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Title: The Reintegration Experience of Nurses Who Served in the Iraq and Afghanistan Wars

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Purpose: The purpose of this study was to describe the reintegration experience of U.S. military nurses after wartime deployment to the Iraq and Afghanistan wars.

Methods: A qualitative phenomenological study was conducted to describe the reintegration experience of nurses who served in the Army, Navy, or Air Force during the war years 2003-2013. The sample included Active Duty, National Guard, and Reserve nurses. A purposive sample was drawn from two Veteran organizations and one professional nursing organization. Participation criteria included that the respondents be registered nurses who were able to read, write, speak and understand English and be a current or former U.S. military nurse who served in Iraq or Afghanistan. This method seeks to describe human experience from the perspective of those who have lived the phenomenon of interest and the meaning it holds for them. Once the sampling criteria was met, nurses were mailed informational letters explaining the study. After confirmation of interest, an email was sent to schedule an interview. Data were collected by unstructured interviews, which took place over four months in late 2013. Twenty-three interviews were face-to-face and twelve were conducted via speaker phone because of geographical distance. Informed consent was obtained prior to each interview. Interviews lasted 45 to 90 minutes. Study participants were asked the following research question: "What can you tell me about your reintegration experience?" Additional questions were asked as necessary to clarify or expand what was divulged. Participants were told that they may become uncomfortable with probing questions that could trigger upsetting memories. Although the plan was to provide contact with a mental health practitioner who agreed to provide counseling if needed, no participants needed to be referred. Field notes were taken during the interviews to document emotional reactions, such as crying or laughing, as well as body language such as folding arms or lack of eye contact. The interviews were audio-recorded and transcribed verbatim. Two months later, respondents were sent a copy of their interview transcript to validate content, provide feedback, and check accuracy. Colaizzi's (1978) method for analyzing phenomenological data was employed to guide the discovery of themes embedded in the reintegration experience. Data analysis involved coding, extracting significant statements, and forming theme clusters. Findings were integrated into an exhaustive description of the reintegration experience. The trustworthiness criteria of Lincoln and Guba (1985) was adhered to and rigor was ensured by attending to credibility, confirmability, dependability, and transferability. A limitation of the study may be that the nurses were recruited from veterans and professional nursing organizations and that they may not be representative of all military nurses deployed to Iraq and Afghanistan.

Results: Nine themes emerged from data analysis: 1) homecoming; 2) renegotiating roles; 3) painful memories of trauma; 4) getting help; 5) needing a clinical change of scenery; 6) petty complaints and trivial whining; 7) military unit or civilian job: support versus lack of support; 8)

family and social networks: support versus lack of support; and 9) reintegration: a new normal. Participants ranged in age from 25 to 57 years of age with a mean age of 37 years. Most had been home for three years since their last deployment. One half of the participants were married with children while deployed. Thirty-two participants were women and three were men.

Conclusion: The nurses' descriptions of their reintegration experience are similar to those of combat warriors. Their thoughts, feelings, emotions, and stories emanate from their experiences in providing care to military personnel, government contractors, insurgents, local nationals, and children in the war zones of Iraq and Afghanistan. The nurses struggled with reintegration on many levels and with different factions, including family, friends, co-workers, and their communities. Some nurses received support, encouragement, and appreciation from family and social networks, their workplace, and their community. Others experienced a lack of support without thanks or acknowledgement for their service or recognition that they might be returning mentally and physically exhausted. Their voices were asking for better treatment, patience, understanding, support, and caring. Recommendations for future research include identifying educational and supportive interventions that elevate the current reintegration offerings put forth by the military to a higher level. It appears that the most advantageous and beneficial way to do this is to ask returning nurses for their input. Nursing leaders and therapists need to avail themselves of the latest psychological and therapeutic advances to facilitate healing. The current study fills a gap in the literature by exploring how nurses returning from war transition back into their lives with family, social networks, workplace environment, and community. The nurses shared details of their personal and professional lives and identified conflicts and issues that were sources of frustration, sadness, and stress. They articulated their disappointments and told how individuals and their military leadership could have made a difference. It is important for the American people, as well as those from other countries, to listen to the voices of nurses as they attempt to reintegrate and adapt to a new normal. With nurses being at the forefront of healthcare, it is imperative to hear what they have to say about getting back into their lives and what was helpful and what was not. Their stories provide a lens for others to view the reintegration process. Future research needs to build on this study and further develop interventions to address the reintegration process to ensure optimal functioning for returning nurses both personally and professionally.

References:

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