

Job Satisfaction of Iraq and Afghanistan War Veterans

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ABSTRACT

Previous studies have focused mostly on understanding and addressing the health needs of war veterans' post-deployment, but important factors such as veterans' job and life satisfaction have not been sufficiently researched. The present paper addresses this gap. The study proposes that veterans demonstrate different levels of job satisfaction from civilians holding similar positions. The study employed a quantitative survey methodology. The study's findings provide empirical evidence supporting this proposition and offer plausible explanations that can extend existing theory and contribute to successful strategies for employment of veterans and for higher overall job and life satisfaction among veterans.

Keywords: job satisfaction, veteran affairs, motivation, rehabilitation, survey methodology, t-tests

INTRODUCTION AND LITERATURE REVIEW

With the advent of Operation Iraqi Freedom (OIF) and Afghani Operation Enduring Freedom (OEF), more than 2 million service members served in these two wars (Bangerter et al., 2010). A total 1.2 million service members have since left the military and returned to civilian life (Ewert, Frankel, Overhault & Van Pulmbroeck, 2010). According to the Veterans Administration, OIF and OEF demographics indicated approximately 2 million service members who deployed to these wars, of which 88% were males and 18% were female, ages 20-29 (Analysis of Veterans Health Care Utilization among US Global War on Terrorism (GOWT) Veterans, 2009).

Extensive studies have been conducted on OIF and OEF service members in regard to post-deployment health and ongoing health needs (Bosh et al., 2010; Hourri et al., 2012; Bosari et al., 2017). Fredman, Monson and Taft, (2009) noted ongoing mental health needs, such as post-traumatic stress disorder (PTSD), anxiety, and depression, among OIF/OEF service members (Burnam et al., 2009; Cifu et al., 2009; Caska & Renshaw, 2013; Pogoda et al., 2017). Additionally, traumatic brain injury (TBI) caused from explosions, falls, and accidents impair the cognitive function of veterans when transitioning into the civilian world (Cooper et al., 2012). Other studies have examined adverse effects of physical injuries and disabilities on OIF/OEF veterans (Bair et al., 2007; Esquenazi et al., 2010; McAllister & Summerall, 2010).

Research has focused on understanding and addressing the health needs of veterans, but has not specifically looked at OIF and OEF veteran job satisfaction. The large number of veterans serving in ongoing contingent operations in Iraq and those who returned from Afghanistan creates a need to understand post-deployment workforce satisfaction. Most of the 1.2 million OEF and OIF veterans are returning to the civilian workplace (Schmaltz, 2011; Alonso et al., 2021). Post-deployment veterans also fit within the large demographic population of adult learners or *nontraditional* students who are working while also resuming formal education to improve their qualifications for employment (see Money and Dean, 2019). It is imperative to illuminate these aspects of veterans' lives post-deployment, especially considering the increasing number of OIF, OEF, and other post-deployment veterans who remain unemployed (Tao and Campbell, 2020). Further research into these trends can help to further understand the reasons why post-deployment veterans have not been more successful in adapting to civilian employment.

Despite the proliferation of the term "job satisfaction," a unified definition has yet to be agreed upon (Aziri, 2011; Tao and Campbell, 2020). Since the 1940's the subject of job satisfaction has been an extensively researched topic among management scholars (Quarstein, McAfee and Glassman, 1992). Hoppock (1935) highlights that job satisfaction involved the amalgamation of sociological, psychological, and cultural factors that derive fulfillment for the employee. It is directly linked with, "productivity as well as to personal well-being" (Aziri, 2011: 78). This subject has proved important to businesses and researchers primarily because of the positive or negative effects job satisfaction can have on an organization (Ghazzawi, 2008; Bouckenooghe, Raja, & Butt, 2013; Lan et al., 2022). Herzberg's duality theory worked to explain job satisfaction through hygiene and motivational factors (Sachau, 2007). Researchers Tillman, Tillman and Smith (2010) agreed with Herzberg's theory that motivation is mostly prevalent in the job content, whereas hygiene factors are predominantly located in job context. Motivation factors represent intrinsic conditions, such as recognition, responsibility, achievement and personal growth (Maxwell, 2008; Leach & Westbrook, 2000).

The literature on hygiene has primarily focused on general job satisfaction and how pay, job security, working conditions, and status affect individual satisfaction and performance (Luna, Tang, 2004; Smerek & Peterson, 2006). Petrescu and Simmons (2008) expressly noted economist's interest in pay and rewards on job satisfaction, performance, and effort. Moreover, Gerhart, Parks and Rynes (2005) noted that money was a factor in generating or reducing dissatisfaction, but Herzberg's theory showed that it didn't enhance satisfaction or motivation. Cheng (2007) mentioned money as a hygiene factor, but noted in the context of continuing one's education that money may not foster individual motivation. Research on motivation is complex and faces the special challenge of having to rely more heavily on self-reporting by respondents (Money and Dean, 2019).

Several studies on veteran transition have emerged but provide minimal insight regarding the personal levels of job satisfaction amongst veterans. One such study highlights veteran teacher job satisfaction and illustrates that satisfaction with their role depends on the teacher-student relationship (Woods & Weasmer, 2004; Admiraal et al., 2019). Another study provided a conceptual overview of how organizations might improve veteran transition but failed to highlight personal satisfaction of veterans upon completion of the transition.

Little is known about war veterans and their levels of job satisfaction after experiencing extended deployment and serving in a war zone. This gap in research represents a need to analyze levels of job satisfaction of OIF and OEF veterans and compare it to their non-veteran counterparts.

METHODOLOGY

A quantitative survey methodology was employed in this research. The data presented is part of an OIF/OEF and non-military civilian job satisfaction study. The data was obtained through electronic survey of both OIF/OEF and civilian subjects. Motivational and hygiene factors from the Herzberg Dual-Structure Theory of Motivation were used to develop the job satisfaction survey questions. The respondents were asked to answer on a six-point Likert scale, ordered from (1) "strongly disagree" to (6) "strongly agree," to rank their current job satisfaction. The survey consisted of 19 questions on job satisfaction as well as three demographic questions.

The survey was posted on various social networks and was administered and collected over a two-week period. The respondents chosen met the criteria of being an OIF/OEF veteran or non-military civilians. A total of 106 questionnaires were completed by a total of 99 participants in the study. All respondents originated from the United States, Australia, and Europe. The resulting sample included 47 civilians who never served in the Armed Forces and 53 OIF/OEF veterans. Gender was not a variable for which data was collected. IBM's Statistical Package for Social Science (SPSS version 24) was used to analyze the collected data.

RESULTS

Sequences of t-tests, using IBM's Statistical Package for Social Sciences (SPSS v.24) were used to evaluate the difference in means between motivation and hygiene factors. The comparative groups included OIF/OEF military veterans versus civilians, combat versus non-combat operations, self-identified PTSD versus non-PTSD, injured versus non-injured veterans, time served, and self-identified life satisfaction. The reliability of the test constructs for motivation and hygiene ranged from .879 to .841.

As noted in Table 1 in the Appendix, those persons who did not serve in combat operations ($M = 5.37$, $SD = 1.06$) rated hygiene significantly higher ($t(72.29) = -3.47$, $p = .001$) than those who did serve in combat operations ($M = 4.46$, $SD = 1.42$).

A t-test was used to compare the differences on motivation and hygiene for those persons self-identifying with or without PTSD. There were two significant findings. As noted in Table 2, for motivation, those who did not self-identify with PTSD ($M = 5.73$, $SD = .999$) rated motivation significantly higher ($t(-3.10) = 48.82$, $p > .001$) than those who did self-identify with PTSD ($M = 4.46$, $SD = 1.42$). For hygiene, those who did not self-identify with having PTSD ($M = 4.80$, $SD = 1.60$) rated hygiene significantly higher ($t(-3.84) = 4792$, $p > .001$) than those who did identify having PTSD ($M = 4.27$, $SD = 1.55$).

Another t-test was used to compare the differences in OIF/OEF veterans' and civilians' life satisfaction measured as motivation and hygiene. There were two significant findings. As noted in Table 3, for motivation, those respondents who were not satisfied with life ($M = 4.69$, $SD = 1.36$) rated motivation significantly lower ($t(97) = -2.23$, $p = .028$) than those who were satisfied with their life ($M = 5.52$, $SD = 1.28$). For hygiene, those respondents who were not satisfied with life ($M = 4.30$, $SD = 1.41$) rated hygiene significantly lower ($t(97) = -2.18$, $p = .032$) than those who were satisfied with their life ($M = 5.10$, $SD = 1.25$).

Those respondents who were satisfied with life rated significantly higher in motivation and hygiene than those who were dissatisfied with life. Drilling down three cross tabulations on Active Duty, OIF/OEF veterans, and OIF/OEF veterans with PTSD, those respondents showed a larger percentage of dissatisfaction with their lives compared to civilians.

A final t-test was done on years served in the military. Two levels were specified: one to eight years and nine years through retirement. No significant relationships were found between the two periods of service.

DISCUSSION

As noted, the US military has recently been engaged in two major combat operations and service members continue to be deployed and re-deployed to various operational theaters in which service members may engage in combat. This tempo of operations increases the intensity of the needs and the urgency of responses. Although research has been conducted on the impact of trauma from combat on Armed Forces service members, little research has addressed the influence of combat on job satisfaction post-deployment. Results from the current study indicate a significant difference in job satisfaction between OIF/OEF veterans and civilians.

A possible explanation for lower job satisfaction among OIF/OEF veterans may relate to lower hygiene results in their current employment, whether in the civilian workplace or in ongoing military service. Veterans who have transitioned post-deployment into the civilian workplace may experience readjustment difficulties due to a perceived lack of relevant knowledge, skills, and abilities (KSAs) or lack of skill transference from their military occupation to the civilian workplace. Those OIF/OEF veterans who continue their service in the military may also experience lower hygiene factors due to the nature of military working conditions. The conditions that deployed service members face in combat zones are extreme compared to their typical civilian counterparts' working conditions. Examples of hazards facing the men and women in the Armed Forces include: improvised explosive devices (IED), hostile fire and constant threat of being captured by the insurgent forces. These are potential dangers that all service members face while on deployment whether they directly engage in direct combat

operations or directly support combat operations. Such occupational hazards can contribute to feelings of hygiene inadequacy, thereby creating job dissatisfaction in OIF/OEF veterans.

The findings of this study indicated more specifically that OIF/OEF veterans with PTSD had lower job satisfaction levels when compared to the civilians. Recent research has indicated an increase of PTSD among service members who returned from Iraq and Afghanistan. This disorder has been shown to negatively influence relationships among service members (Crow et al., 2009), which logically would extend to the workplace.

Also, Chizonie et al. (2011) stated that PTSD can affect several areas of life function; individuals can experience distress in many areas, negatively impacting quality of life and general life function. Research on service members who returned from Iraq and Afghanistan with PTSD thus has shown that war trauma has negative effects on relationships and life in general (Holloway, 2009), yet no research has revealed whether or how such experiences can affect job satisfaction. Since PTSD has been shown through research to have negative effects on general life functions this can be a possible indicator that PTSD can also have a negative influence on job satisfaction. OIF/OEF respondents in this study indicated that those persons suffering PTSD experienced little or no satisfaction revealed by motivating factors, and experienced dissatisfaction as revealed by hygiene factors, thus indicating job dissatisfaction among this group.

Findings derived from this study's surveys indicated that the vast majority of Active-Duty service members who served in direct combat operations or in support of combat operations have lower job satisfaction. Consistent with prior studies on life satisfaction, findings from this study also showed that OIF/OEF veterans scored lower in life satisfaction than civilians. The findings indicated that serving in combat operations in Iraq and Afghanistan negatively influenced not only job satisfaction post-deployment, but serving in combat also more broadly adversely impacted life satisfaction. This data suggests there exists a systematic problem by which combat service, and especially service-related PTSD, directly and adversely influences job satisfaction.

The results indicated that of the OIF/OEF veterans, 35% identified themselves as having PTSD and 64% of respondents said they did not have PTSD. While 52% of the respondents were OIF/OEF veterans, only 42% had served in direct combat or in support of combat operations. This data suggests that the experience of having served directly in or in support of combat operations in Iraq and Afghanistan, or in combat elsewhere, likely generates a negative impact on the service member's job satisfaction in whatever post-deployment work the veteran undertakes.

For reasons already noted, several possible explanations help to theorize the results of this study. PTSD has been documented to have profoundly negative effects on general life functions. War fuels adrenaline as a survival mechanism. Lang (2003) noted that "war gives a rush of adrenaline, an excitement that few other human activities can provide." Job dissatisfaction may result from the lack of adrenaline that service members had experienced while performing duties in a war or hostile zone. Life after war may feel boring, uneventful, and mundane compared to the excitement and stress of combat. Such factors together may create job dissatisfaction, with lasting effects on OIF/OEF veterans.

The civilian sample group was largely employed and had significantly higher job satisfaction scores. Notably, the civilian sample in the study scored high in both job satisfaction factors, reflecting higher job satisfaction than for respondents in the OIF/OEF group. Higher job

satisfaction may result from the lack of residual adverse effects from having been occupationally exposed to the stress of life and death situations.

Finally, OIF/OEF veterans who were injured in combat did not yield significantly different motivation or hygiene factors compared to their comparison groups. There also was no significant difference between service members who served one to eight years versus those who served nine years through retirement on motivation or hygiene factors, suggesting length of military service did not impact the results.

Limitations and Future Research

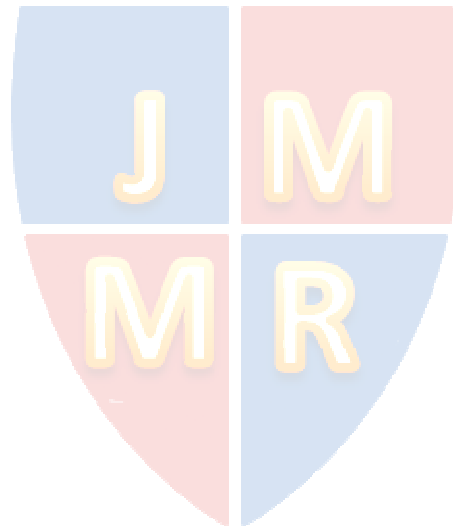
This study presents certain limitations that may be addressed in future research. The study did not consider individual's personality traits that could yield different responses to motivation or hygiene factors. Also, the degree and severity of OIF/OEF veterans' PTSD levels were not factored into the analysis. Additionally, this study's data collection did not distinguish between Active Duty or Reserve and National Guard status or distinguish among the demographic characteristics of service members who deployed. Accordingly, future studies may specifically examine post-deployment job satisfaction of Active Duty, Reserve, and National Guard service members. Future studies may also examine personality types of service members and how types can affect job satisfaction post-deployment. An interesting extension of this research may explore various challenges and educational opportunities faced by the veterans in transition, especially as veterans work to enhance KSAs that are relevant to a civilian workplace. Future research should also expand the sample for greater generalizability and apply multiple methods to obtain triangulated data. Despite these limitations, this study provides important empirical results and offers plausible explanations regarding the differences in veterans' post-deployment job satisfaction and life satisfaction. Practitioners can also benefit from these results by using this new information to develop crucial strategies that are likely to achieve more successful employment outcomes and higher overall job and life satisfaction among veterans who have deployed to combat assignments.

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APPENDIX*Table 1. T-Test comparing participants with and without combat operations experience, based on motivation and hygiene.*

	<u>Served in Combat</u>		<i>t</i>	<i>df</i>
	Yes	No		
Motivation	5.15 (1.35)	5.59 (1.27)	-1.65	97
Hygiene	4.46 (1.42)	5.37 (1.05)	-3.47*	72.29

Note. * $p < .01$. Standard Deviations appear in parentheses below the means.

Table 2. T-Test comparing those who identified having a PTSD and those who did not identify having PTSD, based on motivation and hygiene support)

	<u>Identified Themselves with PTSD</u>		<i>t</i>	<i>df</i>
	Yes	No		
Motivation	4.80 (1.60)	5.73 (.999)	-3.10*	48.82
Hygiene	4.27 (1.55)	5.37 (.939)	-3.84*	47.92

Note. * $p < .01$. Standard Deviations appear in parentheses below the means.

Table 3. T-Test comparing those who were satisfied with life and those who were not satisfied with life, based on motivation and hygiene.

	<u>Satisfied with Life</u>		<i>t</i>	<i>df</i>
	Yes	No		
Motivation	5.52 (1.28)	4.69 (1.36)	-2.23*	97
Hygiene	5.10 (1.25)	4.30 (1.41)	-2.18*	97

Note. * $p = .032$. Standard Deviations appear in parentheses below the means.