

TRANSLATING RESEARCH INTO PRACTICE (TRIP) REPORT

Military REACH's review of

UNMET NEEDS FOR INFORMATION AND SUPPORT AMONG MILITARY CAREGIVERS

Rylee, T. L., Sarkar, S., Reed, S. C., Rafizadeh, E., & Bell, J. F. (2019). Unmet needs for information and support among military caregivers. *Military Medicine*, 184(11-12), e922-e928. https://doi.org/10.1093/milmed/usz109

BRIEF SUMMARY: Family members and friends providing care to current and former military service members (i.e., military caregivers) may face different challenges compared to those providing care for civilians (i.e., civilian caregivers). In this study, survey data from a random sample of 588 caregivers (military caregivers = 83) were examined to identify perceived unmet needs related to caregiving. The results suggest that caregivers feel the need for more information or assistance in several caregiving domains: keeping the care recipient safe, managing challenging behaviors, managing one's own challenges and stress, and making end-of-life decisions. Findings suggest that civilians and military service members have different unmet needs and that military caregivers report greater needs for help or information for making end-of-life decisions.

KEY FINDINGS

- There were some similarities between military caregivers and civilian caregivers. Both types of caregivers were likely to be women providing care for 1-4 years for a person they live with.
- Compared to civilian caregivers, *military caregivers* were more likely to be White, age 65 or older, employed, caring for someone 75 years old or older, and married to their care recipient.
- Compared to civilian caregivers, *military caregivers* were more likely to report the need for help or information regarding making end-of-life decisions. They were less likely to report needing information or help regarding how to keep their care recipient safe.
- Caregivers who were children or parents of the care recipient had higher odds of reporting the need for more information or help concerning the management of physical and emotional challenges compared to caregivers with other relations to the care recipient.

IMPLICATIONS FOR FAMILIES

- For caregivers, it is common to feel the need for more help and information to effectively make caregiving decisions, especially those concerning end-of-life topics. Seek support from friends and family, as well as institutions (e.g., Veterans Affairs) to help manage emotional distress and acquire needed resources.

IMPLICATIONS FOR HELPING PROFESSIONALS

- Be aware that the needs of caregivers and care recipients can vary drastically, requiring individually tailored care.
 Moreover, in some instances the type of care required may be related to the military service of the care recipient.
- Identify specific needs of clients and advocate for families with formal services and institutions to maximize the knowledge and support available to families when coping with caregiving challenges.

IMPLICATIONS FOR POLICY MAKERS AND MILITARY LEADERSHIP

- The findings suggest that military caregivers may desire more supports for end-of-life decisions. As a result, there may be a need to fill gaps in policy or programming to more adequately address the needs of caregivers in these contexts.

SAMPLE CHARACTERISTICS

588 caregivers to current/former military service members (n = 83) or civilians (n = 505)

Military caregivers: 39% high-school graduates; 73% ages 50 or over; 41% spouse to care recipient

🗹 Civilian caregivers: 32% high-school graduates; 52% ages 50 or over; 14% spouse to care recipient

🗸 All caregivers: 52% child/parent; 19% other family; 12% non-relative; 48% lived with care recipient

Care recipient conditions: 29% mobility issues; 16% chronic illness; 8% Alzheimer's

METHODOLOGY

- This <u>secondary analysis</u> used data from the Caregiving in the U.S. Survey from the National Alliance for Caregiving. Participants were identified through the Growth for Knowledge's randomly selected, probability-based online panel of adults in the U.S. There were 1,248 initial respondents. Caregivers who had provided care for less than 6 months and those who indicated they were not the primary caregiver were removed, resulting in a final sample of 588 respondents.

- The participants filled out an online survey answering <u>demographic</u> (e.g., age) and caregiving questions (e.g., recipient condition), as well as four yes/no questions about the need for more help or information regarding caregiving concerns (i.e., keeping the care recipient safe, managing challenging behaviors, managing one's own challenges and stress, and making end-of-life decisions). Additionally, participants were asked a yes/no question about whether the care recipient had ever served in the U.S. Armed Forces.

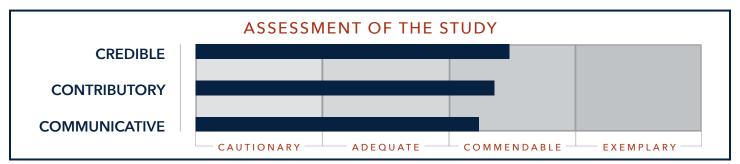
 <u>Logistic regression</u> was used to assess differences in the likelihood of need for the four caregiver concerns between civilian and military caregivers. Several covariates were included as control variables in the analysis (e.g., sex of caregiver, care recipient age, and illness).

STRENGTHS

- The number and variety of covariates used in this study helps rule out confounding (unmeasured) variables that may explain the results indicating different caregiving needs for military and civilian caregivers.
- This study used a large representative sample of U.S. caregivers. This characteristic improves generalizability because
 the researchers captured information from individuals in multiple locations, thereby better reflecting the demographic
 characteristics of the entire country as compared to a particular region.

LIMITATIONS

- Though the research question about the unmet needs of caregivers is novel, the results do not provide detailed information about whether the caregivers need help, information, or both. Moreover, the current study does not shed light on the extent of help caregivers need. Future research would benefit from utilizing more detailed indicators to understand caregiver needs.
- The sample of military caregivers was somewhat limited by size and homogeneity. Future work would benefit from assessing these research questions with larger samples of military care recipients.



DIMENSIONS OF ASSESSMENT

- CREDIBLE: Research that is rigorous, transparent, consistent, and generalizable. This dimension reflects an evaluation of the study's scientific methodology.
- CONTRIBUTORY: Research that is original, applicable, and has the potential to enhance the well-being of military families. This dimension examines the impact of the study.
- COMMUNICATIVE: Research that is coherent, understandable, and readable. This dimension assesses how effectively the authors convey the content of the study.
- * These dimensions are adapted from the work of Mårtensson et al. (2016). For more information on the REACH evaluation framework and rubric visit: MilitaryREACH.org

ADDITIONAL INFORMATION

Underlined terms in <u>red font</u> are linked to the definition in the Military REACH Dictionary. To explore more terms visit: https://militaryreach.auburn.edu//DictionaryResult. Terms in blue font are linked to additional resources.

PARTNERSHIP

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