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## Relationship Between Demographic Characteristics and Self-Perceived Wellness of Military Veterans

Oluwatosin Mariam Roselin Animashaun  
*Walden University*

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# Walden University

College of Psychology and Community Services

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Mariam Oluwatosin Roselin Animashaun

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Walden University  
2022

Abstract

Relationship Between Demographic Characteristics and Self-Perceived Wellness of  
Military Veterans

by

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MA, Walden University, 2019

MA, Trident University, 2009

BS, Lagos State Polytechnic, Nigeria, 1998

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

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## Abstract

An estimated 200,000 U.S. service members transition to civilian life each year and experience life-altering changes that can negatively affect how they function, their abilities, and their overall wellness. The purpose of this quantitative correlational study was to examine the relationship between demographics and wellness (RQ1) and differences in wellness between combat and noncombat veterans when controlling for number of years since discharge (RQ2). Data were collected using the General Well-being Schedule, and a sample of 144 veterans participated. The results were explored through the framework of military transition theory. Statistical analyses used included multiple linear regression and ANCOVA. The RQ1 model (gender, branch of service, rank at discharge, service type, years served, and years since discharge) explained approximately 16% of the variance ( $R^2 = 0.157$ ,  $F(6,132) = 4.091$ ,  $p = .001$ ) in the dependent variable of self-perceived wellness. Branch of service ( $B = 3.706$ ,  $p < .05$ ), rank ( $B = 6.096$ ,  $p < .05$ ), and years served ( $B = .552$ ,  $p < .05$ ) were the only independent variables related to self-perceived wellness at statistically significant levels (null was partially rejected). For RQ 2, the difference in mean wellness score was not statistically significant ( $F(1, 136) = 1.429$ ,  $p = .234$ ) between combat ( $M = 52.924$ ) and noncombat ( $M = 57.170$ ) veterans (null hypothesis was retained). The results of this study have potential implications for positive social change as they can be used in veteran transition services to improve and individualize the services offered based on the variables determined to be related to wellness.

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## Dedication

This dissertation is dedicated to my wonderful family: my sister, Olabisi, and my children, Mozidat and Mozeed, who supported, encouraged, and motivated throughout the entire journey. I also dedicate this to the memory of my late grandmother and father, Sena Martins and Lateef Agoro, who gave me wings to fly and encouraged my endeavors. I also dedicate this to all transitioning service members and staff I have worked with as a Wounded Warrior Advocate at the Warrior Transition Battalion and Soldier and Family Activity Center at Fort Stewart from 2008 to 2020. My work with the warriors propelled my journey to find ways to alleviate challenges and promote successful transitions.

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## Chapter 1: Introduction to the Study

### **Introduction**

Researchers have explored the military to civilian life transition and found that the changes associated with transition and the challenges veterans experience involve adjustments to psychological, physiological, and social factors (Zogas, 2017). This transition can be more complicated for some veterans than others due to their different demographic characteristics, backgrounds, and experiences (Zogas, 2017). Much of the research about the reintegration and wellness of military veterans after separation has been qualitative studies (Ahern et al., 2015; Binks & Cambridge, 2017; Burkhart & Hogan, 2015; Gregg et al., 2016; Jones, 2017; Leslie & Koblinsky, 2017; Romaniuk & Kidd, 2018). These researchers have focused on how combat veterans adapt to civilian life after their combat experiences rather than their wellness after permanent discharge from their military obligations (MacLean et al., 2014; Romaniuk & Kidd, 2018).

I have not found researchers who have examined the relationship between demographic characteristics (age, gender, military branch, rank at discharge, service type [combat/noncombat], number of years served, number of years since discharge) and self-perceived wellness or the difference in self-perceived wellness as measured by Dupuy's (1977) general well-being schedule (GWBS) between combat veterans and noncombat veterans when controlling for the number of years since discharge. Further studies are needed in these areas to add to the literature on the transition and wellness of veterans (Ahern et al., 2015; Romaniuk & Kidd, 2018; Suzuki & Kawakami, 2016). The positive change implication of this study is to provide additional information to government

agencies and community service providers who assist veterans in their transition to civilian life to tailor transitional programs and resources based on veterans' characteristics. Chapter 1 includes the introduction, problem statement, purpose of study, research questions, hypotheses, variables, theoretical foundation, nature of the study, definitions, assumptions, scope and delimitations, limitations, significance, and summary.

### **Background**

The effective transition of veterans from military to civilian life is important because service members may experience difficulty becoming fully integrated into civilian society after leaving the military (MacLean et al., 2014; Romaniuk & Kidd, 2018). Ahern et al. (2015) and Keeling et al. (2018) discussed the adjustments that need to occur for an effective transition. Ahern et al. attributed the challenges of an effective transition to traumatic military obligations, cultural change, and repeated disruption of connections to loved ones. Keeling et al. explained that employment was the factor that veterans reported most affected their wellness post service.

Veterans adjusting to civilian life may have problems with acculturation adjustments and their strong ideology of service to others that may not be as valued in civilian life as in the military (Suzuki & Kawakami, 2016). Veterans experience psychological adjustments during their transition due to their loss of identity and purpose and the loss of their self-identity as part of the military culture and community (Romaniuk & Kidd, 2018). Zogas (2018) explained that veterans were once part of an institution that provided unique skills and changed their behaviors and values. Thus, it is

difficult for them to translate that military culture and lifestyle to civilian settings to have a successful transition after discharge.

The aftermath of life in the armed forces can be demanding and sometimes leave veterans with health and wellness needs regardless of whether they were exposed to combat or not during service. Oster et al. (2017) identified certain factors that influence the wellness of both combat and noncombat veterans after discharge: intensive daily physical activities and lifestyle factors, such as alcohol consumption, smoking, and military-related traumatic stress. Exposure to combat may complicate matters for some veterans because they may experience physical and psychological trauma after their combat service (Oster et al., 2017). Veterans may have also been exposed to viruses and toxic substances during their service years, which may lead to cancer and other terminal illnesses once they are no longer in service (Oster et al., 2017).

Undiagnosed and untreated mental health illnesses inhibit successful transition and the well-being of veterans after service. Gettings et al. (2019) indicated that combat veterans experience several problems upon returning to the community. Many veterans find it challenging to acculturate, and they may have problems socializing with civilians or maintaining employment when they leave the force with untreated medical conditions (Oster et al., 2017). According to Orazem et al. (2017), veterans reported they felt like outsiders and did not belong or fit into a civilian setting. Thus, military veterans are most vulnerable when separated from active service, especially feeling the loss of important aspects of military culture, the structure, support, and community (Romaniuk & Kidd, 2018). Military veterans find it difficult to adjust to their new lives to rebuild their self-



concept as civilians. Thus, the loss of purpose and meaning impedes their wellness after their transition.

### **Problem Statement**

The U.S. Department of Defense (DOD, 2017) reported that between 174,403 and 188,276 service members had left the military since 2010. The challenges military veterans experience during their transition from military to civilian life are related to adjusting to a civilian environment and culture different from what they experienced while serving in the military (Zogas, 2017). If a veteran cannot successfully assimilate into civilian life, they may find themselves unemployed, experiencing financial hardships due to unemployment, unstable living arrangements, psychological issues, and/or relationship issues. Between 65% and 80% of veterans surveyed between 2014 and 2016 did not have employment after leaving the military, and over 30% of veterans reported financial struggles (Zogas, 2017). Over 40% of veterans are not eligible for housing assistance under the U.S. Department of Housing and Urban Development programs, even though they do not have permanent housing (Castro et al., 2014). Unresolved relationship issues can result in a deterioration of relationships with others, and unresolved psychological issues/lack of treatment are related to homelessness, substance use, and suicide (Castro et al., 2014; Ahern et al., 2015).

Wellness is defined as a “multidimensional and holistic, encompassing lifestyle, mental and spiritual well-being, and the environment” (National Wellness Institute, 2019). Positive perceptions of wellness among military veterans are found to be related to being gainfully employed (Castro et al., 2014; Kneeling et al., 2018), a strong social

support system (Castro & Kintzle, 2016), community acceptance (Castro & Kintzle, 2016), and a sense of contentment with one's life (Cooper et al., 2018; Kneeling et al., 2018). Therefore, the problem addressed in this study is the negative experiences related to wellness that veterans may experience during their postmilitary transition, such as unemployment, changes and challenges in relationships and social support networks, community stigma and discrimination, inadequate support services, loss of purpose, and personal and social identity challenges (Cooper et al., 2018; Kneeling et al., 2018; Sayer et al., 2014)

Previous research into the challenges related to veteran assimilation into civilian life, associated problems, and their relationship to perceived wellness has illuminated important findings (Castro & Kintzle, 2014; Castro et al., 2014; Castro & Kintzle, 2017; Zogas, 2017) However, I have found no research conducted to examine the relationship between the demographic characteristics of military veterans (age, gender, military branch, rank at discharge, service type [combat/noncombat], number of years served, and number of years since discharge) and their self-perceived wellness measured by the GWBS. Further research is warranted to examine the relationships between these variables and the difference in self-perceived wellness as measured by the GWBS between combat veterans and noncombat veterans when controlling for the number of years since discharge.

### **Purpose of Study**

The intent of this quantitative, correlational study of a cross-sectional nature was to examine the relationship between demographic characteristics (age, gender, military

branch, rank at discharge, service type [combat/non-combat], number of years served, and number of years since discharge) and self-perceived wellness measured by the GWBS in military veterans. In addition, I studied the difference in self-perceived wellness as measured by the GWBS between combat veterans and noncombat veterans when controlling for the number of years since discharge. By having a better understanding of these topics, additional information could be provided to those who assist veterans in their transition to civilian life to assist them in individualizing these programs based on veteran characteristics.

### **Research Questions and Hypotheses**

RQ1: What is the relationship between demographic characteristics (age, gender, military branch, rank at discharge, service type [combat/noncombat], number of years served, and number of years since discharge) and self-perceived wellness measured by the GWBS in military veterans?

*H<sub>0</sub>1*: There is no statistically significant relationship between demographic characteristics (age, gender, military branch, rank at discharge, service type [combat/noncombat], number of years served, and number of years since discharge) and self-perceived wellness measured by the GWBS in military veterans.

*H<sub>A</sub>1*: There is a statistically significant relationship between demographic characteristics (age, gender, military branch, rank at discharge, service type [combat/noncombat], number of years served, and number of years since

discharge) and self-perceived wellness measured by the GWBS in military veterans.

The independent variables associated with RQ1 are age, gender, military branch, rank at discharge, service type (combat/noncombat), number of years served, and number of years since discharge. The dependent variable is self-perceived wellness as measured by the GWBS (Dupuy, 1977). I conducted a multiple linear regression to analyze the data as the scoring of the instrument used for the dependent variable is linear (0–100).

RQ2: What is the difference in self-perceived wellness as measured by the GWBS between combat veterans and noncombat veterans when controlling for number of years since discharge?

*H<sub>0</sub>2*: There is no statistically significant difference in self-perceived wellness as measured by the GWBS between combat veterans and noncombat veterans when controlling for number of years since discharge.

*H<sub>A</sub>2*: There is a statistically significant difference in self-perceived wellness as measured by the GWBS between combat veterans and noncombat veterans when controlling for number of years since discharge.

The independent variable associated with RQ2 is service type (combat/noncombat). The dependent variable is self-perceived wellness measured by the GWBS (Dupuy, 1977). I conducted an analysis of covariance (ANCOVA), and the covariate will be the number of years since discharge.

## Theoretical Foundation

The theoretical framework used for this study was the military transition theory (MTT). Service members become accustomed to different forms of transitions throughout their military careers as part of their military obligations (Castro, 2018). Individuals transition from civilian life to military life through basic training. In the military, they experience multiple transitions according to their duty assignments. Service members' final transition is when they separate from the military and transition back to civilian life (Castro & Kintzle, 2014; Kintzle & Castro, 2018). MTT asserts that even though military personnel may become accustomed to changes within their military career, separating from the service is a more substantial transition. This transition from military life to civilian life can affect their health and well-being because it is a major culture change (Castro & Kintzle, 2016; Kintzle & Castro, 2018). The changes involved can be difficult for some veterans, impacting the outcome of their transition and their perceived wellness (Castro, 2018; Castro & Kintzle, 2014, 2016). Castro and Kintzle (2014) developed MTT to gain insight into how service members develop their sense of belongingness, selfless service, and service to others during the lifetime of their military career. Researchers have primarily used MTT to explain transitions such as the military to civilian careers (Castro, 2018; Castro & Kintzle, 2014; Castro et al., 2014; Keeling et al., 2018; Kintzle & Castro, 2018; Whitworth et al., 2020), military to civilian education (Ford & Vignare, 2015), veterans' physical and mental health (Carlos & Kintzle, 2014; Chin & Zeber, 2020; Mobbs & Boanno, 2018; U.S. Department of Veteran Affairs [VA], 2018a),

postmilitary development (Castro, 2018; Castro & Kintzle, 2014), and wellness of veterans (Castro, 2018; Kintzle & Castro, 2018; Mobbs & Boanno, 2018).

Military separation involves changing cultures, like the experiences of immigrants who go from one culture to another, *acculturation* (Castro, 2018). Changes immigrants may encounter include dramatic changes to employment, language, housing, health care, community connections, a sense of purpose, and belonging (Castro, 2018). These changes are related to discomfort and stress (Carlos, 2018; Castro & Kintzle, 2016). This discomfort and stress could negatively impact the well-being of these individuals (Castro & Kintzle, 2014, 2016).

### **Nature of the Study**

This study was a quantitative descriptive correlational design of a cross-sectional nature. A correlational study is a nonexperimental procedure used to determine the statistical relationship between two or more variables (Souise et al., 2007). Researchers use a cross-sectional study when they want to collect data at a specific point in time (Sertia, 2016). This research methodology was appropriate because it allowed me to examine the relationship between the demographic characteristics of veterans in relation to veterans' self-perceived wellness at one point in time (one data collection period).

### **Definitions**

*Acculturation:* The process in which members of one cultural group adopt the beliefs and behaviors of another and apply them to their family or individuality (Meston & Ahrold, 2010).

*Active duty:* Full-time service, excluding training, as a member of one of the five branches of the military or a commissioned officer of the National Oceanic and Atmospheric Administration or Public Health Service (U.S. Census Bureau, 2018).

*Combat:* Active fighting in a war (Merriam-Webster, n.d.). For this study, combat involved being deployed to a hostile environment, war zone, or occupied area where the military may not be wanted as part of one's military obligation.

*Discharged:* The completion of a service member's military service or their separation from service (Armed Forces, 2015).

*Military:* Relates to the armed forces. It is a heavily armed, highly organized force primarily intended for warfare (DOD, 2005).

*Military identity:* Conceptualized as a multidimensional construct comprised of warriorism, idealism, professionalism, and individualism (Johansen et al., 2015).

*Military service:* Serving in a branch of the armed forces listed as military (DOD, 2005).

*Military transition/military transition theory:* When service members enter a state of progression when transitioning from military culture to civilian culture (Castro & Kintzle, 2014).

*Noncombat:* Military service without deployment to a combat zone or a hostile environment (Castro & Kintzle, 2014).

*Separation:* A general term used to identify service members being discharged, released from active duty or custody and control of the Armed Forces, transferred to the Individual Ready Reserve, or changing from active or reserve status (Knight, 2014).

*Service members:* Military members of the military (Castro & Kintzle, 2014).

*Veteran:* An individual 18 years or older who served but is not currently serving in an active-duty status in one of the five branches of the military (U.S. Census Bureau, 2018).

### **Assumptions**

Several assumptions were made for this study, and they were necessary to answer the research questions. I assumed that participants would voluntarily participate in the study. The second assumption was that all the participants would meet the minimum requirements for admission into the study (retired U.S. military veterans from the post-9/11 era who retired as enlisted personnel, warrant officers, or officers [DOD, 2017]; veterans who retired from any service component [Active Duty, Reserves or National Guard]; and literacy level in English language sufficient to understand the questionnaire) and that the participants would answer these screening questions honestly. All participants whose data did not meet the inclusion criteria based on their answers to the inclusion items were excluded from the survey.

The third assumption was that the participants would complete the demographic information and GWBS completely and truthfully respond to each question based on their life satisfaction and level of psychological distress. This concern was minimized because participants provided anonymous answers to the online survey (Leiner, 2014). Participants were assured anonymity as I was not collecting any identifying information (e.g., name, social security number, address), and data were reported in aggregate. In



addition, the data were stored in a secure location following the guidelines of the Walden University Institutional Review Board (IRB; Leiner, 2014).

### **Scope and Delimitations**

The focus of this study was the relationship between the demographic characteristics of veterans and their self-perceived wellness. Wellness was measured using the GWBS (Dupuy, 1977), and demographic data were collected using a researcher-developed demographic form. The inclusion criteria for this study included retired United States military veterans from the post-9/11 era who retired as enlisted personnel, warrant officers, or officers (DOD, 2017). Participants were combat or noncombat veterans retired from any service component (Active Duty, Reserves, or National Guard). Participants also were required to have a literacy level in the English language sufficient to understand the questionnaire. There were inclusion criteria screening questions at the beginning of the survey, and potential participants who did not meet the inclusion criteria were excluded from the survey.

A correlational design was used in this study to determine the relationship between the dependent and independent variables (University of Connecticut, 2015). A correlational research survey allows a researcher to collect more detailed data in minimal time. Using online forms allows researchers to reach more survey respondents than traditional survey methods (Formplus, 2020; University of Connecticut, 2015). Correlational research is backward-looking because it only observes and measures recent historical relationships between variables. Even though correlational research does not account for cause and effect between variables, it helps researchers identify recurring

statistical relationships connecting the variables in research (Formplus, 2020; University of Connecticut, 2015).

### **Limitations**

The main barrier in this study was obtaining a large enough sample ( $n = 158$ ) to meet the calculated statistical power desired for the study (Faul et al., 2009). Participants were recruited from various social media platforms and the Walden University participant pool. Veterans attend Walden University (2020b), so I recruited participants using the participant pool. I did not recruit from the VA (2020) due to restrictions involved in obtaining permission from government and military groups. I mainly recruited through online forums, which was a limitation of my study that may diminish the generalizability of the results; I was not accessing potential participants who did not have access to these online forums (Gelinas et al., 2017).

There is also a threat to external validity because eligible participants were limited to only veterans who served in the post-9/11 era who were previously active in the U.S. military and not those who served in other eras (U.S. Census Bureau, 2020). Another weakness of this quantitative study was the number of participants who could not participate. Only participants who had access to a computer and internet, those actively participating in veteran organizations on social media, and students from the Walden University (2020b) participant pool could participate.

Other limitations included issues that generally arise with survey designs. These include participants trying to please the researcher, lying to make themselves look better, or having false memories about the questions asked through the survey (DeFranzo, 2020).

Response bias is a cognitive bias that influences a participant's responses and may prevent those responses from being truthful or accurate (Tyson, 2020). Response bias can have an enormous impact on the validity of survey or questionnaire studies (DeFranzo, 2020).

### **Significance**

The results of this study may be used by those who create and administer transition services to military veterans to improve and individualize the services they offer based on what variables the study may show are related to wellness. In addition, providing information about the differences in wellness between veterans who had different types of service experiences and are at different points in their transition could also help those who provide services better understand these differences. Understanding these things could help military service providers, veteran organizations, and other professionals supporting veterans be more responsive to the differences between transitioning veterans to help them have a more successful transition to civilian life and be more productive in their communities.

### **Summary**

Military-to-civilian transitions can challenge veterans' wellness when the transition affects them personally, financially, and socially. The purpose of this correlational study was to examine the relationship between demographic characteristics (age, gender, military branch, rank at discharge, service type [combat/noncombat], number of years served, and number of years since discharge) and self-perceived wellness as measured by the GWBS in military veterans. After separating from active

service, military veterans experience considerable life-changing challenges when reintegrating into civilian society. The way veterans adjust and manage their difficulties may depend on their demographic characteristics.

In this study, I only focused on veterans who served in the post-9/11 era, who had access to computers and the internet, who were members of veteran organizations on social media, or who were students at Walden University. The two research questions employed in this inquiry directed and measured the participants' life satisfaction and level of psychological distress using the GWBS. The results from the examination represent an important contribution to the field of study and aid military service providers and veteran organizations in providing a better understanding of how to address veterans' wellness needs based on their demographic characteristics.

Chapter 2 provides a comprehensive review of relevant literature that supports this study. The chapter includes a breakdown of MTT, the theory's development, and its relevance to the current study. In Chapter 2, I also review the demographics of the U.S. military, leaving the military, postmilitary separation support, veteran demographics, and wellness.

## Chapter 2: Literature Review

### **Introduction**

After separation, military personnel experience challenges, including losing their military/career identity, military culture support, and purpose in life (Romaniuk & Kidd, 2018). Researchers have found that the transition from military to civilian life can also be related to their ability to function, capabilities, and their overall wellness (Elnitsky et al., 2017; MacLean et al., 2014). These difficulties stem from a variety of factors at the time of separation, including changes in relationships, employment, social support networks, and personal and social identity (Ahern et al., 2015; Castro, 2018; Elnitsky et al., 2017; Keeling et al., 2018; MacLean et al., 2014). Some researchers have evaluated the psychological challenges that arise with the adjustment to a new environment and a different way of life (culture) and have found the psychological challenges postseparation include decreased mental health and self-stigma (Ahern et al., 2015; Bowe et al., 2017; Cooper et al., 2018). When these issues are not appropriately addressed with the necessary interventions, veterans' overall well-being can decline (Bowe et al., 2017; Elnitsky et al., 2017).

The purpose of this quantitative, correlational study of a cross-sectional nature was to examine the relationship between demographic characteristics (age, gender, military branch, rank at discharge, service type [combat/noncombat], number of years served, and number of years since discharge) and self-perceived wellness as measured by the GWBS (Dupuy, 1977) in military veterans. In addition, I studied the difference in self-perceived wellness as measured by the GWBS between those veterans who served in

combat versus those who did not while controlling for the number of years since discharge in order to determine how the type of service and the length of separation may be related to wellness for transitioning veterans. By having a better understanding of how these variables are related (and differences in some of the variables based on service type and length of separation), additional information can be provided to those who assist veterans in their transition to civilian life to assist them in individualizing these programs based on veteran characteristics.

This chapter includes the literature search strategies used for this study. It includes the examination of the composition of U.S. military service members, their transitions, and issues associated with their separation from service. I also review recent studies on military transition, the findings, and gaps in the literature. Additionally, I evaluate several efforts used by the government and other entities to address the problem to aid successful transitions.

### **Literature Search Strategy**

Literature was collected from peer-reviewed and scholarly literature published from 2014 to 2022. These materials were retrieved from different databases, such as Military and Government Collection, Psyc INFO, SocINDEX, APA PsycArticles, Academic Search Complete, ERIC, MEDLINE, SAGE Journal, Science Direct, EBSCO, Thoreau, and Google Scholar. I also reviewed the website of the Center for Innovation and Research on Veterans and Military Families and the International Society for Traumatic Stress Studies. The keywords used were *transition*, *readjustment*, *reintegration*, *military veterans*, *soldiers*, *armed forces*, *civilians*, *service members*,

*military personnel, well-being, wellness, adaptability, quality of life, military transition theory, veteran transition, combat injuries, military-to-civilian transition, transition policies, processes, program efforts, and psychology.*

### **Theoretical Foundation**

The theoretical framework used for this study was MTT. Service members become accustomed to different forms of transition throughout their military careers as part of their military obligations (Castro, 2018). Service members start their transition at basic training when they join the military; during their careers, they move every 2 to 3 years for their duty assignments or go for months of temporary duties to train for special assignments; and their final transition is when they separate from service (Castro & Kintzle, 2014; Kintzle & Castro, 2018). MTT asserts that even though military personnel are accustomed to changes when they are in service, separating from the service is a different kind of change that affects their health and well-being because it involves changing cultures (Castro & Kintzle, 2016; Kintzle & Castro, 2018). The changes involved can be difficult for some veterans based on several factors, consequently impacting the outcome of their transition and their perceived wellness (Castro, 2018; Castro & Kintzle, 2014, 2016).

Castro and Kintzle (2014) developed MTT to gain insight into how service members develop their sense of belongingness, selfless service, and service to others during the lifetime of their military career. Military separation involves moving from military to civilian culture, similar to the experiences of immigrants who go from one culture to another and acculturate (Castro, 2018). Changes those who acculturate

experience may include employment, language, housing, health care, community connections, a sense of purpose, belonging, and education (Castro, 2018). These changes are related to discomfort and stress. These feelings can increase when additional factors, such as type of discharge, combat history, mental and physical health issues, and the lack of personal preparedness are included (Carlos, 2018; Castro & Kintzle, 2016). This discomfort and stress could negatively impact the well-being of these individuals (Castro & Kintzle, 2014, 2016). Because MTT was only developed within the last 6 years, researchers have primarily used the theory to explain topics such as military to civilian careers (Castro, 2018; Castro & Kintzle, 2014; Castro et al., 2014; Keeling et al., 2017; Kintzle & Castro, 2018; Whitworth et al., 2020), military to civilian education (Ford & Vignare, 2015), veterans' physical and mental health (Carlos & Kintzle, 2014; Chin & Zeber, 2020; Mobbs & Boanno, 2018; VA Office of Research & Development, 2021), postmilitary development (Castro, 2018; Castro & Kintzle, 2014), and wellness of veterans (Castro, 2018; Kintzle & Castro, 2018; Mobbs & Boanno, 2018).

### **Components of MTT**

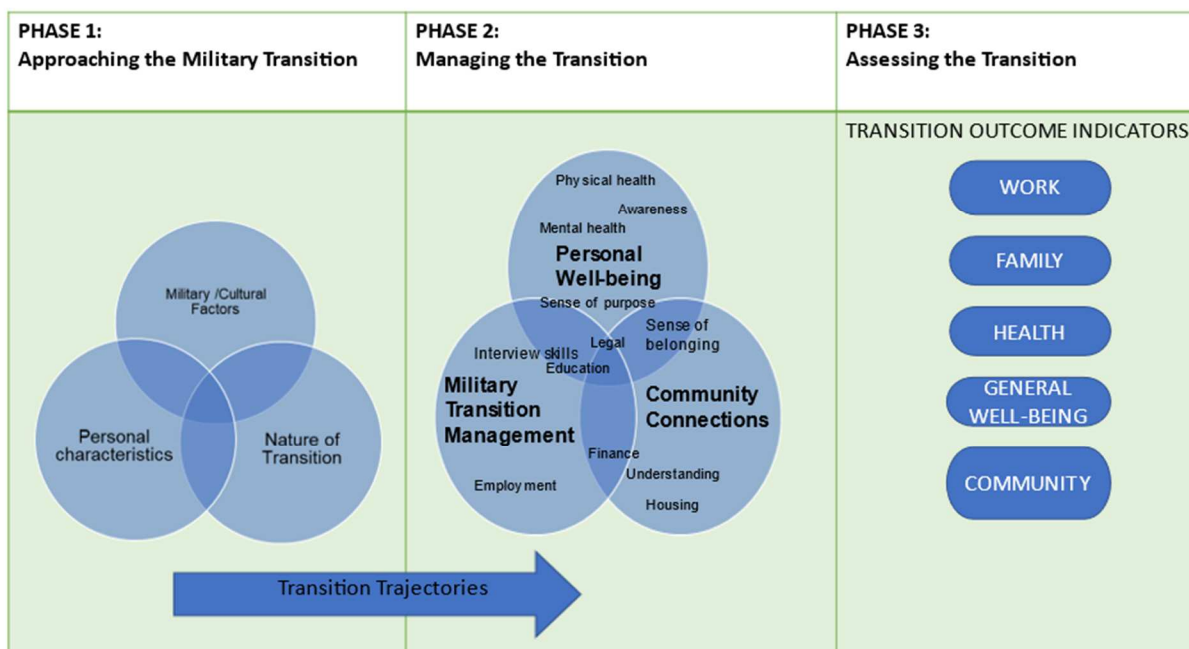
MTT shows how military members and veterans approach, experience, and assess the overlapping phases of the transition (see Figure 1). MTT helps to understand the complexities of the transition process and what service members must undergo individually before and after service (Castro & Kintzle, 2014; Pedlar et al., 2019). The theory also provides opportunities for transition support agencies to design programs and services to assist service members, especially in preparation, military identity issues, and leader support (Castro & Kintzle, 2014; Kintzle & Castro, 2018). When veterans are



provided adequate support in these areas and others, it may aid their successful transition and overall wellness.

**Figure 1**

*Military Transition Theory*



Source: Adapted from “*The State of the American Military Veteran: The Los Angeles County Veterans Study*”, by C. A. Castro, S. Kintzle, & A. Hassan, 2014.

[https://cir.usc.edu/wp-content/uploads/2013/10/USC010\\_CIRLAVetReport\\_FPpgs.pdf](https://cir.usc.edu/wp-content/uploads/2013/10/USC010_CIRLAVetReport_FPpgs.pdf).

***Approaching the Military Transition***

The first phase of MTT evaluates how military members approach transitions in their careers, such as entering the military, changing roles, changing duty stations, and leaving the military (Carlos & Kintzle, 2014; Kintzle & Castro, 2018). MTT also considers military culture, personal, and other transitional factors. These factors

determine the success of a transition (Carlos & Kintzle, 2014; Kintzle & Castro, 2018). The military-to-civilian transition is an individual journey that is different for each veteran. The process takes time, starting during military service and ending after separation, and creates vulnerabilities, challenges, and opportunities for growth (Carlos & Kintzle, 2014, 2016; Kintzle & Castro, 2018). The military transition requires a change in status, which can affect service members' well-being before separation, but these areas may be addressed with appropriate interventions during the transition process (Carlos & Kintzle, 2014, 2016; Kintzle & Castro, 2018). However, preparedness is essential to a successful military-to-civilian transition (Carlos & Kintzle, 2014; 2016; Kintzle & Castro, 2018).

**Military/Cultural Factors.** Key elements from military culture must be considered when approaching the transition process (Castro & Kintzle, 2016; Kintzle & Castro, 2018). These factors include military skills, military identity, and military discharge status (Castro & Kintzle, 2016; Kintzle & Castro, 2018). Veterans may experience difficulty in translating their military skills, experiences, and qualifications into civilian roles (Kintzle & Castro, 2018). Some veterans also assume that, based on their military qualifications and skills, they would have better remunerations and benefits than they did in the military (Kintzle & Castro, 2018). Veterans sometimes find out that even with their education and skills, their military status does not give them priority over other applicants for nongovernment jobs (Kintzle & Castro, 2018). Some veterans might even discover they are earning less than they were receiving in the military or that they need to start at an entry level because their military experience does not transfer (Carlos

& Kintzle, 2014, 2016; Kintzle et al., 2015). Situations such as these may cause individuals to develop resentment, anger, and frustration, making the transition process more challenging (Kintzle & Castro, 2018).

Cooper et al. (2018) used the concepts of *habitus*, *capital*, and *field* to explain the cultural differences between military and civilian lifestyles and how changing from one culture to the other impacts the lives of veterans (Cooper et al., 2018; Pedlar et al., 2019). For instance, the authors explained *habitus* as a practice subconsciously formed through regular social interactions and experiences in a particular environment (Cooper et al., 2018). The military, in this case, is the field with its own rules and regulations, an institution where its participants compete for recognition, status, and power (Cooper et al., 2018). Being participants in this institution (*field*) enables the people to accrue *capital* over time. Capital, in this case, can be in different forms, such as cultural, economic, social, and symbolic capital (Cooper et al., 2018). Thus, the concepts of *habitus*, *field*, and *capital* are closely connected and are related to one another (Cooper et al., 2018). Military structural values and the unquestioned behaviors of military personnel are different from those in civilian society. These factors also have profound effects on the successful transition of veterans. As a result, these behaviors must be readjusted for veterans to successfully navigate the challenging cultural differences between military and civilian life (Cooper et al., 2018).

Service members acquire their military identities through socialization when joining the military (Kintzle & Castro, 2018). In basic training, recruits are immersed in military culture, traditions, norms, and behaviors. Through these structural values, they

are provided a different outlook, a sense of purpose and loyalty to their new family, and a belief in service before self (Castro & Kintzle, 2014; Kintzle & Castro, 2018). When veterans are separated from service, they leave an institution that has provided them with a sense of culture and community and has trained them in special skills to operate in special circumstances for various purposes (Kintzle & Castro, 2018; Zogas, 2017). MTT states that the socialization, special skills, and training acquired in the military give service members a purpose and an identity in a structured value-based institution they consider home (Castro & Kintzle, 2014; Kintzle & Castro, 2018; Romaniuk & Kidd, 2018; Zogas, 2017). The theory explains how a veteran's military culture and experiences, loss of purpose and identity, and leaving the military impact their well-being and functionality as civilians (Castro & Kintzle, 2014; Kintzle & Castro, 2018; Romaniuk & Kidd, 2018). Thus, MTT can be a tool to understand the uniqueness of military culture and to comprehend the disrupting points of military transitions and how it can either be an opportunity for growth or hinder a successful transition (Castro & Kintzle, 2014; Keeling et al., 2018; Kintzle & Castro, 2018).

**Personal Characteristics.** Personal factors include efforts from the service members toward successfully completing their transition (Castro & Kintzle, 2016; Kintzle & Castro, 2018). These factors may include personal preparedness, expectations, and physical and mental health (Castro & Kintzle, 2016; Kintzle & Castro, 2018). Researchers have shown that the more efforts service members put into these areas, the easier their transition is (Keeling et al., 2018; 2019; Kintzle & Castro, 2018).

The personal characteristics of veterans in terms of planning, preparation, and health are vital in transition. Researchers have shown that a lack of personal preparedness hinders successful transition (Castro & Kintzle, 2017; Keeling et al., 2018; Kintzle et al., 2015; Zogas, 2017). Veterans have provided many reasons for their lack of preparation, such as not being provided the time or opportunities to seek employment while still on duty before the transition (Keeling et al., 2018; Kintzle & Castro, 2018). Other reasons include needing more time to think about what to do for the future, believing it will be easy to get a job once out of the service, or being more focused on the actual steps in the military separation process and not what happens after (Castro & Kintzle, 2014, 2017; Keeling et al., 2018; Kintzle et al., 2015; Zogas, 2017).

Veterans' physical and mental health is also vital to a successful transition. Researchers have shown that many veterans leave the military with untreated physical and mental health issues they do not disclose during service to protect their careers or avoid stigmatization (Castro & Kintzle, 2014, 2017, 2018; Keeling et al., 2018; Kintzle et al., 2015). Unfortunately, untreated medical conditions, especially combat conditions such as posttraumatic stress disorder (PTSD) and traumatic brain injury (TBI), prevent a veteran from being gainfully employed or involved in other activities (Castro & Kintzle, 2017, 2018; Keeling et al., 2018; Kintzle et al., 2015). Unmet psychological needs can be problematic in the workplace, and some employers might resist the responsibility associated with an employee experiencing PTSD (Kintzle & Castro, 2018). Likewise, in some cases, even though veterans might have the skills for employment, they may not be mentally and emotionally ready for employment (Kintzle et al., 2015).

**Nature of the Transition.** The nature of the transition refers to how service members change duties, locations, or separate from service (Castro & Kintzle, 2016). Sometimes service members are prematurely separated from service for one reason or the other, and the military discharge status of a veteran may determine how well they transition (Castro & Kintzle, 2014, 2016; Kintzle & Castro, 2018). It may be due to injury and or disability, the end of the contractual period or other reasons considered an honorable discharge (Kintzle & Castro, 2018).

Veterans who voluntarily separate after their tenure of service (20 years) or after the end of their term contracts will be more prepared for their separations than those involuntarily separated from service due to inappropriate conduct (Castro & Kintzle, 2014; Kintzle & Castro, 2018). Predicted separation gives veterans time to plan and prepare for their lives after service (Kintzle & Castro, 2018), while unpredicted separations due to injuries or other forms of honorable discharge might not allow veterans to adequately prepare for the changes that await them post-service (Castro & Kintzle, 2014; Kintzle & Castro, 2018). When veterans are separated with a non-honorable discharge status, it may prevent them from receiving various retirement benefits from the VA and the DOD, such as health care, education, housing, installation privileges, and other retirement benefits from the military (VA, 2015). It may also reduce their chances of beneficial employment opportunities from potential employers in the community (Kintzle et al., 2015). Potential employers might view their less than honorable discharge status as evidence of a negative character reference irrespective of their other accomplishments in service (Castro & Kintzle, 2018; Kintzle et al., 2015).

### *Managing the Transition*

The second phase of MTT explains the management of the transition. Service members experience different transitions, such as entering the military, changing duty stations, going for different tours of duty, and leaving the military (Kintzle & Castro, 2018). The most challenging of all these transitions is separating from active service to become civilians (Castro & Kintzle, 2014; Castro, 2018; Kintzle & Castro, 2018).

Separating from the military is a monumental change in the life of veterans (Castro, 2018; Castro & Kintzle, 2014; Kintzle & Castro, 2018). Because the changes for military-to-civilian are multi-faceted, this transition requires changes in multiple areas of life (Castro & Kintzle, 2014; Castro, 2018; Kintzle & Castro, 2018). Thus, it requires identity readjustment to renegotiate the structural values embedded in military members at enrollment to adapt to the new cultural change, and it requires the coordinated efforts of various entities (Castro & Kintzle, 2014; Castro, 2018; Cooper et al., 2018; Kintzle & Castro, 2018). The management of the transition phase includes military transition management, individual adjustment factors, social support, community, and civilian transition support services.

**Military Transition Management.** The way that the military helps communicate the upcoming transition information to the individual and the resources provided by the military can be related to how well a transition goes (Kintzle & Castro, 2018). It is also how service members navigate the resources provided to support their separation (Castro & Kintzle, 2016). These resources include supervisor support, transition assistance

programs, career planning, job search, and financial management (Castro & Kintzle, 2016; Kintzle & Castro, 2018).

Supervisors are required to provide time for the service members to attend career planning workshops, financial management classes, transition assistance programs, search for jobs, and job interviews to prepare for the transition (Castro & Kintzle, 2014; Kintzle & Castro, 2018). However, sometimes the mission-at-hand dictates the time allowed for these activities, and the individual may not be able to spend as much time on these activities as they would want (Castro & Kintzle, 2014; Kintzle & Castro, 2018). While some service members are provided adequate time to prepare for their separation, others may not be given enough time to prepare and secure the necessary things for their transition, such as employment, housing, and others (Castro & Kintzle, 2014; Kintzle & Castro, 2018).

The different branches of the Armed Forces provide transition assistance programs to service members where they can search for jobs, build their resumes, and translate their military skills (Kintzle & Castro, 2018). Through transition assistance programs, military members are also encouraged to have a career plan which they can implement during their transition process (Kintzle & Castro, 2018). Service members are encouraged to meet with financial counselors to help them develop a plan or budget for their financial management after separation when they no longer receive the military's the generous salary and benefits (Kintzle & Castro, 2018).

**Individual Adjustment Factors.** Individual adjustment factors refer to how veterans accept the changes they are experiencing and adjust to their new reality (Kintzle



& Castro, 2018). It is based on an individual's coping skills, attitude, and beliefs. Military separation involves changing cultures, moving from the military to civilian culture, and dealing with new norms and ethics. It requires a sort of immigration and acculturation (Castro, 2018). It results in changes in what is held to be important in employment, language/terminology used, housing, health care, community connections, a sense of purpose, a sense of belonging, and education (Castro, 2018). For example, some veterans have reported difficulties overcoming the cultural divide between the military and civilian work environment (employment) due to readjustment difficulties, communication variances, and different work ethics (Castro & Kintzle, 2016; Kintzle & Castro, 2018). Some of these issues have affected the attitude of veterans going through their transition (Castro & Kintzle, 2014; Keeling et al., 2018). In some situations, veterans must start over with entry-level jobs due to mismatched abilities when veterans cannot translate their military skills to civilian terms (Keeling et al., 2018; Kintzle & Castro, 2018). They become frustrated when they are frequently rejected for employment due to their lack of civilian work experience (Castro & Kintzle, 2014; Kintzle & Castro, 2018; Keeling et al., 2018). All the changes may affect veterans' attitudes and their wellness in achieving a successful transition (Castro & Kintzle, 2014; Kintzle & Castro, 2018; Keeling et al., 2018). These changes can result in stress for the individual (Carlos, 2018; Carlos & Kintzle, 2016). Personal characteristics could magnify the changes and could ultimately be related to how well they cope when adjusting to the changes happening around them (Carlos & Kintzle, 2014; Carlos & Kintzle, 2016).

**Social Support.** Veterans consider social support to be an essential part of their transition. MDTT explains that one of the disruptions points and opportunities for growth is the change in social support networks (Castro, 2018). Military service provides servicemembers more than just employment and good benefits; it also provides a safe environment to raise their families, a chance to continue the family tradition and patriotism, and opportunities to travel and experience new cultures (Castro, 2018). Sadly, the positive aspect of military service does not continue when military personnel becomes civilians. Researchers have shown that veterans expect their service to be honored not only by DoD but also by VA and other entities that support military transition (Ahern et al., 2015; Castro, 2018; Kintzle & Castro, 2018). However, in some situations, veterans experience unsupportive situations before separation and afterward (Ahern et al., 2015). Veterans have considered being allowed to receive the necessary resources available for their transition before they are separated from service helpful towards their transition (Ahern et al., 2015; Kintzle & Castro, 2018). Researchers also found that when mental health problems are correctly diagnosed and treated before separation, it helps community care providers to manage veterans' care better, and veterans are more ready for their transition (Ahern et al., 2015; Castro, 2018; Kintzle & Castro, 2018). Flexible community institutions also play a crucial role in the seamless transition of veterans regarding how they accommodate military certifications and provisions (Ahren et al., 2015; Kintzle & Castro, 2018). Adequate social support for transitioning veterans reduces the feeling of alienation they feel in their new environment (Ahern et al., 2015).

**Community/Civilian Transition Support.** Once individuals complete their discharge, they may continue to receive some support and services from the military. The success of their transition also depends on how well they connect with community/civilian transition supports. Community transition assistance is the support given to veterans to ensure their seamless reintegration back into society. Veterans are introduced to some of these organizations during their out-processing briefings prior to separation. Service members are provided information on the various local veteran organizations and the services they render. Local organizations such as Veterans Inc., Soldiers' Angels, Volunteers of America, and others, provide various services, which can include support groups, job training, clothing, including a Dress for Success Program, transportation services, housing counseling services, pro bono legal assistance, fiduciary and payee services, and others to assist local veterans (Veterans Inc, 2020). The availability of these programs and services to support, train, and employ veterans is key to a successful transition and future well-being (Castro & Kintzle, 2014; Kintzle & Castro, 2018).

Communities with an extensive system of supportive services help veterans translate their military skills and experiences to civilian terms. They help with interview skills and connect veterans with viable employment opportunities (Castro & Kintzle, 2014, 2018). These efforts provide veterans a key to their future and help them to believe there can be new life after the military. It may give them hope and a positive outlook and enhances their well-being to look forward to a brighter future.

### *Assessing the Transition*

Being able to assess how well the transition went is the final phase of MTT. In this phase, veterans' successful transition is measured in terms of outcomes. These outcomes are based on how veterans had effectively managed the challenges they encountered when they moved from the military to a civilian lifestyle (Castro & Kintzle, 2014; Kintzle & Castro, 2018). They are evaluated in terms of employment or other activities, language, housing, health care, community connections, a sense of purpose, belonging, education, and others (Castro & Kintzle, 2014; Kintzle & Castro, 2018). In some situations, the outcomes are based on the veterans' perspectives on how well they were willing to "fight" to overcome all the odds and achieve the impossible in their new life (Blackburn, 2016; Pedlar et al., 2019).

**Work.** From the veterans' perspective, a successful military transition involves having meaningful employment or engaging in productive activities (Castro, 2018; Keeling et al., 2018). Even though being employed is an essential aspect of transition, and it affords financial compensation, it also helps with the psychological well-being of veterans because it provides them status, social contact, common goals, and activities (Castro, 2018; Keeling et al., 2018; Kintzle, 2015). Researchers have found that most service members do not move directly to civilian employment when discharged because the veterans choose to wait until after their separation to start looking for employment (Keeling et al., 2018; Kintzle & Castro, 2018). The VA (2015) indicated that 53% of transitioning service members experience unemployment after leaving the military. Even though veterans measure successful transition by a seamless transition to the civilian

workplace, society measures the success of veterans by how they manage and retain employment because even if they are successful in securing employment immediately after separation, they may later struggle to maintain their jobs (Castro et al., 2014; Keeling et al., 2018).

**Family.** How veterans reacclimate to family life and adjust to family roles, routines, and responsibilities also determine the success of their transition, and it is evaluated by the family (Elnitsky et al., 2017; Kintzle & Castro, 2016). Military duties such as temporary duties for training, field exercises, deployments, and others, take service members away from home for weeks, months, or years (Castro, 2018). These absences change the family dynamics, and roles are reversed, but they are temporary, unlike separation (Elnitsky et al., 2017). Upon discharge from their military obligations, veterans find readjusting to family life difficult because they have to renegotiate their position in the family, and it sometimes creates marital discord (Castro, 2018). Building strong relationships with family and friends also takes time and effort. Veterans who are willing to reacquaint themselves with their families have successful outcomes, and others who are unwilling to put in the effort are permanently separated from their families.

**Health.** Physical and psychological health problems can hinder veterans' successful transition, especially if they are not correctly diagnosed and managed based on the perspective of the veterans (Castro et al., 2014; Keeling et al., 2018). Veterans who have been appropriately diagnosed and treated for their health problems find and maintain employment to support their families (Castro et al., 2014; Kintzle & Castro, 2018). On the other hand, veterans with unaddressed health problems lack the motivation

to keep their jobs or be successful in employment (Castro et al., 2014; Kintzle & Castro, 2018).

**General Well-Being.** The general wellness of the veteran is also evaluated based on their outlook. Because the military transition is an individual journey involving changes in multiple areas of veterans' lives, veterans can find the adjustment difficult (Kintzle & Carlos, 2016; Pedlar et al., 2019). Nonetheless, the changes may provide veterans with opportunities for growth and development as they adjust to their new realities (Pedlar et al., 2019). Veterans that readily adjust to all the changes successfully may be more content with their efforts and more easily become productive members of society (Pedlar et al., 2019). Those that do not accept these changes are often unable to relate with civilians are not comfortable around civilians, and they continue with their military identity (Pedlar et al., 2019).

**Community.** Communities with structured veteran support services can make it easier for veterans to integrate quickly through a peer-to-peer approach and other reorientation programs and services (Castro et al., 2014). Veterans are encouraged to build new social networks and connection with civilians (Castro et al., 2014; Castro & Kintzle, 2016). These programs can help veterans successfully move forward toward better opportunities in their community (Castro & Kintzle, 2016). Veterans with strong personal and military identities who refuse to engage in the community may find it difficult to successfully adjust to civilian life and culture (Castro et al., 2014).

## **Military Transition Theory and Demographics**

### ***Military Transitions and Gender***

Regardless of gender, MTT contends that transitions are naturally stressful because of the changes involved in career, relationships, social support networks, and the challenge to the individual's personal and social identity (Kintzle & Castro, 2018). Previously, transitional changes had only been examined from the male veterans' perspective since there was no distinction of gender before the post-9/11 era (Borsari et al., 2017). However, the post-9/11 era brought about a change in the demographics of service members and veterans (Borsari et al., 2017). The period experienced an influx of more women, a younger generation, and a more racially diverse population in service (VA, 2018a). The repeal of the ban on women serving in direct combat also allowed many women to engage in combat and combat-related occupations in the wars in Afghanistan and Iraq (Burkhart & Hogan, 2015).

Today's research goes beyond the general focus on male veterans' health-related and socio-economic issues (Eichler, 2017). Instead, it is gender-specific, as researchers gather relevant information on the plights and lived experiences of the different sexes (Eichler, 2017). For instance, Burkhart & Hogan (2015) identified the stressors experienced by female veterans before and after their transition. Their findings revealed how the military and civilian worlds' different psychological and social rules inhibit effective transition (Burkhart & Hogan, 2015). Their study also highlights the measures female veterans used in coping with their post-military challenges (Burkhart & Hogan, 2015).

Prokos and Cabage (2017) studied the employability of disabled female post-2001 era veterans compared to male veterans and female non-veterans. The authors found that Post 9/11, female veterans are more likely than male veterans to have a service-related disability, which influences their employment status (Prokos & Cabage, 2017). Heitzman and Somers (2015) added that despite the challenges experienced by female veterans and their responsibilities as parents, they are committed to completing their degrees and are persistent in their focus on their goals.

Due to the changing times and shift in focus, researchers have found that the challenges experienced by female veterans during their transition are different from those of the male veterans (Burkhart & Hogan, 2015; Dichter & True, 2015; Mitta, 2019; National Veterans Foundation, 2017). Mitta (2019) and Villagran et al., 2015 explained that most transition support services are geared toward male veterans, and there is less training specifically for females related to social and psychological transitions (Mittal, 2019; Villagran et al., 2015).

There is also a greater need for female peer support specialists and natural peer networks to assist the veteran female population (Goldstein et al., 2018; Mittal, 2019). For example, Veterans of Foreign Wars (VFW) reported that despite a 150 percent increase in female veterans from 2013 to 2017, there is not enough gender-specific care and services for women veterans (VFW, 2019). Congress is reluctant to pass legislation to expand programs for female veterans, as was evidenced in the 115th Congress, where none of the legislation passed into law addressed the needs of female veterans (VFW, 2019). According to the veterans' organization, peer and gender-based one-on-one



assistance programs have been found invaluable to veterans (VFW, 2019). The interaction offers support, understanding, and trust from those with whom they can relate and connect (VFW, 2019).

Researchers also discovered that female veterans have unique circumstances and needs than their male counterparts during the military transition, especially single parents (Burkhart & Hogan, 2015; Mittal, 2019). For example, the disabled American veterans (DAV) reported that female veterans are often younger and more racially and ethnically diverse. They are also more likely to be divorced and the primary caregiver for their children (DAV, 2018). Unlike male veterans, most females are also less likely to be married, and those in relationships are five times more likely to be in a dual-service-member marriage than male veterans (DAV, 2018). Consequently, female veterans may not have a strong family support system as veterans upon transition. DAV (2018) and Nieves (2020) also explained that 67% of women veterans tend to have greater economic stress and difficult financial transition after service than 47% of men veterans.

In addition, male veterans also have unique circumstances that inhibit their progressive and positive readjustment towards a productive future as veterans (Ahren et al., 2015; New Direction for Veterans, 2020; Zogas, 2017). For example, men have more difficulty accepting their change in status as civilians in terms of their sense of identity, self-worth, and purpose (Ahren et al., 2015; New Direction for Veterans, 2020). Male veterans often struggle with starting over in society without the authority and respect afforded by military ranks and other life achievements accrued in the military (Ahren et al., 2015; New Direction for Veterans, 2020; Zogas, 2017). Combat veterans might also

struggle with their personal and professional growth as veterans due to the psychological effects of traumatic experiences (Ahren et al., 2015; New Direction for Veterans, 2020). Being depressed, suffering from post-traumatic stress disorder or traumatic brain injury, or having survival guilt sometimes affects their overall transition and how they successfully readjust to their new lives in the community and as productive veterans in society (Ahren et al., 2015; New Direction for Veterans, 2020).

### ***Military Transition and Age***

Kintzle et al. (2015) studied the economic and employment challenges and revealed that the needs of younger veterans and older veterans are different during transition. The authors identified differences in the transitional needs of the young and old veterans in certain areas, such as job skills, the severity of health problems, and the military (Kintzle et al., 2015). For example, according to Kintzle et al. (2015), older veterans are reported to have outdated skills, have difficulty using technology, and are not interested in social media trends. On the other hand, younger veterans are more likely to have unaddressed mental health problems and are unwilling to seek help (Kintzle et al., 2018). Also, in terms of leaving their military identity and acculturating to civilian identity, older veterans continue to see themselves through their military identity even as civilians (Atuel & Castro, 2018; Cooper et al., 2018; Kintzle et al., 2015). Their actions, behaviors, and relations with others still reflect their military training and experiences (Atuel & Castro, 2018; Cooper et al., 2018; Kintzle et al., 2015). These factors were identified as determinants impacting veterans' readjustment during their transition.

Kypraiou et al. (2017) alluded that the older veterans struggle during their retirement, no matter how much they prepare for it because it is often difficult for them to accept that their military career is over. Some of them mourn the loss of their working life, while others live in denial of what they are experiencing (Kypraiou et al., 2017). Kypraiou et al. added that younger veterans who had to leave prematurely or involuntarily are affected mentally by the unpredicted separation. Post-military life is also difficult for the younger veterans due to the untimely discharge they experience, which sometimes leads to a feeling of depression, stress, and anxiety (Manty et al., 2016; Kypraiou et al., 2017). Citroen (2018) mentioned that all veterans, feel a great loss when they leave the military, no matter their age. They feel like aliens and are uncomfortable in their new culture and community.

Nonetheless, regardless of age, the psychological impact of transition can be problematic for all veterans due to the disconnection from the force, the identity complications, and the feeling of loss. (Ainspan et al., 2018; Binks & Cambridge, 2018; Bowes et al., 2018; Gettings et al., 2019) Some authors have found that while older veterans might not fully adjust to the change, younger veterans are more vulnerable due to their psychological health problems (Ainspan et al., 2018; Binks & Cambridge, 2019; Bowes et al., 2018; Gettings et al., 2019). Thus, for veterans to have a successful transition, the DoD and the VA must carefully consider these barriers when creating transition support services and programs (Kintzle et al., 2015).

### ***Military Transition and Combat Experience Status***

Sometimes the successful transition of a service member depends on their activities during service (Cooper et al., 2018; Gettings et al., 2019). Some military personnel can spend their whole career without deployments to a dangerous zone or being involved in active combat. In contrast, others with less time in service would have gone through multiple deployments (Parker et al., 2019). Those veterans exposed to combat have been found to bear the physical or emotional scars of battle due to their traumatic and distressing experiences (Parker et al., 2019).

According to a Government Accountability Office report (2017b), 62% of the 91,764 discharged between 2011 and 2015 were diagnosed with posttraumatic stress disorder, traumatic brain injury, and other mental health conditions about two years before their separation for misconduct. This characterization of service prevents them from receiving VA health care and other services to address their conditions, but it also stigmatizes them among their peers and leads to discrimination in how they are treated in society (Gang, 2017; Scapardine, 2017). Transitioning veterans must receive appropriate services during their reintegration back into society, especially if they have experienced traumatic events during their service to enhance their wellness and successful transition outcomes (Elnitsky et al., 2017; Markowitz et al., 2019) because failure to do so results in the downward trajectory of both the personal and professional lives of such veterans (Gang, 2017; Scapardine, 2017; Tsai et al., 2018). For example, researchers explained that after combat exposure, veterans are more vulnerable to mental health problems associated with post-traumatic stress disorder, traumatic brain injury, anxiety disorder,

depression, lower quality of life, alcohol misuse, and other traumatic issues (Bowes et al., 2017; Elnitsky et al., 2017; Markowitz et al., 2019, Vogt et al., 2017). These traumatic conditions sometimes require veterans to rebuild their sense of world, self, and competence to fully adjust to civilian life (Elnitsky et al., 2017).

Seamone et al. (2018) explained that undiagnosed and untreated mental health problems during service increase the risk of adverse behavior and mental health negative outcomes post-service, especially for veterans who received non-honorable discharges due to behavioral and personality changes (Gang, 2017). Brignone et al. (2017) reported that non-honorable discharge status severely affects veterans, and it sharply increases suicide risk and substance abuse. Reger et al. (2015) stated that separation from service is a more definite indicator of suicide among veterans with non-honorable discharges and those with less than four years of service among combat and non-combat veterans.

Combat veterans require mental health care during and after their transition, but they do not seek the services they need even though the frequency among war veterans is somewhat high (Ashley & Brown, 2015; Bowes et al., 2017). Bowes et al. (2017) mentioned that veterans in the United Kingdom seek support from informal sources familiar to them rather than professional help. Ashley and Brown (2015) explained that the attitudes and beliefs that prevent service members/veterans from getting help conform to the military culture.

Military norms exemplify the “real soldiers,” and the culture favors war heroes with honor and respect (Ashley & Brown, 2015; Gettings et al., 2019). Ashley and Brown reported that post-military combat veterans are regarded by their peers as the elite

because their combat status makes the war heroes more masculine, and they are considered the preferred (Ashley & Brown, 2015). Ashley and Brown also explained that the status of combat elitism follows them from active duty through their veteran lives. It is a form of badge of honor they wear for the rest of their lives. Due to this status, most of them did not seek help because of the stigma it would bring, to be considered weak or inadequate by their fellow veterans and society (Ashley & Brown, 2015; Bowes et al., 2017; Kime, 2015). Combat injuries can also result in family and occupational problems that hinder readjustment and reintegration for veterans during their transition (Elitsky et al., 2017; Kintzle & Castro, 2018; Markowitz et al., 2019). Family and occupational problems may arise because of the difficulty finding work or the severity of the combat injuries, thus changing the family dynamics and impeding successful transition (Keeling et al., 2018; Markowitz et al., 2019).

Non-combat veterans also have issues that inhibit their successful transition, such as their experience as service members and the psychological impact of leaving the military (Blackburn, 2016; Hodson & McFarlane, 2016). For instance, the military lifestyle involves intense physical activities that could be detrimental to the health and well-being of veterans after service (Fullwood, 2015; Warren et al., 2015). Also, the profound differences between civilian and military lifestyles can be an issue during veterans' transition to civilian life (Oster et al., 2017).

### ***Military Transition and Rank at Discharge/Number of Years Served***

When joining the military, individuals with high school diplomas or equivalent can enlist to be non-commission officers, while those with bachelor's degrees or higher

are commissioned as officers (Redmond et al., 2015). The rank of service members determines their position, level of authority, and pay. A person's rank at discharge may also have given them access to more information that they could use to understand the transition process (Redmond et al., 2015). Morin (2011) contended that the rank at discharge, education level, and an understanding of the mission could most likely predict how veterans readjust to civilian life. The author explained that 85% of commissioned officers, instead of 74% of enlisted personnel, claimed that they understood their missions during service. It somewhat helped with their transition and readjusting to civilian life (Morin, 2011; Parker et al., 2019).

The number of years an individual served in the military may also determine how they adapt to changes in culture when they must change careers or become community members (Atuel & Castro, 2018). The more years military personnel spend in service, the stronger their personal and military identities and the more difficult their reorientation and readjustment to civilian life and culture can be (Atuel & Castro, 2018; Castro et al., 2014; Elnitsky et al., 2017; Keeling, 2018; Kintzle et al., 2015). Atuel & Castro (2018) asserted that military training and culture transform individuals into warriors. The training further infuses their military identity, created in a group context (Atuel & Castro, 2018).

Elnitsky et al. (2017) emphasized that military culture gives service members a sense of identity and values, and members are emotionally invested in their unit (Heitkamp, 2019). Romaniuk and Kidd (2018) stated that military acculturation remodels members' appearance, behaviors, and thoughts. The authors emphasized that the

collective social structure of the culture gives members clarity, a sense of direction, support, and a sense of responsibility and support (Romaniuk & Kidd, 2018). Some authors explained that it is difficult for veterans after separation to cope when they are introduced to an unstructured and unsupportive culture (Ahren et al., 2015; Burkhart & Hogan, 2015; Elliot et al., 2016; Jones, 2017; Romaniuk & Kidd, 2018).

In addition, military missions seclude service members from their families and friends (Elliot et al., 2016). Elnitsky et al. (2017) explained that when service members go on deployments or other long tours, upon their return, they feel disconnected from their families and friends but feel a great sense of purpose for the obligations. The same happens when they are separated from service (Ahern et al., 2015; Elnitsky et al., 2017). Veterans feel a sense of disconnection and disorientation due to their time in service (Elnitsky et al., 2017; Romaniuk & Kidd, 2018). They struggle against the tensions between their military identity and the new civilian identity as they experience reverse culture shock (Elnitsky et al., 2017; Romaniuk & Kidd, 2018).

When veterans leave the military, they feel a sense of loss; of culture, community, and purpose regardless of their nationality (Binks & Cambridge, 2017). In the study of the transition experiences of British military veterans, Binks and Cambridge (2017) found that the military had indoctrinated veterans to group norms that are different from the way of life of civilians, and these differences cause problems after separation. Ahern et al. (2015) and Elliot et al. (2017) explained that leaving a structured military culture that provides safety and comfort can be difficult for veterans who expect to receive the same benefits after service but only to find a less structured community with unsupportive



institutions. In such situations, Ahern et al. and Romaniuk and Kidd (2018) reported that veterans are frustrated and angry. They are disappointed because their new civilian life lacks the meaning and purpose the military gave them (Ahern et al., 2015; Romaniuk and Kidd, 2018). Consequently, veterans lose their drive to go above and beyond the call of duty as they did in the military (Romaniuk & Kidd, 2018).

Thus, the longer military members are in service, the deeper their orientation and outlook (Atuel & Castro, 2018). Veterans who joined the military at an early age (between 17 and 19 years) and spent 20 years or more in service will have a strong military identity than someone who served for four to six years and left the force (Atuel & Castro, 2018). Career veterans spent most of their adult life in the force; therefore, their worldview would be based on their experiences before and during military service (Atuel & Castro, 2018; Castro et al., 2014; Elnitsky et al., 2017; Keeling, 2018; Kintzle et al., 2015). Veterans may struggle in the workplace because they are less equipped to deal with the culture and traditions of the civilian work environment (Castro et al., 2014; Keeling, 2018).

### **Literature Review**

In the following sections, I describe the personnel demographics of the U.S. military, military discharges, and post-military supports provided by both the government and the community. I explain wellness, its importance to people, and how wellness changes with different life transitions. I also present what previous researchers have found regarding the differences in wellness between different demographic groups.

### **Demographics of the U. S. Military**

Acceptance into the roles of the United States Armed Forces is determined by the Department of Defense, service policies, and recruitment strategies (National Academies of Sciences, 2019). Applicants must be deemed physically and mentally fit to be accepted due to the profession's strenuous demands (National Academies of Sciences, 2019). After the attack on the nation on September 11, 2001, the Armed Forces experienced a substantial increase in the number of young men and women voluntarily joining the military to support the global war on terrorism and participate in the armed conflicts in Iraq and Afghanistan. DOD (2018) reported over that 1.3 million active-duty service members serving in the U.S. Armed Forces, Army, Navy, Marine Corps, and Air Force. Table 1 summarizes some of the major demographics in the U.S. military. As can be seen, most individuals are in the Army (37.2%), male (83.5%), enlisted (82.3%), and do not have a college degree (80.7%) (DOD, 2018).

**Table 1***Personnel Demographics of the U.S. Armed Forces*

Category	Number of personnel	Percent of personnel
Army	471,990	37.2
Navy	325,395	24.9
Marines	185,415	14.2
Air Force	321,618	23.7
Male	1,088,584	83.5
Female	215,834	16.5
White	687,700	52.9
Black/African American, Asian, American Indian, Pacific Islander	403,000	31.0
Hispanic or Latino	209,300	16.1
Enlisted active	1,073,394	82.3
Enlisted no college degree	866,229	80.7
Officers active	231,024	17.7
Bachelor's degree		43.5
Graduate degree		41.3

**Leaving the Military (Discharge)**

According to the DOD (2014), an estimated 200,000 active-duty service members separate from duty each year from the Armed Forces. Based on this number, approximately 1,300 new veterans and family members return to civilian communities daily (DOD, 2014). Table 2 contains the number of service members separated from service between 2010 to 2013 from different states and installations.

**Table 2***Military Separations By State and Installation, 2010–2013*

State	Base installation	Number of personnel
Texas		63,774
	Fort Hood	31,633
	Fort Bliss	15,106
	Lackland AFB	12,801
	Fort Sam Houston	4,234
California		62,314
	Camp Pendleton	32,341
	San Diego Naval Sta.	12,038
	29 Palms MC Air/GRD CMBT CTR	7,615
	MCAS Miramar	6,086
	North Island NAS	4,234
North Carolina		61,820
	Camp Lejeune MCB	32,629
	Fort Bragg	23,175
	Cherry Point MCAS	6,016
Virginia		31,408
	Norfolk Naval Base	24,750
	MCCDC Quantico VA	6,658

Before a discharge status is assigned, certain factors must be considered (Department of Defense Instruction [DODI], 2019). The service member's quality of service, conduct in the civilian community, and discharge reasons are evaluated. Other considerations include their age, time in service, grade, physical and mental conditions, and how well they met the acceptable standard of operation (DODI, 2019). There are four main categories of separation from the military:

- Separation with a characterization of service as honorable, general (under honorable conditions), or under other than honorable conditions.
- Entry-level separation.

- Order of release from the custody and control of the Military Services because of void enlistment or induction.
- Separation by being dropped from the rolls of the Military Service. (DODI, 2019).

### ***Honorable***

Service members are characterized as honorable when they have met the standard of operation with meritorious performance (DODI, 2019). They are provided a discharge certificate and a certificate of release with their honorable award at separation (DODI, 2019). The documentation of this discharge status also details their achievements, training, and completed tours of duty.

### ***General Under Honorable Conditions***

The general characterization is awarded when service members' negative conduct or performance outweighs their positive attributes but when they remain honest and faithful (DODI, 2019). It would be noted in their discharge certificate and certificate of release at separation (DODI, 2019).

### ***Other Than Honorable Conditions***

Other than honorable conditions (OTH) is awarded when a service member's conduct is not considered appropriate behavior expected from a military member (DODI, 2019). It could be a pattern of behavior, one or two acts, or omissions that show a total disregard for their position. Unacceptable behaviors that can warrant an OTH award include violent acts that result in bodily injury or death, abuse of a unique position of trust, disregard for the authority of the chain of command, and others (DODI, 2019). The OTH status carries a negative social stigma, limits post-military opportunities, and

prevents recipients from receiving any form of civilian employment with the military (Scapardine, 2017).

### ***Bad Conduct***

It is generally the discharge status of someone repeatedly convicted of minor offenses and must be discharged from service due to them (DODI, 2019). This status is a more severe punishment for bad conduct, but it is better than a dishonorable discharge in terms of its potential post-military ramifications (DODI, 2019). It is also only awarded to non-commissioned officers and declared by a general or special court-martial (DODI, 2019).

### ***Dishonorable***

A dishonorable discharge is a punitive charge declared by a general court-martial. Dishonorable status is awarded to members of the military who have been found guilty in civil jurisdictions or guilty of grievous offenses of a military nature (DODI, 2019). It is awarded due to the dishonor the service members brought to their position and office as military members (DODI, 2019). The status only applies to noncommissioned officers and warrant officers who have been found guilty of any offense (DODI, 2019). Veterans who were released from the military with this type of discharge lose all veteran's benefits irrespective of their past honorable service (DODI, 2019). These veterans also lose their right to vote or receive government assistance in terms of loans and grants, government-level employment or finding other forms of employment due to the nature of their certificate of discharge (DODI, 2019).

***Dismissal***

A dismissal status is equivalent to the dishonorable discharge award to non-commissioned officers due to severe offenses (DODI, 2019; Mouta-Ali & Panangala, 2015). Dismissal is only awarded to commissioned officers, commissioned warrant officers, cadets, and midshipmen if they have been found guilty of serious offenses (DODI, 2019). It may also be adjudicated by a general court-martial (DODI, 2019, Mouta-Ali & Panangala, 2015)

**Postmilitary Separation Support**

For transitioning veterans to have successful outcomes post-service, the coordinated efforts of different entities are required to enhance a positive transition and an effective cultural adaptation (Bowes et al., 2017; Cooper et al., 2018). Cooper et al. (2018) states that these entities include military institutions, government, local communities, and businesses. Blackburn (2016) and Truusa and Castro (2019) explained that these different organizations have different roles in transitioning service members to veterans. For example, because service members need time and support to have a successful transition, the role of the military institutions is to provide adequate time for them to prepare for their separation. Governments and local communities also play a vital role in meeting the needs of veterans by providing essential programs and services in terms of education, employment, housing, medical care, and other support (Blackburn, 2016; Truusa & Castro, 2019).

## **Government Postmilitary Separation Supports**

When military veterans are separated from service, they may experience transition challenges such as unemployment, homelessness, and physical and mental health issues that may negatively affect their transition to civilian life (Government Accountability Office [GAO], 2020). DOD, the VA, and other federal agencies (through their coordinated efforts) provide benefits and services to try to ensure a smooth military to civilian transition for veterans (GAO, 2020). Before separating from the military, service members are mandated to participate in the three required courses in the Transition Assistance Program (TAP) to achieve their Career Readiness Standard (CRS; GAO, 2017b). The first course is a counseling to create their Individual Transition Plan; the second is the VA Benefits briefings I and II, and the third is the Department of Labor employment workshop (GAO, 2017b). Service members who do not meet these standards are referred to partner agencies such as the Department of Labor and the VA for additional services (GAO, 2017b).

### ***Transition Assistant Program***

DOD administers the transition assistant program (TAP) in collaboration with various agencies, which include the VA, Education (ED), Department of Labor (DOL), Homeland Security (DHS), Small Business Administration (SMA), and Office of Personnel Management (OPM) (GAO, 2019b). Centers are available at major installations with full mission support with facilities and resources (GAO, 2019b). The program provides mandatory counseling, employment assistance, veterans' benefits awareness, and other family support services to transitioning service members. The



services provided are tailored to each location based on local resources and needs (GAO, 2019b). Military members are provided different options for accessing services and receiving assistance, such as individual meetings with staff members, via telephone or online services (GAO, 2019b).

### ***Additional Programs and Services***

Apart from TAP, the federal government provides other federal programs and tax expenditures to support military personnel, veterans, and their families. These programs are administered by several agencies that assist with the military to civilian transition. In January 2019, the GAO (2019a) report identified 45 federal programs and one tax expenditure that supports service members, veterans, and their families by providing education, employment, or self-employment services. Some of these programs are offered through the collaboration of two or more agencies, while others are administered individually (GAO, 2019a). For instance, the All-Volunteer Educational Assistance-Selected Reserve program is jointly offered by DOD, VA, and DHS (GAO, 2019a).

### ***Veterans Administration and Governmental Supports***

In order for service members to be eligible for post-service supports, services, and benefits from the Department of Veterans Affairs and the federal government, they must be separated from service with favorable status, which includes honorable, under honorable conditions, and general discharge (VA, 2015). The VA not only considers the characterization of discharge but also evaluates service members' active service and length-of-service in determining eligibility for benefits (VA, 2015). For service members given OTH or bad conduct discharge, the VA conducts a formal character of service

determination based on the length of service to determine if they should receive support as veterans (VA, 2015). Types of support the VA provides include career or employment support, education benefit, housing assistance, health care, and mental health services.

**Career/employment supports.** Both service members and veterans are eligible to receive education and career counseling benefits (VA Chapter 36, 2020c). Active-duty members in their transition process pending their discharge and those separated within 365 days are eligible for this benefit (VA, 2020c). Other eligible veterans qualify for education assistance or are already receiving VA education benefits. The program aims to guide veterans in determining the appropriate civilian or military jobs for them (VA, 2020c). Another benefit of the program is that it helps veterans find training programs or jobs suitable for their skill sets (VA, 2020c). Also, veterans receive academic and adjustment counseling support through the program to address issues that hinder successful transition outcomes (VA, 2020c).

Chapter 31 (or the former Vocational Rehabilitation and Employment Program) assists service members and veterans with employment options and training need post-transition (VA, 2020h). The program offers support and services in learning new skills, finding employment, and providing business opportunities (VA, 2020h). The program also assists the family members of veterans with a service-connected disability that hinders their employability (VA, 2020h).

**Education Benefits.** Education and training benefits are provided through the GI Bill benefits, which are called the Montgomery GI Bill for Active-Duty members (MGIB-AD) and the Montgomery GI Bill for Selected Reserve members (MGIB-SR)

(VA, 2020a; 2020d). The MGIB-AD is for those who served on active duty for at least two years and were honorably discharged, while MGIB-SR is meant for those who served in the reserved components of the armed forces and the Air National Guard and the Army National Guard (VA, 2020d). This education support has been provided to eligible veterans and their family members since 1944 to pay for college, graduate school, and other training programs (VA, 2020a).

Veterans who served on active duty after September 10, 2001, are eligible for the post-9/11 GI Bill (VA, 2020a). When veterans decide not to use their education benefits, these unused Post-9/11 GI Bill benefits can be transferred to their spouses or children. (VA, 2020a). The GI Bill education assistance program was set up to assist service members, veterans, and their family members with appropriate education and training to succeed in their civilian communities and be productive members of society (VA, 2020c).

**Housing Assistance.** The VA provides housing assistance to support service members transitioning to civilian communities (VA, 2020g). The VA home loan program helps veterans who want to buy their own homes, build, or improve their homes (VA, 2020g). This assistance is provided through a VA direct loan or three VA-backed loans (VA, 2020g).

When veterans use the VA direct home loan, they work directly with the VA to apply and manage the loan because the VA serves as the mortgage lender (VA, 2020g). On the other hand, the VA-backed home loan allows the VA to guarantee the loan for the private lender, allowing the veterans to be given the loan under better terms (VA, 2020g).

In most cases, the VA guarantee that home loans are given to veterans without down payments (VA, 2020g).

**Health support.** The VA must provide inpatient and outpatient care, mental health care, long-term care, and community health care when needed (VA, 2020b; USA GOV, 2020). The care and services are needed to promote, preserve, and restore the health of military veterans after their tour of duty (VA, 2020b, MilitaryOne Source, 2019). Based on the generally accepted standards of clinical practice, VA health care providers offer treatments, procedures, supplies, or services to eligible veterans (VA, 2020b; Military.Com, 2020).

**Health Care.** Active-duty service members can receive VA health care services after receiving their separation or retirement orders (VA, 2020b). Their eligibility for this benefit and other health care services is based on their service history and other factors (VA, 2020b). Post-9/11 combat veterans who served in Iraq and Afghanistan in support of the war on terrorism are provided VA health care for up to five years after their separation for any conditions relating to the combat deployment (VA, 2020b). This enhanced eligibility period is only offered to combat veterans of Operation Enduring Freedom, Operation Iraqi Freedom, or Operation New Dawn (VA, 2020b).

The eligibility of other veterans who separates from service at the end of their contracts is based on their service history, VA disability rating, income, and other factors (VA, 2020b). On the other hand, veterans who are retired from service are eligible to receive both the Department of Defense's TRICARE program, which, they have during their active duty, and VA health care (VA, 2020b). Service members who were medically

discharged from active duty for service-connected disabilities who received a 30% or more disability rating from the DoD are eligible for both the TRICARE program and VA health care (VA, 2020b).

***Mental Health Services.*** Regardless of discharge status, service history, or veterans' eligibility for VA health care, free mental health care is now offered for a year post-separation to all veterans (VA, 2020b). This mental health care was in response to the 2017 Veteran Health Administrative Directive 1601A.02 issued to provide new mental health services to over 505,000 veterans with dishonorable military discharges (VA, 2017). The order was to provide the veterans with much-needed mental health services and follow-up services for up to 90 days (VA, 2017a).

***Disability Compensation.*** The VA also provides a monthly tax-free stipend to veterans who were injured or got sick in the line of duty (VA, 2020f). These conditions could be physical or mental health conditions that occurred during service or aggravated by military obligations (VA, 2020f). Compensation benefits are paid to deceased veterans' spouses, dependents, or parents (VA, 2020f).

### **Community Postmilitary Separation Supports**

Veterans moving into communities may require additional support to adjust to their new environment. Many communities have stepped up to provide services to veterans who decide to settle in the area. Large communities with local military installations tend to have larger systems of supportive services for veterans who decide to settle in the area post-military separation (Castro & Kintzle, 2016). The Joint Chief of Staff (2014) office reported that over 40,000 registered organizations support military

veterans and their families in communities around the country. These nonprofit and veterans service organizations provide various services such as career/employment readiness, education support, housing assistance, health care support, and others.

### ***Career/Employment Supports***

Non-profit military support organizations provide various services to veterans in the community to assist them with employment. Some organizations assist with job training opportunities, career development, resume development, and job-seeking skills coaching (National Veterans Foundation, 2020). They also offer other services, such as independent living services for severely disabled veterans interested in non-traditional employment (National Veterans Foundation, 2020). An example of such an organization is Hiring Our Heroes.

Hiring Our Heroes is an affiliate of the U. S. Chamber of Commerce that provides employment opportunities to transitioning service members, veterans, and their spouses (Hiring Our Heroes, 2020). They organize job fairs across the country and on military installation through their nationwide initiative and using their networks of state and local chambers (Hiring Our Heroes, 2020). They offer free online career tools for resume building, a job portal for employment opportunities, a 24/7 virtual career fair platform, and a virtual mentorship program to connect veterans and their spouses to experienced mentors for assistance (Hiring Our Heroes, 2020).

### ***Education Support***

Various profit and non-profit organizations in the community provide different educational programs to support veterans in the community. These organizations offer

online learning and on-campus programs, apprenticeships, certificate programs, associate's, bachelor's, and master's degrees, non-degree and on-the-job training, and others (College Stats.Org, 2020). Other federal programs in the community provide education benefits for veterans in addition to the training and education benefits provided by the VA, such as the Yellow Ribbon Program (College Stats.Org, 2020).

The Yellow Ribbon Reintegration Program is an education program provided to veterans and their family members (College Stats.Org, 2020). The program is available for veterans and family members who plan to attend private or out-of-state colleges (College Stats.Org, 2020). The Yellow Ribbon program covers the cost of tuition and fees not covered by the Post-9/11 GI Bill for veterans studying out-of-state or in private institutions (College Stats.Org, 2020).

### ***Housing Support***

One of the transitional challenges veterans faces when they are separated from the military is finding affordable housing (Ahern et al., 2015; Bink & Cambridge, 2019; Kintzle et al., 2016). Housing and Urban Development (HUD) work with various VA programs in various communities around the country to provide housing and prevent homelessness among veterans (HUD, 2020). Housing programs such as Veterans Affairs Supportive Housing (VASH) and Housing Choice Voucher (HCV) provide affordable housing and rental assistance to veterans and their families (HUD, 2020). Non-profit organizations such as Operation Homefront and Veterans Inc provide housing to veterans after their military careers (Operation Homefront, 2020).

**Operation Homefront transitional housing program.** This program provides rent-free housing to veterans in the transition process to reduce the financial strains veterans may experience during their transition (Operation Homefront, 2020). The program also aims to alleviate the risk of homelessness among young veterans and provide stability for military families moving into the community (Operation Homefront, 2020). The housing program is operated in three locations across the country under SoCal program, the Maryland program, and the San Antonio program (Operation Homefront, 2020).

Operation Homefront provides fully furnished homes with all amenities, including internet access, cable TV, and telephone service (Operation Homefront, 2020). Once veterans and their families are placed in homes, Operation Homefront provides families with counselors. They are also offered support groups, workshops, financial counseling, benefits briefings, resume writing classes, and assistance with employment (Operation Homefront, 2020). Once families are determined to be self-sufficient and have completed the program, their counselors help them find suitable forever homes in the chosen areas (Operation Homefront, 2020).

**Veterans Inc.** The organization provides various support services to veterans and their families who are homeless or at risk (Veterans Inc, 2020). The organization employs a holistic approach to address the needs of veterans and not only provides housing, but the organization also offers meals, employment and training programs, legal and medical services, and special services for PTSD and other mental health issues. The organization also provides financial assistance for affordable housing and assistance with initial rent



and utilities in addition to transportation, moving expenses, childcare, emergency supplies, and legal services (Veterans Inc, 2020). Through their Post-9/11 veteran support, the organization also offers peer-to-peer support, post-9/11 community engagements, assistance with college and education benefits, and access to supportive services (Veterans Inc, 2020).

### ***Health Support***

Several veteran organizations in the community assist retired service members by providing various services and resources to help them manage their health. Some of these organizations assist veterans with their prescription refills, medical appointment scheduling, assistance with medical supplies, and others (National Veterans Foundation, 2020). Some non-profit organizations, such as Volunteers of America, collaborate with the local and state governments to strategically address more issues in one location (National Veterans Foundation, 2020). Other organizations, such as Give an Hour, provide mental health support to veterans in the community (National Veterans Foundation, 2020).

**Health Care.** Volunteers of America (VOA) is a veteran organization in over 400 communities in 46 states (Volunteers of America, 2020). The organization's service providers work in collaboration with local and state governments and other community organizations to meet the specific needs of veterans using a holistic approach. It also connects veterans to information on their health care and disability benefits and assists them in applying for local and federal support and other community support services (Volunteers of America, 2020).

The organization has a peer support program where they connect veterans for shared experiences and to share information on successful treatments and employment (Volunteers of America, 2020). VOA uses a holistic strategy to address multiple issues such as housing, employment, financial management, mental health, and substance abuse to ensure long-term employment success and wellness among community veterans (Volunteers of America, 2020). VOA (2020) service providers follow up with veteran clients placed in employment to ensure that any issue that would jeopardize their employment is addressed appropriately. The organization also uses the financial management classes to hold veterans in employment accountable by using the skills they learned in the class to be financially responsible and plan for their future (Volunteers of America, 2020).

**Mental health support.** Give an Hour (2020) is a non-profit organization that provides free mental health and alternative care such as acupuncture, yoga, and nutritional counseling. The organization offers services to active duty, National Guard and Reserve service members, veterans, their families, and other others across the country (Give an Hour, 2020). The program works with a network of volunteer professionals and various local, state, and national mental health associations, to recruit and educate their community members to support the organization (Give an Hour, 2020).

The organization works to change the mental health culture whereby people experiencing emotionally difficulties can comfortably seek help without feeling stigmatized by those around them (Give an Hour, 2020). It is a collaboration with government, corporate, and non-profit partners through their Campaign to Change

Direction program launched in 2015. The focus is to improve the delivery of community-based services for those in the military and veteran communities (Give an Hour, 2020).

**Disability benefits.** Veterans of Foreign Wars (VFW) is the United States of America's oldest major war veterans' organization (Veterans of Foreign Wars, 2020). The organization is a non-profit organization that utilizes patriotic Americans' financial and non-monetary resources to educate, train, and support service members and veterans. Over 2,100 VA accredited VFW representatives educate transitioning service members and veterans on their VA benefits through various counseling sessions. The representatives also assist veterans in filing their disability claims after service for their physical health (VFW, 2020).

Trained VFW service officers provide support and referrals to combat veterans who need VA mental health programs and services (VFW, 2020). The organization provides support to military families struggling with the hardship of war by assisting with rent, utilities, or groceries through the VFW Unmet Needs Program. VFW members also offer a morale-boosting welcome celebration to returning combat veterans after their tours (VFW, 2020).

## **Wellness**

The concept of wellness is multidimensional and holistic (World Health Organization, 2020). It encompasses integrating several dimensions to form a state of physical, psychological, and social well-being for an individual (contentment) (Stoewen, 2017; World Health Organization, 2020). Optimal wellness can enhance the quality of life, attitudes, relationships, personal growth, and overall success (Stoewen, 2017). One's

experiences/choices and demographics (gender, ethnicity, socioeconomic status, and others) have been related to the level of wellness individuals experience throughout their lifetime (University of Maryland, 2017). To obtain wellness, one needs to be mindful of the choices and consequences of those choices and able to make positive changes in behavior and other life situations even when it is difficult (Green Cross Academy of Traumatology, 2020; Stoewen, 2017).

### ***Physical Health and Wellness***

Physical wellness involves adopting and maintaining healthy behaviors and practices to care for the body and stay healthy through a balanced diet, regular exercise, and adequate sleep (Stoewen, 2017; University of Maryland, 2017; Zaidi, 2020). It also involves avoiding unhealthy behaviors such as alcohol abuse, substance abuse, and other physical health-related habits such as occupational stress (University of Maryland, 2017; Zaidi, 2020). As infectious diseases threaten one's health, so is their wellness vulnerable to work-related stress and other external stressors (Blanch et al., 2014). Hricova and Lovasova (2020) explained that employment and working conditions could impede physical health and well-being.

Gleason et al. (2019) and Virga et al. (2020) reported that helping professionals in the human services related fields such as social work, counseling, psychology, and criminal justice has been combatting the negative impacts of the stressors of their profession that negatively affect their physical and mental well-being. Due to the nature of the jobs of helping professionals, they must work with high-need clients, large caseloads, daily exposure to overwhelming emotional situations, and lack of personal and

or professional support (Gleason et al., 2019; Hricova & Lovasova, 2020; Virga et al., 2020). These stressors sometimes result in burnout, compassion fatigue, and vicarious traumatization, which endangers these case workers' physical health and well-being (Gleason et al., 2019; Hricova & Lovasova, 2020; Newell & Nelson-Gardell, 2014; Virga et al., 2020).

Burnout is often caused by prolonged physical and emotional exhaustion, depersonalization, and reduced personal accomplishment on the job (Gleason et al., 2019; Newell & Nelson-Gardell, 2014). Compassion fatigue in social practice is emotional exhaustion that occurs when working with traumatized clients (Gleason et al., 2019; Hricova & Lovasova, 2020; Newell & Nelson-Gardell, 2014; Virga et al., 2020). Vicarious traumatization, like compassion fatigue, is secondary traumatization whereby care workers allow their clients' stress and personal trauma to change their clinical worldview (Gleason et al., 2019; Hricova & Lovasova, 2020; Newell & Nelson-Gardell, 2014). These three stressors affect the physical and emotional well-being of the care workers and negatively impact their performance and the care provided to their clients (Gleason et al., 2019; Virga et al., 2020).

### ***Mental Health and Wellness***

Psychological wellness involves the ability to constructively manage one's emotions, understand and respect the feelings of others to have positive relationships with others, and to be able to recognize when one needs the help of others (Stoewen, 2017; University of Maryland, 2017; Zaidi, 2020). Psychological issues, such as depression,

anxiety disorders, and other mental illnesses, make it difficult for individuals to experience psychological wellness (University of Maryland, 2017; Zaidi, 2020).

Social wellness is related to one's ability to form and maintain positive, healthy, and meaningful relationships with others (Stoewen, 2017; University of Maryland, 2017). Being considered to have social wellness includes the ability to have active community participation, developing supportive social networks, believing that one has value to others and is appreciated, and a sense of belonging in a community (University of Maryland, 2017; Zaidi, 2020). Social exchange is part of the human connection people make in their daily lives with family, friends, and acquaintances (Birditt et al., 2005; Ji et al., 2017). Even though these social interactions are mostly positive, sometimes they are also negative and can become stressful and detrimental to the individual's psychological well-being (Reed et al., 2014).

Goetzel et al. (2018) stated that mental and behavioral health problems affect adults with mood and substance abuse problems. The occupational health problems common among employed adults include depression, anxiety, and substance abuse. Mental Health America (2018) and Substance Abuse and Mental Health Services Administration (2016) reported that 50-60% of all adults do not receive the treatment and do not seek treatments for their mental health issues. Goetzel et al. mentioned that mental health issues often lead to other conditions without proper treatments.

Wellness related to mental and physical health are also prevalent among athletes. Birdie et al. (2015) and Bauman (2016) explained that participating in competitive sports may pose specific risks to athletes' mental health and wellness. Those dependent on their

physical fitness and performance are pressured by a culture that does not approve of mental weakness (Bauman, 2016; Breslin et al., 2017; Trojian, 2016). If individuals do not feel comfortable reaching out to get help when needed, this can affect their physical and mental wellness. The military is also a highly physical career; the activities required to maintain the required physical standards of the military are like those seen in athletics.

**Experiences/Choices and Wellness.** Transitions are natural life changes that everyone is expected to experience in their lifetime (Joelson, 2020). Life transitions can be either positive or negative, as well as planned or unexpected (Joelson, 2020). Regardless of if the changes are positive or negative, planned or unexpected, adjusting to life changes can be difficult and stressful because we do not always have control over the life transitions we experience (Sonder Behavioral Health & Wellness, 2020). Some authors explained that even though our brains eventually learn and adapt over time when we initially experience changes, our minds do not accept and process them immediately (Gregory, 2020; Healthy Barrington, 2018; Joelson, 2020; Wardleigh, 2020). Life transition changes often destabilize individuals, especially if they are transitions that the individual did not want (Gregory, 2020).

Negative and unexpected life transitions such as losing employment, accidents, death of a loved one, news of a difficult diagnosis, or terminal illness generally have some negative psychological and physical impact that affects the wellness of an individual (Gregory, 2020; Healthy Barrington, 2018). Cleland et al. (2016) and Kettlewell et al. (2019) found that life events can considerably affect on one's health and well-being. Wardleigh (2020) asserted that adjusting to negative and unexpected life

changes can be difficult as overcoming the negative change takes much energy and requires a learning curve. It also sometimes requires appropriate coping mechanisms to properly address the stress level an individual is experiencing to prevent drastic negative changes to their physical and psychological wellness, unlike positive changes (Healthy Barrington, 2018; Sonder Behavioral Health & Wellness, 2020).

Expected and positive life changes such as getting a new job, going away to college, getting married, moving to a new city, or the birth of a child can still impact an individual's wellness (Healthy Barrington, 2018; Joelson, 2020). These have unique stressors, but they are generally less destructive to the wellbeing of a person because they were expected (Joelson, 2020). Just like negative transitions, positive and expected transitions can leave individuals feeling exhausted or overwhelmed at times as people navigate the new season of their lives. For example, the birth of a baby for first-time parents is a life-changing experience that requires time and practice to learn how to figure things out and adjust to the challenges of caring for a child (Joelson, 2020; Wardleigh, 2020). Though the daily experiences can be overwhelming and exhausting, most parents look forward to the opportunities for refinement daily (Wardleigh, 2020). It is easier for people to accept and readily adjust to positive life transitions for growth than to accept unexpected negative life transitions (Wardleigh, 2020). Kettlewell et al. (2019) added that even though life events can both be detrimental and beneficial to the well-being of individuals, the duration and magnitude of the effects are also important. For instance, the authors found that even though the loss of a spouse results in a negative devastation



feeling, it has a short-term negative effect that diminishes by two years (Kettlewell et al., 2019).

### ***Demographics and Wellness***

**Age and Wellness.** Some researchers have found that age can be related to one's emotional well-being (Charles et al., 2016; Reed & Carstensen, 2012; Reed et al., 2014). Charles et al. (2016) found that older adults in the late part of their lives have a positive outlook and a reduced level of distress compared to younger people in their twenties. When older adults were asked to appraise their lives, situations, or interaction with others, they focused on the positive aspects of their environment using their emotional stimuli because they value the emotion-related goals (Reed & Carstensen, 2012; Reed et al., 2014). Young adults often indicated a negative bias when asked to appraise their lives, situations, or interactions (Reed & Carstensen, 2012; Reed et al., 2014).

Researchers who have studied the lifespan and outlook have postulated that as people get older, they perceive time to be limited (Birditt et al., 2005; Wiener et al., 2016). These individuals then seek emotional satisfaction, main emotionally close relationships, tend to be less distressed, and they are more conciliatory because they have been exposed to different social contexts (Birditt et al., 2005; Ji et al., 2017; Reed et al., 2014; Wiener et al., 2016). They can better manage how they react to different situations with a more positive approach. Older adults tend to interpret negative interactions more positively than to younger adults (Ji et al., 2017; Reed et al., 2014).

Age also plays a part in how individuals manage their occupational stress were intervening factors such as workload, time on the job, and social support. Antoniou et al.

(2006) found that younger teachers who were new to the profession had a higher level of stress and burnout than older and experienced teachers. Ramos et al. (2016) also explained that younger adults might not have appropriate coping strategies to manage their occupational stress compared to older experienced adults. They also found that lack of support in the workplace causes disengagement and job dissatisfaction for younger adults, while older adults are more resilient to it.

Age also impacts the psychological and physical well-being of the younger and older veterans after leaving military service. Wiener et al. (2016) asserted that some older veterans were prone to Late-Onset Stress Symptomatology (LOSS) which can be triggered when they reflect on their time in service. Younger veterans have difficulties hiding their PTSD symptoms compared to older veterans (VA, 2015). Due to their younger age and inexperience, their behavioral changes and unhealthy social lifestyles resulted in their early military separation for misconduct (VA, 2015). The researchers did not indicate which military branch or rank has the most age-related psychological or physical problems.

**Gender and Wellness.** Gender roles of men and women have traditionally assigned their societal functions, and social status is related to wellness (Lieberman, 2019). In today's world, societal achievements breed new needs and challenges that define gender differences in wellness based on educational accomplishments and political, and socio-economic status (Carmel, 2019). These societal expectations and limitations ultimately lead to gender differences in the wellbeing of men and women (Batz & Tay, 2018). .-

In a community where women have limited access to resources, opportunities, and power, there would be a difference compared to men on how to meet their basic and psychological needs (Batz & Tay, 2018). However, in societies with equal in opportunities, resources, and power, there might be only a slight gender difference (Batz & Tay, 2018). Even though women in advanced societies that provide equality for both genders would be expected to be more successful and “happier,” the shift in standards, the demands, and the additional roles women occupied are related to lowering their well-being resulting in the decrease in their happiness over time (Batz & Tay, 2018; Lieberman, 2019). Meisenberg and Woodley (2015) contended that even though gender equality results in higher life satisfaction for women due to the increase in opportunities and rights, the responsibilities, and stressors that women encounter have changed over time and resulted in a lowered sense of wellness.

Some researchers have found that sometimes gender differences influence how individuals cope with stress and manage wellness (Antoniou et al., 2006; Lieberman, 2019; Wallnas & Jendle, 2017). Antoniou et al. (2006) and Wallnas and Jendle (2017) reported that female teachers have a higher level of occupational stress and emotional exhaustion than their male colleagues. Gomez-Baya et al. (2018) indicated that women have better psychological well-being in the workplace when their basic psychological needs are satisfied, unlike men. Matud et al. (2019) explained that men and women experience stress differently, affecting their psychological well-being differently. They indicated that men have higher self-acceptance and autonomy than women, with better personal growth and positive relations with others. The authors found that men and

women who adhered to traditional gender roles in the workplace have better psychological well-being (Matud et al., 2019).

Gender differences were also important in how military occupational stress impacts the well-being of male and female veterans. Boston University Medical Center (2017) explained that combat exposure, military sexual harassment, and family stressors influence veterans' functioning and satisfaction in the family and at work and family. For example, deployment exposures result in PTSD symptoms associated with mental health, only affecting men's functioning and satisfaction in romantic relationships and indirectly affecting their parenting (Boston University Medical Center, 2017). On the other hand, female veterans are more prone to PTSD and depression after deployments and combat exposure, and they are highly susceptible to parental impairment (Boston University Medical Center, 2017).

Oster et al. (2017) affirmed that female veterans experience more mental health problems that affect their health and well-being and lead to other problems such as homelessness. Bryne et al. (2013) reported that as opposed to male veterans, young and unemployed female veterans with behavioral health issues are at a higher risk for homelessness. However, they have a lower drug or alcohol abuse rate than young and unemployed male veterans (Oster et al., 2017). These findings confirm that men and women, due to their biological vulnerabilities, may react differently when they are exposed to different environmental situations (Lieberman, 2019). However, not much is known about the military ranks and branches of male and female veterans in the military

context. This study would provide important insight into wellness and gender difference in military branches and ranks.

**Military Factors and Wellness.** Most service members have looked favorably on their time in service, which has positively affected their well-being (Oster et al., 2017). As part of an institution, they appreciate the group cohesion and *esprit de corps* (a sense of camaraderie on and off the battlefield) that connect them (Mayne, 2013). Nevertheless, their military obligations, the duration of service, and transition from service sometimes negatively affect their well-being (Oster et al., 2017).

**Time in Service.** Time in service has been found to be related to mental, physical, and social well-being. Oster et al. (2017) stated that veterans' mental health problems mainly stem from PTSD issues attributed to their deployment and exposure to trauma. The more time spent in the military, the more opportunity to be deployed to war zones, areas with conflict, and to be exposed to trauma. Xue et al. (2015) indicated that about 35% of veterans had combat-related PTSD.

Military personnel also incur serious physical injuries and illnesses due to their military obligations that impact their physical and psychological wellness (Oster et al., 2017). Beard & Kamel (2015) and Hodson & McFarlane (2016) found that prolonged military duties such as intensive physical activities, physical trauma, psychological trauma, and exposure to toxic substances can be detrimental to the health and wellbeing of veterans. Some authors indicated that the prevalent physical illness sustained by veterans because of deployment include TBI, hearing impairment/tinnitus, and Hepatitis

C Virus (Arriola & Rozelle, 2016; O'Neil et al., 2014; Theodoroff et al., 2015; Wall, 2012).

In addition to the impact of military factors on veterans' mental and physical well-being, their social wellness is also impacted by their military service. For example, some authors indicated that in comparison to civilians, military veterans have the highest rate of substance abuse and homelessness (Hoggatt et al., 2015; Lan et al., 2016). Hoggatt et al. (2015) reported that binge drinking was prevalent among veterans by approximately 37% of male veterans and about 25% of female veterans. Lan et al. (2016) found that veterans have a higher alcohol and drug abuse rate, primarily under diagnostic and administrative criteria. Tsai and Rosenheck (2015) found that in comparison to civilians, veterans are at a greater risk for homelessness than non-veterans. Female veterans are at 2.5 times higher risk than civilian women of being homeless (Bryne et al., 2013).

**Occupational Years of Experience and Wellness.** Job characteristics and occupational health wellness affect all workers regardless of their time on the job. Worker coping strategies and social support determine how this stress is managed among young and seasoned workers (Olvera Alvarez et al., 2019; Salvagioni et al., 2017). For instance, seasoned and student nurses experience chronic stress and burnout that severely affect their health and well-being (Olvera Alvarez et al., 2019; Salvagioni et al., 2017). However, in-clinic care, seasoned nurses have learned to adapt to their adverse working conditions based on their experience and knowledge on the job (Olvera Alvarez et al., 2019; Salvagioni et al., 2017)).

Hricova and Lovasova (2020) explained that the employment and working environments are often the two main sources of stressful situations. Individuals react to stress and stressful situations differently because of the individual level of resiliency they acquire on the job (Hricova & Lovasova, 2020). Olvera Alvarez et al. (2019) asserted that apart from their common stressors when exposed to the same environmental toxins, new nurses are particularly vulnerable in clinical care than seasoned nurses (Olvera Alvarez et al., 2019). Olvera Alvarez et al. (2019) also reported that over 34% of new nurses change jobs due to stress and burnout during their transition from school to their workplace in the first two years following graduation.

Ramos et al. (2016) found that younger workers with higher tenure have lower engagement and higher burnout rates in some high demanding jobs that affect their health and well-being than low-tenure workers. However, Wiener et al. (2016) found that among military veterans, occupational time in service or duration of service is not a major determinant of occupational stress (Wiener et al., 2016). In this occupation, regardless of the duration of service, some veterans are exposed to combat and trauma that can affect their physical and mental well-being, unlike non-combat veterans (VA, 2015; Wiener et al., 2016). However, most veterans experience rigorous military life and duties that affect their physical, psychological, and occupational wellness even years after discharge, regardless of their deployment status (Wiener et al., 2016). There was limited literature on how occupational time in service affects veterans' wellness in different military branches and the ranks mostly affected. This study would highlight the military branch and ranks with the most occupational distress.

## Summary and Conclusions

The intent of this quantitative, correlational study of a cross-sectional nature was to examine the relationship between demographic characteristics (age, gender, military branch, rank at discharge, service type (combat/non-combat), number of years served, number of years since discharge) and self-perceived wellness as measured by the GWBS in military veterans. In addition, I studied the difference in self-perceived wellness as measured by the GWBS between those veterans who served in combat versus those who did not participate in military veterans when controlling for the number of years since discharge in order to determine how the type of service and length of separation may be related to wellness for transitioning veterans. It is in hope that by having a better understanding of how these variables are related (and differences in some of the variables based on service type and length of separation) that additional information can be provided to those who assist veterans in their transition to civilian life to assist them in individualizing these programs based on veteran characteristics.

The problem that was addressed in this study was the negative experiences related to wellness that veterans may experience during their post-military transition, such as unemployment, changes and challenges in relationships and social support networks, community stigma and discrimination, inadequate support services, loss of purpose, and personal and social identity challenges (Cooper et al., 2018; Kneeling et al., 2018; Sayer et al., 2014). Military veterans undergo an identity shift when they exit the service, just as they had at boot camp when joining the Armed Forces (Mitre Corporation, 2019; Mobbs & Bonanno, 2018). Even though is the transition from the military to civilian life is a



normative experience, they are sometimes accompanied by negative experiences that add additional burdens to the challenges of veterans as they make this transition (Angel et al., 2018; Mitre Corporation, 2019; Mobbs & Bonanno, 2018). The ease of transitioning to a new phase of life can also be related to the demographic characteristics of individuals (Mitre Corporation, 2019; Mobbs & Bonanno, 2018).

Although the research above regarding the challenges related to veteran assimilation into civilian life and the associated problems and their relationship to perceived wellness illuminates important findings (Castro & Kintzle, 2014; Castro et al., 2015; Castrol & Kintzle, 2017; Zogas, 2017), I found no researchers who have examined the relationship between demographics (age, gender, military branch, rank at discharge, service type (combat/non-combat), number of years served, number of years since discharge) and self-perceived wellness as measured by the GWBS in military veterans. Given such, further research was warranted to examine the relationships between these variables as well as the difference in self-perceived wellness as measured by the GWBS between those veterans who served in combat versus those who did not serve among military veterans when controlling for the number of years since discharge in order to determine how the type of service and length of separation may be related to wellness for transitioning veterans. Chapter 3 contain details regarding the planned research design, methodology (including sampling, data collection, instrumentation, operationalization of constructs, data analysis plan), threats to validity, and ethical procedures.

## Chapter 3: Research Method

### **Introduction**

Researchers have found that many veterans experience considerable challenges transitioning from military to civilian life (Castro et al., 2014; Keeling et al., 2018; Kintzle et al., 2016; MacLean et al., 2014). After separation, military personnel experience challenges that include losing their military/career identity, military culture support, and purpose in life (Romaniuk & Kidd, 2018). Researchers have found that transitioning from military to civilian life can also affect their ability to function, capabilities, and overall wellness (Elnitsky et al., 2017; MacLean et al., 2014).

The purpose of this quantitative, correlational study of a cross-sectional nature was to examine the relationship between demographic characteristics (age, gender, military branch, rank at discharge, service type [combat/noncombat], number of years served, and number of years since discharge) and self-perceived wellness as measured by the GWBS (Dupuy, 1977) in military veterans. In addition, I studied the difference in self-perceived wellness as measured by the GWBS between those veterans who served in combat versus those who did not while controlling for the number of years since discharge to determine how the type of service and the length of separation may be related to wellness for transitioning veterans. By having a better understanding of how these variables are related (and differences in some of the variables based on service type and length of separation), additional information can be provided to those who assist veterans in their transition to civilian life to assist them in individualizing these programs based on veteran characteristics. In this chapter, I discuss the research design and

rationale, methodology, population, sampling procedures, procedures for recruitment, data collection, instrumentation and operationalization of constructs, data analysis plan, threats to validity, and ethical procedures.

### **Research Design and Rationale**

RQ1: What is the relationship between demographic characteristics (age, gender, military branch, rank at discharge, service type [combat/noncombat], number of years served, and number of years since discharge) and self-perceived wellness measured by the GWBS in military veterans?

RQ2: What is the difference in self-perceived wellness as measured by the GWBS between combat veterans and noncombat veterans when controlling for the number of years since discharge?

The independent variables I used in this study for RQ1 were the demographic characteristics of participants, including age, gender, military branch, rank at discharge, service type [combat/noncombat], number of years served, and number of years since discharge and the dependent variable was self-perceived wellness as measured by the GWBS. For RQ2, I used the independent variable of service type (combat/noncombat) and the dependent variable of self-perceived wellness as measured by the GWBS. For RQ2, I used the covariate of the number of years since discharge.

The GWBS is an 18-item instrument that measures life satisfaction and level of psychological distress (Dupuy, 1977). The instrument includes six subscales measuring anxiety, depression, positive well-being, self-control, vitality, and general health (Dupuy, 1977). The measuring instrument's total score runs from 0 to 110, with lower scores

indicating severe distress (Dupuy, 1977). The scale shows 0 to 60 reflects severe distress, 61 to 72 indicates moderate distress, and 73 to 110 shows positive well-being (Dupuy, 1977).

### **Research Design**

I used a quantitative, correlational study of a cross-sectional nature. A correlational study is a quantitative nonexperimental research design used to determine the statistical relationship between two or more variables (Souise et al., 2007). This design does not allow a researcher to control or manipulate the variables but only to determine the statistical relationship between variables (Creswell, 2015). Correlational designs are used when researchers want a deeper understanding of the relationship between two or more variables without establishing causation (Creswell, 2015).

Unlike experimental studies, variables are not manipulated. Thus, variables can be measured in a closed environment or a public setting (Gaille, 2020). The results from correlational studies are also more applicable to everyday encounters because the investigation occurs in real-life situations (Gaille, 2020). Also, correlational research provides an excellent starting position for research; the data from each variable also create new opportunities for future researchers to investigate established and unknown relationships (Gaille, 2020).

Correlational research helps researchers find each relationship's direction and strength, thereby creating new discoveries about the world and specific situations, especially when a survey method is used (Cerritos College, 2020). Despite the advantages of the correlational study, it does not provide a conclusive reason the relationships it

reveals exist (Gaille, 2020). In addition, correlational research reveals connections variables share in a specific situation but does not determine the variables with the most influence (Gaille, 2020). Additional influences can also interfere with the work because, when completing surveys, some people may try to provide information to create specific outcomes (Cerritos College, 2020; Gaille, 2020). The usefulness of the data collected depends on the quality of the work performed during the study because if the data collection does not generate appropriate information, the time, money, and efforts invested may be wasted (Gaille, 2020).

A cross-sectional study allows a researcher to collect data at one point in time (Leedy & Ormrod, 2001). Correlational studies can be conducted using observation, survey, or archival research (Williams, 2007). I used a survey method to collect data from participants. Correlational and cross-sectional designs are used when a researcher wants to compare different groups, study behavior as it occurs in everyday life, collect data at a specific point in time, and allow researchers to make predictions (Sertia, 2016). This research methodology was appropriate because it allowed me to examine the relationship between different groups of veterans based on their demographic characteristics in relation to their self-perceived wellness at one point in time (one data collection period).

Because the focus of this study was to examine the relationship between the demographic characteristics of veterans in relation to veterans' self-perceived wellness at one point in time and the difference in the self-perceived wellness between combat and noncombat veterans, other nonexperimental research designs, such as case study design or causal-comparative studies would not have been appropriate. The case study design is

an in-depth qualitative inquiry of a research problem used to narrow down a broad field of research to a few easily researchable examples (Sacred Heart University Library, 2020; USC Libraries, 2020). The design provides detailed descriptions of specific and rare cases, thereby providing a better understanding of complex issues through detailed contextual analysis of events and relationships (Sacred Heart University Library, 2020; USC Libraries, 2020). Despite the benefits of using the case study design, it is difficult to establish reliability or to generalize the findings due to the limited number of cases the design allows (Sacred Heart University Library, 2020; USC Libraries, 2020). Also, a researcher's interpretation of the findings might be biased due to intense exposure to the study, and where vital information is missing, it would be difficult to correctly interpret the findings (USC Libraries, 2020; Winston-Salem State University, 2020).

Causal-comparative studies, on the other hand, are used to evaluate how a specific change impacts existing norms and assumptions; that is, the design seeks to establish the cause-effect relationship among the variables (USC Libraries, 2020; Winston-Salem State University, 2020). In causal-comparative studies, a variation in a phenomenon result in the variation of another phenomenon (Winston-Salem State University, 2020). The design provides a better understanding of why things happen by providing a causal link between the variables involved and eliminating other possibilities (Sacred Heart University Library, 2020; USC Libraries, 2020). This type of study also has better interval validity because of the systematic subject selection (Sacred Heart University Library, 2020; USC Libraries, 2020). However, not all relationships are causal, and it is difficult to determine them due to other extraneous variables that may be

present (USC Libraries, 2020; Winston-Salem State University, 2020). Thus, using either a case study design or a causal-comparative study would not have been appropriate to conduct the research because both designs do not attempt to seek and interpret relationships between variables. The research problem also determines the most suitable type of design to use.

## **Methodology**

### **Population**

According to DOD (2014), an estimated 200,000 active-duty service members separate from duty each year from the Armed Forces. Based on this number, approximately 1,300 new veterans return to civilian communities daily (DOD, 2014). The Statista Research Department (2019) reported that the number of U.S. male veterans was approximately 15.78 million, and the number of female veterans was approximately 1.64 million in 2018. The VA (2020) reported the population of veterans by the branch of service in 2019 to include 8.8 million Army veterans, 4.2 million Navy veterans, 2.1 million Marine Corps veterans, 3.5 million Air Force veterans, and over 971,000 Reserve Forces.

### **Sampling and Sampling Procedures**

#### ***Sampling Strategy***

The sampling strategy used for this study was the purposeful convenience sampling method and snowball sampling. Purposive sampling is a nonprobability sampling technique where potential participants must meet criteria set forth by the researcher to participate in the study (Laerd Dissertation, 2012b; Palinkas et al., 2015).

The main advantage of this method is that it ensures the participants have the characteristics necessary to answer the research question (Laerd Dissertation, 2012b; Palinkas et al., 2015). The disadvantage of the technique is that it could potentially result in less generalizable results because individuals who do not meet the inclusion criteria for the study are not in the sample (Laerd Dissertation, 2012b; Palinkas et al., 2015).

Researchers use convenience sampling because of its cost-effective and timely advantages compared to other sampling methods (Palinkas et al., 2015). The participants are accessed based on their easy availability to the researcher (Palinkas et al., 2015). A disadvantage of using a convenience sampling method is that it can lead to overrepresentation or underrepresentation of particular groups within the sample (Palinkas et al., 2015). Also, because the sample was not chosen randomly, it may not be representative of the population, and the results may not be easily generalized (Palinkas et al., 2015).

Snowball sampling is a nonprobability sampling method used to recruit samples to access population subgroups that may be hard to reach (Explorable, 2009a; Laerd Dissertation, 2012b). The sampling method is considered a chain referral because those who participate or see the recruitment materials are asked to let others know about the study who may be eligible to participate (Explorable, 2009a; Laerd Dissertation, 2012b). The benefits of using this sampling method includes reaching populations that are difficult to sample with other sampling methods (Explorable, 2009; Laerd Dissertation, 2012b). The snowball sampling method is an excellent technique to recruit military veterans because they are part of the population that are difficult to locate or are hidden,



but they are likely to keep in contact with one another after they end their military service (Explorable, 2009a; Laerd Dissertation, 2012b). Locating one veteran could lead to referrals to other veterans. The disadvantages of using the snowball sampling method are that the initial participant might be hesitant to provide the names of peers, and sampling bias may occur due to oversampling a particular network of peers (Explorable, 2009a; Laerd Dissertation, 2012a). Therefore, I did not request the names or contact information of people who participated but provided information in the recruitment materials asking those who saw the materials to let others know about the study (see Appendix A).

Other sampling techniques, such as quota sampling and heterogeneity sampling were not appropriate to identify and sample military veterans as potential participants for this study (Glen, 2015c). Quota sampling is deemed an unsuitable method because a researcher must ensure that the groups in the sample are proportional to the groups in the population, which may not be possible when recruiting a hard-to-find population (Explorable, 2009b; Glen, 2015c). Heterogeneity sampling was also not the right fit for this study because researchers deliberately choose participants for the study to represent all views. However, all views may not be proportionately represented when recruiting a hidden population (Explorable, 2009b; Glen, 2015c).

### ***Inclusion/Exclusion Criteria***

The inclusion criteria for this study included: (a) U.S. military veteran; (b) discharged with the rank E-3 to E-9, WO-1 to WO-4, or O-1 to O-6; (c) must have served in Operation Enduring Freedom, Operation Iraqi Freedom, or Operation New Dawn; (d)

combat or noncombat veterans; (e) any service component (active duty, Reserves, or National Guard); and (f) literacy level in English sufficient to understand the survey. Those who would be excluded from participating in the study were those who did not meet the criteria.

### ***Sample Size***

A power analysis was conducted to determine the appropriate sample size for the study. Kyonka (2019) asserted that a priori is based on predetermined maximum tolerable Type I and II error rates and the minimum effect size, which is most meaningful. Thus, using power analysis is important in research designs to determine sample size because it provides a better chance of studies having conclusive results (Kyonka, 2019). Because I conducted two statistical tests, multiple linear regression and ANCOVA, I calculated the necessary sample size for both tests using G\*Power (Faul et al., 2009).

In calculating the sample size for the multiple linear regression, an alpha of .05 and power of .95 were used. Cohen (1992) recommended that to have adequate power for multiple linear regression analysis; there should be two independent variables to establish a medium effect size at the 0.15 level. The power analysis computation for the multiple linear regression indicated that 153 participants were needed to conduct the multiple regression with an alpha of .05, medium effect size (0.15) and power of .95. An alpha of .05 and a power of .80 was used to calculate the ANCOVA sample size. The power analysis computation of the ANCOVA indicated that 158 participants were needed with a medium effect size (0.25), alpha (0.05), and power (0.80). To be able to conduct both analyses, I planned to collect data from at least 158 participants.

## **Procedures for Recruitment, Participation, and Data Collection**

### ***Recruitment***

Recruitment notices were posted online via social media veterans' groups (Facebook and LinkedIn) and the Walden University Participant Pool. The groups on Facebook and LinkedIn had the recruitment materials posted to them via groups that anyone can join and post materials to but are focused on military and military veterans. It made permission to post and cooperation agreements unnecessary. The recruitment materials can be found in Appendix A

The recruitment materials outline information about the study, my contact information, a link to participate, and a statement requesting those who saw the recruitment materials to also forward the information to those they know who may qualify to participate. Also, at the end of the data collection process, participants who completed the study was asked to forward the recruitment materials (via a screen after submitting them) to other veterans through other social media or email to increase participation.

The veteran Facebook groups that will be utilized include:

- Vet 2 Vet Info, Women Veterans
- I Proudly Served, Vet Friends
- Together We Served
- OIF/OEF Veterans – military empire
- United States Veterans on Facebook
- Women Veterans of the United States Army

- Air Force Vets, U.S. Navy Veterans
- Marine Corps Vets

A few LinkedIn veteran groups with large followers that do not require permission to post on their sites will also be used to recruit participants for the study. These groups include veterati, vets2industry, and women veterans alliance. Some veteran groups on LinkedIn ask veterans to request to join their groups, while other veteran interest groups only require veterans to follow their group.

The Walden University Participant Pool was used as a venue to recruit participants. A post with a short explanation of the study and a link to the survey was posted on the virtual bulletin board for members of the Walden community who are interested in participating in the study to access the site (Walden University, 2020). Walden Participant Pool is a diverse population of students and faculty members that provides easy access for researchers to connect with potential study participants (Walden University, 2020).

Even though the VA would have been an excellent resource for recruiting study participants, it was not appropriate for my study due to potential time issues and the potential that the participants may feel coerced to participate if the government was associated with recruitment. I would need to get approval from the VA IRB and go through the research approval steps required by the VA (VA, 2020). It could be a lengthy process, and there are other ways to access individuals who have served in the military without going through government agencies.

### ***Participation***

Once potential participants saw the recruitment materials, they clicked on the link, which directed them to the survey. The questions that they were asked first are those to confirm that they qualify to participate in the study (inclusion criteria questions, see Appendix B). When they answer yes to all the inclusion criteria questions, they were directed to the informed consent. Suppose they answered no to any of the inclusion questions. In that case, they were directed to a page thanking them for their potential participation but that they do not qualify for the study based on their answers to the inclusion questions.

Participants was presented with the informed consent and asked to print out a copy of the informed consent page for their records. A survey question was at the end of the informed consent asking them if they agree to consent to participate (see Appendix C). If they answered yes (give consent), they were directed to the demographic form. If they answered no, they were directed to a page thanking them for their potential participation. After completing the demographic questions (Appendix D), the participants were asked to answer the 18 items on the *General Well-being* (Dupuy, 1977, see Appendix E). After completion, the participants were thanked for participating in the study on the final screen.

### ***Data Collection***

The questionnaire for the survey was administered to the participants through SurveyMonkey. SurveyMonkey is an online program and hosting site used by researchers to collect research data from study participants (Waclawski, 2012). It is a program used

for collecting data for research purposes for health, market, a quick poll, competitive analysis, customer or employee feedback, and other purposes (Waclawski, 2012).

SurveyMonkey allows researchers to create, collect, and analyze data from millions of participants to get real-time results. The reporting and analysis tool allows data to be exported into different formats and accelerate data-driven decisions.

SurveyMonkey was chosen because it could be set up with a secure web link, SSL with https, encrypt personal information, and collect surveys anonymously, thereby protecting the research participants' information (Regmi et al., 2016). Regmi et al. (2016) explained that the online survey approach helps contact hard-to-reach populations or people with certain conditions to collect data via various social media platforms. As a data collection platform, Survey Monkey allows researchers to deploy and analyze surveys using the internet without special knowledge (Regmi et al., 2016). Thus, using an online social media platform to reach thousands of potential participants simultaneously provides an equal opportunity for all the members of the veterans' groups to participate.

## **Instrumentation and Operationalization of Constructs**

### ***Demographic Form***

The researcher created the demographic form (see Appendix D) and included the independent variables for research question 1 age, gender, military branch, rank at discharge, service type [combat/noncombat], number of years served, and number of years since discharge. The variable data collected through the demographic form for research question 2 includes the independent variable of service type (combat/noncombat) and the covariate of the number of years since discharge.

## ***GWBS***

The GWBS was initially developed for the U.S. Health and Nutrition Examination Survey (HANES I) is a brief assessment of health (Dupuy, 1978). It measures an individual's subjective sense of well-being and distress over the preceding month (Dupuy, 1977). The GWB Schedule includes positive and negative questions across six dimensions: well-being, self-control, vitality, depression, anxiety, and general health (Dupuy, 1977). There are three versions with 18, 22, and 33-items, but the 18-item version is the most popular and will be used for this study (Dupuy, 1977).

The 18-item version contains 14 items rated on a 6-point scale representing intensity or frequency, and adjectives define four items rated on a 10-point scale at each end (Dupuy, 1977). The 18-item GWB Schedule can be found in Appendix E. An example item on the 18 version GWB schedule includes, "How happy, satisfied or pleased have you been with your personal life during the past month?" (Dupuy, 1977). The response option offers 14 items rated on a 6-point Likert scale, with 1 "All the time" to 6 "None of the time" (Dupuy, 1977). The remaining four items are rated on a 10-point Likert scale with response options that are relevant to each of these 4 items (Dupuy, 1977).

The total score of the answers to the items is summed from 0 to 110, with lower scores indicating more severe distress. The three levels of distress are sectioned accordingly:

- 0 to 60 reflect severe distress
- 61 to 72 moderate distress

- 73 to 110 positive well-being.

The GWBS (GWB) measures life satisfaction, corresponding to Box E (subjective evaluations and reactions; life satisfaction) of Dijker's Model. The GWBS is in the public domain and may be used if proper citation is given. The scale can be obtained in McDowell and Newell (Eds.), *Measuring health: A guide to rating scales and questionnaire* (2nd ed) (pp. 206-213). The permission is provided in Appendix C.

**Reliability and Validity.** Several large-scale population-based studies have validated the reliability and validity of the GWBS in ethnic minority groups various researchers (Leonardson et al., 2003; Taylor et al., 2003; Poston et al., 1998). The GWB is commonly used to address subjective well-being as a measuring instrument.

Concerning this study, military personnel experiences traumatic events due to their military obligations regardless of their ranks, gender, age, and time in service (Ahren et al., 2015; Romaniuk & Kidd, 2018). Even after separation from service, their experiences can affect their sense of well-being, and the change in culture and lifestyle results in other losses (Burkhart & Hogan, 2015; Romaniuk & Kidd, 2018).

When service members leave the military, they experience a sense of loss of community, culture, and identity (Ahren et al., 2015; Burkhart & Hogan, 2015; Elliot et al., 2016; Romaniuk & Kidd, 2018). These changes impact their acculturation when they become civilians in the community (Burkhart & Hogan, 2015; Romaniuk & Kidd, 2018). The GWB is appropriate to determine the post-traumatic adjustment of this target population. Therefore, it is a suitable measuring instrument to measure how the demographic characteristics of veterans influence their well-being post-service.



**Reliability.** Cronbach's alpha will be used to test the GWB's reliability. It provides a number from 0 to 1, where 0.70 and above is acceptable, .80 and above indicates good, while .90 and above is regarded as excellent (Glen, 2014). As an internal reliability measure, it evaluates the consistency of the survey items that examine the topic of interest. As a measure of reliability, Cronbach's alpha confirms that a participant would repeatedly generate the same score for an observed variable using the same scale (Glen, 2014).

The validity and reliability of the psychometric characteristics of the GWB have also been established through extensive testing. They have been found to be an extremely useful instrument in various research. For example, Taylor et al. (2003) validated the psychometric characteristics of the GWB with 599 overweight African American women who participated in a multicenter weight-loss trial. The authors found concurrent and construct validity when examined in association with measures of self-concept, depression, and several health behaviors (Taylor et al., 2003). They also indicated that the standardized internal consistency of the GWB total score was high, with Cronbach's alpha = 0.92. Only general health, one of the six subscales, did not meet the internal consistency standard of 0.70 (Taylor et al., 2003). The researchers considered the GWB a reliable and valid instrument to measure the psychological well-being of African American women (Taylor et al., 2003).

Leonardson et al. (2003) also validated the GWB with a sample of 88 diabetic American Indians at an Indian Health Service hospital. They indicated that the internal reliability was Cronbach's alpha .89. the authors also reported adequate concurrent and

divergent validity on the measuring instruments (Leonardson et al., 2003). The authors indicated that the GWB was a reliable and valid instrument for measuring the subjective feelings of psychological well-being and distress of the American Indian population (Leonardson et al., 2003).

Alagheband et al. (2013) investigated the validity, reliability, and factors of the GWB scale with 434 Iranian university students (242 females and 192 males) with an average age of 20.38. The researchers found an internal consistency of 0.85 (Alagheband et al., 2013). The authors found that the scale was a reliable and valid measure of the psychological well-being of Iranian students (Alagheband et al., 2013).

**Validity.** The validity of an instrument is also essential because it has to be suitable for a specific purpose and with the specific group of people to provide appropriate interpretations for the results (University of Connecticut, 2015). The validity of an instrument is established either by correlating the scores with a similar instrument or by expert review (University of Connecticut, 2015). In determining the validity of an instrument, the reliability of the measure and other kinds of evidence must be considered (Price et al., 2014). In evaluating the validity of a measure, researchers also consider three types of validity, namely content-related validity, construct validity, and criterion validity (Price et al., 2014).

**Construct Validity.** Construct validity deals with how the items in the measuring instrument adequately cover the construct of interest (UCONN, 2015; Scholtes et al., 2011). The items must be relevant and comprehensive to what is being measured (Scholtes et al., 2011). Taylor et al. (2003) used the GWB to provide evidence of

construct and concurrent validity with the measures used in examining the psychological well-being of 599 overweight African American women. The researchers found that the GWB was a valid measure to evaluate the psychometric characteristics of the research participants (Taylor et al., 2003).

**Criterion Validity.** Criterion-related validity is when a measuring instrument's scores perfectly compares to a set standard, which could be a current or future criterion (Price et al., 2011; UCONN, 2015). Thus, the measuring tool aims to determine if predictive or concurrent validity is needed (UCONN, 2015). Alagheband et al. (2013) examined the validity of the GWB with a sample of 434 students using concurrent validity, where the criterion was measured simultaneously with the construct. The researchers indicated that the correlation coefficient between the GWB subscale and concurrent validity scales was statistically significant and in the appropriate direction (Alagheband et al., 2013)

### **Operationalization of Constructs**

Table 3 contains the categorization and coding of variables that will be used in this study.

**Table 3***Variables Used in Study*

RQ	Data source	Variable type	Variable	Coding
1	Demographic form	IV	Age	Age in years
			Gender	0=male 1=female
			Military branch	0=Army 1=Marine Corps 2=Air Force 3=Navy
			Rank at discharge	0=Enlisted 1= Warrant officer 2=Officer
			Service type	0=Noncombat 1=Combat
	General Well-Being Schedule	DV	Number of years served	Number of years
			Number of years since discharge	Number of years
			Self-perceived wellness total	Total score: 0–110
			Lower scores reflect distress, and higher scores reflect positive well-being	
			These categories will be recoded into a new variable and used for sample descriptive	
			0–60=severe distress	
			61–72=moderate distress	
			73–110=positive well-being	
2	Demographic form	IV	Service type	0=noncombat 1=combat
			Self-perceived wellness	Total score: 0–110
	General Well-Being Schedule	DV	Lower scores reflect distress, and higher scores reflect positive well-being	
			These categories will be recoded into a new variable and used for sample descriptive	
			0-60=severe distress	
			61-72= moderate distress	
			73-110= positive well-being	
	Demographic form	Covariant	Number of years since discharge	Number of years

## Data Analysis Plan

The research questions and hypotheses for this study are:

RQ1: What is the relationship between demographic characteristics (age, gender, military branch, rank at discharge, service type [combat/noncombat], number of years served, number of years since discharge) and self-perceived wellness measured by the *GWBS* in military veterans?

H<sub>0</sub>1: There is no statistically significant relationship between demographic characteristics (age, gender, military branch, rank at discharge, service type [combat/noncombat], number of years served, number of years since discharge) and self-perceived wellness measured by the *GWBS* in military veterans.

H<sub>A</sub>1: There is a statistically significant relationship between demographic characteristics (age, gender, military branch, rank at discharge, service type [combat/noncombat], number of years served, number of years since discharge) and self-perceived wellness measured by the *GWBS* in military veterans.

RQ2: What is the difference in self-perceived wellness as measured by the *GWBS* between combat veterans and noncombat veterans when controlling for the number of years since discharge?

H<sub>0</sub>2: There is no statistically significant difference in self-perceived wellness as measured by the *GWBS* between combat veterans and noncombat veterans when controlling for the number of years since discharge.

H<sub>A2</sub>: There is a statistically significant difference in self-perceived wellness as measured by the *GWBS* between combat veterans and noncombat veterans when controlling for number of years since discharge.

The data analyses I used in this study include descriptive statistics, *t*-Tests, multiple linear regression (RQ 1), and ANCOVA (RQ 2). The statistical analyses were processed using SPSS 24 (IBM, 2016).

The demographic data collected from participants include age, gender, military branch, rank at discharge, service type (combat/non-combat), number of years served, and number of years since discharge. Descriptive information, including percentages in each category of variable as well as mean, median, mode, frequencies, and percentages of the variable as appropriate for each variable to illustrate the sample characteristics. In addition, I reported the categories on the *GWBS* (0-60=severe distress, 61-72= moderate distress, 73-110= positive well-being) and the mean for the overall sample.

While the *t*-test was not used to answer the research questions, I used *t*-tests as part of the descriptive statistics to determine if there were statistically significant differences in the dependent variable for groups within independent variables. I looked at the demographic variable of gender and the differences between males and females on the dependent variable of the total score on the *GWBS*. I also looked at the difference in the total score of the *GWBS* by rank group (enlisted/officer). I did this because service members' rank determines their position, level of authority, and pay (Morin, 2011). A person's rank at discharge may also have given them access to more information that they

could use to understand the transition process and cope with the challenges of acclimatizing to a new culture and lifestyle (Redmond et al., 2015).

I checked for multicollinearity between variables using a Pearson correlation analysis. Multicollinearity is an important assumption to be tested before conducting a multiple linear regression analysis (Minitab, 2016). If two or more variables are highly correlated, then it can result in the results of the multiple linear regression being skewed (Glen, 2015b). In a dataset, multicollinearity can be found using a tolerance and its reciprocal, called variance inflation factor [VIF] (Glen, 2015b; Minitab, 2016). If the value of tolerance is less than 0.2 or 0.1 and simultaneously the value of  $VIF = 10$  and above, it indicates that multicollinearity is a problem (Glen, 2015b). Where multicollinearity between variables was an issue, I removed one of the highly correlated variables before running the multiple linear regression.

Multiple linear regression was used to measure the relationship between the independent and dependent variables for research question 1. It was an appropriate statistical test as the dependent variable of the total score on the GWBS is a scale/linear coded variable (Dupuy, 1977). I used a hierarchical method of linear regression. It was appropriate to estimate the degree of association between the predictor variables on the dependent variable after controlling for the covariates (David, 2017; Statistics Solutions, 2020). Also, it helped to obtain a reduced set of predictor variables, thus eliminating unnecessary predictors (David, 2017; Statistics Solutions, 2020). It also helped to simplify the data, as well as to enhance predictive accuracy (David, 2017; Statistics Solutions, 2020).

The ANCOVA was used to test if there was a statistically significant difference in self-perceived wellness as measured by the GWBS between combat veterans and non-combat veterans when controlling for the number of years since discharge (RQ2). It was appropriate for my research because it allowed for me to control for the variable of the number of years that a veteran has been out of the military (Glen, 2015a). It was appropriate as it can take military members time to effectively transition from the military into civilian life (Mitre Corporation, 2019). Service members face overwhelming life transitions in terms of personal, economic, and cultural challenges when separated from service. The DoD and the VA consider 365 days before the separation to 365 days after discharge a critical time when veterans are vulnerable due to the change in their personal identity and other changes to acculturate to their new environment (VA, 2020; Mitre Corporation, 2019). According to Morin (2011), 44% of post-9/11 veterans stated that they had a problematic readjustment their first year as veterans.

### **Threats to Validity**

#### **External Validity**

Threats to external validity involve factors within a study that limit the generalization of a study's result beyond the scope of the research (Laerd Dissertation, 2012c). These factors include people, settings, situations, or periods (Siegler, 2020). The threats to external validity identified for this study are people and situational factors. The research used a convenience and snowball sampling of military veterans and limited to only veterans who served during the post-9/11-Era (Torreon, 2016). These limitations could result in an over-representation of a specific military branch of service, rank, or



service type, thus limiting the generalization of the results of the study. Another threat to validity is how the participants interpret and honestly answer the survey questions (Campbell & Stanley, 1963).

The second threat to external validity is situational factors. The participants for this survey were provided the convenience of conducting the survey on their computers and or mobile devices and in their free time. Even though this might create a good opportunity for some participants to take the survey in a conducive domain of their choice, others may not be so lucky to find a comfortable place or time to effectively complete the requested survey. Also, there are other veterans who are of lower socioeconomic status who cannot afford a personal phone or computer, veterans who are not on social media, and homeless veterans who may not have access to computers or the internet. Because data cannot be collected from these groups of veterans, it would limit the generalization of the study's results across all facets of the veteran population.

### **Internal Validity**

The two threats identified for this study include selection bias and experimenter bias. Selection bias can threaten internal validity when research participants are not randomly selected. Due to convenience snowball sampling, and the voluntary nature of study participation, there might be differences between the veteran groups or how specific demographics are motivated to participate in the study (Stratton, 2021). Experimenter bias can also occur due to the researcher's influence on the study participants (Andrade, 2018; Laerd Dissertation, 2012a). The researcher's expectations and desires for the outcome may consciously or unconsciously affect the outcome when

participants who are more likely to provide specific results are selected for the research (Laerd Dissertation, 2012a; Leiner, 2014). Even though using convenience sampling for this study limits its generalization, however, the results have a considerable level of lower external validity (Leiner, 2014).

### **Construct Validity**

Construct validity refers to the extent to which a test or a measuring instrument tests the hypothesis or theory it was meant to measure (Ginty, 2013). The threat to construct validity for this study involves the use of only a single method of measurement for the dependent variable. Though using of only a single test measurement may create some concerns in some situations, the GWB is one of the population-based well-being measures that has been validated for measuring the well-being of the military population (Brown, 2011). It is also currently in use within the military mental health system under the psychological health and traumatic brain injury (Brown, 2011).

### **Ethical Procedures**

The data collection protocols and procedures were submitted to the Walden University IRB for evaluation and approval. Once approval was received, the study recruitment materials were posted using the social media sites listed earlier in Chapter 3. The informed consent form indicated that the potential participant should print a copy for their records. The informed consent form outlined the purpose and potential benefits of the study. Potential participants were informed that their participation was purely voluntary, and they could discontinue their participation at any time. The informed consent form also included example items the potential participant will see in the data

collection instruments and let them know that the data they provided will only be used for this study.

At the end of the informed consent form was an item asking for their consent to participate (yes/no). If the participants did not agree to the informed consent, they were made to leave the data collection tool, and they saw a page that thanked them for their time. (See Appendix C). No names or other contact information was collected as part of the data collection for the study. The data was stored on my personal computer and is password protected. It was also backed up on a removable hard drive, password protected. The removable hard drive was placed in a locked box in my study. The data would be stored for five years.

### **Summary**

The purpose of this correlational study was to examine the relationship between demographic characteristics (age, gender, military branch, rank at discharge, service type (combat/non-combat), number of years served, number of years since discharge) and self-perceived wellness as measured by the GWBS in military veterans. A minimum of 158 military veterans from Walden's participant pool, Facebook, and LinkedIn were proposed for the sampling using snowball and convenience sampling methods. The participants were contacted through ads placed on bulletin boards and web pages of various veteran organizations. Apart from the eligibility criteria, volunteers were also screened with three items about their military service that must be consistent with the branch of service they indicated they served. Eligible participants provided their informed consent before completing the survey, which was conducted through SurveyMonkey. Upon completion,

participants were asked to forward the survey to other eligible veterans they know.

Chapter 4 will include data collection, results, and a summary.

## Chapter 4: Results

### Introduction

The purpose of this quantitative study was to examine the relationship between the demographic characteristics (age, gender, military branch, rank at discharge, service type [combat/noncombat], number of years served, and number of years since discharge) and self-perceived wellness as measured by the GWBS (Dupuy, 1977) in military veterans. Also, I sought to evaluate the difference in self-perceived wellness as measured by the GWBS between those veterans who served in combat versus those who did not while controlling for the number of years since discharge to determine how the type of service and the length of separation may be related to wellness for transitioning veterans. The GWBS measures an individual's subjective sense of well-being and distress over a preceding month (Dupuy, 1977). The research questions and hypotheses that guided this study were the following:

RQ1: What is the relationship between demographic characteristics (age, gender, military branch, rank at discharge, service type [combat/noncombat], number of years served, number of years since discharge) and self-perceived wellness measured by the *GWBS* in military veterans?

H<sub>0</sub>1: There is no statistically significant relationship between demographic characteristics (age, gender, military branch, rank at discharge, service type [combat/noncombat], number of years served, number of years since discharge) and self-perceived wellness measured by the *GWBS* in military veterans.

H<sub>A1</sub>: There is a statistically significant relationship between demographic characteristics (age, gender, military branch, rank at discharge, service type [combat/noncombat], number of years served, number of years since discharge) and self-perceived wellness measured by the *GWBS* in military veterans.

RQ2: What is the difference in self-perceived wellness as measured by the *GWBS* between combat veterans and noncombat veterans when controlling for the number of years since discharge?

H<sub>02</sub>: There is no statistically significant difference in self-perceived wellness as measured by the *GWBS* between combat veterans and noncombat veterans when controlling for the number of years since discharge.

H<sub>A2</sub>: There is a statistically significant difference in self-perceived wellness as measured by the *GWBS* between combat veterans and noncombat veterans when controlling for the number of years since discharge.

Chapter 4 contains a discussion of the data collection, analysis, and the results.

### **Data Collection**

I received IRB approval on May 28, 2021 (#05-28-21-0671267). Data were collected using online platform Survey Monkey from June 1 to November 29, 2021. The survey link was reposted on Fridays of every week. Recruitment occurred per the data collection processes described in Chapter 3. A total of 300 potential participants accessed the online survey. Of the 300 potential participants, only 144 participants completed all items in the survey. The 144 full responses were used.

Even though LinkedIn veteran groups were listed as a potential site to recruit participants in Chapter 3, posting information on the sites was not allowed for nonmembers. Instead, I recruited through only the Walden University participant pool and Facebook groups. I also experienced some problems initially with Facebook because the first two accounts I created with my school email account were blocked in the first 2 weeks of the data collection. After sending several emails to Facebook administration and completing various forms without a successful outcome, I resorted to using my private Facebook account to continue my study. Some veteran groups were also restrictive about what was posted on their page. In some veteran groups, the survey content had to be verified and approved by their administrative personnel before it was allowed to be posted on their page. On October 1, 2021, I requested a change in procedure from the IRB to post flyers in my military community to allow local veterans who may not have seen the survey online to be aware of it and participate. I also wanted to add more veteran sites to increase participation. I received the IRB letter of approval on October 7, 2021, to proceed with the changes.

On November 29, 2021, I reached out to my chair and let her know that I had only been able to obtain full responses from 144 participants. The other members of my committee were consulted, and it was determined that 6 months was enough time, and I had enough responses to move on with data analyses. The number of participants to ensure appropriate statistical power was calculated in Chapter 3. A medium effect size (0.25), alpha of .05, and power of .80 were used in calculating ANCOVA sample size, resulting in a sample size of 158 needed. I calculated the resulting statistical power for an

ANCOVA with 144 participants using a large effect size (0.25) and alpha of .05 (same used in Chapter 3). The statistical power for this sample size for the ANCOVA was 0.93.

Some data were missing for some of the participants in the demographic characteristics, such as age, the number of years served, and the number of years since discharged. However, the missing data were few and thus not enough to be detrimental to the analyses. The data were cleaned and analyzed using SPSS Version 27.

## **Descriptive Statistics**

### ***Sample Demographics***

The demographic characteristics of the participants included age, gender, branch of service, rank status at discharge, service type, number of years served, and number of years since discharge (see Table 2). Most participants were male (56.7%), served in the Army (72.2%), were enlisted personnel (85.4%), and had been in combat (56.9%). The majority were between ages 50 and 59 (37.5%), and the groups with the highest percentage in relation to how long they served in the military were between 6 and 10 years (26.4%) or 21 and 25 years (26.4%).

These sample demographics matched the overall population reported in Chapter 3 in terms of gender, branch of service, and service type. The number of male veterans (15.78 million) in the overall population is larger than the number of female veterans (1.64 million; Statista Research Department, 2019). Army veterans are twice the number of those who serve in the other military branches (VA, 2020). Likewise, enlisted personnel in the overall military veteran population are more than twice the number of



warrant officers and officers (VA, 2020). Therefore, the demographics of my sample mirrored that of the overall military veteran population.

**Table 4**

*Demographics of Sample (n=144)*

Variable	Category (years)	Percent (n)
Age (M=45.76)	18–29	4.2(6)
	30–39	22.9(33)
	40–49	27.8(40)
	50–59	37.5(54)
	60+	5.5(8)
	Missing	2.1(3)
Gender	Male	56.9(82)
	Female	43.1(62)
Military branch	Army	72.2(104)
	Marine Corps	4.2(6)
	Air Force	14.6(21)
	Navy	9.0(13)
Rank at discharge	Enlisted	85.4(123)
	Warrant officer	3.5(5)
	Officer	11.1(16)
Service type	Noncombat	43.1(62)
	Combat	56.9(82)
Years served (M=16.56)	0–5	10.4(15)
	6–10	26.4(38)
	11–15	10.4(15)
	16–20	9.7(14)
	21–25	26.4(38)
	25+	16.0(23)
	Missing	.7(1)
Years since discharge (M=11.58)	0–5	30.6(44)
	6–10	35.4(51)
	11–15	21.5(31)
	16–20	8.3(12)
	21–25	.7(1)
	25+	0(0)
	Missing	3.5(5)

**GWBS**

**Distribution of Scores.** The GWBS scale was used to measure general well-being and is used to determine anxiety, depression, general health, positive well-being, self-control, and vitality (Dupuy, 1977). The frequencies for each of the items on the instrument can be found in Appendix E. Most of the participants (59.7%) were in the severe distress category, while 20.1% were in the moderate well-being category and 20.1% were in the positive well-being category (see Table 5).

**Table 5**

*General Well-Being Schedule Scale Total Scores (n=144; M=54.42)*

Category based on total score	Percent (n)
Positive well-being (73–110)	20.1 (29)
Moderate well-being (61–72)	20.1 (29)
Severe distress (0–60)	59.7 (86)

**GWBS Reliability Analyses.** Table 6 contains the reliability analysis results for the total score and each subscale. The standardized internal consistency of the GWBS total score was high (Cronbach's  $\alpha = 0.926$ ). The acceptable values of alpha range from 0.70 to 0.95, and all but two subscales were in this range (Tayakol & Dennick, 2011).

**Table 6***Reliability Statistics for GWBS Total and Subscales*

Scale	Items	Standardized $\alpha$
GWBS total score	18 items	.926
Anxiety	2, 5, 8, 16	.885
Depression	4, 12, 18	.858
Positive well-being	1, 6, 11	.829
Self-control	3, 7, 13	-.630
Vitality	9, 14, 17	.866
General health	10, 15	.698

Two subscales, self-control (-.630) and general health (.698), did not meet the reliability standard of 0.70 (Glen, 2014). General health (.698) was right at the lower acceptable value (.70), so was close to meeting the standard. However, self-control had a negative value (-.630). Various researchers have interpreted a low value for alpha to indicate an insufficient number of questions in a test, poor interrelatedness of the items, or heterogeneous constructs (Glen, 2014; Tavakol & Dennick, 2011).

To address the negative value for the self-control subscale, I checked the online survey platform setup. The coding was verified to be correct, so there was no error with the original setup and coding. The data set imported to SPSS was also checked, and no error was found. The SPSS output of Question 13 also matched the raw data responses for this item in SurveyMonkey. The inconsistencies in this item may be related to the sample who participated in this study and will be discussed in the limitations and recommendations for future research sections in Chapter 5. Because the overall reliability test result falls within the acceptable values, it demonstrates that the GWBS is a reliable instrument to answer the research questions for this study.

## Results

An independent  $t$ -test analysis was completed to determine if there was a statistically significant difference in GWB total score between male and female participants. Equal variances were assumed as Levene's test for equality of variances was not statistically significant ( $p = .715$ ). There were no statistically significant differences ( $t(142) = .084, p = .933$ ) between male participants ( $M = 54.55$ ) and female participants ( $M = 54.26$ ) in total GWB score (see Table 7).

**Table 7**

*Differences in General Well-B Total Score by Gender*

	F	Sig	t	df	Sig.(2-tailed)	Mean diff.	Std. error diff.	95% C.I.	
								Lower	Upper
Equal variances assumed	.133	.715	.084	142	.933	.291	3.441	6.511	7.092
Equal variances not assumed			.084	126.324	.933	.291	3.475	6.586	7.167

An independent  $t$ -test analysis was completed to determine if there was a statistically significant difference in GWBS total score between enlisted and officers. Equal variances were assumed as Levene's test for equality of variances was not statistically significant ( $p = .178$ ). There were statistically significant differences ( $t(137) = -2.67, p = .008$ ) between enlisted ( $M = 52.20$ ) and officers ( $M = 66.31$ ) in total GWBS score (see Table 8).

**Table 8***Differences in General Well-Being Schedule Total Score by Rank*

	F	Sig.	t	df	Sig. (2-tailed)	Mean diff.	Std. error diff.	95% C.I.	
								Lower	Upper
Equal variances assumed	1.833	.178	-2.670	137	.008	-14.117	5.287	-24.572	-3.663
Equal variances not assumed			-3.425	23.249	.002	-14.117	4.122	-22.640	-5.595

**Research Question 1, Multiple Linear Regression***Assumptions*

A multiple linear regression has eight assumptions that must be met (or mitigated) to conduct multiple regression analyses.

**Assumption 1 is that** the dependent variable should be measured on a continuous scale (Laerd Statistics, 2018a; Open University, n.d.). The GWBS is measured using Likert scales, which are continuous in nature (0–6), and the total score is also continuous (Dupuy, 1977). Assumption 1 is met.

Assumption 2 is that a multiple linear regression requires two or more independent variables, which can be either continuous or categorical (Laerd Statistics, 2018a; Open University, n.d.). The independent variables for RQ1 were age, gender, military branch, rank at discharge, service type, years served, and years since discharge. These are all either continuously or categorically measured, so Assumption 2 is met.

Assumption 3 is independence of observations. This assumption was checked using Durbin-Watson's statistic to test that the residuals were independent (Laerd

Statistics, 2019; Open University, n.d.). The statistic ranges from 0 to 4 (Laerd Statistics, 2018a; Open University, n.d.). Assumption 3 is met when the value is close to 2 (Open University, n.d.). The Durbin-Watson value for this test was .807, which did not meet the assumption. However, using the table of Durbin-Watson test bounds, the value of the Durbin-Watson statistic falls below the lower bound at a 0.01 significance level, providing strong evidence that error terms are positively correlated (Penn State University, n.d.). Because this assumption is not met, it can be considered as a limitation, and the results need to be interpreted carefully.

**Table 9**

*Durbin-Watson Results (Assumption 3)*

Model	R	R square	Adjusted R square	Std. error of the estimate	Durbin-Watson
1	.394	.155	.117	19.142	.807

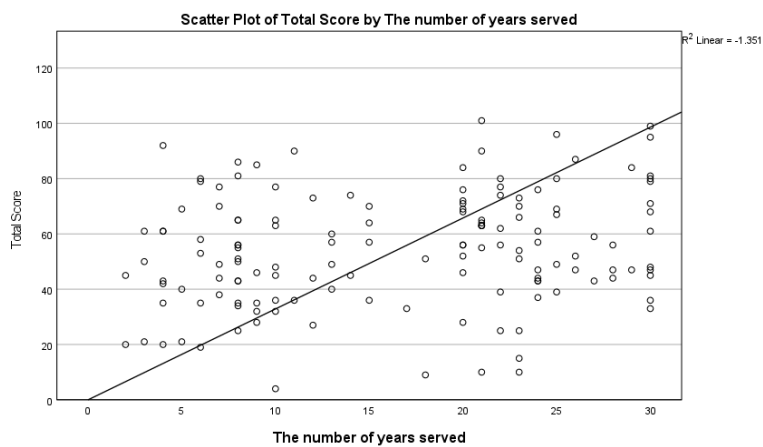
**Assumption 4 is that** there must be a linear relationship between the variables (Laerd Statistics, 2018a; Open University, n.d.). Scatterplots were produced for each of the independent variables and the dependent variable. The scatterplots showed that the assumption was met for each of the variables in relation to the total GWBS score.

**Figure 2**

*Scatterplot of Total Score and Age*

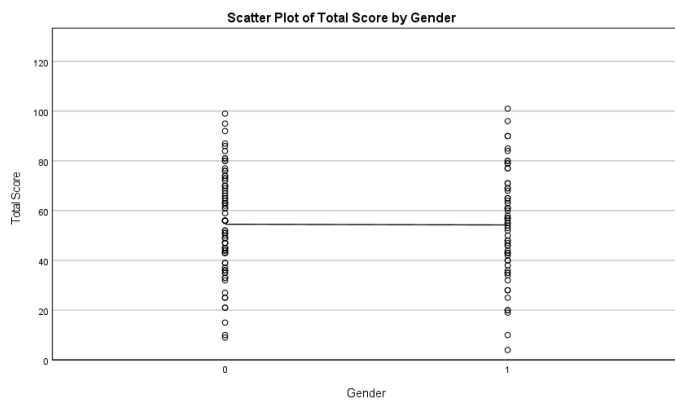
**Figure 3**

*Scatterplot of Total Score and Number of Years Served*

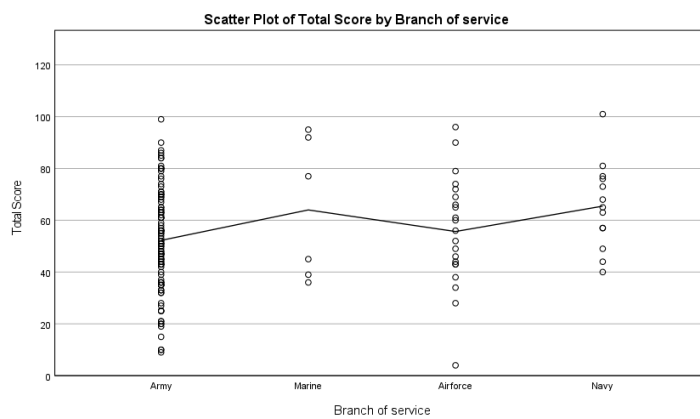


**Figure 4**

*Scatterplot of Total Score and Gender*

**Figure 5**

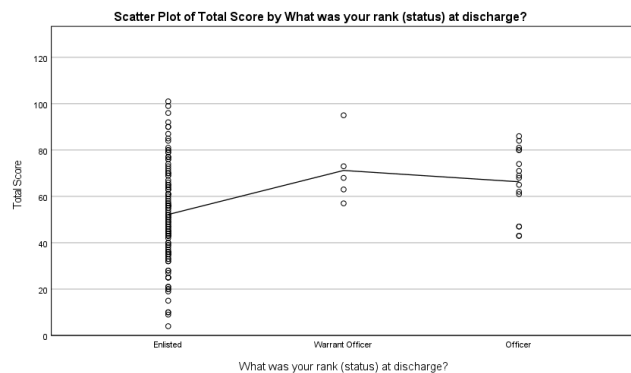
*Scatterplot of Total Score and Branch of Service*





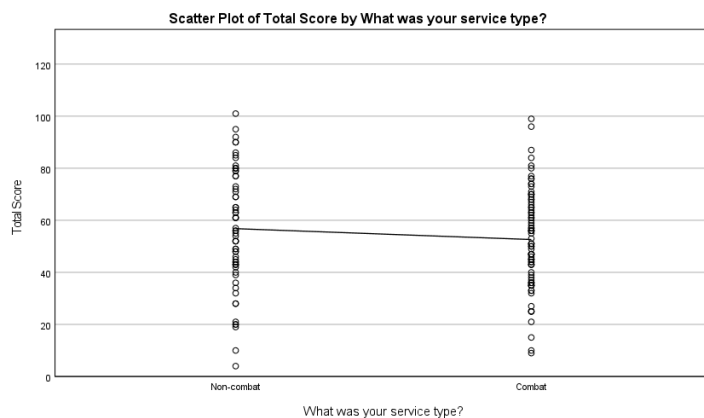
**Figure 6**

*Scatterplot of Total Score and Rank Status at Discharge*



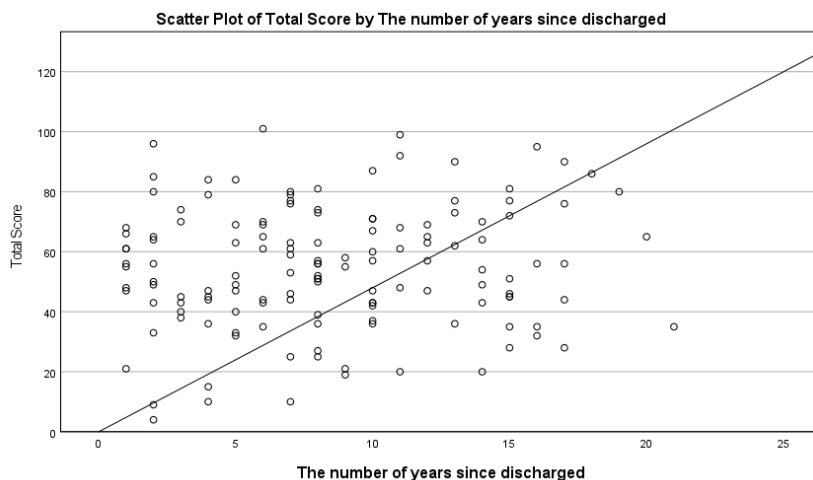
**Figure 7**

*Scatterplot of Total Score and Service Type*



**Figure 8**

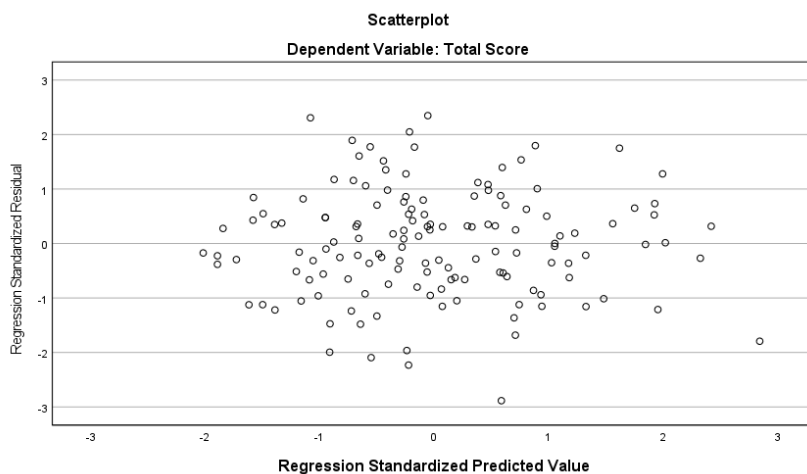
*Scatterplot of Total Score and Years Since Discharge*



**Assumption 5 is that the data must show homoscedasticity, meaning that the variance of the residuals is constant (Laerd Statistics, 2018a).** A special scatterplot was plotted for the whole model, where the standardized predicted values were plotted against the standardized residuals obtained (see figure 8). The graph showed a random array of dots without any sign of funneling, which met the homoscedasticity. The graph reveals a random array of dots which indicates that the variation on the residuals is similar at each point of the model.

**Figure 9**

*A Graph of the Independent and Dependent Variables Showing Homoscedasticity*



**Assumption 6: Multicollinearity which means that** the predictors must not be highly correlated with one another (Laerd Statistics, 2018a). The assumption was tested using a Pearson's correlation (See table 10). The highest correlation was .780 (age and years served; Table 10), which indicates multicollinearity between these variables. It makes sense that as military members get older, they will accumulate more years of experience. The value is high enough of a correlation to remove age from the multiple linear regression for RQ 1 and leave years of experience.

**Table 10***Correlations, Multicollinearity Assumption Testing*

		GWBS total score	Age	Gender	Branch of service	Discharge rank	Service type	Years served	Years since discharge
Pearson correlation	GWBS total score	1.000							
	Age	.121	1.000						
	Gender	-.008	-.143	1.000					
	Branch of service	.190	-.052	.170	1.000				
	Discharge rank	.226	.205	.010	-.073	1.000			
	Service type	-.0121	.081	-.378	-.245	.002	1.000		
	Years served	.209	.780	-.170	-.139	.235	.210	1.000	
	Years since discharge	.109	.294	.081	.230	-.077	-.199	-.198	1.00

The highest VIF score was 5.619 (Table 11), and it needs to be below 10 to establish that multicollinearity is not an issue (Open University, n.d.). It confirms the results of the Pearson's correlation. However, because of the high correlation between age and years served, age will be removed from the model, and years served will remain.

**Table 11***Coefficients*

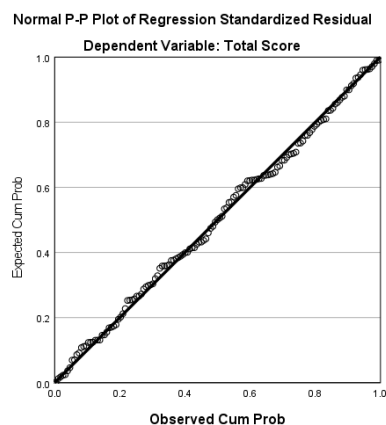
Model	Unstandardized Coefficients B Std. Error		Standardized Coefficients Beta	T	Sig.	Collinearity Statistics Tolerance VIF	
(Constant)	79.367	11.887		6.677	.000		
Age	-.1.469	.417	-.646	-3.524	.001	.178	5.619
Gender	-3.461	3.439	-.0.85	-1.007	.316	.835	1.197
Branch of service	3.207	1.584	.166	2.025	.045	.887	1.127
Rank at discharge	6.956	2.532	.220	2.747	.007	.930	1.075
Service type	-.5799	3.549	-.142	-1.634	.105	.790	1.266
Years served	1.811	.413	.781	4.389	.000	.189	5.297
Years since discharge	1.664	.481	.411	3.457	.001	.423	2.364

**Assumption 7 is that** there should be no significant outliers, leverages, and influential points. This assumption was tested using Cook's Distance (Laerd Statistics, 2018a; Open University, n.d.). Cook's Distance statistics for each participant were not over 1. The result indicated that this assumption was met.

**Assumption 8 is that the** residuals must be normally distributed (Laerd Statistics, 2018a; Open University, n.d.). The P-P plot showed that the dots lie on the diagonal line, which indicates that the residuals are normally distributed, indicating that the assumption was met.

**Figure 10**

*P-P Plot Showing a Normal Residual Distribution*



### ***Multiple Linear Regression***

A multiple linear regression was conducted to determine the relationship between demographic characteristics (age, gender, military branch, rank at discharge, service type [combat/non-combat], number of years served, and number of years since discharge) and self-perceived wellness measured by the *GWBS* in military veterans. I utilized a hierarchical multiple regression model (as indicated in chapter 3). As indicated in assumption 6 (multicollinearity) above, the independent variable of age was removed from the model as it was highly correlated with the number of years served.

The  $R^2$  of the multiple regression model with the included variables (gender, branch of service, rank at discharge, service type, number of years served, and number of years since discharge) indicated that approximately 16% of the variance ( $R^2 = 0.157$ ,  $F(6,132) = 4.091$ ,  $p = .001$ ) in the dependent variable of self-perceived wellness (as measured by the *GWBS* total score). While branch of service ( $B=3.706$ ,  $p<.05$ ), rank ( $B=6.096$ ,  $p<.05$ ), and years served ( $B=.552$ ,  $p<.05$ ), were all related to self-perceived

wellness (as measured by the total score) at statistically significant levels (see Table 12). However, gender ( $B=-2.377, p=.51$ ), service type ( $B=-5.068, p=.17$ ), and years since discharge ( $B=.427, p=.22$ ) were not related to self-perceived wellness at statistically significant levels. Because some of the variables were related to the dependent variable at statistically significant levels, the null hypothesis is partially rejected.

**Table 12**

*RQ 1 Multiple Regression Results*

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig	95.0% Confidence Interval	
	B	Std. Error	Beta			Lower Bound	Upper Bound
(Constant)	42.189	5.935		7.109	.000	30.450	53.929
Gender	-2.377	3.572	-.058	-.665	.507	-9.442	4.689
Branch of service	3.706	1.647	.190	2.250	.026	.448	6.964
Rank (status) at discharge	6.096	2.633	.191	2.315	.022	.888	11.304
Service type	-5.068	3.695	-.124	-1.371	.173	-12.377	2.242
Years served	.552	.200	.236	2.759	.007	.156	.949
Years since discharge	.427	.344	.104	1.240	.217	-.254	1.108

**Table 13**

*Model Summary*

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.394	.157	.118	19.108

**RQ 2 (Analysis of Covariance)**

What is the difference in self-perceived wellness as measured by the *GWBS* between combat veterans and non-combat veterans when controlling for the number of years since discharge?

### ***Assumptions***

An analysis of covariance (ANCOVA) has nine assumptions that need to be met (or mitigated) to conduct the ANCOVA. Below are the results of the assumption testing for research question 2.

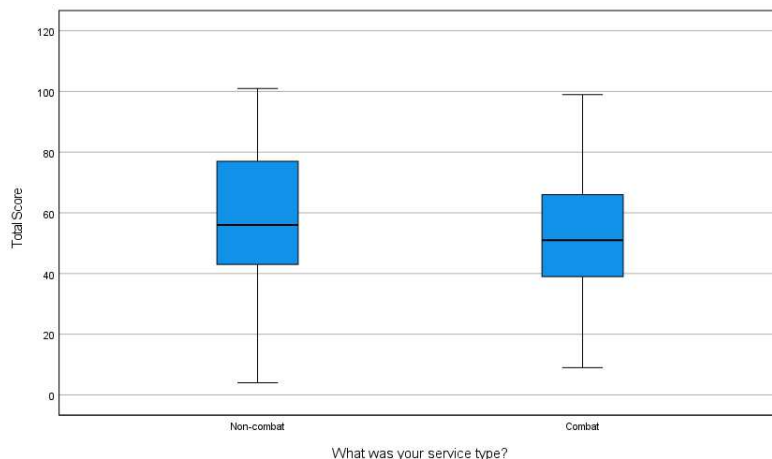
**Assumption 1 is that** the dependent variable and covariate variables should be measured on a continuous scale (Laerd Statistics, 2018b). The *General Wellbeing Schedule* is measured using a total score that is continuous (Dupuy, 1977). Likewise, the covariate (years served) is also continuous. Assumption is met.

**Assumption 2 is that** an ANCOVA must have two or more categorical independent groups (Laerd Statistics, 2018b). The categorical group for research question 2 is service type. This variable is categorically measured, which meets the assumption.

**Assumption 3 is independence of observations.** Which indicates that there is no relationship between the observations in each group or between groups (Laerd Statistics, 2018b). In ANCOVA, this mostly relates to the study design, and it does not require a statistical test (Laerd Statistics, 2018b). For example, combat and non-combat veterans must be in separate groups with no participant being in more than one group. This assumption is met.

**Assumption 4 is that** there should be no significant outliers. Outliers have negative effects on an ANCOVA because they reduce the validity of the results (Laerd Statistics, 2018b). This assumption can be tested in SPSS statistics when running a one-way ANCOVA, and possible outliers can be detected (Laerd Statistics, 2018b). The results indicated that there were no outliers (Figure 11). This assumption was met.



**Figure 11***Boxplot for Service Type*

**Assumption 5 states that** the residuals should be normally distributed for each category of the independent variable (Laerd Statistics, 2018b). This assumption can be violated to a degree without invalidating the results (Laerd Statistics, 2018b). Normality can be statistically tested in SPSS using the Shapiro-Wilk test (Laerd Statistics, 2018b). The results were above  $p = 0.05$  (Tables below), which indicated that the assumption was met.

**Table 14***Test of Normality for Service Type*

	Service type	Kolmogorov-Smirnov			Shapiro-Wilk		
		Statistics	df	Sig.	statistics	df	Sig.
Total score	Non-combat	.075	62	.200	.985	62	.634
	Combat	.057	82	.200	.994	82	.962

**Assumption 6 states that** there must be homogeneity of variances. This assumption can be tested in SPSS using Levene's test for homogeneity of variances (Laerd Statistics, 2018b). Equal variances can be assumed if  $p > 0.05$  (Marshall, n.d.). In

the Table below, the p-values were all greater than 0.05, which indicates that the assumption was met.

**Table 15**

*Tests of Homogeneity of Variances for Type of Service*

		Levene statistics	df1	df2	Sig.
Total score	Based on mean	2.601	1	142	.109
	Based on median	2.569	1	142	.111
	Based on median and with adjusted df	2.569	1	139.068	.111
	Based on trimmed mean	2.633	1	142	.107

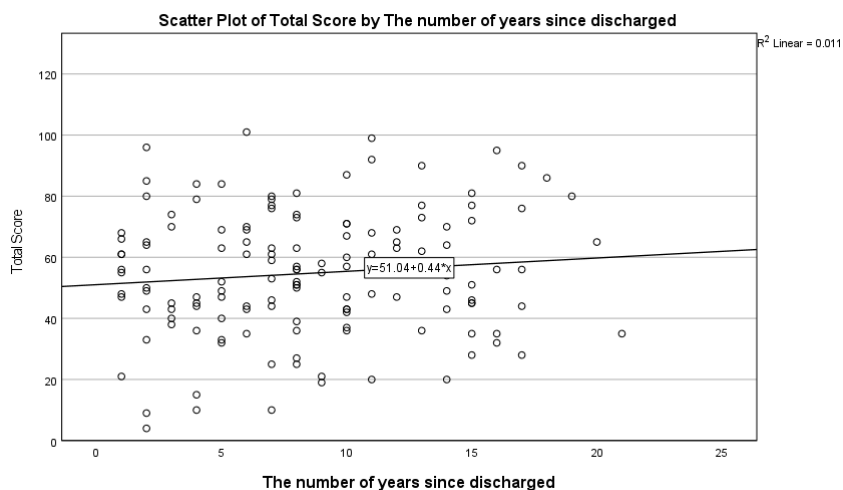
**Assumption 7 states that** the covariate and dependent variable (at each level of the independent variable) should be linearly related (Laerd Statistics, 2018b). Table 16 ( $p > .05$ ) below indicates there is no statistically significant correlations between the covariate and the dependent variable because it is not statistically significant. As a result, it can be considered as a violation of the assumption.

Where there is a nonlinear relationship, the adjustments made in the ANCOVA will be biased (Northern Arizona University, n.d.). However, the magnitude of the bias depends on the degree of departure from linearity (Northern Arizona University, n.d.). To analyze the nature of the relationship between the dependent variable (DV) and covariate, a scatterplot and an ANOVA on the covariate were conducted (Northern Arizona University, n.d.). The scatterplot in Figure 12 reveals that there is not much of a relationship between the DV and the covariate. The fit line on the graph is almost horizontal, and the r-square is also low at  $R^2 \text{ Linear} = 0.011$ . The output of the ANOVA

also reveals a relationship that is not statistically significant at  $F(5, 138) = 1.117, p = .354$ . Therefore, I can conduct the ANCOVA as planned.

**Figure 12**

*Scatterplot of Total Score by The Number of Years Since Discharge*



**Table 16**

*ANOVA*

Total score	Sum of squares	df	Mean square	F	Sig.
Between groups	2307.952	5	461.590	1.117	.354
Within groups	57041.208	138	413.342		
Total	59349.160	143			

**Table 17**

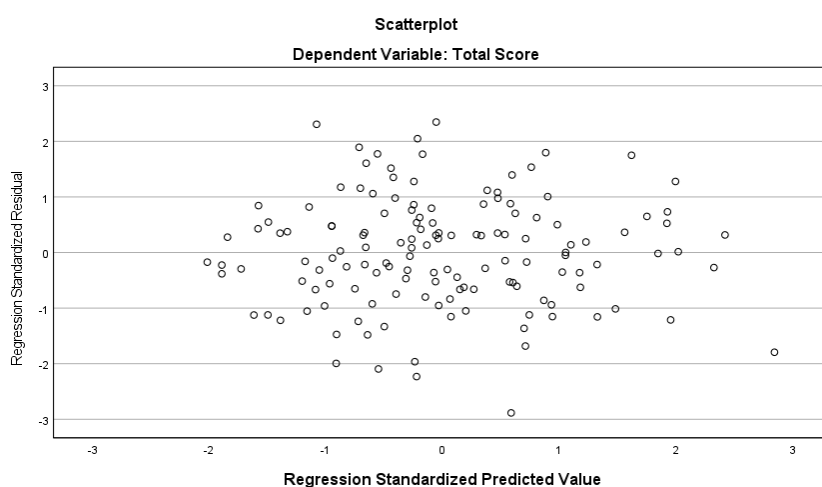
*Correlations*

		Years since discharged
Total Score	Pearson correlation	.107
	Sig. (2-tailed)	.212
	N	139

**Assumption 8 states that** there must be homoscedasticity which refers to whether the residuals are equally distributed or if they are clustered together at some values and spread far at other values (Laerd Statistics, 2018b). This assumption was tested using SPSS by plotting a scatterplot of the standardized residuals against the predicted values. The results in Figure 13 indicate that the residual values are uniformly distributed without no cluster forming. This assumption is met.

**Figure 13**

*Scatterplot of the Standardized Residuals and the Predicted Values*



**Assumption 9 states that** there must be homogeneity of regression slopes, meaning that the slopes for the dependent variable and covariate are homogenous with interactions between the dependent variable and the covariate that are not statistically significant (Laerd Statistics, 2018b). This test was conducted in SPSS under the Univariate model to get an interaction effect between the covariate and the independent variable. The output revealed a relationship between the covariate and the independent

variables that was not statistically significant ( $p = .522$ ). This indicates that this assumption is met.

### ***ANCOVA***

An analysis of covariance was conducted to determine if there was a statistically significant difference in self-perceived wellness as measured by the *GWBS* between combat veterans and non-combat veterans when controlling for the number of years since discharge. The mean total score measured by the *GWBS*, when controlling for the number of years since discharge, for combat veterans was 52.924, and non-combat veterans was 57.170. However, there was no statistically significant difference in those mean scores on ( $F(1, 136) = 1.429, p=.234$ ; see table 18) between the service types (combat and non-combat). Therefore, the null hypothesis is retained.

**Table 18**

### ***ANCOVA Results***

Dependent Variable: Total Score						
(I) Service type	(J) Service type	Mean difference (I-J)	Std. error	Sig.	95% Confidence interval for difference Lower bound Upper bound	
Non-combat	Combat	4.246	3.552	.234	-2.777	11.270
Combat	Non-combat	-4.246	3.552	.234	-11.270	2.777

### **Summary**

The purpose of this study was to determine the (RQ 1) relationship between the demographic characteristics and the self-perceived wellness of military veterans as measured by the *GWBS*, as well as to (RQ 2) evaluate the difference in self-perceived wellness between those veterans who served in combat versus those who did not while

controlling for the number of years since discharge. The results for RQ 1 indicated that branch of service, rank at discharge, and the years served were all related to self-perceived wellness of military veterans (as measured by the *GWBS* total score). However, gender, service type (combat/noncombat), and years since discharge were not related to the self-perceived wellness of military veterans. Because some of the variables were related to the dependent variable at statistically significant levels, the null hypothesis is partially rejected. The results for research question 2 revealed that there was no statistically significant difference in self-perceived wellness between those veterans who served in combat versus those who did not while controlling for years since discharge. In chapter 5, I will discuss the interpretation of the findings, limitations, recommendations, and implications of the study.

## Chapter 5: Discussion, Conclusions, and Recommendations

### Introduction

The intent of this quantitative, correlational study of a cross-sectional nature was to examine the relationship between demographic characteristics (age, gender, military branch, rank at discharge, service type [combat/noncombat], years served, and years since discharge) and self-perceived wellness measured by the GWBS in military veterans. In addition, I studied the difference in self-perceived wellness as measured by the GWBS between combat veterans and noncombat veterans when controlling for the number of years since discharge. By having a better understanding of these topics, additional information can be provided to those who assist veterans in their transition to civilian life to assist them in individualizing these programs based on veteran characteristics.

For RQ1, the results of the multiple linear regression indicated that some of the variables (branch of service,  $B = 3.706$ ,  $p = .026$ ; rank at discharge,  $B = 6.096$ ,  $p = .022$ ; and years served,  $B = .552$ ,  $p = .007$ ) were related at statistically significant levels to veterans' self-perceived wellness. Thus, the null hypothesis was partially rejected. For RQ2, the results of the ANCOVA indicated that the difference in self-perceived wellness between combat and noncombat veterans was not statistically significant ( $F(1, 136) = 1.429$ ,  $p = .234$ ). As a result, the null hypothesis was retained. Chapter 5 includes an interpretation of the findings and a discussion of the study's limitations, recommendations, and implications.

## **Interpretation of the Findings**

### **Interpretation of Findings in Relation to Theoretical Framework**

MTT was used to explain how veterans approach, experience, and assess the different stages of transition (Castro & Kintzle, 2014). The theorists postulated that the interacting and overlapping of certain factors, such as individual, community, and military organizational issues, could impact military transition. When veterans approach the transition process, they are faced with personal, cultural, and transitional factors they must address in the first phase of leaving the military (Castro & Kintzle, 2014).

I used MTT to set the foundation to understand the different levels involved in the transition process. My findings are related to MTT in that military/cultural factors, such as military skills, military identity, and military discharge status, can affect the well-being of veterans. The monumental challenge for veterans can be their separation from active duty and losing their status as military personnel (Castro & Kintzle, 2014; Kintzle & Castro, 2018; Romaniuk & Kidd, 2018). When veterans face changes in multiple areas of their lives and leave behind everything they know (military branch, rank, and years of service), this corresponds to the factors I studied in relation to veterans' self-perceived well-being (Castro & Kintzle, 2014).

Even though transition challenges can be overwhelming and stressful due to the changes involved, they can also create opportunities for growth and lead to positive well-being if adequately managed (Carlos, 2018). Some researchers have found that despite the demographic characteristics of veterans, positive outcomes or a successful transition



is based on veterans' willingness to achieve a better future after the military and be successful, productive members of society (Blackburn, 2016; Pedlar et al., 2018).

### ***Interpretation Related to Descriptive Statistic Results***

The results of the *t*-test analysis to determine the difference in the general well-being between male and female veterans indicated there was not a statistically significant difference ( $t(142) = .084, p = .933$ ) between male participants ( $M = 54.55$ ) and female participants ( $M = 54.26$ ). Other researchers have found that male veterans have more difficulties accepting and adapting to the changes resulting from transition, so I expected a statistically significant difference between the genders, and I expected the difference to be greater than it was (Ahren et al., 2015; New Direction for Veterans, 2020; Zogas, 2017). Male veterans may have difficulty adapting to their change in status due to the lack of authority and respect that they received as military members (Ahren et al., 2015; New Direction for Veterans, 2020; Zogas, 2017). My result could be due to the individuals in my sample, but because this finding does not align with previous research, this should continue to be studied by other researchers.

The independent *t*-test analysis to determine if there was a statistically significant difference in the general well-being between those who were enlisted ( $M = 52.20$ ) and officers ( $M = 66.31$ ) was statistically significant ( $t(137) = -2.67, p = .008$ ). My results support previous researchers' findings that higher-ranking individuals are more resilient than junior-ranking individuals (Mitchell et al., 2013). This resiliency related to the transition and well-being can be seen in the mean well-being score for officers being 14.12 points higher than those who were enlisted personnel.

### ***Interpretation Related to RQ1 Results***

The results of RQ1 indicate that the overall regression model was significant  $F(6, 132) = 4.10, p < .001, R^2 = .16$ . This indicates that, as a group, the demographic characteristics of veterans predict their self-perceived wellness significantly. When the predictors were evaluated individually, branch of service, with a p-value of ( $B = 3.706, p = .026$ ) is a significant predictor of wellness; rank at discharge with a p value of ( $B = 6.096, p = .022$ ) is a significant predictor of wellness; and number of years served at p value ( $B = .552, p = .007$ ). This result indicates that branch of service, rank at discharge, and number of years served offer unique contributions to the self-perceived wellness of veterans.

Military identity has been found to be tied to things like the branch served in the military (Carlos, 2018; Romaniuk & Kidd, 2018), the rank achieved (Romaniuk & Kidd, 2018), and years of service (Elnitsky et al., 2017); my results support these findings. When an individual's identity is no longer tied to these things, a veteran can experience a sense of emptiness and an existential crisis that can be related to well-being (Keeling, 2018). A veteran's change from being identified by their military accomplishments and service can be internalized as a loss of status because their military experiences, status, and achievements are not valued the same in civilian society (Keeling, 2018; Smith & True, 2014). Veterans must navigate and interpret how to adapt to these changes and determine how they identify in their civilian life (Keeling, 2018; Smith & True, 2014).

Gender ( $B = -2.377, p = .507$ ), service type (combat/noncombat;  $B = -5.068, p = .173$ ) and number of years since discharge ( $B = .427, p = .217$ ) were not related to self-

perceived wellness at statistically significant levels in RQ1. MTT asserts that transitions are innately complex for all veterans due to the changes in relationships, employment, support network, and personal and social identity (Kintzle & Castro, 2018).

Combinations of factors (individual and environmental) may explain veterans' different experiences transitioning from military to civilian life (Kintzle & Castro, 2018).

### ***Interpretation Related to RQ2 Results***

The mean total score measured by the GWBS, when controlling for number of years since discharge for combat veterans was 52.924 and for noncombat veterans was 57.170, with a difference of 4.246 (combat veterans had a lower mean well-being score); this finding supports previous research. The mean values are adjusted with the number of years since discharge value, which means that as the number of years since discharge increases, combat veterans' well-being improves. There was also a nonsignificant difference in wellness [ $F(1, 136) = 1.43, p = .234$ ] between the service type (combat/noncombat) while adjusting for number of years since discharge. According to MTT, experiencing deployments to combat areas and later transitions to civilian life are more difficult than veteran transitions (Castro & Kintzle, 2014; Elnitsky et al., 2017). Experiencing combat intensifies the trauma, and stressors of deployment affect veterans because they bear the physical and or emotional scars of battle (Castro, 2018; Parker et al., 2019).

Researchers have also found that exposure to combat environments makes veterans more susceptible to mental health problems and sometimes changes how they view the world and themselves (Bowes et al., 2017; Elnitsky et al., 2017; Markowitz et

al., 2019, Vogt et al., 2017). The traumatic experiences suffered by combat veterans can affect their overall transition and how they successfully readjust to new lives in the community (Ahren et al., 2015; New Direction for Veterans, 2020). While I did not ask participants about their level of combat engagement, this is an important finding; the difference supports previous research, although not at a statistically significant level.

### **Interpretation of Findings in Relation to Literature Reviewed**

#### ***Interpretation Related to Descriptive Statistic Results***

The results of the *t*-test analysis to determine the difference in the general well-being of male and female veterans indicated no statistically significant differences ( $t(142) = .084, p = .933$ ) between genders: male participants ( $M = 54.55$ ) compared with female participants ( $M = 54.26$ ). This result contradicts prior researchers who found the male and female veteran transition experience and well-being different due to gender differences (Fletcher et al., 2022; Thomas et al., 2015).

National Veterans' Training Institute (2021) reported that women describe their transition back to civilian life as very difficult due to a lack of preparation on various aspects of their transition. As a result, women experience unique challenges and gaps in transition, care, and employment as opposed to men (National Veterans' Training Institute, 2021). Thomas et al. (2015) and Fletcher et al. (2022) found that female veterans, as opposed to male veterans, are hindered by factors such as financial hardship, family responsibilities, and lack of support, affecting their wellness. Likewise, Fletcher et al. (2022) found that post service women were more concerned about discrimination, military sexual trauma, stigma, alienation, and reporting barriers than men were. I found

the opposite in that the differences were not statistically significant, so this is an area that should continue to be studied. As more women serve in more varied roles and environments, this may mean that women and men are more alike than previous researchers have found.

The results of my second independent *t*-test analysis conducted to determine if there was a statistically significant difference in the general well-being (as measured by the GWBS) between enlisted personnel and officers indicated there were statistically significant differences ( $t(137) = -2.67, p = .008$ ) between enlisted personnel ( $M = 52.20$ ) and officers ( $M = 66.31$ ). This result supports prior researchers who argued that military rank can be an important factor in determining the severity of PTSD and depression in veterans (Blackburn & Owen, 2015; Romaniuk & Kidd, 2018). Blackburn and Owen (2015) found that enlisted personnel experience higher symptoms severity than officers. The researchers also found that enlisted personnel have a lower degree of control over their environment and deployment decisions, unlike military officers who are often in charge of military operations and personnel (Blackburn & Owen, 2015). Thus, enlisted personnel are sometimes subjected to a higher level of combat exposure than officers are, which may be related to well-being (Blackburn & Owen, 2015).

### ***Interpretation Related to RQ 1 Results***

I found significant relationship  $F(6, 132) = 4.10, p < .001, R^2 = .16$  between the demographic characteristics of veterans [branch of service ( $B=3.706, p = .026$ ), rank at discharge ( $B=6.096, p = .022$ ), the number of years served ( $B=.552, p = .007$ )], and their self-perceived wellness (as measured by the *GWBS*). The result of my RQ1 supports the

findings of previous researchers who found that leaving the military is difficult for some veterans (Ahren et al., 2015; Burkhart & Hogan, 2015; Elliot et al., 2016; Jones, 2017; Romaniuk & Kidd, 2018). Researchers found that some veterans find it challenging to cope with the unstructured and unsupportive civilian culture, and the problems they experience upon military separation inevitably have a drastic effect on their well-being (Ahren et al., 2015; Burkhart & Hogan, 2015; Elliot et al., 2016; Jones, 2017; Romaniuk & Kidd, 2018). Zogas (2017) and Castro (2018) found that when service members join a military branch of service, they become a part of a value-based institution where they are trained in unique skills, and they acquire technical knowledge to operate and perform in extremely high-stakes situations using specialized institutional language. In the early stages of joining the service, members are taught the importance of teamwork, a hierarchical form of command, and leadership.

Elnitsky et al. (2017) also found that service members' time in service is crucial because being a part of the military gives its members a sense of identity and values, and they are often emotionally invested in their units. Xue et al. (2015) and Oster et al. (2017) also found that veterans' time in service profoundly impacts their mental, physical, and social well-being due to their military obligations. Likewise, some researchers found that the longer veterans stay in service, the more difficult it is for them to acculturate to civilian identities and relate in the civilian environment to the people, the culture, and the lifestyle (Atuel & Castro, 2018; Castro et al., 2014; Elnitsky et al., 2017; Keeling, 2018; Kintzle et al., 2015). Entering the civilian environment can leave military veterans feeling disconnected and disoriented due to the tensions between their military and their new

civilian identities (Elnitsky et al., 2017; Romaniuk & Kidd, 2018). This can result in lowered wellness when individuals initially make this transition, but it would make sense that their wellness could increase the longer they are back in the civilian world.

While I did not do a longitudinal study where I measured wellness at different points after leaving the military, and I did not find that time since discharge was related to wellness at a statistically significant level, I did find that years in the service were related to wellness at a statistically significant level. It could mean the time in service allowed service members to have a sense of culture, community, identity, and purpose (Romaniuk & Kidd, 2017). Future researchers can conduct longitudinal studies evaluating the wellness of veterans at the beginning of their transition process and at the end. The transition process is defined as 365 days before separation and 365 days after separation (Mitre Corporation, 2019). It is considered a critical time to enable a smooth transition to civilian life (Mitre Corporation, 2019)

Veterans' rank at discharge can sometimes be related to self-perceived wellness because different ranks may have a different understanding of the transition process and how they can effectively be prepared for their future after leaving service (Redmond et al., 2015). Castro et al. (2014), Scherrer et al. (2014), and Mitre Corporation (2019) found that veterans' rank at discharge and their level of education sometimes define their stress level during the transition process because of the hierarchical authority in the military and the lower degree of control enlisted personnel have (Castro et al., 2014; Mitre Corporation, 2019; Scherrer et al., 2014). I also found that rank at discharge was

related to wellness at a statistically significant level, so my results supported the work of these researchers.

My results also indicated relationships that were not statistically significant between gender ( $B = -2.377, p = .507$ ), service type (combat/non-combat;  $B = -5.068, p = .173$ ), the number of years since discharge ( $B = .427, p = .217$ ), and wellness of military veterans. These findings contradict earlier findings that revealed that premature separation, reintegration, and readjustment affect the well-being of both male and female veterans (Burkhart & Hogan, 2015; Dichter & True, 2015; Eichler, 2017). Earlier researchers found that women veterans experience more mental health problems after discharge and are more prone to homelessness than their male counterparts (Burkhart & Hogan, 2015; Byrne, Montgomery, & Dichter, 2013). It is also reported that female veterans are less susceptible to substance abuse and hearing problems than males (Hoggart et al., 2015; Theodoroff et al., 2015).

My findings also contradict researchers who indicated that life in the armed forces (combat/noncombat) could result in differences in the wellness of veterans due to the nature of their daily activities, military-related traumatic stress, combat experience, and exposure (Mitre Corporation, 2019; Oster et al., 2017; Scherrer et al., 2014). The time after military discharge can be challenging for veterans due to the personal, economic, and cultural changes they experience as they transition to being civilians (Mitre Corporation, 2019). Further studies can evaluate the challenges different veterans face based on the number of deployments, geographical locations, age, and rank.



### ***Interpretation Related to RQ 2 Results***

The result of my RQ 2 indicated that there were no statistically significant differences in the self-perceived wellness between combat and noncombat veterans ( $F(1, 136) = 1.429, p = .23$ ). It supports the findings of McLaughlin et al. (2008), who indicated no differences in the healthy soldier effect in combat and noncombat veterans. However, this result contradicts other researchers that found that combat exposure is detrimental to veterans' health and well-being because of the physical and psychological traumas veterans experience during and after deployments (Elnitsky et al., 2017; Oster et al., 2017; Romaniuk & Kidd, 2018). Other researchers explained that combat deployments result in mental health illnesses that remain with veterans long after being discharged from service (Bowes et al., 2017; Castro & Kintzle, 2014; Gettings et al., 2019). Further researchers can provide an in-depth analysis of how combat/non-combat veterans differ in terms of combat or no combat exposure, the number of deployments, and the location of deployments. An understanding and recognition of these differences may facilitate the early identification and provision of necessary support to aid veterans' wellness.

### **Limitations of the Study**

The main barrier I expected was getting enough participants ( $n = 158$ ) to meet the calculated statistical power. Due to some challenges, I encountered with the Facebook accounts I created for the study and the restriction of some veteran groups, I requested a change in procedure from the IRB to post flyers in my military community to create awareness for the study and allow local veterans to participate. I also added more veteran

sites to increase participation. After six months of data collection, 300 potential participants accessed the online survey, but only 144 of them completed all the items in the survey. I recalculated the resulting statistical power for an ANCOVA with the 144 participants using the same effect size and alpha to ensure appropriate statistical power. The statistical power for the 144 exact sizes for the ANCOVA was 0.93, which was an acceptable statistical power for the study (Laerd Statistics, 2018b).

An identified threat to external validity remained because I only recruited participants who served in the post-9/11 era and not those who served in other eras. Post-9/11 era veterans since October 2001 are considered a new generation of veterans because they are younger, more racially diverse, and include more women than in other military eras (VA, 2018a; Zogas, 2017). Nonetheless, 43% of the total participants were older veterans over 50. Therefore, future researchers should include other service eras to compare how transitions affect different “generations” of veterans in relation to wellness.

I attempted to widen the characteristics of my sample by posting flyers in my community to create awareness for veterans who may not have seen the survey online or who did not have a computer of their own to participate (they could use a computer in the library or other public access). I believe that my efforts increased participation from June 2021, thus increasing the number of individuals in the sample and, hopefully, generalization of the study results. However, the efforts conducted in a specific Army military community may have also caused an over-representation of a specific branch of service over others because the demographics of the participants indicated that over 72% of the total participants were Army veterans.

There could also be response bias where the participants consciously or unconsciously attempt to make themselves look better when answering the survey questions (Campbell & Stanley, 1963). I attempted to mitigate this response bias by letting the participants know through the recruitment materials and informed consent that their responses would be anonymous. Providing anonymity in surveys can help reduce response bias because it promotes more honest self-disclosure among the participants with specific experiences and encourages participants who might otherwise be reluctant to participate (Murdoch et al., 2014). Response bias may still have occurred, but I attempted to limit it as much as possible.

A limitation related to data analysis results was found that should be considered when interpreting the results. It includes the negative value for the self-control subscale. The inconsistency (negative value) of the self-control subscale of the *GWBS* may have affected the total score and the overall results of the analyses. The result of the Durbin-Watson was also a concern because it was less than 1 (.807) and not closer to 2 (Open University, n.d.). It is important when considering the results as a representation of the population. As mentioned in my chapter 3, I used purposive sampling to gather specific information and data necessary to answer the research questions that would not have been possible with probability sampling methods. Also, one of the assumptions of the ANCOVA was violated because the data analyses showed a very low linear relationship ( $R^2$  linearity = .011) between the dependent variable and the covariate (Northern Arizona University, n.d.). Even though it indicates a low positive relationship between veterans' self-perceived wellness and the number of years since discharge, it is also a relationship

that was not statistically significant based on the result of the ANOVA  $F(5, 138) = 1.117, p = .354$ . As such, it can be considered a possible limitation.

### **Recommendations**

This study's strengths lie in using the validated measuring instrument (Rampersad, 2017) that was specific to the research topic and in locating hard-to-reach participants. For future exploration, several approaches should be taken to identify factors that hinder the wellness of veterans. The research should be open to all United States military veterans, irrespective of their era. It is recommended for the researchers to examine the participants based on era, age, service type, and other factors. Recruitment notices can also be expanded to other social media platforms such as Instagram, Snapchat, Twitter, and local veteran groups in the community and surrounding cities. Researchers could also seek the assistance of the local VA in recruiting veterans.

Additional research also needs to be conducted to examine other demographic characteristics of veterans that could be related to their well-being, such as discharge status, income, and marital status, as well as examine veterans' personal characteristics that contribute to their vulnerabilities as indicated by MTT. Various researchers have revealed that military training and military life instills a strong military identity, values, and norms in the minds of military veterans, creating more challenges and additional demands on veterans (Castro, 2018; Jacco Duel et al., 2018; Romaniuk & Kidd, 2018). Thus, leaving the military without adequate preparation, veterans might be hindered by a lack of life skills, negative coping strategies, help-seeking behavior, and gender and minority issues (Jacco Duel et al., 2018). These factors could be related to the outcome of

veterans' transition and their wellness (Jacco Duel et al., 2018). An investigation into these factors would highlight problem areas and possible solutions.

Future researchers can further examine how service type (combat/non-combat) and how genders interact and mediate or moderate wellness. Also, they could evaluate the physical wellbeing of combat/non-combat veterans in relation to their military roles. Stevelink et al. (2015) explained that the physical health of veterans is connected to their mental health and social well-being. Thus, a more focused inquiry would provide a more comprehensive result to assist future veterans.

Furthermore, apart from the veterans' demographic characteristics that influence their well-being, researchers have found that other factors that affect veterans' lives after services are environmental factors such as lack of opportunities, lack of support, and public attitude and stigma (Jacco Duel et al., 2018). As indicated in MTT, these environmental factors are part of the community/civilian transition support. Future researchers should evaluate the relationship between these factors and veterans' self-perceived wellness and how the positive enhancement of these factors at critical points can positively improve the well-being of veterans (Castro, 2018; Kintzle & Castro, 2016).

### **Implications**

The results of my study indicated that branch of service, rank at discharge, and the number of years served were related at statistically significant levels to veterans' self-perceived wellness. These findings could reinforce the need to improve and individualize the transition services provided to military veterans because it highlights the specific areas that need urgent attention during the transition process. Military service providers

could address veterans' service-based factors and personal characteristics that created the issues (Oster et al., 2017).

In alleviating the service-based factors, military providers can provide support in the form of unit cohesion and post-deployment support to assuage the risk factors associated with veterans' mental health and well-being prior to transition (Oster et al., 2017). Likewise, the personal characteristics that create challenges and place more demand on veterans can be lessened by providing comprehensive re-orientation programs (Jacco Duel et al., 2018). These re-orientation programs would assist veterans by reducing their strong military identity, teaching them life skills, positive coping strategies, and encouraging help-seeking behavior (Jacco Duel et al., 2018). This support could be provided to veterans using a continuous, comprehensive, and long-term approach before and after transition (Jacco Duel et al., 2018).

Military service providers, veteran organizations, and other professionals supporting veterans should also understand that veterans' self-perceived wellness differs due to their military life experiences and the critical points in their transition they were vulnerable. Thus, service providers and health care professionals can provide support and assistance based on a comprehensive, holistic approach tailored specifically to the demographic characteristics of veterans, whereby veterans' demands are met with resources mapped to support such issues (Jacco Duel et al., 2018). This support can be made available to veterans early in the transition process, depending on the nature of the discharge (Jacco Duel et al., 2018). If the discharge was planned, the support could be provided early in the transition process (Jacco Duel et al., 2018). However, if military

discharge is unplanned, assistance could be provided as soon as emerging issues are identified (Jacco Duel et al., 2018).

Understanding and recognizing the service-based factors and the demographic characteristics of veterans that affect their health and wellness could facilitate the prevention, early identification, and improved management of veterans' wellness (Oster et al., 2017; Kintzle et al., 2016). It could also allow policymakers, military service providers, and other health-care professionals to understand better all the attributes that encompass veterans' well-being and identify the most vulnerable veterans. Service providers, health care professionals, and policymakers should have a structured process whereby they can systematically assess and support the needs of transitioning veterans. A better understanding of these factors could inform these processes (Oster et al., 2017).

In addressing the environmental factors (lack of opportunities, lack of support, and public attitude) that contribute to veterans' vulnerability after service, local service providers such as veterans support agencies. The local VA could create a structured local community support network to provide various services that would assist veterans in transitioning into the community (Castro et al., 2014). One beneficial service could be peer-to-peer mentorship, where seasoned veterans could assist new veterans as they move into the community and throughout their adjustment (Castro et al., 2014). Mentors could encourage and support veterans by helping them build new community networks and connections to ease their transition (Castro et al., 2014).

## Conclusion

The aim of this research study was to aid military service providers and veteran organizations in providing a better understanding on how to address veterans' wellness needs based on their demographic characteristics. The result of the investigation aligns with previous findings that indicated that military veterans are most vulnerable when they are discharged from active service (Romaniuk & Kidd, 2018). The separation sometimes impedes their wellness (Romaniuk & Kidd, 2018). This study reinforces the need to improve and individualize the transition services provided to military veterans based on their demographic characteristics. A better understanding of all the attributes that encompass a veteran's well-being would allow policymakers, military service providers, veteran organizations, and other professionals supporting veterans to create programs and services that would assist in the prevention, early identification, and improved management of veterans' wellness (Kintzle et al., 2016; Oster et al., 2017).

Regarding the gaps in literature (i.e., the relationship between the demographic characteristics of military veterans and their self-perceived wellness and the self-perceived wellness between combat and non-combat veterans when controlling for the number of years since discharge), the study revealed that the demographic characteristics of veterans did have a statistically significant impact on the self-perceived well-being of veterans. However, when controlling for the number of years since discharge, there is no statistically significant difference between the self-perceived wellness of combat and non-combat veterans. This calls for a more focused analysis of the differences between combat/non-combat veterans based on their military roles, gender, and ranks; an in-depth



inquiry would reveal how this population is different. Also, future research efforts should be more focused on understanding and identifying the risk factors that result in negative transition outcomes before military discharge. Thereby support can be provided to venerable service members based on the need to facilitate the prevention and a better management of veterans' wellness post-transition.

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## Appendix A: Online Flyer

**ATTENTION POST-9/11 MILITARY VETERANS**

Are you a military veteran from the post-9/11 Era who would like to share your transition experience as a veteran?

I am a wounded warrior advocate and a doctoral study at Walden University. This is a research study on how the demographic characteristics of veterans (age, gender, military branch, rank at discharge, service type [combat/non-combat], number of years served, and number of years since discharge) affect their self-perceived wellness post-service.

The survey will take between 10 and 15 minutes to complete. To protect your privacy, no names or other contact information will be collected.

Volunteers must be:

Discharged from the U. S. military after September 11, 2001

In the rank E-3 to E-9, WO-1 to WO-4, or O-1 to O-6.

Proficient in English language.

If you are a willing participant, please click on the following link to take the survey. At the end of the survey, you will also be asked to forward the link to other veterans you know who are eligible to participate.

**CLICK HERE TO TAKE THE SURVEY**

If you have any questions, you may contact me via email at [oluwatosin.animashaun@waldenu.edu](mailto:oluwatosin.animashaun@waldenu.edu). The survey will be available for 2 weeks.

## Appendix B: Screening Survey

1. What was your rank at discharge (e.g., Specialist/Corporal)?
2. Which was branch of military service did you serve (e.g., Army)?
3. What was your pay grade at discharge (e.g., E4)?

## Appendix C: Consent Form

You are invited to take part in a research study that examine whether the demographic characteristics of veterans (age, gender, military branch, rank at discharge, service type (combat/non-combat), number of years served, or number of years since discharge) is related to their self-perceived wellness. It is hoped that by having a better understanding of how these factors are related (and differences in some of the variables based on service type and length of separation) that additional information can be provided to those who assist veterans in their transition to civilian life to assist them in individualizing these programs based on veteran characteristics. The researcher is inviting participants who are Walden University veteran students and other veterans from various social media outlets.

This study is being conducted by a researcher named Oluwatosin Animashaun, who is a doctoral student at Walden University.

### Background Information:

The challenges military veterans experience during their transition from military to civilian life are related to adjusting to a civilian environment and culture that is much different from that which they experienced while serving in the military (Zogas, 2017). Researchers have found that successful employment, socioeconomic status, quality of living arrangements, psychological health, and quality of relationships with others have been found to be related to positive perceptions of wellness (Castrol & Kintzle, 2017; Cooper et al., 2018; Kneeling et al., 2018). But there is limited information on the relationship between the demographic characteristics of veterans and their well-being. The purpose of this study is to determine whether or not there is a correlation between the demographic characteristics of veterans and their self-perceived wellness.

### Procedures:

If you agree to be in this study, you will be asked to:

Complete a screening questionnaire about your time in the military, which is your branch of service, rank, and pay grade. The portion of the survey will take 1 to 3 minutes to complete. You will be asked to complete the demographic questionnaire, which is age, gender, military branch, rank at discharge, service type (combat/non-combat), number of years served, and number of years since discharge. The portion of the survey will take 3 to 5 minutes to complete. You will be asked to complete the General Well-being Schedule. The scale consists of 18 items asking about life satisfaction and level of psychological distress. There are 6 subscales measuring anxiety, depression, positive well-being, self-control, vitality, and general health (Dupuy, 1977). Questions 1 to 14 on the instrument uses 6-point Likert scale that ranges from one (All the time) to 6 (None of the time) and questions 15 to 18 uses 10-point Likert scale that ranges from 0 (Not concerned at all) to 10 (Very concerned) to measure each of the 18 items in the General Well-being Schedule. The survey should take 9 to 10 minutes to complete.

Here are some sample questions:

- What was your rank at discharge?

- Branch of service: 0= Army    1= Marine    2= Airforce    3= Navy

-Have your daily life been full of things that were interesting to you? (DURING THE PAST MONTH)

1 (All the time) 2 (Most of the time) 3 (A good bit of the time) 4 (Some of the time)  
5 (A little of the time) 6 (None of the time)

**Voluntary Nature of the Study:**

This study is voluntary. So, everyone involved will respect your decision to join or not. You will not be treated differently at Walden University or at your social media veteran group if you decide not to join the study. Even if you decide to join the study now, you can still change your mind later and stop at any time. Only Walden veteran students and members of veteran organizations can volunteer for this study.

**Risks and Benefits of Being in the Study:**

Being in this type of study involves some risk of the minor discomforts that can be encountered in daily life, such as fatigue, stress, or becoming upset. Being in this study would not pose risk to your safety or wellbeing.

The study offers no direct benefits to individual volunteers. The aim of this study is to provide information to benefit those who support veterans in their transition in individualizing the transition programs based on veteran characteristics.

**Payment:**

Since this study will not compensate participants individually, each participant will be informed about his or her participation and that this study is completely voluntary, and that all information collected will be stored on a secure server and remain confidential (participant names will not be collected).

**Privacy:**

The researcher is required to protect your privacy. Your identity will be kept confidential, within the limits of the law. The researcher will not use your personal information for any purposes outside of this research project. Also, the researcher will not include your name or anything else that could identify you in the study reports. Data will be kept secure in the SurveyMonkey database which requires a user identification and password encryption to enter the database. The data will be kept for a period of at least 5 years, as required by the university.

**Contacts and Questions:**

You can ask questions of the researcher by sending an email to [Oluwatosin.animashaun@waldenu.edu](mailto:Oluwatosin.animashaun@waldenu.edu). If you want to talk privately about your rights as a participant or any negative parts of the study, you can call Walden University's Research Participant Advocate at 612-312-1210. Walden University's approval number for this study is 05-28-21-0671267 and it expires on 05-27-2022.

**Obtaining Your Consent**

In order to protect each participant's privacy, no privacy signatures will be collected, and your completion of the survey would indicate your consent, if you so choose to participate. If you feel you understand the study well enough to decide about it, please indicate your consent by clicking on the survey, completing the survey, and submitting the survey.

## Appendix D: Demographic Questionnaire

1. What is your age?
2. Gender: 0= Male      1= Female
3. Branch of service: 0= Army   1= Marine      2= Airforce      3= Navy
4. Rank at discharge: 0= Enlisted      1= Warrant Officer      2= Officer
5. Service type: 0= Non-combat      1= Combat
6. Number of years served:
7. Number of years since discharged:

## Appendix E: General Well-being Schedule

Read: This section of the examination contains questions about how you feel and how things have been going with you. For each question, mark (X) beside the answer which best applies to you.

1. How have you been feeling in general? (DURING THE PAST MONTH)

- 1  In excellent spirits
- 2  In very good spirits
- 3  In good spirits mostly
- 4  I have been up and down in spirits a lot
- 5  In low spirits mostly
- 6  In very low spirits

2. Have you been bothered by nervousness or your “nerves”? (DURING THE PAST MONTH)

- 1  Extremely so-to the point where I could not work or take care of things
- 2  Very much so
- 3  Quite a bit
- 4  Some-enough to bother me
- 5  A little
- 6  Not at all

3. Have you been in firm control of your behavior, thoughts, emotions, or feelings? (DURING THE PAST MONTH)

- 1  Yes, definitely so
- 2  Yes, for the most part
- 3  Generally so
- 4  Some-enough to bother me
- 5  A little



6 [ ] Not at all

4. Have you felt so sad, discourages, hopeless, or had so many problems that you wondered if anything was worthwhile? (DURING THE PAST MONTH)

1 [ ] Extremely so-to the point that I have just about given up

2 [ ] Very much so

3 [ ] Quite a bit

4 [ ] Some-enough to bother me

5 [ ] A little bit

6 [ ] Not at all

5. Have you been under or felt you were under any strain, stress, or pressure? (DURING THE PAST MONTH)

1 [ ] Yes-almost more than I could bear or stand

2 [ ] Yes-quite a bit of pressure

3 [ ] Yes-some, more than usual

4 [ ] Yes-some, but about usual

5 [ ] Yes-a little

6 [ ] Not at all

6. How happy, satisfied, or pleased have you been with your personal life? (DURING THE PAST MONTH)

1 [ ] Extremely happy-could not have been more satisfied or pleased

2 [ ] Very happy

3 [ ] Fairly happy

4 [ ] Satisfied-pleased

5 [ ] Somewhat dissatisfied

6 [ ] Very dissatisfied

7. Have you had any reason to wonder if you were losing your mind, or losing control over the way you act, talk, think, feel, or of your memory? (DURING THE

PAST MONTH)

1  Not at all

2  Only a little

3  Some-but not enough to be concerned or worried about

4  Some, and I have been a little concerned

5  Some, and I am quite concerned

6  Yes, very much so, and I am very concerned

8. Have you been anxious, worried, or upset? (DURING THE PAST MONTH)

1  Extremely so-to the point of being sick or almost sick

2  Very much so

3  Quite a bit

4  Some-enough to bother me

5  A little bit

6  Not at all

9. Have you been waking up fresh and rested? (DURING THE PAST MONTH)

1  Every day

2  Most every day

3  Fairly often

4  Less than half the time

5  Rarely

6  None of the time

10. Have you been bothered by any illness, bodily disorder, pains, or fears about your health? (DURING THE PAST MONTH)

1  All the time

2  Most of the time

3  A good bit of the time

4  Some of the time

5 [ ] A little of the time

6 [ ] None of the time

11. Has your daily life been full of things that were interesting to you? (DURING THE PAST MONTH)

1 [ ] All the time

2 [ ] Most of the time

3 [ ] A good bit of the time

4 [ ] Some of the time

5 [ ] A little of the time

6 [ ] None of the time

12. Have you felt down hearted and blue? (DURING THE PAST MONTH)

1 [ ] All the time

2 [ ] Most of the time

3 [ ] A good bit of the time

4 [ ] Some of the time

5 [ ] A little of the time

6 [ ] None of the time

13. Have you been feeling emotionally stable and sure of yourself? (DURING THE PAST MONTH)

1 [ ] All the time

2 [ ] Most of the time

3 [ ] A good bit of the time

4 [ ] Some of the time

5 [ ] A little of the time

6 [ ] None of the time

14. Have you felt tired, worn out, used-up, or exhausted? (DURING THE PAST MONTH)

- 1  All the time
- 2  Most of the time
- 3  A good bit of the time
- 4  Some of the time
- 5  A little of the time
- 6  None of the time

For each of the four scales below, note that the words at each end of the 0 to 10 scale describe opposite feelings. Circle any number along which seems closest to how you have generally felt? (DURING THE PAST MONTH)

15. How concerned or worried about your HEALTH have you been? (DURING THE PAST MONTH)

- 0  Not concerned at all
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10  Very concerned

16. How RELAXED or TENSE have you been? (DURING THE PAST MONTH)

- 0  Very relaxed
- 1
- 2

3 [ ]

4 [ ]

5 [ ]

6 [ ]

7 [ ]

8 [ ]

9 [ ]

10 [ ] Very tense

17. How much ENERGY, PEP, and VITALITY have you felt? (DURING THE PAST MONTH)

0 [ ] No energy AT ALL listless

1 [ ]

2 [ ]

3 [ ]

4 [ ]

5 [ ]

6 [ ]

7 [ ]

8 [ ]

9 [ ]

10 [ ] Very ENERGETIC, dynamic

18. How DEPRESSED or CHEERFUL have you been? (DURING THE PAST MONTH)

0 [ ] Very depressed

1 [ ]

2 [ ]

3 [ ]

4 [ ]

5 [ ]

6 [ ]

7 [ ]

8 [ ]

9 [ ]

10 [ ] Very cheerful

**Scoring:**

Items 1, 3, 6, 7, 9, 11, 15, and 16 are reverse scored. The scores from all items are added together and 14 are subtracted from the total to give a range of 0-110.

There are three proposed cut-points: total scores of 0-60 reflect “severe distress,” 61-72 “moderate distress,” and 73-110 “positive well-being”.

**Six sub-scores can be derived**

Sub-score Label	Question Topics
Anxiety	2. nervousness 5. strain, stress, or pressure 8. anxious, worried, upset 16. relaxed, tense
Depression	4. sad, discouraged, hopeless 12. down-hearted, blue 18. depressed
Positive well-being	1. feeling in general 6. happy, satisfied with life 11. interesting daily life

Self-control	3. firm control of behavior, emotions 7. afraid, losing mind, or losing control 13. emotionally stable, sure of self
Vitality	9. waking fresh, rested 14. feeling tired, worn out 17. energy level
General health	10. bothered by illness 15. concerned, worried about health

## Appendix F: US Military Ranks, Branches, and Pay Scale

Pay Scale	Army	Air Force	Marines	Navy
<b>Commissioned Officers</b>				
**	General of the Army	General of the Air Force		Fleet Admiral
0-10	Army Chief of Staff General	Air Force Chief of Staff General	Commandant of the Marine Corps General	Chief of Naval Operations Admiral
0-9	Lieutenant General	Lieutenant General	Lieutenant General	Vice Admiral
0-8	Major General	Major General	Major General	Rear Admiral
0-7	Brigadier General	Brigadier General	Brigadier General	Rear Admiral
0-6	Colonel	Colonel	Colonel	Captain
0-5	Lieutenant Colonel	Lieutenant Colonel	Lieutenant Colonel	Commander
0-4	Major	Major	Major	Lieutenant Commander
0-3	Captain	Captain	Captain	Lieutenant
0-2	1st Lieutenant	1st Lieutenant	1st Lieutenant	Lieutenant, Junior Grade
0-1	2nd Lieutenant	2nd Lieutenant	2nd Lieutenant	Ensign
<b>Warrant Officers</b>				
W-5	Master Warrant Officer 5		Chief Warrant Officer 5	Master Warrant Officer
W-4	Warrant Officer 4		Chief Warrant Officer 4	Warrant Officer 4
W-3	Warrant Officer 3		Chief Warrant Officer 3	Warrant Officer 3
W-2	Warrant Officer 2		Chief Warrant Officer 2	Warrant Officer 2
W-1	Warrant Officer 1		Chief Warrant Officer 1	Warrant Officer 1
<b>Non-Commissioned Officers</b>				
Special	Sergeant Major of the Army	Chief Master Sergeant of the Air Force	Sergeant Major of the Marine Corps	Master Chief Petty Officer of the Navy
E-9	Command Sergeant Major Sergeant Major	First Sergeant (Senior Master Sergeant) Senior Master Sergeant	Sergeant Major Master Gunnery Sergeant	Master Chief Petty Officer
E-8	First Sergeant Master Sergeant	First Sergeant (Senior Sergeant)	First Sergeant	



		Senior Master Sergeant	Master Gunnery Sergeant	Senior Chief Petty Officer
E-7	Sergeant First Class	First Sergeant (Master Sergeant) Master Sergeant	Gunnery Sergeant	Senior Chief Petty Officer
E-6	Staff Sergeant	Technical Sergeant	Staff Sergeant	Chief Petty Officer
E-5	Sergeant	Staff Sergeant	Sergeant	Petty Officer First Class
E-4	Corporal/Specialist	Senior Airman	Corporal	Petty Officer Third Class
Enlisted Personnel				
E4	Specialist	Senior Airman		
E-3	Private First Class	Airman First Class	Lance Corporal	Seaman
E-2	Private	Airman	Private First Class	Sea Apprentice
E-1	Private (Recruit)	Airman Basic	Private	Seaman Recruit

## Appendix G: Permission

**Test:** General Well-Being (GWB) Schedule

**Year:** 1977

**Domain:** Psychological

**Assessment Tool Category:** Psychological well-being

**Variations/Translations:** Psychological Mental Health index is a 10-item version; Health Insurance Study of General Well-being (HIS-GWB); Psychological General Well-being Index; British version known as the Adapted General Well-being Index (AGWBI)

**Method of Delivery:** Self-administered questionnaire

**Description:** The General well-being schedule is a self-administered questionnaire that focuses on one's subjective feelings of psychological well-being and distress. The scale assesses how the individual feels about his/ her "inner personal state". It consists of 18 items covering six dimensions of anxiety, depression, general health, positive well-being, self-control and vitality. The scale includes both positive and negative questions and each item has the time frame "during the last month". The first 14 questions use six-point response scales representing intensity or frequency. The remaining four questions use 0-to-10 rating scales defined by adjectives at each end.

**Scoring/Interpretation:** There is a total score running from 0 to 110 with lower scores indicating more severe distress. The three levels of distress are sectioned accordingly: 0 to 60 reflect "severe distress"; 61 to 72 "moderate distress"; and 73 to 110 "positive wellbeing". Scores can be narrowed further into severe, serious, distress, stress problem, marginal, low positive and positive well-being.

**Time to Administer:** Approximately 10 minutes

**Availability:** Public Domain. Can be accessed online.