The Socio-Cultural Contexts of Male Iraq and Afghanistan Veterans Help-seeking Behavior and Healthcare Resources Use: An Interpretive Phenomenological Study

Uchenna Nworah, PhD, RN, FNP-BC
Nurse Practitioner, Michael E. DeBakey VA, Houston, Texas.
Co-Authors

- Lene Symes, PhD, RN: Associate Professor Nelda Stark College of Nursing, Texas Woman’s University, Houston Texas (TWU).

- Anne Young, Ed.D, RN: Professor (TWU).

- Rae Langford, Ed.D, RN: Professor (TWU).
Acknowledgements

Small Research Grants:
- Sigma Theta Tau International, Honor Society of Nursing, Beta Beta Houston.
- Nurses Organization Of Veterans Affairs Foundation Scholarship (NOVA).
- The John Winston Carter Small Research Grant, Texas Woman’s University (TWU).
- Mary Alice Harris Metcalf Endowment (TWU).
Disclosure

- No conflict of interest to disclose.
Learner Objectives

- Describe the impact of military culture values on the health-seeking behaviors of Iraq and Afghanistan war veterans.

- Discuss role of masculinity as a socio-cultural determinant of Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) veterans help-seeking behaviors and resources use.
Background

OEF/OIF Veterans:
- High prevalence of medical, mental, and psychosocial healthcare needs.
- Delay, do not seek care, and / or underuse healthcare services.
- System and Personal barriers.

Nworah, et al. 2014:
- How and why OEF/OIF veterans seek or do not seek care, are not fully understood.
Background: Literature Evidence.

OEF/OIF Help-Seeking Evidence
- High prevalence of mental health and substance use disorders
- Gender differences in help-seeking and utilization
- Except for gender, demographic characteristics did not consistently predict help-seeking

Patterns of health care use
- High utilization of healthcare resources
- Underuse of healthcare resources
- Veterans Delay seeking help
- Help-seeking differed across services, deployments

Help-seeking Facilitators:
- Recognizing a health problem
- Self-perceived need
- Interest in receiving help
- Positive mental health screen or disorders
- Positive attitude to mental health treatment

Help-seeking Barriers: Personal Factors
- Stigma perception (self and public)
- Self-Reliance - help-seeking as a weakness
- Negative attitude / beliefs to mental health care
- Perceived ability to deal with the issue
- Help-seeking as sign of weakness

Barriers: System/Logistics factors:
- Stigma (public or social)
- Lack of knowledge about VA benefits
- Perception of losing military career
- Distance, Wait Time, Scheduling appointment

Model of OEF/OIF Veterans Health-seeking Literature Evidence

Gap: Masculinity & Military Culture Studies
Gap: Context or Environmental Characteristics & Provider Variables
Gap: Minimal Qualitative Research Studies
Not seeking, Delay, or Underuse of Healthcare
Purpose / Research Question

**Purpose:** To better understand what seeking healthcare means to male OEF/OIF veterans.

**Research Question:** What is the meaning of seeking healthcare for the United States male veterans who served in the Iraq and Afghanistan wars?
Methods

Sample: Male veterans, served in Afghanistan, Iraq, or both wars.

Sampling: Purposive sampling / snowball strategy.

Sample Size: \( N=20 \) (Saturation of data).

Data Collection:

- Semi-structured interview guide.
- Face-to-face interviews / audio recorded.
Analysis

Ricoeur’s Interpretation Theory adapted by Lindseth and Norberg (2004):

- Read transcripts several times; words and phrases categorized / coded, then merged into themes.
- Hermeneutic Circle of Understanding.
Analysis Cont.

Rigor:
- Congruency of study design, research question, methods, and analysis.
- Decision trail and Field notes.
- Collaboration with experts in phenomenology and hermeneutics.
- Rich data depicting Veterans’ health-seeking experiences.
Results

Sample Demographics: $N=20$

- Most were single, white, 25-40 years.
- All were deployed veterans; most with multiple deployments.
- 65% served in the Army.
- 90% were in combat.

Five themes from analysis.
Health Perception: “I just felt like I was a soldier and that was just part of life and I didn’t need to go to the doctor.”

- All participants reported good health and most saw no need for preventive care.
- Only six did yearly physicals.
- Majority engaged in self-care and self-monitoring of their health.
Military Culture: “Suck it up and keep going.”

Military Core Tenets: Mission, duty, honor, country.
- Values: Resilience, self-reliance, strength, teamwork, and camaraderie.
- Military Branch Subcultures.

Study Participants:
- “Hardcore” “a mindset,” “a thought process,” and “a way of life.”
- Seeking help a sign of weakness, discouraged by leadership, and ridiculed by others.
Social or Public / Self-Stigma:
“It’s the pride... I just don’t want to ask for help figuring I can deal with it on my own.”

Study Participants:
- Seeking help was being “lazy,” “a fake,” “a fraud,” and “malingering.”
- Most did not seek care while in active duty.

Stigma of Seeking Help: “You just feel weak. Like I’m being a pansy or a wuss, a cry baby”
Conforming to Traditional Masculinity: “You’re not a man if you can’t fix your own problems”

Masculinity (male gender, manhood):
- Not a biological trait; Socio-culturally defined and expected male characteristics and behaviors.

Traditional or Hegemonic Masculinity:
- Self-reliance, strength, stoicism, and dominance. Showing emotion is feminine and a weakness.
Study Participants:

- Self-care, “fix it” mentality, and a “tough guy, I can deal with it on my own” attitude.

- Seeking help evoked a sense of powerlessness, anxiety, self-doubt, shame, and fear of social exclusion.
Paradox of Multiple Masculinities: “I’ve done everything beyond my means to fix myself... they’re the people that can fix me so I can get back out on the road.”

Multiple Masculinities:
- Masculinity is not homogenous. A social construct that changes according to time, social factors, cultural norms, values and practices, and individuals’ beliefs and experiences.
Study Participants:
- Reflected in changing life events, age, time since deployments, healthcare needs and experiences.
- Despite stigma and fear of discrimination, some sought care.
Discussion

Minimal Preventive Care:
- Reflected how participants were socialized in healthcare use, traditional masculinity, and military culture values.

Health-seeking:
- Complex, dynamic behavior, and contextually situated.
- Informed by changing personal, social, and cultural factors.
- Seeking help may conflict with traditional masculinity and military culture values.
Practice Implications

Culturally Competent Care:
- Providers to assess own biases and views of military culture values.
- Health providers should be sensitive to and willing to learn about military culture.
- Evaluate veteran’s level of endorsement of military culture and traditional masculinity values.
Practice Implications

- Know the veteran; build rapport and trusting relationships.

- Listen, respect, and validate veterans’ experiences.

- Shared decision making.

- Policies / Public education to de-stigmatize and encourage help-seeking culture in the military.
Limitations & Future Studies

Limitations:
- Findings may not apply to non-deployed OEF/OIF and female veterans.
- Small representation of officer rank.

Future Studies:
- To investigate masculinity and military culture values as socio-cultural constructs that foster avoidance of health-seeking by OEF/OIF veterans.
US OEF/OIF Male Veterans Help-Seeking: Study Model

Interconnectedness
Culture: Masculinity and Military Culture
Person: Personal, Interpersonal, and Intrapersonal issues
Structural: System Issues (Access issues, healthcare coverage, logistics and care issues)

Help-Seeking Milieu - The Socio-cultural context of seeking help
(Being-in-the-world)
Conclusion

- OEF/OIF veterans’ health-seeking behaviors must be understood within the contexts of time, social and cultural factors, personal values and beliefs, unique experiences, and healthcare needs.

- Masculinity and Military culture values informed and shaped OEF/OIF male veterans’ healthcare decisions, health-seeking behaviors, and health resources use.
“Uh for me to go and seek help it’s got to be pretty bad. It’s got to be real bad. It’s got to be to the point where I pretty much have no solutions whatsoever. I’ve tried everything and I can’t do it; so I’ve got to get somebody else to help me.”
References


