

# JOINING FORCES: THE STATUS OF MILITARY AND VETERAN HEALTH CARE IN NURSING CURRICULA

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According to the Department of Veterans Affairs, there are approximately 23 million veterans living in the United States. In 2012, the *Joining Forces* initiative highlighted the need to enhance nursing education for the military and veteran population. With the drawdown of 2 long, large-scale conflicts, a young cohort of veterans presented new challenges in health care. Although not necessarily a traditional vulnerable population, given their emergent health care needs, they are vulnerable. Purnell's Model for Cultural Competence provided a framework for this exploratory descriptive study. A national on-line survey of 123 nursing programs that pledged to support *Joining Forces* responded as to how they addressed the initiatives, curricular content, and facilitators and barriers to the process. The findings suggest that some schools/colleges of nursing have exceeded the initiative goals, some who have implemented little, whereas most are in the process. Respondents shared approaches used to enhance courses and curricula. Faculty who were veterans were a strength to program enhancement. The majority felt that incorporating this content was important, although lack of time and a content-laden curriculum were common barriers. Nurse educators have an ethical obligation to teach culturally sensitive care. Making the pledge was only the first step. (Index words: Joining Forces; Military; Veteran centered; Cultural sensitivity; Nursing education; Curricula) *J Prof Nurs* 0:1–8, 2016. © 2016 Elsevier Inc. All rights reserved.

ACCORDING TO THE U.S. Department of Veterans Affairs (2014), there are approximately 23 million veterans living in the United States. Based on demographic data from 2012, there are approximately 2 million active duty, reserve, and guard personnel (Office of the Deputy Assistant Secretary of Defense, 2012). In addition, the majority of veterans are married (75%), and it is estimated that there are 3 million family members or dependents of these service members. Although there are many health care issues associated with military service, posttraumatic stress disorder (PTSD) is one of the most widely publicized and is reported to affect approximately 11–30% of the veteran population at some point in their life (U.S. Department of Veterans Affairs, n.d.). Although some of these individuals receive health care at a military

hospital or the Veterans Affairs (VA), a military nurse or physician does not necessarily provide their care. In fact, unless they are active duty and stationed near a military facility, they are likely receiving civilian health care (Conard, Allen, & Armstrong, 2015; Gillis, 2010).

In 2012, First Lady Michelle Obama and Dr. Jill Biden launched an initiative aimed at serving America's military service members and their families (*Joining Forces*, n.d.). The initiative is multifaceted and seeks to engage individuals, communities, schools, and other organizations to come together to ensure that military and veteran populations receive the support and health care they need. Schools/Colleges of nursing are in a prime position to take action by incorporating content into the curricula that address the unique needs of this population.

## Background

With endorsement by the American Association of Colleges of Nursing (AACN) of the *Joining Forces* initiative, it is important to gain insight of how and to what extent programs have supported military and veterans' health needs by incorporating content in nursing curricula over the past 4 years since its inception (AACN, 2014). To date, approximately 660 schools/college of nursing have pledged

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to “join forces” and address the needs of this population in their nursing curricula. Identifying gaps and translating this initiative into curricula can provide a foundation from which other programs may learn.

With the drawdown of two large-scale and long wars, Operation Iraqi Freedom and Operation Enduring Freedom, it has become apparent that a large, younger cohort of veterans has presented new challenges in health care (Allen, Armstrong, Conard, Saladiner, & Hamilton, 2013; Conard et al., 2015; Cozza, Goldenberg, & Ursano, 2014; Gillis, 2010; Harper, Selleck, Eagerton, & Froelich, 2015; Institute of Medicine, 2013; Johnson et al., 2013). According to the Institute of Medicine's report (2013),

The all-volunteer troops engaged in these extended military operations in Iraq and Afghanistan have included more women, parents of young children, and Reserve and National Guard troops than in previous conflicts. Military personnel often have served longer deployments with shorter intervals at home between missions. (p. 2).

Advancements in transportation and medical care, coupled with the duration of these wars, have brought about veterans living longer, with more complex injuries than in any other military war era (Allen et al., 2013; Geiling, Rosen, & Edwards, 2012). Traumatic brain injuries (TBIs) from blasts, PTSD, polytraumatic injuries, suicide, chronic pain, hearing problems, and military sexual trauma are some of the main concerns for recent veterans (Allen et al., 2013; Conard et al., 2015; Cozza et al., 2014; Johnson et al., 2013). Effective and efficient health care and long-term costs associated with caring for this population is also of concern (Geiling et al., 2012).

Increasingly, more military and veteran personnel utilize civilian health care facilities (Allen et al., 2013; Conard et al., 2015; Gillis, 2010). Research supports that nurses are one of the primary health care providers who may interact with military and veteran populations in their practice. Military service can often include deployment to a war zone, with short-term and long-term physical or mental health injury, separations from family and supports, and other stressors unique to these individuals and their families; therefore, it is important for civilian nurses and nursing students to have an understanding of military service and the health care needs of this group of citizens.

Currently, there are veterans living from six different wars: World War II, Korea, Vietnam, Desert Storm, Iraq, and Afghanistan (U.S. Department of Veterans Affairs, 2014). While the number of WW II and Korean War veterans is quickly declining, nurses and other health care providers are likely interacting with veterans on a daily or weekly basis and, in most cases, are not even aware that they have. Through increasing awareness about the experiences of active military, veterans, and their families, it is hoped that cultural sensitivity and compassion for their experiences and health care needs can be better achieved (Allen et al., 2013; Coll, Weiss, & Yarvis, 2011; Convoy & Westphal, 2013; Harper et al., 2015; Johnson et al., 2013). Although research related to

military, veterans, and their families is growing, there is little published on how prelicensure nursing education should be approached, specifically if and how care of this unique population should be incorporated into nursing curricula.

Allen et al. (2013) made a strong case in support of veteran-centered content in nursing curricula. The authors provided topical areas that would be of priority such as PTSD, TBI, pain, suicide, female specific issues, and reintegration challenges. In addition, the authors made recommendations on where to place content into current course offerings. On a larger scale, Morrison-Beedy and Passmore (2015) provided an account of how their school/college of nursing has built a program called *RESTORE LIVES*, which built on to and expanded existing military and veteran-related initiatives on campus at the time *Joining Forces* was launched. In the article, the authors discussed each goal of the initiative and how they were able to achieve the goal.

Community partnerships have been documented as a means to enhance nursing curricula. Jones and Breen (2015) described how their school enriched an RN-to-BSN program with veteran-centered content and experiences. The authors discussed courses in which content was added and community partnerships and experiential learning that they have been able to achieve. Funded and piloted by the U.S. Department of Veterans Affairs, Harper et al. (2015) described how one school of nursing developed an academic/service partnership through the VA Nursing Academy Partnership. This program was designed to expand faculty development, increase nursing student enrollment, and increase and retain more nurses within the VA who are prepared to care for veterans.

### Theoretical Framework

The theoretical framework used for this study was the Purnell Model for Cultural Competence (Purnell, 2014). Purnell (2014) defines *culture* as “the totality of socially transmitted behavioral patterns, beliefs, values, customs, lifeways, arts, and all other products of human work and thought characteristics of a population of people that guide their worldview and decision making” (pp. 1–2). Based on Purnell's model, veterans would be considered a subculture within the dominant American culture, whose experiences differ from this dominant culture and could have potentially significant influence on health and illness. Nurses and other health care providers who have some understanding of the diversity of military and veteran cultures have the potential to enhance their ability to provide culturally sensitive care to this population. This model guided the development of the survey questions and interpretation of the findings.

### Methodology

The research design was exploratory descriptive. Limited evidence is available that describes what has been accomplished nationally with respect to how the health care needs of the military and veteran population have

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