

RESEARCH in BRIEF

“We don’t complain about little things”: Views of veterans and military family members on healthcare gaps and needs

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ABSTRACT

This qualitative investigation examined the views of veterans and military family members on the needs and gaps they perceive in health and mental health care provision. Four focus groups ($N=33$) were conducted (two with male veterans, one with female veterans, and one with military family members). Ten themes emerged regarding highly valued and unsatisfactory aspects of care received from providers and healthcare systems; four topic areas for training providers were also identified. Findings suggest that it is critical that healthcare providers and systems master the military/veteran cultural competence necessary to work effectively with veterans and military family members.

RESEARCH HIGHLIGHTS

- A number of aspects of face-to-face interactions with individual providers were important to veterans and military family members and contributed to their perception of the quality of healthcare received. Among the highly valued aspects were interactions where veterans felt their personhood was respected (i.e., the care acknowledged their unique identity, life history, and experience) and care provision involved open information sharing. Interactions that were unsatisfactory included provider negations or minimizations of veteran concerns, and when there was a lack of follow through, engagement, or clear communication.
- Veterans and military families had similarly balanced sentiments about healthcare systems (most described experiences involving the VA). They appreciated accessible and sustained care but noted that the system was overburdened, inflexible, a challenge to navigate, and had poor records management.
- Women veterans also noted that they felt their contributions were devalued because of their gender. Some providers assume they are the spouses of service members rather than service members themselves. Others assume that women veterans’ presenting concerns relate to military sexual trauma (MST) rather than other healthcare needs.
- This paper is among the first to document the needs and concerns of military family members. It seems that the sacrifices made by this population may be underappreciated by providers. Family members reported feeling unsupported and isolated. They also reported challenges with helping a loved one who has returned from deployment.

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RESEARCH HIGHLIGHTS *continued*

- All groups recommended that practitioner training should include information on military culture, veteran-specific health problems, strategies to support and empower veterans, and the needs of military families.

IMPLICATIONS

FOR PRACTICE

Providers in all disciplines need to develop military/veteran cultural competence so that interactions with veterans and military family members may be respectful and responsive to their healthcare needs. Features of this cultural competence include:

- Knowledge of characteristics of military life, and the values and ideals to which members of the Armed Forces subscribe.
- Understanding of the stressors that military life places on individuals and families, and post-service adjustment.
- Understanding of how military service can influence help seeking and healthcare utilization.
- Awareness of one’s own values, prejudices, and beliefs and their potential to affect the patient-provider relationship.
- A beginning understanding of military/veteran cultural competence can be acquired during training but it should be cultivated throughout one’s professional career.

FOR POLICY

- The VA has stated plans to hire more mental health clinicians in a variety of disciplines and it is committed to veteran-centered care and a focus on women veterans. Graduate programs in health and mental health related disciplines have an opportunity to train students to be well qualified practitioners but should do so with input and guidance from the VA and experts in veteran care. Policymakers should support such collaborations and view them as an investment that safeguards the care of veterans and ensures that a quality workforce will be available for these positions.
- Additional research dollars should be allocated for the study of veterans who seek care outside the VA or who do not seek care at all. Doing so will help the federal government realize its stated goal of ensuring that veterans are cared for following military service.

FOR FUTURE RESEARCH

- The effects of increased military/veteran cultural competence on health outcomes, treatment entry and retention, and treatment satisfaction need further investigation.
- Although the VA conducts important healthcare research on those who use their services, a majority of veterans seek care outside of the VA. Knowledge of this group remains absent from the research literature. Research is needed to ensure that the health needs of all veterans are understood and met.

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