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Characteristics and values of a British military nurse. International implications of War Zone qualitative research

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SUMMARY

Background: Between 2001 and 2014, British military nurses served in Afghanistan caring for both Service personnel and local nationals of all ages. However, there have been few research studies assessing the effectiveness of the military nurses' operational role and no papers naming the core values and characteristics. This paper is from the only qualitative nursing study completed during this period where data was collected in the War Zone.
Objective: To explore the characteristics and values that are intrinsic to military nurses in undertaking their operational role.
Design: A constructivist grounded theory was utilised. The authors designed the interview schedule, and then following a pilot study, conducted and transcribed the discussions. Informed consent and UK Ministry of Defence Research Ethical Committee approval was obtained.
Setting: Camp Bastion Hospital, Afghanistan, in 2013.
Method: Semi-structured interviews were conducted with 18 British Armed Forces nurses.
Results: A theoretical model was developed that identifies the intrinsic characteristics and values required to be a military nurse. Nursing care delivered within the operational environment was perceived as outstanding. Nurses consciously detached themselves from any legal processes and treated each casualty as a vulnerable patient, resulting in care, compassion and dignity being provided for all patients, irrespective of their background, beliefs or affiliations.
Conclusion: The study findings provide military nurses with a framework for a realistic personal development plan that will allow them to build upon their strengths as well as to identify and ameliorate potential areas of weakness. Placing nurses first, with a model that focusses on the requirements of a good nurse has the potential to lead to better patient care, and improve the quality of the tour for defence nurses. These findings have international implications and have the potential for transferability to any level of military or civilian nursing practice.

Introduction

Modern nursing was ignited by public concern for the welfare of wounded young British Army soldiers. It was while attending wounded Servicemen in the hostile territories and under dangerous conditions in the Crimea that Nightingale began to frame her concepts about nursing (Nightingale, 1859). Nightingale's focus on the triad of the person, health and the environment, remain central to modern definitions of nursing and military health doctrine. Nightingale's nursing leadership drove improvements in the care of soldiers; advancements that have had a significant impact in modern nursing in the areas of infection control, hospital epidemiology, and hospice care (Gill and Gill, 2005). During World War 1, military nurses demonstrated extreme flexibility and resilience at clinical, physical, psychological and environmental levels, including caring for local nationals (Gerolympos, 1995).

Nurses themselves were at risk. Allied forces clinical faculties, including trains or ships, were regarded as fair game to the enemy (Harper and Brothers, 1918; Hay, 1953). Badly injured troops were positively influenced by the unruffled way the military nurses went about their duties, whilst the nurses were inspired by the performance, fortitude and cheerfulness of their patients (Hay, 1953). Not least, while providing direct care for wounded Service personnel and managing the

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healthcare environment, military nurses were confronted with challenging ethical dilemmas. These issues remain part of the challenges facing military nurses and how they are addressed, and the nursing lessons learnt from the battlefield, can have significant positive influences on military and civilian nursing on a truly international scale.

Background/Literature

Within the British Armed Forces Defence Medical Services (DMS), military nurses form the largest registered clinical group (Development, Concepts and Doctrine Centre (DCDC), 2013). They are utilised from the point of wounding and throughout the rehabilitative pathway. In Afghanistan, the major hub for medical activity was Camp Bastion Hospital, which contained multi-national British, American and Danish clinical staff under British command.

Afghanistan Conflict

An International Security Assistance Force (ISAF) compromising of British, American and other allied troops were deployed to Afghanistan (2001–2014) to support a NATO mission which included training the Afghan National Security Forces (ANSF) compromising of Afghan Armed Forces and Police. This conflict offers a typical example of the disparate casualty group that require expert nursing care, with patients drawn from ISAF, ANSF, local nationals of all ages including captured persons (CPers) (Simpson et al, 2014).

The foundations of modern medicine and nursing are directly correlated in caring for Service personnel in times of conflict and war (Gabriel and Metz, 1992; Finnegan and Nolan, 2012; NHS Choice, 2015). These developments continue from treating those injured in Afghanistan (Surgical Reconstruction and Microbiology Research Centre, 2015) where the signature serious injuries of the Afghan conflict was poly-trauma, with orthopaedic problems including amputations and associated injuries such as burns (Jansen et al, 2012) and traumatic brain injuries (Taylor et al, 2012; Brain Trauma Foundation, 2015). Approximately 10% of the intensive care unit admissions are paediatric casualties (Inwald et al, 2014).

The exemplary Bastion Hospital healthcare provision (Care Quality Commission, 2012; Stockinger, 2012) combined with superior body armour have resulted in lives saved where previously patients would have died (Hodgetts, 2012). Coalition patients are quickly repatriated to their home countries. The local population's onward progress, rehabilitation, community care and future treatments are into a local healthcare facility outside of the military's scope of influence.

Military Nursing Education and Clinical Development

Before a deployment, military nurses must successfully complete the clinical proficiency skill sets contained within the Defence Operational Nursing Competency (DONC) document (MOD, 2010). The DONC is a workplace educational booklet categorised at Levels 2, 3, 4, and provides a framework for professional progression and evidence of competency (Finnegan et al, 2015; see Table 1). Once a nurse is identified for mobilisation, their personal profile is evaluated and any shortfalls are addressed through individual tailored courses/training. Educational evaluation is completed during a 2-week pre-deployment programme including macro-simulation (Gaba, 2007), where personnel undertake War Zone casualty scenarios in real time. Evidence suggests that this model provides appropriate academic training for deployment (Finnegan et al, 2015).

Military nurse development in the pre-deployment phase is focussed on clinical competency and scope of practice. Clinical based military nurses' work in civilian hospitals and military primary healthcare centres. Those working in non-clinical environments are directed to obtain an appropriate clinical placement for a period of 10 days in every 6 months (MOD, 2008) together with 450 h of registered practice and 35 h of continuous professional development (CPD) learning activity in the previous three years (NMC, 2011). Adequate clinical exposure can be challenging as nurses are not routinely exposed to War Zone levels of trauma. In particular, the Camp Bastion Hospital ward had no peacetime equivalent, and this is where junior and inexperienced nurses were primarily stationed (Finnegan et al, 2015). For primary healthcare (PHC) and mental health (MH) nurses, there is requirement to function autonomously and adapt clinical practice in response to the dynamic operational requirement. The advanced military nurse practitioner has to function without immediate access to multi-professional support, no books or internet (Finnegan et al, 2015).

Registered Nurse

All nurses, whether military or civilian, and whatever discipline or place of employment, are expected to be trustworthy, caring, and compassionate. They require the theoretical competencies to ensure safe employment within their designated scope of practice. This is underpinned by academic training, ethical commitment, social accountability and registration is maintained (Nursing and Midwifery Board of Australia, 2008; Department of Health, 2012; American Nursing Association (ANA), 2015).

On an international scale, professional codes detail four fundamental requirements of nursing to: promote health, prevent illness, restore health and alleviate suffering (International Council of Nurses (ICN), 2012) which requires intellectual, physical, emotional and moral processes. It involves providing advice, advocacy, management, teaching, and policy and knowledge development. Ethical values respect the dignity, autonomy and uniqueness of people (RCN, 2003), are annotated in ethical codes (ICN, 2012) and supported by a system of professional regulation (Nursing and Midwifery Board of Australia, 2008; Nursing Midwifery Council (NMC), 2015; ANA, 2015).

Characteristics and Values

Nursing values include excellence, caring, integrity and diversity, holism, patient-centeredness and ethical practice (Larson et al, 2013). These key nursing values and characteristics are required for the formation of policy, the specification of services, and the development of educational curricula (Martin and Barresi, 2003).

Definitions of nursing, like nursing itself, are dynamic; constantly evolving to meet new needs and new knowledge. There are a number of definitions of nursing (Henderson, 1960; ANA, 1980; Royal College of Nursing (RCN), 2003; ICN, 2014) that include characteristics (Department of Health, 2012) professional code of conduct (NMC, 2015), advanced practice (RCN, 2012) and concepts of professional

Table 1
Based on Benner's (1984) novice to expert continuum.

Defence operational nursing competency			
Level	Competency	Successful deployment criteria	Educational requirement
2	Basic	Ensures a generic standard to be achieved before being considered competent to deploy.	Registered nurse
2	Specialist	Specialist nurses employed within their scope of practice.	60 credits at Level 6 (BSc equivalent)
4	Advanced	Autonomous practitioners	Masters level or higher degree