

Health care's familiarity with military culture critical to improving care for veterans

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Health care systems and providers need to understand the unique realities of military culture in order to work effectively with veterans and military families, according to the findings of a study by a University at Buffalo research team.

Results of the paper published in the journal *Military Behavioral Health* suggest that [health care](#) and [mental health care](#) providers and staff should receive training that provides them with enough knowledge to understand the military's culture and values and how that belief system

also affects the veterans' transition from a service member identity to a civilian identity.

The paper is among the first to also document the necessity of addressing the many difficulties facing [military families](#) in the community, everything from challenges arising when family members are deployed to their return home following their discharge.

"Military service - and combat experience in particular - is a profound life experience that many civilians do not understand - and veterans are well aware of this," says Lisa Butler, associate professor in the UB School of Social Work and the paper's first author.

Using four different focus groups - two male veterans groups, one female veterans group and one comprised of veterans' family members - the researchers asked about the collective health care experience and what participants perceived to be the gaps and needs in health care and [mental health](#) care provision.

The research team used a sample of veterans in the community rather than one recruited from patients in the U.S. Department of Veterans Affairs (VA) health care system.

"The VA research is important, but we don't know if those findings can be generalized across the entire veteran population," says Butler, who is also the principal investigator of Joining Forces-UB, a team comprised of UB faculty and staff from the schools of Social Work and Nursing who are collaborating to better address the needs of veterans and military families through research and by developing training programs for students in both schools.

"Many people do not realize that only about one in three veterans turn to the VA for their health and mental health care and that most research on

veterans is conducted with those in the VA system. This is why the research mission of our Joining Forces-UB project is so unique - we are seeking to better understand the needs of all veterans and military families by conducting community-based research."

Butler says health care and mental health [care providers](#) require what Joining Forces-UB is calling "military/veteran cultural competence."

"Just as you want to be culturally competent working with any population, with veterans it is particularly important because they may shut you out if they suspect a lack of understanding. They'll walk away."

A [military service](#) history can have wide-ranging effects on a veteran's life, according to Butler. Veterans feel the framework from which they emerge is not appreciated by the population at large and she says that shortcoming may create obstacles for health care providers that make it difficult for them to understand a veteran's health care needs.

"Providers who bring military/veteran cultural competence to their interactions with veterans have the potential to enhance outcomes and increase quality of care. This is in addition to preventing veterans from walking away from care that may be beneficial," says Braden Linn, a doctoral candidate in the UB School of Social Work and one of the paper's co-authors, along with Mary Ann Meeker, associate professor in the UB School of Nursing, Katie McClain-Meeder, project manager on Joining Forces-UB, and Thomas Nochajski, research professor in the UB School of Social Work.

But the questions that might fill the gaps and satisfy the needs of veterans often go unasked because of the absence of that cultural competence.

Butler says that outside of Veterans Affairs hospitals, asking about

military service is rarely part of a patient's intake."Providers outside of the VA often don't think about a client having military experience or how that service might affect the veteran's presenting condition; how to treat them; or how they'll respond to treatment," she says. "The critical issue is to ask about past military service, and then follow up with questions about hazardous exposures that are known to be specific to their era of service - these are listed on the VA's website. It is also important to have a basic knowledge of military culture and what that could mean for how veterans approach their health care."

Even the paper's title, "We don't complain about small things," alludes to an ideal obvious to veterans that [health care providers](#) don't always grasp.

"That's a quote from a veteran," says Butler. "She was speaking to the lack of understanding often present in health care. She was saying that it takes a lot for a veteran to seek help and so a medical complaint should never be viewed as trivial."

She says that [veterans](#) are proud of their toughness but it can make it difficult for them to seek services.

"Cultivating military/veteran cultural competence can help providers deliver better care—care that acknowledges the veteran's unique history and its significance in a veteran's life even after they transition to the civilian world," says Butler. "If providers don't understand that, they won't be as effective in the care they provide."

Provided by University at Buffalo

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