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Health-Related Quality of Life for Veterans Transitioned into Civilian Life

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Walden University
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Abstract

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by

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BA, University of Incarnate Word, 2009

BBA, University of Incarnate Word, 2006

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Public Health (Epidemiology)

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Abstract

Texas veterans transitioning to civilian life have experienced health issues after discharge. There are processes to follow before seeking treatment or diagnosis for any health issue prior to military discharge. Given the gaps in the literature on veteran health, quality of life and transition to civilian life, scholars lack understanding of the transitional events that take place. Veteran health issues are impacted by medical appointment wait-times, day to day life events, and this can lead to decreased quality of life. The purpose of this mixed-methods study (N=36) was to evaluate veterans' health related quality of life who had transitioned from military to civilian life. The environmental stress theory and the concurrent transformative design were used for this study. Data for this study were collected by using an online survey. Descriptive statistics and chi-square test were used to analyze quantitative data and qualitative data were analyzed thematically. Quantitative results indicated there is no significant difference in the relationship with transitioning from military service to civilian life with respect to the overall health-related quality of life (length of service in the military and general health). However, qualitative results indicated that veterans have concerns with transitioning from military service to civilian life. Findings indicated that adjustment to the norms of civilian life was hard for participants which affected their socialization within communities where transitioning grows more difficult. The results of this research can promote social change by informing agencies and government systems, such as postsecondary schools and the VA System, to better assist veterans as they transition from military service to civilian life to ensure a better quality of life.

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Dedication

This blessed and humble research study and hard work is dedicated to all the U.S. "Veterans" who have passed on and currently living and serving today. Some of those veterans are my uncles who served in the armed forces Visente Briseno, Jesus V. Guerra Jr., Francisco M. Guerra, Fernando J. Guerra Sr., Tomas Garcia Sr., and Xavier Gonzalez. In loving memory of my uncle's "veteran" Adrian Briseno Jr. and Aurelio Fraga who both fought bravely against a deteriorating illness. In memory of "veteran" Israel Bustamante (my dear friend Amalia Bustamante beloved spouse) who fought bravely against a deteriorating illness. To my fellow veteran students (in Austin, Texas) and ex-co-workers (my dear friends) who started me on this dissertation research journey, especially, Lawrence Frank Guttierez, Miguel (Mike) Herrera, B.J. Morris, and Matthew Swain. Importantly, not to forget a "special dedication" to VA Center at Del Mar College and the student "veterans" (in Corpus Christi, Texas) for allowing me to gather data for my research.

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Chapter 1: Introduction to the Study

Health-related quality of life (HRQOL) is interchangeable with impacted symptoms of mental and physical health issues being linked to development causing detrimental effects on other disorders (Li et al., 2018). Among the individuals affected by this connection to HRQOL has been military veterans. These veterans who experienced challenges seem to come across diminishing outcomes on his or her physical and mental health well-being (Hester, 2017; Li et al., 2018; Singh et al., 2004). Li et al. (2018) stated the public health realm does have various diminished outcomes amid the physical and mental challenges with veterans as it has been linked to the long-lasting or deferred health disorders. Some of these long-lasting or deferred health disorders such as Post-Traumatic stress disorder (PTSD), are combined with comorbid physical and mental health illnesses which are known to reduce HRQOL in veterans (Li et al., 2018).

According to Li et al. (2018), the researchers discussed the initial and recurrent assessments for specific health illnesses related to an individual's state of mind. The comorbid health issues among these same individuals with exposure to tragedy or shock was an essential element of impended disaster response along with follow-up care to deliver those services to prevent and lessen comorbidity (Li et al., 2018). For this reason, likelihood of poor quality of health (QOL) was linked to inadequate research with wait-time for these veterans to be evaluated with medical professionals after departure from the service to assess their health (Morgan et al., 2005).

In final analysis, a positive social change occurred through more knowledge and understanding of crucial signs that distressed veterans' health changed amid settings

which affected the integration development within a less restrictive environment. Veterans were a population at-risk of previous painful trauma experiences (Singh et al., 2004). The growing numbers of service men and women entered change settings were well-noted with apprehensions regarding necessities as it can be weakening health with emotional stress and quality of life from within the new environment (Gregg et al., 2016; Halpern-Manners et al., 2016; Singh et al., 2004). Notably, important for more public health professionals to understand why health-related dislocation occurred for veterans who transitioned whom may already encountered the health trauma before entering a civilian life. Enhanced operative and refined HRQOL interchangeably via-integration of physical and mental health care at both the individual and community level should were an important goal in the early detection and treatment of specific mental health disorders and the comorbidity (Li et al., 2018). In my study, Chapter 1 is comprised of background information, the problem and purpose of this study, the research questions and hypotheses, the theoretical and conceptual framework, the nature of the study, and the assumptions, limitations, and significance to the research study.

Background

Research showed an increase of veterans returning from deployment with higher-than-normal health issues (Hester, 2017). For this reason, exploration was needed to discover the effects of health-related issues rising in number among both men and women service members. Veterans were exposed to harsh environments which caused lasting mental and physical health conditions (Hester 2017; Li et al., 2017). These conditions are a cause for concern as the veteran's transitioned from military service to civilian life.

By the examined the health-related issues, it is important to comprehend the meaning behind HRQOL being the evaluation of an individual's perceptible physical and mental well-being over time which is a pointer of that disease problem (Li et al., 2017). The adverse consequences of health (e.g., Post-Traumatic Stress Disorder, depression, anxiety, and physical health illnesses) on HRQOL were recognized in numerous populaces (Li et al., 2017). This linked to mental health had a plausible issue which reduced the HRQOL and may have worsened results of other health conditions that affected other mental and physical health concerns (Li et al., 2017). The low QOL and related increase of rates of health services usage in Veteran Affairs consumers suggested the need for more ground-breaking strategies to expand the HRQOL (Singh et al, 2004). Importantly, the problem of inadequate access to quality mental health services was critical in any efforts to the reformed the U.S. healthcare system (Hester, 2017).

Ahern et al. (2015) stated the considerable weight of health issues in the returning veterans stationed in the Middle East was the possibility for long-term impacts which is troublesome making the need for support in the transition process essential. By contrast, countless and by some interpretations most of the veterans underwent high levels of stress throughout the transition to civilian life (Mobbs & Bonanno, 2018). Nevertheless, transitional stress has received limited awareness (Mobbs & Bonanno, 2018).

Veterans established an exclusive section of the U.S. population due of their service to the nation (Tsai & Rosenbeck, 2015). This has been replicated in their augmented access in the prior years for historical wars which allows special aids such as Veteran Affairs health care, veteran disability, and education aids (Tsai & Rosenbeck,

2015). These service men and women might also be more susceptible to certain health and psychosocial issues than other adults (Tsai & Rosenbeck, 2015). For example, they have a higher potential for contact to combat-related sufferings and geographic displacement for military placement (Tsai & Rosenbeck, 2015). Mobbs and Bonanno (2018) addressed the potential deficit in broader array of trials, plunders, achievements, and disappointments that transitioned veterans may face. By the assessed groundwork on which health choices are made such as poor evaluation on the quality can distress both the quality of health care choices and results about health care strategy (Morgan et al., 2005). Recognizing successful interventions to rise community-dwelling veterans and service member's admittance to operative care was the probable cause to the main public health influence (Mohatt et al., 2017). Thus, the exposure to distressful incidents during military service and his or her related mental health aftermath is a significant impact to lessen QOL amid newly departed veterans (Vogt et al., 2017).

There are elucidations for this connection which are often outlined in causal relationships such as the advanced levels of education which may have produced added economic resources (Halpern-Manners et al., 2016). This leads to less chronic stressors, healthier lives, additional social care resulted in the eventual healthier psychological capacity (Halpern-Manners et al., 2016). Yet, there has been information found which stated stigma can be a key indicator (Mohatt et al., 2017). An example of stigma showed how educational curricula helps discourse other critical barricades such as allowing the care amid service members to be comprised due to the lack of comprehension about healthcare treatment (Mohatt et al., 2017). Organizational histories recount care which

had a dissimilar purpose than similar data found from other health care schemes (Morgan et al., 2005). Therefore, it would be essential to understand the VA medical care accommodations which may or may not be compensated for certain incidents of care (Morgan et al., 2005).

On a different note, Halpern-Manners et al. (2016) asserted that some researchers found a sensible analyzation to the causal edifice of the education–mental health connection was imperative. The prerequisite to these comprehended apparatuses was through socioeconomic status and mental health distress to have each other causing the endurance to socioeconomic disparities in psychological health (Halpern-Manners et al., 2016). Gregg et al. (2016) and Morin (2011) discussed in a survey, around 44% veterans stated trouble transitioning to civilian life caused difficulties that was strenuous on family, including explosions of anger, posttraumatic stress, and lack of interest for daily activities. These studies of transitioned veterans have emphasized it has influences on veterans which adhere to persuasion to their reintegration into the civilian community (Gregg et al., 2016).

To conclude, despite limited discoveries, there have been significant implications for healthcare systems for returning veterans (Cohen et al., 2010). Cohen et al. (2010) uncovered mental health illnesses and numerous demographics associated with military influences. Such influences are related to the rising use of outpatient, emergency, and inpatient health services (Cohen et al. 2010). Notably the innated examination into the needs, barricades, and implementors of care for service members with considerable issues hindered challenges such as for housing (Hut et al., 2015). Ultimately, to understand the

effects of veterans that transitioned from military life into civilian life are linked to health-related concerns. There was a need for further investigation in comprehending the cause of unhealthily outcomes of these veterans.

Problem Statement

Researchers presented an evolved body of evidence indicating that veteran's health and QOL are interchangeable. The occurrence of interchangeable events happened through the physical and mental health realm. The inadequate research was to show gaps within the cause and effect where these veterans are not being rigorously evaluated with medical professionals (Morgan et al., 2005). This mostly occurred after departure from service that surrounded the prospect of poor QOL via his or her health (Morgan et al., 2005). Regardless of the many aids of separation from the military, there are trials these service members face in their physical and mental health (Hester, 2017; Singh et al., 2004). However, being nonexistent during active duty, these veterans reentered civilization and encountered health issues which have intensified due to combat trauma (Hester, 2017; Singh et al., 2004). These influences intensified by an array of challenges like unemployment, financial anxiety, and substance abuse which can impact veterans (Hester, 2017). Of those same aspects, it has been known to play a role in delaying this population of military service members with health-related problems which affected their QOL (Halpern-Manners et al., 2016). Within this spectrum of QOL the HRQOL described an individual's cognizance of his or her own physical and mental health over a period-of-time (Li et al., 2018). Symptoms of any disease problems from physical and mental health parade opposed the effects such as Post-Traumatic Stress Disorder,

depression, anxiety, and physical health conditions which decrease HRQOL within the existence of comorbid depression, anxiety, or other physical health conditions (Li et al., 2018). Veterans face these levels of stress via the transition to civilian life, and incomplete research was found to investigate those levels to comorbid depression, anxiety, and chronic physical illnesses which affect mental health disorders and HRQOL (Mobbs & Bananno, 2018; Li et al., 2018). Most veterans struggled with rising levels of stress during the transition to civilian life may have other stressing factors that are not being addressed with limited attention in the literature to recognize transitional stress (Ahern et al., 2015; Mobbs & Bonanno, 2018). Service members with health-related disparities consisted of functional status limitations, despair/anxiety, and physical health conditions amplifying the adverse effect of other health disparities (Hester, 2017; Li et al., 2018; Singh et al., 2004). Subsequently disparities can range with growth in homelessness, substance abuse complications, and gaming addictions in-turn leading to suicide and mortality (Hester, 2017; Li et al., 2018; Singh et al., 2004). For that reason, the purpose of the study was to assess if transition from military life to civilian life effected the veteran's overall health related quality of life. More specifically, the assessment captured how this transition effects physical and mental health using an adapted Health and Related Quality of Life Questionnaire.

Purpose of the Study

The purpose of this mixed research method study assessed the veterans' health as it affected his or her quality of life. Veterans need quicker medical attention where the evaluation by medical professionals after departure from service raised questions on

health deterioration effecting already exposed poor health-related issues on QOL (Morgan et al., 2005). Irrespective of the many supports known to the separation from military service, transitioning veterans will still encounter trials which these service members face affected his or her physical and mental health well-being (Hester, 2017; Singh et al., 2004). The study will apply a health-related quality of life questionnaire of collected data from veterans who departed out of the military into civilian life in Southwest Texas.

Research Questions and Hypotheses

RQ1 Quantitative - How does transitioning from military service to civilian life affect veterans' overall health-related quality of life?

Hypothesis:

H_0: Null – There is no effect of transitioning from military service to civilian on veteran's overall health related quality of life.

H_1: Alternative – There is an effect (negative or positive) of transitioning from military service to civilian life on veterans' overall health related quality of life.

RQ2 Qualitative - How has transitioning from military service to civilian life affected veterans physical and mental health?

Theoretical and/or Conceptual Framework

The environmental stress theory by Lazarus (1977), as formally established in 1966, is the theoretical foundation for this study on HRQOL. The theory concentrated on stress levels from a hostile issue(s) in an environment connected to cognitive and autonomic influences that contribute to the setting to assess those stressors that are

foreknown as intimidating or not, and by recognizing those that lead to stress reactions (Lazarus, 1977). Lazarus (1977) highlighted individuals much like veterans transitioning to change setting(s) which may impact his or her health with emotional, physical, and mental stress.

The conceptual framework for this study self-identified with the theoretical foundation from the Lazarus (1977) environmental stress theory was originally established in 1966. The framework allowed the environmental stress theory to be utilized in a similar setting but with a different angle with the veteran's perspective on transitioning. It helped me observe what service members experienced with stress from aggressive concerns/issues in an environment which in-turn linked to the cognitive and autonomic factors in a larger nonstructural environment which affected their life. Those stressors are directly connected to a threatening change or by not pinpointing those stressors that lead to stress reactions (Lazarus, 1977) causing chaos with HRQOL.

Using this theory was grounded on research gathered for the literature review section in Chapter 2. The data from the National Health Interview Survey from 2007–2010 veterans specified a more reasonable influence versus nonveterans in reporting two or more chronic health-related conditions that affected their QOL (Kramarow and Pastor, 2012). The welfare of the service men and women has increased the issue in public health that affected these veterans on physical and psychological health (Kramarow and Pastor, 2012). Yet, there are links to long-term implications of military service for these men and women on health and health care use based on age which clarifies the significant of

gathering precise data to comprehend and assist these veterans by readjusting to civilian life (unstructured setting).

Lazarus' (1977) theory, as well as the conceptual framework, allowed the focus on veterans acclimatized to change environments which impact the emotional, physical, and mental stress of military individuals. This theory was pragmatic on the veteran's population in an unrestrictive environment via a questionnaire which collected data to comprehend the overall HRQOL. It then dug deeper with qualitative questions which pertained to mental and physical health as veterans' transition from military life to civilian life.

Nature of the Study

The nature of this study utilized a mixed research method which encompassed both quantitative and qualitative designs, by assessing the HRQOL of veterans who had transitioned from military life to civilian life. The decision to use this design was that the data could be collected concurrently, and the research questions would be more adequately addressed. The data was steered by the theoretical stance in the rationale or research questions of the study. Notably, the design guided all methodological collections and the initiative to evaluate that perception at various levels of analysis.

A mixed methods questionnaire was developed to assess if a veteran's HRQOL was affected as they transitioned from military life to civilian life. Both a quantitative and qualitative approach was incorporated into the questionnaire amid those veterans who were assessed with the needs of a HRQOL. Ultimately the goal of this questionnaire

allowed the veteran's personal viewpoint of why or how stress related settings affect their health as they transition.

Definitions

Veteran: service or served as active duty in the military, naval, or air service(s); or service or served as a reservist or National Guard member (American Public Health Association [APHA], 2014).

Transition: a phase of shifting from one situation or acclimatize to another (Ahern et al., 2015; and Mobbs & Bonanno, 2018).

Civilian life: nonmilitary individual (Ahern et al., 2015; and Mobbs & Bonanno, 2018).

Environment and/or setting: physical atmospheres or to social or cultural experience factors.

Quality of life (QOL): the gradation to which a person is in good physical shape, secure, and able to contribute in or love life experiences (Li et al., 2018; Vogt et al., 2017).

Health-related quality of life (HRQOL): a multidimensional idea that comprises realms connected to physical, mental, emotional, and social function which concentrates on the influence of health status on quality of life (Li et al., 2018).

Post-traumatic stress disorder (PTSD): a disorder of insistent mental and emotional stress happening because of injury or severe psychological shock (Li et al., 2018; Vogt et al., 2017; and Mobbs & Bonanno, 2018).

Wait-times: delay (Morgan et al., 2005).

Socioeconomic: linked to or disturbed with the contact of social and financial influences (Halpern-Manners et al., 2016).

Social Issues: social challenges of the readapting experience such as exposure to a "culture shock" (less familiar environment) (Koenig et al., 2014).

Health professionals: possibly will within all realms of health care to comprise of medicine, mental health, or allied health professions etc. (Koenig et al., 2014; and Mankowski & Everett, 2015).

Health Risks: risk of various injuries such as lost limbs, head and brain injuries, tinnitus and hearing loss, sprains, and strains with limited motion (i.e., ankles, knees etc.), and exposure to environmental hazards causing infections, contamination, etc. (U.S. National Library of Medicine (NIH), 2018).

Physical health: problems with the natural state of body such as sleep disturbances, obesity, or development of comorbid depression, substance use and life-threatening illnesses such as cardiovascular, respiratory, bone/joint disease, metabolic illness, neurological etc. (Sareen, 2014).

Chronic disease/illness: both physical and mental health conditions such as diabetes, heart disease, depression etc. (Lam et al., 2017).

Delimitations

Delimitations for this study encompassed objective, research questions, variables, theoretical objectives, and target population to the study:

- The objective is better understanding the stressors affecting target population to sustain a better quality of life.

- Quantitative data evaluated the quality of life based on physical and mental health
- Qualitative data evaluated the overall quality of life using open-ended questions
- Theoretical objectives revolve around a stress theory in transitioning from civilian life.
- Target population is veterans from the U.S. military.

Limitations

Limitations occurred in this research study. The data collected within this study was self-report information via veterans on HRQOL. Limitations for those findings was the result of data collected during the study and not to be generalized to the entire veteran population but served the purpose to validate any concrete findings. External validity was contingent on the sample collected from the postsecondary environment. Internal validity was contingent on the observation/test points of the research study. The environment was one of the significant factors to validated generalizations within the number of questionnaires being obtained to authenticate the research questions. Thus, limitations that occurred were blanks, vague answers to open-ended questions, or multiple answers marked (quantitative fill choices).

Any dangers to the validity were tackled during the duration of the timeframe to obtain the collected data. A limitation occurred during the collection of the data with participants who were receptive to taking the questionnaire. The research ensured that each participant only contributed to one-time questionnaire via Survey Monkey. To avoid

limitation(s) there was a disclosure of a consent form regarding participation with a questionnaire. Likewise, an incentive for the collection of data with participants had no identifiers due to IRB guidelines. Importantly, the veterans who participated experienced no risks due to the validation of the study measures.

Assumptions

For this mixed method study, I used Survey Monkey to collect data and assumed that the questions asked could be understood and the answers were recorded correctly. I assumed the survey questions were aligned to the study research questions. I assumed all veterans had a standardized process to transition into civilian life. I assumed the veterans answered all survey honestly and truthfully. I further assumed all veterans who completed the survey have fully transitioned from the military to civilian life.

Significance

The significance of the research study centered on the exposures to disparities of health as it related interchangeably to mental and physical health. The data collected evaluated veteran's quality of life and how these men and women were affected during the transition from military life to civilian life. Vogt et al. (2017) expressed that there would be significant limitation on the research to date with not having much known on the apprehensions of the comparative impact of health mentally with different facets of veterans' QOL. With this study, I sought to fill the present gap in the literature concerning the overall health of veterans transitioning from a structured military setting to an unstructured civilian life. It was essential to have a clearer understanding and

acknowledgment of key indicators that affect veterans' health compromised in change settings which affects the integration course in a less restrictive setting.

Veterans are expected to be a rising population at a heightened risk of experiencing distressed trauma (Singh et al., 2004). Growing numbers of service men and women entering change settings were well noted with apprehensions regarding their health-related needs (Gregg et al., 2016; Halpern-Manners et al., 2016; Singh et al., 2004). This can be associated with the emotional stress and QOL in a new setting (Gregg et al., 2016; Halpern-Manners et al., 2016; Singh et al., 2004). Equally there was necessity for more public health professionals to comprehend why health-related dislocation occurred for veterans who transitioned who may have health trauma prior entering a civilian transition. Thus, this study delivers a more thorough comprehension regarding veterans' HRQOL which was affected with their transition from military life to civilian life which in turn may help with future development of new programs to help veterans.

Summary

In summary, the final analysis of a positive social change was the increased knowledge and comprehensive of veterans transitioned to civilian life. These service members were foreseen as an augmented population to be at risk of suffering painful trauma affecting their health (Singh et al., 2004). These growing numbers of individuals in change environments had apprehensions regarding the health necessities which weakened with emotional stress and HRQOL from within any new environment (Gregg et al., 2016; Halpern-Manners et al., 2016; Singh et al., 2004). Public health professionals

need to do more research and understand why health-related dislocation occurred for veterans transitioning who faced health trauma before reintegrating into civilian life. It is important to enhance operative and refining HRQOL via-integration to aid the physical and mental health care at both the individual and community levels (Li et al., 2018). Concluding this section of Chapter 1, this study focused on the transition of veterans to discover what hindered these service men and women in sustaining a healthier-related QOL.

Chapter 2: Literature Review

This chapter explains the analysis of the current body of literature comprised of various literature resources reflected in the health-related issues which affects the QOL of military veterans transitioned into civilian life. To reduce the abundance of literature, important words and terms were used for data search such as *veterans, Post-Traumatic Stress Disorder, mental health, physical health, social issues, income, health risks, post-secondary education transition, transition from military life,* and *resources to assist military veterans.* A second look into the initial collected information required a second reduction which focused on the perceptions of military veterans returning and transitioning into civilian life. The literature review was then focused on the HRQOL amid veterans.

Literature Strategic Research

The key words for the literature search included: *veterans, military, mental and physical health, transition to civilian life, resources to veterans, and perceptions post military*. Literature from 2015 to 2020 were reviewed. The science health databases and journals used to collect information to encompass the literature review included: Military databases were reviewed such as Department of Veterans Affairs, Military Psychology, Military Medicine, and Armed Forces & Society for the sole purpose to use information within the literature review. General websites as well as nonprofit organizations were reviewed namely APHA, Centers of Disease Control (CDC), Family Endeavors, U.S. National Library of Medicine (Medline Plus), Think Process, Health Direct, HUD Exchange, Eric.ed, Mental Health, Pew Social Trends, End Homelessness, NAMI, NVF,

U.S. Department of Commerce Census Bureau, and SAMHSA-HRSA to incorporate into the literature review to illustrate founded information. Walden University Library, PLOS ONE, Social Psychiatry And Psychiatric Epidemiology, Psychiatric Services, Clinical Psychology Review, Journal of Anxiety Disorders, American Journal On Addictions, Journal of General Internal Medicine, Psychiatric Rehabilitation Journal, Drug and Alcohol Dependence, The American Journal of Occupational Therapy, Social Forces, International Journal of Mental Health Systems, American Journal of Hospice & Palliative Medicine, Psychiatry Research, Patient Education and Counseling, Women's Health Issues, Nurse Education Today, American Psychiatric Association, American Council on Education, Health Services Research, Psychological Trauma: Theory, Research, Practice, and Policy, Canadian Journal of Psychiatry, Journal of the American Geriatrics Society, Marriage & Family Review, Journal of Aging Research, Epidemiology Reviews, and Transl Psychiatry and Psychological Science (Wiley-Blackwell). With all the scholarly articles, peer-reviewed literature, general websites, and nonprofit organizations' literature was incorporated with some found literature through on-line book(s) which was utilized to obtain information and/or data such as Springer which was pertinent to this study.

Theoretical Foundation

The theoretical foundation was comprised of the framework by Lazarus' (1977) environmental stress theory which was originally developed in 1966. The environmental stress theory focuses on stress from an aggressive issue in a setting linked to cognitive and autonomic factors that contribute to the setting to appraise those stressors that are

foreseen as threatening or not by identifying those that are leading to stress reactions (Lazarus, 1977). Lazarus (1977) theory was emphasized on veterans transitioning to change settings which impact the health-related components interchangeably of emotional, physical, and mental stress for those military individuals.

Background used for this theory was based on research collected for the literature review section. Data from the National Health Interview Survey from 2007–2010 veterans indicated more plausible influence versus nonveterans in reporting two or more chronic conditions affected his or her HRQOL (Kramarow & Pastor, 2012). The well-being of the service men and women increased the rising issue in public health that effected these veterans on physical and psychological health (Kramarow & Pastor, 2012). In addition, there were links to long-term significance of military service for these men and women on health and health care utilization based on age which explained the important of gathering accurate data to understand and assist these veterans that readjusted to civilian life. The environmental stress theory was pragmatic on the veteran's population by utilizing the concept interchangeably within an unrestrictive environment via a questionnaire. Therefore, I collected enough data to comprehend how chronic health problems influenced by fear of change or feeling a lack of help affected a transitioning veteran's HRQOL.

Science Health & Military Databases and Websites

The health perspective on a person's mental health information provided by the Veterans Affairs is a serious element addressed in a website for the overall wellness for veterans (Veterans Affair, 2017). The veterans who experienced health related issues on

their mental health trials or were uncertain of the degree a family member may have been exposed to not having the benefits which prevented them from speaking to a mental or medical health provider (Veterans Affair, 2017). Yet, the imperfect investigation with medical attention to unexpected wait-times for these veterans who met with these public health professionals had the possibility of even greater risk to poor health-related quality of health (Morgan et al., 2005).

The VA targets veterans by offering ways to assist with medical health issues as well as his or her family by connected supportive ways to facilitate face-to-face appointments (Veterans Affair, 2017). Health related issues such as anxiety, depression, and posttraumatic stress in an array of circumstances that the VA mentions affected veterans state with mental and physical health (Veterans Affair, 2017). The website proposed a benefit on the on-line link to assist veterans through their health symptoms and other mental health issues by outlining programs and services that were there to aid (Veterans Affair, 2017). Regardless of the many benefits after separation from the military some research does address how the challenges affected these members who will encounter problems such as his or her physical and mental health (Singh et al., 2004; Hester, 2017).

Key Variables and Concepts

Health Related Quality of Life

Singh et al. (2004) stated that the low quality of life and related increases of health amenities utilization in VA consumers suggested an essential for a novel approach to expand the Health-related Quality of Life and efficient status of these veterans.

Moving forward there was increased focus on how to measure the quality of life on military veterans through his or her perspective (Li et al., 2018). The Health-Related Quality of Life (HRQOL) assessed the individual's perception of the physical and mental health over time, and a marker of this illness as a problem (Li et al., 2018). Morin (2011) discussed in a survey that these reported issues of difficulty pinpoint to an array of areas such as the civilian life, difficulty of certain stresses on family, surges of anger, signs of posttraumatic stress disorder, and no interaction of engaging in day-to-day activity. By improving operative and refining HRQOL through combination of physical and mental health wellness at both the individual and community alignment was crucial in targeting the early recognition and care of those who suffer with mental health such as PTSD and comorbidity (Li et al., 2018). The depression and anxiety and physical health circumstances intensified the opposing effect of mental distresses with symptoms on quality of life (Li et al., 2018; Luncheon & Zack, 2012). Those veterans with chronic or late signs of mental disorders and comorbid physical and other mental health concerns suffered the utmost gradual decrease in HRQOL following those with a psychological or physical well-being illness (Li et al., 2018; Luncheon & Zack, 2012).

In fact, the utmost risk for poor HRQOL was pragmatic amid those individuals with both physical and mental health issues (Li et al., 2018). Then, accompanied by comorbid mental health disorders and comorbid physical health disorders only while being the deepest risk was initiate amid those with no comorbidity (Li et al., 2018). Consequently, there were comparable risk guesstimates for poor HRQOL was detected

among veterans with deferred mental health illnesses linking to Post-Traumatic Stress Disorder (PTSD) (Li et al., 2018).

Mental Health – General Population

The reality about mental health was that mental illness exists, and it is common which concluded that it revolves around the emotional, psychological, and social well-being of individuals (APA, 2019; MentalHealth.gov, 2017; MedlinePlus – NIH, 2019). In fact, it marked how individuals think, feel, and act as well as governing how the individual will grip stress, relay to others, and create choices (APA, 2019; MentalHealth.gov, 2017; MedlinePlus – NIH, 2019). Importantly, to understand that mental illnesses were health disorders involving alteration in emotion, thinking or behavior which linked distress and/or issues with functioning (i.e., social, work or family activities) (APA, 2019).

Mental health at every stage of life started from childhood and adolescence throughout an individual(s) adulthood (MentalHealth.gov, 2017; MedlinePlus – NIH, 2019). Duration of the individual(s) lifespan experienced mental health issues affecting the thinking process, mood swings, and behavioral outcomes which may be occasional or longer (MentalHealth.gov, 2017; MedlinePlus – NIH, 2019). Mental health illnesses affected more than half of all Americans who will be diagnosed with some type of mental health disorder sometime in their life (MedlinePlus – NIH, 2019). Nearly one in five (19 percent) of the nation’s adults encountered some type of mental health issue and one in 24 (4.1 percent) had a serious mental health issue (APA, 2019). But, one in 12 (8.5 percent) were diagnosed with a substance abuse illness (APA, 2019). Good news to these

illnesses of mental health were treated where most people with mental illness remain to function in their daily lives (APA, 2019; MedlinePlus – NIH, 2019).

Mental Health - Veterans

Department of Veterans Affair (2017) website addressed how mental health was a problematic concern. There are individuals who progressed with certain diagnosis such as Post-Traumatic Stress Disorder after they suffered or witnessed a life-threatening event for example like combat or sexual assault (Veterans Affair, 2017). Li et al. (2018) stated that onset screening for such diagnosis and comorbid health circumstances amid those with exposure to trauma is a significant factor of imminent catastrophe reaction and follow-up by the provided services to those individuals and to have an opening to avert and decrease illness. Though, these individuals with mental health worsen with quality of life where evidence suggested that such diagnoses of PTSD and depression are equally autonomously influential to the mental aspect of Health-related Quality of Life (Li et al., 2018).

Health Direct (2016) website described mental health disorder as an array of illnesses that range from different spectrums (i.e., depression, anxiety, stress, schizophrenia, and bipolar disorder). Every disorder differed in its seriousness whereas the results of those mental health disorders might be harsh on any person(s) (Health Direct, 2016). It was identified that depression or anxiety and physical health disorders intensified the adversative effect with key indicators of signs on quality of life (Li et al., 2018; Vogt et al., 2017). For this reason, those veterans who suffered with chronic or deferred mental health illness such as PTSD and comorbid physical and mental well-

being disorders experienced the utmost diminution in HRQOL and tailed by those who have a mental or physical health condition alone (Li et al., 2018). It seemed that the combat-connection to mental illness reduced quality of life, and minimal is known on the relation of the effect it has have on an array of different aspects of veterans (Ahern et al., 2015; Vogt et al., 2017). Vogt et al. (2017) stated that the exposure to distressed trials in military service and the related mental health significance such as Post-Traumatic Stress Disorder was a crucial contributor to a lessened quality of life amid newly parted veterans.

APHA (2014) and Health Direct (2016) addressed the signs as well as that for an array of explanations, nonetheless, encompassed mental health challenges do have veterans at risk of family unsteadiness, higher tolls of homelessness, and unemployment. Li et al. (2018) also addressed that the risk for unfortunate HRQOL was observed amid those with both physical and mental health circumstances. This resulted by comorbid mental health illnesses and comorbid physical health illnesses unaided (Li et al., 2018). Whereas the comparable risk guesstimated for poor HRQOL were also observed amid those with mental health issues (Li et al., 2018). Asaani et al. (2014) researched and addressed that VA hospitals had a rise in physical conditions whereas an excessive deal of emphasis was positioned on the exposure and a result of mental health issues such as Post-Traumatic Stress Disorder (PTSD) was believed to be contributed by extremely stressful encounters of serving in oversea countries such as Iraq and Afghanistan.

Bialik (2017) stated that in 2016 there were around 20.4 million U.S. veterans reported by the Department of Veterans Affairs which constitute less than 10% of the

total population for adults in the nation. Governing the States and Localities (2019) (as cited in DoD Defense Manpower Data Center, 2017) stated approximately there is 1.3 million active-duty military and a little over 800,000 reserve forces as of September 2017. Research done by Bergman, Przeworski, and Feeny (2017), stated that the mental health issues affected military veterans was of an unequal amount in the United States. Whereas the researchers confirmed this population of military veterans and service members only represent less than 10% of the total U.S. population (Bergman, Przeworski, and Feeny, 2017). Subsequently, being one of the worlds' prime sources of mental health care was known that the US Department of Veterans Affairs (VA) gave treatment to more than 1.1 million consumers identified with psychiatric illnesses given that 2.5 million served in Iraq and Afghanistan since 2001 (Chiao-Wen et al., 2016; Mustillo & Kysar-Moon, 2016; NVF, 2016).

National Veterans Foundation (2016) discussed how veteran mental health amenities were vital to aid our returning veterans to recuperate from his or her traumatic occurrences and mental health problems connected to their service. Onye et al. (2017) stated that the veterans who received aid in the community need researchers and practitioners to understand the importance as well as be mindful that needs for these veterans with mental health are notably to be assessed by the community practitioners not just the veteran health care system. For this reason, Mustillo & Kysar-Moon (2016) discussed that the numbers had grown where approximately 2.5 million American service members partake in service within Iraq and Afghanistan on or after 2001 acknowledged that mental health weight of formerly deployed men and women is extensive. Yet, there

are reports of some disturbing statistics which displayed that little was being done and that many veterans are not given the proper care he or she merits (NVF, 2016). Some of these statistics dated back from the 2003 Government Accountability Office (GAO) report where veterans were required to travel long remote places to receive care where 25% percent of the veterans subside more than a 60-minute driving radius to the VA facility (The Center for Public Integrity, 2014). Furthermore, some of those men and women also suffered long waits for those VA medical appointments (The Center for Public Integrity, 2014).

Physical Health

MedlinePlus – U.S. National Library of Medicine (2018) addressed how military service members as well as veterans made sacrifices for our country by facing the various health problems unlike those of non-military civilians. It was also found that stressful related events caused mental health issues to test positive for physical health symptoms (Li et al. 2018; MedlinePlus – NIH, 2018). Consequently, during his or her time of service it was common that there was an at risk for numerous injuries which can happen in combat leading to others involving physical anxiety to the human body (MedlinePlus – NIH, 2018).

Li et al. (2018) and Schlenger (2016) mentioned the primary and recurrent screening of comorbid health illnesses amid those unprotected to a tragedy or trauma were a vital element of future tragedy reaction. And then the follow-up was to deliver treatment to distressing persons as well as a prospect to avert and decrease comorbidity (Li et al., 2018). Sometimes these wounds were life-threatening or severe causing

veterans to have disabilities (MedlinePlus – NIH, 2018). Yet, other injuries not as severe were just as agonizing and distress daily life (MedlinePlus - NIH, 2018).

Asnaani et al. (2014) discussed veterans with mental health issues such as PTSD are at-increased risk for several medical conditions such as cancer, stroke, non-fatal heart disease etc. This led to the acknowledgement of influences on the healthcare system where the crossroads of mental health signs on physical health functions with returning veterans were in an area needing to have more examinations (Asnaani et al., 2014). Lam et al. (2017) explained that the care for those veterans showed signs of mental distress such as depression are necessary to lessen negative results from chronic diseases such as diabetes or heart disease. This left chronic diseases such as those suffering from mental health illnesses being first addressed in the primary care setting (Lam et al, 2017; Sareen, 2014). Whereas the association from mental disorders such as Post-Traumatic Stress Disorder linked to neurological conditions, joint diseases, respiratory and metabolic syndromes (Lam et al., 2017; Sareen, 2014).

The structures that triggered these relations with physical health issues lack well comprehended assessments making it possible that mental health disorders such as PTSD increased the danger of emerging physical health problems (i.e., sleep disorders, physical indicators, or obesity) (Sareen, 2014). Unfortunately, the unexpected onset of a severe life-threatening sickness like myocardial infarction might cause those mental health issues such as PTSD symptoms (Sareen, 2014). Likewise, physical health and PTSD symptoms are self-sufficiently influenced with a connection of problems resulted in the importance of evaluating both physical and mental health (Sullivan et al., 2016).

Socioeconomics and Social Problem

OECD (2018) stated that well-being has helped from job growth and the past of the great recession along with operational shocks (globalization and automation) continued to be excruciatingly noticeable throughout the nation as clearly best foreseen in the industrial heartland. OECD (2018) (as cited in Austin, et al., 2018; Weingarden, 2017) acknowledged that the socioeconomics and social disparities fall from the risks of joblessness, non-participation as well as poverty are focused in troubled rural/urban areas, nonetheless robust job development in coastal areas and well-connected modern areas. For this reason, it worsened by fewer prospects to flourish regardless of one's origin (OECD, 2018). Whereas, centralized to the American social model only recounted the displacement of opportunities linked with epidemics such as drug usage (i.e., opioid epidemic) in areas being afflicted with the loss of employment (OECD, 2018).

Smith and Anderson (2017) stated that not all families have benefited from the perks of economic rise and employees are concerned about the influence of automation on lives. Moving forward in a quickly altered global setting amid all the competition continued to be a trial (OECD, 2018). Therefore, all and any measures to sustain quicker productivity growth, increase investment, raise labor force partaking and expand skills that was crucial for the development in future economic and social structures (OECD, 2018).

Veterans afflicted with Socioeconomics and Social Problems

Koenig et al. (2014) found that to deliver patient-centered care to returning veterans with psychological and social trials of reformation involvement encompassed an

opposite of "culture shock" (pg. 414). Labbus (2013) stated in a research study that the idea that the nature of wisdom is best comprehended when the psychological and sociological influences are recognized. Like any type of mental health disparity, there is impact on the economic and social issues contribute to various risk factors of exposure for veterans returning to civilian life (Mobbs & Bonanno, 2018; Koenig et al., 2014). Gregg et al. (2016) discussed that U.S. military veterans entering back into civilian life have problematic issues which accredit to the deployment for military service. Karaırmak and Güloğlu (2014) stated that the distressing trials caused by man such as war and terrorism might be the direct result of persons who create numerous characteristics disorders of psychopathology which can be linked to, not limited to, Post Traumatic Stress Disorder and/or depression. Some of these veterans who participated in combat have suffered negative reactions (i.e., anger, aggression, and violence) (Karaırmak and Güloğlu, 2014). Importantly, Halpern-Manners et al. (2016) research study stated that the clarifications for this association were frequently outlined in causal terms such as advanced levels of education which were supposed to produce well rounded quality of life (i.e., extra economic assets, less chronic stressors, healthier lives, additional social sustenance and healthier mentally).

Education in America – Post-secondary Institutions

According to Learn.org (2019), in general a college education as known to most as being essential to increased earning probability over the course of an individual's employed lifespan. As of 2016, there was collected data of informational sources stating that the total undergraduate enrollment in degree-granting for postsecondary colleges was

16.9 million students (NCES, 2018). This was a rise in student population of 28% from the year 2000 given that the enrollment was at 13.2 million (NCES, 2018).

Moving forward it was understood that bachelor's, master's, and doctorate education allowed individuals growth in his or her respective career versus those without college education (Learn.org, 2019). Whereas the total undergraduate enrollment rose by 37% amid 2000 and 2010 from 13.2 million to 18.1 million and the enrollment declined by 7% amid 2010 and 2016 from 18.1 million to 16.9 million (NCES, 2018). It was essential to have a college education for opportunities with jobs upon what he or she would like to do for a living as well as pursuing an education (Learn.org, 2019). Consequently, the consideration from these potential college students might like to do for a living was comprised to the non-traditional and traditional ways of college education (Learn.org, 2019). NCES (2018) stated that the enrollment of undergraduates is expected to rise by 3% from 16.9 million to 17.4 million between 2016 and 2027. Therefore, these predictions of a 4-year college degree were more than likely to beat unemployment essential for increased outside points of view, the cultural perceptions, historical awareness, and the approach of thought and career-based acknowledgement (Learn.org, 2019).

Education in the Military

Service men and women have a military career that has offered them with a valuable set of experiences and abilities many non-military employers pursue in new employees (Capicik, 2010). In fact, the list of high-paying jobs that any person can hope for such as doctors, surgeons, anesthesiologists, dentists, and orthodontists was made

available (Learn.org, 2019). Therefore, education was essential, and several jobs will have educational standards to be considered (Capicik, 2010).

To obtain an ideal job, these experiences and capabilities have no assurance these military men and women were to acquire any perfect job after departure (Capicik, 2010). The best way to start any career and work forward to achievement in various fields the person(s) was to pursue a college education for an undergraduate degree (Learn.org, 2019). Unfortunately, if the military member(s) did not meet those standards then odds were he or she was not to have their resume reviewed (Capicik, 2010).

According to Learn.org (2019), the college board stated that the average pay for bachelor's degree without a higher degree will be around 65% more that is over a 40-year span of being a full-time employee versus to high school alumni. Capicik (2010), a lieutenant from military service, mentioned that meeting the minimum job standards will more than likely need to surpass the knowledge of skills, training, and educational identifications of others challenging for the same employment. Importantly, obtaining the educational background often decided factor that would get any military service man or woman hired (Capicik, 2010).

Transitioning to Post-Secondary Education

Gregg et al. (2016) stated that there was a depiction of these veterans having an impression of unpreparedness with academia whereas the transition to college culture simplified his and/or her experiences amid the textural and operational settings. Ellison et al. (2012) discussed that in research study the results indicated a need for age related services. These services assist life situational events that affected veterans in an array of

various areas (i.e., education planning and access, counseling for the G.I. Bill, areas for veterans with mental health issues such as PTSD symptoms, community re-integration, outreach, and support systems) (Ellison et al., 2012).

Halpern-Manners et al. (2016) research stated that there are links identifying causal structure of education and mental health association. It was a significant precondition to acknowledge the apparatuses through which socioeconomic standing and mental health influence each other as well as focusing on the extended-length of socioeconomic disparities in psychological welfare (Halpern-Manners et al., 2016). Ellison (2012) discussed that there is a recommendation to veterans who support education should be integrated with mental health amenities which varied in intensity with services as those do have linkages amid post-secondary schools and veterans with the VA system.

McBain et al. (2012) stated the research assessment showed for a college student body 11% of the veterans indicated being assessed or given treatment by a professional for depression within the last 12 months. McBain et al. (2012) also discussed that the research findings show only 5% of veterans specified he or she had a psychiatric disorder as others responded to these problems being met. Regardless of the extensive antiquity of veterans' education aids, and the existence of veteran students on campuses, these institutions had a minuet examination directed on the effectiveness of campus programs and services showing positive beneficial aids where veterans were in transition with his or her quality of well-being with mental health (McBain et al., 2012).

Jobs & Financial Stability General Population

Ogden and Morduch (2017) stated since 1980 around half of the American population was in a neutral stand still with his or her wages with no prospects of wage increased while the higher hierarchy look forward to 20% of reaping wages. In fact, the rising sense of inequality with income wages and wealthy living challenges do not make much sense of the storyline Americans hear or acknowledged about prospects in America (Ogden & Morduch, 2017). Unfortunately, the emblematic fairytale that people who can work hard, save money as well as become fruitful in America was gradually out of touch with the current reality of what real hard-working Americans have seen in their lifetime (Ryssdal, 2017).

For now, some of the nation's most deprived employees (e.g., blue-collar employees, employees without a college degree, and employees of minority groups) were left behind in the debate on growing asset expenses (Zessoules et al., 2018). Of these hard-working class people, they still yet to reap or even start to reap the profits of growing asset costs since those individuals (nations most deprived) do not possess assets such as stocks, bonds, or houses (Zessoules et al., 2018). Essentially looking at the reality of the current issues faced in this nation was a huge possibility that not everyone can pull themselves out of hardships such as job security and financial stability. Looking into the reality of today's country there was pondering the relevance of why lower proportions surround intergenerational monetary mobility versus those other nations of France, Germany, or Sweden (Ogden & Morduch, 2017).

Majority of today's families in America face declining job openings, stagnating salaries, and leisurely regaining nothing from the recession (Ryssdal, 2017). It seemed that the joblessness of minorities for black or African American and Hispanic working class exemplifies higher than the overall unemployment with all Americans (Zessoules et al., 2018). According to Ogden and Morduch (2017) research, it was established that even those with long-standing stable employment did not depend on monetary stability due to the unpredictability and irregularity of his or her incomes and living costs. It was well noted by Ryssdal (2017) who agreed that saving money and working long hours still do not change the daily apprehensions of those Americans being economically unstable. The major source of income instability was due to fluctuating income from the same employment (households with steady employment but not consistent in pay) (Ogden & Morduch, 2017). Therefore, looking closer, two forms of disparity meant that some families had wages with the poorest mixture of stagnant (over timespans) and unpredictable (on yearly and monthly sources) (Ogden & Morduch, 2017).

Jobs & Financial Stability Texas Veterans

Family Endeavors (2015) website described that the Homelessness Prevention & Stabilization Services are offered to veterans and his or her families in Texas. The purpose of these veteran service program was to extend these accommodating amenities to encompass areas of need to help veterans (i.e., outreach, filling-out VA benefits, emergency monetary assistance for rent & utilities, case management, aid in procurement and managing other community assistances) (Family Endeavors, 2015). Unfortunately, Garofalo (2011) discussed that there were hard facts behind these veterans being or

becoming homeless due to instability where their struggles begin returning home of a roundabout number of at least 50% amid both men and women.

Hut et al. (2015) discussed in a study the need to re-examine a foundation into the severity of stability with housing challenges should be required addressing needs, the obstacles, and individuals who implement attention for these veterans. Mankowski and Everett (2015) stated that numerous and lengthy deployments, the injuries from wars, economic and employment trials being faced, and the inadvertent aftermath formed an epidemic for the need of a regiment of veterans with very explicit requirements. The National Alliance to End Homelessness (2015) website stated that in January 2016 were various communities throughout the United States recognized with approximately 39,471 veterans with no place to live by linking no stability within the point-in-time totals. Most of these veterans seem to be male of around 91%, many are single of around 98 percent, many who are living in a city of around 76%, and most having a mental and/or physical debility of around 54% (National Alliance to End Homelessness, 2015).

Onoye et al. (2017) discussed in research that data on these veterans will apprise whether views on mental health, socioeconomic factors, history, or socio-political problems (i.e., racism, discernment, and cultural distress) influence just how valuation assesses understanding and/or finalization of what might not only develop the cultural precision of research as it was to enhance the data collection from different communities. For these sorts of research studies, it is probable that investigators were to pursue to be well-informed about pertinent cultural settings and possible ethical deliberations beforehand and while relating with the public and developing rapports for alliance

(Onoye et al., 2017). Tsai and Rosenheck (2015) discussed it was not clear why veterans become susceptible to risk given the nature of military service such as on-base housing or deployments and transfers. Nevertheless, it appeared more helpful and shielding the effects of social support with anxiety, health, and general functioning to be well recorded in the universal population as well as in the veteran populace (Tsai & Rosenheck, 2015).

Thompson and Bridier (2013) discussed that veterans' have a three times higher probability to lose stability by becoming homeless versus the general population if living in deficiency or being the marginal veterans living in scarcity such as low-income. Looking into combat was possibly being the greatest stressor of events for a veteran it seems that countless veterans look at stability by becoming homeless for a dated lengthier event than his or her service in a war zone (Thompson & Bridier, 2013). Thus, it is practical to conceive that the intermission of such provision by military service might have toxic effects while being linked with boosted social isolation causing a greater risk amid veterans being homeless with no stability (Tsai & Rosenheck, 2015).

Wingo et al. 2017 discussed in a research study that patients with mental health issues such as depression or Post-Traumatic Stress Disorder (PTSD) had a mutual condition from a consequence leading to a disease or injury amid persons visible to traumatic or shocking trials which in social functioning were frequently reported as being damaged. The relationship among pliability and social functioning amid veterans with mental health issues were not completely understood (Wingo et al., 2017). Whereas the greater resilience was linked with increasing integral social functioning (e.g., PTSD and depression severity, childhood mistreatment, physical health, gender, schooling, marital

status, and employment) and were concurrently modified in favor of (Wingo et al., 2017). It seemed that the childhood maltreatment, gender, marital status, schooling, and employment did not foresee social functioning (Wingo et al., 2017). Yet, an increased in seriousness amid the mental health such as PTSD and depression or physical health issues which was notably linked with additional diminished social functioning (Wingo et al., 2017). Thus, Hut et al. (2015) suggested that perception created by such facts was to aid the VA to be able to plan programs and establish policy modifications to improve the facilitation of care for veterans (Hut et al., 2015).

All Elements Fit Together

Hester (2017) addressed the United States has developed a nation continuously at war where any condition has formed a crisis amid our veterans. Lazarus and Cohen (1977) documented from research is a key component in psychological stress, stress exploration and concept are compelled to consider a given situation. The exploration of environmental surroundings works directly in the interconnection of stress responses (Lazarus and Cohen, 1977). Most veterans encounter elevated levels of stress at some point in the transition to civilian life (Mobbs & Bonanno, 2018). In reviewed data with observing the shortfall of a larger range of trials, achievements and disasters for the transition have factored in these measured experiences (Mobbs & Bonnano, 2018). Some of these stressors with veterans enlightened the experiences attempting to shelter distinctiveness as a requirement to transition out of military service (Mobbs & Bonanno, 2018). Yet, Lazarus and Cohen (1977) also stated the environment with equally past and

present delivered and suppressed the resources of individuals to find essential or value to entice upon with managing.

Physical and Psychological Health

All various research sources coming together as Koenig et al. (2014) stated that the involvement of war verdures an ineffable stain on veterans over the path of his or her life. These returning veterans frequently had identifiable medical and psychological issues, quality of life after disposition comprises managing social characteristics (i.e., one engrained in military society and another engrained in civilian culture) has remained less predictable in previous studies (Koenig et al., 2014). The important weight of health issues had remained documented recent deployments for veterans in Afghanistan and Iraq whereas the likely claim for long-term effects was bothersome and livelihood for the transition development was vital (Ahern et al., 2015).

Transitioning - Quality of Life

Ahern et al. (2015) discussed in the research that an operative shift is life-threatening for veterans being long-term wellbeing, the nature of the transition occurrence and alteration of adversities are to be researched fully amid returning veterans. Hud Exchange (n.d.) the website stated that the military philosophy should be substantial with stigma linked with looking for assistance amid health problems such as mental health. Vogt et al. (2017) discussed that the sign of mental health such as PTSD have augmented vigilance and social secession which is possible to be a contributing factor in an array of issues for the lives of those veterans leading to harmful inferences on a wider spectrum for the quality of life. Li et al. (2018) discussed the 14-year period amid

Vietnam veterans for mental health such as PTSD did link to family relations, less life gratification and contentment, additional usage of mental health amenities, and additional use of non-specific health conditions than those lacking.

Monroe and Reed (2008) stated findings of individuals with biological exposures or genetics typically are vulnerable to mental health issues such as depression due to stressful life conditions which typically revived investigation on this historically vague issue. The comparison of these exhilarating developments seemed to identify more than just a genetic disparity as it pinpointing to recognizing dissimilarities for these life stressors (Monroe & Reed, 2008). Therefore, it appeared that life stressors are incorrectly observed understood and effortlessly quantifiable. Yet, the research literature on general life stressors encompassed both mental and physical health such as depression (Monroe & Reed, 2008). Moreover, it proposed etiological that is pertinent to stressful living conditions which are: (a) acute (i.e., dissimilar onset), (b) very current (within around 3 to 6 months), (c) severe (i.e., very aggressive or hostile), and (d) mainly aimed on the partaker (i.e., the occurrence directly distressing the individual(s) (Monroe & Reed, 2008).

Public Health Concerns on Quality of Life

Lit et al. (2018) pinpointed that during a duration set of time there is a characterized frequent comorbid of mental and physical health issues even amid those veterans who were in the 9/11 being unprotected populations. The adversative effected mental health and physical health issues such as depression, anxiety, and physical health conditions on the Health-Related Quality of Life should be understood to comprehend

and were well documented in these military populations (Li et al., 2018). Vogt et al. (2017) mentioned in the research there are indications of symptoms with mental health such as PTSD which rose caution and social isolation interjecting to a variation of issues with the lives of veterans that made difficulties for work, academic functioning, intimate connections, parenting, and a wider quality of life. Wankerl et al. (2014) confirmed a link with biological effects amid the life stresses and mental health such as depression. Thus, the environmentally influenced variations were detected with discrepancies which had been sporadically addressed in individuals and making choices to conform in the community for example: veterans at work, academics, relationships etc. (Wankerl et al., 2014; Vogt et al., 2017; Monroe and Reed, 2008).

Social and Socioeconomics on Quality of Life

Mobbs and Bonanno (2018) discussed that the mental health theory and research with military veterans has focused primarily on one area such as PTSD and its treatment. Veterans undergo high levels of stress through the transition to civilian life which has received limited attention (Mobbs and Bonanno, 2018). As A Result of brightening the dispute, Mobbs and Bonanno (2018) momentarily reflected what it meant to convert a soldier such as the transition into military service. Yet, more significantly what kind of stressors veterans probably experienced when he or she try to peel that identity away on transition for the stress influenced moving onward (Mobbs and Bonanno, 2018).

Labbus (2013) discussed the idea that the nature of knowledge was unsurpassed when the psychological and sociological influences were comprehended. Koenig et al. (2014) mentioned that looking at the postwar veterans focused on the primary bodily and

psychosocial concerns with development of re-change given that a lesser volume of previous research addressed the outdated characteristics of rebuilding with variations amid military and civilian community environments. Morin (2011) explained the factor that these veterans who transitioned from military to civilian life had a daunted and a perplexing time for him or her. APHA (2014) website acknowledged that enlisted veterans taking the lives of civilians often bear long-term psychological and biological, spiritual, and behavioral, and social outcomes.

Austin et al. (2014) addressed and paid close attention to the transitioning of veterans that has affected the socio-economic situation of placement with permanent housing. The U.S. Department of Veterans Affairs (VA) has linked resources, yet the transitioning is being faced with trials in fast housing especially amid homeless veterans due to problematic rental markets, the essential key to manage with local public housing establishments, and a deficiency of accessible resources for costs (Austin et al., 2014). Ellison et al. (2012) showed that their research discoveries designate a need for age related services that contributed to education preparation and admission, counseling for military benefits, modifications for mental health veterans, community, and family re-assimilation, as well as outreach and care. Importantly, Garofalo (2011) addressed facts behind veterans being or becoming homeless which demonstrated the scuffle both men and women face when he or she returned home to civilian life.

Medical Cost

Asnaani et al., (2014) comprehended and acknowledged most soldiers returning should focus on confirming acceptable healthcare for those veterans who have served

their nation. The cost of resources essential for the care of physical illnesses and mental health symptoms sustained during deployment seems to indicate an average annual cost per patient being $1500 or higher (Asnaani et al., 2014). APHA (2014) addressed that even the moral damages can affect complications that copycat mental health distress and may not be treatable in the same way resulting in actions heading to dismissal with the depictions that constrain admission to care.

Centers of Disease Control and Prevention (CDC; 2012) identified that the well-being of veterans and his or her families were subjected rising apprehension in public health. The results of military service on physical and psychological health for those who served lengthy deployments were foreseen as convoluted for the health and health care usage of veterans growing with age especially now where gathering accurate data can help veterans readapt to civilian life (CDC, 2012). Greg et al. (2016) and Morin (2011) mentioned the data discussed 1,800 veterans which is approximately 44% have reported strain transitioning to civilian life (e.g., family life, explosions of anger, post-traumatic stress, and loss of attention in everyday activities). Yet, released from the VA hospitals had an unrelated increase in physical issues (e.g., brain injury, chronic musculoskeletal pain, and signs curtailing from exposure to environmental pollutants) which seemed to originate from explicit dangers of war zones (Asnaani et al., 2014).

Most Common Medical Conditions

Sareen (2014) addressed that mental health issues such as Post-Traumatic Stress Disorder were linked with various illnesses (e.g., bone and joint illnesses, neurological symptoms, cardiovascular symptoms, respiratory issues, and metabolic illnesses). It

seemed that the apparatuses that triggered these connections between mental and physical health issues are not well comprehended (Sareen, 2014). Schlenger et al. (2016) confirmed that tackling psychiatric and medical comorbidities within the setting of outpatient overall medical care is essential.

MedlinePlus – NIH (2018) stated that in combat and being detachment from civilian surroundings such as family can be traumatic. This stress placed service members and veterans at jeopardy for mental health issues (NIH, 2018). Sareen (2014) discussed there was a possibility that the mental health issues such as PTSD will increase created physical health problems (e.g., sleep, physical signs, obesity, development of depressions and self-medicate with some sort of substance abuse). Equally, the abrupt onset of a severe life-threatening illness has triggered signs of mental health where the mutual influences were amid poverty, setting, and heredities which play a significant part (Sareen, 2014).

Mentalhealth.gov (2017) addressed that the emotional, mental, and social well-being is vital. It affected how individuals reflect, sense, and act as it will also aid in regulating how people will control stress, interact with others, and personal choices (Mentalhealth.gov, 2017). Sullivan et al. (2016) also addressed the physical and psychological results of war exposure are linked with the functioning of life.

Wait-times

APHA (2014) discussed the transitions after serving in the military should be directly referred to an amenity or facility which provided a care system for these veterans. Veterans are labelled perplexed when returning to civilization life after his or

her deployment where the events caused a fundamental strain amid those military and civilian individualisms reliable with reverse “culture shock” (Koenig et al., 2014, p. 414). Li et al. (2018) addressed that mental health such as Post-Traumatic Stress Disorder was linked with lessening the HRQOL possibly affecting the quality worse in the existence of other health issues.

Studies investigated the range to which mental and health issues are comorbid for example depression, anxiety, and chronic physical illnesses distress the connection with literature as limited (Li et al., 2018). The understanding of war leaving the ineffable memory on veterans over the development of his or her lives have become more obvious and frequently identifiable with medical and psychological issues (Koenig et al., 2014). Thus, life after deployment comprised handling challenging social individualities, one engrained in military culture and extra engrained in civilian culture that was lessened as documented in previous investigations (Koenig et al., 2014).

Quality of Life Due to Shortages of Resources

APHA (2014) website stated the explanations for unnecessary wait times encompass various resources. Some of these examples provided are lack of health care providers, poor appointment practices, and complications linked to effortless transitioning for veterans out of active-duty military care systems to the veteran’s care system (APHA, 2014). Mobbs and Bonanno (2018) addressed that the development of transition and reintegrating back to civilian life was frequently stressful and created lifelong psychological problems. Mobbs and Bonanno (2018) stated that underlining breakdown to gain the joint intricacy of the transition in and out of service has been

influenced with the continuous misinterpretation and constant inactivity surrounding present veteran care.

Broken System - Caring for Veterans

Effective Processes

Cohen et al. (2010) addressed the future vocation for the veterans should be investigated on how innovative models of care influence in utilization for these veterans with comorbid mental and physical health issues. The integrated mental health and prime care is significant information for the VA is continued persistence as it can lessen stigma and expand access to health treatment such as psychological (Cohen et al., 2010). Health Direct (2016) stated that there is indication that good mental health was essential for our physical condition and can aid in attaining the objectives, as a society we set for ourselves.

Chiao-Wen et al. (2016) stated that the United States is one of the largest global providers of veteran care such as mental health where the US Department of Veterans Affairs (VA) claims to treat over 1.1 million diagnosed veterans with psychiatric conditions. But it has been assessed that only one-third of all qualified veterans reach out to the Department of Human Assistance (DHA) health care amenities and mental health services where several of those veterans in need of services seek non-VA prime care (Chiao-Wen et al., 2016). Thus, the integration of care was found to rally clinical results though the effects on its actual utilization merits additional research (Cohen et al., 2010).

Integration of Transition to Programs and Health Care

Hut et al. (2015) stated the individual, clinical, and physical trials faced by the care providers for veterans were those who become unstable economically and are homeless. The need for a deeper comprehension of these types of trials which needed more research for these situational events affecting the veterans and care providers (Hut et al., 2015). Karaırmak and Güloğlu (2014) addressed these types of exposure to distressing situations affected a wide variety of mental and physical health outcomes. As a result, mental health amid physical health such as Post-Traumatic Stress Disorder (PTSD) was one of the utmost mutual and constant where the response to all types of life-threatening conditions are primarily the post-war situations (Karaırmak & Güloğlu, 2014).

Mansfield et al. (2017) addressed self-medicated veterans who handled stress, sickness, and other issues with a substance versus accessing outpatient treatment. The finding from this research proposed that a self-medicated veteran(s) did not have a barrier to accessing specialized outpatient services (Mansfield et al., 2017). Yet, the VHA's present efforts should try to warrant coordination and comprehensive care for these veterans should include assigning local coordinators to the integrated the utilization of treatment (Mansfield et al., 2017). Morgan et al. (2005) discussed that the assessment should constitute the base on which health choices were conducted. Importantly, the deprived assessment quality distressed both the quality of health care choices and choices about health care strategy (Morgan et al., 2005).

Barriers

Mohatt et al. (2017) addressed there was continual stigma, deficiency of information about veterans' health such as mental as well as the harmful feelings toward care are amid the most important barriers to military veterans and current members with health care. Morgan et al. (2005) discussed that the process of care within the VA system is not focused on characteristics of those veterans seeking the care as it is also organizational, and policy driven to be specific. National Veterans Foundation (2016) discussed that the subsidy assigned for a veteran with health problems such as mental care needs should be increased allowing any veteran a more accessible way to get this type of care as needed. Therefore, the veterans should not be utilized as a political ragdoll in expenses for the combat and unnecessary wait times at local VA facilities which needed to be addressed as well as lowered through added funding (NVF, 2016).

National Alliance on Mental Illness (NAMI; n.d.) discussed how one in four active-duty members exhibited symptoms of mental health illnesses. These combat or equally stressful events were possibly the behaviors that aided individuals to stay strong throughout traumatic situations and less beneficial in functioning in civilian life whereas the need to stay strong may need to create more innovative behaviors for adjusting (NAMI, n.d.). If not, this was to cause veterans to feel inaccessible socially due to general civilians not comprehending the understanding of military service (NAMI, n.d.).

Singh et al. (2004) addressed the barriers of low quality of life and connection to high costs of health services usage in VA patients suggest a need for ground-breaking policies to expand the Health-Related Quality of Life and the practical status of this

populace. Sullivan et al. (2016) discussed that the physical and psychological results of combat experience on returning to the military has shown to relate to the functioning of relationships which included immediate families. As these barriers lingered to lessen as well as the military change to post military life, trying to comprehend how deployment practices as well as veteran health and mental health influence these types of relationships socially with immediate families became progressively pertinent (Sullivan et al., 2016). Therefore, Sullivan et al. (2016) research observed and promoted further investigation on the barriers where the association amid deployment occurrences, physical health, and mental health such as Post-Traumatic Stress Disorder (PTSD) symptoms on functioning with the quality of life.

Summary and Conclusion

These veterans and military service men and women returning from deployment had stressful times adjusting to civilian life. In turn this affected his or her health-related quality of life. Morgan et al. (2005) addressed that the VA is distinct from federally subsidized health insurance plans (i.e., Medicare and Medicaid) whereas the VA will offer medical care outright versus supporting medical care delivered through the remote division. The VA medical care amenities are not repaid for exact incidents of care leaving administrative records relating care information to have a very dissimilar objective than similar data obtained from other general health care organizations (Morgan et al., 2005). This leaves veterans and military service members as a unique United States population due to the special benefits publicly addressed by the VA with health care as well as other benefits provided (e.g., disability, education, and home-loans) (Tsai & Rosenheck, 2015).

These veterans seemed to be vulnerable to certain health and psychosocial issues versus other grownups where exposure to combat-related suffering and geographic displacement from deployment seems to have more of an identical main risk factor(s) for quality of life amid the homelessness, substance abuse, serious mental illness, and little income (Tsai & Rosenheck, 2015). Though, numerous at-risk influences were rare to veterans which had been recognized in the literature affecting the overall quality of life to encompass opposing military discharges, socioeconomic such as low military pay grade, and social seclusion (Tsai & Rosenheck, 2015).

The U.S. Department of Affairs (2013) addressed the problem of apprehension would be that veterans debated the struggle which he or she faces during transitioning from a military life to a civilian culture especially with socioeconomics (such as employment). These veterans interviewed and explained how the transition event can be complex by several factors (e.g., physical, psychological, service-related wounds, the deficiency to be social with communication especially in the workforce, etc.) (U.S. Department of Veteran Affairs, 2013). For this reason, recent studies observed life stress affected an individual's quality of life such as his or her mental health with depression that are also characterized by unusual and unpredictable methods to measuring life stressors (Monroe & Reed, 2008). Singh et al. (2004) discoursed that the blocks of low quality of life and linking to high costs of health facilities with usage for the VA patients proposed that there is a need for innovative policies to increase the Health-Related Quality of Life for this population.

Cohen et al. (2010) discoursed the imminent inclination for these veterans should also be examined on how advanced models of care impacted in utilization with comorbid mental and physical health issues. American Public Health Association (2014) addressed that the description for pointless wait times include various means (i.e., lack of health care providers, poor appointment practices, and complications linked to effortless transitioning for veterans out of active-duty military care systems to the veteran's care system). These investigations varied from mental and health illnesses which are comorbid for the depression, anxiety, and chronic physical illnesses that have suffered the connection in the literature being insufficient (Li et al., 2018). Likewise, the comprehension of war leaves the ineffable spots on veterans over the event of his or her life becoming clearer and commonly recognizable with medical and psychological concerns (Koenig et al., 2014).

Monroe and Reed (2008) discussed the life stressors are inaccurately understood as palpable and simply measurable. Though in the research literature on common life stressors and mental health such as depression proposed that the greatest etiologically significant stressful life trial (e.g., acute (i.e., dissimilar start), current (in an approximation of three to six months), severe (i.e., overly aggressive, or hostile), and mainly attentive on the partaker (i.e., the occurrence directly distresses the partaker (Monroe & Reed, 2008). Mobbs and Bonanno (2018) conferred that the mental health concept and research with military veterans had been absorbed mainly in one area of a mental health concern and its care. Yet, most veterans experienced these high levels of

stressors through the transition into civilian life which has established little to no attention (Mobbs & Bonanno, 2018).

Veterans who encountered health issues such as mental and physical trials or are inexact of a relationship have some exposure to aids available from a provider (Veterans Affair, 2017). Mobbs and Bonanno (2018) addressed the emphasis with the breakdown to improve the joint complexity of the transition in and out of service which has been impacted with the constant misinterpretation and endless inactivity encompassing present-day veteran care. Hence, the flawed investigation for veterans who encounter long durations before the attention of medical professionals has the ridiculous probability of being at a greater risk to develop or add on to an even lesser quality of health (Morgan et al., 2005).

Chapter 3: Research Method

The research design and methodology are presented in this chapter. Chapter 3 explains the mixed research method to be used for this study. The study encompassed both a quantitative and qualitative approach, where a questionnaire assessed the needs of a Veterans HRQOL. This study revealed, from a veteran's personal viewpoint, why and how stress related environments show a spike in medical treatment that affects their health negatively as they transition from military service to civilian life. This mixed method research allowed data to be collected concurrently in one stage through a questionnaire given to veterans at a postsecondary school.

Setting

The study utilized a portion of the veteran's population in the state of Southwest Texas with a direct location in Corpus Christi, Texas. There are over 200,000 veterans in Texas (U.S. Department of Commerce Census Bureau, 2014). The unemployment rate as of 2014 was reported at 4.1 with a household income of $65,984 with several VA facilities being reported as 88 (U.S. Department of Commerce Census Bureau, 2014). In Nueces County, the veteran population from 2013-2017 was 27,282 (U.S. Department of Commerce Census Bureau, 2016).

Relevance for this setting is due to the city's well-known area of a military base where some veterans remain to build a life after their military service is completed. For this study, the attributes for the main setting provided insight on the aspects of QOL which affected the transition to civilian life contributing to the personal viewpoint linking a cause of gap(s) of a veteran's health related issue as it pertains to strain and stress

within an environment. This study utilized a HRQOL questionnaire to collect data from veterans in a postsecondary setting. Other attributes to this physical setting encompassed the Veterans Center at the campus, scope and size was of a small community college, and the key members to obtaining this data worked with the VA Director.

Overall, the setting revolved around the framework for this study to encompass the Lazarus (1977) environmental stress theory as it was originally developed in 1966. The setting is a good example which adhered to the environmental stress theory which deals with stress from threatening issues in an environment connected to cognitive and autonomic influences in the setting to assess those stressors that are there as aggressive or not by investigating those that are steering to stress responses (Lazarus, 1977). Plus, the environmental stress theory was used to focus on veterans acclimatized to change settings which impacts health-related concerns regarding the emotional, physical, and mental stress of those men and women who served or serve in the military. In turn, the theory opened-up at a closer look at the collected data in the research design and rationale as it applies on the veteran's population in an unrestrictive environment via-survey/questionnaire. Therefore, the collected data from this setting allowed a better comprehension of how chronic health problems caused by anxiety of change or feeling a lack of help from the angle of the veteran's HRQOL.

Research Design and Rationale

Restatement of the research questions:

RQ1 Quantitative - How does transitioning from military service to civilian life affect veterans' overall health-related quality of life?

Hypothesis:

H_0: Null – There is no effect of transitioning from military service to civilian on veterans' overall health related quality of life.

H_1: Alternative – There is an effect (negative or positive) of transitioning from military service to civilian life on veterans' overall health related quality of life.

RQ2 Qualitative - How has transitioning from military service to civilian life affected veterans physical and mental health?

Central Concept and/or phenomenon of the study

The central concept for this study consisted interchangeably of mental and physical health, socioeconomics and social settings encountered during the transition into civilian life. The data collected evaluated the veteran's HRQOL and how these men and women are impacted by their health-related issues.

Mixed Method Design and Rationale

A concurrent transformative design was used to collect both qualitative and quantitative data simultaneously. The transformative design for mixed methods research framework allows the qualitative method to complement and explore the quantitative method (Creswell, et al., 2003). The data were guided by the theoretical outlook in the rationale or research question of the investigation. This concurrent transformative design was hypothetically determined to initiate social change or advocacy (Creswell et al., 2003). The design is primarily used to provide support for various perspectives based on the researcher's selected theory for a mixed methods study. I used the mixed methods approach to also demonstrate how the Lazarus theory could be used as a theoretical lens

and analytical tool to magnify the voices of veteran students. This theoretical perspective was incorporated into the research questions with current methodological choice. The goal was to evaluate the perspective of the veterans on a qualitative side which would enhance the analysis on the quantitative side. The mixed methods design displayed a methodical research concept which are linked to the variables (Camacho, 2019). By doing so, this design steered the viewpoint of this selection and assessed the participants perception of transitioning. This created trust with the participants in building a relationship with me and in turn developed the mixed method strategy to promoting social change.

Role of the Researcher

The role of the researcher was as an observer. All participants volunteered to participate in the questionnaire. These participants were students who are veterans located at the post-secondary facility that will be linked to the VA Center at the college. All data was collected electronically through SurveyMonkey. There are no ethical issues or dilemmas, the response was on a volunteer basis. All participants were 18-65 years old.

Methodology

The population for the study was a postsecondary facility with the VA Center of that college. Participants were recruited via community partner registration at the college VA Center Director actively worked with the researcher to recruit participants, using convenience sampling technique. In turn, this assisted the researcher with the

questionnaire being released. Informed consent and survey completion were through Survey Monkey and distributed via the college VA Director.

Research Question 1 was quantitative thus required the researcher to calculate a minimum sample size needed to address the statistical analyses for this research. The sample size power calculations were performed using the G*Power software (v. 3.1.9.2), developed by Faul et al. (2009). The following were used in the G*Power software, statistical power of .80, conventional alpha (α) is the level of significant value for the study was set at $\alpha = .05$, and effective size minimum of .15. I chose to opt-in for various tests to show a correlation with chi square or linear regression. The minimum sample size required for this research was 43 participants using 2 predictors for a one-tailed test. The study data were downloaded from Survey Monkey to an Excel spreadsheet then imported into SPSS V27 for analyses to be completed.

Research Question 2 was qualitative thus required the researcher to reach saturation needed to address the statistical analyses for this research. The saturation for this research study was like the study of Lovric et al. (2020) using the inductive content analyses with nursing students' perceptions and experiences during COVID 19 pandemic. Lovric et al. (2020) data saturation was attained after analyzing the collected data using an online form that the nursing students filled out of 33 undergraduate nursing students. Saturation was attained with 36 veteran participants after analyzing the collected data of 30 surveys using Survey Monkey.

Instrumentation

The instrumentation for this research study was developed from two separate published instruments (both instruments were tested for reliability and validity). Sources of these instruments were obtained from the Centers Disease Control and Prevention (CDC) for the health-related quality of life; and second source was from SAMHSA-HRSA screening tools for trauma used for Post-Traumatic Stress Disorder. These instruments are in Appendixes A-E. The quantitative portion of these two instruments were used to merge and create one questionnaire relating to physical health and stress related situational events. Development of the qualitative portion for the questionnaire was developed by the researcher with assistance from the Chair and Committee member to address the open-ended questions framing around the CDC and SAMHSA instruments. Accountability with data obtained from the reputable organizations for the research study with personal viewpoints from the veteran volunteers participating.

The CDC (2017) developed a health-related quality of life to measure healthy days. This comprises three modules: “Healthy Days Core Module” which has 4 questions; “Activity Limitations Module” which has 5 questions; and the “Healthy Days Symptoms” Module which has 5 questions (CDC, 2017, para 1). The selection for this instrument was to develop a questionnaire that followed the same dynamics of the reasons the modules were created with the CDC.

Background for this instrument with the CDC is as follows:

1. The CDC (2017) stated that the model four-element set of Healthy Days core questions were in the State-based Behavioral Risk Factor Surveillance System (BRFSS) since 1993 (see BRFSS website).
2. The CDC (2017) stated that within the timeframe of 2000 to 2012 the HRQOL– four were in the National Health and Nutrition Examination Survey (NHANES) for individuals in the age bracket of twelve and older.
3. The CDC (2017) stated that from 2003 the HRQOL– four modules were listed in the Medicare Health Outcome Survey (HOS) as a measure in the National Commission for Quality Assurance's (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS).
4. The CDC (2017) stated that the Standard Activity Limitation and Healthy Days Symptoms modules were utilized and available from January 1995.
5. Importantly, the CDC (2017) stated that these modules used together creates the assessment for the CDC HRQOL–fourteen measures.

SAMHSA-HRSA (n.d.) was the second resource which has several assessment tools comprising the measurements of trauma, anxiety, and depression. These assessment tools gave purpose to helping those Americans who are without treatment due to not being diagnosed which causes high prevalence (SAMHSA-HRSA, n.d.). The purpose of using the assessment tools from this website was to identify early stages of screening which some health care settings or other healthcare settings are not given an opportunity to do with veterans. Reasoning was veterans did not seek or not be educated to seek

professional or medical treatments. Importantly, these tools were to help mold the development of the questionnaire to assist in the data for this research study.

Background on the three assessment tools chosen:

1. Depression – SAMHSA-HRSA (n.d.) stated that the patient health questionnaire (PHQ-9) is the main frequent assessment tool to recognize the mental health symptoms of depression.
2. Trauma – SAMHSA-HRSA (n.d.) stated that the abbreviated PCL-C is a condensed form of the PTSD checklist of the civilian version (PCL-C) which was created for use within primary care or various similar general medical environments.
3. Anxiety – SAMHSA-HRSA (n.d.) stated that the PC–PTSD is a four-question screening created for use in primary care and various similar medical settings to assess for Post-Traumatic Stress Disorder as this version is presently being utilized by the VA.

Research developed instrument validity

Research developed instruments encompassed the government websites with HRQOL and SAMHSA. The validity focal point of HRQOL is an outcome that can bridge borders between control and between social, mental, and medical services (CDC, 2018). Due to various recent federal policy alterations underscore the necessity for measuring HRQOL to supplement public health's traditional measures of morbidity and mortality (CDC, 2018). Importantly Healthy People 2000, 2010, and 2020 identified quality of life improvement as a central public health goal (CDC, 2018). The validity of

using SAMHSA HRSA centers around previous research with such assessment tools as the PC-PTSD showed good test-retest reliability (r = 0.83) and predictive validity against the Clinician Administered PTSD Scale (CAPS; r = 0.83) (Prins et al., 2016).

The basis for the instrument development for this study was due to the significant limitations that have hindered further research to health and quality of life. Vogt, et al. (2017) stated that there is a substantial limitation on the exploration to date with not knowing the concerns of the relative influence of physical and mental health with unrelated aspects of veterans' health-related quality of life. The data collected with the current instrument was the present gap in the literature with the inclusive health of veterans transitioning from a controlled military setting to an uncontrolled civilian life. The findings were essential to understand what long-term consequences of military service impact the health and health care as he or she ages (Kramarow and Pastor, 2012). Therefore, attention is placed on helping veterans adjust to civilian life to sustain their health-related quality of life (Kramarow and Pastor, 2012).

Intervention Studies

Intervention studies or any manipulation of an independent variable did not apply to the study. Data was examined from a developed questionnaire from utilizing assessment tools with SAMHSA and the CDC. The questionnaire provided a mix of quantitative questions (majority of a set of questions) and qualitative questions (minimal open-ended fill-in-the blanks for veterans to provide personal viewpoints). Therefore, no clinical interventions for this study were needed to be conducted.

Data was collected from a developed questionnaire. All participants were enrolled in a post-secondary facility previously as mentioned in the chapter for these sections: role of the researcher, methodology and instrumentation.

Data Analysis Plan and Qualitative Components

Restatement of Hypothesis

Two research questions were used for this mixed method research study consisting of one quantitative and one qualitative. The two questions were given: primary question (quantitative) “How does transitioning from military service to civilian life affect the overall health-related quality of life”; and the second is qualitative “How has the transition from active military service to civilian life affected your physical and mental health”. Only the quantitative question was to have the null and alternative hypothesis. The null reflected any non-relationship between stress and quality of life (QOL) outcomes whereas the alternative was to reflect relationship with stress and outcomes on QOL.

The hypotheses included one statistical test run. The mixed analysis encompassed a variable oriented (quantitative side of the research) with a slight twist which encompassed the experienced oriented (qualitative side of the research). Primarily this was due to the primary research question being dominant with two quantitative variables. Leaving the mixed analysis (in retrospect) to include a personal experience in an open-ended question for veterans to answer within the questionnaire to support methodology and theory for the study.

During the development of the research study, the researcher initially focused on the possibility of either linear regression or a correlation of a multivariate to see if any relationship exists dependent on the data collected pertaining to primary research question. After discussing the primary research question with the Statistics Department at Walden University the most appropriate test to run for the data collected was a Chi-Square test for the quantitative data. Therefore, the researcher utilized SPSS to conduct a descriptive test and Chi-Square analysis based on having only one independent variable.

Questionnaire

Please look at the Appendices section A through E. Page 112 was the starting point where questions that encompassed Research Question 1 question in the middle of the questionnaire. Research Question 2 data on the questionnaire encompassed the open-ended questions at the beginning of the questionnaire and at the end of the questionnaire.

Data Analysis Plan

The data analysis plan included data descriptive statistical analysis for frequency, and a Chi-Square test for categorical variables was completed based on the collected data pertaining to quantitative research question. The software used for the quantitative side of the study was SPSS version 27. A step-by-step process to clean the data in case of any errors was conducted. Errors found were due to “no” answers from the questionnaire, incorrect answers from the questionnaire, or data entry. This was known as missing values within the SPSS data set. Thus, an output of the dataset was performed to clean or eliminate any inaccurate information. Please see steps in finding missing values from dataset in Appendix F.

Research Question 2 relates to the study's qualitative data and were analyzed manually by the researcher. All qualitative data was downloaded from Survey Monkey and inductive intracoding was utilized. Inductive intracoding is a method which allowed the researcher to explore the qualitative data into a word or phrase that was then categorized. Once the data were categorized it was color coded to capture the major themes. This was a thematic analysis of the qualitative data collected with the open-ended questions in a bucket list pertaining to the second research study question.

Threats to Validity

External validity depended on the sample collected from the post-secondary setting. The setting was the key factors to validate the generalization(s) in the number of questionnaires being received to substantiate the research question(s). Based on the small sample size the study cannot be generalized to the veteran population. This study utilized a psychological realism with real life events for the veteran target population. These participants experiences related to their own opinions based on their physical setting to determine the health-related quality of life. All the information collected from the participants had been consented to and each participant was provided a consent form.

Internal validity came from the questionnaire participation. The population participated via questionnaire. There will be no treatment in response variables, no treatment to change response variables, and there should be no confounding or extraneous factors to explain results of study. Parameters were included to ensure that each participant only contributes to one questionnaire. Participant was asked via Survey

Monkey and therefore there is no need to indicate a personal identifier to track consistency with received questionnaires.

Issues of Trustworthiness

Internal validity to the credibility of the qualitative component of the study was within the organizational setting which provided the central location in distributing the questionnaires. Selected program or identification within the college department was the most reliable source to identify the participants within the study. The transferability of the external validity did not have any issues for variation in participant selection as this was a voluntary questionnaire. The current research can be repeated for further research studies.

Inductive intracoding was utilized for this study as the researcher analyzed the qualitative data upon completion of data collection. This validity with the inductive coding method assisted the researcher with color coding the open-ended response questions into categorical themes. These responses had two possible ways to intracode known as deductive (knowing the participant) or inductive (not knowing the participant) coding. The first step was to intracode the data into an inductive method which allowed an exploratory analysis of the research with the collected data via Survey Monkey. Certain codes were used such as a word or phrase which allowed for data consistency. Lastly the researcher then did a bucket list with themes as categorical from the collected data.

Ethical Procedures

The researcher prepared an email that described the research and could be utilized to recruit participants through the community partner VA Center at the college and was

approved by Walden University IRB. The Walden University IRB approval number is as follows # is 07-01-20-0083595. The second IRB process and approval from community partner was given via letter notification dated September 9, 2020. No rights to these data pertaining to my research for all intent and purposes will be shared with this organization until after the publication for my research study has been approved.

Data were confidential. There was no usage of an identifier(s) per IRB guidelines to obtain the data. An agreement for the participant encompassed the verbiage to explain to the participants of confidentiality of information what and what will not be shared. Data was obtained and stored for a period of 5 years maximum unless other stipulations or bylaws permit longer timeframes to keep data.

Summary

Chapter 3 included all areas of collecting data to incorporate transition into chapter four by explaining the research method of a mixed study. The chapter is comprised both quantitative and qualitative approaches relating to the development of the created questionnaire. The questionnaire was used to collect data amid veterans for assessment in the need for a health-related quality of life. Data collection incorporated a veteran's personal viewpoint of why or how stress related environments affect HRQOL within medical treatment interchangeably on the effects with veterans' health negatively as he or she transitions from military service to civilian life. SPSS software was utilized for quantitative and possibility of the qualitative answers which allowed data to be collected concurrently in one stage through a questionnaire distributed electronically in Southwest Texas with the location being at a postsecondary school for analysis.

This chapter discussed the purpose of the setting, research design and rationale, the role of the researcher, methodology, threats to validity and issues to trustworthiness. Each section described the essential part of the research study by understanding the process to determine the gap(s) found by the researcher in the literature. It allowed the quantitative variables to determine relationships and correlations to the research data. Importantly, substantiated with the qualitative variables by encompassing the empirical view of the participants as it is determined by the data during the collection stage of the dissertation process.

Chapter 4: Results

The research study results were presented in this chapter. Chapter 4 explains the mixed research method used for data collection in this study. The results of this study were comprised of both a quantitative and qualitative approach where a questionnaire was utilized with veterans to assess the needs of their HRQOL. This questionnaire revealed a veteran's personal perspective of why or how they encountered stress through current or on-going related events. These events throughout the history of their current or previous encountered environment(s) revealed that within their medical care can affect a veterans' health negatively as they transition from military service to civilian life. This mixed method research permitted data to be collected concurrently in one stage through a questionnaire offered in Southwest Texas at a postsecondary school for assessment. The sample size justification for the quantitative research question was based on the power calculations were performed using the G*Power software (v. 3.1.9.2), developed by Faul et al. (2009). This sample size has a statistical power of .80, conventional alpha (α) is the level of significant value for the study was set at $\alpha = .05$, and effective size minimum of .15. The actual power = 0.8027523 which provided a sample size of 43 veteran participants that calculated by using two predictors for a one-tailed test and results are found in Appendix G. The sample size justification for the qualitative research question was based on the open-ended questions. The saturation for this research study had similarity to Lovric et al. (2020) who used the inductive content analyses based on nursing students' perceptions and experiences during COVID 19 pandemic. Lovric et al. (2020) data saturation was attained after analyzing the collected data using an online

form completed by 33 undergraduate nursing students. Saturation for this study encompassed the grounded theoretical approach by using an inductive methodology conceptualizing analysis of the data and developed concepts (Pieterse, 2020). Total participants in the study were 36, reaching saturation of the qualitative data to be approximately at 30 participants.

Setting

The study applied a cohort of the veteran's population in the state of Texas with a direct location being southwest postsecondary school. Significance for this setting was due to southwest Texas being well known area for its military bases where some veterans remain to build a life after their military service is completed. This study's main setting gave an insight on the aspects of quality of life which affected transition to civilian life. In turn this was a contributed factor to a veteran's personal viewpoint linking the gap(s) to a health-related issue as it pertained to the strain and stress within an environment. The study focused on the HRQOL questionnaire which collected data from veterans in a postsecondary setting. All other aspects to the physical setting included the Veterans Center at the campus, scope and size of a small community college, and the key factor in obtaining this data was working with the VA Director to invite participants to voluntarily complete the questionnaire via Survey Monkey.

Overall, the setting revolved around the framework for this study, the environmental stress theory as it was originally developed in 1966 by Lazarus (1977). The setting is a good example which adhered to the environmental stress theory that deals with stress from threatened issues in an environment connecting cognitive

and autonomic influences in the setting to assess those stressors that are there as aggressive or not by investigating those that are steered to stress responses (Lazarus, 1977). This theory focused on veterans acclimatized to change settings which may impact health-related concerns related to the emotional, physical, and mental stress of those men and women who served or serve in the military. In turn, this theory opened-up a closer look to collected data in the research design and rationale as it is applied on the veteran's population in an unrestricted environment used in a survey/questionnaire. The data provided greater insight regarding the relationship between veterans' QOL, feelings of anxiety, perceptions of a lack of help, and chronic health problems.

During the development of this research, the COVID-19 pandemic occurred. This historic event of global proportions affected all nationalities, races, ages, religious, and economic groups (Blake & Wadhwa, 2020). These events affected the personal and environmental conditions of all the individuals in this research, including myself. How these may have affected the interpretation of study results will be discussed in depth within the limitations section of Chapter 5. Thus, the change in conditions regardless of distribution via Survey Monkey still hindered the data collection due to the environmental changes outside of the academic classroom incorporating a radical change in a new learning environment for veterans.

Demographics

All data was collected via a questionnaire from a postsecondary education facility. The first part of the questionnaire was designed to collect basic demographic information. Participants offered an overview of their background by answering demographical

questions in significance with the criteria gathered and input into SPSS. The criteria included a collection of age range and sex of participant. No other demographics were used insignificance for the qualitative data.

Demographics of the Research Study Participants

Demographics for descriptive statistics was modified to reflect age ranges in categories collected by the US census demographics. There are 4 age categories encompassing the open-ended question "How old are you" reflected as column J. The question of sex to veteran participants were already categorized into 2 categories within the questionnaire as a choice of male or female. Crosstabulation was utilized to show the count of each age group using the same age classification, sex by married classification, and sex by employed classification.

Table 1

Descriptive Statistics

Group		Male	Female	Total	*N*	%
Sex						
	Male	30	0	30	36	.83
	Female	0	6	6	36	.16
Age						
	18-24	4	1	5	36	.138
	25-44	13	4	17	36	.47
	45-60	10	1	11	36	.305
	61 plus	3	0	3	36	.08
Married						
	Yes	4	1	5	36	.138
	No	17	13	30	36	.83
Employed						
	Yes	2	4	6	36	.16
	No	15	15	30	36	.83

Data Collection

All data were collected via questionnaire using SurveyMonkey. Walden University IRB approved start of data collection research in July 2020 with approval # is 07-01-20-0083595. However, due to the COVID 19 pandemic data collection was not approved by community partner until beginning of Fall 2020. The second IRB process and approval from community partner was given via letter notification dated September 9, 2020. Due to the pandemic the questionnaire was deployed later in the year than anticipated. The questionnaire remained out for data collection from the end of September 2020 until mid-December 2020 to allow for an increased response rate. Follow up emails were sent to potential participants weekly to increase the number of questionnaire responses.

Data were confidential and there were no identifier(s) per IRB guidelines to obtain the data. An agreement for the participant encompassed verbiage explaining to the participants of confidentiality of information what and what will not be shared. Data were obtained and stored for a period of 5years maximum unless other stipulations or bylaws permit longer timeframes to keep data. There was a total of N=36 respondents to the questionnaire in Survey Monkey. From this collected data the research question for RQ1 and RQ2 were answered based on the methodology approach.

Data Analysis and Results

Quantitative Component

RQ - How does transitioning from military service to civilian life affect veterans' overall health-related quality of life?

Hypothesis:

H_0: Null – There is no effect of transitioning from military service to civilian on veteran's overall health related quality of life.

H_1: Alternative – There is an effect (negative or positive) of transitioning from military service to civilian life on veterans' overall health related quality of life.

Based on the respondents and the categorical data the researcher ran a Chi Square test in SPSS. There is no significant difference in the relationship with transitioning from military service to civilian life with respect to overall health related quality of life (length of service in the military and general health). The H0: Null is accepted and the H1: Alternative is rejected.

Raw Quantitative Data

Quantitative data for this research study consisted of 36 respondents. The raw data was collected from Survey Monkey via questionnaire. Out of the 36 respondents three participants did not respond to specific questions collected on the questionnaire for the quantitative research question. The statistical department at university advised to utilize data collected as categorical which was analyzed using the information in a statistical test for the Chi-Square test. Before running the test, the categorical data collected was recoded into two. The raw data was recorded to recode logic for length into two categories. Length of time of service was categories of 1-3 years was merged with 4-6yersin the selection within the questionnaire for category 1 as 1-3 years and 4-6 years. And then length was merged as a record to recode the selection for category 2 for 7-9 years was merged into the category with 10 plus years. The raw data focused on general

health and was also recorded to recode recoded into three new categorical variables. These categorical variables were done as follows: General health category 1 merged excellent and very good, category 2 was good and category 3 merged fair and poor for the second component to merge general health into three categories. Importantly this was to avoid gaps within the raw data for participants who skipped the question(s).

Table 2

Chi Square Test

Veteran Population – Length and General Health			
	df	Value	*p*
Pearson Chi-Square	2	.733[a]	.693
Likelihood Ratio	2	.746	.689
Linear-by-Linear Association	1	.492	.483
N of Valid Cases		33	
Symmetric Measures			
Nominal by Nominal	Phi	.149	.693
	Cramer's V	.149	.693
N of Valid Cases		33	

Note. Chi-Square Test a. 3 cells (50.0%) have expected count less than 5. The minimum expected count is 4.09.

Table 3

Chi Square Test Cross Tabulations

		General Health				
		Excellent & Very Good	Good	Fair & Poor	Total	Percent
Length	1-6 years	3	7	5	15	41.7
	7-10 plus years	6	7	5	18	50
Total		9	14	10	33	

Note. Total cases = 36 (100%) with 3 (8.3%) missing. Final valid *n* =33 cases (91.7%).

Raw Qualitative Data

Qualitative data for this research study consists of 36 respondents. The raw data were collected from Survey Monkey via questionnaire. Out of the 36 respondents, three skipped all the qualitative open-ended questions at the end of the questionnaire. Out of 33 respondents, three skipped one open-ended question and two skipped two open-ended questions on the questionnaire. Out of 33 respondents, skipped three open-ended questions and one skipped five open-ended on the questionnaire. The raw data was then input into a thematic analysis.

Qualitative Component

RQ2 Qualitative - How has transitioning from military service to civilian life affected veterans physical and mental health?

Based on the information collected with open-ended questions it seems that transitioning from military service to civilian life took a toll on many veterans. Adjusting to the norms of civilian life seems hard for many and socializing to others who cannot understand becomes more difficult. There needs to be a plan of action to better allow military service men and women to be educated on benefits for physical and mental health well-being. Importantly, there needs to be availability of encouragement to assist these veterans in navigating personal adjustments to civilian life with counseling programs, educational benefits, and medical assistance to each need.

Open-Ended Q1

The question “How long have you been receiving VA medical benefit” only 33 responded and 3 skipped responses. Out of the 33 total respondents, 8 respondents

indicated never received benefits or replied as non-applicable. Of the remaining 25 respondents 9 indicated receiving benefits for over 10 plus years. The remaining 15 respondents stated receiving benefits between 1-7 years and with one respondent 1 stated "I haven't in a long time but would very much like to resume them".

Open-Ended Q2

The question "How long was it before you sought any mental or medical care" only 31 responded and 5 skipped responses. Out of the 31 total respondents, 9 of those respondents indicated that he or she either never received benefits, replied as non-applicable, indicated question mark, and one would like to have benefits reinstated. From those 9 respondents not receiving benefits one stated, "I tried to get help and the VA kept cancelling appointments, so I stopped trying to go". Of the remaining 22 respondents 20 indicated they started immediately, months, to years before seeking mental or medical care. The remaining 2 respondents wrote a question mark.

Open-Ended Q3

The question "How long was it before you began receiving any mental or medical care (wait-time)" only 31 responded and 5 skipped responses. Out of the 31 total respondents, 9 of those respondents indicated that he or she never sought or tried, never received benefits, zero or not applicable. Of the 22 remaining respondents18 indicated receiving mental or medical care (wait-time) immediately, months, years, or did not remember. The remaining 4 respondents stated that he or she received mental or medical care through Tricare, Blue Cross Blue Shields, or indicated a question mark.

Open-Ended Q4

The question "Does your current PCP [Primary Care Physician] also include mental health care" only 32 responded and 4 skipped responses. Out of the 32 total respondents, 6 of those respondents indicated that he or she only uses VA, does not have a PCP, has a separate mental health doctor, or is not applicable. Of the remaining 24 respondents 15 indicated yes to PCP providing mental health care and 9 indicated no to PCP providing mental health care. The remaining 2 respondents 1 participant responded maybe and 1 responded believes PCP can refer to mental health providers.

Open-Ended Q5

The questions "Is your current PCP with the VA clinic" and "Or outside the VA system" only 32 responded and 4 skipped responses. Out of the 32 respondents, 2 of those respondents indicated that he or she does not have a provider or not applicable. Of the remaining 26 respondents 12 indicated that he or she has a current PCP with the VA clinic and 14 indicated that he or she has a PCP outside the VA system. Of the remaining 2 respondents indicated going to PCP on base with 1 respondent stating "No the VA was bad so went with the. On base from active-duty spouse option". The remaining 1 respondent indicated "One with VA one through Tricare".

Open-Ended Q6

The question "What are your perceptions on a personal experience with veterans entering civilian life" only 32 responded and 4 skipped responses. Out of the 32 respondents, 21 indicated hardship, difficulty, loneliness, depression, anger, and no assistance or plan of action to integrate. Of the remaining 8 respondents all indicated

support from family or friends, did not have issues with the VA, positive transition, strong bond, and overwhelming support. Of the remaining 2 respondents indicated that there is a difference today versus several years ago. The remaining 1 respondent indicated "It's 50/50 it can be really difficult for some and not so much for others".

Open-Ended Q7

The question "What are the primary factors vets can work-on when transitioning" only 31 responded and 5 skipped responses. Out of 31 respondents, 11 indicated veterans should work with outreach programs, educational support, and support family or friends is pertinent to assisting in a positive transition. Of the remaining 11 indicated factors where veterans should have a personal plan and development in place, the veteran needs to self-evaluate if he or she is ready to join civilian life, being self-efficient and self-care to live on one's own, stay focused and motivated. Of the remaining 4 respondents indicated veterans to work-on mental and physical health awareness is important to civilian transition. Of the remaining 2 respondents indicated veterans should work-on for him or her was finding their own way to a solution to adjust into civilian life. Of the remaining 1 respondent indicated veterans to work-on were with social skills. Of the remaining 1 respondent indicated veterans to work-on was having more jobs for veterans. The remaining 1 respondent indicated that a factor for the veterans to work-on was "When in peace, prepare for war. When in war, prepare for peace".

Open-Ended Q8

The question "What do you believe is the primary healthcare issue for receiving VA benefits timely after leaving the service" only 30 responded and 6 skipped responses. Out

of 30 respondents, 9 indicated the primary health care issue for receiving VA benefits is lack of educated VA doctors, lack of educated VA workers, lack of care and empathy and too many applications and backlog of documents. Of the remaining 6 respondents indicated primary health care issues for receiving VA benefits are laziness, pride, knowledge, and education. Of the remaining 3 respondents indicated primary health care issues for receiving VA benefits is that the VA should not question the veterans. Of the remaining 3 respondents indicated primary health care issues for receiving VA benefits is maintaining physical and mental health. Of the remaining 3 respondents indicated primary health care issue for receiving VA benefits were not sure. Of the remaining 3 respondents indicated primary health care issue for receiving VA benefits are the wait-times, the processing time, and no appointments. Of the remaining 2 respondents indicated primary health care issue for receiving VA benefits is the need to reconstruct the VA system and the ignorance on poor planning. The remaining 1 respondent indicated positive to the open-ended question for the primary healthcare issue as receiving VA benefits "I don't believe there is an issue. I started my process while in the military and did not have wait too long and got back pay. If a veteran has access to his PCP and medications, I feel waiting for the disability money is fine for up to 12 months".

Thematic Analysis

Negative Experiences with Transition

Most participants indicated he or she experienced negative transitions from military to civilian life. Out of the 36 respondents, 25 were placed into the thematic theme of negative experience with transition was coded by phrase or words in red font.

The participants who expressed negative reactions indicated that he or she felt some sort of abandonment causing mental stress that affected his or her physical health. This contributed to the poor outlook on building positive relationships amid the community surrounding the veterans.

Lack of Education with Transition

Most participants indicated that education played a huge role on transitioning veterans to civilian life. The collected data were obtained from the open-ended questions seven and eight which indicated veterans' perceptions of lack of education. Out of 36 respondents, 23 were placed into the thematic theme of lack of education with transition was coded by phrase or words in yellow highlight. The attitudes in the responses displayed disappointment and anger as to why veterans cannot transition smoothly into the environment. This led to resentment in asking for assistance when needed.

Contributing Factors to Poor Healthcare

Most participants indicated poor healthcare contributed to the outcome of his or her health after discharging from the military. The collected data were obtained from the open-ended questions seven and eight which indicated veterans 'contributing factors to poor healthcare. Out of 36 respondents, 20 were placed into the thematic theme contributing factors to poor healthcare was coded by phrase or words in gold highlight. The responses indicated lack of resources to assist in applying for benefits, long VA Clinic wait-times to be seen, application processes, abundance much paperwork to receive benefits, no compassion or empathy by VA medical and regular staff etc. This

signified the anger and hostility of the veterans' outlook on the VA System and building trust.

Evidence of Trustworthiness

Credibility

I recognized trustworthiness by following the procedures outlined in Chapter 3. All the questionnaires that were deployed only recorded the answers of a participant who agreed to the consent form to participate in the questionnaire. I downloaded all information sent via Survey Monkey into an excel spreadsheet and then exported into SPSS V27. If a participant did not agree to answer some questions, I recoded the information into condensed categories for the quantitative side of the study.

I used an inductive intracoding as a tool to explore the qualitative data to ensure credibility/validity with a coding approach. This allowed the researcher to explore the data for themes. The researcher initially analyzed the data with her committee for this research to discuss thematic themes together. During this process the researcher also met several times with chair and two times with committee member to discuss the initial collected data to ensure accuracy of the findings. After the 15-30day wait-time, from the initial analyses, the researcher analyzed the data again. This allowed the researcher to go back after 15 to 30 days to recode and reanalyze participant responses. By doing so, the researcher would be able to view and determine if the new analyses agreed with the first analyses. There was a high degree of intracoder agreement between the first and second analyses which meant that the collected data had a high-level of validity.

I then color coded each word/phrase to categorize into buckets where themes were then developed. The purpose for utilizing inductive coding was due to not utilizing a qualitative statistical package thus manually coding all the qualitative data. Codes were used such as a word or phrase and this became the choice in decision for data consistency. Once this was completed for each participant response the researcher then did a bucket list of themes as categorical data. I color coded the qualitative side into a excel spreadsheet and based on themes into a bucket list.

Participants were sent email reminders on a weekly basis for a total of two- and one-half months to increase the response rate during the COVID 19 pandemic from September to December 2020. These reminders encouraged participation Because this was an electronic questionnaire deployed using Survey Monkey and the community partner was educating students virtually, the researcher and VA Center Director could not provide an incentive for this research. The researcher made every attempt to increase the survey response rate.

Transferability

To confirm transferability, I recognized the research purpose, the participants, and the environment. This allows future research with investigators to construe my results in the framework of other groups with risk to health-related quality of life if they believe that is suitable.

Dependability

To launch dependability, I confirmed that the results are commendable to future research studies. I made sure that there was a rational flow from the data to the results.

Categorical coding of the data allowed me to identify themes and their basic patterns from the questionnaire data. The members of my dissertation committee supported the validation to my research.

Confirmability

To ensure confirmability, I followed the theory of Lazarus (1977) and stayed neutral during the study. I presented an opportunity to participants interested in volunteering in the questionnaire their environmental setting which concentrates on stress levels. I was willing to incorporate discrepancies in the questionnaire for participants who refused to fulfill all survey questionnaire questions, if necessary. None emerged among the participants.

Summary

Chapter 4 covered the collection of data regarding transition by explaining the findings for this mixed method research study. The chapter contained both quantitative and qualitative findings based on completed respondent questionnaires. This data collection assessed veterans' health-related quality of life using quantitative and qualitative questions. Data collection was based on a veterans' answer choice for the quantitative hypothesis and had no significance to change of why or how stress related environments affect HRQOL. The data collection on a veterans' personal viewpoint based on open-ended questions for the qualitative side concluded that medical treatment is interchangeably on the effects of a veteran's health negatively. As he or she transitioned from military service to civilian life reflects the Lazarus (1977) environmental stress theory.

This chapter discussed the validity and trustworthiness of the findings. Each section reviews the findings based on the research questions. By understanding the processes to determine the gap(s) found by me the researcher opens future doors to research discussed in the literature. The chapter allowed the quantitative variables to determine relationships or any correlation pertaining to the research data. Importantly the qualitative findings substantiated the variables by encompassing an empirical viewpoint of the participants as it defines the data collection for the conclusion of discussion for Chapter 5.

Chapter 5: Discussion, Conclusions, and Recommendations

The objective of Chapter 5 is to discuss the results from Chapter 4. The chapter also discusses the limitations of the study. Last, I address the potential for social change, make recommendations for a future study, and close with a summary of the research study.

Purpose and Nature of the Study

The purpose of this mixed research methods study was to assess the veterans' health as this affects QOL. Despite the many resources known to aid the separation from military service, trials of the transition are faced by service members and can affect veterans physical and mental health well-being (Hester, 2017; Singh et al., 2004). The nature of this study utilized a mixed research method encompassing both quantitative and qualitative assessments for the HRQOL of veterans who transition from military life to civilian life. This design allowed the data to be collected concurrently while each research question can be effectively addressed. Mainly this design guided all methodological collections and initiated evaluation on the perception at various levels of analysis.

The mixed methods questionnaire development was used to assess veteran's HRQOL as this is affected by transition from military life to civilian life. Both a quantitative and qualitative approach was incorporated into the questionnaire. Participation in this study was voluntary.

Summary of the Research Findings

Based on the respondents' information and the categorical quantitative data for Research Question 1, I ran a Chi Square test. There was no significant difference in the relationship with transitioning from military service to civilian life about overall HRQOL (length of service in the military and general health). However, for Research Question 2, the qualitative data collected with open-ended questions highlighted that transitioning from military service to civilian life took a toll on many veterans. The veterans' adjustment to the norms of civilian life was difficult for many and socializing with others who cannot understand the transition was difficult. As such, the participants in the study showed a need for education on benefits for physical and mental health well-being. The thematic themes for these findings are as follows: negative experiences with transition, lack of education with transition, and contributing factors to poor healthcare.

Interpretation of Findings

The interpretation of the findings depicts the knowledge of the participants which enabled the reality and personal viewpoints of a veteran's HRQOL outcomes. Reality of the issues or concerns with this target population is revealed in the qualitative open-ended questions. Correlation to the qualitative side of the mixed method study revolved around the education, assistance and guidance, medical need and lack of support contributed to the overall outcomes with HRQOL. During the quantitative component of the questionnaire, there were general health-related questions that allowed veterans to choose the best answer which would closely fit his or her response. The impact of this portion with the quantitative questions were insignificant to the true feelings made in the

qualitative answers. This left more risk factors based on the outcomes where they focus on a veteran's personal viewpoint.

The concurrent transformative theoretical framework helped align how RQ1 demonstrated the philosophical concept that focused on ethics regarding the cultural sensitivity. A similar study with concurrent transformative framework was done with early childhood educational activity. The data analysis aimed at the quantitative group differences such as in environmental support and desire changes (Benjamin et al., 2015). This aimed at the qualitative data analysis of open-ended questions with family accommodations to use strategies and the type of changes desired (Benjamin et al., 2015).

Veteran participants totaled N=36 in this research study. The veteran female participants ranged from 18-24 and 25-44. Whereas the male veteran participants ranged from 18-24, 25-44, 45-60 and 61 plus. I found that most of the participants who chose to be part of the study were men. I also found that both male and female married veterans had a higher response rate to participating in the study versus nonmarried veterans. Given the percentage rate of participants due to the pandemic of COVID-19, the multiple-choice answers or fill in the blank answers were found to be more standardized with answers versus answering open-ended questions.

Based on the qualitative findings most of the veterans participated in the open-ended questions and three respondents chose to skip to answer all questions. This was consistent with the theoretical framework. The concurrent transformative design and theory was encompassed into this study by utilizing the Lazarus (1977) environmental stress theory originally developed in 1966. The transitioning stress for these veterans has

received minimal attention and most veterans encountered elevated stress levels at some point in their transition to civilian life (Mobbs & Bonanno, 2018). Reviewed data with observing the shortfall of a greater range of trials, achievements, and disasters for the transition have become factors that measured these experiences (Mobbs & Bonnano, 2018). Like Eccles and Wigfield (2020) the concerns are based on the significance of realization of the progress of individuals with his or her ladders of expectations for achievement and personal task values on how that will correlate to their functioning, choice, and interacting. The theory assisted the researcher to focus on the veteran's personal viewpoint in the acclimatizing to change settings which impact to certain health-related concerns such as emotional, physical, and mental stress. The total N=36 participants both female and male ranging from N=30 to N=33 leaving a total N=8 for participants skipping various questions throughout the questionnaire. There were 8 open-ended questions for participants to answer at the end of the questionnaire regarding medical benefits, basic questions pertaining to mental and medical care, personal experience on transitioning, and primary concerns on receiving benefits timely. Most participants answered the open-ended questions based on observation, knowledge, and experience. The overall outcome of the data was based on the participant responses. These responses linked to the literature which focused on the needed assistance of education, benefits, and medical attention.

Interpretation of the findings in the literature as it pertains to the need of more education for veterans was portrayed as having reactions (Ellison et al., 2012; Gregg et al., 2016). These reactions of unpreparedness contribute to the academia whereas the

transition to college culture streamlined their experiences amid the textural and operational environments discoursed in exploration investigation has results indicated as the need for age related services (Ellison et al. 2012; Gregg et al., 2016). These essential services assisted life situational events that affect veterans in an array of various areas such as education planning and access, counseling for the G.I. Bill, and areas for veterans with mental health issues (i.e., PTSD symptoms, community re-integration, outreach, and support systems) (Ellison et al., 2012). Links identified causal structure of education and mental health association (Halpern-Manners et al., 2016). Significance of a precondition to acknowledge the apparatuses was through socioeconomic standing and mental health influence where each other has focused on the extended-length of socioeconomic disparities in psychological welfare (Halpern-Manners et al., 2016). Importantly, recommendation to the veterans' support for education and integration with mental health amenities varying in intensity with services to those who do have associations amid postsecondary schools and veterans with the VA system (Ellison et al., 2012).

Interpretation of the findings in the literature as it pertains to the need of more benefits has been stated by Hut et al. (2015) that the individual, clinical, and physical trials are seen by care providers with veterans. This would include those veterans who become unstable economically and are homeless (Hut et al., 2015). The continued need for a deeper comprehension of these types of trials need more research for these situational events which have affected the veterans and care providers (Hut et al., 2015). Karaırmak and Güloğlu (2014) addressed various types of exposure to distressed situations that affected a wide variety of mental and physical health outcomes. Mansfield

et al. (2017) addressed self-medicated veterans who handled stress, sickness, and other issues with a substance versus accessing outpatient treatment. The VHA's present efforts are warranted to increase coordination and comprehensive care (Mansfield et al., 2017). However, veterans should have assigned local coordinators for an integrated utilization of treatment (Mansfield et al., 2017).

Lastly, interpretation of the findings in the literature as it pertains to the need of more medical attention with stated explanations for unnecessary wait times comprise of various resources (APHA, 2014). Some of these findings were lack of health care providers, poor appointment practices, and complications linked to effortless transitioning for veterans out of active-duty military care systems to the veteran's care system (APHA, 2014). The antithetical caused and contributed to mental health and physical health issues such as depression, anxiety, and physical health conditions as it links to the HRQOL should be understood to comprehend and were well documented in these military populations (Li et al., 2018). Mobbs and Bonanno (2018) stated that development of transition and reintegrating back to civilian life was commonly stressful and created lifelong psychological challenges. This underlined the breakdown to gain the joint intricacy of the transition in and out of service it has influenced the continuous misinterpretation and constant inactivity surrounding present veteran care (Mobbs and Bonanno, 2018).

Limitations of the Study

There are various limitations found in this study. One limitation is the current COVID-19 pandemic which caused a lack of participants in responding to the volunteer

questionnaire. Due to this pandemic, the launch of the questionnaire was not officially approved by Walden IRB until the end of September. Offices and campus closure effected the initial deployment of the questionnaire to occur in spring 2020. The second IRB process and approval from community partner was given via letter notification dated September 9, 2020. The questionnaire finally became available two days before the end of September 2020. Due to the COVID 19 pandemic, the deployment of the questionnaire was delayed to September 2020. During this time, the researcher found minimal response in the two and half month timeframe the questionnaire was left available for any volunteer participants. This questionnaire availability via Survey Monkey for the target population was extended until December 2020 given that the holiday break might have sparked some interest in volunteering to participate. Throughout the process of collection of data via Survey Monkey had reminder emails sent out for participants to volunteer to take questionnaire.

According to Gerber (2020) it appeared that many veterans had been experiencing the pandemic through the optic visual sense of prior military service. Meaning, these veterans are now more focused and understand that living from experience cannot carry this new fight with the pandemic alone (Gerber, 2020). These veterans seemed to associate the collective experience of COVID-19 to wartime (Gerber, 2020). This must be deemed for those veterans who have functioned and engaged with catastrophe that he or she might need more assistance during the epidemic. Yet, these veterans have a way of being military trained as a way of life which can teach civilians courage, strength, and expressions of amity (Gerber, 2020).

Another limitation found is the overload of surveys veterans are asked to participate via phone or email. Based on a discussion with the community partner, VA Director stated the veterans are asked to voluntarily participate in random surveys or questionnaires on various occasions. The response rate is typically low in general for the post-secondary facility. According to Miller and Aharoni (2015), some reasons for lack of response are due to "lack of time or interest", "attitude towards sponsoring organizations", "survey breakoff" and "internet-related barriers to participation" (pages 25-27). A third limitation based on the discussion with the contact at the community partner VA Director stated that several veterans were activated to assist with the efforts at the borders in Texas during the pandemic. The fourth limitation was the Walden IRB denial of the $5.00 gift card incentive to each veteran participant. Walden University stated the gift card was denied because contact information would need to be collected thus intruding on confidentiality and/or anonymity of participants because of COVID 19 pandemic restrictions to virtual learning for the college. Yet, the usefulness of incentives has been seen as positive (DeCamp & Manierre, 2016). Decamp and Manierre (2016) discussed that their study showed results which indicated that a five-dollar provisional reward given to their target population did increase participation rates. Therefore, I believed this small incentive could have assisted with increasing participation in the voluntary survey.

The final limitation was the feedback from the Walden IRB ensured the participant pool was only student veteran participants versus both veteran student and employee participants. By increasing the size of the volunteered pool, I could have

increased the overall participation rate. This led the me to believe that the broader range of veteran population at the community college such as staff and faculty would have benefited the overall results with collected data for this research study.

Conclusion to Findings and Limitations

Given the limitation findings, the research study provided a general understanding on the outcomes of data collected. Regardless of the limitations within the study there was still a substantial amount for data collection which signified that more research is vital with the veteran population. Understanding the findings versus limitations proved that there is a need to continue the transition of veterans to a stable environment.

Recommendations

Implications on Public Health

Investigating the dynamics of individual response versus randomized and multiple-choice questions make a difference on a person's health decision. There must be a better organized and more effective intervention(s) on the way veterans access health programs, benefits, and sources of support systems. Based on the support structures, health behavior was crucial to being able to provide health workers with developing rapport with his or her patient from a military standpoint. There were several tools that are more effective to address the health needs of both service men and women. One of the tools used by the CDC is the Community Health Improvement Navigator known as CHI (CDC, 2016). This tool allowed community and its partners to assess the needs and resources which increases the efficiency and impact (CDC, 2016). There was another tool assessing individual social risk factors in healthcare settings which is part of the assess

and measure social determinants of health (RHIhub, 2021). Encompassing these tools for various public health concepts of support systems with the veterans should enhance the already implemented programs. For this reason, the military can be more molded as the power structures affect health behavior within health interventions for these men and women. This should be a set path for more public health officials to push our nation into a path of attaining and promoting positive health environments and lifestyles to sustain life after the military.

Future Recommendations

Future research should evaluate and make a difference in veterans' health. I recommend future research on transitional environments with allowing education programs create a course about transitioning specifically for veterans. I recommend a better military transition system after veterans is released from active duty. I recommend wait-times are regulated with the Veteran Affairs Medical facilities on seeing medical professionals which impair the veteran's overall health outcome. This must extend to the areas where veterans feel comfortable to address his or her needs without feeling persecuted or ignored on their true needs to survive when entering civilian life. If true, this will support the recommendation for post-secondary partnerships with federal and state programs to provide the same health educational support to current and recently non-active veteran communities. A final recommendation is for the public health researchers who need to engage more with the veteran population particularly in the areas where there are homeless, disabled, and mid-low-income communities. Based on the data findings these veterans need more exposure to the engaged researchers who can gain new

ways of looking at the veteran community as a personal mission to explore ways to close gaps that continue to linger.

Implications on Social Change

An important idea regarding the focus on veteran's HRQOL is understanding the information that has emerged from the questionnaire. There was a lot of good personal viewpoints on a qualitative side for open-ended questions addressing concerns and issues with the VA system and clinics. There were more males who participated in the study. However, more female veterans do need to be heard.

There needs to be a focus on support and educational systems that can have an expectancy to improve the transitioning of veterans to civilian life. It seems that the health outlook is more of a concept which still is flawed in its current use. The enclosure of these current programs and systems of support for health and behaviors must establish an adequate investment to close gaps within the system. In turn, this will help veterans with their viability for maintaining healthier lives. Public health within the VA System regarding clinics should be more structured to build relationships with veterans to assist with their health interventions and programs.

The public health field regarding the VA Systems involvement in planning and providing public health interventions and programs can take this information to incorporate other ways to meet the needs of our military veterans within the clinics. These veterans are the vulnerable population, and this must be acknowledged more. Varying on how programs are coordinated and funded, the use of educational programs, financial assistance, and proper medical care should not surge the financial burden on the

local health sector. The knowledge of understanding that veterans use outside medical sources from the VA System benefits the local economy. There will always be a need to improve the health of the local veteran population. Meaning, due to scarce resources that are not provided by the VA System or clinics would not be turned away from other ways to take care of a veterans need.

Some participants in this mixed study mentioned that they have ways of handling issues or concerns with transition to improve or maintain their health. Understanding a studied population can provide a greater knowledge of the decision's veterans make concerning his or her health. There does need to be a continuation of support and programs which contribute to social change by providing better ways to veterans in transitioning from military life to civilian life for exploring positive ways to sustain HRQOL. Interpretations of these social changes can be achieved by allowing the development of intervention. Notably, the impact of this study could encourage social change at the government, state, educational, public health, and community levels.

Positive Social Change

There are the experiences and lifestyles which affect the veterans on the quality of life they have has encountered after transitioning from the military. From this study, the reality of stressors appeared to be the upheaval within civilian life into a nonstructured environment leaving the veteran to fend for themselves. Military structure defends a set of rules which each veteran upholds to a feeling of structure and self-adherence to the surroundings in front of them. Therefore, the impact of self-perseverance to control the

life being given outside of the military determines the outcomes of the veterans' physical and mental well-being.

Conclusions

The prevalence of veterans struggling with their HRQOL will always affect some element in their lifestyle. Some of these factors' veterans will experience are: education, wait-times on medical treatment or transitioning to civilian life. Research has indicated the economic impact upon state and national healthcare budgets that cannot ignore health goals for all communities, especially the veteran population. If disregarded and veterans continue to be untreated for their health issues, it will be devastating to many which comprises the public health system, the veterans, communities, and this country.

The data demonstrated that education, communication, wait-times, and non-empathetic VA clinic staff are poor areas where veterans feel more doubts and apprehensive to transition. This research demonstrates that there is a true indicator or factor in health outcomes for these veterans after transitioning on a qualitative perspective. Importantly, the question of whether knowledge, mindsets of personal accountability for health, mental preparedness and physical health practices influence their life should be foreseen as an impossible standard.

Moreover, the open-ended questions revealed the impact in providing health education and assistance in transition to civilian life to the veteran community. Concluding this research study exhibits areas in the literature which should open more doors for future studies among the veteran population. Overall health-related needs and an individual's QOL, especially amid the veterans, shows prevalence to remove the

barriers and any related concerns to transition which affects this population could have more attainable positive outcomes.

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Appendix A: Questionnaire Instrument HRQOL for Veterans

Walden University – Grad Student Research Study

Veterans Questionnaire for Quality of Life

Please answer questions below. If you are unable to answer one or more questions, please indicate N/A.

General Questions

1. How old are you? _____

2. How old were you when you entered the military?

3. Are you Female or Male _____

4. How long have you served in the military or service?

a. 1-3 years b. 4-6 years c. 7-9 years d. 10 plus years

e. currently serving

5. Are you married? YES / NO

6. Are you employed? YES / NO

Healthy Days (Permission given by CDC - HRQOL)

1. Would you say that in general your health is

a. Excellent b. Very good c. Good d. Fair e. Poor

2. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

a. Number of Days _____ b. None

3. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

a. Number of Days_____ b. None

4. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

a. Number of Days_____ b. None

Activity Limitations (Permission given by CDC - HRQOL)

These next questions are about physical, mental, or emotional problems or limitations you may have in your daily life.

1. Are you LIMITED in any way in any activities because of any impairment or health problem?

a. Yes b. No

2. What is the MAJOR impairment or health problem that limits your activities?

a. Arthritis/rheumatism g. Eye/vision problem

b. Back or neck problem h. Heart problem

c. Fractures, bone/joint injury i. Stroke problem

d. Walking problem j. Hypertension/high blood pressure

e. Lung/breathing problem k. Diabetes

f. Hearing problem l. Cancer

m. Depression/anxiety/emotional problem n. Other impairment/problem

3. For HOW LONG have your activities been limited because of your major impairment or health problem?

a. Days b. Weeks c. Months d. Years

4. Because of any impairment or health problem, do you need the help of other persons with your PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house?

a. Yes b. No

5. Because of any impairment or health problem, do you need the help of other persons in handling your ROUTINE needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?

a. Yes b. No

Healthy Days Symptoms (Permission given by CDC - HRQOL)

1. During the past 30 days, for about how many days did PAIN make it hard for you to do your usual activities, such as self-care, work, or recreation?

a. Number of Days_____ b. None

2. During the past 30 days, for about how many days have you felt SAD, BLUE, or DEPRESSED?

a. Number of Days_____ b. None

3. During the past 30 days, for about how many days have you felt WORRIED, TENSE, or ANXIOUS?

a. Number of Days_____ b. None4. During the past 30 days, for about how many days have you felt you did NOT get ENOUGH REST or SLEEP?

a. Number of Days_____ b. None

5. During the past 30 days, for about how many days have you felt VERY HEALTHY AND FULL OF ENERGY?

a. Number of Days_____ b. None

PC-PTSD (permission given by SAMHSA)

Instructions: In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, in the past month, you:

1. Have had nightmares about it or thought about it when you did not want to? YES / NO

2. Tried hard not to think about it or went out of your way to avoid situations that reminded you of it? YES / NO

3. Were constantly on guard, watchful, or easily startled? YES / NO

4. Felt numb or detached from others, activities, or your surroundings? YES / NO

Open-ended questions

1. How long have you been receiving VA medical benefits?

_____

_____

2. How long was it before you sought any mental or medical care?

_____

_____

3. How long was it before you began receiving any mental or medical care (wait-time)?

_____

_____

4. Does your current PCP [Primary Care Physician] also include mental health care?

_____

_____

5. Is your current PCP with the VA clinic? Or outside the VA system?

_____

_____

6. What are your perceptions on a personal experience with veterans entering civilian life?

_____

_____

_____

_____

_____

_____

7. What are the primary factors vets can work-on when transitioning?

_____

_____

_____

8. What do you believe is the primary healthcare issue for receiving VA benefits timely after leaving the service?

_____

_____

_____

_____

_____

_____

Appendix B: Centers of Disease Control and Prevention HRQOL

Healthy Days Core Module (CDC HRQOL– 4)

1. Would you say that in general your health is

2. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

3. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

4. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

Activity Limitations Module

These next questions are about physical, mental, or emotional problems or limitations you may have in your daily life.

1. Are you LIMITED in any way in any activities because of any impairment or health problem?

2. What is the MAJOR impairment or health problem that limits your activities?

3. For HOW LONG have your activities been limited because of your major impairment or health problem?

4. Because of any impairment or health problem, do you need the help of other persons with your PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house?

5. Because of any impairment or health problem, do you need the help of other persons in handling your ROUTINE needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?

Healthy Days Symptoms Module

1. During the past 30 days, for about how many days did PAIN make it hard for you to do your usual activities, such as self-care, work, or recreation?

2. During the past 30 days, for about how many days have you felt SAD, BLUE, or DEPRESSED?

3. During the past 30 days, for about how many days have you felt WORRIED, TENSE, or ANXIOUS?

4. During the past 30 days, for about how many days have you felt you did NOT get ENOUGH REST or SLEEP?

5. During the past 30 days, for about how many days have you felt VERY HEALTHY AND FULL OF ENERGY?

Appendix C: SAMHSA Resources Tools Assessments

PCL-C

The next questions are about problems and complaints that people sometimes have in response to stressful life experiences. Please indicate how much you have been bothered by each problem in the past month. For these questions, the response options are: “not at all”, “a little bit”, “moderately”, “quite a bit”, or “extremely”.

		A little bit	Moderately	Quite A Bit	Extremely
PCL1	Repeated, disturbing memories, thoughts, or images of a stressful experience from the past?	1	2	3	4	5
PCL2	Repeated, disturbing dreams of a stressful experience from the past?	1	2	3	4	5
PCL3	Suddenly acting or feeling as if a stressful experience from the past were happening again (as if you were reliving it)?	1	2	3	4	5
PCL4	Feeling very upset when something reminded you of a stressful experience from the past?	1	2	3	4	5
PCL5	Having physical reactions (e.g., heart pounding, trouble breathing, sweating) when something reminded you of a stressful experience from the past?	1	2	3	4	5
PCL6	Avoiding thinking or talking about a stressful experience from the past or avoiding having feelings related to it?	1	2	3	4	5
PCL7	Avoided activities or situations because they reminded you of a stressful experience from the past?	1	2	3	4	5
PCL8	Having trouble remembering important parts of a stressful experience from the past?	1	2	3	4	5
PCL9	Loss of interest in activities that you used to enjoy?	1	2	3	4	5
PCL10	Feeling distant or cut off from other people?	1	2	3	4	5
PCL11	Feeling emotionally numb or being unable to have loving feelings for those close to you?	1	2	3	4	5
PCL12	Feeling as if your future somehow will be cut short?	1	2	3	4	5
PCL13	Having trouble falling or staying asleep?	1	2	3	4	5
PCL14	Feeling irritable or having angry outbursts?	1	2	3	4	5
PCL15	Difficulty concentrating?	1	2	3	4	5
PCL16	Being “superalert” or watchful or on guard?	1	2	3	4	5
PCL17	Feeling jumpy or easily startled?	1	2	3	4	5

Appendix D: SAMHSA Resources Tool Assessments

Primary Care PTSD Screen (PC-PTSD)

Description

The PC-PTSD is a 4-item screen that was designed for use in primary care and other medical settings and is currently used to screen for PTSD in veterans at the VA. The screen includes an introductory sentence to cue respondents to traumatic events. The authors suggest that in most circumstances the results of the PC-PTSD should be considered "positive" if a patient answers "yes" to any 3 items. Those screening positive should then be assessed with a structured interview for PTSD. The screen does not include a list of potentially traumatic events.

Scale

Instructions:

In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, in the past month, you:

1. Have had nightmares about it or thought about it when you did not want to? YES / NO
2. Tried hard not to think about it or went out of your way to avoid situations that reminded you of it? YES / NO
3. Were constantly on guard, watchful, or easily startled? YES / NO
4. Felt numb or detached from others, activities, or your surroundings? YES / NO

Current research suggests that the results of the PC-PTSD should be considered "positive" if a patient answers "yes" to any three items.

Appendix E: SAMHSA Resources Tools Assessments

PHQ-9 Patient Depression Questionnaire

For initial diagnosis:

1. Patient completes PHQ-9 Quick Depression Assessment.

2. If there are at least 4 s in the shaded section (including Questions #1 and #2), consider a depressive disorder. Add score to determine severity.

Consider Major Depressive Disorder

- if there are at least 5 s in the shaded section (one of which corresponds to Question #1 or #2)

Consider Other Depressive Disorder

- if there are 2-4 s in the shaded section (one of which corresponds to Question #1 or #2)

Note: Since the questionnaire relies on patient self-report, all responses should be verified by the clinician, and a definitive diagnosis is made on clinical grounds taking into account how well the patient understood the questionnaire, as well as other relevant information from the patient.

Diagnoses of Major Depressive Disorder or Other Depressive Disorder also require impairment of social, occupational, or other important areas of functioning (Question #10) and ruling out normal bereavement, a history of a Manic Episode (Bipolar Disorder), and a physical disorder, medication, or other drug as the biological cause of the depressive symptoms.

To monitor severity over time for newly diagnosed patients or patients in current treatment for depression:

1. Patients may complete questionnaires at baseline and at regular intervals (eg, every 2 weeks) at home and bring them in at their next appointment for scoring or they may complete the questionnaire during each scheduled appointment.

2. Add up s by column. For every : Several days = 1 More than half the days = 2 Nearly every day = 3

3. Add together column scores to get a TOTAL score.

4. Refer to the accompanying **PHQ-9 Scoring Box** to interpret the TOTAL score.

5. Results may be included in patient files to assist you in setting up a treatment goal, determining degree of response, as well as guiding treatment intervention.

Scoring: add up all checked boxes on PHQ-9

For every Not at all = 0; Several days = 1;
More than half the days = 2; Nearly every day = 3

Interpretation of Total Score

Total Score Depression Severity

1-4 Minimal depression
5-9 Mild depression
10-14 Moderate depression
15-19 Moderately severe depression
20-27 Severe depression

Appendix F: Steps to find missing values from dataset

Here are the steps to find missing values from dataset:

1. Toolbar – select Analyze
2. Drop down menu – select Descriptive
3. Then from Descriptive select Frequencies
    a. Highlight all the items in the first column to the left if those are the dataset points which need to be cleaned
    b. The shift button and mouse to click on the item last item which will highlight “all”
    c. Make sure the Display Frequency Tables is checked off in the “check box”
    d. Then select on the blue button in the middle which looks like a reverse or swoop arrow
    e. All should appear in the variable box to the right side
4. Then click the Statistics box to the far upper right-hand side
    a. Go to the Dispersion Box at the lower left side
    b. Select Minimum and Maximum
    c. Select continue
5. You will then be at the main Frequencies Statistics Box
    a. Select Ok
6. The output will appear, and the researcher will determine if values were missing within the Statistics Section

7. The researcher looked at the original dataset to determine why value sets are invalid
    a. Crosscheck with the original data sheets

Here are the steps to clean the dataset:

1. Go to the Toolbar
2. Select Transform
3. Drop down box will appear
    1. Select Replace missing values
4. Box opens go to right lower side which is called Name and Method
    1. Select Method drop down box
    2. Select method best fits dataset to clean up missing values
        1. Most common example is Series Mean
    3. Then on the left-hand side highlight with control shift function the items labelled in the original dataset which need to be cleaned
    4. Select the “blue” arrow in middle which will place those items under New Variable(s)
    5. Select OK
5. The cleaned values will now be at the end of the original dataset renamed
6. Then cut and paste new value sets and replace in the old columns with incorrect value sets
7. Then delete the last renamed columns (avoids confusion)

Final dataset will have all missing values cleaned to rerun a final output

Appendix G: G*Power Sample Size