

Caregiving Experiences and Health Conditions of Women Veteran and Non-Veteran Caregivers

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RESEARCH HIGHLIGHTS:

- Informal caregivers often have poor health, which can be attributed to caregiving. Women veterans may be especially impacted by the negative health consequences of caregiving, as they may already have strained family dynamics and possible low levels of social support, as a result of stressors related to readjustment to life after the military and posttraumatic stress, etc.
- Compared to non-veterans, women veterans who are caregivers were found to be younger, more educated, more likely to have never married, and a greater proportion of women veteran caregivers were Black or African American.
- Although women veteran caregivers were less likely to be obese compared to their civilian counterparts, there was a trend toward increased likelihood of having diabetes; nearly 20% of women veteran caregivers had two or more chronic health conditions. Additionally, more women veteran caregivers experienced poor sleep and poor mental health than non-veteran women caregivers.

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ABSTRACT:

Background: Unique experiences, for example, trauma, of women veteran caregivers may create differences in the caregiving experience and may be associated with health concerns. We examined caregiving factors and health concerns in women veteran caregivers compared to non-veteran women (civilian) caregivers, and identified variables associated with being a woman veteran caregiver.

Methods: We conducted secondary data analyses using data from a multistate survey to examine sociodemographics, the caregiver experience (relationship to recipient, duration as caregiver, hours of care provided, area help is needed, and greatest difficulty faced as a caregiver); emotional support; life satisfaction; lifestyle behaviors; general, physical, and mental health; and chronic conditions in women informal caregivers.

Findings: Of women caregivers, more veteran caregivers provided activities of daily living (ADL) help (33%) than non-veteran caregivers (21%; $p = .02$). There were no differences in years as a caregiver, hours of care provided, or the relationship to the recipient. Poor sleep and poor mental health were experienced by more women veteran caregivers (vs. non-veteran), but physical health, general health, and chronic condition prevalence did not differ. Women veteran caregivers had twofold greater odds of being Black, never married, college educated, and providing ADL assistance. Odds of obesity were lower for women veteran caregivers relative to other women caregivers.

Conclusions: Women veteran caregivers experience health concerns, including sleeplessness, poor mental health, and some chronic conditions. Our cohort were young women, yet had concerns that may be exacerbated by being a veteran and assuming a caregiver role. Comprehensive services to support their needs as veteran patients and as caregivers are needed."

Implications

FOR PRACTICE

Compared to non-veteran women caregivers, women veteran caregivers were more likely to be Black or African American, college educated, and more likely to experience poor sleep and poor mental health. No differences in prevalence of chronic health conditions, physical health, and general health were seen among women veteran and non-veteran caregivers; however, women veteran caregivers were less likely to be obese than non-veteran women caregivers. Advocates and community organizations focused on military and veteran populations should focus on educating women veterans and their families on the importance of self-care, mental health and stress management, and sleep hygiene. Women caregivers should also be encouraged to seek social support, which is especially important for women veterans, who are less likely to be married and therefore do not receive spousal support. Women veterans were also found to have multiple chronic conditions, which physicians and health providers should be aware is a risk for this population, and should counter with a plan for continuous, holistic care. It is important to provide comprehensive services to support women veterans, many of whom in this study were current smokers, so physicians may need to offer counseling and support in reducing smoking and tobacco use for women veterans as well.

FOR POLICY

The results of this study demonstrate that women veteran caregivers were more likely to experience more days with poor mental health and insufficient sleep. In this study, women veteran caregivers reported more average days of poor mental health (6.45) than non-veteran women caregivers (4.35), in addition to a greater average number of days without enough sleep, e.g., 40% of women veteran caregivers had frequent insufficient sleep compared to 30% of non-veteran women caregivers. Other studies have shown that women veterans report poorer general health and more mental health conditions, compared to women in the general population, and more women veterans experience poor mental health outcomes than male veterans. Policy makers should strongly consider these factors when looking to improve health care and mental health care services for veterans, as women veterans clearly have a strong need for improved, accessible mental health care that may be unmet. Funding mental health care initiatives for women veterans would be greatly beneficial, as would increasing social support services for this population, as more civilian women are married than their veteran counterparts; in this study, one quarter of the women veteran caregivers had never been married. Because poor mental and physical health can contribute to both poor psychological well-being and have a negative impact on sleep quality, policy makers may wish to fund sleep studies for women veterans, the results of which may benefit non-veteran women caregivers as well.

FOR FUTURE RESEARCH

As much of the data in this study are self-reported, they are subject to recall bias, which can be countered with more objective measures in future studies. In addition, these findings may not be representative of all woman veteran caregivers. Caregiver participation in this study was limited to states which participated in the optional caregiver modules of the CDC BRFSS 2009/2010 (Connecticut, the District of Columbia, Illinois, Louisiana, and New Hampshire); therefore findings are not generalizable to the greater population of caregivers in the United States, or women veteran caregivers. Future studies should aim to develop a more representative sample of participants, as well as exploring the differences in experiences of women veteran caregivers from various service eras and cohorts. In this study, details of military service experiences of the women veteran caregivers were not available. Additional research is needed to determine the impact of varying service experiences on caregiving experiences, as well as to improve understanding of the differences between the experiences and needs of women veteran caregivers and those of non-veteran women caregivers. Further, data were available only on select chronic health conditions which are included in the core modules of the BRFSS; additional research is needed to examine chronic conditions for which data were not available, such as hypertension.

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