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Military nurses' experiences returning from war

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Military nurses' experiences returning from war

Abstract

Aim

This paper is a report of a study conducted to describe the military nurses' post-deployment experiences and their meaning.

Background

Today, similar to past conflicts, military nurses are faced with many different stressors, moral dilemmas and loss in a compressed amount of time while deployed. These exposures place both military nurses and their families at risk for difficulty adjusting when deployment ends. This study addresses military nurses' experiences returning to personal and professional roles post-deployment.

Design

Qualitative, narrative inquiry.

Method

Thematic analysis of data collected in 2012 from in-depth semi-structured interviews with ten military nurses.

Findings

Description of the experience had five themes: 'learning to manage changes in the environment'; 'facing the reality of multiple losses'; 'feeling like it's all so trivial now'; 'figuring out where I 'fit' in all the chaos'; and 'working through the guilt to move forward'. Description of the meaning of the experience had two themes: 'serving a greater purpose' and 'looking at life through a new lens'.

Conclusion

It is critical for military nurses and leaders, healthcare providers, nursing administration/educators, as well as nurses who work alongside military nurses, both in the USA and in other countries, to have a better understanding of the meaning of the deployment experience so they may provide support to these nurses during the post-deployment phase. Lessons learned may benefit future military nurses and may also be transferable to nurses who support humanitarian and disaster missions.

Introduction

United States involvement in recent wars has created more documented psychological concerns for veterans and their families than any other war (Black 2001, American Psychology Association 2007, Boivin 2010). Issues affecting today's military have raised concern to national levels. Military nurses are part of these efforts, though the total number of nurses deployed was not publically available at the time of this research. Although a limited amount of published research was found related to the military nurses' experience in Iraq or Afghanistan, published research of military personnel at large is growing rapidly. The impact of caring for severely injured soldiers could potentially have a negative impact on military nurses in the post-deployment phase, where many psychological issues arise (Pincus *et al.* 2005, Shay 2009, National Military Family Association (NMFA) Summit 2011, Wands 2011). Therefore, the focus of this study was the post-deployment experience.

Background

Work stress is inherent in nursing practice and in war. In a compressed period of time, deployed military nurses face many stressors and moral dilemmas (Norman 1986, Griffiths & Jasper 2008, Agazio 2010, Boivin 2010, Haynes-Smith 2010). Since 2003 military nurses have provided care to soldiers, civilians, as well as detainees in Iraq and Afghanistan (Scannell-Desch & Doherty 2010). They care for patients of all ages who require a wide range of nursing skills from basic non-battle injuries to complex burns, trauma and extensive pain management. With limited supplies, technology and language barriers, nurses face challenges in caring for patients with different nutritional, cultural and religious needs (Kraemer 2008, Agazio 2010). Mental body armour is needed to psychologically prepare to handle the stress of war and prolonged uncertainty, living away from home and dealing with multitrauma patients (Norman 1986, Reineck 1999, Scannell-Desch 2005, Boivin 2010). Despite opportunity for personal and professional growth, maintaining psychological equilibrium is often more difficult than what nurse's thought conceivable (Norman 1986, Scannell-Desch & Doherty 2010).

The body of research focusing on present day military nurses is limited. In the only known study published at the time of this research related to post-deployment of nurses in Iraq and Afghanistan, Scannell-Desch and Doherty (2010) found that military nurses felt homecoming and reintegration was more difficult than anticipated and required time and conscious effort. They recommended future studies comparing similarities and differences in the experiences among Army, Navy and Air Forces nurses. They also recommended researching nurses who deployed more than once or deployed to both Iraq and Afghanistan. It is essential to understand and explain the complex reintegration or transition experiences these nurses go through upon returning home. The nursing profession has a commitment and obligation to understand the experiences of this sub-group of nurses who make up the workforce. This present study attempted to build on a foundation of research related to present day military nurses.

Study

Aim

The aims of this study were to: (1) describe the military nurses' experiences during the post-deployment phase; and (2) describe the meaning of the post-deployment experience.

Design

Narrative inquiry was selected to provide the framework for this research study. Narratives are a mode of human expression through which an individual makes meaning of a personal experience through a process of reflection (Riessman 2008). Narratives can engage an audience in the experiences of the person sharing their story. An atheoretical approach was taken for this study.

Participants

Purposive and snowball sampling was used to recruit participants through word of mouth and email in the researcher's network of peers and colleagues until enough were interviewed to reach data saturation. Contact information of the researcher was given to individuals to forward to potential participants. Ten military nurses with at least one deployment to Iraq or Afghanistan were interviewed. To allow for adequate time and reflection, participants were included if they had been home for at least 1 year. There was no maximum time frame since deployment. Participants were excluded if they self-reported having active symptoms of posttraumatic stress disorder (PTSD) or other type of mental health issues related to deployment that interviewing could have triggered adverse effects.

Data collection

Military nurses from the United States, were interviewed with an open ended question asking them 'Thinking about the first year home can you describe what it was like returning from deployment?' Participants were then asked: 'Can you tell me what the meaning of that experience was for you?' Clarifying and probing questions were used to gain further understanding of the participants' experiences. Seven of the ten participants were interviewed via Skype™, one face-to-face and two via telephone. Participants lived in various regions across the country. Each nurse completed a demographic data sheet prior to the interview. Interviews were conducted between January–April of 2012 and were digitally recorded and uploaded to an online transcription service. Reflective notes were kept.

Ethical considerations

Permission to conduct this study was obtained from the university Institutional Review Board. Participants were required to read and sign the informed consent prior to commencing the interview. Participants were instructed that participation was voluntary and they had the right to withdraw at any time. Provisions for psychological support were in place at the start of the interview. A list of military resources and crisis intervention numbers were provided to participants. Confidentiality was maintained by assigning pseudonyms to participants. Digital transcripts were saved on a password protected external drive.

Data analysis

Thematic and content narrative analysis was used to interpret the narrative text. Guided by approaches outlined by Creswell (2007) and Riessman (2008) each transcript was first read for content. The researcher then took a brief break from the transcripts to allow for cognitive

processing. After reading transcripts a second time, the researcher listened to all of the audio recordings, taking systematic notes. On the third read of transcripts, the researcher highlighted repeated words, comments and/or phrases. The highlighted words and phrases were extracted onto note cards and grouped into similar content. Each transcript was read for a fourth time to verify grouping of words and phrases, then labeling themes. Concurrently, the researcher took note of any turning points or processes that took place so data could be constructed into a complete narrative. The researcher's doctoral committee reviewed the analysis after completion by the author and unanimously concurred. Links to theory were pursued when analysis was completed. Descriptive statistics were used with demographic data to describe the participant characteristics.

Validity and trustworthiness

Following Riessman (2008), validity and trustworthiness was assured on the grounds that participant's narrative experiences were based on the same questions. The researcher maintained openness about her reactions to participant's narratives and how her assumptions and personal experiences influenced the study. For greater accuracy and credibility (Riessman 2008) in the analysis, the researcher corresponded with six participants after data analysis to validate the findings and themes. A represented story was written prior to determining final themes and reviewed for authenticity by peer informants to ensure coherence.

Findings

The average age of the participants was 45 years old, ranging between 26–63 years old (Table 1). Participants were Caucasians, three males and seven females. Of the ten participants, six were married, two were divorced, two were single and seven had children. Eight served in the Army and two served in the Air Force. During their last deployment, six reported being deployed from Active Duty, three from the Reserves and one from the National Guard.

Table 1. Select participant demographic data

Pseudonym	Age (<i>M</i> = 45)	Number of times deployed to Iraq	Number of times deployed to Afghanistan	Number of times deployed to other locations	Longest deployment (in months) (<i>M</i> = 9.85)
Maddie	26		1		6
Melanie	58			2	4
Peggy	52	1			9
Dee	53			2	15
Debbie	42	1		2	4.5

Pseudonym	Age (<i>M</i> = 45)	Number of times deployed to Iraq	Number of times deployed to Afghanistan	Number of times deployed to other locations	Longest deployment (in months) (<i>M</i> = 9.85)
Brady	45	3	3	4	12
Hillary	27	1			15
Larry	46	1	1	2	6
John	39	2			15+
Kathy	63			1	12

Seventy percent of nurses in this study were between 3–6 years home from their most recent deployment. The other 30% were less than 2 years or greater than 6 years home from their last deployment. Nursing experience ranged from 4 years – 38 years, with only three participants having less than twelve years experience in nursing at the time of the interview. Two participants had less than 2 years of nursing experience at the time of deployment. Most participants had some type of critical care or medical surgical backgrounds; however, some had women's health and pediatric backgrounds. Two were previously treated and recovered from PTSD. Five themes emerged in the description of the experience (Table 2).

Table 2. Themes

Describing the Post-deployment Experience

- Figuring out where I 'fit' in all the chaos
- Feeling like it's all so trivial now
- Learning to manage changes in the environment
- Facing the reality of multiple losses
- Working through the guilt to move forward

Meaning of the Experience (Deployment and Post-Deployment)

- Serving a greater purpose in life
- Looking at life through a new lens

Figuring out where I 'Fit' in all the chaos

Many of the nurses talked about having a structured routine daily, with the exception of fluctuations in patient volume, while deployed. On returning home this routine came to a screeching halt and they found themselves in a state of chaos. Brady described:

I would literally be standing on my front porch within 2 days of having seen some of the most horrifying trauma any human being could never imagine. And you're trying to step into the role of being a father, husband, neighbor, friend and you can't. Your brain cannot handle that amount of change that quickly, especially after it has been under prolonged stress...That's the hardest part, is one minute you're overseas, the next minute you're standing there with your kids...

Participants quickly realized the roles and responsibilities they left behind were challenging to take back again. Some did not want to 'rock the boat' and interfere with new routines established by their families during their absence. Fitting back in to family routines, returning to a stateside job, or simply figuring out what to do with the rest of one's life was all overwhelming. Some nurses described feeling like an imposter in their own homes because they did not know the routines anymore. John described:

I deployed twice...and the two experiences were substantially different because the first deployment was only 5 months in length and the reacclimation to the home environment, I believe, was much easier...there were less changes associated with my wife and family. My children were much younger then, so it was much easier to pick up and move on, almost like never having left. My second deployment was over 15 months long...it was much more difficult to fit back into the fabric of my family. My children were substantially older.... I'd forgotten what it was to be a father and how to really relate to them. Even the demands of just the simple parenting was different because I just wasn't accustomed to it any more...my wife had been living without me for 15 months and she had her own routines, her own rhythms and when I came home, I interrupted those...so the fact that she now had to burden herself with one more person's needs and wants sometimes was the straw that broke the camel's back at the end of the night

Some nurses in this study returned to new professional roles or schooling. They reported that this afforded them the sense of a new start. Others returned to the same job and professional role. For those who returned to the same job after deployment there were definite challenges jumping back in to the routine of things. Kathy spoke about the 'organizational changes that took place while I was away and upon my return I was asked to carve out a new job for myself doing education.' Melanie described her situation returning to a school nurse role:

I worked in a high school with 2700 students and it was very regimented, very structured and I had a lot of detail-oriented reports to do and I had a very hard time concentrating, remembering things that were routine 6 months ago that seemed very foreign to me because I was literally half-way around the world...

Feeling like it's all so trivial now

Feeling angry, frustrated, stressed and resentful towards people on returning home from deployment was expressed by many nurses. They recognized early in their return that their perception of life and those things that were once acceptable or important to them, now seemed very insignificant and unimportant. Dee highlighted a particular experience she had:

I hated going to the stores because people would complain and I realize that my whole perspective on life just kind of changed, or beliefs that I had before kind of enhance. You get a global vision of things. You see what war's like and you see what it does and then you stand in line and hear somebody complaining about the wait. I would set stuff down and walk out, because I was so afraid I was going to turn around and say something really not too nice

Participants reported feeling angry and resentful when listening to people complaining about situations that they now felt were petty and did not warrant their attention after what they had just been through. 'I did become more frustrated and impatient when I came back and I felt we were dealing sometimes with trivial issues...I noticed I was more impatient with those kinds of things' (Peggy). After seeing the destruction that war can cause and caring for soldiers with major burns and injuries, these participants viewed life in a different way.

Learning to manage changes in the environment

Military nurses experienced a variety of environmental changes after deployment. Increased sensitivity to loud noises and visual stimuli, difficulty adjusting to changes in living arrangements, making everyday choices, being around crowds and not trusting their surroundings were reported. Melanie shared that '...there was a concert on TV and I had stretched out on her [sister's] sofa and fallen asleep and they started the concert with a siren of all things and I jumped up looking around for my gas mask and my sister had to remind me that I'm back home, it's okay.' Debbie stated 'anytime cars would drive by me and stop I would instantaneously get that reaction of impending doom like I'm going to die any moment.' Participants described the difficulty they had shifting gears from one environment to another, often in a matter of 24–48 hours. Maddie shared her experience by stating: 'I think every time I heard or saw a helicopter afterwards, it was just like a moment of hesitation or... When I heard a pager, I just remember stepping back thinking..... 'I don't have to respond to this.....I'm home,' kind of thing.'

Facing the reality of multiple losses

Military nurses described coming home as an exciting time but also as a time of uncertainty, expressing that after a few weeks reality sets in and the novelty of homecoming dissipates. They began to realize things about themselves had changed, things about their families and support systems had changed and that life in general would never be like it once was. Participants reported returning home a different person. Few likened it to grieving the death of a person, but in this instance, it was the death of an old self and way of life. Dee describes:

I think you have to get to know yourself all over again. I tried to reach out to people. I lost friends....Inside I just felt completely numb and empty, like I was looking out of a mask...I felt

like just getting a bulldozer and getting rid of every last friend I have and starting over with people who didn't know me before, because then I wouldn't go through this

Participants talked about the family they left, the one with which they shared deployment experiences. This military comradeship seemed to be what sustained them, when times were tough, while they were apart from the 'real world.' They spoke about trying to maintain contact with this group of friends/family who understood the painful process of deployment and returning home. Larry summarized when he stated 'now losing contact with all those things after you got home was a little bit tough...and it really didn't happen because you get back and things change...' During the validation of themes, one participant expressed that there also remains grief over the soldiers whom they were not able to save.

Working through the guilt and moving forward

Participants expressed guilt in different ways. Some experienced guilt for not serving in Iraq or Afghanistan and therefore did not feel their deployment to a support area was valued and contributed to the overarching mission. Many felt guilt related to the personal sacrifices of their friends and family during their absence. Peggy stated:

I think I still felt guilty and also felt a little helpless and out of control being deployed when you're not directly there and you can't respond to situations.... When I came home I just craved to gain control over those roles again because I felt the loss of control.

Brady was very open regarding the struggles and guilt he experienced as a father and husband. He deployed seven times and was back and forth to several different places over 8 years. His story unfolded:

I got home in time for the birth of my daughter and I left 6 weeks later...It's real difficult to be a dad when you're not even a part-time dad... It's even a greater difficulty to be there and be supportive for your wife, to be her friend, her lover, her confidante, when you're only there 25 percent of the time...You're totally out of the relationship cycle. Your physical body will occupy in a house but you, in a sense, barely know each other anymore because of the absenteeism. The older my family got, being able to come home and seal my roles as father and husband, it's been increasingly more difficult because I had not been in those roles for so long that I wasn't recognized by my family as being that person or that role model

Professionally, the decreased emotional capacity for caring for patients was also a major source of guilt for these nurses. Hillary stated:

I wish I felt a little bit more for these people. But after seeing what I did and dealing with what I did and knowing what true pain is and what someone really can complain about, it's hard to come home and if someone has a little runny nose or just had a baby and that kind of stuff, I'm just like, 'Ah, you don't understand.'

Nurses changed how they viewed patient complaints, which were more difficult to validate after experiencing some of the horrors of war or having cared for soldiers who should have been screaming in pain but did not.

Two themes emerged from the description of the meaning of the deployment experience (Table 2).

Serving a greater purpose in life

Deployment allowed these military nurses an opportunity of a lifetime, an opportunity to serve their country and care for wounded soldiers. Deployment was the epitome of their nursing careers. Hillary expressed:

There's so much terrible stuff that happened, but the amount of people that we saved...just knowing that I was a part of that...you can't explain that to someone and explain how great you feel doing that and how the ultimate experience that the soldier that comes in is dead basically on your table and you bring them back to life, you know?

Military nurses expressed feeling appreciated and needed at higher levels than they ever had in their careers. Some talked about how they wanted to do their part in support of the war and being a part of something so much bigger than anything they had ever done before changed them forever. The deployment experience gave them a greater purpose in life and was difficult at times to describe to others. Larry stated:

If I could take them with me they would see what war is really like...I saw soldiers killed. I was part of details where we went out and honored our fallen soldiers on the front lines right after it happened, in those aluminum boxes with the flag on top. That's pretty impressive...It makes you believe that we're a great country, but sometimes we're very ignorant

Looking at life through a new lens

Through the voices of participants, it was evident that experiences during war, living in a different country and providing nursing care to severely injured soldiers, gave them a new sense of knowing and confidence. This new way of knowing and confidence translated into 'looking at life through a new lens'. Melanie commented 'I appreciated my freedoms a whole lot more than I did before I was deployed.' John stated 'to get to see the extensive burn and blast injuries, the different type of motor vehicle accidents, you know, rollovers...Things that happen in the most severe trauma...it prepared me professionally.' Life took on new meaning, was more precious than before and they learned a lot about themselves in the process. Debbie reported:

It means the sacrifices that you see through all means. The sacrifices of the soldiers. The sacrifices of the caregivers who are doing that role day in and day out. Sometimes in the ER just literally ankle deep in body fluids and carnage and despair. Then you take care of the locals and you just can't believe how horrible their lives are. And it's just an eye-opening experience. For me it was a quite a learning experience. I think you grow through that

Having this new meaning made these nurses feel like better people, somehow much better off despite the personal challenges they endured.

Discussion

Participants in this study were not able to distinguish the pure meaning of just the post-deployment phase, which was the second study aim. The author attributes this to these nurses not thinking about or compartmentalizing their experiences in phases/stages, but as a whole. Therefore, meaning included the overall deployment experience. Findings of this study suggest that military nurse's do progress through a transition on returning home from deployment. Transition time varies depending on barriers that each soldier may face. The estimated time has been noted to be between 4–8 weeks (Black 2001, Scannell-Desch & Doherty 2010, 2012, Wands 2011). The transition times from the data of this study differ and suggest that the time may be as long as 4 months or more, with the most intense chaos described as occurring during the first month. This is important for nurse managers and colleagues to consider when a nurse returns to his/her professional role.

Transitions' theories of Meleis (2010) and Schlossberg (Goodman *et al.* 2006) have been well researched in nursing and social work literature and are applicable to the findings of this study. Meleis (2010) defines transition as a passage from one fairly stable state to another fairly stable state, a process triggered by a change. It is a concept that embraces elements of process, time span and perception. Throughout the interviews, it became apparent that participants moved through a transition from the deployment zone to home at a different pace. Consistent with the Emotional Cycle of Deployment proposed by Pincus *et al.* (2005) and Meleis (2010), participants described the “entry” into transition through the themes ‘figuring out where I fit in all the chaos’ and ‘feeling like it's all so trivial now’. They described “passage” through the themes of ‘learning to manage changes in the environment’, ‘facing the reality of multiple losses and working through the guilt to move forward’. The “exit” from transition would be the themes regarding meaning: ‘serving a greater purpose in life and looking at life through a new lens’. Once participants were able to reach meaning they were able to feel ‘normal’ again, or in a stable state.

Healthcare providers bear witness to atrocities of war over and over again, not only seeing the injuries but also by hearing the trauma narratives of soldiers under their care which can damage their mind and spirit (Shay 2009). Some nurses reported they experienced the phenomenon ‘compassion fatigue’ and felt guilty that they could not provide patients the level of compassion they may have needed after returning home to stateside patient care areas.

Compassion fatigue in military healthcare providers during exposure to combat, or the outcome of traumatic events such as wounded soldiers, can result from giving high levels of emotional energy to patients without ever seeing the outcomes of the effort (Stewart 2009). Similar to the findings of this study, Scannell-Desch and Doherty (2010, 2012) captured the essence of this decreased capacity for caring. As compassion is a critical element to providing nursing care more research is suggested to find ways to help military nurses avoid compassion fatigue and subsequent feelings of guilt after a deployment.

Environmental changes as described by the participants of this study are consistent with what Dittmar *et al.* (1996) discovered from a study of nurses deployed during Vietnam. A collection of stories of Iraq and Afghanistan nurses also supports this finding (Richie-Melvan & Vines 2010). Sounds, such as that of a helicopter, have been associated with incoming casualties in a war zone and the reactions of having to respond influenced the participants' adjustment to home. Soldiers, military nurses included, must adapt mentally and emotionally to their surroundings in a deployment situation in an effort to maintain personal safety (Shay 2009, Schok *et al.* 2010). They return home feeling less trustful of people and the environment where they used to live and may experience hyper-vigilant behaviors. Wilson *et al.* (2009) collected first-person stories of returning veterans from Vietnam, Iraq and Afghanistan. Their findings were similar to the findings of this research in that returning nurses may experience uncomfortable feelings being among crowds or feel overwhelmed in large stores with bright lights and multiple choices. Little literature to support the difficulty making choices and decisions was found; however, Stewart (2009) suggested difficulty with decision-making could be an associated outcome from experiencing compassion fatigue. Further investigation into the link of compassion fatigue and decision-making may be worthwhile, especially in light of these nurses returning to patient care shortly after returning from deployment.

The findings of this study suggest military nurses mourned the person they once were, felt loss for the routines established during deployment, as well as the gratification and reward they felt doing their job, anticipating they may never have that feeling again. This was consistent and expands previous citations (Richie-Melvan & Vines 2010, Scannell-Desch & Doherty 2010, 2012) where military nurses reported the sentiments of being a changed person after deployment. Of particular interest was the reference to grief that some participants alluded to. Applying the grief process to this experience sheds new light in understanding what these nurses may experience during the transition home from deployment as well as help identify those at higher risk for developing PTSD.

Many military nurses admit to feeling naïve that life would be the same, that returning home would be easy compared with the experiences they just had. Soldiers want to resume roles and responsibilities but often return home feeling unneeded or excluded and emotionally detached (Palmer 2008, Schok *et al.* 2010). Nurses who experienced shorter deployments voiced these same thoughts and were surprised at how difficult it was to reintegrate and fit back in. They discussed how time played an integral part during the first few months of being home, that much of the anger and frustration over trivial things eventually dispersed. Literature supports that some soldiers may expect family systems to remain unchanged while they are deployed and when they return often experience a heightened period of stress while struggling through role readjustment (Paul 1985, Black 2001, Palmer 2008, Wands 2011).

Nurses must integrate new knowledge and experiences into old ways of knowing or be at higher risk for developing PTSD. When veterans can find benefit in deployment or traumatic experiences, it can increase self-esteem, outlook on life and sense of control in their world. Therefore, they may process and make sense of war experiences with potentially less negative psychological effects (Schok *et al.* 2010, Wood *et al.* 2011, Gibbons *et al.* 2012). Participants did not specifically express that they were 'making meaning' from their experiences; however, the narratives seemed to support this. Schok *et al.* (2010) contend that finding benefit and meaning

of deployment experiences is essential for military veterans to accommodate and assimilate back into the 'real world.' Possessing this strong sense of purpose and subsequently a sense of meaning, in a supportive environment appeared to help mediate the impact of dangerous and stressful events (Gibbons *et al.* 2012). Important to note is that this process takes time and varies for each individual.

Implications for future research

Findings and implications of this study as discussed provide a basis for further research. To understand fully the impact of war and deployment on the health and mental well-being of military nurses, including other military healthcare providers from recent wars, research is needed for all phases of deployment. Transition theories (Goodman *et al.* 2006, Meleis 2010) contend that the process of transition generally occurs over the course of a year. It would therefore make sense that if a nurse deployed for longer than a year they may complete a transition to the deployment environment, versus coping or adapting to the environment as nurses who deployed 9 months or less. Healthcare providers in any setting have the potential to interact with military nurses who have experienced deployment and war, as well as their families. Exploring this phenomenon in the military nurse deployment experience could possibly shed light on how to assist returning nurses through the transition back home.

Limitations

Several limitations were noted in this study. First, only Army and Air Force nurses were successfully recruited. Second, the findings are context and time dependent for the ten participants and cannot be generalized to all military nurses. Finally, the varying amount of nursing experience coupled with the varying amount of time since returning from deployment at the time of the interviews may have had an impact on the ability of these participants to return to previously held roles.

Conclusions

Post-deployment can be difficult for military nurses. Processing the experience and figuring out where they fit in the 'real world' was important to the overall transition to a new routine and life. Exploration of the effects of benefit finding and making meaning as it relates to the military nurses' experiences could further provide support for interventions throughout various transitions in the deployment cycle. Through this research, nurses and healthcare providers will be better prepared to interact and support returning veteran nurses.

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