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Military to civilian nurse: Personal and professional reconstruction

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Military to civilian nurse: Personal and professional reconstruction

Abstract

Aims and objectives

To examine and describe the transition process of military nurses from military nursing practice to civilian nursing practice. A second aim was to identify challenges and facilitators to this transition.

Background

Serving in the military, and embodying its values, can have a major impact on a person's worldview. These individuals serve not only as nurses but also as part of a larger military culture with a mission to protect. The decision to separate from the military and transition into the civilian workforce carries many challenges capable of influencing nurses' personal and professional identities.

Design

Qualitative descriptive.

Methods

Semi-structured interviews of 10 nurse veterans were conducted in 2015–2016. Data were collected until saturation was reached.

Results

The transition includes four major phases from military to civilian nurse: *Separating from Military Life, Conflict and Chaos, Shifting Sands and Personal and Professional Reconstruction*. Duration and progress through each phase varied slightly for individual nurses.

Conclusions

Both work–role and personal identity transition occur when a nurse leaves the military and enters civilian practice. Military and civilian organizations, in both the USA and other countries, can implement supports to aid these nurses during this personal and professional change. Recommendations from the study group are provided.

Relevance to clinical practice

The global nursing profession, as well as healthcare organizations that employ nurse veterans, has a commitment and obligation to understand the transition process of nurses who practice within the scope of military nursing and later in civilian nursing environments so that they may

be supported and used to the extent of their prior experience. Lessons learned and advice from this group of nurses may positively aid others in their transition experience.

What does this paper contribute to the wider global community?

- Veteran nurses experience multiple transitions when they exit military nursing practice and begin civilian nursing practice which results in a period of chaos that may impact their progression through and outcome of the collective transition process.
- Regardless of the length of service or branch, separating from the military nurse role and the military way of life may result in feelings of grief and loss.
- Military service may have a significant impact on the identity of nurses that reaches beyond their time wearing a uniform.

Introduction

The Bureau of Labor Statistics (2015a) reports that approximately 2.7 million nurses are currently employed in the USA with a fraction practicing in the military. According to the Department of Defense (2014), there are an estimated 9600 active duty nurses, with an additional estimate of 7700 serving in the reserves. These numbers represent an approximate total of 17,300 nurses serving in the Army, Navy and Air Force at present. This estimate is a decrease from the nearly 19,500 who served in 2012. It is unknown how many of these nurses now work in the civilian sector. It is also unknown how many nurses serve in the military in other countries; however, they too are part of the global profession who may be impacted by their military service.

Background

The role of a military nurse is distinct compared with nurses not in the military in that they are both a nurse and a service member, creating a need for them to concurrently care for injured or use a weapon to protect themselves from harm (Griffiths & Jasper 2008, Kraemer 2008). Although military nurse officers (MNO) must have a minimum of a Bachelor of Science in Nursing (BSN) degree, they often experience more independence in their roles and assume more leadership responsibilities as younger nurses compared with those not serving in the military (Ross 2010). Further, they must demonstrate flexibility and adaptability when faced with limited supplies and technology (Kraemer 2008, Agazio 2010, Ross 2010). Many nurses serving in the military over the past 10–15 years have experienced war or its aftermath in some way (Gibbons *et al.* 2012). Nurses during deployment experiences often practiced at a higher level of autonomy compared with stateside practice, which could influence future transitions (Baker *et al.* 1989, Agazio 2010, Ross 2010, Wands 2011).

The military environment maintains unique characteristics that directly influence a nurse's identity and practice. Driven by a mission-focused culture predicated on structure and rules, nurses in the military must balance the demands and expectations of the officer and nursing roles (Ross 2010). Nurses often follow a prescribed career path that guides future military assignments and educational opportunities. The military nurse identity is inextricably linked to wearing the uniform and holding rank. Additional stressors created by frequent moves for new assignments,

separation from trusted sources of support and possible deployments mean that service members and their families often develop a camaraderie from these shared lived experiences.

Ray and Heaslip (2011) discussed Canadian veterans' transition to civilian life, focusing on interpersonal readjustment, emotional needs, social needs and school needs. Their paper highlights areas of research for all veterans transitioning to civilian life, not just military nurses, but none the less applicable to the current study. According to a Pew report (Morin 2011), 27% of veterans say re-entry into civilian life was difficult. This per cent increases to almost 44% for veterans who served in the military post-9/11. Latent effects of traumatic events, knowing someone who died or was injured, or serving near a combat zone impact the ease in which transition into civilian life occurs.

In a study conducted by Elliott (2015), military nurses returning from deployment voiced concern of their overall decreased capacity for caring. It is unknown how long this feeling remains with them as they resume practice in the USA, whether in military or civilian settings. Central to the nursing profession is the ability to care; therefore, gaining insights into how this subgroup of nurses' transitions from the military to civilian nursing practice is important for leaders of organizations who employ them. While there is some published literature related to the transition or re-integration of military nurses from deployment to home (Scannell-Desch & Doherty 2010, Rivers *et al.* 2013, Doherty & Scannell-Desch 2015, Elliott 2015), there is a dearth of published information related to military nurses' transition from practicing in the military to the civilian sector, whether from the USA or other countries. The transition process from military to civilian life can be very complex as veterans leave a culture, a career and social supports behind (Ray & Heaslip 2011, Anderson & Goodman 2014). Understanding the complexities from a nurse's experience may be valuable to the profession and the larger healthcare arena.

Methodology

The purpose of this study was to examine and describe the transition process of active duty MNO from military nursing practice to civilian nursing practice. A second purpose was to identify challenges and facilitators to this transition.

Design

A qualitative approach was used in this study. Aligned with the tenets of naturalistic inquiry paradigm, qualitative description appreciates studying phenomena in their natural state and acknowledges the multiple constructed realities that emerge from shared experiences (Lincoln & Guba 1985, Willis *et al.* 2016). This design allowed for a comprehensive description of the transition experience from military to civilian nursing practice.

Ethical considerations

Widener University Institutional Review Board granted human subjects protection. All participants signed a consent form prior to data collection. Participation was voluntary with the right to withdraw at any time. Each participant was assigned a pseudonym.

Participants

Both convenience and snowball sampling were used to recruit participants, initially using the researchers' network of contacts and peers. US nurse veterans who served a minimum of four years of active duty and at least one year in a civilian clinical nursing role, after separation from active duty status, were interviewed. There was no maximum time frame since separation. Participants were excluded if they transitioned into a role other than clinical practice, such as education.

Data collection

Interviews were conducted between October 2015–February 2016. Participants received the interview guide prior to the interview to allow for reflection. Each nurse completed a demographic data sheet. Semi-structured interviews, varying from 45–75 minutes in duration, started with an open-ended question asking them to describe their transition to civilian nursing practice and any challenges or facilitators to the process. Clarifying and probing questions were used to gain an understanding of the transition. Interviews were either via Skype™ or telephone if a face-to-face interview was not possible. They were digitally recorded and uploaded to an online transcription service. Reflective notes were maintained. Data collection continued until saturation was achieved.

Data analysis

Following each interview, a descriptive summary of the interview was developed (Willis *et al.* 2016). Data analysis occurred simultaneously with data collection (Miles *et al.* 2014). Inductive coding to identify patterns was used during data analysis. Each transcript was read individually multiple times for understanding and development of the transition process. The team met regularly to discuss trends and emergent findings. Two researchers worked independently, and then collectively, through several iterations of the phases for the transition process that emerged. The third researcher, a peer debriefer and experienced qualitative researcher, contributed feedback and guidance to the process. Linkage to existing transition theories, as well as other role transition research, was pursued once the analysis was complete.

Trustworthiness and rigor

One researcher conducted all of the interviews, except one who was a peer of the interviewer. An audit trail was kept to document confirmability of the findings. A final visual depiction of the transition process was constructed, reviewed and agreed upon by the three researchers. Credibility was established with five participants providing additional clarity and elaboration to the phases of transition depicted in Fig. 1.

Figure 1

viewer PowerPoint

Military nurse transition to civilian nurse.

Results

The participant group was comprised of 10 nurse veterans (three men, seven women) representing the Navy (1), Air Force (4) and Army (5). The average age of participants was 47.6 (range 31–60 years). The average number of years in nursing was 24 (range 9–35 years). Participants represented nurses currently working in Hospice and Palliative care, NICU, Medical/Surgical, Operating room and Mental Health. Eight of 10 held a professional certification and half had advanced degrees. The average number of years in the military was 11.25 (range 4–25 years). Five participants left military service within the past 10 years, three more within the past 20 years, and two separated more than 20 years ago.

The results of this study are presented with nurses progressing through four major phases: *Separating from Military Life*, *Conflict and Chaos*, *Shifting Sands* and *Personal and Professional Reconstruction*. These phases occurred sequentially; however, there was no exact duration for them as individual experiences impacted the duration of time spent in each phase. Of note, some nurses ‘vacillated quite a bit in the first six months’ indicating the transition process was not always a linear one. For some, the duration of the phases was dependent on whether they maintained some connection to the military either by marriage to an active duty service member, working in a military or VA facility, or living in or near a military community. Duration of phases was also impacted by how much preplanning the nurse did prior to separation. The veteran nurses collectively expressed pride in their military service.

While it was not the focus of this study to examine reasons why nurses leave the military, it is important to note that each participant contemplated, prior to separation, the decision to separate from the military. For some, it was ‘time to retire’. For others, it was due to ‘unmet needs’ or the need to ‘put my family first’. But for all the participants, the decision to leave the military was the catalyst to start the transition process examined in this study. This involved the negotiation of social and cultural norms and values between military and civilian nursing practice and their place within it.

Separating from Military Life

For most, *Separating from Military Life* started a few months before leaving the military when the decision was made to leave the known comfort of military nursing. It carried with it numerous personal and professional decisions, resulting in mixed emotions. The flight of feelings ranged from ‘hope, excitement.....anticipation for great success and limitless opportunities’ to that of ‘stress’, ‘fear’ or ‘anxiety’. Participants expressed both sadness to close the chapter of military service and excitement to begin the next, coupled with apprehension about stepping out of the known to a place less familiar. Decisions about where to live and work left participants wondering ‘where do we go from here?’ Eight of 10 nurses in this study felt unprepared to make so many major life decisions in a short period of time, especially as the majority were not familiar with civilian nursing roles and workforce challenges. The remaining two participants voiced feeling prepared to transition because major decisions, such as securing their first civilian nursing job, were made prior to separation from the military.

The participants acknowledged unrealized obstacles such as never creating a resume, experiencing the interview process, applying for licensing in a different state or purchasing liability insurance, as they were not necessary while serving in the military. As one participant described:

I was nervous, you know, just because they kind of hold your hand in the Army ... this is how we do everything ... they hold your hand through the whole process and going into the civilian world I was really scared about the whole idea of having to apply for a job, and meeting new people, and have to learn how to do a new job.

While transitional support opportunities were often provided by the military, prior to separation, not all of the participants were aware of it. Yet even the nurses who were aware expressed it was underused and deemed unnecessary at the time. The lack of knowledge and preparation resulted in feelings of stress. One participant shared:

I think we probably would have benefited from having a little counseling ... I mean I met with my company commander and that was just like basically a formality ... It would have been nice if it had been something mandatory.

Generally, it appeared that for those who made calculated preparations for separation, the transition was perceived to be less challenging and stressful initially, or was described as taking less time than expected. It seemed that because military nurses are already in a profession (nursing), the need for transitional preparation was unrealized.

Conflict and Chaos

Veteran nurses moved into a phase of *Conflict and Chaos* upon starting in a new civilian nursing role, as they recognized living and working in a civilian environment differed more than expected from what they had known in the military. Instantaneously, the loss of structure, purpose, community and support garnered from it became apparent. 'I just felt like we could just not exist and nobody would know, there was just no community ... I just felt invisible'. The participants shared a sense of camaraderie within the military culture as service members live and work towards a common mission, away from previously known support systems. 'There's just that connection that you get that we're all on the mission together taking care of one another'.

Conflict and Chaos also surfaced as participants experienced grief and loss of their military identity. Some participants questioned their decision to leave the comfort and structure of the military. Wearing the military uniform, holding rank and the respect associated with the MNO role were so deeply embedded within their self-perception that it was a shock when it no longer carried the same meaning. Summed up by a participant:

It was like an identity crisis. I had known myself as, you know, Captain XX, the officer. The Army nurse... So I struggled with that, losing that title. You had identified yourself with that name for so long and then all of a sudden it's not there anymore. I remember feeling that I was kind of losing a sense of my identity.

Appreciation of these multiple losses left participants feeling lonely, isolated and questioning their self-identity. 'I think it's very hard for some people coming off of military into civilian practice to lose because you put on a uniform. ... You had a name badge on, and you had rank. You had an identity'. It was apparent at this point during interviews that several transitions were occurring.

Stepping into the unknown, difficulties navigating the civilian work environment and changing role expectations contributed to a sense of culture shock. Participants initially reported a difficult adjustment to the social and cultural norms governing the work environment, which were perceived as decreased levels of professionalism. Issues like tardiness, attendance and work ethic were particularly frustrating to the new civilian nurses as such behaviors were not tolerated in the military environment. One participant reflected, '... to see people coming in late all the time and then there's no consequence for it. People calling out. I mean you never had people call out in the Army'. In addition, military nurses are expected to take on additional role responsibilities, above patient care, yet were surprised when civilian nurses were reluctant to go beyond what was required of their job. For some of the participants, the singular focus on patient care was a welcomed change. Participants attributed the 'laid back' or 'lackadaisical' nature of civilian nursing workforce as a major difference in work ethic, which was viewed as unprofessional. In response to the validation of the transition process, one participant related:

I think the difference is in the fact that military nurses are mission driven. So, this makes me think of the warrior ethos (<http://www.army.mil/values/warrior.html>). It is not that the expectations are high; rather it is that the expectations are unquestionably dominant over everything and everyone else.

Differences in patterns of communication secondary to the military hierarchy were difficult for participants as they learned to navigate a new system. Accustomed to more visible leaders, participants noted that nurse managers and other senior leaders in the civilian healthcare organizations were largely unknown and 'invisible'. 'I'm very used to my leadership not being the invisible man. You knew who the leader was – you were introduced to all of the commanders in all of the different sections within two weeks of coming on board to a new station'. One participant expressed that expectations set in prior to separation became apparently unrealistic, powering the feelings of *Conflict and Chaos*, and fostering feelings of being let down by the hope of civilian opportunities.

The mismatch between the perception and the reality of leaving military service seemed to impact many areas of the nurses' personal and professional lives. The whirlwind of changes left them feeling overwhelmed at a time when sustained focus on learning a new job and culture was needed. For most, mounting frustration, anxiety and stress triggered by unanticipated vulnerabilities led them to a temporary state of groundlessness. As participants began to regain their bearings, progressing through the transition to the *Shifting Sands* phase, the internal turmoil dissipated.

Shifting Sands

As these participants moved out of the *Conflict and Chaos* phase, they began to migrate into *Shifting Sands* which maintained some continued frustration along with figuring out how to fit in. Differences in role expectations and scope of practice between military and civilian nursing contributed to the participants feeling underused and underappreciated. The participants acknowledged that their military (nursing) experience was not always understood or valued. One participant described this frustration when she said, 'I know how to do this, I did this in the military, I'm really good at this, and just because that wasn't how they did things, it was just kind of shot down to the point where I stopped offering other skills'. Further, differences in scope of practice were sources of frustration. Nursing practice in the military was described as being more 'broad' and 'inclusive' while civilian work environment roles were described as more 'compartmentalized'. This compartmentalization of nursing practice in the civilian setting meant that military nurses often did not have the opportunity to practice to their perceived potential which led to some feeling 'bored' in the role and others losing confidence in themselves. Participants often had to re-evaluate expectations and redefine their role within the organization to fully fit in and effectively function. To overcome feelings of uselessness, some participants volunteered for committee memberships and participated in organizational projects.

Through *Shifting Sands* and realigning expectations and goals, participants began to shed the military mindset and adopt the civilian world and workforce. Truly understanding the differences between civilian and military nursing practice translated into the ability to let go of aspects of their military identity, namely rank, that were no longer useful and an acceptance of a reality that they were not wearing the uniform every day. These two elements served as a major turning point for the participants whereby they began to feel like they fit into the unit and organizational culture. At this point, a civilian identity began to emerge more prominently. Participants felt that 'taking those leadership qualities mastered in the military and applying it to a new setting' aided in the transition. For three participants, a lack of congruence between organizational and personal values resulted in a prolonged job search or quitting jobs before the right fit was found. Overall participants recognized and used traits learned in the military such as 'good decision making', 'communicator' and 'delegator' to shift themselves forward and were ready to progress to the next phase.

Personal and professional reconstruction

The culminating phase of military to civilian nurse transition resulted in an acceptance and understanding of the civilian nursing role and identity while recognizing and accepting the 'military' will always be a part of them in some way. Participants found comfort and reassurance in the idea that at a fundamental level, 'safe and compassionate patient care', guided by 'best practice' was the same and served as the grounding to their new professional practice. Further, the 'standards governing the quality and prioritization of nursing care remain unchanged between civilian and military nursing practice'. In fact, expressed in the participant data, while nursing care itself remains somewhat stable, the workforce, facilities and expectations did not and that is where the transitional struggles lie. 'In the civilian sector you can be in a facility for 10–20 years and never change your level of responsibility'. For military nurses, this concept was foreign and challenging to understand and adapt to.

The participants recognized that military and civilian nursing practice is different and with that comes changes in the role of the nurse. 'I liken it to Foucault's concept of discourse and discourse analysis. It's just a different discourse'. Participants acknowledged 'less structure and rules' and 'appreciated the opportunity to make more personal choices in the direction of their career path and personal life'. They began to seek out new challenges afforded by the civilian workplace, gaining confidence and taking charge of the new role. Expressed during the validation of the phases of transition, there was an:

increased need of self-motivation to rise within the ranks of civilian nursing, which is built into the life-cycle of the Army [military] nurse. Pursuing future education, increased competency and leadership must be on the civilian nurse themselves. In Army [military] nursing, the rise is within the life-cycle, addressed in evaluations. A civilian nurse can stay in the exact same place for more than a decade.

The passage of time, moving through what appeared to be a grieving process and learning to fit in at a new job aided in progress thru the phases. Once nurses accepted the cultural change from a structured military organization with a collectivist orientation to a civilian organization with more individual focused orientation, there was increased contentment in the nursing role. While the transition process started with the nurses' decision to leave the military, participants perceived the transition to end between 8–10 months once they assimilated to the new organization and assumed more responsibility in his/her future career. Based on participant data, it was clear that more than one transition occurred during this time. In addition to a professional work–role transition, these nurses experienced a change in personal identity, which complicated the transition for many.

Challenges, facilitators and recommendations

While noted throughout the reported data and selected quotes, it is important to highlight the most frequently mentioned challenges (Table 1) and facilitators (Table 2) across the participant group. Differences in culture and values contributed to the perception that nursing skills and leadership experiences did not translate to civilian nursing practice. Participants discussed the lingering mental health challenges including 'compassion fatigue' and grief associated with the loss of the military 'lifestyle' that contributed to a temporary period of chaos. Despite these challenges, the participants identified several facilitators such as anticipatory support, offered by the military, through the Transition Assistance Program or exit counselling. Additional supports from family and other veterans were also helpful as the nurses expressed the importance of talking about the transition.

Table 1. Challenges to the military–civilian nurse transition

Perception that leadership and skills did not translate to civilian nursing practice

Civilian healthcare providers not understanding veteran's past experiences

Differences of culture and values

Decrease in pay

Staffing issues

Residual mental health issues

Table 2. Facilitators to the military–civilian nurse transition

Transition Assistance Program

Exit counselling

Civilian checklist

Staying in touch with military friends

Using family support

Seeking out/confiding in other veterans

Talking about the transition

Participants also offered a variety of recommendations (Table 3) for future nurses who will transition from military to civilian practice. Increasing awareness of the experience may ease the process. Threaded throughout the interviews was caution to ‘Be patient in your transition...you bring your experiences with you...you cannot just turn off the switch...it'll be with me the rest of my life’. Additionally, military organizations can offer nurses some sort of mental health counselling prior to leaving military service as well as more required, robust and specific transition assistance sessions that address professional transitioning needs. It was suggested that linking recently separated nurses to those considering leaving the military may help to them examine the reasons behind why they are considering separation and things to consider or prepare for could help decrease the stress and anxiety of separation. To summarize:

Table 3. Recommendations for future transitioning military nurses

Consider employment where the military culture is known

Consider relocating near a familiar community, place or person

Find someone to confide in and relate to your experience

Research where you are going and talk to the unit manager

Find out about the hospital culture and if it aligns with your values

Really know why you are getting out...the grass isn't always greener on the civilian side

Use the transition programs and resources from the military

Recognize the first job out may not be the best fit – Be resilient and not view it as a failure

Know that it will be an emotional time for a while...share feelings of perceived losses

Apply for state licensure in advance if possible, learn about professional liability insurance

If you are retiring make sure you know the plan, benefits, healthcare, financial changes in pay

Have a good support system in place and mindfully plan for the transition

Evaluate your nursing goals and find a facility that will allow you to achieve this

Take off the uniform and attend civilian conferences to network before you separate

Listen more–talk/judge less

I would encourage people not to underestimate the grief associated with taking off the uniform. You know we always talk about, ‘I'm so excited. I can't wait,’ but once you do it, I think there's a grief process that you have to acknowledge. And if you don't the energy just shifts somewhere else....find ways to contribute to the [new] mission and watch your health...the military

standards that force you to stay within certain weight and height limits [are no longer there and I saw] friends gained a lot of weight and they developed some significant medical problems.

As voiced by participants, civilian organizations can establish programmes where veterans within the organization can serve as mentors or sponsors to newly hired veteran nurses. Increasing awareness among current civilian staff about the experiences of military members may also help close the divide between these entities. In the light of many military nurses serving during periods of war and conflict:

Hospitals need to be aware that if they have a veteran nurse who still has a little bit of anger issues or depression issues, or whatever it may be from any kind of experience during deployment or in the military that they can say 'Ok...you can go to the VA....we'll give you the time.

Establishing programs to become 'veteran friendly' or having a 'liaison' within the organization could be useful not only to recruit these skilled nurses but also help the transition to practice. Civilian nurse managers can help transitioning nurses by giving them more time to acclimate to the civilian workforce, checking in with them more often after orientation ends to ensure they are feeling settled, recognize these nurses tend to be goal oriented and may need more challenges to feel fulfilled, and discuss/facilitate them in achieving their professional goals.

Discussion

While no other published research was found to specifically describe the MNO transition to civilian practice within the USA or other countries, the broader nursing literature offers many examples of work–role transitions from a variety of care settings, and countries, in which to glean from when examining the results of this study. A starting point would be the body of research and anecdotal literature regarding the transition from clinical bedside nursing to teaching in an academic setting. 'Contemplating change' (Anderson 2009) and 'anticipation of the role change' (Schoening 2013) can be associated with *Separating from Military Life* as nurses, while comfortable in the routine and structure of their current roles, decide to leave them. Nurses who are expert in their clinical skills often find themselves to be novice at teaching where feelings of 'drowning' and 'treading water' (Anderson 2009), 'disorientation' (Schoening 2013) as well as feeling 'stressed' and a 'sense of loss for the clinical area' (Dempsey 2007) have been described. All of these feelings are similar to the current study where participants experienced *Conflict and Chaos*. While each of these studies individually describes the experiences of nurses transitioning roles, collectively participants did muddle through over time to establish themselves in a new role and becoming 'comfortable with ambiguity' (Schoening 2013), which would be reflective of *Shifting Sands* and eventually establishing practice in a civilian setting (*Professional and Personal Reconstruction*).

In a grounded theory study, Hartung (2005) examined the role transition of nurses from an acute care setting into a home care setting. Nurses continued to practice at the bedside but in a different care setting, similar to participants in the current study. The author described three phases of transition: 'information marathon', 'closing the gaps' and 'crossing the goal line' whereby there was no concrete beginning or end to each phase and each phase varied in length depending on

the individual. Consistent with participants of the current study where some individuals felt they completed the transition in less than six months and some expressed after a year or more, they still have not fully transitioned. The ‘information marathon’ described by Hartung (2005) lasted three to six months and was characterized by feelings of ‘chaos’, ‘unsettled’, ‘overwhelmed’ and ‘sink or swim’ which are reflective of *Conflict and Chaos* in this current study. ‘Closing the gaps’ related to nurses progressively gaining comfort in new role to include skills and knowledge of the environment, which aligns with *Shifting Sands*. Hartung (2005) reported that this phase occurred around six months and lasted three to four months. Finally, ‘crossing the goal line’ was characterized as a time of refinement of skills, knowledge and roles specific to the patient population and occurred at around the one year mark of starting the new role. This varied slightly from participants in the current study, as refinement appears to be more of a cultural shift than a practice one but could be represented in *Professional and Personal Reconstruction* phase.

Holt (2008) described a theory of role transition for primary care professionals within the UK through four main concepts: centring identity(ies), focusing role(s), enacting role(s) and shaping role(s). The concept of identity included:

personal factors such as the learning and education of the nurse, her physical, psychological and social health, public and private attitudes and values held and expressed by nurses...this assumes a position of cross-over whereby an individual's role identity as a nurse in the workplace is not left at work but is an intrinsic component of the individual's personal life and home identity (Holt 2008, p. 122).

This supports the overall transition of military nurses *Personal and Professional Reconstruction* as they not only had a change in work–role but a change in identity as well. Focusing roles included ‘prioritizing’ or ‘getting ready’ similar to navigating a new system (*Conflict and Chaos*). Enacting roles involved ‘delivering care’ which seemed to correlate with patient care being patient care. Finally, shaping roles involved loss of or expansion of whole or part of a role. Between *Conflict and Chaos* and *Shifting Sands*, nurses in the current study expressed loss of their military and role identity until they could come to terms with letting go of rank and the idea of not wearing a uniform every day.

Throughout the transition under investigation, there seems to be a major shift from the worldview of collectivism to that of individualism. This can be found in the social and psychology literature describing military culture. Generally speaking, the military operates under a collectivist culture that revolves around interdependence, conformity, cooperation and communalism (Cozza *et al.* 2014, Smith & True 2014). Military culture is known for structure, use of rules and guidance to help minimize uncertainty and risks while creating harmony among its members, regardless of the occupation an individual holds within its ranks. Participants in the current study supported this cultural norm in their responses. Transition out of the military carries with it behaviors that are suddenly voluntary and the lack of a sense of purpose can create significant anguish (Smith & True 2014, Ahern *et al.* 2015). This occurred for participants in this study who experienced culture shock and loss of identity (*Crisis and Conflict*). According to McAllister *et al.* (2015), ‘identity strain’ in veterans may result from incongruence of military veterans’ identity and civilian work environments.

Coll *et al.* (2011) contend that most veterans are able to readjust to civilian life within a few months of separating from the military. Negotiating differences in civilian culture eventually allows them to accept new norms with less structure and rules. This process of negotiation was described in the participant data. According to findings reported by Ahern *et al.* (2015), perceived lack of civilian structure and loss of purpose do ease with time as veterans ‘search for a new normal’ in trying to reconnect to civilian life. Peer support from other veterans was associated with a successful transition to civilian life (Ahern *et al.* 2015). Overall, participants in this study voiced an appreciation of the valuable skills learned in the military that were deemed useful in civilian nursing practice. The ability to clearly communicate, the confidence to manage patient care and membership in the healthcare team, and the flexibility and resilience to juggle unfamiliar situations assisted the nurses to handle an abundance of unknowns and uncertainties they faced during transition.

Implications for nursing practice

The nursing profession, as well as healthcare organizations anywhere around the world who employ nurse veterans, has a commitment and obligation to understand the transition barriers and facilitators of nurses who practice within the scope of military nursing and later in civilian nursing environments so that they may be optimally supported. In addition, recognizing the skill set they bring to clinical practice makes them ideal for leadership roles or working with teams within organizations. Workforce demands on nurses (Bureau of Labor Statistics, 2015b) coupled with military experiences can have an impact on how well nurses transition and change roles. Nurses who have served in the past 25 years have likely participated in deployment(s) to Iraq or Afghanistan or have cared for severely injured soldiers (Gibbons *et al.* 2012), placing them at potential risk for compassion fatigue or mental health challenges upon returning home or transitioning from a very structured environment in the military to a less structured civilian environment. In addition, leaving a culture such as the military can leave a person feeling lost in their identity, which could influence their ability to perform nursing care. Of particular interest was one recommendation from two participants for military nurses to consider roles in academia as ‘every uniformed nurse is a natural teacher’ which warrants further exploration and study.

Limitations

Several limitations were noted in this study. First, only one Navy nurse was represented in this sample. However, in a sample of 10, this is representative of the number of nurses in that branch compared with the Air Force and Army. Second, the findings of this study are context dependent of the participants and cannot be generalized to all veteran nurses. Third, the varying amount of time from the actual transition experience may have influenced a participant's description of the experience.

Conclusion

The nurse veterans in this study valued their military experience and carried into their civilian lives a sense that they have done something meaningful. The military will always be a part of their identity and pride even if it is in the past. However, transitioning from military nursing practice to civilian nursing practice can be very challenging as was discussed by study

participants. Findings suggest that not only are nurses experiencing a work–role transition but also a personal and psychological transition in identity that can be very difficult to navigate initially. The findings build upon and extend what is known about this transition experience. Recommendations to aid this transition are a starting point as these nurses bring added value to the civilian nursing workforce. Future analyses should examine other professional nurse transitions to establish best practices for our discipline. Military and civilian organizations need to do their part to facilitate this transition, as this group of professional nurse veterans is worthy of the support.

Contributions

All 3 researchers contributed to study design, data analysis and manuscript preparation. KC and BE contributed to data collection.

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Conflict of interest

None.

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