

Sigma's 30th International Nursing Research Congress
Improving Health and Achieving Optimal Outcomes for Veterans With Insomnia and Sleep Disturbances

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Purpose:

Understanding military culture is critical to providing quality care to military personnel and Veterans. Health care professionals must understand and appreciate core values, rank structure, commitment to the mission, importance of battle buddies, and understanding operational roles between specific service members in order to provide culturally competent care (McMillan, et al., 2017). There are distinct health conditions associated with military service and combat missions that must be addressed in the Veteran population. Veterans with a history of traumatic brain injury (TBI) require culturally competent health care professionals to deliver quality care while understanding their perspectives. A large percentage of TBI Veterans are affected by a variety of sleep disturbances- insomnia being the most common (Wickwire et al., 2016). Post-Traumatic Stress Disorder (PTSD), another diagnosis often linked with insomnia, is also present in a high percentage of Veterans with a history of TBI (Defense and Veterans Brain Injury Center, 2018). Prior or current exposure to war and deployment places active duty military members and Veterans, at an increased risk of insomnia and shorter sleep duration (Widome et al., 2015). The purpose of this presentation is to discuss insomnia with associated symptoms; such as depression, suicidal thoughts and chronic conditions. Unique military cultural contexts of providing care for insomnia in Veterans, particularly those with a history of TBI or PTSD, are discussed. Veteran's perception of insomnia utilizing the Insomnia Severity Index (ISI) are presented with specific collaborative interventions to improve global health outcomes of insomnia patients.

Insomnia is defined as dissatisfaction with sleep quantity or quality and is associated with difficulty initiating or maintaining sleep and early-morning waking with inability returning to sleep. Insomnia is a transnational health problem associated with major disruptions to a high quality of life—such as fatigue, poor cognitive function, and personal functioning. Insomnia is also linked with increased morbidity and mortality, depression and suicidal thoughts/behaviors (King et al., 2017), as well as an increased risk of obesity, hypertension, diabetes, strokes and heart attacks (Office of Patient-Centered Care and Cultural Transformation, 2018).

Approximately 6% to 10% of adults have insomnia that meets diagnostic criteria (Epstein, 2012). Insomnia affects approximately 25% of the general population (World Health Organization, 2018; Healthy People 2020, 2018), while sleep disturbances affect approximately 84% of individuals with a history of TBI (King, Donnelly, Warner, Wade, & Pigeon, 2017). Several socioeconomic disparities are related to insomnia or sleep disturbances; among these are fewer assets in the home, food insecurity, increased reported discrimination, and subjective lower social status (Widome, Jensen, & Fu,

2015). Social and economic health factors related to insomnia, include lower work productivity, increased sick leave, increased risk of motor vehicle accidents, health co-morbidity, mental health co-morbidity, and the overall subjective measure of quality of life (Brain Injury Association of America, 2018).

Methods:

A descriptive design is scheduled for use for the 9 month pilot study. Survey data will be obtained in late January, 2019 from the Veterans at a single time point for the purpose of capturing the Veteran's self-report perception of insomnia using a Likert-type response format. The instrument, the Insomnia Severity Index (ISI), has established psychometric properties across adult lifespan in Veteran (preliminary results) and non-Veteran populations. Standard questions regarding demographics, military service roles, diagnoses, and medications will be assessed. Open-ended questions regarding acceptability and preference to insomnia treatments, such as relaxation therapy, pharmacotherapy, sleep hygiene education, sleep restriction therapy, and mindfulness strategies will be collected (Epstein, 2012). The setting for the study are Veterans in attendance at the mid-Winter Convention of The Alabama Chapter of The American Legion. As a whole, the American Legion Department of Alabama is 19,000 members strong, actively engaged in their communities and growing.

Results:

The Veteran's mean ISI scores, demographic data, and treatment acceptability and preferences will be presented, as well as other statistical analysis.

Conclusion:

There are many opportunities for nursing to establish interdisciplinary collaborations in improving global health outcomes of patients with insomnia and sleep disturbances—particularly collaborations with advanced practice nurses, pharmacists, sleep therapists, and the medical community. These health care professionals must have cultural competency in providing care to the military Veteran. Given the high incidence rate of Veteran population having a diagnosis of TBI and PTSD, combined with challenges of providing equitable healthcare in remote or rural areas, further research must be done to ensure care is provided to those suffering from insomnia and sleep disturbances. This pilot study represents a formative on-going academic-practice partnership designed to conduct collaborative research to improve global health outcomes, while providing care and education for Veterans in the community setting. The researcher's partnership with the American Legion Department of Alabama is designed to complement and catalyze the Veteran's treatment received through the Veterans Administration and/or in the civilian sector.

Title:

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Keywords:

Military Veteran health, insomnia and sleep disturbances

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Abstract Summary:

Insomnia is associated with depression, suicidal thoughts and chronic conditions. Unique cultural contexts of insomnia in Veterans -- particularly those with a history of TBI or PTSD are discussed. Veteran's perception of insomnia utilizing the Insomnia Severity Index are presented with specific collaborative interventions to improve global health outcomes of insomnia patients.

Content Outline:

- Introduction: Definition of Insomnia/ sleep disturbances

- Incidence of insomnia in the general population
 - Incidence of insomnia in the military Veteran population
 - Main point #1: Health conditions associated with insomnia/ sleep disturbances
Supporting point #1: quality of life, socioeconomic disparities, economic impact
Supporting point #2: health conditions unique to the TBI/PTSD Veteran population
 - Main Point #2: Pilot study design and methodology of Veteran population
Supporting point #1: Survey instrument (Insomnia Severity Index)
Supporting point #2: Survey questions and psychometric results
 - Main Point #3: Interventions for insomnia
Supporting point #1: Moving theory to practice: pharmacological interventions
Supporting point #2: Moving theory to practice: sleep efficiency therapy
Supporting point #3: Moving theory to practice: complementary therapy
 - Conclusion
1. Catalyzing collaborations with interdisciplinary partners (VA resources, civilian resources), academic partners to teach health care professionals, competency development in State Boards; guidelines for protocols, MRI/ Brain function testing
 2. Future collaborative research strategies--study designs, literature reviews
 3. Evidence-practice strategies—move toward VA protocol on sleep hygiene, sleep monitoring

First Primary Presenting Author

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Author Summary: Dr. Libba McMillan is an Associate Professor at Auburn University School of Nursing. She brings diverse nursing expertise across the lifespan. She has national and international conference presentations on working with interdisciplinary healthcare providers, and civic organizations in rural communities. Recent work includes spearheading a collaborative partnership at Walter Reed National Military Medical Center, which developed and published competencies for nursing care of returning Veterans and family members.

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