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A Qualitative Study of Disability in Minority Veterans and Their Utilization of the VA Health System

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Over time, as the United States army increased, white and minority citizens joined the military forces. This led to the establishment of the Veterans Bureau, and later the Veterans Administration, to care for the wounded soldiers. Although the nation had developed a system to provide services to veterans since the late 1700s, there has been a decline in utilization of y veteran service members in the modern day. The purpose of this phenomenological study is to investigate the causes behind the limited use of the mental health services provided by the VHA by minority veteran service members and to propose ways to improve these services. Additionally, another purpose was to examine any cases of discrimination against minority veteran service members based on interviews with participants and previous empirical literature. After conducting multiple interviews, the status of patient satisfaction, degree of reliance on VHA medical facilities, perception of efficiency of services, and patronage
were analyzed. In summary, previous empirical literature had indicated that minority veteran service members were more likely to face discrimination because of racial bias. However, today, that is not largely the case. Rather, most of the minority veteran service members interviewed did not face discrimination and they were content with the health services offered. While some of the interviewees did claim that they faced some acts of discrimination, the overwhelming majority did not. These findings suggest that most minority veteran service members do not face discrimination and that they are actively interested in seeking VH healthcare services. Nevertheless, understanding minority veteran service members may enable healthcare providers to provide them with customized healthcare sections.

Introduction

The Veterans Health Administration (VHA) is an integrated healthcare system that provides healthcare for honorably discharged veterans of the U.S. armed forces. It provides services at 1,250 healthcare facilities, which include 172 medical centers and 1069 outpatient sites. The facilities serve
9 million enrolled veterans annually (Veterans Health Administration, 2018). Despite serving 9 million enrolled veterans there are marked disparities in healthcare provision among members. One of the causes of disparities in healthcare provision among various members of the U.S. armed forces is racial discrimination, which still exists but in subtle ways in the present world.

Discrimination against minorities happens in almost every aspect of life. Therefore, the bias in providing healthcare services to minority veteran service members is not an exception. Discrimination occurs even in civilian health facilities or other departments of the U.S. armed forces. However, minority veterans may not be utilizing the facilities availed to them to the fullest. The purpose of this study is to review the existing information on current post-deployment healthcare options offered to minorities and assess the challenges that minority veterans face while seeking healthcare services. Furthermore, this study intended to provide recommendations that may solve the problems that marginalized groups face in the armed forces regarding the provision of quality mental healthcare.

The Current Study

The purpose of this study is to analyze the extent of aid that the Department of Veteran Affairs (VA) healthcare provides Based on the need to provide mental health services to minority veteran service members. Additionally, this study will investigate where the VA is lacking when caring for the mental health

of veterans and will propose ways on how to ameliorate those services. Through interviews, a better understanding of the experiences of minority veteran service members will be collected to further comprehend the participants' histories with the VA healthcare department. Qualitative research allows for obtaining this type of information, and a phenomenological research design will give light on the participants' lived experiences.

Philosophical Assumptions

The philosophical background or assumptions of this qualitative study is that of Social Constructivism. This philosophical approach is based on the premise that individuals live in unique, social microcosms. They establish their own subjective views within those circumstances, which directs them to construct multifaceted meanings (Creswell & Poth, 2018). Social Constructivism provides a framework to understand the underutilization of VA healthcare by minority veteran service members.

Conceptual Framework

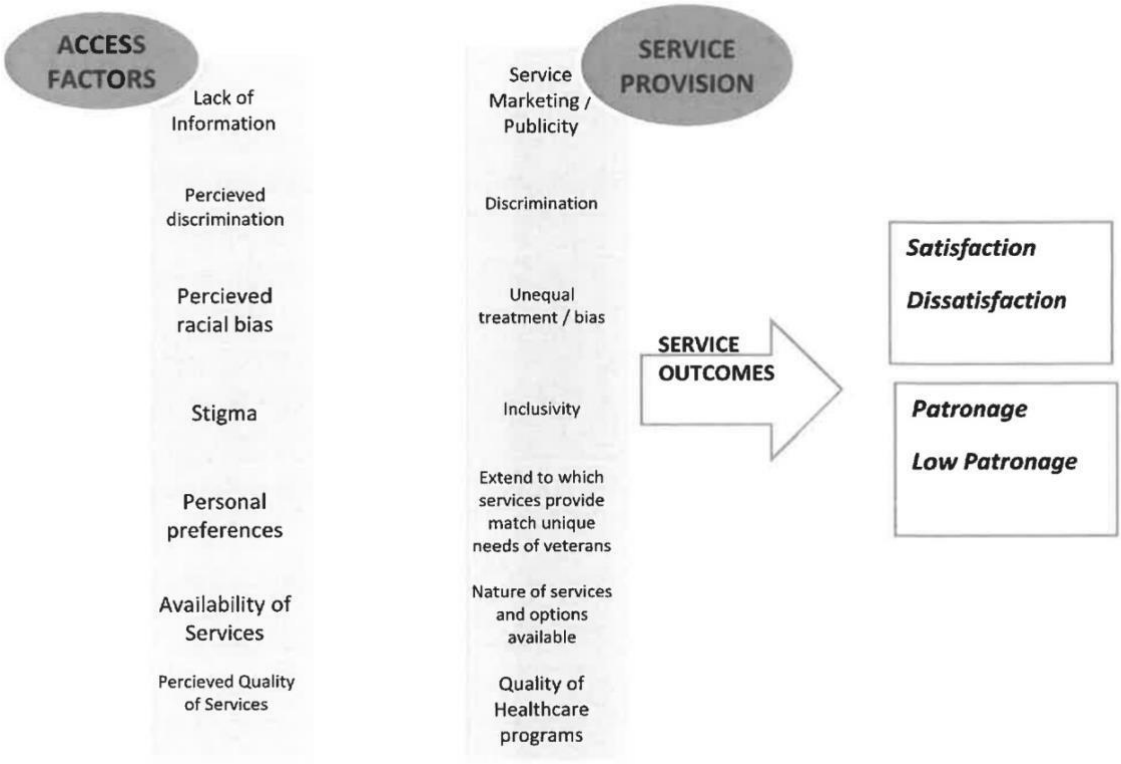
Conceptual frameworks are used in research work to show the principal concepts in a study and their relationship with one another (Punch, 2009). They guide the study's design and are usually demonstrated by diagrammatical illustrations. This study seeks to use qualitative techniques to provide insight into the provision of VA healthcare services to minority veterans with a view to understanding reasons for the underutilization of VA health programs and exploring possible avenues for improvement.

In this study, the significant concepts include the following: (1) access factors such as lack of information, cultural barriers, and availability of services (2) service provision

e.g. quality of service provision, cultural sensitivity of service provides); and (3) service outcomes (utilization, underutilization, satisfaction, lack of satisfaction etc.

The diagram below illustrates how these concepts relate to one another and suggests how the study would use access factors and service provision to determine service outcomes and suggest areas for improvement of health services for minority veterans.

Figure 1: Conceptual Framework



Theoretical Framework

This study uses both theories of social exclusion and theories of ethnic antagonism to explain the reason for disparities in attitudes of minorities towards healthcare services, especially among disabled veterans enrolled in the VHA healthcare system.

Theories of Social Exclusion

The term social exclusion has often been used in academics and research to refer to social divisions, discrepancies, and inequalities that exist between racial and ethnic groups. These disparities could be economic, political, or cultural (Loury, 1999). It must, however, be noted that social exclusion is not limited to racial and ethnic divides alone but could also be used to the described exclusion of specific vulnerable populations, such as the aged or handicapped, in several forms. Researchers have propounded theories to explain social exclusion, with most of them holding the view that it is a structural problem (Buck & Harloe, 1998; Evans, 1998; Sen,
1995).

Theory of Ethnic Antagonism

Proponents of the theory of ethnic antagonisms, such as Schermerhorn (1970) and Bonacich (1972), try to explain disparities between ethnic groups to be a product of an inter- ethnic struggle, which shapes behavioral attitudes and moderates how members of one racial or ethnic group relate with those of another. The theory seeks to explain the 'antagonism' between culturally distinctive groups such as race, tribe, or ethnicity. The theory challenges the assumption that economic processes are fundamental to racial and cultural differences in attitudes or are responsible for the friction that may exist or is perceived to exist between racial and ethnic divides. The theory insists that racial and cultural differences between culturally distinct groups are the main determinants of intergroup 'antagonism.'

Willard (1967) listed the following as examples of factors/differences across racial divides that inform behavioral patterns and attitudes: (1) religion (of dominant groups versus minorities); (2) skin color differentiation between majority groups and minorities; (3) ethnocentrism; (4) misunderstanding of other cultures; and (5) the extent to which minority groups are dominant or submissive. Willard (1967) explains that demographic differences and experiences within a group may determine how much information exists within a group of another group, and thus inform the member's perceptions and attitudes toward members of the other group. These differences in perception eventually lead to stereotypes that contribute to antagonism. Another factor is the cultural expectation gap which determines how minority and majority populations form behavioral attitudes toward each other.

According to Bonacich (1972), these differences result in outcomes that can be categorized into three main groups: (a) ideologies and beliefs; (b) behaviors; and (c) institutions and laws. Ideologies and beliefs or differences in ethnic groups or races could lead to myths and perceptions of a group, its culture, and religion, especially when they are too complex for an outsider to comprehend. Furthermore, the referred behaviors are prejudice, racism, discrimination, bias, and perception of racism and bias. Furthermore, institutions and laws include laws that enforce racial segregation or institutions which discriminate or are biased based upon race or ethnicity, whether consciously or unconsciously, or the perception of such bias among minorities (whether it exists or not.)

A significant criticism of the theory of antagonism is that even though it explains the possible reasons for division between minorities and majority populations, it is biased mainly toward behavior and decision-making towards the labor market and attitudes towards economic growth. Thus, it fails to acknowledge the other factors that might relate to biased behavior.

History of the Veteran Health Administration (VHA)

The original purpose for which the VHA was created was to provide healthcare for veterans who had physical and mental disabilities as a result of active military engagement (Pencak, 2009). The VHA has since expanded in scope to cover the non- service-related health needs of veterans, but that has affected the degree of prioritization of veterans with service-related disabilities.

Several health facilities were set up during the Second World War to cater to injured soldiers. However, in the years that followed, the declining number of patrons resulted in these facilities being underutilized. In order to prevent these facilities from being idle, Congress passed the 1996 Veterans

Adjustment Benefits Act to expand access to VA healthcare service for veterans with non-service-related injuries.

Veteran Access to VHA Services

The VA has a wide range of services spatially distributed to all veterans across the country. However, access is not always geographically related. According to Mayo-Smith (2008), access is mainly determined by the structure and functioning of a healthcare system and not just its geographical spread. Mayo- Smith explains the following as the different dimensions: (1) geographical access; (2) financial access; (3) cultural access; and (4) timeliness. Geographical access is seen as being related to location and looks at the spatial distribution of VHA services across the country or the proximity of VA Medical centers to veterans in need of health care. Geographical access was a factor in limiting most enrollees to the VHA from accessing health services at VA medical centers. Also, financial access refers to limitations in relation to cost. However, veterans bear no direct costs within the context of the VHA.

Additionally, cultural access refers to sociocultural factors that mediate access to VHA facilities by veterans. This includes differences in cultural perceptions, misunderstanding of another culture, religion, and social status. Cultural access constitutes a major limitation for minorities who were VHA enrollees. Lastly, timeliness, which refers to the degree of responsivity or factors In relation to treatment delays, was also a fundamental access limitation for VHA enrollees.

Minority Veterans' Disparities in Access to VHA Services

The use of the term 'minority' to describe people of particular skin color or ethnicity has become commonplace (Universities Scotland, 2018). Most developed nations have considerable discrepancies in terms of access to healthcare services for their minority populations (Memon et al., 2016). A significant cause of concern among researchers and national health agencies has been the relatively shorter life expectancy of minority groups and the difficulty they face in accessing health services (Memon et al., 2016). Several studies have been conducted to identify the factors determining the accessibility of healthcare services to minorities. Dowrick et al. (2009) suggested that a major factor determining access to health services for minority populations is the ability of providers of healthcare services to meet the sociocultural and linguistic needs of patients, which are usually at variance with the needs of the majority population. In addition, stigma, fear, perceived discrimination, and variations in the provision of health services also act as significant barriers for minority groups to access healthcare (Gary, 2005; Keatin & Robertson, 2004).

Minority groups also record a relatively higher general lack of awareness about some healthcare delivery programs (Gary, 2005). This, coupled with some healthcare providers' cultural naivety or insensitivity, has contributed to the reluctance of members of minority populations to patronize health services offered to them (Aurthur et al., 2016; Memon et al., 2016). There is ample evidence to suggest that minority populations are less likely to use formal services than the majority (White) populations (Dilworth-Anderson et al., 2002; Dunlop et al., 2002). However, research studies suggest that minority populations are more likely to need health services than members of the majority population (Guinta et al., 2004; Scharlach et al., 2006). Neubeck and Noel (2009) explained that within the context of health service provision, racial and ethnic disparities referred to the differences in quality and accessibility of healthcare as being not a result of the unavailability of health services but rather of the appropriateness of the intervention and sociocultural factors such as discrimination and bias.

Minority veterans are an invaluable part of the military.

They make up about 20 percent of total military personnel. About

20 percent also serve in the reserve and national forces.

Additionally, minorities are 80 percent of new military recruits. During Operation Enduring Freedom and Operation Iraqi Freedom, more than 100,000 minorities were deployed. Around 45 percent of these were enrolled in the veteran administration systems for healthcare (Kizer et al., 2000). Despite a large number of enrolments into the healthcare program, the quality of the healthcare services provided to minority veterans during and after deployment was unsatisfactory. Most of these people came from marginalized groups, such as Alaskan natives, Hispanics, Asian Americans, and African Americans.

Inadequate information about the needs of minority veterans as they leave active duty is one of the reasons that has led to the underutilization of the VA healthcare program. Minority veterans need to be assessed so that their preferences can be determined (Vogt et al., 2018). Using statistical analysis to identify racial disparities in mortality rates at VA health facilities, Wong et al. (2019) used Cox regression models to calculate hazard ratios to mortality per racial/ethnic group and found that minority groups generally had higher mortality ascertainment, except in the case of Asian enrollees.

Racial inequalities in health constitute a significant challenge to policymakers. Gullus et al. (2018) categorize the causes of disparities between minority and majority veteran populations in accessing VHA services into four broad categories: (a) patient-level factors; (b) provider factors; (c) healthcare system factors; and (d) social structure. Patient- level factors include self-care, lifestyle, behavior, language, and literacy. Language and literacy may serve as barriers for minority populations who want to access VHA services. Moreover, provider factors that result in disparities between minority and majority enrollees of the VHA include bias of service providers or perceived bias, labeling of patients, language barriers or the inability to communicate with patients, racism, and discrimination. Healthcare The healthcare system factors that may cause disparities in access and usage of health services provided by the VA include time constraints due to long waiting periods, systematic factors such as the gross disparity that exist between the public and private healthcare system, poor access to care, lack of interpreters and the absence of diversity in health provider personnel. Additionally, social structure refers to the socio-economic factors such as poverty, discrimination, structural racism, and difference in status that inform health-seeking behavior among minority VHA employees.

In addition to these factors, Smedly et al. (2013) listed the following as reasons for racial and ethnic divides among enrollees of the VA health system and their health-seeking behaviors: (1) veteran's medical knowledge or information sources; (2) veteran's level of trust or skepticism; (3) race and culture; (4) medial personnel's judgment; and (5) healthcare facility characteristics. Veterans' medical knowledge or information sources refer to education, levels of experience, and background, such as social environment, to determine how much information one has about the benefits and necessity of medical intervention. Smedly et al. (2003) suggest that minorities are more likely to have inadequate knowledge about healthcare than their White counterparts, which informs their decision-making and health-seeking attitudes.

Furthermore, veteran's level of trust or skepticism, particularly among minority veterans, recorded higher levels of mistrust about the benefits of medical interventions in relation to associated or perceived risks. This mistrust is even higher in Blacks than in other minority groups and is informed by historical and personal experiences of discrimination or in some cases the reliance on alternative spiritual solutions for coping with illness. In addition, regarding race and culture, minority veterans are more likely to interact better with other minority health service providers than with White service providers, especially if they come from the same group.

Dominick et al. (2004) explains that, due to the high prevalence of drug abuse in minority populations, some healthcare providers may decline to offer opioid prescriptions for pain management to minority veterans.

Subsequently, healthcare facility characteristics refer to the disparities that arise due to the nature of medical facilities available or accessible to veterans. VA facilities in minority-populated areas are less likely to be as equipped as those in other areas and often have more veterans to be attended to than elsewhere.

Disability among VHA Veterans

Disability is a term used to refer to a diverse set of conditions that share a common feature in that they limit the ability of a person to perform essential human functions like seeing, hearing, moving about, thinking, and more (Iezzoni et al., 2016). A perfect definition of disability, however, is hard to find since it is difficult to determine whether an individual is disabled or not. A disability could be subjectively determined through analysis of perception and reports of an individual's functionality or through medical diagnosis (Stone, 1984). The World Health Organization (WHO) defines a person with a disability as a person with a problem caused by disease, trauma, or injury which requires medical care and limits the functionality of that person in several ways (WHO, 2001).

Types of Disability

Stone (1984) categorized disability into several categories. These are sensory, physical, cognitive, mental, vision defects, and hearing impairments. Another categorization of disability was posited by Altman and Bernstein (2008). Altman and Bernstein (2008) used a continuum of functionality to categorize a broad range of disabilities into two main groups:
fundamental action difficulties and complex action limitations.

By primary action difficulties, Altman and Bernstein (2008) refer to the wide range of functional limitations that hinder the ability of an individual to do the most basic human activities. This includes limitations in mobility, sensory ability, hearing impairment, and cognitive or mental disabilities. On the other hand, complex activity limitations refer to disabilities that restrict the ability of an individual to fully participate in social activities such as self-care tasks and work.

The number of veterans the VHA can enroll in a particular year depends on how much funding it gets from Congress. As a result, the VHA has developed a format to categorize veterans into priority groups so that the veterans with the most pressing health needs get enrolled first (Elmendorf et al., 2010). According to this categorization, most prioritized groups include veterans with service-connected disabilities and currently unemployable veterans due to service engagement (Elmendorf et al., 2010). The prioritization of the disabled group and the facilitation of their enrollment reflects the original mission of the VHA, which was to provide health relief for veterans with service-related disabilities.

Amputation Management in the VHA System

Amputations are one of the most commonly experienced disabilities among veterans. Fillium et al. (2016) estimate that 79.3 percent of veteran amputations originate from explosions of improvised explosive devices (IEDs). In the year 2000 alone, the Federation of American Scientists (2015) estimates the total number of limb amputations among veterans to stand at 1573.

The number of veterans with recorded limb loss at VA facilities has increased significantly since 2000 and is predicted to double by 2030 despite advancements in medical technology (Fletcher et al., 2002).

The VA also runs a specialized amputation care program called the Telehealth Amputation Clinics (TACs). The TACs refer to specialty amputation care centers that provide services for veterans in rural communities. These services help address issues of geographical access challenges and reduce the need for veterans to travel long distances and help save costs (VA, 2014). TACs saw a 46 percent increase in patronage from 2013 to
2013.

Some veteran amputees who had received some form of prosthetic implants with the VHA expressed having several challenges. According to van der Linde et al. (2004), inaccuracies in artificial limb configurations may result in challenges that cause about 25 percent of artificial limb users to abandon them for wheelchairs (van der Linde et al., 2004). Even though prosthetic limbs address the issue of loss of independence, mobility, and functionality, it may come at the cost of pain and discomfort to the user also, artificial limbs have been shown to fall below the expectation standards of users. They do not produce the same degree of biomechanical efficiency as natural limbs and these inefficiencies lead to frustration on the part of some veterans and cause them to abandon artificial limbs altogether (Legro et al., 1997).

Disabilities Prevalence in Minorities

Iezzoni and colleagues (2014) posit a significant relationship between race/ethnicity and incidence of disability. Minorities were seen to have high rates of both basic action difficulty and complex activity limitation. In a study conducted by Altman and Bernstein (2008), even though the non-Hispanic
White population recorded higher complex activity limitations (75.9 percent) than minorities (Black, Latino, Asian and others), they were less likely to experience basic action difficulties as compared to minority groups.

Hearing impairment, for example, was most common in Black populations, along with mobility physical disability (Holmes et al, 2010; Iezzoni et al., 2014). However, Black populations were less likely to suffer mental illness than Hispanic Whites and non-Hispanic Whites. In addition, for many reasons, disabled

people in minority groups face greater challenges in leading normal lives than others. Furthermore, according to the Centers for Disease Control (CDC), the risk of dysvascular lower limb amputation is 1.5 to 3.5 percent higher in Blacks than in
Hispanic and Caucasian populations due to the prevalence of diabetes caused by lifestyle patterns.

Minority Veterans and Amputation Care

Studies on veteran attitude towards joint replacement surgery and medication use suggested differences between Blacks' willingness to undergo hip replacement than other ethnic groups (Ibrahim et al., 2002). Therefore, Blacks were less likely to experience aggressive management of osteoarthritis, leading to an eventual higher incidence of amputation (Dominick et al., 2004). Studies also show that physicians at the VA were less engaging with minorities about cancer and related cardiovascular diseases and the chances of limb loss with minorities as they were with White veterans (Ferguson et al., 1998).

Another study by Ferguson et al. (1998) revealed that minority veterans were less likely to delay treatment and are less adherent to medication regimes both unintentionally and intentionally especially in cases of heart failure-related symptoms (Ferguson et al., 1998). These symptoms were eventually responsible for limb amputation in minority populations especially in the care of peripheral arterial disease related amputations.

Service Outcomes of VHA Medical Facilities

Several possible service outcomes include patient satisfaction, patronage, and underutilization.
Patient satisfaction. Iezzoni et al. (2014) explain that
patient satisfaction is one of the most reliable service outcome determinants of the quality of healthcare programs offered by the VHA. There are many perspectives of patient satisfaction, which could be patient's acknowledgment of service quality and patience degree of reliance of VHA services as compared to alternative sources (Iezzoni et al., 2014). Other perspectives may include patience perception of VHA healthcare staff's efficiency, and perceptions of sensitivity to sociocultural matters, especially among minority or disabled veterans or both.

Resnik et al. (2012) explained that the VHA used internal mechanisms to determine patient satisfaction with their services and the program. In 2012 for example, the VHA used an evaluative methodology in its Universal Stakeholder Participation and Experience Questionnaire to elicit data from VHA enrollees about their degree of satisfaction with the various rehabilitation programs they were on (Resnik et al., 2012). This study was limited to amputee veterans. The study identified that satisfaction levels of amputee veterans were slightly higher than that of non-amputee veterans. However, it failed to critically analyze aspects of the broader VHA system regarding enrollee satisfaction.

Perception Efficiency of Services. The efficiency of services was largely determined by efficiency in claims management, flexibility and wait time. Wait time in VHA facilities were often higher than in non-VHA facilities. Wait- times also led to poor service satisfaction, with some veterans choosing not to patronize VHA facilities at all. VHA enrollees were also more likely to express frustration with the inflexibility of the program and their inability to select their physicians or facilities of their preference (Sigford, 2016).

Patronage. One of the most visible service outcomes was the low level of patronage of most VHA patronage, despite the high number of veterans. This indicates that various concerns may have led veterans to seek alternative healthcare plans.

Challenges of the VHA System in Healthcare Provision to Veterans

The VHA is challenged in four main areas in the provision of veteran services: (a) funding; (2) access; (3) privatization; and (4) service.

Funding. The funding available for VHA services is largely inadequate for the number of health services that veterans may require. Claims and compensations paid out every year run into several millions of dollars. Comparatively, private healthcare has more funding that the VHA health program. The maintenance cost of VA medical facilities is also high and is a considerable chunk of VHA annual allocation (Walters et al, 2009).

Access. The VHA has little control over veterans' location and diverse preferences, which may affect patronage. Access could either be geographical (location) or cultural. Mayo-Smith (2008) elaborated that

ethnic and socioeconomic factors, such as social status, race, age or religion, may affect access to VHA services. Among minority veterans, the main cultural access barriers result from differences in cultural expectations and communication styles between veterans and healthcare providers. In some areas where VA medical centers are scarce, veterans are forced to undertake long drives to VA medical centers While some centers across the country are relatively underused (Walters et al., 2009).

One major access challenge of VHA services was the relatively higher wait time compared to non-VHA facilities. Wait time is high even though staff numbers at the VHA have increased to over 100,000 since 2006. In the same period, the VHA budget also increased by several billions of dollars, but these failed to improve the time effectiveness in healthcare delivery at VHA facilities.

Planning. The VHA cannot adequately predict veteran sizes, making it a challenge for long-term planning. Veteran populations largely depend on the occurrence and magnitude of US military engagements or threats. The shrinking Vietnam generation population was a major reason for the expansion of VHA programs to non-service-related injuries. However, the veteran population again exploded beyond projections after the Afghanistan and Iraq wars. There were 24 million U.S. veterans in 2009, and the VA expects this number to reduce to 16 million by 2029. However, this is largely dependent on foreign policy than statistical projections.

Lack of Information. Policymakers lack adequate information to reform the VHA system and address its challenges. A U.S. Congressional Budget Office report posited that "comparing healthcare within the VHA to the private sector is difficult because the VA has provided limited data to Congress and the public about costs and operational performance." The VA makes inadequate information regarding quality, safety, patient experience, cost, and responsiveness. As such, it is challenging for policymakers to grasp the specific needs or enrollees and their challenges (Congressional Research Service, 20013).

Patronage. Despite the need for veteran healthcare services, the services provided have largely been underutilized. Low patronage is higher among minority populations who need the services most.

Privatization. Privatizing some VHA services and using service contractors to reach out to veterans has compromised the VA's ability to effectively control veterans' health service administration.

Federal Ownership. A major issue that plagues the ability of the VHA to function effectively is that it is a federal agency. Elmendorf et al. (2014) explained that this has been a major challenge to the functioning of the healthcare system especially with regards to its ability to ensure personnel adherence to service standards. It is the responsibility of the federal government to hire or fire workers of the VHA. The December 2014 Congressional Budget Office Report highlighted this as a limitation on the ability of the VHA to discipline low performing employees, especially since employee performance determines service quality (Clifton et al., 2013, Elmendorf et al., 2014).

Service Delivery. There have been several challenges in maintaining optimum service delivery and ensuring that as many health services required by veterans are made available to them (Department of Veteran Affairs, 2017). The VA acknowledges that survey methodologies used by the VA to evaluate service quality were considered to have major flaws upon evaluation by other experts because they fail to measure the problem of access, especially about issues that make veterans reluctant to patronize VA health services (VA, 2015). It has also been challenging for the VA to ensure responsiveness and quality, especially concerning emergencies, suicide prevention, and crisis interventions. Since July 2017, the VA has answered over three million emergency-related calls, however as the number of emergencies increases, the capabilities of the VA to handle them reduces. It is also challenging to make an accurate assessment of callers needs when under stress and in such time-sensitive conditions (Department of Defense, 2017).

Another challenge with service quality has been ensuring timeliness and accuracy of claim decisions especially in cases of medical disabilities. This results in the late issuing of claim benefits. Treatment delays due to inefficiencies in the health delivery process have contributed to veterans' reluctance to patronize VHA services.

In April 2014, forty U.S. veteran in several VHA facilities in Phoenix, Arizona lost their lives due to delays and bureaucracy in service delivery. According to Griffin et al. (2014a), these deaths resulted from challenges to making it to official waiting lists. The 2014 Internal Audit Report of the Department of Veteran Affairs estimated that over 120,000 veterans were either denied access to VHA services or received them lately due to the adoption of unofficial wait lists by VA officials to help them conceal the exact amount of wait time and make their services look more responsive (Cohen, 2014; Griffin et al., 2014b).

Care Coordination. Challenges are also found regarding the coordination of care continuity. Care coordination and continuity refer to efforts made by the VHA to ensure that veterans get required medical services while in transition from primary medical to secondary or tertiary health facilities.

Lack of Resources. The VHA is not well equipped to provide the required care following the influx of minority veterans. Nelson et al. (2007) suggested that the organization should prioritize the improvement and diversification of the healthcare services offered and make plans to ensure that all post- deployment ailments that minorities face are managed appropriately. Both short- and long-term recommendations can be useful in managing healthcare systems.

Apart from these challenges discussed above, several other challenges affect the ability of the VA to provide health services to veterans, especially among minority populations.

Improving the VHA Healthcare System

A significant portion of the VHA budget goes into maintaining medical facilities and equipment in hospitals that veterans sometimes underutilize. Walters et al. (2009) proposed that it would make more economic sense to reallocate such funds to improve veteran health coverage. This option would serve veterans better especially in the case of disabled veterans who have to travel longer distances to access health services and who need constant and long-term care.

Allowing for greater flexibility and choice within the VHA program would help veterans' access better healthcare especially with disabled and amputated persons who require continued access to long term care. Most VHA enrollees were already on programs such as Medicare and Medicaid in 2008, eventually, the Affordable Care Act after 2010. Harmonizing such alternative programs to allow more choice for veterans will address minority disparities, especially since patients get to choose their preferred healthcare provider (Elmendorf et al., 2010).

Efforts must also be made to develop health education modules to comprehensively educate veterans on how to manage their health and prevent disorders and traumas related to their work. They must be encouraged to attend the assigned clinics promptly. Furthermore, private and public healthcare systems must create a solid partnership with the veteran administration to ensure that best practices are implemented for minority veterans (Nelson et al., 2007).

Additionally, the VHA should emphasize research and development activities. Intensive research could take the form of collaborations and should focus on providing a better understanding to the issues that challenge the VHA the most, such as the high prevalence of mental and physical illness among members of the armed forces. This effort should develop effective management of these challenges or look for appropriate corrective measures.

One of the VA's problems is the underutilization of the VA healthcare system (Kizer et al., 1997). Meanwhile, minority veterans face numerous challenges with comprehensive health care. The influx of minority military personnel has subsequently led to an increase in the number of minority veterans that return to the U.S. with battle-inflicted physical and emotional trauma. The healthcare facilities used by the minority service personnel need to be assessed to find the reason for the underutilization of these resources during and after military assignments. The VA has invested billions of U.S. dollars in broadening and diversifying medical services provided to veterans. Some of the areas that the investment has focused on are the provision of annual physical, and mental health services, and gynecological care. Nevertheless, the long wait times and limited access to civilian healthcare providers deter many minority veterans from seeking treatment at these facilities.

The VHA's mandate is to provide adequate healthcare services to cover all the minority service members returning from assignments abroad. The current equipment the organization has is not sufficient to handle the influx of minority veterans that is being witnessed at the moment. Nevertheless, assessing the current equipment within the organization could be very instrumental in identifying the issues that exist in the implementation of the program so that a workable solution can be formulated and implemented. Meanwhile, the healthcare needs of minority veterans post-deployment should be carefully scrutinized for lapses in services.

The VHA must make provisions for tailor-made health services that meet the needs of people with particular demographic characteristics. As the veteran minority numbers increase, the available resources become increasingly strained. The situation has resulted in the compromise of the post- deployment healthcare being availed to veterans. The most affected, however, are the minority veterans, who receive

services that are of lesser quality than of non-minority veterans. The increased population, shift in demographics, special post-deployment healthcare need, and low reimbursement rates paid to civilian healthcare providers have led to limited access to medical supplies and facilities among veterans (Baker, 2008). The evolving role of minorities in the military means that the veteran health administration's current health services for these populations need to be assessed to ensure that minority veterans receive appropriate medical care. Minority veterans who have been deployed outside the country should be prioritized as well.

Minority veterans should provide healthcare service providers with more information about their healthcare needs so that customized services can be made for them. If more information about the healthcare needs of minority veterans is known, then the VHA can allocate additional resources to help the population (Nelson et al., 2007). Minority service members play important roles in daily military operations and should, therefore, be accorded the same level of healthcare as other military members.

Currently, the increase in numbers of several minority groups in the military service has led to significant changes in the healthcare system. Statistics indicate a substantial increase in the recruitment of minorities into the U.S. armed forces. The rise in numbers has caused a strain on the existing healthcare facilities (Baker, 2008). Various organizations have been advocating for gender equity in all forms of recruitment, one of the most vital parts of this is to change the culture of the VA. The healthcare providers in the VHA system should be more responsive and understanding of the needs of minority veterans.

The VHA must also make available to policymakers and the public at large, more information about its services, quality, responsiveness, and cost-effectiveness. This would further aid policymakers in making reforms to address current challenges and adequately fund VHA programs.

Empirical Review of Minority Health Seeking Behavior and Minority Healthcare within the VHA Health System

Other researchers conducted several studies into the problems affecting minority veterans and the disabled within the VHA system. The discussion below highlights some of these studies and their findings.

Wooten et al. (2018) conducted a study to determine the reasons for minority underutilization of VA healthcare system. They found behavioral patterns common to healthcare providers in military health centers were a major deterrent factor. He also found that there was an unusually higher prevalence of behavioral health conditions among veterans compared to non- veterans, and this was higher in minorities. Wooten et al. (2018) explained this surge in behavioral health problems as a result of decreased military readiness in the aftermath of the two major wars (Iraq and Afghanistan). Among veterans with behavioral health problems, minority veterans were more likely to explore alternative solutions than a VA medical center. The situation perhaps explains why the VA healthcare system has been underutilized.

According to Wooten et al. (2018), from 2000 to 2014, purchased care visits increased significantly for post-traumatic stress disorder, adjustment, anxiety, mood, bipolar, tobacco use, opioid/combination opioid dependence, nondependent cocaine abuse, psychosocial problems, and suicidal ideation among "Military Health Services" (MHS) beneficiaries. Most care was received for mental health disorders (78.8 percent) and most often received in emergency departments (56 percent). Most commonly treated diagnoses included mood, tobacco use, and alcohol use disorders.

The use of purchased behavioral healthcare among members of the armed forces has substantially increased. Receiving behavioral healthcare in civilian hospitals and paying for the services may imply something wrong with the VA healthcare system. The fault in the system is prompting its underutilization by both non-minority and minority veterans.

While many non-veterans do not have subsidized health coverages, veterans are eligible for low-cost healthcare coverage the VA provides. It is the largest healthcare network in the U.S. and offers equal access to medical services for non- minority and minority veterans. The low-cost health facilities that the VA runs reduces the likelihood of racial discrimination. Asia American and Pacific Islander veterans use VA health services at the same rate as other veterans (Tsai et al., 2018). Therefore, not all minority groups underutilize VA health services.

Despite the underutilization of the VHA among minority veterans, the racial diversity of the VHA users has increased.

In 2013, 23.5 percent of those who used VHA services were minority veterans (Peterson et al., 2018). The VHA has a sustained commitment to quality improvement. It hopes to assess the detection of disparities and

understand their cause before embarking on a plan to eliminate them. Part of the process will involve increasing resources to the VA to eliminate healthcare disparities experienced among veterans.

While being a very worthy program, with numerous opportunities to ensure veterans' continuous wellbeing and functionality, the VA health service program has been underutilized. Several reasons have been suggested for the underutilization of VA Health services. According to Jones et al. (2016), the underutilization of VA health services may be caused by the negative experiences that minority veterans undergo. Even with a low patronage rate, underutilization is even higher among minorities. Patient-centered medical homes for example, have been shown to have the capability of providing highly customized services to racial minorities with substance use disorders or mental problems. However, studies indicate that despite high prevalence of such illness, veteran patients do not patronize health services. Researchers conducted a study to assess the differences in experience with primary care in veterans of different races (Jones et al., 2016). The results showed that minority veterans were less likely to use formal health services like VA Healthcare.

According to Jones et al. (2016), racial/ethnic differences (as compared to Whites) were observed in all seven healthcare domains (p values < 0.05). With access, Blacks and Hispanics reported more negative (Risk Differences [RDs] = 2 .0;3.6) and fewer positive (RDs = −2 .3; -2.3) experiences, while American Indians/Alaskan Natives (AI/ANs) reported more negative experiences (RD = 5.7). Racial/ethnic minorities reported worse experiences than Whites with access, comprehensiveness, communication, and office staff helpfulness/courtesy. Blacks and Hispanics are considered the largest minority groups in the U.S., and their negative experiences have largely contributed to the underutilization of VHA resources by minorities.

Peterson et al. (2018) also found that minority veterans have relatively poor health outcomes and reduced access to services. According to Peterson et al. (2018), although the VHA's equal access healthcare system has reduced many racial/ethnic mortality disparities in the private sector, our review identified mortality disparities that have persisted mainly for Black veterans in several clinical areas. However, because single studies with imprecise findings supported most mortality disparities, we could not draw strong conclusions about this evidence. More disparities research is needed for American Indian and Alaska Native, Asian, and Hispanic veterans overall and more of the largest life expectancy gaps.

Moreover, the mortality rates for stage 4 chronic kidney disease, HIV, diabetes, rectal cancer, colon cancer, and stroke was higher among Black veterans than White ones. The racial disparities in healthcare are considered to be a shameful thing in present times (Peterson et al., 2018). He adds that some of the largest gaps in life expectancy between Blacks and Whites include cardiovascular disorders, colorectal cancer, cerebrovascular disease, breast cancer, septicemia, diabetes, prostate cancer, nephrosis, hypertension, and homicide. The lack of insurance and access to quality healthcare is often considered to be one of the major causes of racial disparities because Black people on average have lower incomes than their White counterparts. The 2014 Affordable Care Act has improved healthcare among Black people, but its impact on their life expectancy has not been studied yet.

Barth (2016) conducted a study whose cohort consists of a national sample of 9566 U.S. veterans. Minority veterans were also among those studied. The results of the investigation indicated that, male Gulf War veterans had a lower risk of mortality than male non–Gulf War veterans (adjusted rate ratio [aRR] = 0.97; 95% confidence interval [CI], 0.95-0.99), and female Gulf War veterans had a higher risk of mortality than female non–Gulf War veterans (aRR = 1.15; 95% CI, 1.03-1.28). Khamisiyah-exposed Gulf War army veterans had >3 times the risk of mortality from cirrhosis of the liver than nonexposed army Gulf War veterans (aRR = 3.73; 95% CI, 1.64-8.48). Compared with the U.S. population, female Gulf War veterans had a 60% higher risk of suicide and male Gulf War veterans had a lower risk of suicide (standardized mortality ratio = 0.84; 95% CI, 0.80-0.88)
(Barth, 2016).

The mortality risk in male Gulf War veterans is higher because they are not adequately using the resources provided by the VA healthcare program. Nonetheless, one of the reasons behind the underutilization is the lack of customized health services. War veterans, including minority veterans, have specific health needs. Cause-specific mortality prevalence points to veterans' underutilization of the VA healthcare system. For instance, deployed veterans are at a greater risk of death because of certain diseases and conditions than those who have not been deployed. Minority veterans were among those who were

deployed to the frontline of the Gulf War. Veterans who returned to the U.S. after Operation Desert Storm of the 1991 Gulf War have multiple health complaints. They suffer from cognitive dysfunction, musculoskeletal pain, respiratory, and gastrointestinal disorders. The veterans might have been exposed to toxic chemicals from biological warfare agents, such as organophosphates, carbamates, and cyclosarin nerve agents (White et al., 2016). These veterans display symptoms collectively known as the Gulf War Syndrome. The lack of customized treatment has led to the underutilization of VA healthcare facilities among minority veterans, thereby leading to higher incidences of ailments, such as the Gulf War Syndrome.

Research indicates that the overall health conditions of minority veterans are lower than that of non-minority veterans. The low healthcare standards among them shows a fundamental problem in the VHA. Most VHA health care workers discriminate against non-White patients (Nelson et al., 2007). VA healthcare workers should be trained more on public relations to offer inclusive services regardless of race. To combat this, the VHA has been offering five years of free care to minority veterans for illness and conditions that arise from the military work. Minority veterans have been thus turning to the VHA in large numbers, and 40 percent have been enrolled in the program so far (Kizer et al., 2000). However, many of them are still reluctant to join the VHA because they are not sure of the procedure that they should follow.

Nevertheless, veterans with mental health problems and substance use disorders do not receive continuous primary care services. Meanwhile, the negative experiences of those who have received some treatment may cause them to shun treatment. Issues such as deaths related to opioid treatment and served as a factor to enhance reluctance to patronize VHA services. In 2015, about 22,000 deaths in the VHA system resulted from opioid prescription and the total number of opioid prescription related deaths have quadrupled since 2009 (Department of Veteran Affairs, 2017).

A study was conducted to compare the primary care experiences of homeless and non-homeless veterans. The sample included VHA outpatients. The social economic segregation that led to the oppression of minorities during colonial times in the U.S. exists until today. Therefore, most of the homeless veterans are likely to be members of minority groups. The study identified homeless veterans by looking at records. According to Jones et al. (2017), compared to their non-homeless counterparts, homeless veterans were younger, more likely to be non-Hispanic Black non-married, had less education, and were more likely to live in urban areas. Homeless veterans had elevated rates of most mental health and/or substance use disorders (MHSUDs) assessed, indicating significant co- occurrence. After controlling for these differences, homeless veterans reported more negative and fewer positive experiences with communication, more negative provider ratings, and more negative experiences with comprehensiveness, care coordination, medication decision-making, and self-management support than non-homeless veterans.

The utilization of ocular care services among veterans has increased over the last few years, but the service is still underutilized. A study was conducted by Saeedi et al. (2016) to assess the prevalence of ocular disease and the usage of eye care services among veterans. The prevalence of diagnosed ocular disease among African Americans was 30 percent. The percentage of veterans who showed up at eye clinics increased in five years by 11.6 percent, and the utilization of ophthalmic medications increased by 20 percent (Saeedi et al., 2016). The utilization of VHA services among minority veterans has increased, but the program has not been fully utilized yet.

Cheney (2018) found out that concerning mental healthcare, minority veterans had access limitations and face several obstacles to receive VA mental healthcare. A study was conducted to identify veteran-centric barriers to mental healthcare. The study used a mixed method approach that involved multi-dimensional scaling, participant review, and free lists of barriers. The results showed that participants considered specific factors before seeking VA mental healthcare services, which include abuse of services, security, privacy, VA benefits and navigating VA benefits, healthcare services, and confidence in the VA (Cheney, 2018). The findings show that participatory methods can elicit meaningful cultural insight into the barriers of mental health access among minority veterans.

Furthermore, Tuepeker et al. (2017) tried to evaluate recent VHA reform and found that the efforts of the VHA to make its services more accommodative to minority veterans showed some improvement in perception of service and quality of service. In the study, minority veterans were asked about their healthcare experiences to determine which characteristics mattered the most. A total of 32 veterans were interviewed. They were receiving primary care at VA clinics in the U.S. The study's results indicated that the recent

positive changes in VA services have dominated the discussion of care expectations (Tuepeker et al., 2017). Therefore, making services more accommodative to veterans may reduce the underutilization of the VA health system.

Another study found that the VA health system largely treats veterans who lack the financial capacity to seek alternatives. The surgical treatment outcomes for patients with psychiatric disorders study assessed changes in the rates and types of major surgeries among patients with mental problems. During the study, the medical record extracts of millions of patients was analyzed. According to Coopeland et al. (2015), serious mental illness - schizophrenia, bipolar disorder, posttraumatic stress disorder, or major depressive disorder - were identified in 12 percent of VA patients. Over the 4-year study period, 321,131 patients (4.5 percent) underwent surgery with same-day preoperative or immediate post-operative admission including14 percent with serious mental illness. Surgery patients were older (64 vs. 61 years) and more commonly African-American, unmarried, impoverished, highly disabled (24 percent vs 12 percent were Priority 1), obese, with a psychotic disorder (4.3 percent vs 2.9 percent). Among surgery patients, 3.7 percent died within 30 days postop. After covariate adjustment, patients with pre-existing serious mental illness were less likely to receive surgery (adjusted odds ratios 0.4-0.7).

Mohr et al. (2008) observed from their study that the attitudes of VA physicians towards minority veterans contributed to their lack of patronage of the VA health system. Their attitude has been a longstanding strategic concern for hospitals and professional organizations. Research indicates a substantial relationship between physician job attitudes and the quality of patient care they offer (Mohr et al., 2018). Many physicians handle minority veterans differently. For instance, African Americans, Native Americans, Hispanics, and Asian Americans do not receive the same service as European Americans. The minority groups frequently complain about the quality of services offered by VA clinics.

Asia Americans and Pacific Islanders are among the most discriminated groups in the U.S. People who belong to these groups constitute about 5 percent of the U.S. population. The fastest growing minority group in the U.S. Asian American and Pacific Islanders have served in the U.S. military for almost 200 years. Little is known about the group's sociodemographic characteristics, use of health services, health status (Tsai et al., 2018), but they must have unique health requirements.

Studies assessing the overall health of Asian Americans and Pacific Islanders show that they are healthier than other people. However, their lifestyles put them at a higher risk of developing some diseases. Disparities in healthcare provision are prominent for the group because they often experience several barriers to accessing quality healthcare (Tsai et al., 2018). The findings among the general population may also apply to veterans.

Asian American and Pacific Islander veterans may be doing better in some aspects than other races in the military. National data shows that Asia American and Pacific Islander veterans are younger and receive more income than other veterans. Nevertheless, veterans have cited various barriers to accessing various healthcare forms, including stigma. Understanding the differences in help-seeking behavior among people of different ethnic groups can enable healthcare providers to customize the healthcare experience for minorities (Tsai et al., 2018). The services of VA healthcare providers will be more useful to minority veterans once the customization is complete.

Tsai et al. (2018) studied minority veteran mental health and suggested that the mental health of all military personnel should be periodically checked because of the traumatic experiences they undergo during missions. In other words, the mental health of Asian American and Pacific Islander military personnel needs to be closely monitored. A study investigating the mental health risk among military members showed that Asian American and Pacific Islander soldiers had higher suicide rates than all other racial groups (Tsai et al., 2018). Therefore, the mental health needs of this minority group need to be prioritized.

The underutilization of VA services Is not unique to minority veterans. The VA Healthcare for Reentry Veterans program links veterans who have left prison with treatment.

According to Finlay et al. (2017), among veterans served by HCRV, national VA clinical data were used to describe contact with VA health care, mental health and substance use disorder diagnoses and treatment use. Of veterans seen for an HCRV outreach visit, 56 percent had contact with VA health care. Prevalence of mental health disorders was 57 percent of whom 77 percent entered mental health treatment within a month of diagnosis. Prevalence of substance use disorders was 49 percent of whom 37 percent entered substance use disorder treatment within a month of diagnosis. For veterans exiting prison, increasing access to VA

health care, especially for rural veterans and substance use disorder treatment, are important quality improvement targets. The figure indicates that many veterans who have left prison need VA healthcare services but are not seeking them. Therefore, the underutilization of VA health services is not limited to minority veterans only but extends to other groups.

According to Fox et al. (2015), attitudinal barriers may be why the VA health service is underutilized. In a study conducted to examine the influences of these barriers on those seeking mental health services, Fox et al. (2015) found out that although negligible gender differences were observed in attitudes about VA care and perceived fit in the VA setting, men reported slightly more negative beliefs about mental illness and mental health treatment than women. In addition, logistic regressions revealed different associations with VA mental health service use for women and men.

The perceptions of VA care also influence the likelihood of people seeking mental health treatment. Fox et al. (2015) added that for female veterans, positive perceptions of VA care were associated with increased likelihood of seeking mental health treatment. For men only, perceived similarity to other VA care users and negative beliefs about mental health treatment were associated with increased likelihood of service use. In contrast, negative beliefs about mental illness were associated with lower likelihood of service use. For both women and men, perceived entitlement to VA care was associated with increased likelihood of service use and negative beliefs about treatment- seeking were associated with a reduced likelihood of seeking mental healthcare in the past 6 months. Results support the need for tailored outreach to address unique barriers to mental health treatment for female and male OEF/OIF veterans. The study's results reinforce the need to customize the health support offered to different groups, including minority veterans.

Cooperland et al. (2014) linked the prevalence of suicide among veterans to the underutilization of the VA health program or formal healthcare service. Suicide has been a major issue of concern for the VHA. According to Cooperland et al. (2014), in civilian and veteran populations, suicide claims more than 36,000 lives each year or 100 lives a day, including approximately 18 veterans; overall, the suicide rate has been increasing since 2000. Although individuals who commit suicide constitute a small proportion of the population, suicidal thoughts and behaviors are among the strongest predictors of suicide. The increase in cases of suicide applies to minority veterans as well. Cooperland et al. (2014) expressed that historically, suicidal behavior in African Americans and Latinos has received little attention because of the limited number of documented suicides among these subgroups.

A full exploration of potential underreporting of SBI by race/ethnicity is beyond the scope of this article, but the role of race/ethnicity in risk of SBI can be explored in the context of receiving care in the VHA. The VHA treats a large patient population, including 25 percent to 30 percent non-White veterans; eliminating known healthcare disparities is a great concern and high priority. The encouragement of minority veterans to use VA healthcare services, must therefore treated as an issue of priority. The plan can be actualized by ensuring that veterans of all races receive the same quality of service.

Moreover, Oster et al. (2017) used 21 systematic reviews to report on a range of mental, physical, and social health problems affecting veterans. Military service was shown to positively affect wellbeing for many of those serving in the armed forces. However, health problems may arise due to the intensity and duration of service. The study was qualitative and aimed at assessing the wellbeing needs of veterans. According to Oster et al. (2017) while there was limited information on prevalence rates of physical, mental, and social health problems in veterans compared to civilian populations, the reviews demonstrated the interconnection between these domains and the effect of demographic and military service factors. The researchers suggested an integrated approach to addressing veterans' needs and ultimately improving service provision.

Summary

The objective of this study is to provide an in-depth analysis of the aid that is provided by the Department of Veterans Affairs (VA). An account of the healthcare that the V.A. provides in terms of health services to minority veteran service members needs to be examined. Additionally, this study will investigate where the VA is not meeting the standard in terms of the provision of care for veterans with mental health challenges. This study will subsequently provide recommendations and protocols that the V.A. can be follow to improve the delivery of the services.

Method

Research Design

This study aimed to comprehensively investigate the use of the VA system by minority veterans and discover the reasons for the underutilization of the system by said group. Serving in the armed forces potentially affects many aspects of a person's life. For the majority of serving members, life in the armed forces has a positive effect on their wellbeing. However, some members will leave the armed forces facing health and well-being needs related to their military service. To access the full account of their experiences, it is necessary to contact both the minority veterans and their healthcare providers.

Participants

The Department of Veterans Affairs. In its mission statement, the VA gives a summary of its history as:

The Department of Veterans Affairs (VA), established as an independent agency under the President by Executive Order

5398 of July 21, 1930, was elevated to Cabinet-level on March 15, 1989 (Public Law 100-527). The Department's mission is to serve America's Veterans and their families with dignity and compassion and to be their principal advocate in ensuring that they receive the care, support, and recognition earned in service to this Nation. The 26.8 million living Veterans and the estimated 43.5 million dependents and survivors of Veterans total 70.3 million potential beneficiaries of VA benefits and services. VA is the second-largest Federal Department and has over 266,000 employees. About 1 of every 10 Federal employees work for VA. Among the many different professions represented in the vast VA workforce are physicians, nurses, counselors, statisticians, architects, computer specialists, and attorneys. As advocates for Veterans and their families, the VA community is committed to "Putting Veterans First" in providing the best services with an attitude of caring and courtesy (Department of Veterans Affairs, n.d.).

Veteran ethnic composition. According to the National Center of Veterans Analysis and Statistics (2014), Minority veterans made up about 22% of the total veteran population in 2014. The two largest groups were Black (11%) and Hispanic (7%). Women made up about 8% of the Veteran population in 2014; among them, the two largest groups were Black (18%) and Hispanic (8%). In September

2014, there were about 201,359 women on active duty from the U.S., and about 16% of the active force (Statistics, 2016). Minority veterans made up approximately 33% of the women veteran population. Only 7.3% of White veterans are between 17 to 34 years old, but this figure increases dramatically for all minority groups, with some nearing 20%.

Ethnic minorities. The dispersal of racial minorities throughout the country is diffused with a concentration of minority groups confined to mostly urban areas. Among the 100 largest metro areas, only 29 do not contain a highly represented racial minority. These are mostly located in the middle of the country; for instance, Pittsburgh, Cincinnati, and Kansas City are the three largest, with Scranton, Pa. being the smallest. As a group, these cities are growing more slowly than those with a substantial minority presence, but each one has become less

White than was the case with the 2010 census (Frey, 2019).

Sampling Technique

Choosing a representative sample from a target population made it easier to conduct this study, as dealing with a whole community would be too tedious. Initially, purposive sampling was used to identify the best-suited candidates for the study. A *purposive sample* is a non-probability sample that is selected based on the population's characteristics and the study's objective (Crossman, 2019). *Purposeful sampling* is a technique widely used in qualitative research to identify and select information-rich cases for the most effective use of limited resources.

Snowball sampling. Snowball sampling was also used once a purposive sample was chosen. This widened the scope of the study by bringing in more qualified participants. Snowball sampling is where research participants recruit other participants for a test or study (Naderifar et al., 2017).

Final Sample

Fifteen adults with an armed forces background were recruited to participate in the study, including both men and women. Participants were identified through the aid of the registers of the Black and Minority Ethnic Community Partnership Centre, the VA Center for minority veterans, and by visits to local

community gatherings. Ten healthcare professionals serving in the VA program will also be recruited from institutions such as the Veterans Healthcare System of the Ozarks and the VA NY Harbor Healthcare System.

The sample contained an overrepresentation of women, African-Americans, and Hispanic individuals. As a control measure, five non-minority (White) individuals were also selected from the VA to gain a perspective on their experiences with the VA. Participants were most likely to suffer from either of the following most prevalent service-connected conditions or disabilities: tinnitus, post-traumatic stress disorder (PTSD), lower back pain (lumbosacral or cervical strain), defective hearing, limited flexion of leg, diabetes mellitus, degenerative arthritis of the spine, limited motion of the ankle, paralysis of sciatic nerve, and significant scars.

Five civilians protected by CHAMPVA (Civilian Health and Medical Program of the Veteran Affair) and their degree of interaction with the VA were the qualification identifiers for the study. These civilians must be from minority groups to aid in the purpose of the study. The civilians must be above 18 years of age as they would be mature enough to understand the implications of the research and therefore give relevant information. Three of them must be women who have or had a spouse who was a veteran while two of the civilian participants must be males who either had or have a veteran wife or are the children of veterans.

Apparatus

A tape recorder was used to save data collected during interviews and focus group sessions. Appropriate space was found to hold the focus group discussions and the interviews. The interview space was slightly secluded to create privacy and maintain the confidentiality and anonymity of respondents.

Interviews

Interviewing respondents outside of a focus group enables the researcher to identify which parts of the demographics are most affected by the underutilization of the VA. Cultural domain analysis consists of structured interviewing methods, including free lists, pile sorts, and triad tests. In the free listing, the researcher asks informants to "list all the X you know about" or "what kinds of X are there?" (Medley, 2008) This can be used to determine what the respondents know regarding the benefits they are eligible for under the VA. It does not include any prompts or suggestions from the researcher. It only requires an assurance of anonymity. The interview should be recorded on the chosen device chosen by the researcher.

The interviewing process was conducted in the various health institutions, which acted as the point of contact between the researcher and the respondents. In the case of disabled respondents, it was easier to ask their address and conduct the interview at their place of residence or in a nearby and partly secluded area to maintain the privacy of the respondents. A signed consent form provided by the researcher to the respondent before the interview was essential to maintain the integrity of the study. Therefore, the consent form was presented before the interview and with enough time for the respondent to think about the study's implications. An alternate plan was to conduct the individual interviews after the focus group sessions used for this study.

The factors to be considered in the study of the underutilization of the VA include age, sex/gender, ethnicity, physical ability, cognition, homelessness, criminal status, financial capability, mental and emotional factors. These diverse variables all have a degree of influence on the results of the study. The older the veteran, the more experience they have had with the VA system and the more information they can provide. Ethnicity varies along the spectrum of minority communities, as the purpose of this study is about minority veterans. Economic factors such as access to private health care, transportation to healthcare facilities, homelessness, and access to a healthy diet also greatly influence the VA's utility level.

Mirroring. This study aimed to investigate the use of the VA system by minority veterans and discern the reasons for the underutilization of the system. Veterans eligible for this study should first have had a history of seeking aid from the VA, or have experienced circumstances that would require such assistance. Minority veterans made up about 22% of the total veteran population in 2014. The two largest groups were Black and Hispanic. The dispersal of racial minorities throughout the country is diffused, with the concentration of minority groups confined to mostly urban areas.

Additionally, the veteran population is getting more diverse, especially with post-9/11 and pre-9/11 cohorts which had the highest number of minorities. A prevalent and growing problem among minority veterans is homelessness and unemployment. Compared with their non-homeless counterparts, homeless

veterans were younger, more likely to be non-Hispanic, Black and non-married, had less education, and were more likely to live in urban areas.

Ethical Considerations

In this study, the comfort of respondents was of the utmost importance. To safeguard the anonymity and confidentiality of respondents, several measures were taken. The first key measure will be ensuring that the questionnaires administered will not contain any section that requires respondents to identify themselves or include personal information that could be used to identify them. At the start of the questionnaire, there is a clause that states:

"Your responses are voluntary and will be confidential. Responses will not be identified individually. All responses will be compiled together and analyzed as a group."

This confidentiality clause also states that the respondents are free to decline to respond as they have the right to answer voluntarily.

All the respondents selected as the final sample for this study signed statements ensuring their voluntary participation and right to withdraw from the study at any time. It was also prudent to thank the respondents for their feedback, which is essential to the study. This is done in a clause that states: "Your time and effort to answer these questions is highly appreciated and welcome by the researchers and those whom the research will benefit."

The questionnaires, transcripts, and audiotapes are to be kept secure by placing them under lock and key in the confines of the researcher's place of residence or work. This ensures that access to the research data is kept under the watchful eyes of the associated researcher. Data security is essential to maintain the anonymity of the respondents and the confidentiality of their responses.

The study participants will be able to access the survey results as it will be published in peer-reviewed journals. The study is for their benefit, and they must see that the researchers did not breach their confidentiality and deal with anonymity.

Trustworthiness

Several steps were taken to ensure that the responses obtained from participants are correct and valid. Upon completing the administered questionnaires, respondents were given a break of a few hours or days before being requested to review their responses. The break between the administration of the survey and review of responses resulted in "fresh eyes" and a new outlook and perspective on the answers.

Listening to the audiotapes and reading the transcripts of interviews allowed the respondent to react to their thoughts and contribute further to the study. If any new information is supplied or remembered, it was added as a note to the study by the researcher. The diversity of participants provides a wide scope of information to the study. Medical professionals have a different view on the VA from the minority veterans, and this brings into perspective the different facets of the system.

The study results will be submitted to several peer- reviewed journals for academic scrutiny by other researchers. Their feedback mechanisms ensure that the study is of value to the community and correctly addresses the issues presented therein. Several participants also had cognitive disabilities and required assistance understanding the various tools used to collect data and the impact of the study on their mental health and wellbeing. A licensed professional was solicited to evaluate the participants' responses to sieve the study's relevant data. It also helped differentiate between real and distorted information due to the participant's cognitive disabilities.

Summary

Minority veterans underwhelmingly employ the use of the VA system. This is a disconcerting fact and warranted an in-depth investigation into the reasons for this underwhelming use of the

V.A. System. Military life can leave many veterans with numerous healthcare complications because of their lived experiences in the field of duty. A qualitative study to garner information from both minority veterans and their healthcare providers can lead to a better understanding of this issue and can ultimately provide answers that can solve the problems brought about by this issue. At the end of the analysis of the issues that lead to the problem recommendations will be made to the V.A. to improve the delivery of care to the care that is provided to minority Veterans.

Results

This study seeks to assess the veteran affairs health system in various capacities, including the factors that affect it, the services provided to the veterans, and service outcomes. It focused on the minority veterans since they form a significant group in the VA who experience a significantly different encounter with the health systems compared to the majority veterans. The minority group of veterans who started the focus of this study included Black Americans. The researcher drew participants from Broward County Veterans of Foreign Wars (VFW)Outpost in Hollywood, Florida. Veterans are spread across the U.S. Therefore, the researcher selected eight out of fourteen participants from the location where only eight fully completed the interview. The small number of participants was due to the choice of the research design, which was qualitative analysis incorporating various approaches. Thus, collecting information from the participants are labor intensive enabling the researcher to focus on a few respondents for the study.

The qualitative strategies approach is a research design that involves eliciting the lived experiences of individuals. Many researchers use an empirical, and data-driven method of research approach when using prediction, control studies, and measurements. However, these scientific approaches fail to capture the actual experiences of the study population. Although prediction and control studies have helped find relationships in various study factors, they are always based on the researchers' knowledge. In other words, data-driven empirical studies seek to confirm or reject the known factors instead of seeking new information. Therefore, the researcher chose qualitative strategies for this study to understand the factors affecting the VA health system and how it affects minority veterans.

Data Collected

Since the study applied a qualitative design, the researcher used a semi-structured questionnaire to collect data from the participating minority VA veterans. The first phase of the study required the respondents' consent, where they had to choose either yes or no to show that they either agreed or disagreed to participate in the study. Upon consenting to the research, the participants wrote their names, signed, and indicated the date of consenting. In addition, they needed a witness, the researcher, to sign the questionnaire by writing the name, signature, and date. Seeking the consent of the participants was essential since it gave the researcher the authority to use the collected information in the research. Since the study used qualitative strategies and required the participants to describe their lived experiences with the VA healthcare system, getting their consent was necessary to avoid any future legal issues between the researcher and the participants. The questionnaires provided the participating veterans with a list of ten questions seeking to establish their experiences with all the services the VA provided (Appendix C). This section of the questionnaire was intended to uncover the lived experiences of VA veterans.

Since the researcher only targeted 8 participants in South Florida, there was plenty of time to allocate to every respondent to ensure that they answered all the questions without any time barrier. Each participant had about an hour to answer the questions. They would provide reasons for visiting the VA health centers and the kind of treatment they received from the healthcare practitioners in the hospitals against their expectations.

Analysis of Responses

The participants in the study were literate people who could read and write. They had no problem with the questionnaires and understood all the contents. In addition, the researcher stayed with the participants throughout the exercise, as it only took one hour for each respondent. Therefore, the researcher allowed the respondents to answer the questionnaires by themselves. Eight out of the VA veterans wrote their responses on the provided spaces in the questionnaires and submitted them for analysis. The decision by the researcher to allow the respondents to write down their responses was to eliminate any information bias that could occur during transcribing. Due to differences in speech clarity, it was possible to misspell some responses and distort the information conveyed during the interview. Therefore, all the respondents answered the questions in the provided questionnaire. The research involved qualitative analysis and required the researcher to use the qualitative analysis software Nvivo. Additionally, NVivo is a unique software that enables the researcher to code the responses directly as written by the participants to ensure that it provides results that reflect the respondents' authentic experiences. The qualitative analysis involves determining the

reoccurring data codes. It would then provide analysis so the researcher could make a significant inference from the provided results based on the recurrence of each type of critical data from the analysis.

AREA 1 What did you find out about the VA healthcare program The aim of this study is to ascertain credible information from participants who employed the use of the VA healthcare program. The information gathered would assist in making formative changes to improve the quality of care provided by the VA healthcare program. This study had various types of areas under investigation. Some areas came out clearly, while others were unclear and required the researcher to explain them further. The researcher had a total of areas of concern, with ten areas in the first section of the questionnaire that involved structured questions with choices. Therefore, each question sought to uncover specific areas. The The second section had twelve areas where the researcher provided the respondents with open-ended questions. It was possible to divide the 10 areas in the second part of the questionnaire into three main areas: (1) access factors; (2) service provision; and (3)service outcome.

Under access factors, there was involvement in the VA healthcare services, motivation, information transfer, healthcare service experience, and cultural barriers. However, there was only one distinct area under service provision:

quality of service. The researcher sought to establish from the minority veterans the quality of service they got from the VA healthcare systems. Finally, the primary area under service outcome included satisfaction, benefits, effects, lessons learned from the program, differences, and challenges. Finding proper feedback about these twelve areas was done under the three themes: access factors, service provision, and service outcome.

Veteran Responses	Data
Variables	Frequency
What did you find out about the VA healthcare program? The relevant services were provided	0
Strongly disagree	1
Neither Agree or Disagree	0
Agree	7
Strongly Agree	1

AREA 2: What is your involvement in the VA healthcare program This question sought to establish if the minority veterans who visited the VA Healthcare Service Centers got the services that they sought from the facilities. Patients need to get the services that they seek from health facilities. These VA Healthcare Service Centers should provide all the veterans' required services. Failure of the veterans to get the services from these facilities would mean they should seek them from other healthcare facilities. However, the cost of seeking health services from alternative healthcare facilities will be high, and some might not be able to afford such costs. Besides, the researcher considered that some of these minority veterans got various types of injuries during their service in the military and had physical challenges prohibiting them from engaging in any economic activity to finance their expenditures. Therefore, they rely solely on the healthcare services provided by the VA through the VA Healthcare Services. This question had five choices from which the respondent had to choose one representing their experience with the VA Healthcare Services. The choices included strongly disagree, disagree, neither agree nor disagree, and strongly agree. None of the nine participants strongly disagreed that they got the services they needed from the VA Healthcare Services. Further, one respondent disagreed with finding the service that he or she needed from the VA Healthcare Services. Therefore, the results indicated that only of the veterans who participated in the study failed to get the services the VA Healthcare Services sought. The results also indicated that none of the participants agreed or disagreed with the question. The most significant percentage of the respondents agreed to have

gotten the services needed at the VA Healthcare Services, representing At the same time, other participants claimed to agree to have received the services needed strongly. Therefore, of the respondents either agreed or strongly agreed to have received the services needed, compared to only who disagreed with the claim.

Veteran Responses	Data
Variables	Frequency
What is your involvement in the VA healthcare program?	
The relevant services were provided	
Strongly disagree	0
Neither Agree or Disagree	2
Disagree	1
Agree	6
Strongly Agree	0

AREA 3: How has the VA healthcare program benefitted you as a veteran

The question sought to find the ease of getting the needed health services by the minority veterans from the VA Healthcare Services. Visiting healthcare facilities to seek specific healthcare services may prove hectic to some patients as the practitioners might be stubborn and make several attempts to deny the patients a chance to receive those services. At times, the healthcare facilities visited by the patients could have bureaucratic, logistical processes that limit the patients' accessibility to these services. Therefore, seeking the experience of the minority veterans on this matter was quite pivotal to the future of the VA. Among the nine respondents, none strongly disagreed with the question, while one disagreed with it. Two responding veterans chose neither agree nor disagree, thus representing . Further, the remaining six participants agreed that it was accessible to the services they needed VA Healthcare.

Veteran Responses	Data
Variables	Frequency
How has the VA healthcare program benefitted you as a	
Veteran?	
I felt like a valued customer	
Strongly disagree	1
Disagree	0
Neither Agree or Disagree	4
Agree	4
Strongly Agree	0

AREA 4: What do you consider as the strengths and weaknesses of the VA healthcare program

The U.S. government created the VA to care for the veterans who fought tirelessly and selflessly to defend the country. The U.S. is among the countries that actively engage in various global peace missions. The U.S. is determined to ensure that the world remains peaceful without insecurity. However, the U.S. can only achieve such missions through the work of selfless men and women who give themselves to serve in the military to help the country defend itself. These military officers could end up in catastrophic wars that claim their lives or some of their body parts. Also, the veterans suffer from significant trauma based on their experiences on the battlefield, where they fought their enemies to defend the country. Therefore, the veterans are valued members of the countries who require a proper appreciation for the services and sacrifices they made during their time in the military.

The question sought to establish if the VA healthcare system's healthcare officers valued the veterans who would visit their facilities to seek various healthcare services. This study focused on the minority veterans who had a high likelihood of experiencing any challenges in the facilities if they existed. The qualitative analysis in this study revealed that only some of the respondents agreed that they felt like valued customers, with failing to either agree or disagree. The remaining strongly disagreed that they felt like valued customers during their visits to the VA Healthcare Service Centers. The response was quite alarming, considering that only of the interviewed veterans fully agreed to have felt like valued customers during their visits to the VA healthcare facilities.

Veteran Responses	Data
Variables	Frequency
What do you consider as the strengths and weaknesses of the VA healthcare program? I trust the VA to fulfil our country's commitment to veterans	
Strongly disagree	0
Disagree	0
Neither Agree or Disagree	1
Agree	7
Strongly Agree	0

Area 5: How has the VA program changed your lifestyle The veterans are among the people who played the most significant role in propelling the country to the level it has reached. Their selfless services protected the U.S. from numerous enemies that have long sought to destroy the country. Therefore, the U.S. needs to have a solid commitment to veteran affairs. Through this support, the U.S. formed the VA and charged it with caring for the veterans, both mentally and physically. The veterans also need financial support to sustain their lives and seek proper economic development through various initiatives. Therefore, this question was critical in finding the veterans' experiences with the VA and its commitment to serving them. Moreover, the analysis revealed that none of the interviewed veterans strongly disagreed or disagreed with the claim. of the participants neither agreed nor disagreed with the claim. The remaining of the participants agreed that they trusted the VA to fulfill the U.S. commitment to the veterans. Therefore, no participant strongly agreed, disagreed, or strongly disagreed with the claim. The result indicated that most veterans trust VA to push their agenda. The U.S. has a solid commitment to the veterans, and it mandates the VA to fulfill this commitment. Since the minority veterans who participated in the study had an agreement with VA's commitment, it is essential to conclude that they also trust the VA in the same capacity.

Veteran Responses	Data
Variables	Frequency

How has the VA program changed your lifestyle?	
During this hospital stay, how often did you have a hard time speaking with or understanding your doctors or other health providers because you spoke different languages	
Never	6
Sometimes	1
Always	2

AREA 6: What are the obstacles that you have encountered in receiving services from the VA healthcare program

The study question seeks to establish the challenges that minority veterans experience when they visit the VA Healthcare Services facilities with the doctors or other healthcare providers due to language barriers. The minority veterans are the Black veterans and other veterans with a different background from America, such as the Latinos or Asians who migrated to the country and chose to serve in the military. It is anticipated that a percentage of these veterans grew up speaking a different mother tongue than English. Also, if the veteran did not fully master the nuances of the English language, this may significantly impact the patient's communication with their physicians.

The question only had three choices: never, sometimes, and always from which the respondents needed to choose. of the respondents claimed to have never had a hard time with the doctors or healthcare providers at the facility. The veterans who claimed to sometimes encounter misunderstandings with their healthcare providers due to language barriers were . Additionally, of the participants responded that they

Veteran Responses	Data
Variables	Frequency
What are the obstacles that you have encountered in receiving services from the VA healthcare program?	
During this hospital stay, how often did you feel the doctors cared about you as a person?	
Yes	8
No	0

consistently experience a hard time while speaking with the healthcare providers at the VA Healthcare Systems due to the language barrier. The result showed that about two-thirds of the minority, veterans had no difficulty communicating with the doctors due to language barriers. The remaining third experienced hard times with doctors either sometimes or always. Therefore, the language barrier could be a pivotal issue in the VA that limits veterans from accessing proper healthcare services from the VA Healthcare Service Centers.

AREA 7:How can more Veterans benefit from the VA healthcare program

Doctors and other healthcare providers play a critical role in the recovery rate of patients seeking healthcare services. When patients visit healthcare facilities, they expect positive interactions between them and the physicians to enable them to open up about their illnesses for an accurate diagnosis and assist the doctors on the road to recovery through a high-level of cooperation. Patients should never forget the time to take their medications and keep the time to visit the doctors or request the doctors to assess them depending on their conditions.

Veteran Responses	Data
Variables	Frequency

How can more Veterans benefit from the VA healthcare **Program?** During this hospital stay, were providers willing to talk to your family or friends about your health or treatment? Never 2 Sometimes 4 Usually 1 Always 1

For example, most veterans suffer from physical and mental health problems due to their encounters on the battlefield. Despite the high level of training that the veterans receive prior to their engagements in war, they are human beings who remain vulnerable to trauma and other forms of mental torture. Therefore, these veterans require proper medical handling by healthcare practitioners to boost their psychological recovery. This study question established the veterans' experience with how the doctors cared for them. The choices were only two: yes or no. Based on the results table, all the respondents chose yes. Thus, there was agreement among the veterans who participated in this study that they always felt that the doctors cared about them. This response is critical in helping minority veterans recover from various illnesses as they viewed their doctors positively and saw them as caring practitioners focused on helping them recover. The result also meant that none of the participating minority veterans felt that the doctors ever cared for them.

AREA 8: What prompted you to be part of the VA healthcare program

The are some essential lessons about the interaction of doctors with the patient's family members or friends. Talking to the patient's family members has both benefits and side effects. It can help boost the patients' recovery rate as the family members will support the patients. Further, the family members and friends of patients who understand the sickness of the patients may help them to take medication by purchasing it for them or encouraging them by reminding the benefits of taking those medications. The patient's situation could also trigger the veteran because of the difficulty of sharing with their family or friends their problems. Veterans returning from war might fail to speak with the doctors since they might not have learned about alternative communication methods. Thus, the involvement of the family members would be critical in boosting communication with the physicians and promoting the recovery rate of the patients.

However, due to risk, some doctors fail to communicate freely with the patient's family or friends. Personal health only has one respondent, and that is the patient. Some family members or friends could have never known the veterans' health problems and, therefore, might react negatively to the revelations of their health problems. Also, ethical requirements restrict doctors from disclosing patient information to only that patient or health officials. Sharing information with other family members might put the patient at risk with those family members or friends.

This study section had four choices: never, sometimes, usually, and always. The result analysis proved that majority of the respondents sometimes found their doctors willing to talk to family or friends of the patients A few of the responding minority veterans said their doctors were never willing to share the patient's information with family members or friends. Only few of the participants agreed that their doctors usually felt free to share with family and friends or always did so.

Veteran Responses	Data
Variables	Frequency

During this hospital stay, how often did nurses explain things in a way you could understand?	
Usually	2
Always	6

AREA 9: With whom have you shared your story about your military service up to now?

Due to various issues with the minority people in the country, it was necessary to find how the nurses treat the minority veterans when they visit the VA hospitals for various health issues. There were only two options provided for the respondents to choose from. These options included usually and always. Always is an experience that occurs the majority of the times while usually applies when something happens but not at 100% level. The analysis of the result found that the majority of the veterans who participated in the study reported consistently receiving courtesy and respect from the nurses when they visited the hospitals. Only few respondents reported usually receiving courtesy and respect from the nurses. The response showed that the nurses working at the VA Healthcare Services, more often than not, treat the veterans with courtesy and respect during their hospital stays. The veterans thus refrain from complaining about disrespect among the nurses during their hospital stay.

Veteran Responses	Data
Variables	Frequency
During this hospital stay, after you press the call button, how often did you get help as soon as you wanted it?	
Sometimes	**1**
Usually	4
Always	2
I never press the call button	1

Table 1 shows all the quantitative results obtained from the survey with the minority veterans about their experiences with the VA Healthcare Systems.

Table 1 : ***Frequency Distribution of Responses to Nine Areas***

Veteran Responses	Data
Variables	Frequency
What did you find out about the VA healthcare program?	I got the services I needed
0	Strongly disagree 1
Neither Agree or Disagree	0
Agree	7
Strongly Agree	1

What is your involvement in the VA healthcare program It was easy to get the services I needed

Strongly disagree 0

Neither Agree or Disagree 2

Disagree 1

Agree 6

Strongly Agree 0

What has the VA healthcare program benefitted you as a

Veteran?

I felt like a valued customer

Strongly disagree 1

Disagree 0

Neither Agree or Disagree 4

Agree 4

Strongly Agree 0

What do you consider as the strengths and weaknesses of the VA healthcare program?
I trust the VA to fulfil our country's commitment to veterans

Strongly disagree 0

Disagree 0

Neither Agree or Disagree 1

Agree 8

Strongly Agree 0

What has the VA program changed your lifestyle

During this hospital stay, how often did you have a hard time speaking with or understanding your doctors or other health providers because you spoke different languages

Never 6

Sometimes 1

Always 2

What are the obstacles that you have encountered in receiving services from the VA healthcare program?
During this hospital stay, how often did you feel the doctors cared about you as a person?

Yes 8

No. 0

What can more Veterans benefit from the VA healthcare

Program?

During this hospital stay, were providers willing to talk to your family or friends about your health or treatment? Never 2
Sometimes 4

Usually 1 Always 1

What were the chances of nurses explaining things in a way you could understand during your stay?

Usually 2 Always 6

What was the rate of response like during your hospital stay, after calling for help?
Sometimes 1

Usually 4

Always 2

I never press the call button 1

Dimensions

AREA 10: What would be your most likely response in describing your experience at the VA program negative or positive

The question seeks to ascertain some degree of qualitative dimensions with regard to the provision of healthcare by the VA to participants. The question seeks to identify how informed the veterans were by the healthcare professionals who provided them with care. The nurses who provide an adequate explanation of the illnesses that all the patients have during their stay may lead to a positive response from these patients. The reason for this is that the patients need the nurses to share their treatment progress with them so that they can understand their treatment plan and feel supported by their nurses. The explanation should be in a way that the patient understands since there could be a language barrier that prevents the patient from understanding the information. Since this study focused on minority veterans, some of them have their first own mother language and use English as their second language. The nurses' explanation would thus be essential in making significant decisions about the veterans' experiences in the VA Healthcare Services.

There were eight respondents to this question, and their response was either usually or always. They would always choose if the nurses displayed the targeted behavior throughout their previous hospital stays. They would, however, usually select if the nurses displayed the targeted behavior on many occasions but not all. Among the participating veterans, six agreed that the nurses always explained things in a way they could understand. Of the six participants, the response of five participants was recorded representing. **Veteran** 1: cited that his experience was:

Positive, I used to go to an outside Doctor and never got treatment for my athletic feet. One trip to the VA and my feet were healed.

Some of these positive responses could be attributed to the fact that the call button in the hospital rooms allows patients to call for help when the nurses are not around. Therefore, patients must use the bell to call for support when they have an urgent issue. Upon pressing the bell, the patients expect the nurses to immediately visit them to establish their problems and provide prompt solutions when necessary. The expectation with the call button is that the nurses would rush to the patient's room and immediately find the issue. When the nurses fail to appear, it creates a negative picture of the hospital staff, almost as if they fail to care about the needs of their patients. Failure by healthcare officials to respond to patient calls may lead to severe injuries or even death, depending on the nature of the problems they seek to solve. Therefore, this study sought to find the VA Healthcare Service providers' level of care for their patients. Additionally, the focus was on how the nurses responded to the calls made by the minority veterans during their hospital stays.

The question gave the respondents four choices: always, usually, sometimes, and never press the call button. The respondents would select the choice corresponding to their reactions upon pressing the call button. Some respondents claimed they sometimes got help as soon as they wanted upon pressing the call button. Some other participants said they never pressed the call button during their hospital stays. Some other participants usually got help as soon as they wanted during their hospital stays upon pressing the call button. The results indicated that only a few of the participants always got help as soon as they wanted. These results demonstrate that the majority of the participants pressed the call button during their hospital stay, and a few never called for help. Likewise, only a minority of the respondents always got help during the hospital stay as soon as they pressed the call button. The remainder got help sometimes or usually, but not always. It is possible to conclude from these results that pressing the call button during the hospital stay never guaranteed the minority veterans help from the hospital staff as soon as they requested it. They could sometimes get help from the hospital staff as soon as they called for it, or they could fail to receive it. Subsequently, **veteran 2** cited that the care from the VA was:

Positive, generally positive, because the nurses provided me with the relevant information that I needed when I needed it. They also were very supportive and made me feel as though I mattered.

These results were based on the veterans' experiences with VA Healthcare Services. As the veterans visited the VA Healthcare Service Centers, encountered different phenomena defining their perception of the VA

hospitals. The positive experiences made the veterans feel valued by the VA Healthcare Services, and they would not mind revisiting the facilities whenever they needed medication. However, negative experiences in the VA Healthcare Services would make the veterans feel unvalued by the practitioners at the VA hospitals. Thus, they may want to avoid visiting the facilities and struggle to get better options due to financial constraints.

Most past research on VA involves quantitative studies where the researchers use structured questionnaires for interviewing the respondents. These structured surveys have questions and choices from which the respondents need to choose. The respondents would therefore lack an opportunity to express their thoughts during the survey as they have to choose among the pre-selected choices. This strategy creates constraints during quantitative research and limits the respondents from providing concrete feedback on their thoughts about the phenomena under study. Moreover, another veteran, **veteran 4** responding about the quality of care of the VA also cited that:

Positive, I got what I needed. Sometimes it is difficult as a veteran you know? Especially when you are facing healthcare problems and need to be informed about the medication or healthcare concerns that you need to have addressed.

The open-ended research questions are the solution to the challenges experienced with quantitative research. This survey approach is critical in getting the actual views of the participants in a research study. It involves an open discussion with the respondents where they have the chance to respond vividly to the study questions either through writing or verbally as when the researcher has recording devices to take the audio records of the respondents. This study allowed the participants to write down their responses for a more straightforward analysis. The researcher read the questions for the respondents and allowed them to write their responses in the blank spaces provided in each question.

Quality of Care

The study employed Access factors, to examine the quality of care provided to African American veterans. Of importance to the study was the examination of service provision, and service outcome. Under access factors, the study focused on involvement, motivation, information transfer, healthcare service experience, and cultural barriers. Only quality service was a factor under service provision. The study also considered satisfaction, benefits, effects, lessons learned from the program, differences, and challenges under service outcome. The qualitative analysis uses keywords from the participant's responses to each question and lists the most quoted words.

Lessons Learned

Involvement. A core understanding of the participants in the study and the reasons they sought care from the VA is important to evaluate VA healthcare and to get a better analysis of how healthcare outcomes for veterans can ultimately be improved. This question sought to group the respondents as being either veterans or professionals. It was essential to note the role of each respondent in the study to establish how they reacted to the study questions. An analysis of Participants in the survey could be categorized into two groups patients and patients with prosthetics. The veterans identified as patients had only visited the VA Healthcare Services to seek treatment. Therefore, they would share their experiences in the VA facilities to show how the minority veterans have fared in the hands of the health professionals in those facilities. The views were also critical since they show how these professionals treat the VA minority veterans in the VA Healthcare Services. The response from both sides would guide decision-making in the research outcome. The responses indicate that the nurses working in the VA Healthcare services, more often than not, always explained things in a way that the visiting veterans understood.

Veteran 3 cited that their experience was:

Positive, the love the VA shared, was experienced a lot by me. I was happy to feel like there was a concerted effort to address my concerns and I was treated like I was part of
an extended family.

Motivation. Participants in the survey could be categorized into two groups patients and patients with prosthetics. These people have either experienced the situations the study focused on establishing or participated in as professionals. Therefore, it was necessary to find the motivation for their visit to the VA Healthcare Service Center. Some would visit the facilities as professionals who go to work and serve patients. However, others would seek essential mediation from the VA Healthcare Services. Several motivational factors could drive the patients to visit the VA healthcare facilities or the professionals to work at those VA facilities. These pieces of information were critical in understanding the various experiences that each mentioned about the quality of the services. The findings revealed that the key motivational factor for the healthcare professionals to work in VA Healthcare Services is to improve the services for all veterans, especially during the Compensation and Pension process (C and P exam) that determines if one's ailment is a serviceconnected disability. The veterans are essential people in society, and the chief of prosthetics is motivated to ameliorate the services offered to these veterans to improve their lifestyles. Thus, other professions reacted to the question by admitting they were motivated to improve it. The veterans, however, visited the facilities for various reasons, as some mentioned the free services as their leading, motivating factor. Some veterans have no stable sources of income and therefore seek medication in the VA Healthcare facilities due to free services, according to them these hospitals. Others believe they need some benefits from the VA and therefore seek medication as the benefits they can get from it. Many veterans also lack alternative insurance options and can only seek medication in VA healthcare facilities for free services. An individual must have
VA Medical Insurance to access VA healthcare facilities. During the hospital stay, most patients are never in the condition to walk around and look for the nurses. This point could possibly explain **Veteran 5** response when asked about VA care:
The strength is the Emergency Room. I had a medical emergency and I was pleasantly surprised by the efficiency and professionalism of the staff in the emergency room.
They were experienced and extremely professional.

Healthcare Service Experience.
This issue was among the most essential in this study as the researcher sought to establish the experiences that the veterans had with the VA Healthcare services. The qualitative findings revealed that most of the respondents got the services they needed the majority of the time during their stay in the hospital. Only a minority indicated that they had not received the needed services. It was easy for the study participants to get the services they needed, as stated by the majority who agreed. A small proportion of respondents was uncertain whether they got the needed services. Only an individual participant indicated that getting the needed services was difficult. The IDIS results indicated that most respondents had positive experiences with the veteran healthcare services they were receiving. They claimed to have received the best services regarding the emergency room.

It was further essential to find the actual views of the veterans on their experiences with the VA Healthcare Services through the quantitative analysis approach. The qualitative analysis provided the following findings on the matter: The feedback from the quantitative analysis revealed that the veterans had mixed experiences with the VA Healthcare Service Center. Most veterans reported having positive experiences with the VA Healthcare Services. They cited prompt treatment whenever they visited the VA hospitals as opposed to their experiences in other hospitals that are non-VA. Some cited satisfaction with the services offered as they got the same treatment they required, while others cited the strength of the emergency room. Some of these minority veterans who participated in this study also had negative experiences. Some cited that they had negative experiences without citing the reasons, while others cited the difficulty in contacting different departments. Therefore, it is difficult to conclude that minority veterans have only positive experiences with the VA Healthcare Services.

Cultural Barriers. Various cultural issues might bar patients from accessing some medical treatments whenever they require them. The barriers could include language, traditions, or religion, among others. The qualitative analysis revealed that a more significant proportion of the respondents stated that to never had a hard time speaking with or understanding their doctors or other health providers because they spoke

different languages. In comparison, fewer respondents always had difficulty speaking with or understanding their doctors or other health providers because they spoke different languages.

At least one minority veteran indicated that they sometimes had difficulty speaking with or understanding their doctors or other health providers because they spoke different languages. The phenomenological analysis also provided similar results. Most respondents cited the language barrier as the main challenge they had in communicating with the healthcare practitioners during their visits to VA Healthcare Services. Language could be a significant cultural barrier since minority veterans hail from diverse cultural backgrounds with distinct first languages.

Quality of service. According to Table 1 above in the phenomenological analysis, all study participants agreed to have always felt that their doctors cared about them. Three-quarters of the respondents, of them, felt that the nurses always treated them with courtesy and respect, while two respondents felt that the nurses always treated them with courtesy and respect. The nurses always explained things in a way the six respondents could understand. A quarter of the respondents stated that nurses usually explained things in a way the participants could understand

Most participants, totaling, felt like valued customers, with only one respondent strongly disagreeing. Most respondents revealed that they trusted VA to fulfill their country's commitment to veterans, with only one respondent neither agreeing nor disagreeing.

The Phenomenological analysis report also revealed findings to show that the veterans had a reasonably positive experience with the quality of services they received in the VA Healthcare Service Centers. They reported that they received quality services from the hospitals, and the nurses also treated them with respect and courtesy during their hospital stay. The providers cared about the veteran patients in the VA healthcare facilities during their hospital stay. Therefore, the participants cited that they felt like valued clients during those hospital stays. Some veterans mentioned that they recovered quickly due to the kind of treatment they received from the practitioners during their stay in the VA healthcare facilities.

Satisfaction. The findings in Table 1 above revealed that more significant proportion of the study participants usually got help as soon as they wanted it after pressing the call button. In comparison, a smaller number of participants stated that they always got help after pressing the call button as soon as needed. One participant sometimes claimed to get help as soon as needed after pressing the call button. One respondent stated that he never pressed the call button during their hospital stay.

According to the Integrated IDIS results, the participants seemed to expect worse than what they received, and their healthcare services impressed them. It is possible to agree with this feedback from the participants since there is always a notion that minority veterans experience poor services in the VA Healthcare Service Centers. Therefore, most participants felt surprised upon visiting the VA hospitals when the nurses treated them courteously.

However, some did not experience any unexpected events during the services as some could not notice unexpected events. It is common to meet contrary opinions in research as the respondents can speak their minds. However, it is also necessary to pay attention to the negative feedback about the satisfaction level of the veterans with the VA Healthcare Services. It could mean the authentic experience of the minority veterans during their stays with these hospitals.

Benefit. The Integrated Disbursement and Information System results indicated that most participants benefited from the program by getting medical services and money. Since the VA has the primary responsibility of providing care to the veterans, they can do so by provisioning money to meet their personal needs. It also offers medical insurance to veterans to enable them to receive free medication whenever needed. The following results show that the participants admitted receiving money and medical care whenever requested. However, participants also said that the VA is a good program and that those who believe in it highly benefit from it.

Effects. The services impacted the majority by making them share how they felt with family, making them share their feelings openly, thus making them feel better. As established earlier, the majority of the veterans

failed to share their experiences in the military. However, the VA helps them to open up and share those experiences with their families and friends. The medication they receive improves their well-being and makes them feel pretty good.

Nevertheless, some felt there was no causal relationship between the events they experienced in service and their willingness to share their military experience with others. Negative feedback is part of every research, and getting the following responses was never a shock. Besides, treatments might only work in some patients.

Access Factors

Involvement. The first area of consideration under access factors was involvement. Since the researcher contacted the veterans about their experiences with the VA Hospital Administration, it was necessary to know those who visited the facilities. The researcher applied the qualitative approach to this area to get accurate information from the participants instead of providing suggestions that could be misleading and restrict the respondents to only a few options (Creswell & Poth, 2016). The analysis yielded two keywords, "patient" and "chief prosthetics" The keywords from the responses revealed that the two leading groups in the VA Healthcare Services are healthcare officials and veterans. The response "patient" referred to the veterans who visited the facility. On the other hand, the "Chief of prosthetics" indicated that some people under the VA Healthcare Administration are healthcare providers. The results from the analysis in this area also spoke volumes about how minority veterans conduct themselves during their visits to the VA Healthcare Services Center (Creswell & Poth, 2016). They referred to themselves as patients instead of indicating that they were veterans or minority veterans. There is a high sense of equality in the results since the veterans know that they visit the VA Hospitals to seek treatment rather than acting entitled regarding their titles or accomplishments. Therefore, these minority veterans deserve equal handling by the healthcare providers at these facilities. They should never face any challenges such as those highlighted in the previous sections of the study (Peterson et al., 2018). Poor handling of minority veterans in VA facilities might worsen their health conditions too. Some of them suffer from disabilities or psychological problems, and any little problem experienced could trigger their trauma regarding their experiences in the military (Arthur et al., 2010).

Motivation. Motivation is a critical factor in all areas, and it was necessary to test it in this study. According to the results, the researcher sought the motivation behind respondents'" visits to the Veteran" Healthcare facilities. These motivation factors would thus guide making essential conclusions about the handling that the minority veterans receive from these hospitals. For instance, a person who has experienced mishandling is unlikely to recommend the facility's services to friends or relatives. However, people with positive experiences with places or services will quickly recommend them to peers (Fox et al., 2015). One response in this area was "To improve the services for all veterans, especially during the Cand P process" This reply was from a healthcare provider working with VA Healthcare Services Center. Knowing that the "Chief of prosthetics" had the motivation to improve the services according to all veterans was an explicit confirmation that the healthcare providers at the VA hospitals had the primary goal of improving the lives of the veterans (Fox et al., 2015). They were firmly dedicated to ensuring that the veterans received proper treatment for their ailments without considering their backgrounds. This kind of motivation ruled out any form of discrimination against minority veterans by the healthcare providers at the VA Healthcare Administration.

Another response was "just because it was free," which came from a veteran seeking treatment from the VA Healthcare facility because the services were free. This comment held much weight as it confirmed that all veterans get free services from the VA
Healthcare Administration irrespective of their origin or race. Also, the response demonstrated that the veterans hugely depend on support from the VA due to a lack of alternative sources of income. Another respondent replied that "I need to get some benefits." This reply meant that the VA has the mandate of considering the veteran' affairs, and it is the right of the veterans to get benefits from the system (Fox et al., 2015). However, nobody can seek benefits when they know they are unlikely to receive them. Thus, the veterans firmly believe they can receive benefits from the Veterans Affairs Healthcare

Administration and therefore visit the facilities.

Further, other veterans' responses, such as "There was no other insurance available," proved that veterans lack alternative medical insurance to carter for their treatments. Thus they solely depend on the VA Healthcare Administration for their healthcare services. As discussed in the previous chapters, most veterans fail to secure other jobs upon retiring from the military. Some even struggle to get employment for the courses they did while serving in the military (Fox et al., 2015). In contrast, others are in poor medical conditions that cannot allow them to engage in other activities. For example, amputee veterans cannot work in construction sites requiring much physicality (Arthur et al., 2010). Thus, they lack alternative insurance for their health and seek medication from VA hospitals. Others commented that they went to the VA hospitals "to improve the system" These respondents could be healthcare providers who have decided to improve the quality of services in the VA Healthcare facilities. Others got motivated to visit the VA healthcare services since they "really believed in veteran servicing." These responses could come from minority veterans who only visit the VA hospitals due to their strong belief in the quality of services offered by the healthcare providers.

Moreover, there are two possible inferences from the above motivations for a visit to the VA Healthcare Services. For instance, it is possible to conclude that VA hospitals provide high-quality services. The healthcare providers in these facilities have the urge to serve the veterans, and they do so diligently without considering the background of the veterans.

The veterans could also strongly believe in the VA system to the extent that they do not choose other hospitals for their treatments apart from those ran by the VA (Arthur et al., 2010). However, it was also possible to conclude that most minority veterans visiting the VA Healthcare facilities lack alternative insurance to fund their medication. These veterans could be living in desperation and depend entirely on the support they receive from the VA (Peterson et al., 2018). Hence, they suffer from some form of discrimination when they fail to secure employment upon ending their tenure in the military. Otherwise, the motivations could also mean that the support minority veterans receive from the VA is insufficient to support their lifestyles. Hence, they only seek treatment from VA Healthcare Services since it is free.

Information Transfer. The researcher decided to seek the channel through which the information about the VA Healthcare Services spread. It was paramount to ask about information transfer during the qualitative discussion with the participants. Also, understanding the channel of spreading information about VA healthcare services would help to define future adjustments based on the experience of the veterans (Peterson et al., 2018). According to the results, the participants responded to having learned about the services "from other veterans; the VFW," and

"employees." The results indicated that the veterans spread information about the VA healthcare services to fellow veterans to enable them to get the free health services that the VA offers at the facilities. Through this information spread, it is possible to conclude the likelihood of satisfaction with the quality of the health services offered to the veterans. The veterans received satisfactory healthcare services from the VA hospitals when they sought them (Fox et al., 2015). Thus, they spread the information to fellow veterans to visit the facilities whenever needed. It is rare to find that people are dissatisfied with the quality of services at one VA Healthcare Service Center continue to spread the information about the services to their friends or colleagues who later visit the same hospitals. In the case of this kind of information transfer, it is always critical to understand that the person spreading the information was satisfied with the services and decided to spread the good news (Fox et al., 2015). The study could rule out the suggestions and conclude that these VA hospitals value the veterans and accord them equal treatment to other veterans. Hence, the satisfaction level prompts the minority veterans to recommend the VA healthcare facilities to fellow minority veterans.

Another hint from the participants' reactions is that the VA Healthcare Administration employees highly value minority veterans and always urge them to visit the facilities for healthcare services. It is rare to find healthcare providers working with the VA who inform minority veterans about the existence of the VA Healthcare System if they discriminate against them. In other words, their healthcare facility employees could only inform the non-minority veterans about the services and always mistreat any minority veteran who learns about the hospitals on their own and visit for medical services (Vogt et al., 2018). According to the results from the discussions with the minority veterans, some learned about the VA Healthcare System through fellow veterans, while others learned about it from the employees. Therefore, the study concluded

that the employees of the VA Healthcare System provide equal treatment to minority veterans and are always ready to inform as many veterans as possible about their services (Peterson et al., 2018). The attitude of the VA healthcare service employees enables many veterans who lack any other healthcare insurance to seek free medication at the VA hospitals.

The discussion on information transfer further focused on the willingness of minority veterans to share their military experiences with family and friends. The discussion is based on the essence of the inclusion of family and friends in the treatment process. Some veterans suffered from physical injuries that rendered them physically disabled. Thus, they always need the support of family and friends to perform some basic activities such as visiting the hospitals. These families support them whenever they feel sick to get their medications and visit the VA Healthcare facilities for treatment (Arthur et al., 2010). Also, some veterans suffered from psychological problems due to the challenging conditions of military service, as some of them witnessed the brutal murder of their colleagues. Others engaged in killing enemies and even accidentally killing civilians as they fought their opponents (Peterson et al.2018). These experiences continue to mentally disturb the veterans, leaving them unable to manage their lives properly. Therefore, family and friends play a critical role in this condition by helping these veterans manage their daily lifestyles and regulate their emotions and triggers. However, family and friends can only support the veterans if their loved ones open up and share their experiences in the military. According to the results of the qualitative discussion with the veterans, most reported consistently sharing their military experiences with other veterans and friends (Creswell & Poth, 2016). "Many veterans and friends. I was drafted and took an extra year for Aircraft Sheet met a and learned a lot," was an example of a response. It shows that most veterans entrust fellow veterans and friends with their experiences in the military rather than the family members. However, some of them reported consistently sharing with "Wife. Few comrades post gigs." Others responded that they share their military experiences with the family. Others said, "Veterans in the PTSD group" and, "My doctor/ I tell other veterans." As seen above, the veterans always share their experiences in the military with the veterans, either in the hospitals or at home (Arthur et al., 2010). Only a few of them share with their wives or other family members.

Some respondents admitted that they "have not shared this story." Their responses show that these veterans suffer a lot from the memories of their military experiences. They might fear their relationships with family members if they speak about their experiences in the military. It is also necessary to establish that some male veterans engaged in sexual affairs with the victims and others in military duties and fear that they might experience weak relationships with their wives upon sharing such stories (Peterson et al., 2018). The military duties might require the soldiers to spend several years in the war without returning home to visit their families. Due to the struggles that they experience in those wars, they always fear that their family members might develop some fear against them upon learning of their past experiences in war (Fox et al., 2015). Thus, they keep quiet and never share any information with their family members. Thus, the VA must engage them positively to share their experiences with the doctors. It will give the doctors a more manageable task of finding the leading causes of these veterans' psychological problems so they can offer proper treatment. If possible, the veterans should feel free to share their experiences with the family for emotional support and improved understanding of each other.

Healthcare Service Experience. The study's main aim was to establish if minority veterans experienced poor healthcare services during their visits to VA hospitals and other VA healthcare facilities. A revelation of poor healthcare services experienced by minority veterans would prove that they suffer from discrimination by the VA Healthcare Administration the VA fails to offer equal handling of the veterans, as some receive proper treatment while the minority veterans receive poor care. Hence, this study conducted empirical and qualitative studies to find the minority veterans' healthcare service experiences (Creswell & Poth, 2016).

The quantitative survey findings revealed that most of the respondents (89%) got the services they needed during their stay in the hospital. Only 11% indicated that they had yet to receive the needed services. Also, 66.7% agreed that it was easy for them to get the services they needed (Creswell & Poth, 2016). However, 22.2% responded uncertainly about whether they got the needed services, and 11.1% indicated that it was not easy to get them. The IDIS results indicated that most respondents had positive experiences with the veteran healthcare services they received (Creswell & Poth, 2016). To be specific, they claimed to have received the best services in the emergency room. In short, these findings ruled out any possibility of

discrimination towards minority veterans by the healthcare providers working under the VA Healthcare Administration. However, it was necessary to note that some respondents had poor healthcare service experiences with the VA Healthcare
Administration. One of the participants termed the experience as "negative, and it is too difficult to contact different departments." Another respondent said, "it was negative." The study took these negative responses keenly as they also spoke volumes about the experiences of minority veterans (Vogt et al., 2018). They showed that not all minority veterans had positive experiences with the VA Healthcare Administration. Despite the praise from most respondents, the study found that some participants reported poor experiences with VA healthcare services (Vogt et al., 2018). Hence, the study could conclude that minority veterans receive mixed treatment at the VA healthcare facilities as some continue to witness discrimination.

Cultural Barrier. Various cultural issues might bar patients from accessing medical treatments whenever they need them. The barriers could include language, traditions, religion, and others. The language barrier could prevent some patients from receiving proper treatment as they could misunderstand the prescription of drugs (Fox et al., 2015). In contrast, others could mislead the doctors to misdiagnose them due to a lack of the correct language to describe their illnesses. Additionally, some cultures prevent their members from consuming certain foods or ingredients, and the patients may fail to take them when doctors recommend them due to their cultural adherence (Peterson et al., 2018). The quantitative analysis revealed that a more significant proportion of the respondents, said they never had difficulty speaking with or understanding their doctors or other health providers because they spoke different languages. In comparison, several respondents claimed always to have difficulty speaking with or understanding their doctors or other health providers because they spoke different languages (Peterson et al., 2018). The minority, indicated that they sometimes had difficulty speaking with or understanding their doctors or other health providers because they spoke different languages. The qualitative analysis also provided similar results (Creswell & Poth, 2016). Most respondents cited the language barrier as the main challenge they had in communicating with the healthcare practitioners during their visits to VA Healthcare Services Center. Language could be a significant cultural barrier since minority veterans hail from diverse cultural backgrounds with distinct first languages different from English (Peterson et al., 2018). The difficulty in communication due to the language barrier might point to discrimination against minority veterans by the VA Healthcare Administration. The VA is a body tasked with caring for veterans; thus, they should also understand the cultural diversity of the veterans and ensure that the hired healthcare providers can communicate with all veterans. However, the report by the respondents stated that 66.7% had difficulties communicating with the healthcare providers; this is a red alert signaling a possibility of failure to achieve the medical goal of the VA Healthcare Administration (Arthur et al., 2010). Ultimately, it is only possible to achieve a 100% success rate when treating patients with a common language for communicating with them. **Service Provision**

Quality of Service. The service quality is a clear determinant of the level of satisfaction the veterans experience with the VA Healthcare Administration. For example, when the service quality is low, the patients might complain about some form of discrimination by healthcare providers (Peterson et al., 2018). That notion would develop significantly if those patients felt that those same healthcare providers provided high-quality services to other patients. Therefore, it was necessary to evaluate the healthcare service quality received by the minority veterans at the VA Healthcare Services Centers. According to Table 1, in the quantitative analysis, 100% of the study participants agreed to have always felt that their doctors cared about them. Three-quarters of the respondents felt that the nurses always treated them with courtesy and respect, while 25% felt that the nurses usually treated them courteously (Vogt et al., 2018). Further, 75% of the respondents felt that the nurses always explained things effectively, and 25% stated that nurses usually explained things so the participants could understand. Most participants, 88.8%, felt like valued customers, with only 11.1% strongly disagreeing (Vogt et al., 2018). Most respondents, 88.9%, revealed that they trusted the VA to fulfill their country's commitment to veterans, while only 11.1% neither agreed nor disagreed. The qualitative report also revealed that the veterans had a reasonably positive experience with the quality of services they received in the VA Healthcare Service Centers (Creswell & Poth, 2016). They reported that they received quality services from the hospitals, and the nurses also treated them with respect and courtesy during their hospital stay. Since the providers cared about the veteran patients in the VA healthcare facilities during their hospital stay, the participants cited feeling like valued clients during those hospital stays. Some veterans cited that they recovered quickly due to the treatment they received from the practitioners during their stay in the VA healthcare facilities (Arthur et al., 2010). The discussion responses

hinted at the lack of discrimination against minority veterans by the healthcare providers working under the VA Healthcare Services.

Service Outcome

Satisfaction. The level of satisfaction of the patients with the healthcare service provided depends on their expectations. High expectations might lead to disappointments more often than not since the services provided could fail to reach the expected level. One such example may be discrimination since it could fail the provided services to meet the patients' expectations. The findings from the quantitative analysis showed that 50% of minority veterans usually receive a response whenever they press the call button, while the other 25% always get the services needed (Creswell & Poth, 2016). However, 12.5% of the respondents failed to receive assistance upon pressing the call button during the hospital stay, while the other 12.5% remained neutral. According to the IDIS results, the participants seemed to expect worse than what they received, and it came to them as a surprise since they would feel impressed with the healthcare services they received. Some respondents said that the "treatment was not as bad." Others said, "I get medical attention when needed. Day or night, you can get treatment when needed." Other respondents claimed to have received all the medical attention needed in the VA healthcare centers (Creswell & Poth, 2016). They said, "Yes, we got shots that were needed, checkups, refills for our medicines, and all kinds of updates on new services at the VA." Hence, the researcher established that most minority veterans had high satisfaction with the VA Healthcare Service Administration.

However, the researcher established some level of dissatisfaction with the healthcare service quality provided by the VA Healthcare Services Center. Some participants responded with "No" when asked if they were satisfied with their services. Others said, "I have PTSD, and I don't give a shit." Some minority veterans participating in the survey claimed to have expected worse but eventually felt that the "treatment was not as bad" (Peterson et al., 2018). These results and the previous cases where 12.5% claimed to have not received attention upon pressing the call button proved the existence of some level of discrimination against minority veterans. **Benefit.** The researcher needed to evaluate if the minority veterans considered the VA Healthcare Services Center beneficial. The government puts much money into this initiative to provide essential medical coverage to patients so they can get medication free of charge, even if they lack medical insurance. The IDIS results indicated that most participants benefited from the program by getting medical services and money. The VA can provide care through money to meet the veterans' personal needs and free medication (Fox et al., 2015). The following results show that the participants admitted they received money and medical care whenever requested. However, they also said that the VA is a good program and that those who believe in it benefit greatly. Some respondents claimed to receive "money and my medical needs when requested." The response indicated that the VA provides money to the veterans as a form of a pension plan.

Effects. The researcher sought to establish the impacts of the VA Healthcare Administration on minority veterans. According to the results, the qualitative study involved discussions with the participants to get their responses on the VA Healthcare Services Center and Administration. The services impacted the majority by making them share how they felt with family, sharing their feeling openly, and having them feel better. As established earlier, most veterans failed to share with their families and loved ones their experiences in the military (Arthur et al., 2010). However, the VA helps them to open up and share with their loved ones about those events. The medication they receive improves their well-being and makes them feel "pretty good." Others said that they "talked to my family."

Therefore, these results indicated that the effects of the VA Healthcare Administration were satisfactory to the minority veterans.

Nevertheless, some felt there was no effect that the event had on their willingness to share their military experience.

Besides, treatments might not work on all patients (Creswell & Poth, 2016). According to the results, the most common response was "None." This response indicated that some of the minority veterans failed to see any benefit of the VA Healthcare Services Center due to the discrimination they received from the healthcare providers at the VA facilities.

Summary of Results

The study aimed to assess the access factors of veteran healthcare services, service provision, and service outcome, whereby most respondents could access the services through information being spread by fellow veterans and employees. The ability to access the services despite their challenges, such as the language barrier and the long time taken in treatment, was also analyzed. The veterans could learn a lot, such as patience, and through seeking the services, they could experience the different types of services that the program provided.

Discussion

Veterans are among the most valuable people in U.S. history due to their selfless service in the U.S. military for several years before retiring. Various qualifications define *Americans* as veterans, including being former prisoners of war, having received the Purple Heart medal, people receiving the VA pension, having served in the VA theater of operations for five years after discharge, having received the Medal of Honor, and having served in various U.S. military bases such as Vietnam, Persian Gulf, and Camp Lejeune among others. Military personnel also served the army wholeheartedly to protect U.S. borders from danger (Peterson et al., 2018). Some veterans became injured, thus rendering them disabled, and they could not engage in economic activities to receive additional income. One of the historical wars that the U.S. military participated in included the Vietnam War in 1962, where the military Navy and Coast Guard war served for over a decade to bring peace to Vietnam (Bonacich, 1972). The U.S. military has also served in the Persian Gulf for several decades due to the political instability in the region that has rendered many countries to harbor terrorists that endanger the lives of Americans in the U.S. and across the globe.

The VA is the institution concerned with the affairs and well-being of veterans. Since some of these veterans ended up with a disability, they lack a decent income to help them meet all their life and medical expenses (Fox et al., 2015). Therefore, the VA has the VHA charged with providing an integrated healthcare system to the honorably discharged U.S. armed forces personnel, also known as the veterans. The VHA provides healthcare services to veterans in 1250 health facilities across the U.S. The 1250 facilities include 1069 outpatients and 172 medical centers. The VA has enrolled about 9 million veterans who seek medical attention from these facilities. The primary aim of the VA healthcare services is to ensure that U.S. veterans receive quality healthcare services to remain healthy and serve the country in different capacities. Despite the integration of the VHA to provide quality healthcare services to veterans, there have been claims of disparities in the system from various sources. These claims suggest that the healthcare officials in the VHA system discriminate against minority veterans (Bonacich, 1972). The civilian healthcare system has also experienced segregation against minorities, fueling fears that the minority community continues to receive poor medical attention in public healthcare facilities compared to White citizens (Fox et al., 2015).

However, it is egregious to find that healthcare practitioners continue to discriminate the minority veterans whenever they visit the VA medical facilities despite their efforts in the war to protect the country's sovereignty. These cases reduce the morale of Americans to participate in various affairs in the country, such as the military. The U.S. population currently constitutes people from all corners of the world, and minority populations continue to rise with each census to show that the country considers every individual equal despite their origin or cultural differences (Mohr et al., 2018). Therefore, this research sought to determine the kind of services veterans received from Veterans Healthcare Services.

The researcher conducted a qualitative study to investigate the existence of discrimination against minority veterans in the VA healthcare system following the vast mention of the vice in the previous empirical literature (Creswell & Poth, 2016). Many authors have mentioned the existence of discrimination in the VA healthcare system against minority veterans, where nurses fail to respect them. There have also been allegations that some nurses fail to respond to the calls made by minority veterans during their hospital stay. Hence, these concerns prompted this study since minority groups have formed a substantial part of the U.S. population. The study population included 14 U.S. minority veterans. The researcher selected them randomly and enrolled them in the study by providing them with semi- structured questionnaires (Creswell & Poth, 2016). However, only eight veterans completed the survey, and the researcher analyzed the collected data to complete this study.

Service Provision at the VA Healthcare Administration The first section of the study considered the service provider to the minority veterans at the VA healthcare facilities. The study found that most veterans got the services they needed based on 77% who agreed and 11% who strongly agreed to the claim. It

indicated that despite the various claims that minority veterans face discrimination at the VA healthcare centers, the medical practitioners at these veteran healthcare facilities and veterans continue to give them the services they need (Bonacich, 1972). The main objective of the VA integrating the healthcare system was to ensure that the veterans received proper medical attention since they served the country through the military and might have ended up with various physical and mental injuries that weakened their health (Bonacich, 1972). Therefore, the results from the research analysis found that minority veterans always get the services they need at the VA healthcare facilities without any form of discrimination. However, the study fails to rule out a possibility of discrimination since 11% of the participants disagreed with the narrative to claim that they never got the services needed at the facility. The only possibility was that the veteran could have sought a medical service not provided at the facilities and got a referral to other hospitals. The study also sought to evaluate the ease of accessing medical services at the VA Healthcare Services Center by minority veterans. Discrimination against minority veterans could make practitioners unwillingly offer them the needed health services (Fox et al., 2015). Although minority veterans may get the required medical services, the unwillingness of the physicians or nurses to accord them these services may be a show of discrimination. The result indicated otherwise since 66.7% of the respondents agreed to have quickly received the medical services that they needed at the VA Healthcare Service facilities (Fox et al., 2015). Since most of the minority veterans who participated in the study agreed to have quickly received medical assistance at the VA Healthcare Service Centers, it was feasible to rule out the possibility of discrimination against them by healthcare officials It was, however, necessary to consider the percentage of the participants who either disagreed or failed to take sides on the matter. It was found that 11% of the participants disagreed with quickly accessing the needed medical attention at the VA Healthcare Services Centers. Further, 22% of the participants refused to take sides and remained neutral. These results indicated some forms of discrimination at the VA Healthcare Service facilities (Fox et al., 2015). The percentage of the people that claimed that it was difficult to get medical assistance at the facility showed the plausibility of some level of discrimination against the veterans based on their origin.Moreover, many participants who remained neutral expressed doubt regarding their decisions. If these participants had received excellent health services at the facility, they would have readily agreed that the VA Healthcare Service Centers serve clients without any bureaucratic processes. Nevertheless, their decision never to take sides shows that they might have pushed for the services complex but feared to reveal it to the interviewer due to a lack of trust (Jia et al., 2016). Although the researcher attempted to convince the respondents to remain open during the study, it is common to find them failing to disclose critical information for fear of consequences. As discussed in the previous sections of the study, most veterans suffered various kinds of torture in the military and ended up with different types of disabilities. Some of them have no sources of income apart from the VA pensions. At the same time, most of them continue to depend on the VA clinics for their medication as they suffer critical illnesses that need proper medical attention. Consequently, they will likely overspend on treatment if they visit alternative hospitals. In addition, since the study targeted minority veterans, most of them might have faced severe challenges at the hands of authority, and they do not want any further problems (Peterson et al., 2018). They may fear losing critical assistance from the VA if they openly reveal their challenges with the system. Thus, such reasons could have prompted the few participants to remain neutral. Otherwise, there is a chance that they may fall among those who face difficulties accessing treatment at the VA Healthcare Service clinics if their genuine opinions were to be known. Hence, there is a possibility that 33% of the participants struggled to access VA Healthcare services based on the results.

Another approach that showed the quality of the services offered to patients at the VA Healthcare Service Centers is the kind of respect the healthcare practitioners give them during hospital visits. The study further sought to establish minority veterans' feelings whenever they visit VA Healthcare Service stations (Fox et al., 2015). For example, the patients feel valued when they receive a warm welcome at the facilities and the nurses treat them with great respect. The feeling even boosts the recovery process of the patients as they feel that they have gotten the proper medication (Fox et al., 2015). Besides, they become open to the doctors and become more willing to share their progress involving the medication. The physicians, therefore, get an easier time handling the patients' diagnoses and can achieve a high level of recovery from the group of patients who feel valued at the hospitals.

Nonetheless, this result raised many questions, as only 44.4% of the participants claimed to have felt valued at the VA

Healthcare Service stations. There was a strong disagreement by 11% of the respondents on feeling valued. Further, 44.4% of the participants refused to take sides and remained neutral. This finding of minority veterans participating in this study remaining neutral on feeling valued when they visit the VA hospitals is critical because their silence hinted at a possibility of mistreatment at the VA facilities (Loury, 1999). At the same time, the same participants openly took sides on whether they received the services they sought at the facilities. The study thus concluded that most participants never felt valued at the VA healthcare centers.

This response is quite significant to the study objective that sought to investigate if minority veterans get discriminated against by the VA Healthcare Administration. The failure of the participants to take sides was a clear indication of the kind of frustrations that minority veterans get at the healthcare facilities managed by the VA. The results also supported the social exclusion theory discussed in this study (Loury, 1999), which claims that some members of society, such as the minority, face social exclusions. The result in this section, where a large group of participants felt to have faced discrimination at the VA Healthcare facilities, also supported the Theory of Ethnic Antagonism according to Schermerhorn (1970) and Bonacich (1972). The theory claims various forms of significant disparities among members of different racial groups.

In most cases, one ethnic group feels superior to the other; thus, the theory showcases that the majority group fails to recognize other racial groups as equal members of that society. In such cases, one racial group that forms the majority tries to exclude the other race from the benefits of society. Through this theory, minority veterans face substantial disparities from the healthcare officials from the majority community in the country. There are healthcare officials, including nurses and doctors, who serve minority veterans with negative attitudes as opposed to how they serve the majority. Hence, many minority veterans who participated in the survey
(44%) decided not to take sides on the issue (Peterson et al., 2018). Their silence, however, acts as evidence of the disrespect that minority veterans get when they seek medical attention at the VA Healthcare facilities.

Moreover, the study further sought to establish the problem of a language barrier as one of the key contributors to the challenges that minority veterans experience with the doctors during their stay at the VA healthcare service stations. In this case, 66.7% of the participants said they never had any language barrier while communicating with the doctors and other healthcare providers during their hospital stay. The claim was evident since most minority veterans are Black Americans born in the U.S. and have English as their first language (Fox et al., 2015). Hence, communication between this group of veterans and the doctors could never be a significant challenge when they speak the same language. However, the study established a significant concern with the language barrier in VA Healthcare facilities. A small number of respondents sometimes had language challenges with the physicians and nurses, and a slightly higher number of the participants always had problems in communication during their hospital stay. The issue was of significant concern since the VA is a body constituted to consider the welfare of all veterans. The VA Healthcare Administration should have leaders who understand the linguistic diversity among the veterans and incorporate it into the VA hospitals (Jia et al., 2016). Finding that about 33.3% of veterans face communication challenges with doctors and other physicians is a strong indication of the VA's lack of consideration for the welfare of minority veterans.Furthermore, the VA hospitals should have nurses and doctors with diverse language backgrounds to represent the diversity of the veterans. The recruitment in the VA hospitals should consider this language issue and ensure that all minority speakers have representation. Therefore, doctors can get support from nurses who speak minority languages to speed up communication between patients and doctors. In such cases, the quality of services, according to the veterans, may improve due to a better understanding between patients and doctors (Jia et al., 2016). However, since the VA Healthcare Administration fails to value minority veterans truly, language barriers between the doctor and the patient continue to exist and hinder the treatment efficiency among minority veterans.

The other question used by the researcher during this study was to investigate the feeling of the minority veterans if the doctors cared about them during their hospital stay. Here, all the respondents agreed that the doctors showed them plenty of care during their stay in the VA hospitals. The result might lead to various questions on the genesis of the problems that minority veterans face at VA hospitals (Fox et al., 2015). If the doctors cared for the patients, then perhaps the other healthcare providers were the cause of all the problems, especially since nurses are among the healthcare providers that spend most of their time with patients (Fox et al., 2015). Before, it could be difficult for the patients to detect any discrimination from the doctors due to the reduced time of interactions between them. Some doctors might discriminate against minority veterans at

the VA medical centers and healthcare facilities in such cases, but those veterans may not experience or recognize it.

The study also considered the willingness of the healthcare providers to communicate with the family members of the minority veterans during their hospital stay at the VA healthcare facilities. The investigation was necessary since family members played a decisive role in the welfare of the veterans (Bonacich, 1972). For instance, the U.S. military stayed in Vietnam for over a decade, beginning in 1962. Many soldiers participated in the war during that period but experienced either a psychological or physiological change after some period. Additionally, the U.S. has constantly engaged in military warfare in the Persian Gulf due to terrorist groups in these regions. These terrorists train in Persian countries such as Iraq, Iran, and Afghanistan and later attack other countries (Bonacich, 1972). Further, the primary target of the terrorists in the Persian Gulf region has been the U.S. in most cases. Therefore, the U.S. sends its troops into these locations to fight the militants and protect the country from the danger of attack by terrorists who train in these regions.

The challenge with the participation of the U.S. in these wars is the number of casualties that the U.S. receives during battles. Some of these regions have unique terrain that American soldiers may not be accustomed to moving around on. The militants, however, are used to these terrains as they have trained in those locations for decades. As a result, they possess an advantage over U.S. soldiers in these wars due to their familiarity with the terrain. Despite the victory claimed by the U.S. over these militants, there are always several injuries and fatalities (Peterson et al., 2018). The injuries leave the veterans disabled and rule them out of engaging in physical activities that might enable them to earn income. Some psychological disorders develop later due to experiences they witness in the bush when they lose their military colleagues or face the militants directly when cornered (Peterson et al., 2018). Thus, by allowing family members and friends to connect with veterans returning from war, those injured may find healing easier since they are surrounded by supportive company. The study further tested the level of respect and courtesy the veterans received from the nurses during their VA hospital stays. Specifically, the question sought to confirm the allegations about the poor treatment that minority veterans received in VA hospitals. These allegations further state that only these minority veterans get mistreated by the nurses (Fox et al., 2015). In contrast, while the same nurses properly treat other veterans in the majority group, they may fail to do so for the minority group. Respect can be noticed in a person during various engagements, such as during a hospital stay. For instance, the facial expression is the best tool to communicate respect, as people who show much respect to others will address them with cheerful faces and an attentive attitude. However, expressions of sorrow, boredom, or anger will show a lack of respect as a person addresses another. The words used in communication further indicate the level of respect the author or speaker accorded to the audience (Arthur et al., 2010). For example, harsh language, such as profanity, is a confirmation of disrespect by the author or speaker to the audience. Typically, harsh language is used when someone has committed gross mistakes, and it should never be seen in hospitals where people are sick and need the motivation to recover.

In addition, people in the U.S. deserve the highest level of respect due to their previous contributions to the country, irrespective of their background. They played a significant role in ensuring that America remains peaceful and that Americans can remain healthy and protect their properties. Minority veterans equally helped the country as the majority since some left their countries and homes to join the American military forces and fight for Americans. However, a percentage of veterans underwent various problems during their military encounters that have rendered them vulnerable to various medical problems. Some suffer from mental disorders, while others have different physical disabilities (Fox et al., 2015). Hence, the VA healthcare services nurses should treat these veterans with the highest level of respect as they never wished to be in such conditions, but their sacrifices for the sake of Americans inflicted those pains on them.

According to the results from the analysis, the majority of the respondents (75%) claimed that the nurses always treated them with respect and courtesy during their hospital stays in the VA Healthcare Service Centers. Also, 25% of the participants said that the nurses always treated them courteously during their hospital stays. The results proved that minority veterans receive a lot of respect and courtesy from the nurses (Arthur et al., 2010). These results proved that the nurses never disrespected minority veterans as earlier thought by the research based on the views of past research since all the respondents agreed that the nurses always or usually treated them with respect and courtesy during their hospital stays. Hence, the study can rule out any possibility of the nurses working in VA hospitals showing a lack of respect toward minority

veterans (Arthur et al., 2010). In short, they value these minority veterans and accord them the highest respect they deserve.

This qualitative study also attempted to understand if the nurses' explanations of the patient's illness to minority veterans in the hospital were clear enough and done with respect (Creswell & Poth, 2016). There is a close correlation between a clear and concise explanation of patient issues and treatment with courtesy and respect. When nurses respect the patients, they will try to the best of their ability to explain things clearly to them to ensure a high level of understanding, particularly since most patients have little understanding of their medical conditions due to a lack of medical background. Consequently, it is expected that patients will not understand their progress apart from the feeling of their body conditions. Patients can sometimes misunderstand their illnesses and get highly traumatized as they fear their conditions worsening (Fox et al., 2015). They might also underestimate their illnesses to the level of failure to seek medical conditions on time. Thus, nurses must explain the medical conditions to patients upon diagnosis to help them cooperate with treatment. The nurses further need to explain the patient's treatment progress and how their bodies react to treatments during a hospital stay. These explanations may help the patients to also work hard towards their recovery. Veterans require proper hospital care due to their health conditions, and the VHA must ensure that the nurses accord them the needed treatment. Since most veterans have psychological problems associated with the scenes they encountered in the war, they need proper handling to understand their medical processes (Peterson et al., 2018). Some of these veterans fail to share the reasons behind their trauma with their family members and can never get proper help or support from those family members. Hence, only the nurses can help them through the diagnosis of their problems and sit them down to explain everything in a language that they understand well (Peterson et al., 2018). It is especially crucial since there is a significant language barrier between the minority veterans and the nurses when there are minority veterans from ethnic groups that use English as a second language. The nurses must ensure that they communicate with the veterans in the language they best understand. According to the survey results, 75% of the participants agreed that the nurses always explain things in a language they can understand. Further, the remaining 25% of the respondents agreed that the nurses usually explain things in a way they can understand. Hence, no participants experienced any difficulties communicating with the nurses. The result further proved that nurses value minority veterans during their hospital stay (Fox et al., 2015). Communication is vital in helping patients recover, and positive communication between nurses and minority veterans in VA hospitals is essential. However, it is never possible to rule out any possibility of mistreatment from the nurses' to veterans because although they could understand each other due to the use of a common language, there may continue to be some mistreatment (Fox et al., 2015). Upon considering other areas, the researcher will decide on the possibility of mistreatment toward minority veterans during their stay in the VA healthcare centers. The final question in this section was essential since it sought to find the kind of support the minority veterans received upon pressing the call button during their hospital stay. The hospital has phones in each patient room that allows the patients to call for help from the nurses whenever they need it. As usual, there are different types of patients in the hospitals; for instance, some are highly immobile due to physical disability or illness (Arthur et al., 2010). Also, many medications have side effects and might not allow patients to move freely in the hospital. The doctors also recommend that the patients stay in their hospital beds unless they need to use the restroom.

Moreover, nurses attend to multiple patients and may not be able to visit patients to check on them and support them as often or whenever they need support. Generally, the nurses will walk around the patient rooms regularly to check them and return to the nursing stations. Thus, the availability of telephones in the patient rooms allows them to call for help at will.

The nurses' response upon receiving calls from the patients speaks a lot about the treatment they give to the patients. Although many people may feign respect and courtesy in one-on- one encounters, their private actions might display their true colors. Thus, the rate at which the nurses respond to patient calls in the hospitals defines their level of support and respect for those patients. When minority veterans press the call button, they expect the nurses to respond to their calls in the same way they would respond to the calls of other veterans who are not from the minority group (Vogt et al., 2018). Otherwise, it would be possible to conclude that the nurses care about some veterans and fail to value other veterans. Nevertheless, these assumptions are made under the premise that there are no shortages of nurses or healthcare officials in VA hospitals. Thus, it is less about not having enough nurses nor ample time to check their patients; rather, it may be due to preference of whom to visit when the call is received. According to the results, 12.5% of the

respondents claimed never to press the call button during their hospital stays. The remaining 87.5%, however, pressed the call button during their stays in the VA hospitals and provided different experiences with their calls (Fox et al., 2015). Only 25% of the participants agreed that they always got help during their hospital stay upon pressing the call button. It was also shown that half of the respondents said they usually get help when they call for it, while the remaining respondents said they sometimes get help. The mixed responses from the participants showed that minority veterans have varied experiences with the VA Healthcare Administration. There is no guarantee that minority veterans get help whenever they press the call button during their stays at VA hospitals (Fox et al., 2015). The response hints at some form of discrimination, as the lack of guaranteed help shows that some nurses might discriminate against minority veterans and decide not to help them. Others might answer the calls late since they feel uneasy about helping the minority veterans asking for help. The behavior is against the expectations as all veterans are essential members of American society who deserve the best treatment from all healthcare officials(Peterson et al., 2018).

Lessons Learned from the Program. The veterans in the VA program managed to gain knowledge and information on issues they had previously never known. They realized that the doctors were highly skilled, learned how to be patient, the services the veteran affair provided, and the importance of seeking medication. The program was more challenging than they initially thought. Instead, participating in the program required a lot of sacrifice and patience. The following are some of the responses provided by the participants on the lessons they learned from the VA Healthcare Services Center. According to the results, some participants claimed, "I learned VA doctors were just as talented as outside doctors, some more skilled (Vogt et al., 2018)." Others said that "Initially, I was disappointed. However, over some time, I experienced some positive services and interactions with doctors." The VA program enabled the minority veterans to "learn that some vets had drugs and alcohol problems and didn't live long while others have shattered lives," They also learned about "the various and overall services the VA provide." Despite the positive lessons, some veterans claimed that the clinic was a complex program whenever they went. These claims supported the theory of discrimination against minority veterans in the VA Healthcare Administration. Some minority veterans have bad experiences with the system and cannot see any positive lessons from it (Vogt et al., 2018). The VA must open other programs that can motivate these sections of veterans to positively consider it and start using its services, such as clinics. Others claimed to visit the clinic but have no other business with the program. **Difference.** Given a chance to participate in another VA program in the future, some veterans claimed that the programs could be more persistent in gathering veterans and that the programs could be more impactful. Persistence could allow VA Healthcare Services to offer high-level medical care to ailing veterans. It would also provide the rhythm for all the practitioners to improve their service delivery. However, other respondents claimed that the system could never change (Peterson et al., 2018). When asked about the possibility of going to a different VA program, they responded with "Nothing" and "No." Overall, this group of minority veterans requires a high-level of motivation from the VA to change their perception of the program.

Challenges. Challenges are part and parcel of every work. Every project offered to the public must experience various challenges before it can succeed. The researcher needed to establish the difficulties experienced by the VA Healthcare Services Center.

There were different challenges experienced in the veteran healthcare services whereby they did not have enough qualified doctors. Instead, physician assistants and practitioners were the ones who were available (Peterson et al., 2018). Some of the services could also take very long, which could be a big worry to veterans. The VA Healthcare Services Center also experienced a shortage of nurses while having plenty of practitioners. The veterans, therefore, experienced failed or delayed appointments with the doctors due to shortages of these doctors in the VA clinics (Jia et al., 2016). The veterans further reported that some practitioners operated without doctors leading to significant weaknesses in the treatment they offered to the veterans.

Some of the feedback from the veterans included, "Some appointments take long while you are afraid you might get worse while you are waiting for treatment." Generally, the long waiting time was due to a lack of enough healthcare providers in the VA healthcare facility. As noted in the discussion, the hospitals "Need more Doctors, not PA," and "Weakness is the practitioners who need a doctor who is qualified (Vogt et al., 2018)." Therefore, the veterans have found that lacking enough doctors is the main challenge in VA

Healthcare services. They have several nurses and few doctors, making them take extended time whenever they need medical attention.

Data Saturation: The data saturation of the results from this qualitative study of disability in minority veterans and their utilization of the VA health systems revealed that the veterans could access the services efficiently and felt well- maintained and valued. The study sought to collect data on access factors, service provision, and service outcomes, and the participants were able to provide comprehensive insight into these topics. The most discussed service was healthcare, which allowed minority veterans to access benefits they would not have had otherwise. In addition, they reported feeling well-respected by the healthcare providers and trusted the VA to provide them with quality and consistent care. Furthermore, the results indicated that providers were willing to discuss treatments with family members and saw the veterans as individuals. While the researcher found the dataset sufficiently detailed to answer the research questions, no follow-up interviews or data collection were conducted. It could be an area of further study to assess if the veterans' perceptions changed over time.

Conclusion

This research applied the qualitative method to investigate the lived experiences of minority veterans with the VA Healthcare Services Center. It focused on minority veterans from Miami-Dade County, Florida. Additionally, it had established from the literature review that most minority veterans face a high level of discrimination from the healthcare providers at the VA Healthcare Services Center. Hence, the research sought to find first-hand information about the matter by conducting a discussion with minority veterans. The choice of the qualitative design was due to the restrictions provided by the quantitative analysis that require the participants in a research survey to only choose from the provided choices (Mohr et al., 2018). It is always possible to find that the respondents had a different view on the question from the options provided by the respondents.

On the other hand, the qualitative technique allowed the participants to express their thoughts, representing their authentic views on the research questions. Therefore, the survey used in the study was semi-structured and had the first section require respondents to choose from available options. At the same time, the final part allowed the respondents to type out their views. Furthermore, the researcher assessed the access factors of veteran healthcare services, service provision, and service outcomes. Most respondents could access the services through information being spread by fellow veterans and employees. Moreover, the findings indicated that most veterans could access the services despite their challenges, like language barriers and a long time in treatment. They learned a lot, such as patience, and through seeking the services, they learned the different types of services the program provided. Despite some healthcare providers being willing to share information about treatment with the veterans' families, some learned how to share their military experiences with family, thus positively impacting them. The healthcare providers cared about the patients and treated them respectfully. Most had a positive experience and were satisfied with the healthcare services provided. The benefit they could get was insurance, like a free healthcare service. However, the results of this research hinted at some form of discrimination in the VA Healthcare Services Center. The minority veterans interviewed in the study proved some discrimination in the program. Some revealed that they never got help when they pressed the call button. Others claimed they never received respect and courtesy from the nurses during their hospital stay. Others claimed to have seen no benefit from the program and only sought free medication due to a lack of alternative health insurance. Thus, they failed to see any difference the program had brought in their lives. The language barrier was another central issue in the VA Healthcare Administration. Consequently, the claims show some discrimination against minority veterans, although it is rare compared to expectations.

The findings from this result supported those from the empirical literature review that claimed that the VHA has so far received underutilization due to the challenges experienced by the minority veterans who use the system. According to the literature review, the VHA continues to treat minority veterans even though they lack alternative healthcare insurance to caution them during illnesses. Thus, minority veterans are the primary beneficiaries of the VHA as it offers them free treatment. The federal government continues to allocate more resources to the VA to help these veterans who lack alternative healthcare programs. Nevertheless, minority veterans have continued to complain of mistreatment during their visits to the VHA, leading to a lack of motivation to continue using the system. As a result, some veterans seek alternative

medical care to avoid the problems they face at the VHA. This reason continues to worsen the healthcare problems faced by the minority veterans, such as mental health issues. Although the veterans are aware of the VHA, they rarely use it due to constant mistreatment from the officers working with the system. The failure to offer support when some minority veterans press the call button during their hospital stay confirms that minority veterans face challenges with the VHA. The patients rarely use the press button during their hospital stay and only do so whenever they need support from the healthcare officers. Therefore, the VHA fails tremendously when the nurses ignore veterans during their hospital stay. Some of the veterans could be suffering from physical disabilities due to the injuries sustained during their military missions and need the assistance of the nurses to move during their hospital stay. Further, these minority veterans could suffer from mental issues, and their situations could worsen when they delay medication upon sensing the signs of their illnesses. Thus, VHA nurses should never ignore calls from minority veterans – or any veteran – during their hospital stay. Besides, the language barrier present among the veterans and the health officials at the VHA confirms that the program continues to frustrate minority veterans. There should never be a communication issue between patients and physicians to improve service efficiency. Thus, this study established that discrimination against minority veterans continues to exist, although to a low extent.

Minority veterans are an essential part of the U.S. armed forces, making up about one-fifth of the military personnel. Minorities also form a large proportion of new military recruits. Inadequate information about the needs of minority veterans as they leave active duty has led to the underutilization of the VA healthcare program. Minority veterans need to be assessed so that their preferences are incorporated into the VA health program. The underutilization of the VA healthcare system by minority veterans still puts them at significant risk of worsening symptoms or even death because of certain diseases and conditions. The overall health conditions of minority veterans are relatively low because of their low healthcare standards. The situation points to a fundamental problem in VHA: racial prejudice. Meanwhile, veterans with mental health problems and substance use disorders do not receive continuous primary care services. However, the VA has introduced patient-centered medical homes that can provide highly customized services to veteran minorities with substance use disorders.Many non-veterans do not have subsidized health coverage. On the other hand, veterans are eligible for low-cost healthcare coverage provided by the VA. However, the VHA lacks the necessary care due to the influx of minority veterans. Despite the shortage of facilities, patients should be comprehensively educated to manage their health. Additionally, the current healthcare facilities being used by the minority service personnel need to be assessed to find the reason that leads to the underutilization of these resources. The VA has invested billions of U.S. dollars in improving medical services provided to veterans. Its mandate is to provide adequate healthcare services to cover all the service members returning from assignments abroad. However, as the veteran minority numbers increase, the available resources become scarce, compromising veterans' healthcare services.

Meanwhile, minority veterans should provide healthcare service providers with information about their healthcare needs. The underutilization of the VA healthcare system is seen in the prevalence of purchased behavioral healthcare among military health service beneficiaries. Indeed, the use of purchased behavioral healthcare among members of the armed forces has substantially increased. Similarly, the utilization of ocular care services among veterans has increased over the last few years (Saeedi et al., 2016). Minority veterans face several obstacles to receiving VA mental healthcare, but the VHA has begun making its services more accommodating to minority veterans. The VA health program primarily treats veterans who lack the financial capacity to seek alternatives, most of whom come from minority groups. Meanwhile, the VA physician's attitude towards minority veterans has been a longstanding strategic concern for hospitals and professional organizations, contributing to the underutilization of the VA health system. In the same vein, Asian Americans and Pacific Islanders are among the most discriminated groups, and disparities in healthcare provision are prominent among them.

The mental health of all military personnel should also be checked often because of the trauma they undergo during missions. The VHA sees suicide as the primary health concern among veterans, and the underutilization of VA mental health services contributes to the increased suicide among them. Military service has positively affected the well-being of many of those working in the armed forces (Peterson et al., 2018). However, health problems often arise due to the intensity and duration of service. Despite a large number of enrollments of minority veterans into healthcare programs, they still receive low-quality healthcare, which prompts them to underutilize VA resources (Saeedi et al., 2016). Minority war veterans have specific health needs, and the VA must address their concerns. Addressing these needs will reduce the

disparities in the treatment of minority and non-minority veterans. The lack of tailor-made treatment options also leads to the underutilization of VA healthcare facilities among minority veterans, which leads to higher incidences of illnesses among them.

Many minority veterans are reluctant to join the VHA because they are not sure of the procedure that they should follow. Additionally, the negative experiences of Blacks and
Hispanics have primarily contributed to the underutilization of VHA resources. However, the low-cost health facilities that the VA has reduces the likelihood of racial prejudice. Various organizations have advocated for racial equity in all recruitment (Jia et al., 2016). If more VA staff are Black and Hispanic, racial discrimination will most likely decrease. Consequently, more minority veterans will attend VA clinics and hospitals for treatment. Therefore, increasing racial equity in recruitment can change the culture of the VA and make practitioners more responsive to the needs of minority veterans. The mental health of Asian American and Pacific Islander military personnel is also related to the underutilization of VA health services. Mental health risk studies among members of the military show that Asian American and Pacific Islander soldiers have relatively high suicide rates (Mohr et al., 2018). The situation indicates a severe problem in the VHA, especially since veterans with mental health problems and substance use disorders are supposed to receive continuous primary care services.

Intensive research must be done to understand the primary causes of mental and physical illness among armed forces members and look for solutions. The increase in minority military personnel has led to an increase in the number of minority veterans who return to the U.S. with emotional trauma. The VA responds to this problem by providing annual physical, mental, and gynecological care (Creswell & Poth, 2016). However, the long wait times and limited access deter many minority veterans from seeking treatment at VA facilities. In assessing the current facilities, it is clear that the organization can help identify the issues in implementing programs to create practical solutions (Saeedi et al., 2016). The healthcare needs of minority veterans post-deployment should therefore be prioritized. Many factors have led to limited access to medical supplies and facilities among minority veterans. However, their role in the military means that the VHA's current health practices should be overhauled and replaced with a comprehensive package that caters to specific groups of veterans. The everyday use of VA health services has caused a surge in behavioral health problems among minority veterans. Many of the minority veterans who opt for mental health treatment make use of purchased behavioral care. They also consider specific factors before seeking VA mental healthcare services. Nevertheless, the recent positive changes in VA services have increased interest in VA healthcare services among minority veterans. Physician job attitudes also play a role in the quality of patient care they offer (Fox et al., 2015). Many physicians handle minority veterans in different ways. Additionally, veterans have cited numerous obstacles to accessing various forms of healthcare. Ultimately, understanding minority veterans can enable healthcare providers to provide them with customized healthcare experiences.

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Appendix A

Questionnaire

1. How did you fund out about the VA healthcare program?

Skinner, K., Sullivan, L. M., Tripp, T. J., Kressin, N. R., Miller, D. R., Kazis, L., & Casey, V. (1999). Comparing the health status of male and female veterans who use VA health care: results from the VA Women's Health Project. *Women & health*, *29*(4), 17–33. https://doi.org/10.1300/J013v29n04_02

2. What is your involvement in the VA healthcare program? 3. How has the VA healthcare program benefitted you as a
4. veteran? How has the VA healthcare program benefitted your health?
5. What do you consider as the strengths and weaknesses of the
6. VA healthcare program?
7. How has the VA program changed your lifestyle?
8. What are the obstacles that you have encountered in
9. receiving services from the VA healthcare program?
10. How can more veterans benefit from the VA healthcare program?
11. Which other programs should be added to this?

Appendix B

Survey

Now think about your experience with all the services provided by the Department of Veterans Affairs (which include healthcare, benefit programs, or memorial services). Please tell us how you feel about the following statements:

1. I got the service I needed.
   - ❒ Strongly Disagree
   - ❒ Disagree
   - ❒ Neither Agree or Disagree
   - ❒ Agree
   - ❒ Strongly Agree

2. It was easy to get the services I needed.
   - ❒ Strongly Disagree
   - ❒ Disagree
   - ❒ Neither Agree or Disagree
   - ❒ Agree
   - ❒ Strongly Agree

3. I felt like a valued customer.
   - ❒ Strongly Disagree
   - ❒ Disagree
   - ❒ Neither Agree or Disagree
   - ❒ Agree
   - ❒ Strongly Agree

4. I trust VA to fulfill our country's commitment to veterans.
   - ❒ Strongly Disagree
   - ❒ Disagree
   - ❒ Neither Agree or Disagree
   - ❒ Agree
   - ❒ Strongly Agree

5. During this hospital stay, how often did you have a hard time speaking with or understanding your doctors or other health providers because you spoke different languages?
   - ❒ Never
   - ❒ Sometimes
   - ❒ Usually
   - ❒ Always

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6. During this hospital stay, how often did you feel the doctors really cared about you as a person?
   - ❒ Yes
   - ❒ No

7. During this hospital stay, were providers willing to talk to your family or friends about your health or treatment?
   - ❒ Never
   - ❒ Sometimes
   - ❒ Usually
   - ❒ Always

8. During this hospital stay, how often did nurses treat you with courtesy and respect?
   - ❒ Never
   - ❒ Sometimes
   - ❒ Usually
   - ❒ Always

9. During this hospital stay, how often did nurses explain things in a way you could understand?
   - ❒ Never
   - ❒ Sometimes
   - ❒ Usually
   - ❒ Always

10. During this hospital stay, after you press the call button, how often did you get help as soon as you wanted it?
    - ❒ Never
    - ❒ Sometimes
    - ❒ Usually
    - ❒ Always
    - ❒ I never press the call button

Appendix C

Interview Protocol for Study

1. What prompted you to be part of the VA healthcare program?

2. With whom have you shared your story about your military service up to now? In general, how comfortable have you been sharing that story?
3. Would you describe your experience at the VA healthcare

program as a positive or negative one? Why?

4. What did you learn from other veterans at the VA healthcare program, if anything? Describe any memorable interactions
you had with them.

5. What did you learn about yourself by participating in the VA healthcare program?
6. What effect might this event have on you willingness to share your story about your military experience in the future?
7. Did anything surprise you about the experience as a whole

in the VA healthcare program? Explain.

8. If you were to participate in another VA healthcare program, what would you do differently?
9. Anything else you would like to add?

Appendix D

Recruitment Flyer

Participants Needed for Research Study of the

Underutilization of the VA Health System by Minority Veterans

In America's most recent military campaigns in the Middle East, Iraq and Afghanistan, there have been difficult decisions for American soldiers when it comes to their use of the VA Health System. This study is to share your experiences with using the VA health system. If you are interested in being part of this study, your insights can help improve the VA Health System to better serve your specific needs.

This study is completely confidential and preserves your anonymity. It takes approximately 20 minutes to complete. We will be able to meet with you individually at a date and time convenient to your schedule.

For you participation in the study, you will receive a Walmart Gift Card in the amount of $20.00. Again, your personal information and responses are confidential. Your opinion is very important!

If you are interested in participating, please contact:

Mr. Gibson Aristide
786-355-4667
garistide706@sunmail.albizu.edu

Principal Investigator: Irene M. Bravo PhD (305) 593-1223 ext.3159; ibravo@albizu.edu

Appendix E

Interview with VA Veteran

Interview with VA Veteran

STATEMENT OF CONSENT:

I voluntarily agree to participate in the research study:

- ○ Yes
- ○ No

By signing this form, I confirm the following:

I have read this consent form in its entirety

All my questions have been answered to my satisfaction

I am free to leave the research study at any time during the study with no penalty and without giving a reason

SIGNATURE PAGES

I understand I will be given a copy of this signed consent form.

Name of Participant: _____

Signature: _____

Date: _____

STATEMENT OF CONSENT

I voluntarily agree to participate in the research study:

- ❒ Yes
- ❒ No

By signing this form, I confirm the following:

- I have real all this consent form.
- All my questions have been answered to my satisfaction
- I am free to leave the research study at any time during the study with no penalty and without giving a reason.

I understand I will be given a copy of this signed consent form:

_____

Name of Participant (Print)

_____

Signature

_____

Date

_____

Name of Witness (Print)

_____

Signature

_____

Date

_____

Person Obtaining Consent (Print)

_____

Signature

_____

Date

A DISSERTATION SUBMITTED IN PARTIAL SATISFACTION OF THE

REQUIREMENTS FOR THE DEGREE OF

PHILOSOPHY DOCTOR IN HUMAN SERVICES

Gibson Aristide

Carlos Albizu University

Rafael Martinez

Dissertation Chair

2023

I guarantee that no part of this Dissertation is a violation of the copyright or other laws of the United States of America, or of the State of Florida, or the ethical principles of the National Organization of Human Services. All ideas expressed by others and facts obtained by others are accurately, completely, appropriately cited, and referenced and if presented in the words of someone other than myself are appropriately indicated as quotations. Any idea expressed without citation or any fact presented without citation is wholly original to me.

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If any publication, presentation, test or another type of written, oral, or electronic material is created based on this Dissertation, I, my dissertation chair, and project members will be listed as authors and Albizu University will be listed as the institutional affiliation.

Gibson Aristide Date

The Dissertation of Gibson Aristide, "A Qualitative Study of Disability in Minority Veterans and their Utilization of the VA Health System" directed and approved by the committee listed below has been accepted by the Faculty of Albizu University, Miami Campus in partial fulfillment of the requirements for the degree of

DOCTOR OF PHILOSOPHY IN

HUMAN SERVICES

Date

Dissertation Committee

_____

Rafael Martinez Ed.D, Dissertation Chair

_____

Sharrie R. Dean, PhD., Project Member

DEDICATION

This dissertation is dedicated to my family and to my parents who laid the foundation for me to reach this milestone. This dissertation is dedicated to the memory of my beloved parents: my Father Ernst Aleus Aristide, my Mother Marie Immacula Bien-Aime, and my Step-Mother Vera Brown. Without their hard work, enormous personal sacrifice, and unconditional love while raising my siblings and me. I would have never become the person I am today. I vowed to make my parents proud as they placed a high value on me for quality education, and I am humbled to be at this point in my life because I will be the first generation in my family to complete this monumental academic goal.
My brothers, Wallace Aristide, William Aristide, and Max

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