8-1-2019

Understanding learning transfer of veterans in baccalaureate nursing programs: Their experience as student nurses

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https://doi.org/10.1016/j.nepr.2019.08.013

Abstract

With the continued growth of the numbers of veterans in nursing programs, faculty need to be aware of how to best facilitate their learning and build on their diverse experiences and expertise. Understanding how veterans transfer learning from the military context to an academic context is crucial for nursing education. The findings of this qualitative descriptive study support that veterans transfer learning from their military experience to their nursing education. Eleven veterans comprised the sample. The themes were: Embracing and living core professional values, Learning from a team-based framework to achieve a common goal, Learning how and when to communicate with faculty and healthcare members, and Incorporating learned behaviors into everyday professional practice. One recommendation for faculty included gaining basic knowledge of military culture and how that influences veterans once they transition to civilian life. The study findings can help faculty to build on previously acquired knowledge and enrich the learning experience for students and faculty. Ultimately, this may help to recruit and retain veterans in nursing programs; thus, impacting the global workforce.

1. Background

With 45 million veterans worldwide (World Veterans Federation, n.d.) and an increased demand for nurses globally, military veterans, both those with and without healthcare experience, may be one solution to the critical nursing workforce shortage. While the exact number of veterans transitioning to the university setting worldwide has not been reported, there are efforts to increase enrollments and the progression of veterans to become registered nurses (Allen et al., 2014; D'Aoust et al., 2016; Morrison-Beedy and Rossiter, 2018).

Service members experience a significant transition and change in identity when they enter the military (Suzuki and Kawakami, 2016); and leaving their military identity to return to civilian life constitutes another major transition (Elliott et al., 2017). Although, considerable literature has been published about these transitions (Dyar, 2016; Griffin and Gilbert, 2015; Jenner, 2017; Jones, 2017; Kato et al., 2016; Miller, 2017; Naphan and Elliott, 2015; Voelpel et al., 2018); military training and nursing education in the higher education context are vastly different. These transitions may create potential barriers for these non-traditional students to learn as they leave a structured, mission-driven military culture and enter a higher education classroom environment. Most veterans come to the classroom with significant life experiences, maturity, high levels of self-efficacy, and possible global deployments (Dyar, 2016; Morrison-Beedy and Rossiter, 2018). Unfortunately, the veteran's military experience and acquired knowledge may not be understood nor embraced by nursing faculty and opportunities for enhancing the veteran's educational experience may not be realized.

One crucial component in the teaching-learning process for nursing faculty that has not been reported is how veterans transfer learning acquired during military service to their nursing

education. Transfer is the ability to extend what one has learned in one context to another context (Perkins and Salomon, 1992). Roumell (2019) contends that there seems to be a lack of learning transfer among adult learners. She highlighted three areas of influence that are critical for transfer to occur: individual, instructional, and organizational levels (Roumell, 2019).

Perkins and Salomon (1992) argued that "transfer is crucial to education, which generally aspires to impact on contexts quite different from the context of learning.education can be designed to honor these conditions and achieve transfer" (p. 2). Transfer of learning is on a continuum from near transfer (facts and skills in a similar context) to far transfer (Perkins and Salomon, 1992). For students who were in the military, the transfer of learning from the military context to nursing context is far transfer; "far learning transfer arms learners as analytic thinkers to bring forward or reach backward for generalizations of previous learning to assess, analyze, and determine the next action in a novel circumstance" (Evans, 2016, pp. 35–36).

The evidence examining learning transfer in nursing students is limited primarily to capturing near transfer and influences on learning transfer. Barriers and opportunities to learning transfer (Meyer et al., 2007), simulation debriefing on learning transfer (Johnson et al., 2017; Johnston et al., 2019), simulation impact on learning transfer (Anderson, 2015), influence of learning climate on transfer (Botma and MacKenzie, 2016), and tabletop exercises for disaster preparedness (Evans, 2016) have been reported. The literature on veterans who are nursing students is primarily focused on the implementation of strategies and curricula aimed at supporting veterans in nursing programs. No empirical evidence was found in the nursing literature that examined veterans' learning experiences or learning transfer from the military context.

Nursing faculty need to learn to teach for learning transfer. Understanding how students coming from a military culture transfer learning acquired in the service to the nursing classroom can expand what is known about how to facilitate or enhance veterans' successful program progression and completion. Additionally, this information can help faculty to build on previously acquired knowledge and enrich the learning experience for students and faculty. Ultimately, this may help to recruit and retain veterans in nursing programs; thus, impacting the global workforce.

2. Purposes

The purposes of this qualitative descriptive study were to examine how veterans transfer learning from their military experience to their Bachelor of Science in nursing (BSN) education and identify strategies for nursing faculty to facilitate their learning.

3. Methods

A qualitative descriptive design (Bradshaw et al., 2017) was undertaken to investigate the research purposes. "Qualitative description research provides a vehicle for the voices of those experiencing the phenomena of interest …" (Bradshaw et al., 2017, p. 6). The data presented here are part of a larger study examining the student veteran transition to a BSN program. Institutional review board approval was received to conduct this study.

3.1. Recruitment

Criteria for study inclusion was being a military veteran who transitioned out of the military and was currently enrolled in an accredited BSN program or had graduated within the past 10 years. Potential participants had to have completed at least one semester in the nursing program and/or have completed one clinical nursing course to qualify. All branches of the service, ranks, and occupational specialties were invited. Participants were recruited using the researchers' network of contacts, word of mouth, and snowball sampling. Convenience sampling of nursing schools located within a 50 mile radius of large military installations and programs with established Veteran BSN programs were also emailed to recruit potential participants.

3.2. Sample

Demographic data were collected on each participant. Five male and six female ($N = 11$) military veterans made up the participant group. Participants represented all branches of service with an average age of 34 ($M = 33.8$) and an average of 8 years of military service ($M = 7.7$). The majority (73%) were either junior or senior level nursing students. Eight of the 11 reported being deployed at least once and five reported prior health related experience. Prior postsecondary education of the group ranged from none to a Master's degree, with the majority having some college. Four participants had a bachelor's degree in a different field and two had an associate degree upon starting their BSN. Only one Officer was represented in the group.

3.3. Data collection & analysis

Written consent was obtained prior to the interview. Individual interviews were conducted using videoconferencing from September 2017 to March 2018. No participant expressed discomfort with the use of videoconferencing for data collection. Semi-structured interviews ranged from 40 to 60 min. Interview questions were aimed at eliciting a discussion around how participants transferred what they learned while in the military into their nursing education. An example of an interview probe was: Describe how you used the skills/knowledge/behaviors learned during your military service in your transition and educational journey. Interviews continued until data were saturated.

Data analysis and collection occurred simultaneously. One researcher conducted all of the interviews. Each participant was assigned a number for purposes of confidentiality. Participation was voluntary with the right to withdraw at any time. Interviews were digitally recorded and transcribed verbatim using an online service. Transcripts were de-identified and stored on the researchers' password protected computers. Participants received a $10 gift card for their time.

Descriptive statistics were used for demographic data. Qualitative content and thematic analyses were used to analyze interview data (Vaismoradi et al., 2016). Three qualitatively experienced researchers reviewed and independently analyzed the data, meeting regularly to discuss emergent issues, the themes, and to reach consensus.

Trustworthiness and rigor were established through several mechanisms. An audit trail was maintained for confirmability of findings. Credibility was established through member

checks to validate themes. Transferability was established through exemplar participant quotes having sufficient detail and depth.

4. Findings

Four themes captured what this group of veterans felt they had learned and transferred from their military experience to the academic nursing context. The findings are presented by the four themes.

4.1. Embracing and living core professional values

The theme of embracing and living core professional values underpinned all of the participants' actions in the classroom and clinical settings. The core values included integrity, respect, excellence, humility, accountability, and service before self. For these participants, it was more than acknowledging core values; it was living them. Several spoke of "excellence in all we do" and living by the "golden rule of treating others the way you want to be treated" with integrity. These values were part of these veterans' sense of self. Humility was a key factor in their learning; this incorporated the notion that one needed to understand that one can learn from others because there was always something new to learn.

One participant captured the core values that she thought she had transferred to her nursing education in these words:

> … hands down the number one thing being in the military, is professionalism, having integrity. Everything – our core values transition right into nursing … service before self … what I feel is the biggest thing I bring, is the core values I live through the military and just bringing that in and displaying that.

Professionalism was an important value that was linked to how they conducted themselves in addition to their appearance. Regarding one's physical appearance, a participant stated "… my scrubs shouldn't look like I slept in them last night." Earning respect from faculty and fellow students, as well as receiving respect was key to professionalism.

> One of the other issues that drives my buddies and myself crazy is time management and just being respectful of other people's time … You can't be selfish. You can't focus on yourself and your patients. If you are going to work as a team and everyone's going to work smoothly, you have to be respectful of people's time and who they are and what they have to do.

The participants also spoke about the discipline that was instilled in them through the military to be able to learn better. Discipline included being on time or early and for some was intimately connected to being accountable for one's actions. Referring to medication administration times, a participant shared "you are putting somebody else's life in danger just because you don't know how to manage your time. To me, I would hate to be responsible for somebody getting sicker or not getting better based on the actions that I did."

Being chronologically older than the traditional cohort of students, several of them acknowledged that "maybe it's just the simple act of time and maturity" that contributed to their behaviors. With maturity also surfaced confidence, one participant shared that the confidence instilled in him as a result of military service afforded him the comfort of being able to "… go over things over and over again in a practical manner, rather than a book manner, I think really transferred over to being in nursing school."

4.2. Learning from a team-based framework to achieve a common goal

The participants learned in the military to work and function as a team with a common goal; there was a camaraderie with a family orientation. There was also a community effort so that no one got left behind. One accomplished this by stepping up to help others learn and not personally letting the team down. This transferred to their academic experience in that all participants spoke to the common goal of learning and providing the best patient care. They described the "job is caring for the patient, 100% of the time." This meant being prepared, learning from mistakes, keeping an eye on the goal, and at times having to "push through."

One participant eloquently talked about inclusion since the goal was the same for all of them, being safe competent practitioners providing quality patient care.

So instead of competing against other people to try to get – to be, like, the best in the class, trying to help those around you to try to get everybody on the same level. 'Cause realizing that everybody's there for one cause and if you can, in a way, help other people get there because in the long run we're all going to be working together as one team, not unlike the team in the military, on the floor and you want everybody to be just as competent as you are …

They spoke of organizing and taking a leadership role in study groups as a way to help each other learn. Several of the participants spoke of teaching fellow students and how important it was for everyone to be learning. One student veteran commented "I felt like it was my responsibility to keep them from failing" and "you don't leave anyone behind." Working together without one's ego getting in the way was something they learned and transferred to their nursing experience.

… in nursing you have the same objective which is the patient … in nursing you really have to work with the people who you don't agree with or people you don't like … the military definitely helps with that, you always have to work with people you don't like, you might not always agree but at the end of the day you have to get it done … even if I don't like somebody but I respect them, I'll help them because that's kind of instilled from the military … it's not about us. It's about patients and healthcare. So, you've kind of got to put your ego aside in a sense, which the military definitely helped with checking your ego and being able to just let that go and actually listen to other people.

In the military, they were forced sometimes into positions to be the leader, and occasionally they surfaced as a leader. One participant shared that she learned sometimes students needed to be forced into leadership roles despite being uncomfortable or afraid. She

noted “if we force people in nursing school programs to be leaders, then they might learn a little bit more about it.” Leadership, however, required knowing when to lead and when to follow.

4.3. Learning how and when to communicate with faculty and healthcare members

This theme addressed what the student veterans learned in the military about communication; how to articulate information in clear, succinct direct ways. Knowing when and how to speak, as well as the chain of communication emerged for them from repeated practice. They acquired the confidence to be “able to voice their opinion” while recognizing that if “I have an issue I'm not just going to go right to the dean's door and knock on her door … trying to understand those communication processes.” Additionally, they learned that effective communication was a “way of speaking up but you don't attack the person” and “creating an atmosphere where we're working together on this.”

How to communicate professionally or “tactfully” with military superiors was a behavior learned and transferred to clinical patient care. Through communication they learned how to advocate for patients. There was no hesitation to advocate for the patient as highlighted in the following quote:

I think one thing I've noticed about myself as opposed to other students—and even some other nurses—is that I feel that I'm better at verbalizing things that I think are wrong, and/or approaching the higher-ups, like doctors or something like that … we're supposed to have that God complex towards the doctors, you know? But they're people and they're health care providers, and if I see an issue, I'm gonna go to them … if the nurse isn't around and I can't take the proper steps and ask a question, I'm gonna go to that doctor. I'm not gonna beat around the bush and ask, “Hey, why is this going on?” You know? I'm not gonna be afraid to talk to somebody just because they're superior to me.

Communication included listening and asking questions if they did not understand something. This included being able to assert themselves to gain experience and volunteer when opportunities presented. One participant stated that he:

… really enjoyed pediatrics so in pediatrics if there was ever an opportunity to come up, like, “Oh, does anyone want to do this?” I'll always, yeah. Because I'm always willing to, like, learn and stuff that I really enjoy. It's like, I always do want to learn when I go there so I'll always try different stuff … see whatever I can so I learn more.

4.4. Incorporating learned behaviors into everyday professional practice

These participants spoke of multiple behaviors they learned in the military that they transferred to their academic learning and professional practice. One behavior was resilience or the belief that failure was not an option, that one needed to keep trying. They learned one can be wrong and to simply try again. They were in school to learn, “not party.” One veteran stated:

they teach you resilience training in the military which I've used numerous times throughout this program just to help me center myself and realize that it's not as bad as I think it's going to be and what is the most likely scenario just to help me be resilient.

He shared that this has helped him in the clinical environment and contributed to his being less nervous with patient care.

Focusing and seeing the larger picture were offered as key behaviors in helping them learn. One participant spoke of being able to focus, “the military taught me to be more focused and to pay attention more” on details which he viewed as critical since “if you miss one little thing, you could hurt a patient.” Additionally, being focused was connected to time management and engagement for several participants. “I come to class and I'm just ready to pay attention. I know what we're going to go over during the day. So, it's not really a surprise to me. Like when they say, ‘Do this’. I do it, I get it done.” The behavior of staying focused was captured in this quote:

I definitely learned how to work with others and how to cancel background noise and focus on the task at hand. Because I know during clinicals, sometimes – or even just in every day college life – you encounter colleagues or students who will be negative or who would talk down or bad about other students and just cause a negative atmosphere. And I–I saw that in school but you just have to focus on the task and on the assignment.

While staying focused and on task was important to learning, one needed to be adaptable, flexible, and “be able to adjust to change” since everyday was different. They equated this to their clinical experiences where the healthcare environment was always changing.

Several shared that seeing the big picture and scanning the environment were important behaviors they learned. “Gauging people and reading a room” was viewed as useful when dealing with patients and what they might be feeling or experiencing. One participant said that she thought that “a lot of nursing school focus is on a system at a time and doesn't focus a lot on the bigger picture,” and looking at the whole helped her learn how the pieces fit together to provide the best patient care.

5. Best practices for nursing faculty

Strategies were identified by the student veterans that could facilitate their learning experience and enhance learning transfer in their pursuit of a nursing degree. Nursing faculty need to first acknowledge the drastic change in culture for this student population. Recognition and assessment of what these unique non-traditional students bring to the classroom is an important component. The participants stressed that they did not want special treatment but rather acknowledgement for what they can offer to the teaching-learning environment in both classroom and clinical settings. They expressed that they wanted to be “treated like an adult” with a little “respect” for their prior service and the experiences they bring to BSN education. Several participants experienced being “treated like children” or “like they don't know anything” which was incredibly frustrating. Likewise, some who had prior health related experience felt faculty carried a stereotype and bias from past encounters with veterans. One participant noted:

… don't immediately think that the veterans who are commenting or talking about things or asking questions are just trying to make the instructor feel like they don't know anything. Because that's usually not what the students are doing. They're trying to get clarification or just make it make sense to them. Because it's a weird transition. What we're able to do there [military], we're not allowed to do here.

They commented that it was important to remember "no two veterans are alike," "they're here to learn just like everyone else," and "they all have different learning needs."

Another frequently discussed recommendation for faculty and clinical instructors was to "get to know a little more about students' background" and ask what they perceived as their weaknesses and strengths. They expressed that asking students "what their needs are" or "being more in tune" could "open doors for conversation." One participant stated that faculty should encourage them to "see what they have already accomplished" since it can be powerful in supporting this student population, especially those that may have lingering mental health challenges as they tend to "self-isolate." They shared that assumptions about veterans could be problematic. A participant commented "don't assume because they sit in the back of the room that they aren't listening; " the explanation could be that some veterans cannot have someone sitting behind them. One participant shared a powerful reflection:

Most veterans are really dedicated to being in school, we are here on our own time, this is a choice we made, and it's not just the next step in life for us like most people after high school. I think one thing that I wish my professors knew is that if I'm not doing well on something, it's not for lack of trying, it's because there is a lack of understanding and there is something missing in either what I'm being taught or something missing from my understanding.

Prior learning assessments could help minimize or eliminate students from taking courses they may have already achieved a satisfactory competency level in experience and knowledge. These assessment activities could assist students to "get the most out of clinical" experiences, especially for those with prior health related skills. A participant who was a medic commented "everyone else was trying to catch up with the psychomotor skill, I was able to say, 'I've got that down'; I'm going to look at cognitive and affective."

Participants expected constructive feedback and did not "necessarily want to be given all accolades." One student discussed his experience with learning; "I'd love to get all A's, but I'd rather it all written up [care plan] in red now so that I can see where my thinking is wrong … long term I want to be good at my job." Clear, direct, and straight forward communication is what they were accustomed to and they preferred active learning strategies such as role play and case studies. They compared these teaching approaches as similar to the hands-on training they experienced in the military.

Lastly, having some basic knowledge of military culture and how that influences veterans once they transition to civilian life cannot be overstated. The military has a standard structured way of teaching, training, and rules of conducting day to day work. Several strategies were identified by the participants that could be helpful in their education experience. Providing boundaries, setting expectations then trusting and "not micromanaging" them was identified as

one way to establish a learning environment based on trust and respect. Encouraging them to "share their military experiences that are applicable to what is being taught" was one approach to facilitate learning transfer. They noted that giving them a task or "something to help the team" provided purpose, which may facilitate their transition to education, healthcare practice, and civilian life.

6. Discussion and implications

Theoretically, Perkins and Salomon (1992) argued that educators need to design pedagogical strategies that enable transfer of learning from one context to another. The findings from this study support that veterans were able to transfer learning from the military context to their nursing education and faculty have the opportunity to facilitate this process through intentional strategies.

Core professional values have been reported previously in the literature on veterans' experiences in postsecondary education. In a study of veterans transitioning to postsecondary education, participants described the need to project a professional demeanor, as many viewed their "transition experience as an extension of work" (Gregg et al., 2016, p. 5). Further, veterans felt a professional demeanor would influence the type of reputation they established with professors. Former service members can find existential significance through serving others, which is tied to core values (Suzuki and Kawakami, 2016). Discipline (Suzuki and Kawakami, 2016; Vacchi, 2012), excellence (Reyes et al., 2018), respect for authority, and accountability (Gregg et al., 2016) are acquired through military training. Participants in the current study expressed these qualities as valuable to their transition and success in nursing education. Core professional values provided the foundation from which they could begin to learn in a new environment.

The military culture fosters collectivism, not individualism (Suzuki and Kawakami, 2016). As a highly structured organization, the military expects service members to work together to achieve goals, which contrasts to the college setting where individuals are expected to work independently to achieve goals (Naphan and Elliott, 2015). According to participant data, veterans transferred the ability to work in teams, which translates to being cohesive in accomplishing tasks. Research suggests that veterans find the strength of military camaraderie, bonding, and commitment for a collective purpose absent in postsecondary contexts except when they can connect with other veterans (Gregg et al., 2016). These study findings offer that veterans can and do transfer working in teams to nursing education, both in classroom and clinical settings. While it may vary how quickly a veteran recognizes that working as a team is a strength, most participants found comfort in being able to use this way of operating in their nursing education and clinical settings.

Gregg et al. (2016) reported that effective communication is a personal value of veterans. Through leadership training, people who serve in the military ascertain a clear and direct way of communicating. This can be seen as positive or negative, depending on the context. In a study of military nurses who transitioned to a faculty role, participants shared that they were comfortable speaking up and sharing opinions (Chargualaf et al., 2018). Participants in this study also shared this same confidence and assertiveness in their communication with others. Effective

communication is essential in nursing. Veterans in this study expressed that poor communication could lead to life or death situations within the military and that healthcare was no different.

Study participants shared numerous behaviors learned in the military that were useful in education and practice. Maintaining "focus" and that "failure is not an option" was collectively shared. Naphan and Elliott (2015) reported that "each member working on a task needs to be aware of operational details, meaning they have to be engaged" (p. 44). A person's ability to maintain engagement then becomes essential to working in a team based framework. Further, Reyes et al. (2018) described the intentional application of behaviors learned in the military to civilian life through a reactivating process, which may include being grounded and focused in the present, facing obstacles rather looking for an easy way out, and being thorough. Being punctual, having time management skills, and submitting requirements early were other noted behaviors reported by Reyes et al. (2018) that these study data support.

A plethora of literature exists about learning and recognizing the influence of military culture in higher education. Vacchi (2012) argued that popular media and some higher education scholars have exaggerated the difficulties of students who were veterans. Vacchi also stressed it is critical to meet veterans at their level, assess potential, and include them in developing an academic plan. Data from this study support faculty getting to know each student better and engaging them to facilitate transition and learning transfer.

There is nursing literature related to veterans in nursing education which outlines strategies to implement prior learning or competency-based assessments (Bergman and Herd, 2017; Sikes et al., 2017). While the vast majority of military training is similar, each veteran comes with different skills and knowledge. This makes it challenging for programs to accommodate or standardize all prior learning. Enlisting veterans to assist in creating veteran friendly policies and procedures, and allowing them to assume leadership roles can facilitate adjustment to academia (Kato et al., 2016).

Some of the recommendations offered by participants to facilitate learning and learning transfer may be applied to any adult learner, second degree student, or students entering one of the numerous academic progression models for nurses within higher education. What seems to make this student population different is that they start the educational process with many of the attributes of the professional nurse acquired during their military experience; such as core values, discipline, team work, and service. Areas not previously reported in the literature are specific ways in which nursing faculty can facilitate in the transition of the skills, values, and learned behaviors of veterans to improve their success in nursing education. The attributes acquired from a military context can be developed and applied to nursing practice, which may add value to the nursing workforce. Additionally, future research could generate evidence to compare veterans with other non-traditional students.

7. Conclusion

With the continued growth of numbers of veterans in nursing programs, faculty, as well as schools of nursing, need to be aware of how to best facilitate their learning and build on their diverse experiences and expertise. While each veteran comes to their BSN education with a

unique military experience, they come with prior knowledge, skills and drive to succeed in their next career choice. Maximizing the strengths of veterans during their educational experience can only enhance the experience for students and faculty and contribute to a stronger global workforce.

Conflicts of interest

No financial or personal conflicts of interest known.

Funding

This work was supported in part by the Army Nurse Corps Association.

Ethics approval

Human subjects approval was obtained from Wilson College.

4/26/17.

Protocol # 170426a.

Acknowledgements

The authors would like to thank the student veterans who willingly gave of their time to inform nursing education.

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