miscellaneous Army policies, practices were changed (rank, retirement benefits, etc.)	11
If I could be accepted without undue delay	10
If family circumstances were improved (housing, allowances, etc.)	6
If I'm needed, if emergency continues to exist	7
Depends on relative financial gain from service or civilian status	6
Miscellaneous conditions	13
(Some mentioned more than one condition)	167%
Total mentioning some conditions	(87%)
Offered no conditions	(13%)

Discussion:

The leading condition mentioned involved the policy of the period of obligated service following the residency: 28 per cent wanted it shortened or eliminated, and 17 per cent would want to return to civilian status upon completion of the residency. It is beyond the scope of this study to speculate on whether the gain to the Army in the increase in residency applications from Reserve officers would be more than offset by loss of "pay-back time."

The second most frequent condition, in which officers wrote that they would apply if they could be trained in a civilian hospital or one of standards comparable to a good civilian hospital, is in keeping with the finding (reported in detail later) that a majority of Reserve officers felt there should be more Army-sponsored residencies in civilian hospitals.

d. Reasons for Not Applying for an Army Residency:

The 28 per cent of the total officers who indicated they would not apply for an Army residency under any circumstances were asked:

Q.28c "What would be your main reasons for not applying?"	Total who would not apply for residency
Prefer civilian life; dislike Army service	31%
Don't want to be obligated to pay Army for residency through longer service	29
Have other plans (have civilian residency or civilian practice or job lined up)	23
Civilian training is better; Army doesn't offer training I want	20
Dislike Army residency policies, practices (e.g., might not get to complete residency); dislike military medicine in general	16
Disqualified because of age or health	8

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Q.28c "What would be your main reasons for not applying?"

	Total who would not apply for residency
Miscellaneous reasons for not applying	8%
Don't want a residency, either Army or civilian	5
Am too near the end of my training now	4
(Some mentioned more than one reason)	144%
Total giving reasons	(95%)
Did not give reasons	(5%)

Discussion:

Most of the reasons cited for not applying for an Army residency were directed not necessarily at the residency program as such, but reflected general dislike of military service, fear of becoming obligated for further Army service, or having other commitments already made. As to the fear of becoming obligated for future service, some voiced the misgiving that the Army might transfer them before they could complete a residency. Results on the next question show the proportion that said they thought they would sign up if they did not have to commit themselves to Regular Army status before their residency was approved.

e. Acceptability of Army Residency Under Specified Conditions:

The 52 per cent who had not completed a residency were asked:

Q.29 "Suppose you were offered a residency in the specialty you prefer (either your first or second choice) under all of the following conditions:

"It would begin at a definite date, and within a year from now.

"If you are a Reserve Officer, you would accept a commission as a Regular Army officer, to become effective as of the date your residency was approved.

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"You would be obligated to serve for at least the period of the residency plus a period of time equal to the length of the residency.

"The normal promotion policies for Regular Army Medical Officers would apply during the full period of active duty."

"What would you do about such an offer?"

	Total RA	Reserve Bef.779	Reserve Aft.779	Total Reserve	All Officers
Have already completed a residency	54%	23%	31%	29%	37%
Am in Army residency now	20	*	*	*	7
Definitely would sign up	8	13	5	7	7
Probably would sign up	4	16	10	12	9
Would probably not sign up	3	16	17	16	12
Definitely would not sign up	5	29	35	34	24
Not ascertained	6	3	2	2	4
	100%	100%	100%	100%	100%

Discussion:

Only 16 per cent indicated they "definitely" or "probably" would sign up under the stated conditions. This is significantly fewer than the 26 per cent who had checked in answer to an earlier question that they had applied, were already planning to apply, or "might" apply under certain circumstances.

That mistrust of the Army's living up to its commitments is a considerable psychological barrier to applying for a residency is indicated by the fact that six per cent of those who answered the question (on whether they "definitely" or "probably" would sign up) took the trouble to write in remarks like "The Army never lives up to its obligations" or "[involuntary] extensions rather than [permitting] resignations are the rule rather than the exception."

f. Possibilities of Promotion for Army Residents:

This question was asked to find out whether many officers did not know that Army residents have the same opportunities for promotion as other Medical Officers:

Q.31 "What is your understanding of the possibilities of promotion for Medical Officers while serving in an Army residency?"

	Total RA	Reserve Bef.779	Reserve Aft.779	Total Reserve	All Officers
Believe residents are "frozen" in present rank while serving their residency	11%	13%	7%	9%	9%
Believe they have same chances for promotion as other Medical Officers	81	61	59	60	67
Have no idea on this	7	25	34	31	23
Not ascertained	1	1	*	*	1
	100%	100%	100%	100%	100%

Discussion:

Eight out of ten Regular Army officers gave the correct answer on this, in contrast to 60 per cent of the Reservists. (It is suspected that the true level of information on this point was even lower, since officers had opportunity to find out the right answer before filling in the questionnaire, although they were asked not to do so.) Some of the relatively low level of information of Reservists may be attributable to possibly ineffective publicity concerning opportunities for promotion among Army residents, and some of it to the limited interest of Reservists in a residency program in which one must become a Regular Army officer in order to participate.

g. Army-Sponsored Residencies in Army and Civilian Hospitals:

Q.32 "Do you think the Army goes far enough in sponsoring residencies in all the important specialties?"

	Total RA	Reserve Bef.779	Reserve Aft.779	Total Reserve	All Officers
No real need for more Army residencies in either Army or civilian hospitals	15%	10%	10%	10%	11%
Enough Army hospital residencies, but Army should also sponsor them in civilian hospitals	28	16	20	19	22
Should be more Army hospital residencies, but no real need to sponsor them in civilian hospitals	19	8	8	8	12
Should be more Army-sponsored residencies in both Army and civilian hospitals	25	36	25	28	27
No opinion	11	28	35	33	26
Not ascertained	2	2	2	2	2
	100%	100%	100%	100%	100%

Discussion:

At the present time, Army sponsorship of residencies in civilian hospitals is limited. It is seen that a total of 72 per cent of the Regulars and 55 per cent of the Reservists responded that there should be more residencies than offered at the time of the study, and that 53 per cent of the Regulars and 47 per cent of the Reservists indicated they thought the Army should sponsor more residencies in civilian hospitals. This approval of the idea of residencies in civilian hospitals is consistent with the fact mentioned earlier that one of the principal factors which officers mentioned (either as a condition

for accepting a residency or a reason for not wanting an Army residency) had to do with the desirability of residencies either in civilian hospitals, or which would meet standards and practices of good civilian hospitals.

Although it is not possible to predict positively from this study whether establishment of more Army residencies in civilian hospitals would materially increase the number of applications from officers currently in the active Reserve. certainly the general idea of residencies in civilian hospitals was found to be popular.

h. Free-Answer Suggestions for Residency Improvements:

Q.30 "Can you suggest any ways in which the Army residency program could be improved?"	Regular Army Officers	Reserve Officers	All Officers
Don't know enough about it; no contact with the program; not enough publicity	7%	26%	20%
Fairer or better-defined policies needed for governing residencies; Army should keep promises	17	12	14
Greater use of civilian, VA institutions, other service facilities, facilities outside the services	12	13	12
Raise the quality of instruction, supervision, or consultation	17	7	10
Have more strenuous training; more review work	13	3	7
Enlarge the program: offer residencies in more service hospitals, more rotation	8	3	4
Require higher qualifications for admission and for continuing training	8	2	4
Lessen the amount of non-medical duties	7	2	4
Have fewer qualifications and restrictions for admission	1	4	3
Have more specialty fields	4	2	2
Decrease or abolish pay-back-time requirements	1	3	2

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Q.30 "Can you suggest any ways in which the Army residency program could be improved?"	Regular Army Officers	Reserve Officers	All Officers
Give less importance to rank	2%	2%	2%
Lessen the case load	2	*	1
Provide more facilities for research	2	*	1
Miscellaneous suggestions	3	2	2
(Some offered more than one suggestion)	104%	81%	88%
Total offering suggestions	(67%)	(63%)	(64%)
Had no suggestions	(33%)	(37%)	(36%)

Discussion:

The chief comment was concerned with lack of information about the residency program, primarily among Reserve officers. This is consistent with results presented earlier: e.g., only two-thirds could give the correct answer on the system of promotions for officers serving a residency. The second most frequent observation concerned fairer or better-defined policies.

A separate tabulation of the 117 officers who were in residencies at the time revealed that this group most familiar with the program understandably laid more emphasis than others on the inner workings of the residencies. The three leading suggestions of this special group were: raise the quality of instruction, supervision, or consultation (mentioned by 24 per cent); more strenuous training and more review work (18 per cent); and greater use of facilities outside the Army (16 per cent).

2. The Army Internship Program:

Q.33 "Can you suggest any ways in which the Army internship program could be improved?"	Regular Army Officers	Reserve Officers	All Officers
More responsibility, experience in clinical or practical phases; more rotation through various hospital services	16%	6%	9%
Improve administration, supervision	7	6	6
Higher standards of instruction content; more like civilian internships	7	4	5
Better instruction, counseling	6	4	5
Should be given in, or in association with, outside hospitals	4	4	4
Make program more strenuous	7	2	3
Higher standards for acceptance	1	*	1
Better distribution of interns (too many in some hospitals; rotation is too rapid)	2	*	1
Miscellaneous suggestions	5	3	4
(Some offered more than one suggestion)	55%	29%	38%
Total offering suggestions	(39%)	(20%)	(26%)
Had no suggestions	(61%)	(80%)	(74%)

Discussion:

There were fewer suggestions on this question than on most of the other questions, presumably because the Army internship program was not directly related to the immediate personal concerns of many of these officers. The chief emphasis was on improving standards and increasing the responsibilities and broadening the training of interns, rather than on the personal problems of the intern (such as pay, hours of work, and the like).

3. In-Service Training Program:

Three questions were asked regarding in-service training of Medical Corps officers other than internships and residencies: whether the officer had ever requested in-service training, what he thought of the program, and what suggestions he had on the training of Medical Corps officers on military matters.

a. Short-Term and Refresher Courses:

Q.34 "Have you ever requested training in the in-service program (short-term courses, refresher courses, etc.) offered by the Army?"

	Total RA	Reserve Bef.779	Reserve Aft.779	Total Reserve	All Officers
Never heard of any program	9%	22%	24%	24%	19%
Requested training and received it	33	10	8	8	17
Requested but did not receive it	7	13	9	10	9
Not requested, but would like to get it	32	32	36	35	34
Not requested, and not especially interested in it	18	21	22	22	20
Not ascertained	1	2	1	1	1
	100%	100%	100%	100%	100%

Q.35 "In general, what do you think of the present in-service medical training program...offered by the Army?"

	Total RA	Reserve Bef.779	Reserve Aft.779	Total Reserve	All Officers
Very worthwhile	54%	28%	24%	25%	35%
Fairly worthwhile	14	14	11	12	13
Not very worthwhile	3	3	3	3	3
Not at all worthwhile	*	*	1	1	*
Don't know	27	53	58	57	47
Not ascertained	2	2	3	2	2
	100%	100%	100%	100%	100%

Discussion:

The interest in in-service training was broad; only one-fifth of the officers indicated they were not especially interested in receiving such training. However, one-fourth of the Reserve officers recorded themselves as never having heard of the program, and only 8 per cent of the Reserves said they had participated in such training programs.

In rating the program, 27 per cent of Regulars and 57 per cent of the Reserves registered themselves as unable to pass judgment. Only three per cent rated the program as "not very worthwhile."

A special tabulation of those who had participated in the program yielded 78 per cent "very worthwhile" and 17 per cent "fairly worthwhile." The bulk of the comments written in (by non-participants as well as participants) were highly favorable; illustrative comments were "Invaluable in providing contacts with leaders of national importance in the medical field", and "A good aid to qualify men for their jobs and specialties."

It would appear from the findings that officer interest in in-service short-term courses is sufficiently great to insure interested participation by most officers if the program were expanded to include more Reserve officers and if it were more widely publicized within the Medical Corps.

b. Military Training of Medical Corps Officers:

Q. 7 "Can you suggest any changes you think should be made in the training of Medical Corps officers on military matters?"	Regular Army Officers	Reserve Officers	All Officers
Medical officers should be given military training at specific times (most comments specified that all MC officers should go to MFSS upon entering service)	17%	12%	14%
More administrative and supply, command, and leadership training	10	12	11
Medical officers should have some actual combat duty or field duty in their training period	11	6	8
More indoctrination on Army (military regulations, policies, and practices)	5	9	8
More courses on combat and field duties; more basic military training	5	7	6
Medical Field Service School courses are not proper length	10	4	6

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Q. 7 "Can you suggest any changes you think should be made in the training of Medical Corps officers on military matters?"

	Regular Army Officers	Reserve Officers	All Officers
Other suggestions on MFSS: need better organization, more concentrated curriculum, better instruction	7%	6%	6%
More military type medicine (combat medicine, illnesses that are most frequent in military life)	5	5	5
Military training not needed; more stress should be put on medicine	3	5	4
Miscellaneous suggestions on military training	12	5	7
(Some offered more than one suggestion)	85%	71%	75%
Total offering suggestions	(57%)	(50%)	(52%)
Had no suggestions	(43%)	(50%)	(48%)

Discussion:

About half the officers had suggestions on changes that they thought should be effected in training on military matters. The chief emphasis was primarily on the need for more training (especially when Medical Corps officers first enter service, and dealing with realistic problems of field medical administration). It is of interest to note that Reserve officers mentioned the need for more training of this sort almost as often as did the Regulars; and the emphasis in the specific comments indicates that many Reserves felt that they had not gotten enough training on military problems.

H. MEDICAL CARE AND MEDICAL PERSONNEL MANAGEMENT

1. Medical Care:

Five questions were asked regarding improvements in medical care or administration of military patients.

a. Suggestions on Improving Medical Care:

Q.48 "Do you have any concrete suggestions on how the quality of medical care in the Army could be improved?"

	Regular Army Officers	Reserve Officers	All Officers
Specific suggestions on treatment practices (e.g., more psychiatric treatment, control of VD) and policies (e.g., shorter time in hospitals)	26%	24%	24%
More military and medical training needed (expand residency program, in-service refresher courses, medical meetings)	15	16	16
Higher qualifications, better promotion system, more pay for Medical Officers	14	16	15
Better doctor-patient relationships; more doctors so patients get care as individuals	21	12	15
Improve medical supply (especially drugs), equipment	13	14	14
Complaints about mal-assignments	11	16	14
Improve nursing care: corpsmen should be better selected and trained; nurses could be more cooperative with doctors and considerate of patients	13	12	12

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(Continued) Suggestions on improving medical care	Regular Army Officers	Reserve Officers	All Officers
Reduce red tape and paper work; let Medical Service Corps handle more administrative matters	7%	13%	11%
Improve rotation (e.g., rotation too rapid, need more definite policies)	10	11	11
Improve medical command (e.g., select commanding officers and chiefs of service more on ability than seniority, more special training for medical commanders)	8	11	10
Problems of dependent and civilian care (need more doctors if dependents are to get proper care; dependents should pay for care; should not be cared for; policy is confused; should be more definite)	13	7	9
Less emphasis on rank (abolish rank in Medical Corps; rank interferes with medical care)	4	10	8
Use of consultants (need more information regarding availability of consultants, utilization should be encouraged)	5	7	7
Less curtailment of initiative; encouragement of junior Medical Officers	3	5	4
Complaints about non-medical line officers (coercion of doctors; they assign non-medical duties to doctors)	4	5	4

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(Continued) Suggestions on improving medical care	Regular Army Officers	Reserve Officers	All Officers
Improve medical records system (e.g., complete records should accompany all military men)	5%	4%	4%
Closer liaison: between field and hospitals, between hospitals, between hospital branches	2	4	3
Establish a combined Medical Corps for all branches of service	1	2	2
Miscellaneous suggestions	5	4	4
(Some offered more than one suggestion)	180%	193%	187%
Total offering suggestions	(68%)	(70%)	(66%)
Had no suggestions	(32%)	(30%)	(34%)

Discussion:

Three-fourths of the officers had at least one suggestion on how the quality of medical care in the Army could be improved. Since so many of the suggestions were overlapping in character, the categories in the tabulation just presented were necessarily broad; but many of the points raised by the officers were covered by explicit questions, the results of which appear elsewhere in this report. The following discussion includes additional findings on some of the suggestions:

Suggestion on Medical Care	Comment
1. 15/ Specific suggestions on treatment practices (e.g., more psychiatric treatment, control of VD) and policies (e.g., shorter time in hospitals)	These suggestions were too varied to present at length here. Some aspects of patient care are dealt with in more detail later in this section of the report.

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15/ These numbers represent the rank order of frequency of the suggestion among the 20 types of suggestions.

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Suggestion on Medical Care	Comment
2. More military and medical training needed (expand residency program, in-service refresher courses, medical meetings)	Mentioned by the same proportion of Regular and Reserve officers. See preceding sections for results on specific questions about residencies and other training.
4. Better doctor-patient relationships; more doctors so patients get care as individuals	Regulars mentioned this more often than Reserves. Headquarters officers mentioned this factor more often (26 per cent) than others.
5. Improve medical supply (especially drugs), equipment	This was mentioned less often by officers in general hospitals than by others
6. Complaints about malassignments	Such complaints registered by only nine per cent of general hospital officers, but by 18 per cent of those in station hospitals and by 21 per cent of officers in field hospitals or dispensaries.
8. Reduce red tape and paper work; let Medical Service Corps officers handle more administrative matters	Mentioned more often by Reservists, by officers in Europe (17 per cent), and by officers in installations other than headquarters (11 to 13 per cent) as against only three per cent among officers in headquarters.
9. Improve rotation (e.g., rotation too rapid, need more definite policies)	Mentioned by Regulars and Reservists in about the same proportion.
11. Problems of dependent and civilian care (need more doctors if dependents are to get proper care; dependents should pay for care; should not pay; definite policy needed)	Mentioned about twice as often by Regulars as by Reservists, and more by headquarters officers (19 per cent) than by officers in other types of installations. This free-answer question on medical care does

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Suggestion on Medical Care	Comment
	not provide a detailed "vote" on the issue of dependent care; it does show that many other issues were mentioned more often. 16/

b. Amount of Time Military Patients are Hospitalized:

Q.49 "What is your opinion about the amount of time the average military patient is kept in the following types of hospitals?"

	Total RA	Reserve Bef.779	Reserve Aft.779	Total Reserve	All Officers
a. General hospitals in U. S.:					
Too long a time	59%	48%	37%	40%	46%
Too short a time	*	*	*	*	*
Time about right	26	15	13	13	18
No opinion and not ascertained 17/	15	37	50	47	36
	100%	100%	100%	100%	100%
b. Station hospitals in U. S.:					
Too long a time	32%	42%	31%	34%	33%
Too short a time	2	2	1	2	2
Time about right	37	25	26	26	30
No opinion and not ascertained	29	31	42	38	35
	100%	100%	100%	100%	100%

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16/ No study of Medical Officers in the Army regarding dependent care has been conducted since World War II. For attitudes of other armed forces personnel regarding dependent care, see report No. 110, "Medical Care for Dependents: An Attitude Study in the Armed Forces," 31 May 1950, and supplementary report No. 110A bearing the same title, July 1950, both by the Attitude Research Branch, Armed Forces I & E Div., OSD. Declassified from Restricted to Unclassified on 13 October 1952.

17/ The "Not ascertained" was not larger than four per cent on any of these groups on any of the four questions; it is combined with "No opinion" to save space.

(Continued)
"What is your opinion about the amount of time the average military patient is kept in the following types of hospitals?"

	Total RA	Reserve Bef.779	Reserve Aft.779	Total Reserve	All Officers
c. Hospitals in Korea:					
Too long a time	2%	3%	2%	2%	2%
Too short a time	3	3	2	2	3
Time about right	34	40	30	33	33
No opinion and not ascertained	61	54	66	63	62
	100%	100%	100%	100%	100%
d. Hospitals in non-combat zones overseas:					
Too long a time	19%	21%	20%	23%	22%
Too short a time	3	3	1	2	2
Time about right	34	28	24	25	28
No opinion and not ascertained	44	38	55	50	48
	100%	100%	100%	100%	100%

Discussion:

The "No opinion" was large, ranging from 33 per cent to 59 per cent (exclusive of "Not ascertained") on the four types of hospitals. Among those with opinions, the general tendency was to say that patients were being kept too long in general hospitals in the U. S.; that the time was about right in hospitals in Korea; opinion on station hospitals in the U. S. and hospitals in non-combat zones overseas was fairly evenly balanced between "too long" and "about right." Practically none of the officers expressed the opinion that military patients were being kept too short a time in any of the four types of hospitals.

Further findings on opinions about the four types of hospitals:

General hospitals in the U. S.: 62 per cent of the officers in general hospitals, and 56 per cent of all officers stationed in the U. S., registered the opinion that patients were being kept too long.

Station hospitals in the U. S.: 45 per cent of those in station hospitals anywhere, and 38 per cent of those in any installation in the States, said too long.

Hospitals in Korea: 63 per cent of officers stationed in the Far East said "about right"; only 4 per cent said "too long" and five per cent "too short."

Hospitals in non-combat zones overseas: 69 per cent of those stationed in the Far East checked "about right" or "no opinion"; 50 per cent of officers in Europe said "too long":

	Stationed in Far East	Stationed in Europe
Military patients kept:		
Too long a time	26%	50%
Too short a time	3	*
Time about right	39	35
No opinion	30	13
Not ascertained	2	2
	100%	100%

c. Distribution of Patients Between General Hospitals and Station Hospitals:

Q.50 "Do you think the distribution of military patients in the U. S. between station hospitals and general hospitals should be changed?"

	Total RA	Reserve Bef.779	Reserve Aft.779	Total Reserve	All Officers
More in station hospitals and fewer in general hospitals	18%	15%	10%	11%	14%
More in general hospitals and fewer in station hospitals	11	5	4	5	7
Present distribution is about right	44	30	23	25	31
No opinion	26	49	61	58	47
Not ascertained	1	1	2	1	1
	100%	100%	100%	100%	100%

Discussion and other results:

The over-all reaction was 78 per cent "No opinion" or "present distribution is about right." (It should be remembered that the issue was on the distribution of patients between station and general hospitals, not on whether either type of installation was overcrowded. Results on the next question found many more officers registering the opinion that more patients should be treated on an out-patient basis than those judging that more should be treated as in-patients.)

Fifteen per cent of officers in general hospitals and 14 per cent of those in station hospitals indicated they felt a larger proportion of patients should be in station hospitals. Eleven per cent of general hospital officers and five per cent of station hospital officers expressed the opinion that there should be a larger proportion of patients in general hospitals. To summarize: at the time of this survey there was no preponderance of opinion one way or the other on this issue.

d. In-Patient vs. Out-Patient Care:

Q.51 "Do you think the distribution of military patients in the U. S. between out-patient care and in-patient care should be changed?"

	Total RA	Reserve Bef.779	Reserve Aft.779	Total Reserve	All Officers
More on in-patient and fewer on out-patient basis	2%	2%	1%	1%	2%
More on out-patient and fewer on in-patient basis	51	38	32	34	39
Present distribution is about right	34	28	26	26	29
No opinion	12	31	39	37	29
Not ascertained	1	1	2	2	1
	100%	100%	100%	100%	100%

The proportion responding "More patients should be treated on an out-patient basis and fewer on an in-patient basis", for the various theaters and types of installations:

Stationed in the U. S.	50%
Stationed in the Far East	21
Stationed in Europe	28

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Headquarters	43%
General hospitals	51
Station hospitals	44
Field hospitals or dispensaries	22
With tactical units	21

Discussion:

No more than four per cent in any theater or type of installation indicated they felt a larger share of patients should be treated on an in-patient basis. A plurality of the officers in the U. S. and those in general and station hospitals and headquarters checked more on an out-patient basis. Among officers overseas and in field hospitals, dispensaries, or with tactical units in any theater, a plurality checked "about right."

e. Rating of Medical Care at Officer's Installation:

Q.54 "In general, how would you rate the medical care and treatment which patients in your installation receive from Medical Officers?"

	Total RA	Reserve Bef.779	Reserve Aft.779	Total Reserve	All Officers
Patients are not treated by my installation	18%	12%	8%	9%	12%
Very good	66	51	43	45	52
Good	12	27	36	34	27
Fair	2	8	11	10	7
Poor	*	1	1	1	1
Very poor	-	-	*	*	*
Not ascertained	2	1	1	1	1
	100%	100%	100%	100%	100%

Discussion:

Although more Regular Army officers than Reserves rated patient care at their installations as "very good", very few of any group rated it "fair" or poorer. (The "fair" or poorer proportion was eight per cent in the U. S., seven per cent in the Far East, 11 per cent in Europe; it was only five per cent among officers in general hospitals, but ten per cent in station hospitals, 13 per cent in field hospitals and dispensaries, and 16 per cent in tactical units.)

Comments volunteered regarding shortcomings of medical care at their own installations were primarily about shortages of physical facilities and qualified personnel, and only secondarily on insufficient concern for patients on the part of doctors, nurses, and corpsmen. In considering these ratings of patient care, it must be remembered that the estimates should be interpreted with caution, since the opinions being expressed were those of the doctors responsible for patient care.

2. Medical Personnel Management:

Questions were asked concerning officers' evaluation of the performance of enlisted medical technicians, whether officers preferred enlisted men or WACs as workers, and whether their units had enough of various types of personnel to do an adequate job.

a. Rating of Enlisted Men:

Q.92 "In general, how would you rate the enlisted men who are medical technicians in your organization?"

	Total RA	Reserve Bef.779	Reserve Aft.779	Total Reserve	All Officers
Superior	7%	6%	6%	6%	7%
Excellent	36	29	22	24	28
Satisfactory	35	47	56	53	47
Unsatisfactory	6	12	12	12	10
There are no E.M. medical technicians in my installation	13	6	3	4	7
Not ascertained	3	*	1	1	1
	100%	100%	100%	100%	100%

Discussion:

Among officers who served at installations where there were enlisted male medical technicians only 11 per cent rated the enlisted men as in general "unsatisfactory." Among officers serving where there were such technicians, a larger proportion of Regulars rated them as "superior" or "excellent" (52 per cent) than was true of Reservists (31 per cent of Reservists rated them as "superior" or "excellent").

This might have been attributable not to a difference in standards or in subjective feelings about the Army, but to the difference in the quality of enlisted men at the different types of installations -- it may be that the Regular Army officers, more of whom were stationed in general hospitals or headquarters, had better men at their installations than did Reserve officers, more of whom were in station hospitals, field hospitals and dispensaries, or with tactical units.

The following summary presents the proportion of officers in the various theaters and types of installations (who were working where there were male medical technicians) who rated them "superior" or "excellent":

Stationed in the U. S.	39%
Stationed in the Far East	32
Stationed in Europe	34
General hospitals	41%
Station hospitals	28
Field hospitals or dispensaries	35
With tactical units	41

There was little difference by theater in rating, with slightly fewer of the officers overseas rating the enlisted men "superior" or "excellent." Officers in station hospitals were conspicuously lower in their estimate of their enlisted men than were officers at general hospitals or with tactical units.

b. Improvement of Enlisted Men:

Q.93 "How might the selection, training and supervision of enlisted men be improved for organizations such as yours?"

Suggestions regarding selection:	Total Officers
Higher qualifications; give Medical Corps more authority in selection of its men	25%
Accept only men who are genuinely interested	10
Assign more enlisted men to Medical Corps	3
Make it easier to get rid of unfit men	1

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Suggestions regarding training:	Total Officers
More formal training; more on-the-job training	32%
Adopt better Military Occupation Specialty qualification procedures	2
More qualified instructors; better teaching techniques	1
Suggestions on supervision and administration:	
Less shifting of men; utilize in specialties for which they were trained; assign on basis of ability	11%
More motivation needed; advancement commensurate with ability	5
Give men more responsibility, latitude in performing their duties	1
Miscellaneous suggestions	8
(Some offered more than one suggestion)	99%
Total offering suggestions	(63%)
Had no suggestions	(37%)

Discussion:

In order, the relative emphasis in suggestions about enlisted men was first on selection, next on training, and then on supervision and administration. Differences in suggestions by officers in the various theaters and classes of installations were not great enough to warrant reporting here.

c. Rating of WAC Enlisted Technicians:

Q.94 "In general, how would you rate the WAC enlisted medical technicians who have served in the same hospitals or medical units with you?"

	Total RA	Reserve Bef.779	Reserve Aft.779	Total Reserve	All Officers
Superior	3%	1%	1%	1%	2%
Excellent	36	16	10	11	19
Satisfactory	37	34	33	34	35
Unsatisfactory	8	7	8	8	8
Never served in installations with WAC enlisted personnel	15	41	47	45	35
Not ascertained	1	1	1	1	1
	100%	100%	100%	100%	100%

Discussion:

Only 12 per cent of officers who had served in units that had WAC enlisted personnel rated them as in general "unsatisfactory", which was about the same proportion giving a negative rating to enlisted men (11 per cent "unsatisfactory") who were medical technicians in their units at the time of the study. As in the rating of enlisted men, Regular Army officers who had served in the same units with WAC enlisted women at some time rated them more often as "excellent" or "superior" (46 per cent) than did Reserve officers who had served with WACs (22 per cent "excellent" or "superior"). As with the difference in Regulars' and Reserves' rating of enlisted men, it is not possible to establish whether the difference in rating of WAC technicians is attributable to a difference in outlook between Regulars and Reserves, or to a difference in ability of WACs in the units to which Regulars and Reserves were assigned.

The proportion of officers who had served in installations where there were WAC enlisted personnel who rated them "superior" or "excellent":

Stationed in the U. S.	34%
Stationed in the Far East	28
Stationed in Europe	32
General hospitals	37%
Station hospitals	23
Field hospitals or dispensaries	31
With tactical units	27

It must be remembered that the ratings were given by officers who had ever served where WAC enlisted personnel were stationed, rather than just those who were serving in units where WACs were stationed at the time of the survey.

The same trend in variation by theater and type of unit is seen in the rating of WAC technicians as was found in the ratings of enlisted medical technicians: WACs were rated higher by officers in the U. S. and in general hospitals. Also, rating of WACs was lowest among doctors at station hospitals.

d. Preference for Enlisted Men or WACs as Workers:

Q.95 "In general, which would you prefer to have working for you, provided you were not in a combat zone?"

	Total RA	Reserve Bef.779	Reserve Aft.779	Total Reserve	All Officers
Enlisted men	50%	57%	49%	51%	51%
Enlisted WACs	10	10	9	9	9
No preference	38	32	41	39	39
Not ascertained	2	1	1	1	1
	100%	100%	100%	100%	100%

Discussion:

Half preferred enlisted men. Only nine per cent indicated they would prefer to have WACs working for them in non-combat zones; but if the "no preference" responses are included, this rough measure of "acceptability" of WACs amounts to a total of 48 per cent.

The proportion who preferred WACs or had no preference was 64 per cent among those who remembered ever serving in installations that had WAC enlisted personnel, in contrast to 55 per cent among the remaining Medical Corps officers.

The "acceptability" of WACs varied by theater and type of installation in line generally with the proportions of officers in the various areas who had served in installations with WACs, except for those at station hospitals. The following summary presents the total indicating they either preferred WACs as workers or had no preference:

Stationed in the U. S.	47%
Stationed in the Far East	49
Stationed in Europe	51
Headquarters	55%
General hospitals	49
Station hospitals	39
Field hospitals or dispensaries	50
With tactical units	52

Again, as with the proportion rating WACs "superior" or "excellent", a larger proportion of officers in station hospitals preferred enlisted men to WACs as assistants. But in none of these groups did the proportion who checked that they preferred WACs rise above 17 per cent.

It is clear that the acceptability of the WAC medical technician was lowest among officers in station hospitals. This study did not inquire into officers' reasons for their preferences.

e. Adequacy of Different Types of Personnel in Unit:

All officers were asked, concerning Medical Service Corps officers, Nurse Corps, enlisted personnel and civilians, "Does your unit have any of the following types of personnel?" They were also asked, concerning the same types of personnel plus Medical Corps officers, whether their units had enough of them "to do an adequate job." The following table presents answers on both questions:

Nurse Corps: (Per cent reporting unit had some)	(73%)
Too many	3%
Enough	41
Too few	39
Not ascertained	17
	100%
Medical Corps officers:	
Too many	7%
Enough	57
Too few	32
Not ascertained	4
	100%

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Enlisted personnel:	
(Per cent reporting unit had some)	(94%)
Too many	7%
Enough	59
Too few	29
Not ascertained	5
	100%
Medical Service Corps officers:	
(Per cent reporting unit had some)	(88%)
Too many	10%
Enough	64
Too few	20
Not ascertained	6
	100%
Civilians:	
(Per cent reporting unit had some)	(78%)
Too many	17%
Enough	56
Too few	12
Not ascertained	15
	100%

Discussion and further findings:

In the aggregate, the proportions of Medical Officers reporting shortages ("too few") in their units were:

Nurse Corps	39%
Medical Corps officers	32
Enlisted personnel	29
Medical Service Corps officers	20
Civilians	12

For all types of personnel except civilians, the proportion answering "too few" was larger than the proportion responding "too many."

The sizeable proportion of "not ascertained" responses on Nurse Corps and civilians stemmed primarily from the failure of Medical Officers whose units did not have any of these classes of personnel to indicate whether they thought the unit needed some. This was especially prevalent among officers attached to tactical units, among whom slightly more than half failed to check whether they thought they had enough, too many, or too few civilians or nurses, who ordinarily are not assigned to tactical units. The assumption is that a majority of those who did not check whether their unit needed more or fewer of a certain class of personnel were not especially concerned about a possible shortage.

The following summary table presents, for each of the major theaters and types of installations, the proportions of officers who reported their units had too few people in any of the five classes of personnel:

Reports of Medical Corps officers:	Nurse Corps	Medical Corps	Enlisted	Medical Service Corps	Civilians
Total	39%	32%	29%	20%	12%
Stationed in the U. S.	52	40	37	17	14
Stationed in Far East	16	17	15	17	7
Stationed in Europe	23	10	19	33	11
Headquarters	8	25	22	18	12
General hospitals	48	25	26	12	11
Station hospitals	61	52	42	19	15
Field hospitals or dispensaries	22	21	20	26	8
With tactical units	17	23	20	37	11

The various theaters and installations that had 30 per cent or more of their Medical Officers in this study reporting they felt there were "too few" of certain classes of personnel:

Stationed in U. S.: Nurse Corps, Medical Corps, enlisted personnel
Stationed in Far East: None
Stationed in Europe: Medical Service Corps

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Headquarters: None
General hospitals: Nurse Corps
Station hospitals: Nurse Corps, Medical Corps, enlisted personnel
Field hospitals, dispensaries: None
With tactical units: Medical Service Corps

I. MEDICAL OFFICERS' COMPARISONS OF REGULAR AND RESERVE OFFICERS

Two series of questions were asked which called for a comparison of Regular Army and Reserve Medical Officers on various aspects of effectiveness in a work situation, and several issues involving real or fancied advantages (such as in promotions or in choice of housing) that one group might have to a greater extent than the other. The questions were asked not to establish whether disparities actually existed but to determine whether many of the traditional distinctions that seem to have been drawn in the past between Regular Army officers and Reserve officers on active duty still were prevalent in pronounced form in the opinions of officers despite attempts at various echelons to discourage the drawing of lines of professional or social distance between Regulars and Reserves.

The findings were that many officers do draw distinctions, both on relative effectiveness of officers in their work, and as to favoritism.

1. Relative Work Effectiveness of Regulars and Reserves:

Q.91 "Within any given grade, which do you think usually is better in the following attributes, the Regular or Reserve Medical Officer?" 18/

	Total RA	Reserve Bef.779	Reserve Aft.779	Total Reserve	All Officers
b. Competence in medical administration:					
RA usually better	88%	77%	72%	74%	78%
Usually little difference	10	17	14	15	13
Reserves usually better	1	3	7	6	4
No opinion, not ascertained	1	3	7	5	5
	100%	100%	100%	100%	100%

(Continued on next page)

18/ The items are rearranged in order by the proportion indicating they felt the "RA officers are usually better." The "not ascertained" instances were never more than one per cent for any of the seven items; for convenience they are combined with the "no opinion" responses.

(Continued)
"Within any given grade, which do you think usually is better in the following attributes, the Regular or Reserve Medical Officer?"

	Total RA	Reserve Bef.779	Reserve Aft.779	Total Reserve	All Officers
f. Ability to get the cooperation of superior officers:					
RA usually better	57%	55%	53%	54%	55%
Usually little difference	36	38	33	34	35
Reserves usually better	3	2	5	4	4
No opinion, Not ascertained	4	5	9	8	6
	100%	100%	100%	100%	100%
e. Ability to get cooperation of subordinates:					
RA usually better	47%	25%	22%	23%	31%
Usually little difference	47	55	49	51	49
Reserves usually better	3	16	21	19	14
No opinion, Not ascertained	3	4	8	7	6
	100%	100%	100%	100%	100%
g. Considerate treatment of Army patients:					
RA usually better	23%	2%	1%	2%	9%
Usually little difference	67	60	49	52	57
Reserves usually better	8	35	44	41	30
No opinion, Not ascertained	2	3	6	5	4
	100%	100%	100%	100%	100%

(Continued on next page)

(Continued)
"Within any given grade, which do you think usually is better in the following attributes, the Regular or Reserve Medical Officer?"

	Total RA	Reserve Bef.779	Reserve Aft.779	Total Reserve	All Officers
c. Adherence to principles of medical ethics:					
RA usually better	17%	2%	1%	1%	7%
Usually little difference	75	69	60	62	66
Reserves usually better	5	25	33	31	22
No opinion, Not ascertained	3	4	6	6	5
	100%	100%	100%	100%	100%
d. Standing up for sound medical practices:					
RA usually better	17%	2%	1%	1%	6%
Usually little difference	71	60	48	51	58
Reserves usually better	9	34	45	42	31
No opinion, Not ascertained	3	4	6	6	5
	100%	100%	100%	100%	100%
a. Competence in practice of medicine:					
RA usually better	12%	1%	*%	1%	4%
Usually little difference	69	38	26	28	42
Reserves usually better	17	56	68	65	49
No opinion, Not ascertained	2	5	6	6	5
	100%	100%	100%	100%	100%

Discussion:

Regular Army and Reserve officers differed materially in their conceptions of the relative abilities of the Regular as compared to the Reserve Medical Officer, although in the aggregate on four of the seven issues raised a majority of Regulars and Reservists indicated they felt there was "usually little difference."

On six of the seven issues, the proportion of Regulars who rated Regulars as "usually better" was greater than the proportion of Regulars who rated Reservists as "usually better." The Reservists had an even more marked tendency to draw distinctions between Regulars and Reservists.

Reservists consistently tended to rate Regulars as "usually better" than Reservists in the "administrative" functions of "competence in medical administration", "ability to get the cooperation of superior officers", and "ability to get the cooperation of subordinates." On the other hand, Reservists tended to rate Reservists as "usually better" than Regulars in the "medical" functions of "considerate treatment of Army patients", "adherence to principles of medical ethics", "standing up for sound medical practices", and "competence in practice of medicine." Two-thirds of the Reservists rated Reservists as "usually better" on the last point.

The differences of opinion of Regulars and Reserves on these points were gross enough to indicate a serious problem regarding harmony within the Medical Corps if these opinions carried over into daily relations between Regulars and Reserves.

2. Relative Advantages for Regulars and Reserves While on Active Duty:

Q.90 "Within any given grade, which do you think has the better advantage while on active duty, the Regular or Reserve Medical Officer, on the following points?" 19/

	Total RA	Reserve Bef.779	Reserve Aft.779	Total Reserve	All Officers
b. In choice of areas for assignments:					
RA officers have advantage	38%	73%	78%	77%	64%
Little difference	45	19	13	14	24
Reserves have advantage	9	3	*	1	4
No opinion; Not ascertained	8	5	9	8	8
	100%	100%	100%	100%	100%

(Continued on next page)

19/ The items are rearranged in order by the proportion indicating they felt the "RA officers have advantage." The "not ascertained" percentages were never more than one per cent for each of the seven items; for convenience they are combined with the "no opinion" responses.

(Continued)
"Within any given grade, which do you think has the better advantage while on active duty, the Regular or Reserve Medical Officer, on the following points?"

	Total RA	Reserve Bef.779	Reserve Aft.779	Total Reserve	All Officers
f. In prestige within the Army:					
RA officers have advantage	55%	69%	67%	68%	64%
Little difference	37	23	17	19	24
Reserves have advantage	4	4	8	6	6
No opinion; Not ascertained	4	4	8	7	6
	100%	100%	100%	100%	100%
c. In choice of duties:					
RA officers have advantage	33%	68%	67%	68%	56%
Little difference	50	27	24	24	33
Reserves have advantage	11	2	1	1	4
No opinion, Not ascertained	6	3	8	7	7
	100%	100%	100%	100%	100%
a. In promotions:					
RA officers have advantage	18%	62%	64%	64%	48%
Little difference	60	29	23	24	36
Reserves have advantage	13	4	3	3	6
No opinion; Not ascertained	9	5	10	9	10
	100%	100%	100%	100%	100%
g. In choice of housing:					
RA officers have advantage	14%	35%	41%	39%	31%
Little difference	76	51	39	43	54
Reserves have advantage	1	-	-	-	*
No opinion; Not ascertained	9	14	20	18	15
	100%	100%	100%	100%	100%

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(Continued)
"Within any given grade, which do you think has the better advantage while on active duty, the Regular or Reserve Medical Officer, on the following points?"

	Total RA	Reserve Bef.779	Reserve Aft.779	Total Reserve	All Officers
e. In recognition for work done:					
RA officers have advantage	8%	37%	35%	36%	26%
Little difference	79	58	52	53	62
Reserves have advantage	5	1	1	1	2
No opinion; Not ascertained	8	4	12	10	10
	100%	100%	100%	100%	100%
d. In Military Occupation Specialty classification:					
RA officers have advantage	8%	25%	22%	22%	17%
Little difference	77	66	64	65	69
Reserves have advantage	9	2	2	2	4
No opinion; Not ascertained	6	7	12	11	10
	100%	100%	100%	100%	100%

Discussion:

A majority of Regular Army officers checked "there is little difference" for five of the seven items about the relative advantages enjoyed by Regulars as against Reservists; 38 per cent of the Regulars indicated they felt RA officers had an advantage in choice of areas for assignment, and 55 per cent that Regulars had an advantage in prestige within the Army.

As to the views of Reservists, a majority on four of the seven items registered the opinion that Regulars had an advantage. Details on the specific items:

Choice of areas for assignments: Three-fourths of the Reservists checked that the Regulars had an advantage here. While it is possible that favoritism has been given Regular Army

officers in assignments, it has been shown earlier (Section A) that 82 per cent of the Regulars had served overseas assignments since the beginning of World War II (100 per cent of Regulars whose RA commissions were dated earlier than the middle of 1946), and that overseas rotation policies were in large measure responsible for the larger proportion of Regular officers in Stateside appointments at the time of this study. Another factor perhaps responsible for the feeling on the part of three-fourths of the Reserves that the Regulars get a "break" on choice of assignments is that certain assignments are largely closed to Reservists because the experience and training that are required for these assignments preclude assigning two-year Reservists to them. Further, Army residencies are limited to those who sign up for a Regular Army tour of duty, the policy being based on the reasoning that the Army Medical Corps is not justified in investing in long-term training for Medical Officers whose service might end in two years.

The question did not ask those who thought the Regulars had an advantage in assignments whether they thought such an advantage was unjust.

Prestige within the Army: Two-thirds of the Reserves thought the Regulars had an advantage on this point. While the question did not go into whether they thought such prestige was justifiable, it must be remembered that two-thirds of the Reserves rated Reserves as being better than Regulars in "competence in the practice of medicine."

Choice of duties: Responses of Reservists on this question were much the same as on the related matter of choice of areas for assignments, discussed earlier.

Advantages in promotions: Although the provisions for temporary advancement are identical for Regular and Reserve officers, 64 per cent of the Reservists indicated they felt Regulars had an advantage, within any given grade.

Advantages in choice of housing: 39 per cent of Reservists checked "RA officers have advantage"; none of them indicated they felt Reserves had an advantage. Among those who had dependents who were not living with them, Regulars as well as Reservists were more of the opinion that Regulars had an advantage in housing (43 per cent) than those who were living with dependents (28 per cent of these indicated they felt Regulars had an advantage).

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Advantages in recognition for work done were reported by 36 per cent of the Reservists to be in favor of the Regulars; but 79 per cent of the Regulars indicated they felt there was "little difference" in advantage regarding recognition.

Advantages in MOS classification: 22 per cent of the Reserve officers recorded themselves as having the impression that Regulars were favored in classification. It is presumed that the factors lying back of this impression on the part of Reserves were much the same as in choice of areas for assignments, discussed earlier.

Discussion:

All the available evidence indicates there was a degree of lack of understanding between Regular and Reserve Medical Corps officers at the time of this study. This one survey could not provide a detailed blueprint of the remedial measures that might be most effective in improving relations within the Corps. They might lie in part in changes in the functioning of the Medical Corps; certainly this study provides many illustrations of changes suggested by Medical Officers. Relations also might be improved through an educational campaign within the Corps. Page 20 of the Summary of Principal Findings at the beginning of this report draws attention to certain precautions that might well be observed in any Corps-wide educational campaign:

a. "It is estimated that any mass attempt to improve Regular-Reserve relations through direct appeals for harmony might be treating merely the symptoms. It may well be that much of the tendency toward group cleavages is a reflection of deep-seated frustrations stemming from officers' being called into service on short notice without their having any clear understanding of why they are serving, or why they often do not get the assignment of their choice.

b. "The findings were that the Regulars and Reservists did not have an identity of interests and values concerning their service in the Medical Corps. Any program of remedial action or information that would attempt to induce either the Regulars or the Reserves to accept all of the interests and values of the other group would tend to intensify existing feelings of group cleavages. It is hoped that the detailed findings of

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this study will provide information useful in mapping out the areas in which there already exists a fair degree of identity of interest that could be utilized to induce Regulars and Reserves to work together more harmoniously. These areas of mutual interest include the possible augmentation of programs of training and residencies for Medical Corps officers, improvements in the classification and training of other Corps personnel, and the expansion of medical research opportunities."

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