3-1-2017

Joining Forces: The Status of Military and Veteran Health Care in Nursing Curricula

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Abstract:

According to the Department of Veterans Affairs, there are approximately 23 million veterans living in the United States. In 2012, the *Joining Forces* initiative highlighted the need to enhance nursing education for the military and veteran population. With the drawdown of 2 long, large-scale conflicts, a young cohort of veterans presented new challenges in health care. Although not necessarily a traditional vulnerable population, given their emergent health care needs, they are vulnerable. Purnell's Model for Cultural Competence provided a framework for this exploratory descriptive study. A national on-line survey of 123 nursing programs that pledged to support *Joining Forces* responded as to how they addressed the initiatives, curricular content, and facilitators and barriers to the process. The findings suggest that some schools/colleges of nursing have exceeded the initiative goals, some who have implemented little, whereas most are in the process. Respondents shared approaches used to enhance courses and curricula. Faculty who were veterans were a strength to program enhancement. The majority felt that incorporating this content was important, although lack of time and a content-laden curriculum were common barriers. Nurse educators have an ethical obligation to teach culturally sensitive care. Making the pledge was only the first step.

ACCORDING TO THE U.S. Department of Veterans Affairs (2014), there are approximately 23 million veterans living in the United States. Based on demographic data from 2012, there are approximately 2 million active duty, reserve, and guard personnel (Office of the Deputy Assistant Secretary of Defense, 2012). In addition, the majority of veterans are married (75%), and it is estimated that there are 3 million family members or dependents of these service members. Although there are many health care issues associated with military service, posttraumatic stress disorder (PTSD) is one of the most widely publicized and is reported to affect approximately 11–30% of the veteran population at some point in their life (U.S. Department of Veterans Affairs, n.d.). Although some of these individuals receive health care at a military hospital or the Veterans Affairs (VA), a military nurse or physician does not necessarily provide their care. In fact, unless they are active duty and stationed near a military facility, they are likely receiving civilian health care (Conard et al., 2015, Gillis, 2010).

In 2012, First Lady Michelle Obama and Dr. Jill Biden launched an initiative aimed at serving America's military service members and their families (Joining Forces, n.d.). The initiative is multifaceted and seeks to engage individuals, communities, schools, and other organizations to come together to ensure that military and veteran populations receive the support and health care they need. Schools/Colleges of nursing are in a prime position to take action by incorporating content into the curricula that address the unique needs of this population.

Background

With endorsement by the American Association of Colleges of Nursing (AACN) of the *Joining Forces* initiative, it is important to gain insight of how and to what extent programs have supported military and veterans' health needs by incorporating content in nursing curricula over the past 4 years since its inception (AACN, 2014). To date, approximately 660 schools/college of

nursing have pledged to “join forces” and address the needs of this population in their nursing curricula. Identifying gaps and translating this initiative into curricula can provide a foundation from which other programs may learn.

With the drawdown of two large-scale and long wars, Operation Iraqi Freedom and Operation Enduring Freedom, it has become apparent that a large, younger cohort of veterans has presented new challenges in health care (Allen et al., 2013, Conard et al., 2015, Cozza et al., 2014, Gillis, 2010, Harper et al., 2015, Institute of Medicine, 2013, Johnson et al., 2013). According to the Institute of Medicine's report (2013),

The all-volunteer troops engaged in these extended military operations in Iraq and Afghanistan have included more women, parents of young children, and Reserve and National Guard troops than in previous conflicts. Military personnel often have served longer deployments with shorter intervals at home between missions. (p. 2).

Advancements in transportation and medical care, coupled with the duration of these wars, have brought about veterans living longer, with more complex injuries than in any other military war era (Allen et al., 2013, Geiling et al., 2012). Traumatic brain injuries (TBIs) from blasts, PTSD, polytraumatic injuries, suicide, chronic pain, hearing problems, and military sexual trauma are some of the main concerns for recent veterans (Allen et al., 2013, Conard et al., 2015, Cozza et al., 2014, Johnson et al., 2013). Effective and efficient health care and long-term costs associated with caring for this population is also of concern (Geiling et al., 2012).

Increasingly, more military and veteran personnel utilize civilian health care facilities (Allen et al., 2013, Conard et al., 2015, Gillis, 2010). Research supports that nurses are one of the primary health care providers who may interact with military and veteran populations in their practice. Military service can often include deployment to a war zone, with short-term and long-term physical or mental health injury, separations from family and supports, and other stressors unique to these individuals and their families; therefore, it is important for civilian nurses and nursing students to have an understanding of military service and the health care needs of this group of citizens.

Currently, there are veterans living from six different wars: World War II, Korea, Vietnam, Desert Storm, Iraq, and Afghanistan (U.S. Department of Veterans Affairs, 2014). While the number of WW II and Korean War veterans is quickly declining, nurses and other health care providers are likely interacting with veterans on a daily or weekly basis and, in most cases, are not even aware that they have. Through increasing awareness about the experiences of active military, veterans, and their families, it is hoped that cultural sensitivity and compassion for their experiences and health care needs can be better achieved (Allen et al., 2013, Coll et al., 2011, Convoy and Westphal, 2013, Harper et al., 2015, Johnson et al., 2013). Although research related to military, veterans, and their families is growing, there is little published on how prelicensure nursing education should be approached, specifically if and how care of this unique population should be incorporated into nursing curricula.

Allen et al. (2013) made a strong case in support of veteran-centered content in nursing curricula. The authors provided topical areas that would be of priority such as PTSD, TBI, pain, suicide,

female specific issues, and reintegration challenges. In addition, the authors made recommendations on where to place content into current course offerings. On a larger scale, Morrison-Beedy and Passmore (2015) provided an account of how their school/college of nursing has built a program called *RESTORE LIVES*, which built on to and expanded existing military and veteran-related initiatives on campus at the time *Joining Forces* was launched. In the article, the authors discussed each goal of the initiative and how they were able to achieve the goal.

Community partnerships have been documented as a means to enhance nursing curricula. Jones and Breen (2015) described how their school enriched an RN-to-BSN program with veteran-centered content and experiences. The authors discussed courses in which content was added and community partnerships and experiential learning that they have been able to achieve. Funded and piloted by the U.S. Department of Veterans Affairs, Harper et al. (2015) described how one school of nursing developed an academic/service partnership through the VA Nursing Academy Partnership. This program was designed to expand faculty development, increase nursing student enrollment, and increase and retain more nurses within the VA who are prepared to care for veterans.

Theoretical Framework

The theoretical framework used for this study was the Purnell Model for Cultural Competence (Purnell, 2014). Purnell (2014) defines *culture* as "the totality of socially transmitted behavioral patterns, beliefs, values, customs, lifeways, arts, and all other products of human work and thought characteristics of a population of people that guide their worldview and decision making" (pp. 1–2). Based on Purnell's model, veterans would be considered a subculture within the dominant American culture, whose experiences differ from this dominant culture and could have potentially significant influence on health and illness. Nurses and other health care providers who have some understanding of the diversity of military and veteran cultures have the potential to enhance their ability to provide culturally sensitive care to this population. This model guided the development of the survey questions and interpretation of the findings.

Methodology

The research design was exploratory descriptive. Limited evidence is available that describes what has been accomplished nationally with respect to how the health care needs of the military and veteran population have been incorporated into nursing curricula since the launch of the *Joining Forces* campaign and AACN endorsement in 2012. The rationale for selecting schools/colleges of nursing who had pledged to join and support this initiative was to determine, of those who pledged support, how programs have acted on this pledge and what has been accomplished.

Purposes and Research Questions

The primary purpose of this study was to describe the curricular content that addresses the cultural and health care aspects of the military, veteran, and their families. In addition, the

facilitators and barriers to incorporating health care content into nursing curricula focused on the needs of this population were explored. The research questions were as follows:

1. How have schools/colleges of nursing incorporated military and veteran health care into nursing curricula?

2. What facilitators and barriers have nursing schools faced incorporating military and veteran health care content into current curricula?

Instrument

The investigators developed a 28-item survey to capture the six initiatives set forth in the AACN pledge. The survey had both open- and closed-ended items that included school/college demographics; questions related to past, present, and future military/veteran health care curricular elements; faculty knowledge, comfort, and preparation with teaching the content; whether their school/college had met the *Joining Forces* initiatives; and facilitators and barriers to meeting the initiatives. Respondents interpreted what *military- or veteran*-related content meant for their programs. The yes-or-no items included the option to respond, "did not know," or elaborate to provide greater understanding. For example, "Would you consider your university/college veteran friendly? If yes, please describe." Content validity was established with input from six nursing faculty who provided feedback on clarity and further refinement of the survey items. To establish interrater reliability, the two investigators coded the open-ended responses independently and then discussed categories until 100% agreement was achieved.

Procedure

Widener University Institutional Review Board granted permission to conduct this study. The survey was e-mailed early summer 2015 to nursing faculty with an administrative title and had knowledge of the school/college's programmatic offerings. Respondents ranged from deans and directors to the curriculum committee chair. Participation was voluntary. Survey submission indicated implied consent. To ensure respondent and school/college anonymity, no identifying information was collected. A $2.00 donation to the Wounded Warriors Project (http://www.woundedwarriorproject.org/) was made for every submitted survey.

Data were collected with the on-line survey administered through SurveyMonkey™. Of the 660 pledging schools/colleges (http://www.aacn.nche.edu/joining-forces/participating-schools), the investigators accessed publicly available e-mail addresses. A total of 583 e-mail invitations were sent to potential respondents explaining the study purpose, inclusion criteria, and participation requirements. The initial e-mail returned 84 responses. A reminder e-mail was sent 2 weeks later to those who had not responded. This generated 39 additional responses.

The final number of programs responding was 123 (21% response rate). Of the 123 responses, 98 surveys were complete (79.7%) and 25 partially complete (20.3%). Respondents were able to skip or not answer items with some respondents indicating that they skipped items because their previous answers addressed the question. Approximately 48% of the 583 invitees did not open the e-mail (*n* = 282), and 1.5% bounced back because of e-mail nondelivery (*n* = 9). Twenty-nine percent (*n* = 169) opened the e-mail but did not take the survey.

Data Analysis

All data from the 123 surveys were included in the analysis. Descriptive statistics were conducted on all numerical data. Data analysis for the open-ended responses included multiple reads of the responses, extracting significant words and phrases, and organizing the statements into common categories (Saldaña, 2013).

Findings

The majority of the participating schools/colleges were public (*N* = 123, 61%). Of the 95 programs that indicated type of degree-granting institution, 41 were doctorate, 29 master's, 29 baccalaureate, and 26 associate degree-granting programs. Overwhelmingly, the respondents considered their schools/colleges military friendly (93%), with 22% participating in the Yellow-Ribbon program. Approximately half indicated that they were aware of campus veteran organizations.

Prior to the *Joining Forces* initiative, 15% of 123 respondents (*n* = 18) stated that their program had military or veteran-related curricular content. Eight respondents stated that their program had elective courses related to military or veteran topics. Reserve Officers Training Corps (ROTC) was an option at approximately 30% (*n* = 31) of the schools/colleges with 0–10 students participating. Eighty schools stated that they were located within 50 miles of a VA hospital, but only 58 schools actually had students placed there. Having students that were veterans was reported by 96 schools and included all degree levels (prelicensure, RN-BSN, master's degree, doctor of nursing practice, doctor of philosophy). Table 1 depicts respondents' ratings as to whether they believed their school/college has accomplished the initiatives set forth by the AACN and *Joining Forces.*

Table 1. School/College Ratings on Accomplishment of Initiatives

Joining Forces* pledge	**Total *n***	**Yes**	**No**	**Do not know**
Educating America's future nurses to care for our nation's veterans, service members, and their families facing PTSD, TBI, depression, and other clinical issues	98	74.49%	22.45%	3.06%
Enriching nursing education to ensure that current and future nurses are trained in the unique clinical challenges and best practices associated with caring for military service members, veterans, and their families	97	54.64%	39.18%	6.19%

Joining Forces pledge*	Total *n*	Yes	No	Do not know
Integrating content that addresses the unique health and wellness challenges of our nation's service members, veterans, and their families into nursing curricula	98	56.12%	39.8%	4.08%
Sharing teaching resources and applying best practices in the care of service members, veterans, and their families	97	43.3%	47.42%	9.28%
Growing the body of knowledge leading to improvements in health care and wellness for our service members, veterans, and their families	96	51.04%	41.67%	7.29%
Joining with others to further strengthen the supportive community of nurses, institutions, and health care providers dedicated to improving the health of service members, veterans, and their families.	96	54.17%	40.63%	5.21%

*

AACN (2014). *Support joining forces*. Retrieved from http://www.aacn.nche.edu/joining-forces.

Military and Veteran Health Care Content

The narrative responses (*n* = 77) to the item, "what had already been implemented at their school/college of nursing to support military and veteran healthcare needs in the curricula", ranged from 13% stating "nothing" to "We reviewed the AACN *Joining Forces* Toolkit. We designed a matrix of what topic was taught in individual courses." Recognition of the need to revise their curriculum was voiced by several, "…will discuss at future faculty meetings" and "attempting to change curricula." Some noted that their programs had "other priorities." One respondent shared that the nursing department was unaware that the college had joined the initiative.

The steps to initiate curricular changes occurred primarily in a few core courses. Mental health nursing was the most frequently identified course for content, and PTSD was the most frequently mentioned diagnosis. In addition, TBI, depression, polytrauma, women's health, social support, and homelessness were commonly identified topics. Special issues (or topics) in nursing and community (public) health nursing were the other two most frequently identified courses containing military or veteran-related issues. Based on open-ended responses, approximately 50% of schools who stated that they had electives or incorporated content into four or more courses reported being located within a 50-mile proximity to VA hospitals.

Faculty Comfort and Knowledge

Respondents were asked to rate on a scale of 0 (*none*) to 5 (*very*) their faculty's perceived importance of including veteran-centered care content (*n* = 96, 78%); comfort in teaching content related to military, veterans, and their family's health care needs (*n* = 94, 76%); and knowledge

related to this content (n = 97, 79%). The perceived importance had a mean of 4.91 with comfort and knowledge being 3.77 and 3.65, respectively.

Seventy respondents answered the open-ended item related to how their school/college of nursing has prepared faculty to teach military and veteran health-related topics. Approximately 32% of those responses reported that their school either "did nothing specific" or "utilized faculty who are veterans to lead the task." The mechanisms that schools/colleges had implemented included giving faculty the task and expecting them to "own the content development," and some attended seminars ranging from 1 hour to several days and utilized AACN and National League for Nursing (NLN) resources, webinars and toolkits, and other military or veteran organizations on campus. One respondent stated, "Faculty care about this as an issue and integrate topics into their content areas." Few schools noted that they were in the beginning phases of educating faculty, whereas others relied on one expert, most often the faculty member who was a veteran.

Facilitators to Curricular Change

Seventy-seven respondents (63%) answered an open-ended item related to facilitators to incorporating military and veteran-related health care issues into curricula. Individuals and organizational support emerged as prominent categories. The most frequently listed facilitator was having faculty or spouses who were veterans. "One faculty member has served in the military and has begun to educate the rest of the faculty regarding the unique needs of veterans. We are using her expertise to guide this change." Having nursing students who are veterans, an ROTC program or other campus veteran support program, faculty or administrators who have interest and strongly support the initiatives, partnerships with Federal health care systems, and external grants to support scholarship in this area were also identified. "I think we have faculty that are strong supporters of this content and will move this forward."

Barriers to Curricular Change

In contrast, 79 respondents (64%) identified barriers to incorporating military and veteran-related health care issues into curricula. Time to evaluate current courses and update with appropriate content was the most frequently identified barrier. In addition, many voiced that nursing curricula were "so full of content that when one thing is added, another must be removed and prioritizing/finding that balance is difficult." Seven respondents noted the difficulty of gaining access to VA clinical placement for students, mentioning the "paperwork and red tape," and it was a "nightmare." One stated, "I would love to have students at the local VAs but the length of time it takes to get students through the process of being eligible to have clinical at the VA is prohibitive." Lack of knowledge of the issues, ideas of how to incorporate content, lack of faculty commitment, learning needs of faculty, limited resources to support change, and competing priorities within the program were also identified.

Future Plans for Curricular Change

Sixty respondents described future plans to incorporate military and veteran health care issues into curricula. Areas that programs felt they could enhance content were in special topics,

community (public) health, and health assessment courses. Several schools identified possible future electives related to the topic, such as “moral injury.” Other plans included incorporating veterans as patients in case studies or simulations, seeking more clinical opportunities in the VA system, and incorporating the question “Have you ever served?’ into health assessments may provide opportunities to interact with veterans in already existing clinical experiences. While some noted that they had no plans at this time, several noted, “we recognize we have much more work to do.” The survey seemed to trigger for some respondents that they needed to revisit this as a priority and “the curriculum committee will be reviewing this content in the future.”

Discussion and Implications for Nursing Education

The study findings support that Purnell's Model for Cultural Competence (2014) can be used as a framework to teach population-based care, which includes military, veterans, and their families. Ascertaining cultural sensitivity in health care is a growing concern (Purnell, 2014). Health care providers need a toolkit of general cultural knowledge so that they can ask specific cultural assessment questions. This specificity can hopefully lead to more precise and appropriate interventions and be the key to unlocking other potential health issues.

The support of higher administration within the school/college and establishing internal and external partnerships to advance the *Joining Forces* goals cannot be overstated. Based on responses from open-ended items, some schools/colleges are engaging other groups and organizations on campus and in the community to help their programs build their military and veteran networks. Morrison-Beedy et al. (2015) reported achievements through “Building on the college's existing military and veteran-related initiatives, administration and other leaders developed an infrastructure that coalesced all military and veteran-related programs of the college” (Morrison-Beedy et al., 2015, p. 514). By bringing all veteran-related groups together, they were able to work outside a silo and create opportunities that would not have otherwise been realized.

The survey findings suggest that there are schools/colleges of nursing that have exceeded the goals of the *Joining Forces* initiative and those that have not begun. Most reported that they are or soon will be in the curricular revision process, looking for ways to enhance courses with this content. The vast majority (93%) of respondents rated the importance of including veteran-centered care into the nursing curriculum as moderately to very important. Of concern are the respondents who shared that this was not a priority and that it did not warrant additional attention at this time. Although not necessarily a traditional vulnerable population, given their emergent health care needs, they are vulnerable.

With the potential health care costs of caring for the Operation Iraqi Freedom/Operation Enduring Freedom veterans (Geiling et al., 2012), nurses and nurse educators have an ethical obligation to provide culturally sensitive care. Those schools/colleges that were located within 50 miles of a VA and had already established relationships with the VA at the time of the *Joining Forces* initiative seem to have quickly enhanced what was already in place in their programs. This does not seem to be the case for programs without a VA nearby or in rural areas, where caring for veterans can be even more challenging (Stanton, 2014). Partnering with the local VA needs to start with a conversation among leaders in academia and the VA system. This could

potentially decrease the amount of time and "red tape" that faculty must go through to obtain clinical placements for students at these sites. Many respondents commented that outside resources afforded them much needed direction in making changes within their curricula and, in some cases, also provided firsthand education and lectures for students, thus enhancing the learning experience. Therefore, identifying and establishing these connections could save faculty time and ultimately translate to improved patient health care. Table 2 aligns each of the *Joining Forces* initiatives with strategies to meet them as provided by study respondents and reported in the current literature.

Table 2. Comparison of Initiatives and Strategies

***Joining Forces* Initiatives**	**Strategies focused on veteran-centered care**
Educating America's future nurses…	•Advocate for curricular change and revision •Explore creative strategies to implement pedagogical change •Create innovative transition models to attract veterans to nursing
Enriching nursing education…	•Support faculty development in acquiring content knowledge •Utilize faculty who are veterans •Actively recruit new faculty who have a military background •Gain administrative support
Integrating content that addresses the unique health and wellness challenges…	•Build culturally relevant content •Challenge colleagues to reframe curricular content •Incorporate veteran status in simulation •Experiential or service learning options
Sharing teaching resources and applying best practices…	•Utilize available resources/toolkits/case studies •Present innovative strategies that have worked •Refer to Table 3 for published exemplars
Growing the body of knowledge…	•Conduct empirical research linking student learning with veteran care outcomes •Empirically validate veteran-centered care competencies •Publish novel ideas and approaches
Joining with others…	•Engage with campus community (ROTC or Student Veteran Organizations) •Engage with off-campus communities (local chapter of the Veterans of Foreign Wars) •Establish a network to work collaboratively •Partner with VA system to facilitate student access and learning

While progress toward schools/colleges accomplishing the *Joining Forces* initiatives is being made, there is significant room for growth. Lack of time and a content-laden curriculum were the most common barriers offered. Nevertheless, schools/colleges of nursing need to be responsive to changing priorities in higher education and health care, given the number of military and veterans living in the United States who have unique health issues. Based on 2014 census data, veterans not including those currently serving in the military comprise approximately 6.7% of the total U.S. population (U.S. Census Bureau, 2014). For many years, nurse educators have embraced teaching content specific to other vulnerable populations, such as the pediatric client under the age of 5 years who represents 6.3% of the U.S. population (U.S. Census Bureau, 2014). With shifting demographics, perhaps, the time is now to revisit curricula and program foci.

Although lack of time was identified as a significant barrier to enhancing curricula, respondents shared creative solutions to incorporating military and veteran content into courses without a significant investment of additional time. Four articles published in 2015 as exemplars of what their schools/colleges of nursing have implemented to support *Joining Forces* (Harper et al., 2015, Jones and Breen, 2015, Keavney, 2015, Morrison-Beedy and Passmore, 2015) reinforce what can be achieved. Table 3 includes additional resources for curricular change as identified in the literature and supported by the findings of this study.

Table 3. Resources for Curricular Change

Author(s)	Resources
Allen et al. (2013)	Overview of common veteran health issues and suggestions where curricula could be enhanced
AACN Toolkit	Information and resources for veterans-related content http://www.aacn.nche.edu/downloads/joining-forces-tool-kit
American Academy of Nursing (AAN)	Resources for health care providers to assess veterans and health care concerns http://www.haveyoueverserved.com/
Anthony et al. (2012)	Simulation case study exemplar
Convoy & Westphal (2013)	Resources to improve military and veteran cultural competence
Harper et al. (2015)	Development of an academic/service partnership through the VA Nursing Academy Partnership
Johnson et al. (2013)	Veteran-centered care guide—Information about specific health issues, Web resources, and detailed health assessment questions
Jones & Breen (2015)	Course and curricular changes in an RN-BSN program with experiential learning and community partnership activities

Author(s)	Resources
Keavney (2015)	RN-BSN core course option http://olj.onlinelearningconsortium.org/index.php/olj/article/view/488/129
Morrison-Beedy & Passmore (2015)	RESTORE LIVEs program—Highlights each of the six items under the pledge and how their school has aligned resources and efforts to achieve meeting them
Moss et al. (2015)	Undergraduate nursing education competencies for veteran care
NLN	Teaching resources and case studies http://www.nln.org/professional-development-programs/teaching-resources/veterans-ace-v
VA	Primary resources for information related to veterans http://www.va.gov/oaa/pocketcard/overview.asp

A starting place to prepare prelicensure students is to provide some foundational knowledge of this vulnerable population's needs. As several respondents noted, nursing students at a minimum should be assessing veteran status as part of the health, physical, and cultural assessment. According to Gillis (2010), Convoy and Westphal (2013), and Conard et al. (2015), simply asking the question “Have you ever served in the military?” can afford nurses and other health care providers relevant information that may assist them in providing culturally sensitive care to their patients. Further, Stanton (2014) argued that assessing veteran status is a safety issue as unidentified health risks can lead to both short and long-term consequences. Aside from the U.S. Department of Veterans Affairs offering a wealth of information for civilian health care providers, faculty and student resources are growing exponentially.

Of note, nine respondents did not know if their school offered an ROTC program. Because surveys were targeted to individuals who had knowledge of their curricula, it was surprising that some were not aware if an ROTC program existed on their campus. This is one area where faculty need to step outside their buildings and ascertain the opportunities that provide students with a breadth of experiences on campus. ROTC programs can provide a context to gain direct knowledge of the military and veteran population. Educating faculty of what resources are available on campus needs to be a priority.

Students seem to benefit having faculty with military experiences. In a study exploring students' perceptions of U.S. Army Nurse Corps officers as faculty (Murphy, Zangaro, & Gadsden, 2012), the authors supported “an enlightened understanding of the role of the military” (p. 204). Given their clinical expertise and the utilization of veteran nurse faculty in leading curricula changes, the transition of military nurses into the role of a nurse educator is an area that warrants further initiatives and exploration.

The findings of this study describe what schools/colleges across the United States that pledged to support the initiatives have done to incorporate military and veteran health care issues into nursing curricula. Since completion of data collection for this study, Moss, Moore, and Selleck

(2015) published an article outlining 10 veteran competencies for undergraduate nursing education, which provides a basis for enhancing curricula. In addition, Carlson (2016) highlighted nurse faculty preparation, competencies, and strategies for teaching veteran-related content. Future research needs to link these initiatives to student learning and, ultimately, patient outcomes. Nurse faculty have the ability and responsibility to incorporate military and veteran-specific content into their curricula. Embracing the initiative and making the pledge is only the first step.

Study Limitations

Participation in this study was voluntary. The lack of complete survey item responses from the 123 schools/colleges could be attributed to respondents not knowing the answer and skipping an item or perceived response overlap. In addition, the use of a researcher developed survey distributed to only programs that pledged who had publicly available e-mail addresses limits the generalizability of the findings. Not invited to participate in this study were schools/colleges that did not pledge to *Join Forces*, and it needs to be recognized that they may be actively engaged in efforts to provide culturally sensitive care to the nation's veterans and their families.

Conclusion

With a combined total estimate of 28 million active, reserve, guard, veteran, and family members in the United States (Office of the Deputy Assistant Secretary of Defense, 2012), the end of two major wars, and the resulting physical and mental health issues, nurses need to understand the military and veteran culture and how their experiences impact health over the course of their lifetime. Nurse educators are challenged to develop and revise curricula that meet the needs of this diverse population and provide culturally sensitive care. In 2012, there were 1,839 basic registered nurse programs in the United States (NLN, 2013), and 660 programs pledged to support the *Joining Forces* initiative. The study findings provide a snap shot of what a small number of nursing programs are doing across the country to address the needs of military, veterans, and their families in relation to their school/college's pledge. There is hope that these results might inform other schools that have not yet taken action.

Acknowledgments

We thank Dr. Jean Klein (for expert review and feedback) and Katelyn DeVecchis (for assistance with data collection).

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