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# Research Brief

## Work-Related Quality of Life and Post-Traumatic Stress Disorder Symptoms Among Female Veterans

**Publication:** *Women's Health Issues* (2011); 21(4S), S169-S175

**Keywords:** Female veterans, employment, work, post-traumatic stress disorder, depression, quality of life

### Research Highlights:

- Post-traumatic stress disorder (PTSD) is a prevalent mental health condition among veterans, and especially prevalent in female veterans. About 10.2% of women veterans had a diagnosis of PTSD, compared to 7.8% of male veterans, among those using the VA in 2009. Prior research has found female veterans with PTSD to be 10 times more likely to be unemployed, compared to those without PTSD, and more likely to have lower role functioning.
- Overall, more severe PTSD was associated with poor occupational outcomes across all three of the work-related quality of life components: employment status, clinician-rated occupational impairment, and self-rated occupational satisfaction.
- Depression was significantly associated with current employment status, with each increase in depression symptoms reducing the odds of working by about 35 percent. Depression symptoms were also related to all three components independent of the presence of PTSD. These results point to the importance of treating multiple mental health diagnoses in veterans, with a focus on work-outcome based interventions.

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### Abstract:

“Background: Post-traumatic stress disorder (PTSD) can have pervasive, negative effects on multiple aspects of quality of life. We investigated the relationship between PTSD symptom clusters and work-related quality of life among female veterans. Although prior studies have shown that PTSD symptom clusters are differentially related to work-related quality of life, no study has assessed these relationships in women specifically. Methods: Participants were 253 female veterans with current PTSD. We assessed three components of work-related quality of life (employment status, clinician-rated occupational impairment, and self-rated occupational satisfaction) and performed analyses with and without adjusting for self-reported depression symptoms. Results: None of the PTSD symptom clusters were associated with employment status. All PTSD symptom clusters had significant independent associations with occupational impairment. All PTSD symptom clusters except avoidance were significantly associated with lower occupational satisfaction, but none had independent associations with occupational satisfaction. No single PTSD symptom cluster emerged as most strongly associated with occupational outcomes. Symptoms of depression had substantial associations across all occupational outcomes, independent of PTSD symptoms. Conclusion: Knowledge about how PTSD relates to occupational outcomes in women veterans is important for addressing the needs of this growing segment of the VA patient population, in which PTSD is a prevalent condition. Because PTSD had differential relationships with the three components of work-related quality of life, measuring only one component, or using an aggregate measure, may obscure important distinctions. Resolving depression symptoms also may be integral to achieving meaningful recovery.”

## Implications

### For Practice

The findings from this study suggest some useful implications for clinical practice and improving work related quality of life through treating PTSD. Although treating PTSD could improve quality of life, reducing symptoms alone may not be enough. Despite improvements in symptoms, prior research findings show perceived occupational functioning may not improve, indicating that occupational outcomes should be addressed as well. Occupational program facilitators and health professionals should also focus creating interventions that target the needs of veterans with multiple diagnoses. For example, treating depression for veterans who are also in PTSD treatment may be necessary to help them return to work, and to function optimally.

### For Policy

The relationship between PTSD and work-related quality of life varied by the quality of life components measured, so treatment of PTSD symptoms may affect these components in different ways. Policy makers can focus on employment initiatives that target female veterans with PTSD, in an effort to address the employment status component of work-related quality of life. Policies assisting with hiring initiatives for female veterans, as well as their return to work and ability to perform job tasks while being treated for mental health issues are essential. Policy makers should also focus on initiatives that serve both female veterans with multiple diagnoses and health professionals providing care to these veterans. Policy makers need to be aware that veterans may have adjustment issue such as PTSD than can affect their functioning, but also understand that PTSD is not a barrier to being an effective employee. Employers should recognize that some employees may have PTSD and that it can affect an individual's performance. But at the same time, employers should understand that PTSD is a treatable condition, like depression.

### For Future Research

The established relationship between satisfaction and quality of life lends itself to further research utilizing work-related satisfaction as a moderating factor in the relationship between PTSD symptoms and work outcomes. It is important that researchers understand the unique effects of PTSD and depression on quality of life, especially in relation to veterans' ability to maintain employment. Researchers should also focus on the impact of other Axis I disorders, such as anxiety and substance abuse, which often occur alongside PTSD. Future research should also focus on including large samples of women veterans, and performing gender comparisons in data analysis. Because many studies of occupational outcomes have only few women, they have been unable to report any meaningful data for women veterans, as many generalizations about work and mental health processes based on men will not apply to women. The results in this study specifically are only generalizable to women veterans and active duty personnel with less severe PTSD symptoms. The researchers suggest future research in these areas is first performed using descriptive, observational studies focusing on how demographic and clinical factors affect the relationship between PTSD and occupational outcomes. Second, researchers should gather longitudinal data to investigate the relationship between PTSD and occupational outcomes over time. Finally, researchers should perform intervention studies with the goal of improving quality of life and recovery.

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