Purpose: The purpose of this mixed methods study was to investigate ‘vicarious posttraumatic growth’ in U.S. military nurses who served in Iraq and Afghanistan during the wars. In the current study, vicarious posttraumatic growth refers to positive changes in the life of a health care provider.

Methods: A convergent parallel mixed methods design was employed to study the phenomenon of interest. Three military nursing organizations (Air Force, Army, and Navy) posted a link to an electronic survey study on their websites. Military nurses who met the participation criteria were invited to complete the survey. The quantitative portion of the study consisted of a Core Beliefs Inventory and a Posttraumatic Growth Inventory. The Core Beliefs Inventory is a 9-item Likert scale that assesses the degree to which a person examines basic beliefs and assumptions about the world. The Posttraumatic Growth Inventory is a 21-item Likert scale that assesses the amount of positive change a person experiences after a difficult and challenging life struggle. This inventory is composed of five dimensions: Personal Strength, Appreciation of Life, Relating to Others, Spiritual Change, and New Possibilities. The qualitative portion of the study was made up of six open-ended questions asking the nurses to describe any experiences they had that involved a positive change in their beliefs or life after caring for traumatized patients. Questions focused on relationships with others, compassion, philosophy of life, and personal changes as a result of deployment and reintegration. IBM SPSS Statistics and qualitative content analysis were used to analyze the quantitative and qualitative data respectively.

Results: The sample consisted of active duty and reserve military nurses. The majority of nurses reported a small to moderate disruption of their core beliefs and vicarious posttraumatic growth. Personal Strength and Appreciation of Life were the two dimensions on the Posttraumatic Growth Inventory that reflected the highest growth. These two dimensions were also the categories most frequently described in the qualitative portion of the study. Significant statements and exemplars were plentiful with a outpouring of gratitude and thankfulness expressed by study participants. Vicarious posttraumatic growth was seen as going beyond resilience. Personal development in some areas surpassed what was present prior to the experience of caring for trauma victims in war.

Conclusion: Military nurses need to be aware of the potential to experience personal and professional growth despite the significant stress and unpredictability of the war zone environment. This also applies to nurses working in a variety of settings such as the ICU, birthing center, emergency room, neighborhood health center, NICU, operating room, hospice, clinics, and inpatient units, etc... It is important for nurses to focus on balancing their stress and growth to achieve both personal and professional well-being.
References:


* References older than 5 years are seminal works.

**Abstract Summary:**
Participants will gain knowledge about ‘vicarious posttraumatic growth’ which involves positive changes in the life of a nurse due to caring for patients who were traumatized. The quantitative portion uses the Posttraumatic Growth Inventory and the Core Beliefs Inventory. The qualitative portion employs six open-ended questions eliciting description of experiences.

**Content Outline:**
Content Outline: Vicarious Posttraumatic Growth in U.S. Military Nurses who served in the Iraq and Afghanistan: A Mixed Methods Study

I. Introduction

A. Purpose: To investigate vicarious posttraumatic growth in U.S. military nurses who served in the Iraq and Afghanistan wars.

B. Definition of ‘vicarious posttraumatic growth’: This growth involves positive changes in the life of a health care provider due to caring for patients who were traumatized.

C. Demographics: Composition of the study's sample

II. Quantitative portion of the study

A. Core Beliefs Inventory: Consists of 9 statements regarding fairness; control; personal assumptions; beliefs about relationships; personal abilities, strengths, and weaknesses; future expectations; the meaning of life; spiritual and religious beliefs; and personal value and worth as a person.

B. Posttraumatic Growth Inventory: Consists of 21 possible areas of growth and change such as priorities, values, interests, self-reliance, spiritual matters, support system, finding a new path for life, relationships with others, expression of emotions, handling difficulties, ambition, acceptance, appreciation of life, seeking new opportunities, greater compassion, ability to make changes for the better, having faith, gaining strength, and needing others.

III. Qualitative portion of the study: Answers to 6 open-ended questions

A. Have you had any experiences during deployment or reintegration that you would consider to be posttraumatic growth? If so, please describe your experiences.

B. Have your relationships changed in any way with family and friends?

C. Do you have an increased sense of compassion or feel altruism towards others?

D. Has your view of yourself changed in any way?
E. Have you experienced any changes in your philosophy of life?

F. Is there anything else you would like to tell me?

IV. Discussion of Findings

A. Quantitative tools

1. Core Beliefs Inventory results

2. Posttraumatic Growth Inventory results

B. Qualitative findings

1. Significant statements

2. Themes

3. Exemplars

V. Conclusion

A. Military nurses need to be aware of the potential to experience personal and professional growth despite the significant stress and unpredictability of the war zone environment.

B. Applicability of ‘vicarious posttraumatic growth’ extends to other clinical settings such as the ICU, birthing unit, emergency room, neighborhood health center, NICU, operating room, hospice facilities, and inpatient units, etc...

C. It is important for nurses and other health care providers to focus on balancing stress and growth to achieve both personal and professional well-being.

First Primary Presenting Author

**Primary Presenting Author**

Mary Ellen Doherty, PhD, RN, CNM  
Western Connecticut State University  
Department of Nursing  
Professor  
Danbury CT  
USA

**Author Summary:** Dr. Mary Ellen Doherty is a professor in the Department of Nursing at Western Connecticut State University in Danbury, CT. She teaches nursing in the doctorate, masters, and undergraduate programs. She has been a Certified Nurse-Midwife for over 30 years and a qualitative researcher for 18 years. Her program of research falls under the umbrella of women’s health. Her most recent research examines experiences of nurses in war and after war.

Second Secondary Presenting Author

**Corresponding Secondary Presenting Author**
Author Summary: Dr. Elizabeth Scannell-Desch is retired. She was an Associate Dean in the School of Nursing, Rutgers University-Camden. Her research focuses on women's health and military nursing. She is a retired colonel in the Air Force Nurse Corps, having served 25 years on active duty. She was chairperson of the nursing division at Mount Saint Mary College in Newburgh, NY.