Background

- Global Health Engagement missions are critical to the US National Military Strategy.
- A vast amount of knowledge exists among military providers who have participated in these missions.
- Effective knowledge transfer & dissemination of lessons learned among military healthcare personnel is challenging.
- Given the importance of enhanced international collaboration, the need for providing culturally congruent patient care is paramount.

Methods

An interpretive, ethnographic method was used as described by Dr. Patricia Benner. The approach to gain meaning from narratives was guided by three central strategies:

1) Identify paradigm cases
2) Identify themes within and across participant narratives of meaningful patterns
3) Identify exemplars to represent common situations.

Interviews were conducted to elicit detailed, narrative examples of experiences from military healthcare personnel who participated in recent global health engagement missions aboard hospital ships.

Results

- Three sub codes identified culturally relevant gaps in knowledge:
- Health belief systems & practices which impact the delivery of healthcare.
- Customs which effect patient evaluation for surgical procedures.
- Cultural practices in social situations.

Discussion

- This study highlights the need for targeted in depth cultural education to enhance culturally congruent care for future military nurses, physicians, corpsmen, and leaders who participate in global health engagement missions.
- This study explores experiential learning of global health engagement missions & knowledge transfer among military members who have participated in these missions.

Conclusion

- This study expands the understanding of care provided during global health engagement missions and promotes informed competent care for future military nurses, physicians, corpsmen, and leaders to function optimally on future missions.

Table 1. Demographics

<table>
<thead>
<tr>
<th>Military Corps</th>
<th>n</th>
<th>Age</th>
<th>Years of Service</th>
<th>Gender M, F</th>
<th># Previous Missions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician</td>
<td>50</td>
<td>40.0 ± 6.9</td>
<td>12.7 ± 7.1</td>
<td>38, 12</td>
<td>1.7 ± 9</td>
</tr>
<tr>
<td>Nurse</td>
<td>50</td>
<td>36.2 ± 7.9</td>
<td>13.0 ± 8.3</td>
<td>22, 28</td>
<td>1.3 ± 6</td>
</tr>
<tr>
<td>Corpsmen</td>
<td>41</td>
<td>28.9 ± 6.4</td>
<td>8.2 ± 5.9</td>
<td>27, 14</td>
<td>1.6 ± 12</td>
</tr>
<tr>
<td>Total</td>
<td>141</td>
<td>35.4 ± 8.4</td>
<td>11.5 ± 7.5</td>
<td>87, 54</td>
<td>1.5 ± 9</td>
</tr>
</tbody>
</table>

Figure 1. USNS MERCY (T-AH 19)

Figure 2. Word Cloud from Cultural Code

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This study was approved by the Naval Medical Center San Diego Investigational Review Board. The views expressed in this poster presentation are the authors and do not necessarily reflect the official policy of the Department of the Navy, Department of the Air Force, Department of Defense, or the US government.