Qualitative Research

Understanding Interconnectedness From the Military Nurse Perspective

Katrina Embrey, DNS, RN
Catherine Gilbert, EdD, RN
Helen M. Taggart, PhD, RN
Georgia Southern University, Armstrong Campus

Background: Nurses who serve in the military have a unique perspective on nursing and health care delivery that nurtures wholeness and inspires peace and healing on a global scale. Purpose: The purpose of this study was to explore health promotion and healing from the military nurse perspective. Design: Video-recorded interviews were conducted with 10 military nurses who represented various branches and times of service. Participants were asked to share their experiences as military nurses and discuss the challenges and rewards. Findings: Thematic analysis of the recorded interviews revealed two major themes: interconnectedness and human potential. Conclusion: This study showed that military nurses have unique experiences that influenced their way of promoting health and healing. Interconnectedness with family (personal and military) had many positive and negative factors. Interconnectedness with the health care team was more prominent for the nurses during military service than in the civilian arena. Global interconnectedness included working with teams from around the world, helping children of detainees see that Americans were not evil, and caring for international communities. Military service strengthened the three human qualities of mind, body, and spirit, which resulted in increasing each military nurse’s human potential by enabling them to serve as instruments of healing on a global scale.

Keywords: military nursing; interconnectedness; human potential; health; healing

The interconnectedness of health promotion and healing has been a part of nursing since the beginnings with Florence Nightingale (Dossey, Selanders, Beck, & Attewell, 2005). Nightingale exemplified her commitment to holistic nursing care through her military service in the Crimean War (Payne, 2010). Military nursing is known for the concept of teamwork and advocating for health promotion and healing in a variety of settings (Nicholson, Hillman, & Desai, 2016; Rushton, 2011). Both the positive and negative impacts of war on nurses and nursing practice is well documented (Biedermann, Usher, Williams, & Hayes, 2001; Griffiths & Jasper, 2008; Lomas, 2014; Rivers, Gordon, Speraw, & Reese, 2013; Tow & Hudson, 2016) as well as barriers and facilitators to military nursing service (Donelan et al., 2014).

The lived experience of military nurses has been reported in prior qualitative studies. Hopkins-Chadwick (2012) conducted a study to examine the effect extreme conditions of trauma exposure during deployment to combat areas had on nurses as they returned to the noncombat work area. It was noted that nurse work during deployment is different from work after deployment and requires a period of adjustment on return home. Common themes reported from returning nurses included the need for providing them recognition and a welcome home,

Authors’ Note: The authors want to thank the 10 military nurses who were interviewed for this research. Please address correspondence to Katrina Embrey, DNS, RN, Georgia Southern University, Armstrong Campus, School of Nursing, 11935 Abercorn Street, Savannah, GA 31419; e-mail: Kembrey@georgiasouthern.edu.
giving negotiated leave time, giving new assignments to move them forward in their careers, treating them as if they were continuing to serve in the military, and evaluating postdeployment health. Results of this study provided a better understanding of how coworkers and supervisors can help nurses returning from deployment transition back into the workforce (Hopkins-Chadwick, 2012). Rivers et al. (2013) conducted a similar study on reintegration of nurses after deployment to Iraq or Afghanistan. Similar findings were noted with emphasis placed on the urgent need for reintegration support not only for the returning nurses but for their families as well.

Goodman, Edge, Agazio, and Prue-Owens (2013) conducted a phenomenological study to understand the military nurses’ experience of care for Iraqi patients. Findings revealed three themes to include expanding practice, ethical dilemmas, and the cultural divide. The nurses had to care for a wide range of patients from the cradle to the grave, which gave them the opportunity to expand their level of competency in many areas. Ethical dilemmas surrounded personal biases related to caring for Iraqi patients, lack of trust in interpreters, and guilt surrounding not knowing the type of follow-up care the Iraqi patients would receive. Overall, conclusions of this study found that the personal experiences of caring for Iraqi patients led to personal and professional growth, and although difficult, most acknowledged their experience as rewarding (Goodman et al., 2013). A secondary analysis conducted by Rivers and Gordon (2017) explored military nurses’ perceptions of similarities, differences, and issues of deployments. Findings revealed that the nurses had changed and become a different person postdeployment, with some difficulty fitting in on return. Despite the difficulty, personal growth and pride were also reported as positive results of the deployment experience.

A systematic review conducted by Lacks, Lamson, Rappleyea, Russoniello, and Littleton (2017) explored the existing research on the biopsychosocial-spiritual health factors associated with military service in active duty women. Findings revealed that there are more data on the biological health compared with the data on psychological and social health, demonstrating the interconnectedness between biological, psychological, social, and spiritual health of active duty women (Lacks et al., 2017). There is a paucity in the nursing literature exploring health promotion and healing from the military nurse perspective. A phenomenological study was conducted to address this void and to serve as a beginning foundation of knowledge identifying common themes among military nurses spanning from World War II to current service.

Background

The Armstrong Campus of Georgia Southern University is surrounded by a large military presence with two large army bases, and a Marine Corps training station within 50 miles. Several members of the nursing faculty currently serve in the reserves or have served in the military, and many have family members who were military nurses, including one who is 104 years old and served as a Navy nurse during World War II. The university has a large veteran population in the nursing program. With this strong connection to the military, the researchers were interested in learning the military nurse’s perspective on nursing, health promotion, and healing and how it might affect civilian health care. Subsequently, military nurses were interviewed to learn their perspectives on the rewards and challenges of military nursing, the impact it had on the nurses’ personal lives, and the global impact of military nursing.

Method

Design

Nursing practice is holistic in nature and incorporates caring for people not only in a physiological manner but also in a deeper way that is often hard to define. This search for deeper meaning encourages us to develop an understanding of human experiences in order for us to be open, nonjudgmental, and compassionate. Qualitative research studies based on phenomenological philosophy gives us a way to explore phenomena that are impossible to study using strict scientific methodology. The goal of phenomenology is to become more human through developing an understanding of the lived experiences of others.

This study employed an interpretive phenomenological approach using the method for phenomenological inquiry as presented by Miles, Huberman, and Saldana (2014). Each videotaped interview was transcribed verbatim. A phenomenological approach was chosen for this study because phenomenology
is the foundation for all qualitative research and humanistic nursing practice (Munhall, 2012). Phenomenological studies expand our consciousness and enable us to give meaning and understanding to life experiences (Munhall, 2012). The aim of this study was to describe the lived experience of U.S. military nursing and to explore the military nurses’ perspective on health promotion and healing.

The following steps were used for the phenomenological methodology. The decision to videotape interviews grew from the desire of one of the researchers to preserve the stories of the 104-year-old aunt who served as a Navy nurse during World War II. Seeing and hearing the stories of the impact of military nursing on her entire life led to the desire to interview others from different time periods. Additional subjects were recruited through snowball, asking participants to suggest others who served at different times or were currently serving. The videotapes are archived and may be made available to a center that collects historical data regarding military nursing and nurses. Ten nurses were interviewed with representation from the Army, Navy, and Air Force. The participants served during World War II, Vietnam, the Korean Conflict, and Desert Storm (Operation Enduring Freedom). There were nine females and one male, and their ages ranged from the early 30s to 104. Nine of the 10 participants were retired from the military, and one remained on reserve duty. Sample recruitment for the study stopped after various branches of service, both genders, and a wide span of time in service were represented as this sample had adequate exposure and experience of military nursing that resulted in data saturation. Approval from the university’s institutional review board was obtained before beginning the study. Participants were verbally informed about the study and were provided with an information sheet and consent form. It was made clear that participation was voluntary and that the interviews would be videotaped. After receiving informed consent, all interviews were videotaped. The same person interviewed all the participants. All the transcripts were videotaped, and the same questions were asked of all participants. All three researchers reviewed the videotapes to assure that all questions were asked and answered.

The structured interview included asking participants to reflect on the following: (1) rewards and challenges of military nursing, (2) the impact on their personal life, (3) the global impact on military nursing, and (4) anything else that they wanted to share. Videotapes were also transcribed verbatim to facilitate analysis.

Data Analysis

The methodology for examining the lived experience of participants in this research study followed the method of analysis described by Miles et al. (2014). The processes of data condensation, data display, and conclusion drawing and verification are well suited for locating the meaning people place on events in their lives (Miles et al., 2014).

Videotaped interviews were reviewed, saved, transcribed, and checked for accuracy, providing the three researchers with data that were displayed in an organized fashion making it easily accessible for analysis. During data condensation, the reviewers participated in a process of selecting, focusing, simplifying, abstracting, and transforming the raw data into written notes and identifying emerging codes and patterns. Researchers reviewed the transcriptions and videotapes individually and then met as a group for consensus. During data display, transcripts were reviewed until no new patterns emerged, permitting the researchers to organize the data in a way that allows for interpretation. During the process of drawing conclusions and verification, the researchers were able to interpret the meaning of the codes and patterns and identifying themes.

During the final phase, the researchers compared codes and patterns, looking for similarities and commonalities and verifying the veracity of the data (Miles et al., 2014). Ultimately, this process revealed two themes, interconnectedness and human potential.

Results

Analysis revealed two major themes: interconnectedness and human potential. Interconnectedness centered on the health care team, family, and global community. Human potential centered on using the mind, body, and spirit as instruments of healing and included the many opportunities military service provided regarding human potential to include professional development.
Interconnectedness

The first major theme identified was interconnectedness. Participants discussed interconnectedness within the health care team as essential to healing and health promotion. As one participant stated,

What I loved most was the team work. If a patient was discharged and we needed to get the room ready, then we washed the bed. If someone had to go to X-ray, we got them to X-ray. When I got out of the service, I could not believe it. We had to wait for housekeeping. We had to wait for transportation. There was a lot of wasted time.

Participants talked about protecting one another. “They have some really strong, salty nurses who knew their stuff and looked out after you and looked out after the patients.”

Connection to family included both positive and negative aspects. Experiences contributed to improving family life while pulling families apart. Most of the participants discussed the impact of many moves on family, especially children who may move every year. While one participant noted, “Service in the military allowed me to give my children a better life than I had when I was growing up,” another noted, “I had one child in college, one ready for college, and two others at home. My husband was a minister, so we were being pulled apart in various ways because of my military obligations.” Having to be separated from children and family was a common negative sentiment shared by other participants.

We had a hurricane on the way and I was the commander for the hospital. We had orders to evacuate the area. I had to put my eight-year old alone on the last flight out of the city and send her to my mother’s in a safe place.

However, participants noted that family was also important when they were deployed and that they needed someone to care for their children.

Three participants reported having to leave the military because of family obligations and compared working in the civilian world with the military.

In the military, if something needs to get done, then everyone works together. I had a rude awakening in the civilian world. When we discharge a patient, we have to wait for housekeeping to clean the room before we can admit the next patient. That would never happen in the military . . .

Participants also reported a sense of interconnectedness with the global community.

Not only are we providing care of the communities that we are in, or responding to the needs whether it is a natural disaster or war with another country, those other things that you do not hear about have effects for the global community. For example, when I was stationed in Iraq, I would play with the children of the prisoners. My hope is that they will realize that we are not bad people.

Human Potential

The second major theme identified was human potential. Participants talked about using the mind, body, and spirit as an instrument of healing, transcending the effect of medical and nursing skills. Participants reported many holistic nursing activities, which positively affected the human potential and when combined could be used as an instrument of healing.

One participant’s response is an exemplar of how nursing care led to a change in opinion of the United States from one of negative to that of a more positive view as a result of military nursing care.

One Afghanistan child was badly injured. The U.S. forces and Taliban got into a skirmish. They fired RPG (rocket propelled grenade) at our guys and missed but they hit a soccer field full of children. We got several of those children. One of them in particular was the son of the village elder who did not like the U.S. By the time he left the hospital, the child, his older brother, and father had a change of opinion about the U.S.

Another participant reported, “I remember many times when we would patch up a critically injured soldier so that he could go home for a final goodbye to the family.” The use of self as an instrument of healing emphasized the power of human potential. As one participant stated, “Sometimes I would get off duty and go back to just sit with an injured soldier who was having trouble dealing with the loss of limbs or function, just to offer some comfort.”

The military offered many opportunities for professional development for the nurses.
I find that I would be a nurse whether I was in the military or not in the military. There are so many intangible rewards for personal fulfillment in being able to provide care for those that don’t know me, never thought about me, but have impacted me. If I can give that little bit back to them, get them to the highest level of function and highest level of health so that they can go back to their families.

The military offers many opportunities for professional development and advanced education to nurses that contribute to them reaching their full human potential. One participant discussed these opportunities this way:

I think it helped to position yourself to feel part of a structure and you always feel a part of the structure of the military. But if you made a decision to really improve yourself, you have many opportunities do so.

Participants reported joining the military to be a part of something greater than themselves.

It was during World War II and everyone was patriotic. I was 22 years old and wanted to do my part. I loved the look of the Navy uniform, so I joined, went to New York for orientation, then was on a ship to the Panama Canal.

Another participant noted that “It was just after 9-11 and everyone seemed to want to help. Joining the Army seemed to be a good way for me to serve my country.”

Discussion

This study showed that military nurses have unique experiences that influenced their way of promoting health and healing. Findings from this study provided a beginning to understanding of the effect deployment experiences have on the interconnectedness between psychological, social, and spiritual health of active duty members, which was lacking as noted by Lacks et al. (2017). Interconnectedness with the family had many positive and negative factors. Interconnectedness with the health care team was more prominent in the military than in civilian arenas. Global interconnectedness builds communities and changes perceptions. Family interconnectedness had both positive and negative aspects for the participants.

Findings from this study support previous research (Rivers & Gordon, 2017) noting that those returning from deployment had changed and become a different person with some difficulty fitting in on return. However, despite the difficulty, personal growth and pride were also reported as positive results of the deployment experience. Similar to the findings by Goodman et al. (2013), conclusions of this study found that the personal experiences of caring for Iraqi patients led to personal and professional growth, and although difficult, most acknowledged their experience as rewarding. Findings from this study provided an alternative experience regarding trust. Previous research by Goodman et al. (2013) noted a lack of trust among the military members and the Iraqi interpreters, whereas the current study noted a change in the trust on the part of the Iraqi people with regard to the military nurses after an Iraqi citizen’s son received medical care from the U.S. Military nurses.

Findings from this study support both Nightingale’s tenet that healing is a holistic perspective and is the process of bringing together all aspects of oneself—body, mind, and spirit—as well as the ultimate aim of contemporary nursing. According to Dunphy (2006), Dossey states, “The ultimate aim of contemporary nursing is to integrate Nightingale’s tenets of healing, leadership, and global action” (p. 74), noting that “Nightingale’s message invigorates nursing with a sense of calling and being of service in healing” (p. 74). The military nurse perspective of human potential is an excellent example of fulfilling the call for healing in a holistic manner.

No other study was identified that explored health promotion and healing from the military nurse perspective. Findings from this study further supported Nightingale’s vision for nursing as being a holistic, humanitarian work with the intention of solving problems grounded in humanness throughout the world with the goal of restoration and health promotion (Payne, 2010). The similarities noted in the lived experiences of 10 military nurses transcended time, gender, and branch of service. Findings from this study also supported the works of Biedermann et al. (2001) and Rivers and Gordon (2017) who stated that the memories of military nurses’ experiences touched their lives and the lives of others.
Limitations and Future Research

One major limitation of this study is the small sample size. Further studies that include a larger sample to fully represent each area of military nursing would add to the strength of the findings. Comparison of perspectives by gender and experience during war or peace could yield valuable information and greater understanding of the impact of military nursing on health care delivery. Comparison of active duty and reserves may yield information that might be of value for nursing education and practice. Future studies with a focus on potential change in attitude and trust among those after receiving medical care from those of a different country or from those considered the “enemy” may provide insight into ways of promoting global peace.

Conclusion

The findings contribute to the body of knowledge on the lived experience of military nurses. Regardless of each nurse’s branch of service, gender, or time of service, or whether their tour of duty was during war or peace, the international implications of care, compassion, and dignity for all irrespective of their background, beliefs, or affiliations were paramount. Military service strengthens the mind, body, and spirit of nurses who choose to serve.

ORCID iD

Katrina Embrey https://orcid.org/0000-0002-6899-0544

References


Katrina Embrey, DNS, RN is an assistant professor of nursing and the Undergraduate Program Director of the Georgia Southern University School of Nursing, Armstrong campus in Savannah, GA. Her research interests include complementary, alternative, and integrative therapies in health promotion and disease prevention.

Catherine Gilbert, EdD, MSN, RN is professor and Chair in the School of Nursing at Georgia Southern University. She has 38 years of mental health nursing experience and teaches mental health in the undergraduate and graduate programs.

Helen M. Taggart, PhD, RN, is nursing professor at Georgia Southern University. Her conversations with her aunt who was a Navy Nurse during World War II sparked the interest in interviewing other military nurses.