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Patient Perception In Quality Of Health Care In Civilian And Military Hospitals

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PATIENT PERCEPTION IN QUALITY OF HEALTH CARE IN CIVILIAN
AND MILITARY HOSPITALS

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PATIENT PERCEPTION IN QUALITY OF HEALTH CARE IN CIVILIAN
AND MILITARY HOSPITALS

by

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THESIS

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Abstract

The purpose of this research is to examine and relate Erving Goffman's theory and concept of *total institution* to the perceived experienced quality of health care that occurs in the treatment of patients, in both preoperative and postoperative surgical procedures, at civilian and military hospitals. Goffman argues that there is a distinct relationship between the medical staff and patients at the hospitals. The staff most often feels superior and correct in their actions, while the patients perceive themselves as weak, inferior, and defenseless. In my thesis, I use a qualitative method approach to determine how veteran patients perceive their quality of health care at both civilian and military hospitals, and to see to what extent they align with Goffman's *total institution* concept. The research study limits will encompass mainly civilian and military hospital centers that are entrusted to the care and hospitalization of military service members and their dependents. The population consisted of twenty interviewees that were military affiliated, to include dependents, between the ages of 18-70 years of age. The study is important because it is relevant in terms of the United States general population getting older, and therefore, the requirement is greater for a healthcare system that will mean more provider/patient interactions. Also, there is a greater need for an expanded U.S. Military Health System (MHS) because the number of military beneficiaries has increased tremendously.

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Chapter 1

Introduction

I became interested in the concept of physician/patient relationships after reading about total institutions in Erving Goffman's *Asylums* (1961) and based on the three major surgeries that I have had in military hospitals. My interest in the research topic has been further increased by the fact that I have several military associated friends who continue to undergo such total institution similar treatment in getting medical procedures at civilian or military hospitals. Goffman defines total institutions as "a place of residence and work where a large number of like-situated individuals, cut off from the wider society for an appreciable period of time, together lead an enclosed, formally administered round of life" (Goffman, 1961: p. xiii).

My research study encompassed mainly civilian and military hospital centers that are entrusted to the care and hospitalization of military service members and their dependents. My sample population consisted of twenty military affiliated interviewees between the ages of 18-70 years of age. The challenge I encountered in my research study was the difficulty in ascertaining the respondents' perception of patient satisfaction. Studies show that although it is important to define and measure health care quality to understand the patients' perception of satisfaction, a patient's perception of satisfactory healthcare varies and that what may be satisfactory to one subject, may be unsatisfactory to another (Crow, Gage, Hampson, Hart, Kimber, Storey, and Thomas , 2002; Sofaer and Firminger, 2005). Thus, we need more studies because our patient perception of quality remains undeveloped because we cannot arrive at a mutual consensus on what constitutes health care quality.

Research questions.

The intent of the study was to answer these research questions that will shed light on the

patient perception in quality of health care that they may have experienced when receiving treatment at civilian and military care facilities:

1. How do healthcare provider/patient interactions shape the overall experiences of patients, from a patient perspective?
2. What important factors may influence the patient perceptions of satisfaction while receiving treatment at civilian and military hospitals?
3. What are the patient levels of satisfaction in the quality of care provided at both civilian and military hospitals?

Definition of key terms.

The definitions of the key terms are; (1) total institution- an isolated, enclosed social system whose primary purpose is to control most aspects of its participants' lives; (2) patient satisfaction- a measure of the extent to which a patient is content with the health care received from their care provider; (3) patient quality care- a patient's perception of good quality medical care.

Chapter 2

Literature Review

The literature review addresses the various studies regarding patient satisfaction and quality of care of hospitals and care providers, and the structure of the civilian and military health care systems.

Patient Satisfaction.

My first encounter with the concept of the total institution as I perceived it occurred upon my return to the United States from my sixth overseas tour. It was in the summer of 2002 and shortly after my arrival to Fort Bliss, Texas I was contacted to report to the army base hospital for surgery. In August of 2002 I underwent angioplasty surgery and went to the process of what I perceived as being stripped of my military rank status and just became another patient in the military hospital. I realize that the U.S. Military Health System (MHS) is overwhelmed with providing patient care support since we have been fighting a war against terrorism for over fifteen years and have a military presence virtually worldwide. Accordingly, as of 2009, it was estimated that the U.S. Military Health System (MHS) provides care to approximately 9.2 million beneficiaries with about 130 thousand military and civilian staff in 70 military hospitals and 411 primary care clinics (Casscells, Kurland & Ponatoski, 2009). Such constraints, however, should not take away from the quality of patient care. Although my angioplasty surgery to clear three clogged arteries was a success, my stay recovering in the hospital was not. During my one-day stay there I felt that I was not treated with the respect that is owed to anyone receiving medical attention. I felt that I was treated as a number occupying a bed, instead of a human patient, as I was hardly addressed by my name. It was also the first time that I was tended to by civilian nurses who were more interested in knowing when their shift would end, and what patients they were responsible for.

My stay was a stark contrast to my hospital stay in Germany, in an American hospital with American medical staff where I was always addressed by name and rank and given the proper courtesies. It seemed that the sense of camaraderie extended to the staff-patient relation; the military nurses looked over all patients, no matter who was assigned to the patient. If the patient asked for assistance, they all responded. All the doctors and supporting medical staff were in the military and thus, the bond in camaraderie was strong. Kee, Foley, Dudley, et al. (2005) make the argument that military hospitals, nurses, and patients have attributes that make them at least somewhat different from civilian counterparts. Their example is that there is a shared military culture between care providers and care recipients.

During my stay at that medical facility I felt that I was treated with dignity and respect, although I did feel vulnerable by being stripped of my uniform and instead simply clothed with a flimsy hospital gown. I realize that the current military war situation has caused an undue stress in the military nurses overseas, especially in Germany since that is where our battle wounded/casualties are transported from Iraq and Afghanistan. The concern for the current undue stress on military nurses has been expressed in military health articles. Fry, Harvey, Hurley, et al. (2002) address the undue stress placed on military nurses because they must respond in very short notices to a world-wide crisis calling for their military deployment participation.

Granted, military hospital culture is distinct from that of civilian hospitals. Kee, Foley, Dudley, et al. (2005) stated that all Army registered nurses (RN) have at least a bachelor's degree as compared to 42% of the civilian nurses having a bachelor's degree. More importantly, patient satisfaction with military nurses was extremely high (98%) among military patients.

My last surgery, which happened to be a triple by-pass open-heart surgery, was what

prompted me to write this paper relating military hospital care to Goffman's total institution theory. I underwent this surgery in September of 2012 and had to withdraw from the fall semester of undergraduate studies. Up until now I would have to say that this was my worst post-operation hospital stay. The operation itself was a complete success and the operating doctor even guaranteed adding twenty more years to my lifespan. It was the post-operation treatment that made me equate it to Goffman's total institution theory since I felt that the civilian nursing staff was for the most part uncaring. I will not generalize, however, as there were some civilian nurses that showed genuine concern for the patients and went out of their way to comfort the patients. During my last hospital stay I felt that I was not treated with proper respect and felt degraded. I felt naked, with just the flimsy gown with the open back as a dress attire. I no longer had my fancy suit for my executive government position, or decorated uniform from my previous assignment. I felt completely stripped. Even my prestige of addressing and caring for hundreds of soldiers was taken from me. I felt worthless as I was not even addressed by my name by the civilian nurses. The few military staff, on the other hand, were very respectful and addressed me not only by my name, but by my rank as well.

I understand that the current military situation of supporting two theaters of operation (Iraq/Afghanistan) has greatly stretched the availability of military nurses at military hospitals. This has caused the deployment of military nurses to the theaters of operation, while civilian nurses are taking their places at military hospitals. Also, there has been attrition due to military nurses getting out of the military to take higher paying jobs in the civilian sector. Consequently, health care for the military at stateside hospitals has suffered, especially for returning combat service veterans experiencing post-traumatic stress disorders (PTSD). In addressing this concern, True, Rigg, and Butler (2014) make the argument that despite the urgent need for mental health care among U.S. service members returning from deployments to Iraq and Afghanistan, many of

our returning veterans do not receive adequate treatment.

Thus far, I have been critical of the stateside military hospitals with regards to the care provided by the civilian nurses and have related the problem to Goffman's total institution theory from the male perspective, however, there is another perspective that is often ignored and that is from the female gender. Vogt, Barry, and King (2008) address this concern as their study revealed that female patient veterans are uncomfortable in the medical setting, because they feel a lack of sensitivity to unique aspects of women's health-care experiences, and neglect seeking care. The authors also cite the U.S. General Accounting Office 2009 report which states "a lack of knowledge about female patients, their background characteristics, and their health-care needs may result in the failure to offer appropriate services" (p. 625). This realization has made me think that there are perhaps many female veterans who would also agree with Goffman's theory of total institution being applied to the current stateside military health care system. As I am sure that they too have experienced many instances of degradation, insensitivity, and a loss of dignity at the hands of the stateside military hospitals.

In addressing the new assumption that what one patient may perceive as a degradation in healthcare may also be perceived as satisfactory by another; I found topical literature referencing this point that was inconclusive with regards to agreeing to what constitutes the measure of patient satisfaction in the healthcare system. Crow, et al. (2002) argue that despite the problems associated with arriving at an agreeable definition of "satisfaction", and the difficulties with its measurements, that the concept continues to be widely used. They conducted a comprehensive review of all available literature covering the years 1980-2000 on defining patient satisfaction. One common definition of "satisfaction" is that it is fulfilling expectations, needs, or desires. In their comprehensive review of the literature on patient satisfaction, Crow and colleagues argue

that two conclusions follow from this definition: “(a) satisfaction does not imply superior service, only adequate or acceptable service; and (b) satisfaction is a relative concept—therefore, what satisfies one person may dissatisfy another” (p. 16). In addition, the authors make the argument that further research may be needed in reviewing the effects of “satisfaction” on health behaviors and health outcomes to establish the importance to health services, and to individuals, in fostering satisfaction. Jackson, Chamberlin, and Kroenke (2001) also argue that although many patient satisfaction surveys exist with acceptable measurable properties, that the factors influencing the patients to perceive satisfactory care remains largely unknown. Thus, they conclude that studies measuring predictors of satisfaction have explained only a small portion of satisfaction’s variance, nearly always less than 20%.

Jenkinson et al. (2002) also argue that patient satisfaction is not a clearly defined concept. They contend that the developed survey questionnaires are limited because they focus on people rating the aspects of care which are based on their attitudes to services and people’s attitudes differ. They propose that survey questionnaires should measure the patients’ experience of their care, and then determine how such experiences are related to satisfaction. They criticize patient satisfaction questionnaires for failing to distinguish effectively between good and bad practice since they hardly ask the patient about the value of their treatment. They favor a patient survey questionnaire developed by The Picker Institute in Boston, Massachusetts that seeks detailed information on patients’ experiences of healthcare. These questionnaires focus, on specific dimensions of patient care—including information and communication, coordination of care, respect of patient preferences, involvement of family and friends, and continuity and transition. The questionnaires do not ask if patients are satisfied with these aspects of care but, instead, whether certain processes and events occurred during the course of a specific episode of care. (Jenkinson, et al., 2002, p. 335)

They explore the extent to which satisfaction is a meaningful indicator of patients' experience of healthcare services.

Sofaer and Firminger (2005) further address the concept of a patient's perception of satisfaction with the healthcare system as having to do more with their expectations or actual experiences. They argue that because of the increasing demands made for a more patient-oriented health care system, that it is important to define and measure the patient perceptions of health care quality, and to help understand more carefully why they have such perceptions. Their study analyses the issues and concerns that makes this task difficult. They also attempt to solve the possible confusion between patient perceptions and patient satisfaction. They further argue that perhaps the variations in the patient perceptions of their quality of health care may be a result of the differences in their expectations or real experiences. They propose a conceptual model to clarify and assess the qualitative studies that reveal how patients define quality care; and, how patients view health plans, hospitals, physicians, and health care in general. They confirm that patient perspectives on quality are somewhat, though not entirely, distinct from those of hospitals/clinics and that little if any systematic attention has been paid to the stability of patient perceptions and thus to the criteria patients use in making assessments of quality care.

Theoretical/conceptual literature.

I made use of the literature review to apply Goffman's total institution theory to individuals staying in civilian or military hospitals. Goffman defines total institutions as "a place of residence and work where a large number of like-situated individuals, cut off from the wider society for an appreciable period of time, together lead an enclosed, formally administered round of life" (Goffman, 1961: p. xiii). Although I focus my study on civilian and military hospitals, the concept of total institutions also applies to prisons, military units, and other dominant/subordinate

organizations. “Mental hospitals, prisons, monasteries, convents, boarding schools, and the military all have one thing in common: They are all total institutions” (Appelrouth & Edles, 2012, p. 492). No matter what total institution the individual goes through, or whatever previous identity they may have had, once they are in the institution they are stripped of any previous identity and given a new controlled identity. Their personal character and individualism are replaced by the institution’s subordinate roles. Goffman (1961) says that they lose their sense of autonomy and individualism, “upon entrance, he is stripped of the support provided by these arrangements. In the accurate language of some of our oldest total institutions, he begins a series of abasements, degradations, humiliations, and profanations of self” (Goffman, 1961, p. 11). That being said, Goffman argues that the individual’s social self is what allows the inmate (in this case patient) to deviate from the structure. It is through the social self that the patient can resist and obtain concessions from total institutions (Rawls, 1987).

In his book *Asylums: Essays on the Social Situations of Mental Patients and Other Inmates*, Goffman (1961) makes the distinction between the social institution and the *total institution*. He makes his argument by stating that in the social institution the individual usually sleeps, plays and works in different places, with different fellow mates, with different supervision, and without one overall institutional plan. In the total institution, on the other hand, all the individual’s livelihood is conducted in the same place and under the same authority. All the patients are required to be dressed alike and get checked at the same time by the same group of doctors/nurses. Also, all the day’s activities are similarly scheduled with one activity following the other, such as time to get fed, time to get shots, time to be given medicine, and a time to get bathed. There are institutions that care for the disabled or handicapped (the blind, aged, or orphaned); institutions that care for those individuals who can’t care for themselves and that are a possible threat to others (diseased or those with mental problems); institutions for the protection of the communities (jails, or prisons);

institutions for the betterment of society (military barracks, boarding schools or work camps); and, religious institutions (monasteries or convents). These are total institutions because they all engage in having control of the individual and monitoring his/her activities.

Goffman (1961) also states that “in total institutions there is a basic split between a large managed group, conveniently called inmates, and a small supervisory staff” (p. 7). He also states that the inmates are confined to the institution and their contact with the outside world is restricted. The staff, on the other hand, very often works at the institution for only eight hours and then returns to the outside world. In the case of military hospitals, the same type of split holds true; the patients usually outnumber the administrative/supervisory staff. The patients are relegated to staying in the hospitals (total institutions) and have restricted/controlled contact with the world outside the hospital. Yet, when the staff leave, depending on the circumstances, they may be going to a different total institution—their military life. Goffman also says that there is animosity between the two different groups. The staff often sees the inmates/patients as being bitter, secretive and not to be trusted; while the inmates/patients sees the staff as being strict and mean. They also hold different inner-feelings. The staff most often feels superior and correct in the actions, while the inmates/patients tend to feel weak, inferior, and defenseless. Social mobility is only meant for the staff which may come by way of a promotion. In the case of the inmates/patients there is no such a thing as social mobility; for them the only chance for social mobility comes after being released or discharged.

There is also a distinct relationship between the doctors and patients at the hospitals or *total institutions* as Goffman would say. Goffman (1961) addresses these clear distinctions made in the doctor-patient interactions in his book *Encounters: Two Studies in the Sociology of Interaction*. Goffman states “the over-all role associated with a position falls into *role sectors* or

sub roles, each having to do with a particular kind of role other. Doctor-nurse is a role sector of the doctor role; doctor-patient another” (p. 86). Thus, the doctor interacts with the nurse in a different manner, sort of a colleague relation; the doctor and patient interaction, on the other hand, is more of an authority-subordinate relation. Everyone then understands their position, or role, in society and interacts accordingly. As Goffman also states in *Encounters* “role, then, is the basic unit of socialization. It is through roles that tasks in society are allocated and arrangements made to enforce their performance” (p. 87).

In the course of my literature review I was focused on finding investigative research dealing with the comparison of patient satisfaction in health care at both a military and a civilian hospital. But I found very limited data that made such comparisons, if anything it was more on a comparison on diagnosis and procedures between the military and civilian health care systems (Jackson, et al. 1999). Consequently, this study could be useful to the field because of the current research gaps that exist in the comparison of patient satisfaction in health care at both military and civilian hospitals. Also, because of the current interest in attaining patient satisfaction as an indicator to measure the success of hospitals.

Chapter 3

Method

Participants.

I began to recruit possible participants for my study upon gaining IRB approval through the University of Texas at El Paso IRB. The participants for this qualitative interview study consisted of twenty military personnel, retired and active duty, their dependents, who had received medical care at both military and civilian hospitals. The findings in this research, for the most part, are specific to specific hospitals in the El Paso/Fort Bliss community. Many of the interviewees are retired military or ended their service obligation locally, who live, work, and make the El Paso/Fort Bliss community their home. There were also some interviewees who had their hospital experiences outside the El Paso/Fort Bliss area. For example, Kadyr, a 32-year-old Hispanic who was on active duty at the time, was hospitalized in Iraq; Opa, a 70-year-old, White male had his medical procedure done in Germany; while John Doe, a 63-year-old White male, was hospitalized in England.

The participants consisted of males and females between the ages of eighteen and seventy years of age (see Table 1 for participant demographics). They were recruited from a network of former work colleagues using a combination of convenience and snowball sampling. I did my convenience sampling at the Freedom Crossings Mall, Del Sol Outpatient Rehabilitation Center, and at various local veteran chapter organizations (e.g. Veterans of Foreign Wars, Military Order of the Purple Heart, etc.). My snowball sampling consisted of interviewees recommending other friends or relatives to participate in the research study. A good example was Sam, a 67-year-old Hispanic male Vietnam era Army veteran, recommending his brother Easy, also a 69-year-old Hispanic Vietnam veteran, who in turn recommended Pearl, a 45-year-old Black female Iraq war Army veteran, who was a member of his veterans' chapter Military Order of the Purple Heart. I

scheduled all interviews in a private room at a city public library that is near the interviewee's home or place of work, or at the Freedom Crossings shopping area. As an incentive, I provided them with a \$20 gift card for their contribution and for taking time out of their busy schedules.

As such, I anticipated that the population would be mostly elderly, but also foresaw that it would include some young men/women in the population group. In my experiences I have learned that women, especially single women, are more reluctant to participate in an interview by a male interviewer. I found men, especially the older perspective interviewees, easier to approach and more eager to participate in the research project. I also encountered very few active duty participants for my research. Throughout my long military career, I have learned that it is difficult for a military person to remain on active duty if he/she has had medical procedures performed. The reason for such predicament is that a military service member must appear before a Medical Board whenever they have a major procedure to see if they are still fit for active military service. Consequently, very few active duty military personnel met the criteria to participate in my research project.

Materials, Design and Procedure.

I provided informed consent forms to the interviewed subjects that gave them information explaining the procedures and benefits gained from their participation. As participants were briefed, they were asked to sign two copies of the informed consent form (see Appendix A). One form was kept by the researcher and the other was given to the participant. They were also informed of the minimum risks involved and told that their participation in the research study would provide significant benefits to their peers. They were reminded that their participation was strictly voluntary, and that they could withdraw at any time, with no questions asked. They were also be reminded that their interviews would be kept confidential and that their actual names

would not be used. They were encouraged to use a pseudonym to maintain their confidentiality, thus all names in this document reflect pseudonyms. All completed interviews were kept in a secured confidential place with limited accessibility. Only the research project advisor and the researcher had access to the interview data, and when not in use it was secured in a locked drawer or cabinet in a locked keyed facility.

I used the face-to-face interview for the data collection method. I conducted semi-structured interviews to allow the interviewee to bring their unique perspective on patient care. The benefits for conducting semi-structured interviews are that they generate more extensive responses than surveys that may better capture the comparisons of patient satisfaction. These rich descriptions are necessary due to the current lack of information in the field on this topic. Interviews also allowed for the interviewer to probe additional questions and clarify any misunderstandings of questions that the participants could have. Other benefits for doing face-to-face interviews were that they captured the interviewee's body language that added a dimension to the response and captured the interviewee's complete attention. There were no known distractors to worry about since the interviews were conducted in privacy or isolated areas.

The twenty questions on the semi-structured interview guide focused on the interviewees' perceptions of their health care, during the hospitalization, at both the military and at the civilian hospitals. The questions addressed their hospitalization from the time of their hospital admittance, medical testing, medical treatment, recovery, and discharge (see Appendix B). I answered any questions that the interviewees had about the research or the research process then asked permission to record their interview to properly capture the information provided. Interviews were digitally recorded and fully transcribed, word for word.

Method of Analysis.

The twenty transcribed interviews were manually coded as part of the data analysis process. Coding manually provides a personal approach to analyzing the emerging data. In the manual coding process, I began the process of open coding from the twenty analyzed transcribed interviews of patient perception of quality of healthcare in both military and civilian hospitalization stays. All questions on the semi-structured interviews were asked to all individuals about both their civilian and military hospitalizations. Therefore, there was some amount of systematic coding of larger themes.

I conducted qualitative coding by separating the data by themes and compared these themes between civilian and military hospital experiences. The initial themes developed from the interviewee patient responses pertaining to their perception of quality of healthcare that became what they deemed as satisfactory, unsatisfactory, or indifferent. A closer look at what respondents viewed as satisfactory, unsatisfactory, or indifferent became sub-themes. As work on the sub-themes progressed, I soon developed a long list with many of the sub-themes grouped into similar meanings. I then proceeded condensing the emerging codes with similar interviewee response meanings or intent, thus shortening the list of sub-themes. This process was revisited after sub-coding a few interviews at a time, thus refinement and coding were an on-going, emergent process.

I continued to organize the groups of data by identifying and coding the emerging topics, categories, and sub-categories. I color coded and highlighted the similar, dominant, and contrasting emerging topics, categories, and sub-categories. I then re-read the interviews several times to re-arrange themes and do a deeper comparison within and across the themes. These steps were overseen by my advisor for inter-rater reliability where we would agree on themes. Any disagreements were amicably discussed at length until a suitable conclusion was drawn.

During the coding process I created tables containing the emerging categories of themes, and sub-themes, from the twenty analyzed transcribed interviews of patient perception of quality of healthcare in both military and civilian hospitalization stays. One, for categories and main themes and another for categories and sub-themes (see Tables 2 and 3). The last step in the coding process was to determine what would constitute a major prevailing theme from the resulting sub-themes. Subsequently, my advisor and I arrived at a mutual agreement as to what would constitute a prevailing major theme. The agreement was that whenever three or more patients had similar sub-theme responses regarding their perception of healthcare under satisfactory, unsatisfactory, or indifferent, that it would constitute a prevailing major theme (See Table 4).

Actions Taken.

In the process of analyzing interview data for the subject JoJo (#12), a 54-year-old Hispanic male Army veteran, the revelation was made that he was only a 7-year-old boy when he underwent the hospitalization at a civilian hospital. Consequently, the data could not be used for the thesis since his perspective on the quality of hospitalization would be that of a young boy instead of a subject between the ages of eighteen through seventy as the other interviewees. At no time was there an intent of deception since when JoJo was recruited as a possible interviewee, he met the subject qualifications criteria; that is, “being an active or retired armed forces service member between the ages of eighteen and seventy. Service member’s dependents were also eligible. Also, all participants must have been hospitalized in both a military and a civilian hospital”. In the context of the interview analysis concerning JoJo’s responses during his hospitalization at a civilian facility, he was unable to provide answers to some of the questions

addressed since he was only a boy at the time of his hospitalization. Subsequently, the civilian medical staff would at times only address the parents of the young JoJo, for answers as to his state of being and quality of care satisfaction level.

The revelations made during the data analysis of the interview on JoJo (#12) have resulted in his data collected being removed and no longer considered a part of the data analysis of the patient perception in the quality of health care in both military and civilian hospitals. By taking such action it will explain the discrepancy as to why total numbers of collected data does not agree with the twenty-interview process. This action was necessary because JoJo's perception on the quality of health care as a child would be a lot different than the perception of the other adult interviewees at a civilian hospital. We have, however, included his responses to sub-themes of satisfaction/dissatisfaction only to military hospitals, since he was an adult in a military hospital and could comment on his experiences there. We are not comparing these experiences, however, to his civilian experiences.

Limitations.

The limitations of doing semi-structured interviews are that data collection and analysis are time-consuming and results are not generalizable. Also, some personnel may be apprehensive about sharing their experiences that may have left a traumatic experience that they have yet to overcome. Finally, it is possible that a limitation could have existed because of my military rank. The limitation would it been in the form of the respondents not being completely honest about addressing their complaints regarding the care they received in military hospitals because of my higher military rank. It is impossible to know if they held anything back, but they did share negative experiences.

Chapter 4

Results

Admittance Type of Welcome and Comfort Level.

In evaluating the military affiliated patient's perception in the quality of health care in terms of the initial admittance stage experienced at both a military and civilian medical facility, several contrasting trends emerged. One such trend was that the respondents revealed a greater number of indifferent attitudes by hospital staff towards patients at the military facilities than that at the civilian facilities.

The prevailing sub-theme with regards to the indifferent attitude by military hospital staff towards the patients was in terms of just a general routine welcome, where they used value neutral language and did not feel a sense of friendliness or warmth. For example, Kadyr, a 32-year-old Hispanic active duty Army male suffering from PTSD, stated "Ah, at that time it was a general welcome. Since it was basically my first time going into a military hospital." Mimi, a 32-year-old Hispanic female Army veteran, had a similar response with her reply of "So, I mean, I guess it was a normal welcome." She further stresses the indifferent welcome she received when she states, "It wasn't...a...ah, thank you for coming...it was kind of like a...okay, we're having a baby." Saga, a 56-year-old Hispanic medically retired Army veteran, on the other hand, thought the type of welcome was just okay. He asserts that "It was okay at the receiving end. You know, when you walk in there, the admin." Whereas, on the military side there was an indifferent attitude, some people were also satisfied with the military and civilian facilities' types of welcomes.

Thus, for admittance type of welcome, speed of service was important for the patients at the civilian facility as expressed by Godfather, a 66-year-old retired Hispanic male Army

veteran; Rico, a 65-year-old male Army veteran; and, Bee, a 33-year-old female active duty Navy sailor. Their sense of urgency was most evident when being processed quickly through the emergency room in instances involving life- or-death situations. It is interesting that the speed of service in the admittance phase surfaced as a major sub-theme in the civilian facilities, instead of the military facilities. This was somewhat surprising, perhaps because in military medical facilities patients are readily admitted by simply showing their identification cards, since the card itself shows all the benefit services that they are entitled to receive, whereas civilian hospitals require time to process private insurance. Also, active duty members are given preference and treated ahead of others, unless others exhibit a more critical condition, in both medical and pharmacy services, so perhaps being seen right away was a stark difference in a civilian hospital. The finding about being treated indifferently at military medical facilities is rather perplexing because two of the respondents, Kadyr and Mimi, were on active duty when they experienced the indifferent attitude by military medical personnel. Thus, this finding counters the assumption that active duty members are given preference over other non-active duty patients. In the case of Kadyr, however, it is worthwhile to mention that he was in a combat area at the time of his treatment and the stress level of the attending medical personnel was considerably higher than at a peaceful environment type of medical facility.

Another interesting finding is that both military and civilian facilities shared the similar sub-theme of warm welcome as important when being admitted to a hospital. Getting a warm welcome is probably important in relaxing the patient's concerns when the hospitalization required is critical.

In the admittance stage's comfort level, both sides experienced good thorough explanation of procedures that made the patients comfortable, and put at ease, so that they did

not have any concerns at that moment or about their upcoming procedures. For the military medical facilities, for example, Sam was elated when he stated “Oh, great hooked up testing ah...explaining what...what was going on and pretty much. They tried to keep me ah...informed of everything, I felt comfortable...ah...I didn’t have any threat of anything and ah...I was at ease.”

Medical Testing Explanation.

In this theme the common sub-theme of thorough explanation was similarly shared by many people about both the civilian and the military medical facilities. Sarge, a 68-year-old Hispanic Army veteran, captured the groups’ satisfaction sentiment by simply stating “the procedures were explained pretty well.” Godfather was not only satisfied with the thorough explanation he received for the medical testing, but also how the medical staff identified and planned to deal with his medical ailment by stating “went very in detail. And, explained in depth what was the problem, and how they gonna attack the problem.”

The sentiments were very similar when discussing civilian hospitals. A few slightly different angles included John Doe, a 63-year-old White medically retired Air Force veteran, who appreciated not only knowing what was going to be done, but who was going to do what, “I was very satisfied because they went into the details of any tests or procedures that were going to go on. And, stuff of who was going to come in, and do this, and after a while, who’s gonna do this.” And, although Sarge’s upcoming procedure had some unknowns, he was put at ease by the thorough explanation, “They explained them. They told me what the situation was, and...ah...that they were gonna go in. And, they had already told me it was it was three that they knew about, but it might be four, the other one when they opened you up. They would tell what you’re gonna need so...that was it was pretty well explained.”

Medical Procedure.

In the theme of procedure explanation, the prevailing sub-theme for many respondents about the civilian and military hospitals was the thorough explanation the patients received regarding their medical procedure. People were satisfied with the thorough explanation given for their medical procedure because the staff fully addressed what their conditions were, and their concerns, including answering questions and making people understand exactly what to expect for all kinds of procedures, including the length of the procedures and chances of successful or unsuccessful outcomes.

In the theme of procedure competence, the prevailing sub-themes regarding responses about military hospitals was that the patients were made to feel comfortable because it eased their tensions, with respondents using words such as being put “at ease,” “calmed down” and “assured.” Godfather, for example, addressed this feeling of comfort in terms of “they were very...ah...friendly. And, every time...they...they were displaying un-comfort, or discomfort, they were really quickly to ask me, and explained what's going on, and put me at ease, it was really good.”

Medical Competence Pre-Op.

In exhibiting medical competence in preparing patients for operations, the military hospitals excelled in prepping patients quickly and acting very professionally. Sam, for his part describes this sense of professionalism as adhering to procedural guidelines, or as he says, going “by the book.”

On the civilian hospitals the prevailing sub-theme was the friendliness of the staff. Many were comforted by the medical staff’s friendliness that eased the tense anticipation of the

procedure and made it easier to deal with. John Doe stressed this feeling when he commented “Treatment was good. Very friendly, you know, and some of the treatment was uncomfortable to say, but they made you feel as comfortable as possible.” Sarge elaborated a bit more on the friendliness of the staff that eased his level of stress. He was especially elated because he was attended by friends of his daughter who also happened to work there. His comment was “they’re friends of my daughter and they said no, you gonna be alright. And, kind of raise your spirits a little because you kind of feel down. Just the fact that you’re gonna go under the knife. I guess.”

Explanation Post-Op Care.

A multitude of respondents on both sides expressed a feeling of satisfaction with the thorough explanation given after their respective procedures in post-op care, with several people even stating that the medical staff encouraged questions. Respondent’s summaries of the explanations on both the military and civilian sides were not just of the procedure that had just taken place, but also about what to expect and recommendations for future lifestyle changes.

Interestingly, Kadyr’s remarks about the civilian hospital seem to contrast it to the military hospital, reflecting his preference for his post-op care at the civilian hospital, “The civilian hospitals have more...I believe they have more training on how to treat people. So, they...ah...it was really satisfying what the doctors, or the nurses were telling me...and what they were going to do.”

Furthermore, the civilian hospitals had two additional satisfactory sub-themes, the first being having confidence in their doctors. Interestingly, Pearl and Bee, expressed their confidence in their civilian hospital doctors by virtue of them being former military.

The second satisfactory sub-theme for the civilian side was feeling reassured that the

procedure went well. Not only do patients want to know if they had successful procedures, but Pearl went further stating that some of her trepidation was being in a new, civilian environment: “He (anesthesiologist) came in. He talked to me, asked me quite a few questions. He even spoke to my mom. We're so used to the military hospital, the way they do it, when we go to civilians, sometimes we need a little bit more reassurance.”

Recovery.

The recovery theme addressed the respondents' perception in the quality of health care they received after their respective medical procedure in both military and medical facilities. This theme encompasses the sub-themes of “after procedure care” given to the patient, the “nursing staff assistance” provided, and the “administering of medication” while in the recovery area.

In the sub-theme of “after procedure care,” some military respondents rated it as unsatisfactory because they felt the medical personnel treating them did not explain things fully or were just incompetent. Mimi described one such incident where the nursing staff was unaware of the procedure that she obtained, “I was dissatisfied. One; the nurse didn't even know that I had a C-Section. So, she was...she had pulled me off the bed, and I was walking around. And, they cut your abdomen, so...then she was ‘Oh, you didn't tell me that you had a C-Section.’” On the satisfactory side, some military respondents were exuberant with the quick service and constant monitoring they received while recovering.

The civilian hospitals provided good thorough explanations and a reassurance in being cared for. Godfather cites the thorough explanation he received in his after-procedure care when he remarked “the doctor came back almost...ah...while I was conscious. He came back and explained to me what he did. And...ah...and the prognosis. So, that was real good.” A couple of

people in this subtheme discuss feeling that the physicians ensure that the patients are in good shape before they are discharged. This contrasts with the common practice that military hospitals emphasize expedient treatment for active duty personnel in order to return them back to their place of duty. Thus, if the military medical procedure is successful and there are no complications, prompt return to duty is important. Consequently, military medical culture is more terse and “to the point”; it provides just the necessary patient treatment to return the individual back to duty. Whereas, civilian medical institutions are based on customer service, and the patient receives longer medical care. John Doe exemplified the subtheme of reassurance in being cared for in the civilian hospital when he makes the point that “They kept me overnight because of the problems I have had. Before I would normally would have been in and out. Now, they keep me overnight because I do have problems sometimes, afterwards. But they explained the reason why they had to do that. So, you know, they were friendly, knowledgeable, and took good care of me.”

The “nursing staff assistance” theme provides a very interesting paradox in that both military and civilian sides had a group of respondents expressing dissatisfaction by claiming that nurses were very slow to respond in providing assistance, where people had to sometimes ring for the nurses multiple times, yet at the same time, several respondents on both sides also praised the nurses for their quick response in assisting them to recover, which is very important to the patients since they are often immobilized after a surgery.

This section, then, shows how different nurses can be with their quality of care, as this is when patients are most vulnerable with regards to their limited mobility after a major surgery. This is when nurses can therefore make the greatest impact by providing assistance and thereby influencing patient satisfaction. DiGiacinto et al. (2016) review patient satisfaction research,

which emphasizes the importance of being kind and friendly while interacting with the patient. They further state that any positive patient interactions with nurses or physicians has been noted to improve patient satisfaction. The factor of a shift change in the medical staff, of course, can alter that level of patient satisfaction (DiGiacinto et al., 2016). Pearl for instance makes such a point in her dissatisfaction with the civilian nurse response “It depended on what shift was there. Um...there were a couple of times when I had to ring twice because I had to go to the bathroom. And, then there was another shift, where I would end up ringing like twice.” Patrician et al. (2011) analyze shift-level nurse staffing and proposes that consideration be given to nurse staffing and experience levels on every shift as a possible solution to such problems.

In the theme of “administering medication” both civilian and military sides expressed a similar sub-theme developing in that the nurses were recognized for being timely with their medication, even waking people up in order to administer the medications. Respondents on the military side were also satisfied with the explanations that the nurses gave about why they needed these medications and their potential side effects.

The drawback on the military staff was the problem that surfaced with the sub-theme of administering the patients’ medications. The problem was in their neglect to detect adverse reactions the medication was causing in patients, and in their failure to provide the correct medication. Steve, a 70-year-old retired combat helicopter pilot, expressed his anger and frustration as evidenced in his remarks,

Yeah...they were...they had my medicine all screwed up. Why? Don't think that was good either. No, the medicine part was awful. They were micromanaging my medicines. They were not giving me the correct medicines from previous what I was normally taking. Before they weren't giving me those correctly, so my wife was fighting with them

constantly.

Here again, Patrician et al. (2011) would make their argument about giving considerations to nurse staffing and experience level on every shift to alleviate such problems with medication errors. A study by Tariq & Scherbak (2010) address the problem with medication errors and make the point that annually, just in the United States, about 7,000 to 9,000 people die as a result of medication errors, and that is not counting those that go unreported. They also found that the cost of treating the patients with medication errors exceeds \$40 billion yearly.

Overall Communication.

Other emergent themes not seen previously is the lack of communication between the medical staff and the patient. In the overall communication theme both civilian and military sides had a subtheme that was deemed as unsatisfactory; on the military side it was the issue of the medical staff not listening to patients' concerns, or simply a lack of attention. Mimi emphasizes this point when she says "I never had anyone come into my room and say, how is everything? Or, how are you doing?" Whereas, on the civilian side it was the unresponsiveness of the hospital administrative services in terms of not following-up with patient concerns or having other experienced nurses readily available so as not to rely on any one individual nurse. Surprisingly, both sides had a similar subtheme as satisfactory. The subtheme of being very attentive to the patients' needs were equally shared, again showing the great variance in nursing care. The civilian side had an additional subtheme that addressed the friendliness of the staff that was especially demonstrated by way the medical staff kept the family members informed of the patient's condition.

Discharge Procedures.

In the discharge procedures, both civilian and military medical staffs were recognized for

providing good thorough explanations during the discharge notification and discharge instructions. They provided good information in preparing the patient for hospital release by giving them an expected time of release, securing all patients' belongings, and by alerting family members of the impending discharge. The patients also received thorough oral and written information on the administration of medicine, rehabilitation, and follow-up appointments.

Several of the military and civilian respondents exclaimed that the discharge process had been quick and easy. One important comparison here, between military and civilian hospitals, is that despite the much larger volume of patients seen at civilian hospitals that a significant number of respondents claimed that their discharge process was "quick and easy." Godfather is one respondent who makes such an emphasis, "Yeah! That was pretty fast. And, which on account of the volume of people they have. And, you could tell the difference between them and the military hospital is outrageously high."

Yet, there were a few civilian respondents that claimed that the discharge process was just the opposite, and that it had in effect taken too long. Some of the respondents, like Kadyr and Little Paul, a 68-year-old White male Army veteran, blamed the slow process on the paperwork needed for release. Perhaps a probing question could have asked if the discharge process paperwork delays were due to the insurance payment guarantee requirements.

Chapter 5

Discussion

Much of the literature review centered on the inconsistency on determining what is considered satisfactory health care, which we found challenging as well in establishing a consensus as to what is satisfactory in general, as the respondents had different perspectives as to what they considered as satisfactory healthcare. Research studies such as Crow et al. (2002) show that a patient's perception of satisfactory healthcare varies. One of their main arguments is that individual characteristics play a big role in determining what constitutes an expressed individual satisfaction, such as values, beliefs, expectations, and experiences; as well as his/her personality, health, and social status must be considered to trying to arrive at an agreement of "satisfactory". Crow et al., also state, however, that what may be satisfactory to one subject, may be in fact unsatisfactory to another. This is one advantage to our study, however, where we were able to compare *the same individual's feelings* on military versus civilian care. Thus, they were using their own consistent standards in comparing the two types of care.

In another study, Sofaer & Firminger (2005) make the argument that it is "critical to define and measure patient perceptions of health care quality and to understand fully what drives those perceptions" (p. 513). Their argument is that the perception of quality care also differs among respondents. They go as far as to ascertain that our patient perception of quality is still in the undeveloped stages because we are unable to get consensus on the patient perception of health care quality. They also came up with seven categories in trying to determine a patients' own definition of quality care; and, the categories are (1) patient centered care; (2) access; (3) communication and information; (4) courtesy and emotional support; (5) efficiency of care/effective organization; (6) technical quality; and, (7) structure and facilities.

In general, the two main issues that respondents quoted as important to satisfactory care in many aspects of care were having good explanations and friendliness of staff. In applying the Sofaer and Firminger's (2005) categories of quality to my research I noticed that all seven, in one way or another, were addressed by the respondents to different degrees in both the military and civilian hospital care. Four of these categories of quality were noticeably more prominent in my study: their perception of satisfactory patient centered care; communication and information; courtesy and emotional support; and, efficiency of care/effective organization.

Although, I report on general findings based on a small sample of medical institutions. More specifically, the medical staff and patient interactions were mostly satisfactory at both military and civilian hospitals. In the military hospital the patients were content with the way their medical procedures were fully explained, to include nursing staff response time, and they were also happy with the success of the treatment. Whereas, on the civilian side their most satisfying interaction with the medical staff was in attentiveness to the needs of the patient, which they felt showed genuine concern for their wellbeing. They also felt that the friendliness of the medical staff reflected their patient care. One possible reason as to why the military hospitals exhibited a less than warm-caring attitude towards their patients is probably because their medical training is geared to expeditiously healing the patient to return him/her to active duty and maintain a readiness posture. Thus, they would be less inclined to extend the patient's hospital stay. The military system's emphasis on maintaining a manpower readiness posture dictates that military personnel be returned to active duty as soon as possible. Moreover, military interactions between individuals tend to be more formalized.

Civilian hospitals, on the other hand, may profit more financially by keeping patients longer and thus, do not have the pressure of having to treat the patient expeditiously. Civilian hospitals are also very focused on a customer service model (Austin, 2011). Thus, the civilian

hospital can offer the patient more attentive services and a more relaxed recovery atmosphere.

As a result, it is surprising that there was not a single unsatisfactory subtheme under the category of “most unsatisfying interaction” for the civilian hospital side, whereas, there were several on the medical military side, many of which were about the recovery period. A disturbing emerging pattern here is that the dissatisfaction under military hospitals concerned serious medical care such as lack of knowledge due to information not being passed between shifts, uncaring doctors, improperly managing medication or routine procedures, doctors not communicating, being disrespectful, and nurses not periodically checking on a patient. The problem with the treatment of recovering patients at military medical facilities came under much scrutiny when the wars in Afghanistan and Iraq began returning many wounded soldiers to recover at stateside military facilities. Many of these soldiers came back as amputees or with other severe traumatic injuries.

In February of 2007 *The Washington Post* (Priest & Hull, 2007) published several articles exposing several cases of neglect at Walter Reed Army Medical Center involving soldiers and family members. The revelation of poor living conditions of wounded soldiers recovering at Walter Reed Army Medical Center caused an uproar among politicians who asked for the firing of military and civilian administrators. The awakening of government administrators to the poor health care conditions at Walter Reed prompted the hiring of additional medical staff and more funding to care for the wounded soldiers. Walter Reed would eventually shut down in 2011 and merged with that of Bethesda National Naval Medical Center (U.S. Government Accountability Office, 2010). Whereas the subjects in this study were not at Walter Reed and had various health conditions, this might point to some structural issues that military hospitals have with inadequate resources for recovering veterans.

Military veterans' poor medical treatment was also exposed when the Veterans Health Administration (VHA) scandal of 2014 reported negligence in dealing with military veterans. CNN broke the news in April of 2014 (Bronstein & Griffin, 2014) that about 40 military veterans had died while waiting for care at the Phoenix, Arizona VHA facilities. Charges were made that the VHA was not keeping their mandated 14-day appointment system, and that in fact some veterans had to wait for several months before they could get an appointment. Worse, some patients died while waiting to get their appointments and some of the VHA staff was proven to have falsified appointment records to show that they had met the 14-day appointment goal (VA Office of Inspector General, 2014). Research shows that delay in medical care leads to a worsening of medical conditions (Scott et al., 2012). Thus, if patient medical care is delayed for those patients in military hospitals, their condition may worsen, and they may have to come-in with more complicated medical conditions that require more intervention.

As far as the demographics on those interview respondents that complained about unsatisfactory care while recovering; of the nine respondents with complaints, only three (John Doe, Nana-the only dependent interviewed, and Mimi) had medical admittance dates that would have preceded the dates when the scandals broke out about poor military medical care. And, that is presuming that medical treatment would have improved as a result of the scandals, and that the other complaining respondents with admittance dates after the scandals would have fared better. Change is very slow, particularly in large bureaucratic institutions. Moreover, it is also likely that other factors, such as medical military personnel stress, would play a part in the poor patient recovery treatment.

All these unsatisfactory subthemes would generally require filing a complaint along military administrative channels. Goffman (1961) in his concept of total institutions makes the

argument that while all the individual's livelihood is conducted in the same place and under the same authority that they still retain a form of agency that is in the form of the social self. For example, Chief, the 70-year-old Hispanic retired Army veteran, is one respondent who questioned such unfair treatment and took it upon himself to challenge the system when he felt he was being disrespected and called the military police which got him the medical attention that he wanted. Mimi, on the other hand, is one respondent that did not file a complaint because she thought it was normal not to question procedures. She surmised that because she was young and of low military rank, she thought that such treatment was normal and thus did not complain. Thus, people may experience the constraints of total institutions to different degrees depending on personal identities that they maintain or develop within those total institutions.

Perhaps one reason for such military medical inadequacies has been the constant rotational deployment of military medical personnel to the current conflict areas of Iraq and Afghanistan. Although, the optempo (operating tempo) requiring military personnel to deploy to the conflict areas of operation has been decreasing, it nonetheless, continues to deplete the resources of hospital military medical personnel to support the war effort. For example, I can personally attest to the fact that I have seen about seven different cardiologists within the last ten years at the VA because of their rotation to the area of combat operations. Another reason is that some of the military medical personnel are lost to attrition when they leave military service and join the private sector civilian hospitals where pay is more profitable, and with a more sense of job continuity. Cabana and Jee's (2004) study on whether continuity of care improved patient outcomes, conclude that sustained continuity of care is associated with patient satisfaction, reduced hospitalizations and emergency room visits, and improved utilization of preventive services.

Lang et al. (2010) studied the levels of burnout among military and civilian nursing personnel assigned to a large military treatment facility. They conclude that although both groups experienced a moderate level of burnout, that the civilian nursing personnel showed lower levels of emotional exhaustion and depersonalization. They argue that although the work environment of these civilian and military personnel are similar, the lifestyle of military personnel differs considerably because they have a multiyear service obligation that prevents them from seeking other job opportunities, do not receive overtime pay, are moved at the discretion of the military to other worldwide assignments, train for war by staying mentally alert and physically fit, and they must be ready to deploy at a moment's notice. Thus, the military nurses have additional stress placed on them and their families.

Despite the very negative recovery theme, one positive recurring subtheme that was prevalent throughout the different themes and that respondents considered essential to their medical care at all stages was receiving "thorough explanations" in both civilian and military hospitals. As a patient, it is comforting to know what procedures are going to be performed on one's own self, especially if there are life-threatening risks involved. There is nothing more concerning than a fear of the unknown, that a good "thorough explanation" can easily calm and address the concern. Some research studies have indicated that providing patients with information about their care often leads to patient satisfaction (DeBehnke & Decker, 2001).

Chapter 6

Conclusions

In making a comparison on my initial theory I made on my proposal, as to why in my perception the quality of health care was better at military hospitals than at civilian hospitals, I found that most of my research data did not support such a theory. As evidenced by the emerging data, there were more interviewees responding positively towards the quality of health care received at civilian hospitals rather than at military hospitals, particularly in the recovery stage. This is important because patient satisfaction is linked to better adherence (DeBehnke & Decker, 2002; DiGiacinto et al., 2016) and full recovery lessens chances for readmission (Shah et al., 2016).

Aside from the recovery theme, the medical staff and patient interactions were mostly satisfactory at both military and civilian hospitals. Thus, my hypothesis about a military staff being more prone to interacting better with a military patient than a civilian staff was also unproven. Those respondents that shared a similar view about interacting better with a military staff than with a civilian staff, because of a shared culture, were not enough to justify the theory. Although, Jackson et al. (1999) asserts that the training military medical students receive is similar to that of civilian medical students, and that the practice content of military and civilian practices is more similar than different; there is still more of a sense of camaraderie experienced between the military patient and the military medical staff because of the similar lifestyle and the understanding of military service obligations (Lang et al., 2010). Hence, in my study it was surprising to hear that military patients preferred receiving medical treatment from a civilian hospital as opposed to military facility where they would share a common sense of camaraderie. It seems that the civilian hospital's medical treatment emphasis is more mindful of providing a

more caring customer service since it is profit driven. Newer work research has continued on Goffman's total institution theory with focus on customer service in healthcare. Popay and Williams (1998) make use of Goffman's total institution concept in their qualitative research to explore common practices with clinical healthcare to improve and provide more humane and efficient care. They make use of Goffman's concept to show how total institutions, like large mental hospitals, can affect the behaviour of people who live and work there.

Civilian hospitals are emphasizing customer service models to attract possible patients as it is indicative of their attainment of organizational healthcare accreditation that hospital administrations strive for. Customer service models also strive to provide quality service with the ultimate goal being patient satisfaction. Patient satisfaction of course is very important for medical facilities because it means that satisfied patients will be inclined to return for additional treatment (DiGiacinto et al., 2016).

With respect to the factors that may influence a patient's perception of satisfactory treatment most respondents had their own idea of what was considered satisfactory treatment. Scholars point out that patient satisfaction is not a clearly defined concept (Crow et al., 2002; Sofaer & Firminger, 2005). According to Crow et al., in their definition of patient satisfaction in the healthcare system, argue that:

- (a) Satisfaction with a service does not imply superior service, rather that an adequate or acceptable standard was achieved; and, (b) satisfaction is a relative concept: something that makes one person satisfied (adequately meets their expectations) may make another dissatisfied (falls short of their expectations). (2002, p. 1)

Even though Crow et al. argue that there is a problem in determining a concrete definition of "satisfaction" they propose that it may be measured by having the patients rate the quality of

service they receive.

So, when the interviewees responded on whether they were satisfied with the quality of healthcare they received at the military and civilian hospitals, they too took their personal needs, desires, and expectations into account. Hence, the twenty interviewees were able to subjectively determine where they received the best care based on their own expectations, needs, or desires, since they all received treatment at both military and civilian facilities.

In another study, Sofaer & Firminger (2005) argue that it is “critical to define and measure patient perceptions of health care quality and to understand fully what drives those perceptions” (p. 513). Their argument is that the perception of quality care also differs among respondents. They go as far as to ascertain that our patient perception of quality is still in the undeveloped stages because we are unable to get consensus on the patient perception of health care quality. And, with regard to what are the patient levels of satisfaction in the quality of care provided at both civilian and military hospitals? The sub-theme findings indicated that most of the patient levels of satisfaction favoured that of the civilian hospitals. One area that was clearly indicative of this sentiment was in the category of “Most Unsatisfying Interaction” that revealed no negative sub-themes for the civilian hospitals, while there were several under the military hospital. This was clearly the most affirmative assertion of patients favouring their civilian hospital care.

On the other hand, a couple of the concerns addressed during my initial proposal were reinforced by the emerging research studies. One, the continued military situation of supporting two theaters of operations (Iraq/Afghanistan) is stretching and affecting the availability of military medical staff at stateside military hospitals. The situation has worsened when you consider the attrition rate of military nurses getting out of the armed forces for the more lucrative

higher paying nursing jobs in the civilian sector. In addition, the population is living longer and as a result the elderly population is growing and requires more medical care. As previously indicated, since 2009, the U.S. Military Health System (MHS) provides care to approximately 9.2 million beneficiaries and about 130 thousand military and civilian staff in 63 military hospitals, with about more than 800 primary care and dental clinics around the world (Casscells, Kurland & Ponatoski, 2009). Some possible remedies to alleviate the situation would be to give our military personnel higher pay raises as an incentive to stay in the armed forces. And, to hire more civilian nurse contractors to fill the void left by military nurses deploying to the theater of operations.

One interesting finding revealed in my research is that post-traumatic stress disorder (PTSD) was not addressed by any of the interviewees. Easy's brother had revealed that Easy was getting treatment at the VA for PTSD now, yet Easy did not mention this. Unfortunately, PTSD was not diagnosed during his combat experiences in Vietnam and even other subsequent conflicts. Although PTSD has only been addressed in the most recent Iraq and Afghanistan conflicts with returning service members, even those that were in Iraq in my study did not discuss PTSD, such as Pearl, who may have been affected since she was captured and held as a prisoner during the war in 2003.

Some of the returning service members with PTSD symptoms are reluctant to seek help, as it is frowned upon as a career ender and a sign of weakness (Britt, 2000; Hoge et al., 2004). Britt even references Goffman (1963) in his definition of stigma as "an attribute that is deeply discrediting" (p. 3), to emphasize affected service members' reluctance to seek help. Sadly, the lack of identification and treatment of returning service members has led many to commit suicide. A VA study on suicide rates revealed that in 2014 about twenty veterans were

committing suicide a day (U.S. Department of Veterans Affairs, 2016).

It would have been interesting to have asked those interviewees who underwent a major surgery, while on active duty, if they been concerned at all about still being retained for duty after their operation. It is standard procedure that active duty military personnel must appear before a medical board after a major surgery to get clearance to return to active duty. I know there is a stigma attached, and a career ender, if you are not able to perform physically and mentally after a major operation. Five of my study participants, Kadyr, Scarecrow, John Doe, Saga and Pearl, were medically retired because they were deemed unfit to continue service because of their physical condition after their surgeries. It would have been interesting to have It would have been interesting to have asked them how they felt about not being able to finish up their military careers. I myself, had to appear before a medical board in 2002 when I underwent my first heart surgery to prove that I was still physically and mentally fit to continue serving in the military. I had to demonstrate through a series of physical and mental tests that I could still produce and perform my job without assistance.

In using theoretical literature for this research study, I chose the theories of Ervin Goffman to illustrate the *total institution* concept that patients encounter when they are admitted at a medical facility for treatment. This is basically what happens at both military and civilian hospitals; all the patients are required to be dressed alike and get checked at the same time by the same group of doctors/nurses. Also, all the day's activities are similarly scheduled with one activity following the other, such as time to get fed, time to get shots, time to be given medicine, and a time to get bathed. Hence, the patients tend to lose their personal identity and, are instead addressed as the patient in room so-and-so; thus, the patient inherits a form of identity degradation. In the case of the military patient, she/he already has been absorbed in

Goffman's *total institution* concept by virtue of being in the military where their individual identity had been taken. Thus, in the confines of the hospital, the military patient receives a double-dose of identity degradation. In the course of the research interviews two respondents, Gramps, a 67-year-old retired Army Captain, and Godfather, a 66-year-old retired Army Sergeant Major surmised that they were treated well probably because of their higher rank. Whereas, another respondent, Mimi, thought she was not treated well because of her low rank, and thus, she exemplified the victim that is stripped of identity and authority as described in Goffman's *total institution*. I realize that Goffman exaggerates to a certain extent, but nonetheless, his comparative concept bears certain similarities.

In addressing my participant concerns I expect this study to benefit the quality of healthcare patients receive at military and civilian medical facilities. I hope this study will interest both military and civilian hospital administrators as to how their medical facility management strategies affect their patients. And, how they may improve or address the patients' concerns revealed in the study. I anticipate that medical physicians, nursing staff, and administrative specialists will learn something from this study as to why patients behave and view them the way they do. Even more important, I hope this study will educate hospital administrators in identifying a patients' perception of what "patient satisfaction" means to them. I also hope the interviews in this study will assist fellow scientific researchers in their own studies in understanding former military patients

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Appendix A: Informed Consent Form

Title: Patient Perception in Quality of Health Care in Civilian and Military

Hospitals Principal Investigator: Mr. Rodolfo G. Garza, Graduate Student

Introduction.

You are being asked to take part voluntarily in the research project described below. Please take your time in making a decision and feel free to discuss it with your friends and family. Before agreeing to take part in this research study, it is important that you read the consent form that describes the study. Please ask the study researcher to explain any words or information that you do not clearly understand.

Procedure.

You have been asked to take part in a research study on the patient perception in the quality of health care in civilian and military hospitals. Twenty subjects will be canvassed from a network of friends and former co-workers at various locations in El Paso to participate in the interview study. You are being asked to participate because you are affiliated with the U.S. military services and are between the ages of 18-70 years of age. This study is strictly voluntary and if you agree to participate the time needed for the interview is approximately one hour per interviewee.

If you agree to take part in this study, the researcher will schedule you for an interview, at your convenience, at your closest El Paso public library. The interview will be digitally recorded with your approval and your identity will be kept anonymous. The questions asked during the interview will be about the quality of care you received at the civilian and military hospitals. You may ask to preview the list of questions prior to the interview that will be conducted in a private library room.

Risks.

To the best of my knowledge there are no known risks associated with this research.

Benefits.

There will be no direct benefits to you for taking part in this study. However, the study will reveal the patient perception regarding the quality of health care at civilian and military hospitals. This research may help us to understand how the quality of health care is perceived at civilian and military hospitals

Authorization Statement.

I have read each page of this paper about the study (or it was read to me). I know that being in this study is voluntary and I choose to be in this study. I know I can stop being in this study without penalty. I will get a copy of this consent form now and can get information on results of the study later if I wish.

Participant Name: _____ Date: _____

Participant Signature: _____ Time: _____

Consent form witnessed/explained by:

Signature: _____ Printed name: _____

Date: _____ Time: _____

Appendix B (Interview Questions in Military Hospitals)

1. Let us start with the military hospital, and please choose admittance to discuss. When and where were you hospitalized for your medical procedure, and what procedure did you obtain?
2. What type of welcome did you receive at the hospital?
3. Upon your initial admission, how comfortable did the staff make you feel at the hospital?
4. How satisfied/dissatisfied were you in the way the hospital staff explained the reasons for medical tests?
5. Were you satisfied with how the hospital staff explained your medical procedure? Why or why not?
6. How would you describe your treatment by hospital staff during your pre-op preparation?
7. How did the medical staff make you feel in your medical procedure, assuming you were conscious?
8. How satisfied/dissatisfied were you with the answers the doctor gave you to any concern/question you might have had? Explain.
9. How satisfied were you with the care received in the recovery area after your medical procedure?
10. How did the nursing staff respond when you requested assistance in using the bathroom facilities?
11. Tell me how satisfied you were with the nursing staff administering your medicines while recovering?
12. What would be your example of the most satisfying interaction you had with the medical staff at the hospital?
13. What would be your example of the most unsatisfying interaction you had with the medical staff at the hospital?
14. How would you describe the overall communication you had with hospital staff?
15. How did the medical staff teach you ways to improve your health?
16. Tell me how your doctor involved other health care providers in your care.
17. How did the nursing staff inform you of your discharge?
18. How satisfied were you with your discharge instructions, and why?
19. What was the discharge process like?
20. Tell me of any concerns you had with your medical care.

Appendix B (Interview Questions in Civilian Hospitals)

1. Now let us discuss a time when you were admitted to a civilian hospital. When and where were you hospitalized for your medical procedure, and what procedure did you obtain?
2. What type of welcome did you receive at the hospital?
3. Upon your initial admission, how comfortable did the staff make you feel at the hospital?
4. How satisfied/dissatisfied were you in the way the hospital staff explained the reasons for medical tests?
5. Were you satisfied with how the hospital staff explained your medical procedure? Why or why not?
6. How would you describe your treatment by hospital staff during your pre-op preparation?
7. How did the medical staff make you feel in your medical procedure, assuming you were conscious?
8. How satisfied/dissatisfied were you with the answers the doctor gave you to any concern/question you might have had? Explain.
9. How satisfied were you with the care received in the recovery area after your medical procedure?
10. How did the nursing staff respond when you requested assistance in using the bathroom facilities?
11. Tell me how satisfied you were with the nursing staff administering your medicines while recovering?
12. What would be your example of the most satisfying interaction you had with the medical staff at the hospital?
13. What would be your example of the most unsatisfying interaction you had with the medical staff at the hospital?
14. How would you describe the overall communication you had with hospital staff?
15. How did the medical staff teach you ways to improve your health?
16. Tell me how your doctor involved other health care providers in your care.
17. How did the nursing staff inform you of your discharge?
18. How satisfied were you with your discharge instructions, and why?
19. What was the discharge process like?
20. Tell me of any concerns you had with your medical care.

Table 1: Participant Demographics

| Participant | Gender | Age | Rank | Race/Ethnicity | Military Facility | Year Admitted | Civilian Facility | Year Admitted |
|--------------------|---------------|------------|--------------------------------|-----------------------|---|----------------------|---|----------------------|
| Kadyr | Male | 32 | SGT/E-5 (Medically Retired) | Hispanic | Field Hospital in Fallujah, Iraq | 2007 | Providence East Medical Center, El Paso, TX | 2010 |
| Sarge | Male | 68 | SGT/E-5 | Hispanic | Fort Leonard Wood Army Hospital, Fort Leonard Wood, MO | 1981 | Las Palmas Medical Center, El Paso, TX | 2009 |
| Sam | Male | 67 | SCPO/E-8 (Retired) | Hispanic | William Beaumont Army Medical Center (WBAMC), El Paso, TX | 2014 | Del Sol Medical Center El Paso, TX | 2017 |
| Tom Doe | Male | 70 | LCDR/0-4 (Retired) | White | WBAMC, El Paso, TX | 2017 | Sierra Medical Center, El Paso, TX | 2016 |
| Opa | Male | 70 | MSG/E-8 (Retired) | White | Lundstul Army Regional Hospital, Lundstuhl , GE | 1984 | Del Sol Medical Center, El Paso, TX | 1989 |
| Gramps | Male | 67 | CPT/0-3 (Retired) | White | WBAMC, El Paso, TX | 2014 | Phoenix General Hospital, Phoenix, AZ | 1998 |
| Scarecrow | Male | 67 | SGT/E-5 (Medically Retired) | White | Nuremberg Army Hospital, Nuremberg, GE | 1983 | Del Sol Medical Center, El Paso, TX | 2009 |
| Little Paul | Male | 68 | SP4/E-4 | White | Fort Polk Army Hospital, Fort Polk, LA | 1970 | University Medical Center, El Paso, TX | 2012 |
| Easy | Male | 69 | PV2/E-2 (Retired) | Hispanic | Mobile Army Surgical Hospital | 1968 | M.D. Anderson Cancer Center, Houston, TX 2005 | 2005 |

| | | | | | | | | |
|-----------|--------|----|------------------------------|----------|---|------|--|------|
| | | | | | (MASH) Da Nang, Vietnam | | | |
| John Doe | Male | 63 | SSgt/E-5 (Medically Retired) | White | Royal Air Force Hospital (RAF) Alconbury, England | 1985 | Sierra Medical Center, El Paso, TX | 2014 |
| Saga | Male | 56 | SGT/E-5 (Medically Retired) | Hispanic | WBAMC, El Paso, TX | 2017 | Sierra Medical Center, El Paso, TX | 2017 |
| JoJo | Male | 54 | SGM/E-9 (Retired) | Hispanic | WBAMC, El Paso, TX | 2010 | St. Vincent's Hospital Toledo, OH | 1969 |
| Steve | Male | 70 | CW2/W-2 (Retired) | White | WBAMC, El Paso, TX | 2017 | VCU, Richmond, VA | 2006 |
| Chief | Male | 70 | SFC/E-7 (Retired) | Hispanic | WBAMC, El Paso, TX | 2005 | El Paso Surgical Center | 2003 |
| Godfather | Male | 66 | SGM/E-9 | Hispanic | WBAMC, El Paso, TX | 2015 | Providence Medical Center, El Paso, TX | 2009 |
| Nana | Female | 69 | Dependent | White | WBAMC, El Paso, TX | 1986 | Providence Medical Center, El Paso, TX | 2017 |
| Pearl | Female | 45 | SGT/E-5 (Medically Retired) | Black | WBAMC, El Paso, TX | 2014 | Providence Medical Center, El Paso, TX | 2017 |
| Rico | Male | 65 | SSG/E-6 | Hispanic | WBAMC, El Paso, TX | 1982 | Las Palmas Medical Center, El Paso, TX | 2014 |
| Mimi | Female | 32 | SPC/E-4 | Hispanic | Balboa Medical Center, San Diego, CA | 2001 | Del Sol Medical Center, El Paso, TX | 2016 |
| Bee | Female | 33 | PO3/E-4 | White | Albuquerque Veterans Administration Hospital, Albuquerque, NM | 2014 | Carle Foundation Hospital, Urbana, IL | 2006 |

Table 2: Main Theme Categories

Military Facility:

Civilian Facility:

| Main themes: | Main themes: |
|--|---|
| ADMITTANCE WELCOME: | ADMITTANCE WELCOME: |
| Indifferent-Kadyr Satisfactory-Sarge, Sam, Tom Doe, Opa, Gramps, Scarecrow, Little Paul, Saga | Unsatisfactory-Tom Doe, Opa, Gramps, Saga Satisfactory-Kadyr, Sarge, John Doe Unconscious-Sam, Scarecrow, Little Paul, Easy |
| ADMITTANCE COMFORT LEVEL: | ADMITTANCE COMFORT LEVEL: |
| Indifferent-Kadyr, Saga Satisfactory-Sarge, Sam, Tom Doe, Opa, Gramps, Scarecrow, Little Paul, John Doe | Unsatisfactory-Sam, Opa, Gramps, Tom Doe Satisfactory-Kadyr, Sarge, Little Paul, Easy, John Doe, Saga, |
| MEDICAL TESTING: | MEDICAL TESTING: |
| Unsatisfactory-Kadyr, Little Paul Satisfactory-Sarge, Sam, Tom Doe, Opa, Gramps, Scarecrow, Saga | Unsatisfactory-Sam, Tom Doe, Easy Satisfactory-Kadyr, Sarge, Opa, Little Paul, John Doe, Saga |
| MEDICAL PROCEDURE EXPLANATION: | MEDICAL PROCEDURE EXPLANATION: |
| Unsatisfactory-Kadyr Satisfactory-Sarge, Sam, Tom Doe, Opa, Gramps, Scarecrow, Saga | Unsatisfactory-Sam, Tom Doe Satisfactory-Kadyr, Sarge, Opa, Gramps, Little Paul, Easy, John Doe, Saga |

| | |
|---|---|
| MEDICAL PROCEDURE PRE-OP: | MEDICAL PROCEDURE PRE-OP: |
| Satisfactory-Kadyr, Sarge, Sam, Opa, Gramps, Scarecrow, Little Paul, Easy, Saga | Unsatisfactory-Tom Doe Satisfactory-Kadyr, Sarge, Sam, Opa, Little Paul, Easy, John Doe, Saga |
| MEDICAL PROCEDURE COMPETENCE: | MEDICAL PROCEDURE COMPETENCE: |
| Satisfactory-Kadyr, Sarge, Sam, Tom Doe, Opa, Scarecrow, Little Paul, Saga | Unsatisfactory-Sam, Tom Doe Satisfactory-Kadyr, Opa, Little Paul, Easy, John Doe, Saga |
| MEDICAL PROCEDURE POST-OP: | MEDICAL PROCEDURE POST-OP: |
| Unsatisfactory-Kadyr, Little Paul, Saga Satisfactory-Sarge, Sam, Tom Doe, Opa, Gramps, Scarecrow | Unsatisfactory-Sam, Tom Doe, Opa Satisfactory-Kadyr, Sarge, Gramps, Little Paul, Easy, John Doe; Saga |
| RECOVERY AFTER PROCEDURE | RECOVERY AFTER PROCEDURE |
| Unsatisfactory-Opa, John Doe, Saga Satisfactory-Sarge, Tom Doe, Gramps, Little Paul | Unsatisfactory-Sam, Saga Satisfactory-Kadyr, Sarge, Opa, Gramps, Scarecrow, Little Paul, Easy, John Doe |
| RECOVERY NURSING STAFF ASSISTANCE | RECOVERY NURSING STAFF ASSISTANCE |
| Satisfactory-Sarge, Tom Doe, Opa, Gramps, Scarecrow, Little Paul, John Doe | Unsatisfactory-Tom Doe Satisfactory-Kadyr, Sarge, Sam, Opa, Gramps, Scarecrow; Little Paul, Easy, John Doe, Saga |
| RECOVERY ADMINISTERING MEDICATION: | RECOVERY ADMINISTERING MEDICATION |

| | |
|--|---|
| Satisfactory-Kadyr, Sarge, Sam, Tom Doe, Opa, Gramps, Scarecrow, Little Paul, John Doe, Saga | Unsatisfactory-Sam Satisfactory-Sarge, Tom Doe, Opa, Gramps; Scarecrow, Little Paul, Easy, John Doe, Saga |
| OVERALL COMMUNICATION: | OVERALL COMMUNICATION: |
| Satisfactory-Kadyr, Sarge, Tom Doe, Opa, Gramps, Scarecrow, Little Paul, Easy, John Doe, Saga | Unsatisfactory-Sam, Tom Doe Satisfactory-Kadyr, Sarge, Opa, Gramps, Scarecrow, Easy, John Doe, Saga |
| HEALTH IMPROVEMENT: | HEALTH IMPROVEMENT: |
| Satisfactory-Kadyr, Sarge, Sam, Opa, Gramps, Scarecrow, Little Paul, Saga | Unsatisfactory-Sam, Tom Doe Satisfactory-Kadyr, Sarge, Opa, Gramps, Scarecrow, Little Paul, Easy, John Doe, Saga |
| DOCTOR INVOLVEMENT: | DOCTOR INVOLVEMENT: |
| Other doctor involvement-Sam, Tom Doe, Opa, Gramps, Scarecrow, Little Paul No other doctor involvement-Kadyr, Sarge, John Doe, Saga | Other doctor involvement-Sarge, Sam, Opa, Gramps, Scarecrow, Little Paul, Easy, Saga No other doctor involvement-Kadyr; John Doe |
| DISCHARGE NOTIFICATION: | DISCHARGE NOTIFICATION: |
| Unsatisfactory-John Doe Satisfactory-Kadyr, Sarge, Sam, Tom Doe, Opa, Gramps, Scarecrow, Little Paul, Saga | Unsatisfactory-Sam, Scarecrow Satisfactory-Kadyr, Sarge, Tom Doe, Opa, Gramps, Little Paul, Easy, John Doe, Saga |

| | |
|---|--|
| DISCHARGE INSTRUCTIONS: | DISCHARGE INSTRUCTIONS: |
| Unsatisfactory-John Doe | Unsatisfactory-Sam, Tom Doe |
| Satisfactory-Kadye, Sarge, Sam, Tom Doe, Opa, Gramps, Little Paul, Saga | Satisfactory-Kadyr, Sarge, Opa, Gramps, Scarecrow, Little Paul, Easy, John Doe, Saga |
| DISCHARGE PROCESS: | DISCHARGE PROCESS: |
| Unsatisfactory-John Doe | Unsatisfactory-Kadyr, Tom Doe, Little Paul |
| Satisfactory-Sarge, Sam, Tom Doe, Opa, Gramps, Scarecrow, Little Paul, Saga | Satisfactory-Sarge, Sam, Opa, Gramps, Easy, John Doe, Saga |
| OVERALL CONCERNS: | OVERALL CONCERNS: |
| Concerns: Kadyr, Sarge, Opa, Gramps, Scarecrow, John Doe, Saga | Concerns-Sarge, Sam, Tom Doe, Opa, Gramps, Little Paul |
| No Concerns: Sam, Tom Doe, Little Paul | No Concerns-Kadyr, John Doe, Scarecrow, Easy, Saga |
| | |
| | |

Table 3: Thesis Sub-themes

Military Facility:

Civilian Facility:

Sub-themes:

| Type of Welcome | Type of Welcome |
|---|---|
| Indifferent: General welcome-Kadyr Satisfactory: Very professional-Sam, Gramps Explained things well-Scarecrow Did not make him feel anxious-Scarecrow Warm-Little Paul Enticed-Little Paul Administrative reception-Saga Long wait time-Saga | (In a coma or sedation-Sam, Gramps, Little Paul, Scarecrow) Indifferent: Friendly-Opa Like going to the store and buying something-Opa Satisfactory: Nice reception desk-Kadyr Treated like royalty because of personal connections-Sarge The fact that he was being seen by a cancer specialist-Easy The medical staff evaluation of the situation-Easy Staying at a prestigious hospital-Easy Warm welcome-John Doe Thorough explanation of procedures-John Doe Made comfortable-John Doe |
| Comfort Level | Comfort Level |

| | |
|---|---|
| <p>Indifferent: Decent but expected more-Kadyr They do their job-Saga</p> <p>Satisfactory: Kept informed-Sam Explained everything-Sam Treated according to his officer rank-Gramps Quickly given pain killers-Scarecrow Being checked-on continually-Little Paul Questioned and examined-John Doe</p> | <p>Unsatisfactory: Felt like a prisoner because no one explained what was going on-Sam Lawyer involvement-Gramps</p> <p>Satisfactory: Providing all necessary items-Kadyr Met a nurse who became his wife-Little Paul Good thorough procedure explanation-Easy Made very comfortable-John Doe Calmed down wife-John Doe</p> |
|---|---|

| Testing Explanation | Testing Explanation |
|--|--|
| <p>Unsatisfactory: Lacked explanation-Kadyr Fifty percent satisfaction level-Little Paul They were busy-Little Paul Seemed to be treated like animals-Little Paul</p> <p>Satisfactory: Being entitled-Sarge Good explanation-Sarge, Saga Felt secure-Sam Was kept informed-Sam Straight-forward-Gramps Professional-Gramps Super military doctor reaction-Scarecrow</p> | <p>Unsatisfactory: Uninformed-Sam Medically interceded to correct previous medical procedure error-Easy</p> <p>Satisfactory: They went out of their way in figuring out a rare disease-Little Paul Thorough explanation-Kadyr, Sarge, John Doe Hourly informed-John Doe Completely satisfied-Saga</p> |
| Procedure Explanation | Procedure Explanation |
| <p>Unsatisfactory: Lacked knowledge-Kadyr Not enough technology-Kadyr</p> <p>Satisfactory: Explained and observed-Sarge, Sam, Saga Answered his questions-Opa Told exactly what to expect-Gramps Clear-cut procedure-Scarecrow Went by the book (organized)-Scarecrow</p> | <p>Unsatisfactory: Lack of explanation-Sam Use of student nurses-Sam No one came around-Tom Doe</p> <p>Satisfactory: Knowledgeable-Kadyr Having a professional NBA doctor-Gramps Helps to know most of the medical staff-Little Paul Thorough procedure explanation-Sarge, Easy, John Doe Hourly informed-John Doe Explained the chances of passing (Dying)-Saga Good job in calming down-Saga</p> |
| Pre-Op Competence | Pre-Op Competence |

| | |
|---|---|
| <p>Satisfactory: Quick, decent-Kadyr Happy with the anaesthesiologist-Sam Happy with the head nurse-Sam Good explanations-Opa Professional (organized)-Gramps Very aggressive on it-Little Paul Got it under control quickly-Little Paul Examined the severity of the wounds-Easy Put in a room-Saga Taken care by giving meds-Saga</p> | <p>Unsatisfactory: Minimum doctor communication-Tom Doe</p> <p>Satisfactory: Private room- Sarge Attentive to emotional needs-Sarge Professional (organized)-Sam , Opa Competent at procedure -Sam, Opa The doctor from the Mayo Clinic came-up with a solution to his rare disease-Little Paul Made to feel comfortable-Kadyr, John Doe Very friendly-Kadyr, John Doe Constantly checking and monitoring vitals-Saga;</p> |
| <p>Procedure Competence</p> | <p>Procedure Competence</p> |
| <p>Satisfactory: Good explanation-Sarge, Opa Everything done in an orderly fashion-Sam Calmed down-Sam, Scarecrow Given blood transfusion-Scarecrow Quick military minded-Kadyr, Little Paul High adrenaline flow-Easy</p> | <p>(Unconscious-Sarge, Gramps)</p> <p>Unsatisfactory: Nurse incompetence-Sam Administering wrong medication-Sam Don't care about the patient-Tom Doe</p> <p>Satisfactory: They were concerned-Little Paul Constantly there-Little Paul Friendly-Little Paul In-depth procedure explanation-Kadyr, Easy Hospital confidence-Easy Cancer survivor-Easy Liked doctor answering all questions-John Doe</p> |
| <p>Explanation Post-Op Care</p> | <p>Explanation Post-Op Care</p> |
| <p>Unsatisfactory: Needed elaboration on what he needed to do-Kadyr Nursing staff is okay, but to get to a doctor is very difficult-Saga</p> | <p>Unsatisfactory: Not given the medical equipment requested-Sam Don't spend enough time with patient-Tom Doe</p> |

| | |
|---|---|
| <p>Satisfactory: Pain relief through therapy-Sarge Identifying the blockage-Sam Very good explanations-Tom Doe, Opa Explained requirement for lifestyle changes-Gramps</p> | <p>No agency to ask questions-Opa Satisfactory: Satisfied with answers from a top-notch doctor-Gramps Doctor overwhelmed patient with information-Little Paul Thorough explanation-Kadyr, Sarge, John Doe, Easy Confidence in his doctor-Saga Reassurance in being cared for-Saga;</p> |
| <p>After Procedure Care</p> | <p>After Procedure Care</p> |
| <p>Unsatisfactory: Lack of privacy-Opa Did not know what was going on-John Doe Lack of explanation-John Doe Poor room housekeeping-Saga Satisfactory: Quick service-Gramps Continually checked on me-Little Paul</p> | <p>Unsatisfactory: Given wrong medicine based on nurse error-Sam Using somebody else's medical record-Sam Suffered another heart attack while recovering-Saga Felt he should have been monitored more closely-Saga Satisfactory: Felt well monitored to make sure he's doing well-Kadyr Good explanation-Opa, Scarecrow Satisfied once explained the undergone procedure-Gramps Attended to his needs-Little Paul Knowledgeable and friendly-John Doe</p> |
| <p>Nursing Staff Assist Response</p> | <p>Nursing Staff Assist Response</p> |
| <p>Satisfactory: Helpful-Sarge Quick response-Gramps, John Doe, Opa Hooked-up to catheter-Scarecrow Allowed to go on with minimal staff assistance-Little Paul</p> | <p>Unsatisfactory: Very slow response-Tom Doe Satisfactory: Knowledgeably trained-Kadyr Good equipment-Sarge Quick response-Opa, Gramps, John Doe, Saga Always catheterized-Scarecrow Being brought back to life-Little Paul</p> |

| | |
|--|--|
| | Walking therapy to prevent blood clots-Easy |
| Administering Medication | Administering Medication |
| <p>Satisfactory:</p> <p>Relieved pain-Kadyr</p> <p>Timely and good explanation-Sarge, Sam, Gramps</p> <p>Appreciated having his own control over the medication-Opa</p> <p>Head nurse was responsible-Scarecrow</p> <p>Head nurse asserted promptness-Scarecrow</p> <p>Enjoyed kidding with staff-Little Paul</p> <p>Explained purpose of medicine-John Doe</p> <p>Offered assistance-John Doe</p> <p>Did their job when needed-Saga</p> | <p>Unsatisfactory:</p> <p>Incompetence-Sam</p> <p>Satisfactory:</p> <p>Being timely-Sarge, Tom Doe, Little Paul, Saga, Gramps</p> <p>Professional-Opa</p> <p>Doctor involvement in administering medicines not just physician assistants- Easy</p> <p>Explanation of medication-Easy</p> <p>Ensured patient identity-John Doe</p> |
| Most Satisfying Interaction | Most Satisfying Interaction |
| <p>Being lucky in surviving-Kadyr</p> <p>Being well received-Sarge</p> <p>Explanations-Sarge</p> <p>Treatment worked-Sarge, Easy</p> <p>Getting meals-Sam</p> <p>Nurses and doctors talked to you-Tom Doe</p> <p>Learned to eat healthy-Opa</p> <p>The release date-Gramps</p> <p>Head nurse assisted in inducing bowel movement-Scarecrow</p> <p>Thanking everyone once he found out he was going to survive-Little Paul</p> <p>The friends he made at the hospital to include the doctor that became his best friend-Little Paul</p> <p>Getting back to the unit-Easy</p> <p>Still able to walk and talk-Easy</p> <p>Nursing staff care-John Doe</p> <p>The care in the ER-Saga</p> <p>Pretty good ER service-Saga</p> | <p>Answering all questions in a knowledgeable way-Kadyr</p> <p>The treatment that I got afterwards-Sarge</p> <p>Attentive and timely-Sarge</p> <p>Getting assistance from a very knowledgeable nurse who knew his way around-Sam</p> <p>None to remember-Tom Doe</p> <p>Explaining the procedure-Opa</p> <p>The nurses being on time-Gramps</p> <p>They were caring-Gramps, John Doe, Saga</p> <p>Processing out-Scarecrow</p> <p>Meeting his current wife there who is a nurse-Little Paul</p> <p>Becoming friends with the doctor-Little Paul</p> <p>The fact that he was declared a cancer survivor-Easy</p> <p>Friendliness of staff-John Doe</p> <p>Everyone knows exactly what they are doing-Saga</p> |
| Most Unsatisfying Interaction | Most Unsatisfying Interaction |

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| <p>Lack of knowledge-Kadyr Lack of thoroughness-Kadyr Inability to locate my veins to draw blood-Tom Doe Being seen laying down with no clothes on-Opa Time for physical therapy-Gramps The hospital cleaning people didn't clean well-Little Paul The hospital cleaning people came at bad times-Little Paul The effects of Agent Orange in the jungles of Vietnam leading to the cause of prostate cancer-Easy The bureaucracy encountered with the VA in recognizing the effects of Agent Orange-Easy Doctor's not caring-John Doe Doctors not providing the patient information-John Doe It is time consuming in the time required to get a room-Saga</p> | <p>Not knowing how long before being released-Kadyr, Scarecrow When the nurse gave the wrong medication using a different patient's medical chart-Sam Patient's reluctance to file a complaint-Sam Lack of explanation/communication-Tom Doe Assuming things instead of asking-Opa Doctors don't go by schedules-Gramps Having one nurse that was very hard to deal with-Little Paul Traveling back and forth from El Paso to Houston for treatment-Easy Being awakened to take blood pressure and temperature readings-John Doe Incident with coding while recovering-Saga Not closely monitoring which led to a second heart attack-Saga</p> |
| <p>Overall Communication</p> | <p>Overall Communication</p> |
| <p>Satisfactory: Being also military-Kadyr Knowledge with limited resources-Kadyr Good explanation-Sarge, Scarecrow, John Doe Very attentive staff-Tom Doe, Gramps Wound treatment received in makeshift hospital-Easy Room for improvement for being more patient approachable-Saga Cutting wait time in getting a room upon being admitted-Saga</p> | <p>Unsatisfactory: Series of nursing staff errors-Sam</p> <p>Satisfactory: Good explanation-Kadyr, Gramps Very timely-Kadyr Excellent and approachable-Scarecrow Doctors were always coming-in and willing to answer any question you might have-Little Paul Convenience of online communication or using an 800 number-Easy Attentiveness- Kadyr, John Doe Everyone is well versed-Saga</p> |
| <p>Recommendation for Health Improvement</p> | <p>Recommendation for Health Improvement</p> |

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| <p>Stay alert-Kadyr To take it easy until feeling better-Kadyr, Sarge, Scarecrow Being sent to rehab-Sam, Gramps Military insistence in attending rehab-Sam Did not agree with weight management program & did not do it-Sam Eating healthy food and maintaining proper eating habits-Little Paul Given precautionary advice on preventing the spread of the disease-Saga</p> | <p>(No recommendation-Tom Doe) Given advice on how to prevent headaches and back pains-Kadyr Good information-Sarge Set-up with rehab programs-Gramps Quit smoking-Scarecrow Eat healthy and lose weight at the same time-Little Paul Weight control -Easy Proper exercising-Kadyr, Easy Staff read discharge papers-John Doe Referred to primary care-Saga Set up with cardio rehab-Saga</p> |
| Other Doctor Involvement | Other Doctor Involvement |
| <p>Only saw one doctor-Kadyr, Sarge, Rehabilitation doctors involved-Sam Various specialists from various fields-Gramps Transfer to Walter Reed-Scarecrow Did not send to see specialist-John Doe Did not believe extent of injuries-John Doe</p> | <p>Introduced to cardiologist-Sarge, Sam Good information-Sarge Other kidney consultants-Scarecrow Many doctors involved because patient has a rare disease-Little Paul Very knowledgeable and courteous-Easy Involved with nutritionist-Saga Cardio rehabilitation-Saga</p> |
| Discharge Notification | Discharge Notification |
| <p>Indifferent: Unsure if they give the order-John Doe</p> <p>Satisfactory: Advise to recover-Kadyr The fact that the doctor himself made the notification-Sam Expeditious discharge-Gramps, Scarecrow</p> | <p>Unsatisfactory: Using another patient's medical records-Sam Took too long-Scarecrow</p> <p>Satisfactory: Advise to recover-Kadyr Being persistent pays off in getting discharged-Little Paul Thorough explanations-Easy, John Doe You pretty much know when it is time to leave-Saga</p> |
| Discharge Instructions | Discharge Instructions |
| Unsatisfactory: | Unsatisfactory: |

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| <p>Not Much instructions-John Doe</p> <p>Satisfactory:</p> <p>Knowledgeable-Kadyr</p> <p>Good explanation-Sarge, Sam, Tom Doe, Opa, Gramps, Little Paul, Saga</p> <p>Take it easy-Scarecrow</p> <p>Keep exercising-Scarecrow</p> <p>Follow-up with primary care-Saga</p> | <p>Prescribed wrong medication-Sam</p> <p>Wrong medical record error-Sam</p> <p>Only written- no verbal-Tom Doe</p> <p>Satisfactory:</p> <p>Knowledgeable staff-Kadyr</p> <p>Good explanations-Sarge, Opa, Scarecrow, Little Paul, Easy, John Doe, Saga</p> <p>Set-up with different specialists-Gramps</p> <p>Good follow-up-Easy, Saga</p> |
| <p>Discharge Process</p> | <p>Discharge Process</p> |
| <p>Unsatisfactory:</p> <p>Rude process-John Doe</p> <p>Satisfactory:</p> <p>Quick and easy-Sam, Little Paul</p> <p>Standard basic-Scarecrow</p> <p>Return to unit-Little Paul</p> <p>Given meds and picking up at pharmacy-Saga</p> <p>Getting paperwork & getting wheeled out-Saga</p> | <p>Unsatisfactory:</p> <p>Need to speed up process-Kadyr</p> <p>Rushed to get rid of him-Tom Doe</p> <p>Took too long-Scarecrow, Little Paul</p> <p>Satisfactory:</p> <p>Smooth process- Sarge, Saga</p> <p>Process went smooth once the series of patient identification errors were resolved-Sam</p> <p>Simple and thorough-Easy</p> <p>Well organized, easy and simple-John Doe</p> |
| <p>Overall Concerns</p> | <p>Overall Concerns</p> |
| <p>Headache & back pains-Kadyr</p> <p>Just wanted to get better-Sarge</p> <p>Seasoned professionals because of military background-Sam</p> <p>Keeping-up with what he had to do-Opa</p> <p>Truthful answers-Gramps</p> <p>Straightened-out and allowed to complete military career-Scarecrow</p> <p>Prolonged back problems have worsened-John Doe</p> <p>Developed spinal stenosis (spinal narrowing)-John Doe</p> <p>Should have been referred to a specialist-John Doe</p> | <p>Being admitted back at the hospital-Sarge</p> <p>Hospitals should not rely student nurses-Sam</p> <p>Lack of cleanliness and personal hygiene-Tom Do</p> <p>Asking the medical staff to clarify-Opa</p> <p>The concern is seventy percent chance bones will heal-Gramps</p> <p>He had two successful heart procedures-Scarecrow</p> <p>Concerns that medicine has yet to identify and find a cure for the rare type of disease-Little Paul</p> <p>Good explanations of possible side-effects-Easy</p> <p>Would recommend hospital-Saga</p> |

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| VA won't state it is service related-John Doe Poor housekeeping in terms of cleanliness and hygiene-Saga | |
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Table 4: Thesis Major Sub-themes

Military Facility:

Civilian Facility:

Sub-themes:

| Admittance Type of Welcome | Admittance Type of Welcome |
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| <p>Unsatisfactory: Long wait time-Saga Lost paperwork-Mimi</p> <p>Indifferent: General routine welcome-Kadyr, Saga, Mimi Told to report to a location-Godfather Had to sign a bunch of papers-Godfather</p> <p>Satisfactory: Very professional-Sam, Gramps, JoJo Explained things well-Scarecrow Did not make him feel anxious-Scarecrow Warm welcome-Little Paul, Chief, Pearl Accompanied by wife-JoJo Being checked by nurses-Godfather Very efficient-Rico Very quick-Rico Thorough preparation-Bee</p> <p>None: Easy, John Doe</p> | <p>Unsatisfactory: Ignored presence-Tom Doe Poor service in both ambulance and hospital-Saga Administrative staff more concerned about getting paid than in patient's health-Godfather, Pearl</p> <p>Indifferent: General routine welcome-Opa</p> <p>Satisfactory: Nice reception desk-Kadyr Treated like royalty because of personal connections-Sarge Seen by a specialist-Easy The medical staff evaluation of the situation-Easy Staying at a prestigious hospital-Easy Warm welcome-Opa, John Doe, Chief, Pearl Thorough explanation of procedures-John Doe Made comfortable-John Doe Good organization-Steve Once the nurses got involved it was very friendly-Godfather Checked-in right away-Godfather, Rico, Bee</p> <p>None: Sam, Gramps, Scarecrow, Little Paul, Nana</p> |
| Admittance Comfort Level | Admittance Comfort Level |
| <p>Unsatisfactory: Uncomfortable with other staff members observing-Mimi No consent given for observers to come in-Mimi</p> | <p>Unsatisfactory: Felt like a prisoner because no one explained what was going on-Sam Very chaotic- Gramps</p> |

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| <p>Indifferent: Decent, but expected more-Kadyr They do their job-Saga</p> <p>Satisfactory:</p> <p>Treated according to his officer rank-Gramps Quickly taken care of-Scarecrow Being checked-on continually-Little Paul Questioned and examined-John Doe Had no problems-Chief Tried to make me relax-Pearl Showed genuine concern-Bee Thorough explanation of procedure-Sam, JoJo, Bee</p> <p>None: Easy</p> | <p>Lawyer involvement-Gramps Too much pain-Nana</p> <p>Indifferent: It didn't matter whether he was there or not-Tom Doe It was not as good as the military hospital-Pearl</p> <p>Satisfactory: Providing all necessary items-Kadyr Met a nurse who became his wife-Little Paul Good thorough procedure explanation-Easy, Bee, Mimi Calmed down wife-John Doe Very professional-Chief, Mimi, Godfather Allow family members to stay-Godfather Proactive staff-Mimi Connection to anesthesiologist kept her focused-Bee</p> <p>None: Scarecrow</p> |
| <p>Medical Testing Explanation</p> | <p>Medical Testing Explanation</p> |
| <p>Unsatisfactory: Lacked explanation-Kadyr, Little Paul They were busy-Little Paul Seemed to be treated like animals-Little Paul Micromanaging medications in negative manner-Steve</p> <p>Satisfactory: Being entitled-Sarge Good thorough explanation-Sarge, Saga, Godfather, Nana, Pearl, Bee, Sam, Gramps Felt secure-Sam Very professional-Gramps, Scarecrow, Chief Friendly-Rico</p> | <p>Unsatisfactory: Uninformed-Sam Medically interceded to correct previous medical procedure error-Easy</p> <p>Satisfactory: They went out of their way in figuring out a rare disease-Little Paul Thorough explanation-Kadyr, Sarge, John Doe, Saga, Steve, Mimi Godfather, Pearl Hourly informed-John Doe Reassured of competent surgery-Godfather Discharged the same day-Rico</p> |

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| <p>Procedure was part of pilot program (medical experimental project)-Bee</p> <p>None: Easy, John Doe, Mimi</p> | <p>None: Gramps, Scarecrow, Nana, Bee</p> |
| <p>Medical Procedure Explanation</p> | <p>Medical Procedure Explanation</p> |
| <p>Unsatisfactory: Lacked knowledge-Kadyr Not enough technology-Kadyr</p> <p>Satisfactory: Clear-cut procedure-Scarecrow Thorough explanation-Sarge, Sam, Gramps, Opa, Saga, Chief, Godfather, JoJo, Pearl, Rico Made to feel comfortable-Rico Allowed to have guests-Rico Procedure's ability to adapt-Bee Availability of a specialist-Bee</p> <p>None: Little Paul, Easy, John Doe</p> | <p>Unsatisfactory: Lack of explanation-Sam Use of student nurses-Sam No one came around-Tom Doe</p> <p>Satisfactory: Having a professional NBA doctor-Gramps Helps to know most of the medical staff-Little Paul Thorough procedure explanation-Kadyr, Sarge, Easy, John Doe, Saga, Steve, Chief, Godfather, Pearl, Mimi, Bee Hourly informed-John Doe Explained the chances of passing (Dying)-Saga Good job in calming down-Saga Gained procedure information through internet-Pearl Diagnosed the problem right away-Rico</p> <p>None: Scarecrow, Nana</p> |
| <p>Medical Competence Pre-Op</p> | <p>Medical Competence Pre-Op</p> |
| <p>Unsatisfactory: Long wait time-Steve Incompetent student nurses-Chief, Pearl Painful experience-Chief, Pearl Not being consulted-Chief Incompetent lab technicians-Pearl A lot of unnecessary stress-Bee</p> <p>Satisfactory: Happy with the staff-Sam, Godfather</p> | <p>Unsatisfactory: Minimum doctor communication-Tom Doe Confused in unfamiliar hospital-Pearl</p> <p>Satisfactory: Private room- Sarge Professional (organized)-Sam , Opa, Rico, Saga The doctor from the Mayo Clinic came-up with a solution to his rare disease-Little Paul Very friendly-Kadyr, Sarge, John Doe, Godfather, Pearl</p> |

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| <p>Good explanations-Opa Very proactive-Little Paul Got it under control quickly-Kadyr, Little Paul, Rico Examined the severity of the wounds-Easy Put in a room-Saga Taken care by giving meds-Saga Good thorough preparation-Gramps, Godfather, JoJo, Rico Given necessary paperwork to sign-Mimi Provided comforting distractor to ease the worries-Bee</p> <p>None: Tom Doe, John Doe</p> | <p>Good quick preparation-Chief, Bee Felt comfortable with one staff member being former military-Pearl</p> <p>None: Gramps, Scarecrow, Nana</p> |
| <p>Medical Procedure Competence</p> | <p>Medical Procedure Competence</p> |
| <p>Unsatisfactory: Medical incompetence-Steve Procedure unsuccessful-Steve Not treated humanely-Steve</p> <p>Satisfactory: Good explanation-Sarge, Opa Everything done in an orderly fashion-Kadyr, Sam, Little Paul Made to feel comfortable-Sam, Scarecrow, Godfather, Mimi Given lifesaving procedure-Scarecrow Quick military minded-Kadyr, Little Paul Friendly-Godfather</p> <p>None: Gramps, John Doe, JoJo, Chief, Nana, Pearl, Rico, Bee</p> | <p>Unsatisfactory: Nurse incompetence-Sam Don't care about the patient-Tom Doe</p> <p>Satisfactory: Showed concern-Little Paul, Nana Constant attention-Little Paul In-depth procedure explanation-Kadyr, Easy, John Doe, Bee Demonstrated confidence-Easy Correct diagnosis-Rico</p> <p>None: Sarge, Gramps, Scarecrow, Steve, Chief, Godfather, Nana, Pearl, Mimi</p> |
| <p>Explanation Post-Op Care</p> | <p>Explanation Post-Op Care</p> |
| <p>Unsatisfactory: Needed elaboration on what they needed to do-Kadyr Nursing staff is okay, but to get to a doctor is very difficult-Saga</p> <p>Satisfactory: Pain relief through therapy-Sarge</p> | <p>Unsatisfactory: Not given the medical equipment requested-Sam Don't spend enough time with patient-Tom Doe No agency to ask questions-Opa</p> <p>Satisfactory:</p> |

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| <p>Identifying the symptoms-Sam Thorough explanation-Steve, Godfather, Nana, Pearl, Rico, Mimi, Tom Doe, Opa, JoJo, Gramps Successful complete operation-Chief, Rico None: Easy, John Doe</p> | <p>Thorough explanation-Kadyr, Sarge, John Doe, Easy, Steve, Nana Godfather, Rico, Mimi, Bee, Chief, Gramps, Little Paul Confidence in his doctor-Saga, Gramps, Little Paul, Rico, Pearl, Bee Reassured procedure went well-Saga, Pearl, Bee Staff honesty-Godfather None: Scarecrow</p> |
| <p>Recovery After Procedure Care</p> | <p>Recovery After Procedure Care</p> |
| <p>Unsatisfactory: Lack of privacy-Opa Lack of explanation-John Doe Poor room housekeeping-Saga Medical incompetence-Steve, Mimi, Godfather, John Doe Did not provide comfort-Steve Did not address concerns-Mimi Wanted more attention-Bee Satisfactory: Quick service-Gramps, Chief, Little Paul Taken care of-Chief, Little Paul Thorough explanation-Pearl Excellent recovery-Rico None: Kadyr, Sam, Scarecrow, Easy, Nana</p> | <p>Unsatisfactory: Given wrong medicine based on nurse error-Sam Felt he should have been monitored more closely-Saga Doctor could not figure out why patient was not waking-up-Steve Satisfactory: Good thorough explanation-Opa, Scarecrow, Godfather, Bee, Gramps, Nana Knowledgeable staff-John Doe Doctor listened to wife to awaken patient-Steve Quick service-Godfather Reassurance in being cared for-Kadyr, Little Paul, John Doe, Godfather, Mimi Given proper equipment for recovery-Mimi None: Tom Doe, Rico</p> |
| <p>Recovery Nursing Staff Assistance</p> | <p>Recovery Nursing Staff Assistance</p> |
| <p>Unsatisfactory: Very slow response-Steve, Nana, Bee Not enough staff-Bee Satisfactory:</p> | <p>Unsatisfactory: Very slow response-Tom Doe, John Doe, Pearl Poor housekeeping-Steve Poor personal hygiene-Steve Inconsistent care-Pearl</p> |

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| <p>Helpful-Sarge, JoJo, Godfather, Bee Quick response-Gramps, John Doe, Opa, JoJo, Chief, Pearl, Godfather Allowed to go on with minimal staff assistance-Little Paul None: Kadyr, Sam, Easy, Saga, Rico, Mimi</p> | <p>Satisfactory: Knowledgeably trained-Kadyr Good equipment-Sarge Quick response-Opa, Gramps, John Doe, Saga, Chief, Godfather, Nana Provided therapy -Easy Thorough explanation-Godfather Assisted by family member-Mimi None: Scarecrow, Rico, Mimi, Bee</p> |
| <p>Recovery Administering Medication</p> | <p>Recovery Administering Medication</p> |
| <p>Unsatisfactory: Problem with medication-JoJo, Steve, Mimi Nurse not believing patient-JoJo Complacent with care given-Mimi Indifferent: Did their job when needed-Saga Satisfactory: Relieved pain-Kadyr Timely-Sarge, Sam, Gramps, Scarecrow, Godfather Good explanation-Sarge, John Doe, Pearl, Bee Appreciated having his own control over the medication-Opa Enjoyed kidding with staff-Little Paul Offered assistance-John Doe Very brief-Godfather Ensured healthy practices-Pearl Extreme appreciation for pharmacy-Bee None: Easy</p> | <p>Unsatisfactory: Incompetence-Sam Unsatisfied with one particular shift-Pearl Indifferent: Unsure that all medicine was administered-Steve Satisfactory: Being timely-Sarge, Tom Doe, Little Paul, Saga, Gramps, Godfather, Mimi Professional-Opa Doctor involvement in administering medicines not just physician assistants- Easy Explanation of medication-Easy, Opa Ensured patient identity-John Doe Anticipated pain-Godfather Good renown pharmacy-Bee None: Kadyr</p> |
| <p>Most Satisfying Interaction</p> | <p>Most Satisfying Interaction</p> |

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| <p>Being well received-Sarge In depth explanations-Sarge, Godfather, Nana Treatment worked-Sarge, Easy, Kadyr, Little Paul Getting meals-Sam Nurses and doctors talked to you-Tom Doe Learned to eat healthy-Opa The release date-Gramps, Steve The friends he made at the hospital to include the doctor that became his best friend-Little Paul Nursing staff response-John Doe, Godfather, Scarecrow, Saga, Pearl Spouse support-JoJo Overall care by medical staff-Godfather Competent-Godfather Being checked on-Godfather Very attentive-Pearl Explained procedure to family-Pearl Having a future relative perform the operation-Rico Just before the surgery when they tried to streamline the procedure-Bee When the staff reduced the anxiety-Bee</p> | <p>Answering all questions in a knowledgeable way-Kadyr The treatment that I got afterwards-Sarge Attentive-Sarge, Mimi, Nana Timely-Sarge, Gramps Nurse care-Sam, Nana None to remember-Tom Doe Explaining the procedure-Opa Processing out-Scarecrow Meeting his current wife there who is a nurse-Little Paul Recovered well-Easy, Chief Friendliness of staff-John Doe, Chief, Mimi, Gramps, Saga, Little Paul Everyone knows exactly what they are doing-Saga All the doctors coming into the room to tell of discharge-Steve Seeing all doctors at the same time-Steve Ensured he was comfortable dealing with the pain-Chief Diagnosing a situation that was thought to be more serious-Rico Reassured about medical condition-Rico Interacting with medical staff-Bee</p> |
| <p>Most Unsatisfying Interaction</p> | <p>Most Unsatisfying Interaction</p> |
| <p>Lack of knowledge-Kadyr, Easy, Mimi Lack of thoroughness-Kadyr Inability to locate my veins to draw blood-Tom Doe, Pearl Being seen laying down with no clothes on-Opa Time for physical therapy-Gramps The hospital cleaning people didn't clean well-Little Paul The hospital cleaning people came at bad times-Little Paul Doctor's not caring-John Doe, Steve It is time consuming in the time required to get a room-Saga Medical staff not listening-JoJo</p> | <p>Not knowing how long before being released-Kadyr, Scarecrow When the nurse gave the wrong medication using a different patient's medical chart-Sam Lack of faith in hospital ability to listen to patient complaint-Sam Lack of explanation-Tom Doe Assuming things instead of asking-Opa Doctors don't go by schedules-Gramps Having one nurse that was very hard to deal with-Little Paul Traveling back and forth from El Paso to Houston for treatment-Easy</p> |

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| <p>The incompetence of people in charge of administering medications-Steve Cold and disrespectful treatment during follow-up appointments-Chief Did not think he was a military veteran-Chief Changes in staff shift-Godfather Disruptive sleep caused by shift changes-Godfather Was not informed of offspring's condition-Mimi Had to send husband to find out-Mimi Not enough information after the surgery-Bee, Mimi</p> | <p>Being awakened to take blood pressure and temperature readings-John Doe Incident with coding while recovering-Saga Not closely monitoring which led to a second heart attack-Saga Poor at initial reception until you can prove that you can pay for the treatment-Godfather Hospital reluctance to admit patients until getting proof of insurance-Godfather Being unable to find a hospital suggestion box-Nana Found out the complimentary notes were not given out-Nana One staff shift that took too long in responding-Pearl Poor housekeeping-Mimi, Steve Poor quality food-Bee</p> <p>None: Chief, Rico</p> |
| <p>Overall Communication</p> | <p>Overall Communication</p> |
| <p>Unsatisfactory: Staff not listening to concerns-Steve, Mimi Taught in the military just to follow orders-Mimi Room improvement for being more patient approachable-Saga</p> <p>Satisfactory: Being also military-Kadyr Knowledge with limited resources-Kadyr Good explanation-Sarge, Scarecrow, John Doe, Pearl Very attentive staff-Tom Doe, Gramps, Chief, Pearl, Rico, Bee Wound treatment received in makeshift hospital-Easy Cutting wait time in getting a room upon being admitted-Saga Friendly-Godfather Good top surgeon communication-Chief</p> <p>None: Sam</p> | <p>Unsatisfactory: Series of nursing staff errors-Sam Poor administration treatment of patients-Godfather Concern with insurance coverage-Godfather Not attentive-Nana</p> <p>Satisfactory: Good explanation-Kadyr, Gramps, Little Paul, Saga, Chief Very timely-Kadyr, Bee Friendly-Scarecrow, Rico, Pearl Convenience of online communication or using an 800 number-Easy Attentiveness- Kadyr, John Doe, Mimi, Bee To medical staff money is immaterial-Godfather Medical staff is concerned with patient health-Godfather</p> <p>None: Little Paul</p> |

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| Health Improvement Recommendation | Health Improvement Recommendation |
| <p>Stay alert-Kadyr To take it easy until feeling better-Kadyr, Sarge, Scarecrow Being sent to rehab-Sam, Gramps, Godfather Did not agree with weight management program & did not do it-Sam Maintaining a proper diet-Little Paul, Steve, Godfather Given precautionary advice on preventing a re-occurrence-Saga, JoJo, Rico Well taken care of-Chief Trying to do things by oneself without assistance-Nana Stop drinking caffeine-Bee Reduce stress-Bee</p> <p>None: Tom Doe, John Doe, Easy, Pearl, Mimi</p> | <p>Good information-Sarge, Chief, Nana Set-up with rehab programs-Gramps, Nana, Saga, Bee Quit smoking-Scarecrow Weight control -Easy, Pearl, Little Paul Proper exercising-Kadyr, Easy Staff read discharge papers-John Doe Referred to primary care-Saga Stressed importance of taking medications on time-Steve Follow-up appointments-Chief Given precautionary care-Chief, Pearl, Bee, Kadyr, Rico Good diagnosis-Rico Recommended a specialist-Rico</p> <p>None: Godfather, Mimi, Tom Doe</p> |
| Other Doctor Involvement | Other Doctor Involvement |
| <p>Only saw one doctor-Kadyr, Sarge, Nana, Rehabilitation doctors involved-Sam Transfer to Walter Reed-Scarecrow Did not send to see specialist-John Doe Did not believe extent of injuries-John Doe Referred to specialists-JoJo, Steve, Godfather, Gramps, Nana Ensured follow-up appointments-Chief Good supervision-Chief Involved medical students-Pearl Doctor expert in particular field-Rico Follow-up with primary care doctor-Mimi</p> <p>None: Kadyr, Sarge, John Doe, Saga, Bee</p> | <p>Introduced to cardiologist-Sarge, Sam, Saga Good information-Sarge Many doctors involved because patient has a rare disease-Little Paul Very knowledgeable and courteous-Easy Referred to other specialists-Steve, Scarecrow, Saga, Pearl, Bee Good relationship with super doctor-Chief Declined-Nana Would have involved long wait time-Nana Asked for student doctor consent-Pearl Referred to support groups-Pearl</p> <p>None: Kadyr, Tom Doe, John Doe, Godfather, Nana, Rico, Mimi</p> |
| Discharge Notification | Discharge Notification |
| <p>Unsatisfactory: Doctor consent took too long-Nana Too much paperwork-Nana</p> | <p>Unsatisfactory: Using another patient's medical records-Sam Took too long-Scarecrow, Nana</p> |

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| <p>Pharmacy took too long-Nana</p> <p>Indifferent: Unsure if they gave the order-John Doe</p> <p>Satisfactory: Advise to recover-Kadyr, Mimi The fact that the doctor himself made the notification-Sam Expeditious discharge-Gramps, Scarecrow, JoJo Thorough explanation-Godfather, Mimi, Bee Spouse received notification-Bee Patient under medication-Bee</p> <p>None: Easy, Steve, Chief, Rico</p> | <p>Satisfactory: Advise to recover-Kadyr Being persistent pays off in getting discharged-Little Paul Thorough explanations-Easy, John Doe, Steve, Pearl You pretty much know when it is time to leave-Saga Very friendly-Chief Expeditious discharge-Godfather Patient staff-Pearl</p> <p>None: Rico</p> |
| <p>Discharge Instructions</p> | <p>Discharge Instructions</p> |
| <p>Unsatisfactory: Not much instructions-John Doe</p> <p>Indifferent: Had no issues-JoJo</p> <p>Satisfactory: Good thorough explanation-Sarge, Sam, Tom Doe, Opa, Rico Gramps, Little Paul, Saga, Pearl, Kadyr, Bee Take it easy-Scarecrow Follow-up with primary care-Saga Received convalescent leave-JoJo Referred to rehab program-Steve, Scarecrow Helped with paperwork given-Chief Change to active lifestyle- Godfather Went above and beyond-Pearl Emphasized taking medications-Pearl Advised on best way to recover-Mimi</p> | <p>Unsatisfactory: Prescribed wrong medication-Sam Wrong medical record error-Sam Only written- no verbal-Tom Doe</p> <p>Satisfactory: Good explanations-Sarge, Opa, Scarecrow, Little Paul, Easy, John Doe, Saga, Mimi, Kadyr, Bee, Steve, Godfather, Chief, Pearl Set-up with different specialists-Gramps, Rico Good follow-up-Easy, Saga Taught wife how to be extremely careful with medicine-Steve Provided medical equipment-Godfather Very helpful-Nana Happy condition was not serious-Rico Interim medication provided until being able to see specialist-Rico</p> |

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| None: Easy | |
| Discharge Process | Discharge Process |
| <p>Unsatisfactory: Rude process-John Doe Lengthy process-Steve, Nana Long wait for prescriptions-Nana Use of wheelchair was annoying-Pearl Just told she could leave-Mimi Was not offered a wheelchair or escort-Mimi</p> <p>Satisfactory: Quick and easy-Sam, Little Paul, JoJo, Godfather, Bee, Scarecrow Return to unit-Little Paul Getting paperwork & getting wheeled out-Saga Dignified-JoJo Provided good assistance-Chief Ensured patient received medication-Pearl Well organized-Bee</p> <p>None: Kadyr, Easy, Rico</p> | <p>Unsatisfactory: Rushed to get rid of him-Tom Doe Took too long-Scarecrow, Little Paul, Pearl, Bee, Kadyr No pharmacy at civilian hospital-Pearl High volume of patients-Godfather</p> <p>Satisfactory: Quick and easy- John Doe, Chief, Godfather, Sarge, Saga, Sam, Easy Do not recall it being a problem-Steve Given all paperwork-Mimi Advised to go online for additional information-Mimi</p> <p>None: Scarecrow, Rico</p> |
| Overall Concerns | Overall Concerns |
| <p>Headache & back pains-Kadyr Just wanted to get better-Sarge Seasoned professionals because of military background-Sam Keeping-up with what he had to do-Opa Truthful answers-Gramps Straightened-out and allowed to complete military career-Scarecrow Prolonged back problems have worsened-John Doe Should have been referred to a specialist-John Doe VA won't state it is service related-John Doe</p> | <p>Being admitted back at the hospital-Sarge Hospitals should not rely on student nurses-Sam Asking the medical staff to clarify-Opa The concern is the seventy percent chance bones will heal-Gramps Concerns that medicine has yet to identify and find a cure for the rare type of disease-Little Paul Good explanations of possible side-effects-Easy Would recommend hospital-Saga Overall good hospital experience-Steve, Nana, Scarecrow Outlived the normal living expectations-Steve</p> |

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| <p>Poor housekeeping in terms of cleanliness and hygiene-Saga Scared of getting hepatitis another disease during hospitalization-JoJo Some nurses were too slow and had no control of the medications-Steve Too many people involved caused confusion in administering medication-Steve Too much staff turnover that they could not keep track of individual patients-Steve, Pearl, Mimi Front reception being cold and disrespectful in making follow-up appointments-Chief Had to threaten the front desk personnel in order to get the help needed-Chief Hospital pharmacy was not good-Godfather Post exchange pharmacy is better than the hospital's-Godfather Update hospital facilities-Pearl Preferred military hospitals-Pearl Excellent doctors-Rico The fact that the staff had lost her paperwork-Mimi The fact that she did not get any medication when released-Mimi Not knowing the condition of her offspring-Mimi Condition remained unresolved-Bee Ended up having a third procedure-Bee</p> <p>None: Tom Doe, Little Paul, Easy, Nana, Rico</p> | <p>The bureaucracy with the high volume of paperwork-Godfather Hospital concern for possible lawsuit-Godfather Healthcare at hospital was very good-Nana Concerned that all staff shifts were not as responsive-Pearl Concern for response time if serious complications involved-Pearl Worried if it involved family members-Pearl Poor housekeeping-Mimi Being in a new part of an experimental process-Bee</p> <p>None: Kadyr, John Doe, Scarecrow, Easy, Saga, Chief, Nana, Rico, Bee</p> |
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Curriculum Vita

I am Rodolfo (Rudy) Garza and I am native to El Paso, TX. After completing my elementary school education I moved to Los Angeles, CA in 1963 and attended, middle school, high school, and college. I grew-up in Los Angeles during the tumultuous period of civil unrest in the 1960's/1970's that was marred by the Civil Rights Movement, Anti-Vietnam War Movement, Hippie Movement, Drug Culture Movement, and other social movements. In 1968, while attending Lincoln High School in Los Angeles I participated in the Chicano Walk-out demonstrations that sought better education opportunities for Mexican-Americans.

Education: Out of a family of twelve, I was the first to graduate from high school and college. I am currently enrolled as a Graduate student at UTEP and working in this thesis with my topic centered on physician/patient relations. I hold two B.A. degrees that are in History and Sociology. Thanks in part to my parent's support and Affirmative Action, I received my History BA degree in 1977 from the University of Southern California, and in 2014 my Sociology BA degree from the University of Texas at El Paso.

Professional Career: I have worked in various services of the Federal Government; the Head Start Program (1964); Immigration and Naturalization Service (1969); Internal Revenue Service (1969); Department of Defense (1977-2008); and, culminated my career in Federal Civil Service.

Teaching Experience: In my final ten years of a 32-year military career, I was an instructor at the United States Army Sergeants Major Academy where I taught various military courses. I have also been invited to teach as a guest lecturer at some undergraduate courses at the University of Texas at El Paso.

Community Volunteer Services: I am a member of the El Paso panel for the National Issues Forum (NIF). The NIF is a local group of concerned citizens that voice their concerns on live television regarding national issues that affect the city, state, or federal government.