Daily Health Experiences of Vietnam Veterans

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Introduction

Research about war veterans has shown that they suffer from more physical and mental health problems than the general United States population (Singh et al., 2005). Even more health problems have been reported by veterans living in rural areas, as opposed to urban populations (Weeks et al., 2004; Weeks, Wallace, Wang, Lee, & Kazis, 2006). As the Vietnam veteran population is aging, and soon entering later life, researchers are examining the daily health need of these veterans. The current study will be looking at health in Vietnam era veterans and their civilian counterparts. Variables that will be examined in relation to their health are: individual factors, marital interactions, family and social support, as well as rural and urban settings.

Hypothesis

1. It is hypothesized that average daily physical and mental health symptoms will be higher for veterans than non-veterans, and that daily symptoms will fluctuate more in the veteran sample.
2. It is hypothesized that daily service needs, and informal and formal service use will be greater for veterans than non-veterans; that formal service use will be lower among rural respondents. Although it is expected that differences will exist with regards to daily formal service satisfaction, no directional hypothesis is stated, as research is mixed regarding this association.
3. It is hypothesized that daily physical and mental health needs will co-vary with formal and informal service use.
4. It is hypothesized that formal service use will co-vary with health needs to a greater degree among urban respondents, while informal service use will co-vary more strongly for rural respondents.
5. It is hypothesized that links between health needs and service use will be moderated by individual, family, and community factors. Specifically, strengths/vulnerabilities at the individual, family, and community levels are expected to relate to stronger/weaker links between health needs and service (formal and informal) use.

Methods

Daily diary surveys will be sent to potential participants, inviting them to answer questions in the daily diary surveys for 14 days, to be completed just before retiring to bed each night. Where the respondents are married, the spouse will also be asked to complete their own survey. Survey length will be approximately 6 pages, and will require about 15 minutes to complete each evening. To encourage compliance with survey instructions phone calls will be made daily during the 14 days.

Analyses will involve examining how reports of daily health needs co-vary with informal and formal health care use across a two-week period. They will also involve variables from previous waves of data to predict or moderate the daily fluctuations of health and informal/formal health care use.

Sample

The sample for the current study will be taken from a sample of individuals that were originally studied in 1966 in the State of Washington (Otto, Call, & Spender, 1981). The original sample consisted of 6,729 randomly selected high school students who were in the high school classes of 1966 and 1967. Just under half of the students in this random, stratified, state-wide sample lived in rural communities. In 1979/1980 researchers conducted a thirteen-year follow-up interview with 98% of the original 1966 respondents (Call, Otto & Spender, 1982). Half the males in this panel went into the U.S. Armed Services following high school graduation and half of those males served in Vietnam combat or combat support units. Few young women in this panel joined the military but many of them married Vietnam-era veterans. Researchers plan to collect a third wave of data in the coming months, to follow-up on numerous life course individual, family, and social experiences. The sample for the present daily diary study will be taken from the larger panel study described above, and will be a component of the third wave follow-up.

Daily Diaries

A daily diary approach provides a window into the micro processes of experience, “capturing life as it is lived” (Bolger, Davis, & Raffel, 2003, p. 579). The use of daily diaries will allow us to examine the daily interactions and processes of this particular population, how they vary from their non-veteran counterparts and how their marital interaction affects their health. An example of how these intricate these interactions can become is shown in the image below:

Day 1 Day 2 Day 3 Day 4 Day 5
Husband Husband Husband Husband Husband
Wife Wife Wife Wife Wife

A husband and wife’s daily health symptoms will in turn affect the other’s mood on that same day. As expected, a husband’s mood will affect how he feels the next day, as well as a wife’s mood one day will affect how she feels the following day. Additionally, a husband’s daily health symptoms on one day will also affect the wife’s mood the next day, just as a wife’s daily health symptoms one day will affect the husband’s mood the following day. This can create patterns of complicated interaction over time, that may become clear to researchers through the use of daily diaries.

Expected Outcomes

As described in the hypothesis section it is expected that daily health needs will vary across days, will co-vary with informal and formal care use, and that these links will differ by veteran status, and by rural/urban status. Individual, family, and community factors will also likely act as moderators to these links.

References