

Putting Research to Work for Military Families



Focus:
Multiple
Branches

After the Parade: Military Nurses' Reintegration Experiences From the Iraq and Afghanistan Wars

Doherty, M. E., & Scannell-Desch, E. (2015). After the parade: Military nurses' reintegration experiences from the Iraq and Afghanistan wars. *Journal of Psychosocial Nursing and Mental Health Services*, 53(5), 28-35.
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SUMMARY: Little is known about the experiences of military nurses' reintegration following return from combat deployments. In this study, thirty-five U.S. military nurses shared their lived experiences returning from deployment. Findings revealed nine themes that reflected successful, as well as challenging, experiences related to the perceived support nurses received.

KEY FINDINGS:

- Nurses either perceived reintegration as difficult or successful due to receiving support from family and friends.
- Wartime trauma made it difficult for nurses to reintegrate back to work or into family roles successfully due to memories (good and bad) leaving a lasting impression.
- Concern about being stigmatized minimized the likelihood of nurses seeking mental health support.
- Nurses embraced a "new normal" and felt changed after deployment, which altered the way they viewed the world.

IMPLICATIONS FOR PROGRAMS:

Programs could:

- Encourage family and friends of Service members to attend workshops to help prepare them for the return of their loved one
- Create support groups for Service members to share memories and experiences following deployment
- Promote and educate non-military affiliated employers on the importance of supporting Service members throughout the deployment cycle

IMPLICATIONS FOR POLICIES:

Policies could:

- Recommend Service members attend thorough debriefings immediately following deployment and follow-up meetings to help manage wartime trauma and promote overall well-being
- Recommend professional development courses for non-military employers and staff to educate them about unique factors that contribute to poor mental health for Service members
- Promote collaboration among non-military communities and workplaces to decrease the stigma of receiving mental health treatment for Service members

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METHODS

- Participants were recruited from two Veteran organizations and one professional nursing organization, where current or former nurses of the U.S. Nurse Corps recruited one another by word of mouth.
- Data were collected by unstructured interviews lasting 45 to 90 minutes asking nurses to reflect on their reintegration experience following a deployment.
- Data were analyzed by reviewing nurses' statements and categorizing them into nine themes.

PARTICIPANTS

- Thirty-five Active Duty, National Guard, and Reserve registered nurses participated in this study.
- Information regarding race/ethnicity were not provided.
- A majority of the sample were women (N=32), while three were men, and participants' ages ranged from 25 to 57 years (M=37 years).
- The sample served in the U.S. Army, Navy, or Air Force for at least one deployment in Iraq or Afghanistan during 2003 to 2013.

LIMITATIONS

- Most nurses had been home at least three years following a deployment; thus, it may have been difficult for them to recall all reintegration details accurately.
- Nurses were recruited only from Veteran and professional nursing organizations, which may not be representative of all military nurses deployed to Iraq or Afghanistan.
- All participants were required to be registered nurses, and this may limit the generalizability of the study findings to other medical staff (e.g., physicians, surgeons, nursing aids).

AVENUES FOR FUTURE RESEARCH

Future research could:

- Recruit all levels of nurses immediately or within 30 days following the return of a wartime deployment to better assess their reintegration experiences
- Explore the experiences of deployed nurses returning to their roles with family and friends as well as their workplace and community
- Evaluate the mental health of deployed nurses across the deployment cycle (i.e., before, during, and after deployment)

ASSESSING RESEARCH THAT WORKS



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