

VETERAN-CENTERED CARE CONTENT IN THE UNDERGRADUATE NURSING
CURRICULUM: RESPONDING TO OUR JOINING FORCES COMMITMENT

by

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Abstract

The consequences of war can drastically alter the lives and well-being of veterans and their families in physical, emotional, psychological, and spiritual ways that are seen and unseen. Nurses and other health care providers often lack the veteran-specific clinical and culturally sensitive knowledge needed to ensure quality care and positive outcomes for this population, that too often leave veterans frustrated and resistant to seeking much needed health care. Therefore, it is pertinent to integrate this knowledge into an existing nursing curriculum. To integrate the knowledge into an existing curriculum so future nurses can be competent in their care to veterans and their families, East Carolina University's College of Nursing has committed to Joining Forces: a national campaign in support of active and returning military members, veterans, and their families (Cacchione, 2012). The purpose of this narrative literature review is to explore the importance of veteran-centered care and why it should be incorporated into nursing curricula. This research paper discusses the unique healthcare needs of veterans and the challenges they face, as well as interventions to help support military families and children.

Background & Significance

There are more than 19 million veterans living in the United States as of 2021 and it is a growing population. With these growing numbers, more and more veterans are going to be seeking help pertaining to their mental, physical, emotional health, and more. What is even more concerning is approximately 72% of veterans seek care in civilian hospitals (Elliott, Chargualaf, & Patterson, 2021, p. 11) and historically, education about the unique needs of veterans has not been part of the curriculum in undergraduate nursing programs. Unfortunately, the lack of veteran-centered care content in the nursing curriculum has led to suboptimal care for veterans and their families. A prospective survey design was used to assess the ability of registered nurses (RNs) working in non-VA hospitals to provide veteran-centered, culturally competent care (Bonzanto et al., 2019, p. 359). The researchers used a web-based survey, *Ready to Serve*, a 51-item tool to assess the participants' capacity to deliver veteran-centered care. Results from the survey showed 25 out of the 612 RNs participating could deliver care competently to military veterans and their families (Bonzanto et al., 2019, p. 360). Out of the 25 nurses that could perform this care, ten of them had already served in the military. This study shows the lack of knowledge surrounding veteran-centered care and the need for education in the undergraduate curriculum. 'Joining Forces' is a White House initiative that helps to collaborate closely with civilian healthcare team members to make sure they have the skills and resources necessary to serve military and veteran families, caregivers, and survivors (Cacchione, 2012, p. 248). The Joining Forces initiative has prompted many nursing schools all around the nation to start incorporating veteran-centered care content into their nursing curricula, including the ECU College of Nursing. This review gives an opportunity to see what information is important to include in the undergraduate nursing curricula and why it is important to learn about veteran-

centered care. The focus of this paper is on specific content areas including Post-Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI), reintegration, physical trauma/polytrauma, and family/child issues. This select focused literature review is part of a broader narrative literature review for a curricular study that looks at how veteran-centered care can be incorporated into all degree levels within the College of Nursing at East Carolina University.

Methodology

Methods for the broader and select focused narrative literature review included a review of scholarly articles and books published from 2010-2022. Selections were based upon rigor, relevance, and diversity of methods. Search of key databases used the keyword option included PubMed, Ovid, ScienceDirect, CINAHL, MEDLINE, Clinical Key, ProQuest, and Cochrane Library.

Analysis

Analysis methods included an ongoing narrative literature review process. A matrix format for critique was used. Content areas and keywords continued to emerge over time as new findings about veteran's health-related issues, family issues, and reintegration issues were published.

Results

The findings from the broader narrative literature review yielded 11 domains and 67 categories. These domains include military culture, reintegration, TBI, PTSD, physical health, physical trauma/polytrauma, pain management, mental health/substance use/homelessness,

spiritual needs, family/child issues, and environmental and toxic exposures. For this select focused literature review, I identified and targeted the following domains: PTSD, TBI, physical trauma/polytrauma, reintegration, and family/child issues. These domains were selected given their clinical prevalence and because of my personal interest. In the following sections, the select focus domains are discussed, based on the findings of the literature.

Post-Traumatic Stress Disorder

PTSD, as defined by the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; DSM-5; American Psychiatric Association [APA], 2022), is the “development of characteristic symptoms following exposure to one or more traumatic events” (p. 309). These symptoms include, but are not limited to, flashbacks or distressing thoughts, feelings of irritability and having angry or aggressive outbursts, or engaging in reckless behavior. In veterans, PTSD is linked to strained social and familial ties, work-related absences, lower income, and less successful academic and professional outcomes (APA, 2022, p. 311). Henderson & Burns (2015) conducted a literature review that examined the functionality of reserve veterans with PTSD and the role that occupational health nurses play in helping them reintegrate back into the workforce (p. 27). Emphasis was placed on educating employees and employers about symptoms they might see in a veteran with PTSD, avoiding using combat-related words around veterans, the stigma surrounding veterans with PTSD, and the positive effects that social and emotional support has on PTSD in veterans (Henderson & Burns, 2015, p. 30). Additionally, the article stressed that occupational nurses should be familiar with community resources and services that might help the veteran reintegrate into the workplace such as veteran peer support groups.

Traumatic Brain Injury (TBI)

TBI has been termed the “signature injury” of the post-9/11 wars that occurred in Iraq and Afghanistan (Dillahunt-Aspillaga & Powell-Cope, 2018, p. 51). A traumatic brain injury results when the brain is damaged by a sudden trauma such as when the head suddenly hits an object or when an object penetrates the skull and damages the brain tissue (Georges & Das, 2023, para. 3). Symptoms of TBI depend on the severity of the injury and can range from headache or confusion to seizures or coma (Georges & Das, 2023, para. 2). Chronic symptoms such as impaired memory and slower thinking can lead to issues with employment, family relationships, and reintegration. Some veterans of Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) have been diagnosed with Traumatic Brain Injury due to the increased “exposure to explosive mechanisms such as blasts from mines, improvised explosive devices, or roadside bombs” (Amara et al., 2014, p. 965). Due to the more critical injuries such as hemorrhage from the explosive mechanisms, TBI may be undiagnosed or have a delayed diagnosis (Elliott, Chargualaf, & Patterson, 2021, p. 140). Knowing this, healthcare professionals and nurses need to assess veterans for symptoms of TBI in case it was not the primary health concern when in combat, otherwise, the veteran may be left with an impairment in their social, mental, emotional, and physical health.

Physical Trauma/Polytrauma

When discussing physical trauma, amputation seems to be the type of injury most people think about, however there are many other types of injuries that can wound a veteran such as hearing or vision loss, burns, or spinal cord injuries that can lead to paralysis. Chronic pain associated with physical trauma is common among veterans, especially those with multiple

injuries, otherwise known as polytrauma. Polytrauma is defined by the Veterans Health Administration (VHA) as when “a person experiences injuries to multiple body parts and organ systems often, but not always, as a result of blast-related events” (*Polytrauma/TBI*, 2014, para. 1). Traumatic brain injury is most frequently diagnosed among veterans with polytrauma and is commonly accompanied by PTSD or chronic pain (Adams et al., 2019, p. 170). A descriptive, population-based cohort study examined the prevalence of opioid use, nonpharmacological treatments, and mental health treatments among OEF/OIF veterans diagnosed with post-deployment polytrauma (Adams et al., 2019, p. 167). The specific population gathered in this study consisted of veterans who used the Polytrauma System of Care (PSC) through the Veterans Health Administration a year after post-deployment. The PSC is “4-tiered integrated network of specialized rehabilitation services for military members and veterans with combat- and on-combat-related TBI and polytrauma” (Adams et al., 2019, p. 167). The researchers took a population-based approach and used data from the Substance Use and Psychological Injury Combat (SUPIC) study to obtain a sample. A total of 16,590 veterans out of 643,205 veterans met the inclusion criteria (Adams et al., 2019, pp. 168-169). The inclusion criteria required veterans to have enrolled in the VHA’s PSC within the first 12 months postdeployment. Within this population, results showed an increasing use of opioids for treatment and in contrast, a decreasing use of nonpharmacological methods for treatment (Adams et al., 2019, p. 172). Although opioids can be helpful in reducing severe pain in veterans, they have increasingly been the treatment for mental health disorders such as PTSD. Co-occurring opioid use in veterans with PTSD and TBI has been associated with adverse clinical outcomes such as overdose and higher rates of suicidal ideation and suicide attempts. The researchers suggest that efforts should be

made to increase the use of nonpharmacological treatments and to explore alternative pain management strategies for this population (Adams et al., 2019, p. 173).

Reintegration

Reintegration involves leaving the military role and resuming the civilian life they lived before deployment. This transition back to civilian life can be accompanied by “joy and a feeling of relief/release as well as poor social and family relationships, unemployment, financial strain, homelessness, and poor physical and mental health” (Elliott, Chargualaf, & Patterson, 2021, p. 62). Numerous resources and support programs are available to support veterans’ reintegration and help facilitate the transition. Even though there is a surplus of resources and services available to these veterans, many veterans still feel like their needs are not being addressed (Elliott, Chargualaf, & Patterson, 2021, p. 67)

An exploratory, concurrent, mixed-methods study explored the experiences of en route care nurses returning from deployment and their concerns during the reintegration process. Researchers collected data using an electronic survey design and single, face-to-face interviews. A purposive, snowballing method was used to locate the en route care nurses which resulted in a total of 119 surveys completed and 22 interviews conducted. The concerns among the en route care nurses included feeling pressured to work shortly after returning home, difficulty not fitting back into who they were pre-deployment, intimate relationship problems, and concerns for their physical health (Rivers et al., 2017, pp. 246-248). The researchers suggested that addressing these concerns and providing support for en route care nurses during the reintegration process could help mitigate these negative outcomes such as depression and anxiety (Rivers et al., 2017, p. 249).

Family and Child Issues

Family and child issues encompass how the family is impacted by deployment and reintegration as well as how the veteran is adjusting to the transition. Family and child issues include, but are not limited to, behavioral issues and emotional distress in children, intimacy issues between the veteran and spouse, or challenges with parenting during reintegration. When a parent is deployed for multiple or prolonged times, the child can be exposed to increasing amounts of stress. Moreover, when a parent comes back from deployment, the child can be exposed to secondary trauma of war. Secondary trauma, also called compassion fatigue is “the emotional duress that results when an individual hears about the firsthand trauma experiences of another” (Peterson, 2018, para. 1). A systematic review of literature was carried out, which focused on analyzing how children from military families are affected by deployment and reintegration (Bello-Utu & DeSocio, 2015, p. 23). The literature indicates that children of deployment military service members may be at a higher risk for maladaptive coping and may experience a cumulative burden of adversity due to secondary trauma and cumulative stress (Bello-Utu & DeSocio, 2015, p. 31). This can negatively impact their future health and life expectancy. Furthermore, while the military service member is deployed, the child is advancing through developmental stages and taking on new roles and greater responsibilities (Bello-Utu & DeSocio, 2015, p. 31). New roles and responsibilities can cause anxiety, anger, and aggression in the child and lead to an increase in behavioral problems. Experiencing frequent moves and changing schools can also contribute to behavioral problems. Bello-Utu & DeSocio (2015) recommended that when nurses interact with children from military families, they need to assess risks for behavioral or emotional problems, and advocate for individualized treatment plans that address the needs of the child (p. 32).

Limitations and Future Research

There is a paucity of literature about what is being taught to students and professional nurses about veteran-centered care. The gap in the literature highlighted the need for additional research to be done to address the unique healthcare needs of veterans and their military families. The limitation of this study is that it is a narrative review and was conducted over time as new relevant evidence emerged.

Future research should aim to explore new and innovative approaches to meeting the unique needs of military veterans and how nurses can meet these unique needs. Studies should focus on what needs to be included in the nursing curricula and should include teaching strategies that would be helpful for the student nurses. By advancing our understanding of veteran-centered care, future research can help to ensure that veterans receive the high-quality care they deserve.

Conclusion

In conclusion, integrating veteran-centered care content in nursing curricula is crucial in ensuring that nurses are equipped with the necessary knowledge and skills to provide effective care to veterans. It is essential to recognize the unique healthcare needs and challenges faced by veterans. Addressing these issues can improve healthcare outcomes and enhance the quality of life for our veterans. Preparing nurses to care for veterans, particularly recent post-war veterans and their families in a focused, culturally sensitive way has become a priority for the current White House and mandate for the profession. The Joining Forces initiative has prompted the ECU College of Nursing to integrate veteran-centered care throughout its nursing curricula, so nurses graduating from the program will feel prepared as they step into the nursing profession.

Make this a new paragraph. The nursing profession has an important role to play in supporting veterans' health and well-being. Incorporating veteran-centered care into nursing education can help prepare nurses to meet the specialized needs of this population. PTSD, TBI, reintegration, physical trauma/polytrauma, and family/child issues are all important topics that should be included in the nursing curricula because they have unique considerations and interventions when looking through a veteran-centered perspective. As such, it is essential to integrate veteran-centered care content into nursing curricula to ensure that our future nurses are equipped with the knowledge and skills to provide compassionate, effective culturally sensitive care to the veteran population.

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