

**Health Care Utilization by Veterans with Posttraumatic Stress Disorder: A
Spouse/Intimate Partner Perspective**

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Introduction

With Operation Iraqi Freedom (OIF) and Operation Enduring Freedom in Afghanistan (OEF) simultaneously occurring, there are an overwhelming number of military men and women who are placed in dangerous situations every day. Since the beginning of OIF, there have been 4,209 American military deaths, and countless numbers of injuries (source). The exposure to war and death can be traumatizing to those who are on the front lines of military action. Other prevalent exposures to trauma include being stationed close to enemy lines, receiving incoming fire, taking care of someone whose life was not saved, and observing the death of a close friend. All of these traumatic events, including perceived threats of personal harm, can lead to the development of posttraumatic stress disorder (PTSD) (Greiger et al., 2007). Research has shown that veterans with combat stress reactions are 6.6 times more likely to develop PTSD (Solomon & Mikulincer, 2006). If these types of events are experienced in the beginning of a deployment and the symptoms of PTSD follow quickly, it may be quite some time before a person can receive the necessary screening and treatment needed to prevent further onset of the disorder.

A major problem that is affecting those with PTSD is the lack of health care utilization. There is an unfortunate stigma surrounding the disorder, in which military veterans are choosing to avoid treatment at all costs. This stigma, along with other barriers such as access to care and services, often prevent military personnel who are in dire need of mental health services from receiving the care they need. Of the OIF and OEF combat veterans diagnosed with mental health disorders, including PTSD, only 23 to 40 percent receive mental health care (Hoge et al., 2004).

PTSD is a disorder that often cannot be cured quickly. Large adjustments must be made after veterans return home from Iraq or Afghanistan. Oftentimes, these men and women are

focused on returning to their lives as they were pre-deployment, and they believe the symptoms will decrease with time. As a result, they frequently delay seeking care and treatment. If services are not rendered within a certain time, the military insurance, TRICARE, will not pay for treatment. “For reservists, standard Department of Defense health insurance benefits expire within 6 months and standard VA benefits expire 24 months after a return to civilian status” (Milliken et al., 2007, p. 2146).

Specific Objective

Very few studies have been specifically directed toward understanding the factors and circumstances that affect health care utilization by veterans. The objective of this study is to identify critical factors that influence health care utilization as perceived by spouses/intimate partners of returning Iraq and Afghanistan veterans. By gaining an increased understanding of the barriers and facilitators of health care utilization, it may be possible to develop and test nursing interventions tailored to the unique needs of military men and women.

Rationale

A series of recent studies which examine prevalence rates of PTSD in OIF and OEF veterans, report varying rates from 5 to 38 percent. Hoge and colleagues (2004) conducted a landmark study (the Land Combat Study), which reflects the scope of PTSD in OIF and OEF veterans. The researchers studied 3,671 members of four U.S. combat infantry units after deployment to Iraq or Afghanistan through the use of anonymous surveys. Exposure to combat was significantly greater among those who deployed to Iraq than among those who deployed to Afghanistan. The researchers found that 15.6 to 17.1 percent of the soldiers and Marines

suffered from PTSD after deployment to Iraq, while 11.2 percent suffered from PTSD after deployment to Afghanistan.

With the surging number of troops being deployed to combat-war zones, the prevalence of PTSD is steadily increasing. This project is of utmost importance to the field of nursing because as the rates of PTSD increase, it will be likely that nurses in all fields may encounter this disorder.

Methods

The Transtheoretical theory of change was selected as a framework for this study. The Transtheoretical model is currently conceptualized in terms of several major dimensions. The core construct, around which the other dimensions are organized, is the stages of change (Prochaska & Norcross). There are four stages of change a person may experience before entering into therapy: pre-contemplation, contemplation, action, and maintenance.

This qualitative research study will utilize the critical incident technique developed by Flanagan in 1954. The critical incident technique collects human behavior through direct observation, interviews, or written surveys in hopes to make possible potential usefulness in solving problems and developing broad psychological principles.

Flanagan describes as “incident” as “any observable human activity that is sufficiently complete in itself to permit inferences and predictions to be made about the person performing the action” (Flanagan, 1954, p. 327). This methodology is different from other qualitative research formats in the sense that its focus is put on finding solutions to problems rather than just describing or understanding them. The critical incident technique has been utilized in nursing

research since the 1950s. It is an invaluable method in the nursing discipline because it allows the researcher to recognize specific nursing interventions that are specific to a population's plan of care (Kemppainen, 2000).

There are several advantages offered by this methodology. One is that it allows a quick collection of information. Critical incident interviews can be formatted in a way that can be as brief as 15 to 20 minutes depending on the type of questions being asked. This also allows flexibility with the methodology. Interviews can be readjusted to be unique to research studies of a variety of disciplines. Another advantage is that critical incident data can be collected in a variety of ways. Face-to-face interviews have proven to be the most successful of these methods, however, other options, including self-administered questionnaires, are effective as well (Kemppainen, 2000).

The critical incident surveys along with a cover letter inviting study participation will be distributed by the Honor student to military wives/intimate partners. A snowball sampling method will be used in which subjects are located based on referrals from other subjects in the sample. Subjects who elect to participate in this study will be instructed to return the completed anonymous survey in a sealed envelop to the PI's address at UNCW. Permission from the Human Subjects Board at UNCW is pending.

A critical incident technique questionnaire, designed by the researcher in collaboration with the faculty will be used to obtain written responses from study participants. Demographical information as well as seven questions will be included in the questionnaire and will included such topics as methods as the spouse's/intimate partner's current knowledge of PTSD, reasons for the deployed veteran not seeking treatment, as well as their ability to gauge their

spouse's/intimate partner's willingness to receive treatment. The basis for these interview questions was determined from the research found in the literature review.

Data Preparation and Analysis

The data obtained through the critical incident interviews will be analyzed through an inductive classification process developed by Flanagan (1954). First, the written responses will be audited for complete descriptions. Only incidents that meet Flanagan's criteria will be included in the analysis.

Incidents, which are judged to be nearly identical or very similar, will be grouped together. Similar groupings will then be combined to form subcategories of behaviors. Subcategories will be sorted and grouped together to define more inclusive major categories. The honors student and a team of researchers will independently re-sort the incidents and their disagreements will be used to refine and determine the final set of major categories.

As a check on the comprehensiveness of the classification system, 10% of the incidents will be randomly selected using a table of random numbers and will be independently categorized by reviewers.

Description of the Product

The Honor student plans to submit a manuscript for consideration of publication which reports study findings, as well as a discussion of clinical practice implications for nurses and other health care providers across varied settings.

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