Baccalaureate Nursing Faculty Competencies and Teaching Strategies to Enhance the Care of the Veteran Population: Perspectives of Veteran Affairs Nursing Academy (VANA) Faculty

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It is critical that faculty competencies, teaching strategies, and the essential knowledge relating to the care of our veterans be delineated and taught to health care professionals in order for our Veterans to receive optimal care. The purpose of this qualitative study was to ascertain from nursing faculty members who have worked extensively with veterans, the necessary faculty competencies, essential knowledge, and teaching strategies needed to prepare baccalaureate level nurses to provide individualized, quality, and holistic care to veterans. Six Veteran Affairs Nursing Academy faculty members participated in two 2-hour focus group sessions.
There were a total of 12 multidimensional major concepts identified: 5 faculty competencies, 4 essential knowledge areas, and 3 teaching strategies specifically related to veteran care.
The information generated can be used for faculty, staff, and or nurse development. Having a comprehensive understanding of veteran health care needs enable effective patient-centered care delivery to veterans, which is the gold standard in health care our veterans deserve. (Index words: Veteran health care; VA Nursing Academy; Faculty competencies; Veteran care knowledge; Teaching strategies for veteran care; Qualitative study) J Prof Nurs 32:314–323, 2016. *Published by Elsevier Inc.*

Background and Purpose

NEVER BEFORE IN history has the United States been actively engaged in warfare for such an extended period. The physical and psychological impact of the current and past wartime and military experiences on service members has created a large population of veterans in need of specialized health care services. As the short-term and long-term health effects of these experiences surface, health care professionals need to have the knowledge and skills to successfully care for our Veterans. Developing the understanding and skills needed would require having specialized educational experiences provided by knowledgeable and culturally sensitive faculty. However, faculty may not understand the nature and/or scope of the health issues or culture of veterans without having adequate education about and exposure to veterans and their care.

There are almost 23 million male and female U.S. veterans who have provided service in either or both humanitarian or wartime situations for which they were activated or deployed within the continental United States or out of the country (Allen, Billings, Green, Lujan, & Armstrong, 2012). A service member becomes a veteran, according to Scott (2012), when he

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or she has served for specific periods in the active military, naval, or air service and has been honorably discharged or released.

The depth and breadth of issues related to veteran health care are far reaching. For instance, it is now known that veterans have special health care needs that differ from the general publics' (Brennan, 2010; Capaldi, Guerrero, & Killgore, 2011; Eisen et al., 2012; Heard, 2013; Quinlan, Guaron, Deschere, & Stephens, 2010). In addition, veterans who have served in different wars have different needs from each other (Collins, Wilmoth, & Schwartz, 2013). For instance, those who served in the Iraq/Afghanistan war commonly incurred blast traumatic brain injuries (Capehart & Bass, 2012; Finley et al., 2010), and those who served in the Vietnam War experienced more chemical warfare exposures (Brooks, Laditka, & Laditka, 2008). Just as nurses know the inaccuracy in the statement "a nurse, is a nurse, is a nurse," there is a similar viewpoint about service members' (SMs) experiences which implies that all veterans are the same. Clearly each veteran is not the same because each had different entry points, assignments, and deployments, as well as combat and noncombat experiences. The complexity of the health care issues of veterans become even more complicated if they were wounded or injured during or subsequently became ill from wartime experiences (Gilliss, 2010; Nworah, Symes, Young, & Langford, 2014).

Traditionally wars had a high death rate as compared with those who were wounded. For instance in World War 1, deaths were occurring as high as eight deaths to three wounded. The most recent wars (Operation Iraqi Freedom, Operation Enduring Freedom, and Operation New Dawn) have the reverse of two deaths to every seven or eight wounded (Geiling, Rosen, & Edwards, 2012). The numbers of surviving wounded veterans have increased due to effective triage, trauma treatment, and recovery strategies. This has led to more than 50,000 SMs with physical and mental service-related wounds stemming from these recent wars requiring health care services in addition to those veterans from past military engagements or activities needing services (Geiling et al., 2012).

Given the numbers of veterans and their special health care needs, health care practitioners need to be cognizant of their needs and be ready to effectively address them during any health care encounter whether it is at a Veterans Affairs (VA) health care facility or at any health care facility veterans may use (Allen, Armstrong, Conard, Saladiner, & Hamilton, 2013). However, education related to veteran care is not a normal part of health care professionals' formal education. This may be due in part to the health care faculty's limited understanding of and exposure to veterans' specific health care issues and cultural influences. Nonetheless, it is important for health care professionals to receive knowledge about and understanding of veteran health problems and issues to effectively care for veterans and their families (Allen et al., 2013; Brennan, 2010). A search of the literature revealed no research and only limited information regarding the specialized knowledge and skills necessary to teach health care personnel to care for veterans (Allen et al., 2013; Brennan, 2010; Chaterjee, Spiro, King, King, & Davison, 2009).

Purpose

The purpose of this qualitative study is to ascertain the necessary faculty competencies, essential knowledge, and teaching strategies needed to prepare baccalaureate-level nurses to provide quality and holistic care to veterans.

A unique VA centrally funded 7-year program, the Veterans Affairs Nursing Academy (VANA), has enabled this information to be ascertained. Partnering with colleges of nursing, VANA had hired and developed nursing faculty to teach nurses in veteran clinical and community sites (Bowman et al., 2011). Many of the VANA faculty were experienced master's and doctoral prepared VA nursing staff members. The VANA program has educated and trained nurses in the unique needs of veterans and their families across hospital and community settings throughout the nation (Harper, Selleck, Eagerton, & Froelich, 2015). In 2014, the VANA program transitioned to a nonfunded Veterans Affairs Nursing Academic Partnership program. Over the 7 years of the VANA program, faculty members have gained much expertise relating to faculty competencies, and essential knowledge and teaching strategies needed to prepare baccalaureate-level nurses to provide quality, holistic and individualized care to veterans.

Methods

The principles of participatory action research methods were used in this study, in which the power to produce knowledge lies in the contributions of participants (Polit & Beck, 2006). In this study, the leader systematically facilitated the idea generation and decision making of the participants through a focus group format. A focus group is a group discussion with presumed peers with a common frame of reference organized to explore a specific set of ideas, topics, or issues (Kidd & Parshall, 2000; Kitzinger, 1994). It is a method of bringing people together in an environment that fosters group synergy, idea synthesis, and development of deeper levels of understanding of a topic (Lane, McKenna, Ryan, & Fleming, 2001; Roberts, 1997). Similar to other qualitative methods (Kitzinger, 1994; Sandelowski, 2000), this study used purposive sampling, semistructured open-ended questions, observations, and qualitative content analysis.

This study had six participants who participated in both of the two focus group sessions, thus meeting the minimum recommended focus group sample size (Morgan, 1998). Six participants were determined as the right size for this study because the number was small enough to allow all individuals to participate fully and large enough to generate sufficient data. The two 2-hour focus group sessions allowed for ample repeated and saturated data.