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ABSTRACT

The contention that younger veterans differ from their elders in their attitudes and expectations was shown to be an inaccurate generalization on the basis of this reported inquiry. Three general classes of informational data were collected from both younger and older veterans: (1) perception of hospital services; (2) patient problems and services needed; and (3) demographic characteristics. It was found that real situational factors, for example recreational opportunities, quality of food and treatment, were responded to comparably by patients of all ages. GM&S patients and psychiatric patients, however, held significantly different views on situational, present need and special problem factors. Reality or situational factors contributed more to stated degree of satisfaction than did age, though certain characteristics, such as drug usage, trouble with the law, and future-orientation, did differentiate older and younger groups. It is suggested, however, that alternative life-style paradigms be developed to cope with the greater problem of social marginality seen particularly in the differences between GM&S and psychiatric patients. (KS)

YOUNGER VETERANS - OLDER VETERANS: A COMPARISON OF PERCEPTIONS OF HOSPITAL TREATMENT, PROBLEM AREAS AND NEEDS

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Differences in values, interests, mores, and frustration tolerance between the younger and older generation have become an accepted condition of our time. With the influx of younger veterans, the V.A. has responded to the generation-gap hypothesis by urging all hospitals and clinics to review their practices, policies, and services and wherever possible to modify them to become more consistent with values and expectations of younger veterans. Special targets of the intended changes are those practices and policies that are maintained for the convenience of the staff and of orderly operation at the expense of the personal comfort, dignity, and respect of the patient. These bureaucratic practices have been eloquently described in a recent article by Phillips (1971). However, implicit in the campaign for change is the assumption that these practices are more acutely felt by, or upsetting to, younger veterans.

Stenger (1970) surveyed all VA hospitals and based on their narrative reports concluded that the younger veteran is different from his older counterpart in at least five different ways:

(1) He is less willing to accept authority, wants to know the why of things, and wants to be heard as an individual.

(2) He does not believe authority is responsive to him, tends to distrust it, and believes he will be pressed to conform.

(3) He is less optimistic toward life and has fewer goals for himself.

(4) He is strongly identified with his own age group.

(5) He is more impatient than his older counterpart, especially finding routinized and impersonal hospital programs difficult to accept.

A logical extension of the assumption of essential differences between age groups is encouragement for creating separate treatment units for the exclusive assignment of younger veterans.

Systematic data on differences between the two age groups are sparse. Comparative studies that have been done suggest differences in some areas and surprising similarities in others. In reviewing acting-out behaviors of hospitalized psychiatric patients of three eras (World War II, Korea, and Viet Nam), Braatz and Lumry (1971) found little difference between Viet Nam era and other veterans in incidence of alcohol problems, civilian or military discipline problems, or suicidal acts. The groups did differ with Viet Nam era veterans evidencing greater drug usage and more suicidal/assaultive tendencies.

Braatz (1971) also found that MMPI comparisons of veterans of the three eras, with age held constant, indicated differences in that Viet Nam era veterans showed greater discontent with their life situation, greater proneness to delinquent behavior, less respect for others, less trust, and diminished feelings of social responsibility. Braatz also found, however, that Viet Nam era veterans on psychiatric units differed significantly from their peers on GM&S units in elevation on immaturity and general madadjustment scales of the MMPI.

Suicidal acts have a high reported incidence among younger veterans hospitalized for psychiatric purposes: 27% (Lumry), 34% (Harper), and 24% (Stuen). Stuen also reports a 2% suicide-act rate in a nonpsychiatric control sample.

Moran and Davis (1971) reviewed the case histories of 290 psychiatric patients at VAH Downey, Illinois and found a significantly greater percentage of AMA (Against Medical Advice) discharges among Viet Nam era veterans than among WWII veterans. Weber (1971), also reporting on a psychiatric patient population, compared Viet Nam and non-Viet Nam era patients for length-of-hospital stay and for rated improvement by therapists. The general opinion of hospital staff prior to the study was that younger patients did not stay as long and were less responsiv

to therapy. Data from the study of the 51 patient sample revealed almost identical average stay and improvement levels between the two groups.

In a special psychiatric program proposed for veterans of Viet Nam, the VA hospital at Salem, Virginia, reported differences in attitudes elicited from private as opposed to public interviews with more critical attitudes toward hospital life emerging in private interviews. A 43-item questionnaire administered to 21 younger and 25 older psychiatric patients at Salem VA yielded 13 items that significantly differentiated the older from the younger group. General evaluation of the hospital was higher among the older group. Older patients judged medicine and doctors to be most helpful while younger ones more often saw psychotherapy and other hospital staff as more helpful. More older veterans had a job waiting for them while more younger veterans reported plans to attend school. Younger veterans made more use of recreational facilities and were more critical of the food than were their older colleagues.

The combined findings of these studies are not entirely consistent and, with generally small samples, argue against generalization of findings. While there appear to be age differences, the differences between GM&S and psychiatric samples suggest large within-age differences also. A consistent difference among younger and older veterans has been found in respect to history of drug usage (Schwartz, 1970). However, Schwartz's data also point up substantial differences in drug history between young patients hospitalized on psychiatric units as opposed to those on General Medical Units with the latter reporting less drug experience. In comparing patient characteristics, not only age but other factors as well must also be contributing to observed differences or similarities.

The purpose of our study was to collect three general classes of informational data from both younger and older veterans. The three informational areas were (a) perception of hospital services, (b) patient problems and services needed, and (c) demographic characteristics. Three different treatment areas were sampled.

Two of these were organizationally semi-independent psychiatric hospitals that are geographically dispersed, i.e., Palo Alto and Menlo Park divisions of the VA Hospital. The third unit was the GM&S Service of the VA Hospital at Palo Alto. Fifty younger veterans, 30 and under, and twenty-five older veterans, 35 and over, were selected from each of these units for a total sample of 150 younger patients and 75 older ones. Each patient was seen in an individual interview. A funnel type (general to specific) interview schedule was used. Patients were told that their responses were confidential in that they would not become a part of their record or work against them in any way and that their names would not be placed on the interview sheet. Older patients were selected from the same or nearest comparable ward as younger ones. All patients had been hospitalized at least five days but not more than one year. The average age of the sample from each segment is as follows:

	Psychiatric PAD	Psychiatric MP	GM&S
Younger	24.34	23.88	23.72
Older	45.80	43.68	53.72

FINDINGS

A. Perception of Hospital Services

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Place Table 1 About Here

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Table 1 presents four cross group comparisons on each of the 13 items comprising perception of hospital services. Columns one and three contain p values resulting from comparing younger with older psychiatric patients and younger with older GM&S patients respectively. Column two contains p values from a similar comparison between the two psychiatric divisions of the hospital, and column four contains p values resulting from a comparison of views of younger psychiatric

patients with those of younger GM&S patients on the same 13-item scale. All p values are based on corresponding values of chi square.

Significant age group differences in perception occur in young veterans' greater preference for being on a ward of only young patients. It is worth noting that young veterans were evenly divided in their preference for such a ward. It was only the strong rejection of older veterans of the prospect that led to a significant difference. The only other significant age-related difference is that younger GM&S patients are more satisfied with the adequacy of information supplied them about VA benefits than are older GM&S patients.

A comparison between the two psychiatric divisions reveals significant differences on four of the thirteen items. Patients in one division are more critical of the quality and quantity of food, of recreational opportunities, and of the reasonableness of the hospital in regard to access to personal conveniences.

Perceptions of hospital services by young psychiatric patients differ significantly from those of young GM&S patients on three of the thirteen items. These are: The degree to which they are receiving what they expected; their overall characterization of the quality of their treatment; and their judgement of how reasonable the hospital has been with regard to personal conveniences. On all these items young GM&S patients viewed their situation more favorably than did young psychiatric patients.

We conclude that on our measure of patients' perception of the quality of hospital services that reality or situational factors contributed more to stated degree of satisfaction or dissatisfaction than did the age of the respondents.

B. Problem Areas and Additional Services Desired

Table 2 presents probability comparisons for the same groups on items pertaining to special problem areas and additional services desired.

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The data of Table 2 illustrate the marked and pervasive differences between younger GM&S and younger psychiatric patients in regard to life problems experienced and types of help needed. Significant differences between the groups occur on 16 of the 17 items sampled. They do not differ in regard to the number who plan to get further college or technical training in that nearly two-thirds of both groups plan to do so though definiteness of plans clearly favors the GM&S sample.

While not as numerous, there are several differences between older and younger veterans. As expected, drugs are more commonly a problem of the younger patients and alcohol a probelm of the older patients. This generalization across psychiatric - GM&S boundaries is more true of older patients and alcohol than it is of younger patients and drugs.

We also found that among young psychiatric patients there was a significant relationship between drugs and alcohol as identified problems ($x^2 = 7.72$, $p < .01$). Fifty-four percent of the young psychiatric group acknowledged having a problem with drugs and/or alcohol. Among the group who acknowledge a drug or alcohol problem, one-half said their problem was with drugs only. Thirty-one percent cited both as a problem while 18% cited alcohol only.

Another significant difference between the older and younger age group is the greater incidence of trouble with the law among the younger group. As might be expected, reported trouble with the law is significantly related to drug problems. It is worth noting, however, that about one-half of the non-drug-problem psychiatric population have had trouble with the law. This is true in both the older and younger groups. Among those identifying drugs as a problem, the percentage increases to 90%.

The significant difference between older and younger veterans regarding plans for future education or training is clear but not surprising. Younger GM&S patients are more definite about their future work or training plans than are their older colleagues. This is in contrast to the generalization often stated that younger veterans are more indefinite about the future and more oriented to the moment.

Reported suicide attempts were surprisingly high in both the younger and older psychiatric populations (53% and 46% respectively) though the difference between the two age groups was not significant. It is true that age is not constant for both groups and thereby accentuates the number of younger patients who have made attempts. A closer look at when attempts occurred is revealing. Only 9% of the older psychiatric population reported suicide attempts occurring while in the service. Forty-five percent of the younger veterans who reported suicide attempts indicated that some of their attempts occurred while in the service. Eleven percent of the suicide-attempting younger group made attempt(s) prior to their military service. None of the older patients reported pre-service suicide attempts. Whether these were genuine results of despair or calculated means of removing themselves from an unpopular situation is not clear. Reported frequency of problems with depression and discouragement does not differ significantly between the younger and older groups though younger psychiatric patients report a problem in this area with significantly greater frequency than do younger GM&S patients. Reported problems with drugs and suidide attempts are not significantly related in our sample. A large proportion, one-half to three-fourths, of both our young and old psychiatric patients want help with problems relating to family adjustment, future plans, or legal problems. Differences between age groups in these areas are not significant. Similarly, the relevance of religion was not differently reported between the older and younger psychiatric population. Young GM&S patients

saw religion as significantly less relevant than did either their psychiatric age peers or their elder ward peers.

C. Demographic Characteristics

There are significant differences in demographic characteristics among each of our comparison groups though the number of variables on which differences occur does not distinguish younger from older or psychiatric from GM&S. Table 3 indicates that marital status and educational level differ significantly both between younger and older patients and also between younger GM&S and younger psychiatric. More younger patients have never married, a finding that is not

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Place Table 3 About Here

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surprising. The young GM&S sample significantly exceeded their psychiatric counterpart in the number who had married and in their educational level of achievement. The young psychiatric group were almost identical to their older ward mates in average educational level but differed in that the older group clustered more at the extremes of less than high school or beyond high school training whereas the younger group had a more normal distribution with about one-half having completed high school.

Unsurprisingly, older patients of both groups have had more previous admissions than their younger counterparts. However, the young GM&S sample has significantly more previous hospitalizations than their young colleagues in psychiatry.

No significant difference among groups was observed on service-related variables of how they got in the military, whether they ever left the U.S., experienced combat, or which branch of service they were in.

Differences in diagnoses among younger and older psychiatric groups resulted from more diagnoses of schizophrenia among older and more of neuroses among the younger. Frequency of diagnoses of addiction and personality disorders were comparable for both groups.

The average age of our groups indicates their comparability except for the older GM&S group who averaged nine years older than their psychiatric counterparts. Comparisons between these two older groups on other variables may be biased by this age difference and are, therefore, not included in this report.

DISCUSSION

The contention that younger veterans differ from their elders in their impatience and dissatisfaction with hospital routines is not supported by the evidence of our inquiry. Our findings suggest that it is an inaccurate generalization to attribute differences of attitude and expectation to age. We found that real situational factors, e.g., recreational opportunities, quality of food, and quality of treatment, are comparably responded to by patients of all ages.

Not only situational but present need and special problem differences separate young psychiatric from young GM&S patients more than each is separated from his elder ward mates. We did find characteristics which differentiated older and younger groups though, even in these, care must be taken not to over generalize to the group as a whole. For example, while alcohol more often plagues the older and drugs the younger group, a substantial number of those with drug problems also report problems with alcohol, suggesting perhaps that the addictive process may be the significant variable and that treating for the addicting agent only may at best be a stop-gap measure.

The increasing instances of trouble with the law and the need for legal assistance, while related to drug use, are substantial in non-drug-psychiatric populations as well. Perhaps rather than focusing our efforts on making the

"hospital" setting more convenient, we should press for totally new services such as legal counsel for veterans young and old and especially for those in psychiatric units whose need is substantial.

Our data suggest that rather than not being future oriented, younger patients, and again especially those in psychiatric units, are increasingly asking for additional help with family, vocational, educational, and other life adjustment problems.

Finally, in viewing the marked differences between the problems of young psychiatric patients as against those of young medical-surgical patients, the distinction of socially and behaviorally marginal is overwhelmingly greater than the distinction of young and old or of a sickness of a different kind. If we focus only on problems of the young or of addiction, we may miss the serious need for developing alternative life-style paradigms for the problem of social marginality.

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Table 1

Probability Values (Chi-square) of Differences
Among Groups in Perception of Hospital Services

Item	Psychiatric: Younger vs Older	Psychiatric: Div. 1 vs Div. 2	GM&S Younger vs Older	Younger GM&S vs Younger Psychiatric
Promptness of Admission	.42	.89	.71	.86
Respect Shown by Staff	.42	.50	.30	.87
Receiving What Expected	.40	.96	.85	.01**
Quality of Food	.27	.001***	.31	.61
Quantity of Food	.68	.001***	.13	.92
Adequate Recreation	.65	.01**	.91	.18
Staff Listens to Me	.55	.33	.34	.27
Staff Tells Me What I Need to Know	.82	.34	.74	.32
Characterization of Treatment	.48	.37	.28	.001***
Adequate Information on VA Benefits	.87	.23	(.04)*	.88
Hospital Been Reasonable re Personal Items	.30	.03*	.48	.01**
Prefer Ward of Young Vets	.001***	.32	.001***	.15
Judged Cooperative during Interview	.36	.72	1.0	86% Psych. 100% GM&S

Table 2

Probability Values (Chi-square) of Differences Among Groups in Reported Problem Areas and Additional Services Wanted

Item	Psychiatric		GM&S	Younger GM&S vs Younger Psychiatric
	Younger vs Older	Div. 1 vs Div. 2	Younger vs Older	
Problem Areas:				
Family Life Needs Improving	.98	.20	No data	No data
Drugs a Problem	.001***	.68	6% Younger 0% Older	.001***
Alcohol a Problem	(.09)	.02*	(.02)*	.001***
Post Service Use of Drugs other than Marijuana	.001***	.54	18% Younger 0% Older	.001***
Post Service Use of Alcohol	(.01)**	.21	(.03)*	.001***
Times Intoxicated Last Year	.06	.10	.07	.006**
Considered Suicide	.49	.87	.95	.001***
Tried Suicide	.53	.62	.65	.001***
Had Trouble with Law	.004**	.99	.35	.001***
Spent Time in Jail	.01**	.81	.79	.001***
Firmness of Post Hospital Living Plans	.71	.74	.24	.001***
Firmness of Post Hospital Work Plans	.86	.77	(.005)**	.001***
Problem with Discouragement and Depression	.45	.26	.31	.001***
Additional Services:				
Would Accept Family Counseling	.77	.07	No data	No data
Need Help with Legal Problems	.60	.30	.53	.006**
Religion Relevant	.76	.55	.07	.02*
Plan School or Training	.001***	.28	.001***	.62
Want Help with Future Plans	.50	.77	.24	.001***
Want Help with Other Problems	.55	.58	.26	.001***

Table 3

Probability Values (Chi-square) of Differences
Among Groups on Selected Demographic Characteristics

Item	Psychiatric		GM&S	Younger GM&S vs Younger Psychiatric
	Younger vs Older	Div. 1 vs Div. 2	Younger vs Older	
Marital Status	.001***	.78	.001***	.004**
Highest Grade Completed	.008**	.004**	.001***	.04*
Service Outside U.S.	.10	.20	.90[1/]	.80
Combat Experience	.95	.62	.81	.09
Drafted - Volunteer	.20	.70	.41	.83
Number Previous Admissions	.004**	.001***	.03*	.017*
Service Branch	.22	.60	.30	.86
Diagnosis	.02*[2/]	.16	.12	---

1/ U.S. x Outside

2/ Omitting "Other" Category (Blind Rehab)

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