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Subsequent to the recall of 9,700 Navy medical reservists for Operations Desert Shield/Storm, the Navy Surgeon General requested an evaluation of the recall process and its potential impact on turnover in the Navy medical reserves. In June, 1991, an 82-item survey was distributed; by September 3,804 medical reservists (39%) responded. Reservists were reasonably well satisfied with their recall experience, but identified a number of issues for improvement.

Approximately two weeks after the Iraqi invasion of Kuwait, the Secretary of Defense requested that the military services develop a plan for the call-up of reserve forces in support of Operation Desert Shield. The recall was authorized by the President on 22 August 1990, and set in motion a process which would activate approximately 9,700 U.S. Navy medical reservists over the succeeding four months. Recognizing this opportunity to evaluate the Total Force concept, the Surgeon General of the navy requested the Naval Health Research Center to evaluate the recall process and its potential impact on turnover in the medical reserves.

In June, 1991, an 82-item survey was distributed to all U.S. Navy medical reservists who were recalled during Operation Desert Shield/Storm (N=9,747). This survey was constructed to assess demographic information, in-processing, out-processing, recall assignment, turnover intentions, and attitudes and perceptions regarding recall issues. In order to provide objective assessments of selected issues as well as broad coverage of attitudes and perceptions both quantitative information, using Likert-type rating scales, and qualitative input, using semi-structured narrative responses, was collected.

A total of 3,804 Navy medical reservists (39%) responded to the survey between June and September, 1991. The demographic composition of the sample was very similar to the population; it included Hospital Corpsmen (56%), Nurse Corps (24%), Medical Corps (12%), and Medical Service Corps (6%). The sample was primarily white (84%) and approximately evenly divided between men (54%) and women (46%). The mean age of the sample was 35 (range;18-65). More than half of the men (70%) and women (59%) were married, and about one-half of all respondents had children living at home. Approximately 10% of the women and 3% of the men in the sample were single parents and about 25% of the spouses were either active duty military or reservists.

While many reservists were deployed to the Persian Gulf area, most (71%) served in the continental United States (CONUS), typically "backfilling" hospital or clinic jobs vacated by active duty personnel who were deployed. For those reservists assigned in CONUS, the median distance between home and recall assignment was 225 miles, and about one-third remained within commuting distance (50 miles) of their home.

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A set of 34 items developed by subject matter experts at the Bureau of Medicine and Surgery was presented in a 5-point Likert-type format to provide a quantitative assessment of attitudes and perceptions regarding the recall experience. In Order to improve the identification and interpretability of issues and facilitate statistical analyses, factor analytic procedures were used to derive a set of underlying dimensions. Factor loadings of .40 or greater were used to develop factors, and a Varimax rotation was employed. This principal components analysis yielded a nine-factor solution. The following descriptive labels were assigned on the basis of item content: (1) satisfaction with in/out processing, (3) preparation in the reserves, (3) assignment satisfaction, (4) preparedness, (5) command staffing and equipment, (6) habitability and administration, (7) community and family support, (8) financial and family hardship, and (9) school attendance and dependent care hardship. The items in these factors were then entered into a scaling analysis to determine their internal consistency and reliability. The reliability of the school attendance and dependent care scale was not sufficient (coefficient alpha = .45) and this two-item scale was removed from subsequent analyses. The remaining reliabilities (coefficient alpha) ranged from .69 to .89.

The overall mean levels of satisfaction on each of the 5-point scales were preparedness (4.33), community and family support (3.82), satisfaction with in/out processing (3.77), assignment satisfaction (3.61), habitability (3.44), command staffing and equipment (3.43), financial and family hardship (3.36), and preparation in the reserves (3.22). A between-group analysis of variance was computed to assess the relationship between assignment (Persian Gulf versus CONUS) and occupation (Medical Corps, Nurse Corps, Medical Service Corps, Hospital Corps) on each of the eight satisfaction scales. Generally speaking, personnel assigned to CONUS facilities were more satisfied with their level of preparedness, their assignment, the command staffing and equipment, and habitability and administration, and experienced less financial/family hardship than their peers who were assigned to the Persian Gulf area. Personnel assigned to the Persian Gulf, however, perceived a greater level of community and family support. The main effect of occupation was significant across all scales and the general finding was that the Hospital Corpsmen were least satisfied and Medical Service Corps officers were most satisfied. Medical officers, however, reported the greatest levels of financial/family hardship.

Only about 16% of the reservists in this sample intend to resign from the reserves or transfer to the individual ready reserves. The primary reasons provided for intent to leave the reserves were civilian life issues (34%), pay issues (5%), recall management (18%), duty station issues (29%), and general military issues (14%). A content analysis of the narrative responses to the survey indicated that the most positive aspects of the recall were camaraderie (45%), skills enhancement (31%), self-growth (18%), expression of patriotism (18%), military lifestyle (16%), and job contribution (15%). The most negative aspects of the recall were family separation (17%), relationship with active duty personnel (17%), disbursing/processing of payment (16%), bias (14%), living conditions (12%), and poor job fit (11%). Given the opportunity for multiple responses per item, the percentages sum to more than 100.

These data indicate that reservists were reasonably well satisfied with their recall assignment and felt prepared to perform their duties; however, a number of important issues were identified for improvement. Detailed information from this survey was presented to the Surgeon General and a task force which was assembled to make policy recommendations regarding the Navy medical reservist community and the recall process. Additional efforts are underway to assess the impact of Operations Desert Shield/Storm on the Navy medical active duty community.