From Veterans...

Journal of Health and Human Experience

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...To Nurses
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“From Victim to Survivor to Victor”

**Mission:** The Semper Vi Foundation is a 501(c)(3) tax exempt public charity dedicated to the design, development, implementation, and promotion of social justice and human rights resources, programs, and diverse opportunities in education, publishing, research, and services that help the suffering find healing and meaning in their lives. Of particular interest for the Foundation’s mission is Wounded Warrior Care and, equally, the care of all those who suffer in our wounded world.

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Mission

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Social Justice Services: The Foundation serves as a gathering point for individuals and communities who design and promote diverse social justice services and resources supporting human and civil rights. The Foundation supports already existing approaches and promotes the invention and launching of new services to meet emerging social justice needs across the globe.

Reflection: Tales of heroes abound throughout world literature. Our attention is always captured by the stories of those who accomplish great deeds that benefit others and the world. Yet what is it that we mean by the term, “hero?” When is something “heroic?” A hero is one who, despite danger and weakness, musters the courage to sacrifice herself or himself for the needs of others. Sometimes this comes at the price of the hero’s life. However, in all instances, the hero vanquishes the danger and rises above it as victor. Yet there is another nuance. The work of the hero often goes deeper. In many tales, the hero not only fights the oppressor, but also suffers grievous wounds in doing so. The hero embodies the suffering and takes it into her or him self. The hero endures and survives. Yet even more amazingly, in these stories the suffering and pain are transformed from curse to blessing. The hero matures from victim to survivor to victor! The hero becomes “semper victorius!” Always the victor!

Invitation: Join us as we build Communities of Victors, for today and tomorrow!
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Edward F. Gabriele, DMin, is President & Chief Executive Officer of the Semper Vi Foundation and the Journal’s Editor-in-Chief. Dr. Gabriele has been a long-term educator in the humanities on all educational levels including leadership as an adult education curriculum inventor. He has held various executive positions in ethics, research and human rights. His services in these areas have been provided across the globe. Dr. Gabriele is extensively published and is an international visiting scholar.

Helen Graham, PhD, RNBC, CNS, is an Assistant Professor with the Helen & Arthur E. Johnson School of Nursing and Health Sciences at the University of Colorado Colorado Springs, teaching in the undergraduate nursing program and mentoring Doctoral Students. She is actively engaged in research with Penrose St Francis Health-services and University of Colorado Health. Dr. Graham’s expertise is in Cardiac Rehabilitation, Secondary Prevention, and Cardiac Risk Factor Outcomes.
Preface

Mary Jane Hamilton, RN, PhD, was the founding Dean of the College of Nursing and Health Science, Texas A&M University-Corpus Christi. In 2010, she was the principal investigator for the HRSA award-winning military grant: eLINE Military Program, a modular, articulated competency-based online program providing a pathway to a Bachelor of Science in Nursing for military veterans with previous medical military experience. She is recognized nationally and internationally for scholarship in HIV/AIDS symptom management research.

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Melinda Mitchell Jones, MSN, JD, RN, has been on faculty with the Texas Tech University Health Sciences Center since 2004. She serves as professor and a member of the Graduate Faculty. Previously she taught at Baylor University School of Nursing. Prior to entering academia Dr. Jones served as a chief nursing officer in both for-profit and not-for-profit health care systems. She currently teaches courses in health law and ethics with a focus on veterans’ education.

Sandra Oliver-McNeil, DNP, ACNP-BC, has served as the Principal Investigator of the Veterans’ Bachelor of Science Program at Wayne State University in Detroit, Michigan since 2015. She is an Associate Clinical Professor in the College of Nursing, and teaches in the undergraduate and graduate nursing programs. She continues to support the military veteran nursing students within the program, and collaborates with the area Veterans Administration Medical Center and university military support services.

Katherine Purcell, MA, is a former employee of Jacksonville University. Ms. Purcell has more than 13 years of communications and marketing experience and expertise, working in a variety of industries including an academic training hospital, a continuing medical education provider, higher education, and most recently an environmental consulting firm. She is currently employed as a Communications Manager for Environmental Consulting & Technology, Inc.

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Preface

**Angela M. Simmons, PhD, RN, COL, AN**, is the Dean of the School of Nursing Science at the Army Medical Center of Excellence in San Antonio, Texas. Colonel Simmons has been an active duty Army nurse for 26 years and conducts research focusing on improving the resilience and professional quality of life of nurses. She serves as the consultant for nursing research and a senior leader and mentor for junior nurses, officers and enlisted soldiers.

**Sharon Simon, PhD, MSN, RN**, is Assistant Clinical Professor, Florida International University since 2003. Dr. Simon co-wrote the Veterans to Baccalaureate of Science in Nursing HRSA Grant. Dr. Simon was the Director of that grant for five years which resulted in 60 military veterans obtaining their registered nurses license (RN) and a BSN. Dr. Simon holds a distinguished record of teaching and research in Undergraduate Nursing. She has published six articles in the nursing field.

**Amy Stahley, PhD, RN**, is Associate Dean in Nursing at Davenport University in Grand Rapids, Michigan. She entered academia after 28 years of experience in the nursing profession. Her clinical expertise within the operating room is neurosurgery, orthopedics, and cardiovascular cases. She served as an advisor and writing participant for the U.S. Department of Health and Human Services, Health Resources and Services Administration for its Veterans’ Bachelor of Science Nursing Degree Program.

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"I'LL NEVER FORGET HER..."

TECHNICIAN 31ST GRADE ALFRED G. FETT, RECEIVED INJURIES FROM TANK BURGER, NEW TERRY

I went ashore at Normandy on D Day plus one with a combat engineer squad. We had built one bridge, repaired another, and were heading toward a third job when the enemy 'sensed' us. I had fourteen men in my truck. A couple of them were killed and a couple others wounded. I was just crawling under the truck for cover when I got it from a 'tree bomb' — that's a shell that bursts at trepop level. The explosion blew me under the truck and right out the other side. A shell fragment went through my right eye and I lost a finger from my left hand. At an evacuation hospital an Army nurse dressed me up, stood by me until I was operated on. I'll never forget her. I remember the boys cheered like mad when they saw the first Army nurses hit the beach at Normandy. They knew, then, that if they were hit they'd be taken care of right.

MORE NURSES ARE NEEDED

U.S. ARMY NURSE CORPS
Preface

The Nature Never To Forget: Introducing the Special Edition

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“Love done right can change the world.”
– Dr. Loretta Wade (CCH Pounder)
NCIS New Orleans, Chasing Ghosts
Season 1, Episode 9
November 25, 2014

Since its founding five years ago in 2015, the Journal of Health and Human Experience has been especially dedicated to exploring the fulness of what is meant by health itself as fundamental to the experience of being human. While this may seem to some a natural avenue, or perhaps may even be perceived as an easy course of exploration, in today’s experience it is far greater. In fact, it is a stinging commitment of conscience. Many of us who have worked in healthcare are impacted by what is often heard as a predominating obsession with metrics of productivity, relative value units, or business and financial success. As one individual who has worked in hospitals and healthcare institutions since I was in high school, the contemporary fascination with metrics and money has always struck me as odd. Given the approach often taken to these areas, it is gravely problematic. In fact, without proper proportionality it can become contradictory to the very nature of healthcare itself.

With this in mind, over the years it has struck me repeatedly and even more deeply that healthcare is not about metrics or money. Indeed, fundamentally and phenomenologically healthcare is human care. Nothing more. Nothing less. And this definition of healthcare is about the care needed by individuals as well as families, communities, nations, and the world. Healthcare is about preventing the worst and promoting the best. And this is in all aspects of what it means to be human persons living in our world. In this regard, healthcare calls us to expand who we are, how we think, and how we live. Healthcare, while dealing with our physical selves, also is about the fulness of who we are as people and as groups. We are creatures of mind, matter, emotion, and ultimately the meaning of who we are as persons and as members of all life’s communities. And healthcare touches all of this in the deepest possible ways.

With all of this in mind, the Journal always welcomes various submissions that explore this full expanse of what we mean by health....including how healthcare includes social justice and human rights. Over these years since our founding, we have published outstanding academic
From the Editor-in-Chief

articles, historical explorations, explorations of ethics and law, reviews of powerful films and books, and creative works whose artistry pierce us and call us to expand our vision and become committed to “the more” of life’s invitations. It is in this spirit, and given our commitment to healthcare as human care, that the Journal is honored to publish this special edition. This edition explores the nature of nursing and the roads that various universities have taken to welcome our military veterans, with their commitment to “defend those who cannot defend themselves,” into the powerful pathways to become nurses --- to become selfless instruments of healing for others.

This year marks the 200th birthday of Florence Nightingale, the founder of modern-day nursing. As such, the World Health Organization declared this year of 2020 as “The Year of the Nurse and the Midwife.” And this year many universities, with federal grant support, established extraordinarily successful programs for veterans to pursue undergraduate degrees in nursing. With all this in mind, this special edition of the Journal of Health and Human Experience shares the best practices and lessons learned from the findings of the various Veterans to Bachelor of Science in Nursing projects. These findings and results benefit universities and colleges for their desire to make their campuses more veteran-friendly. The findings and results help guide veterans’ efforts to succeed in building nursing careers. At the conclusion of this prelude, a summary of the original US federal government program initiating these efforts is included.

These successful endeavors, addressed in the various article/reports to follow, also pose for us all a deep and powerful message about the very nature of health and healthcare. As we know, it is fascinating that in medieval Europe, the experience of healthcare was often provided by the men and women who were members of local monasteries, priories, abbeys and convents. Indeed, their healthcare service has been referred to as part of their dedication to “pastoral care.”

An interesting term, this “pastoral care.” Was the care given by these brothers and sisters about religious conversion? Was it about ecclesiastical issues? I wonder......And wonder we should. For the original term in Latin for pastoral care is “Cura Pastoralis.” And that term is not about religion. It actually is a farming term: “care of the pasture.” You see, those who suffered from illness and sickness in any and all forms went to religious houses and were welcomed in for various acts of healing and given products developed by the brothers and sisters to bring about relief. There the sick were touched at the deepest levels of their selves. The sisters and brothers touched and brought healing into the very ground work, the soil, of those searching for care. There the sick were stirred into healing and fertilized with all they needed at the very deepest parts of their selves. And it is in this spirit of “pasture-care-of-persons” that we understand and appreciate the role and the very nature of all those who are called to be healers – including in this special year, the men and women who today are nurses.

As the opening World War II photograph of this prelude shows us, the wounded from battles then could never forget the nurses who cared for them on the battlefield. Indeed, today we can celebrate and honor that, for all those who suffer from the very battlefields of life, we can never forget the women and men who embody healing itself in their service as nurses. Indeed, our appreciation for the care of nurses is powerfully explored in the academic special opening article on nurses as everyday heroes. Above all, in this special edition of the Journal, we are
powerfully invited to remember that at the heart of nursing and in the very nature of healthcare is the commitment to that experience of Love Itself that brings the totality of healing to all of the pasture-depths of what it means to be human. And when this happens, then we know truly what “Doc Wade” from NCIS New Orleans meant in the opening quote of this prelude:

“Love done right can change the world.”

Special Note

Entitled *I’ll Never Forget Her*, the Prelude’s opening World War II photograph expresses the gratitude of those serving in uniform toward the nurses they met in that time frame especially on the battlefield. The photograph is from the U.S. National Records and Archives Administration and is therefore in the public domain. The record creator of the photograph is noted as the Office for Emergency Management, Office of War Information, Domestic Operations Branch, Bureau of Special Services. It is dated within the period from 03/09/1943 to 09/15/1945. Further detailed information can be found at: https://commons.wikimedia.org/wiki/File:%22I%27ll_Never_Forget_Her_%22_-_NARA_-_514600.jpg
The Veterans Bachelor of Science Degree in Nursing: A Background Summary

In 2013, the US Department of Health and Human Services (HHS) announced a new, innovative and transformative program to help military veterans with healthcare experience or training to pursue professional nursing careers. The Veterans Bachelor of Science Degree in Nursing (VBSN) program was designed to build upon veterans’ unique strengths, reduce the burden of obtaining a bachelor’s degree in nursing (BSN), address the nation’s growing need to strengthen the nursing workforce, and ensure that program graduates are trained to provide high quality care that is culturally and linguistically aligned with the communities they serve.

This new initiative was an important step towards addressing a number of employment barriers detailed in the February 2013 White House report entitled, “The Fast Track to Civilian Employment: Streamlining Credentialing and Licensing for Service Members, Veterans and Their Spouses.” Registered nurses (RNs) have long been considered a high growth occupation by the U.S. Department of Labor with an expected growth rate of 26% (nearly 711,000 nursing positions) between 2010 to 2020. With the enactment of the Affordable Care Act, and a confluence of related factors, the demand for RNs has intensified in both civilian and military settings. Since many of our returning Iraq and Afghanistan War veterans are young men and women with dependents, and as unemployment and underemployment rates rose, the Department of Defense (DoD), Department of Labor (DOL), Department of Veterans Affairs (VA) and Health and Human Services (HHS) felt an urgent need to join forces to remedy veteran joblessness using a multi-pronged approach.

Administered by the Health Resources and Services Administration (HRSA), the Veterans’ Bachelor of Science Degree in Nursing (VBSN) Program initially funded nine cooperative agreements in 2013, added 11 more in 2014 and 11 more in 2015 for a grand total of 31 funded projects. The VBSN program was designed to prepare veterans for the transition from military to civilian professional nursing at the baccalaureate level by building upon their military-acquired knowledge, skills and training so as to increase employment opportunities. Examples of support services provided to veterans through this program included many areas such as: career advisement, military transcript analysis and awarding of academic credit as applicable, mentorship, academic support services that increase retention, matriculation and graduation, and preparation to support successful passage of the NCLEX-RN licensing exam. In addition, existing BSN curricula and support services were modified or newly developed to address the unique needs of veterans, and to prepare veterans for the transition from military to civilian professional nursing practice at the baccalaureate level.

The VBSN program was authorized under Title VIII, Sections 831 and 831A (42 U.S.C. § 296p and 42 U.S.C. § 296p-1) of the Public Health Service Act as amended by Section 5309 of the Patient Protection and Affordable Care Act (Affordable Care Act), P.L. 111-148 (42 U.S.C. 296p and 42 U.S.C. 296p-1).
General Notation: This summary was written by Ms. Marian Smithey, MS, RN, the original project officer for HRSA’s VBSN program. She authored this summary from her own personal capacities. The views expressed do not necessarily reflect the official policies of, nor an endorsement by, the Health Resources and Service Administration, the U.S. Department of Health and Human Services, or the U.S. Government. For additional information regarding the summary, contact Ms. Smithey via email: MSmithey@hrsa.gov. Finally, information on currently funded nursing grants is available at the HRSA Bureau of Health Workforce website: http://bhw.hrsa.gov/nursing/.

“We are each of us angels with only one wing; and we can only fly by embracing one another.”

— Luciano De Crescenzo
THE HONORED NATURE OF NURSING
Navy Nurse Hazel Herringshaw stands with two of her patients –1918

Special Notation

This special article was originally published in the Journal’s Fall 2018 edition (Vol 4, No 2.) It is republished with the permission of the authors. For this special edition, this article provides a most powerful interdisciplinary exploration of the history and development of nursing. It calls to mind the origins of nursing in the work of Florence Nightingale, whose two hundredth birthday is honored in this 2020 calendar year. The article powerfully underscores the dedication of the Journal to healthcare as human care --- especially noting the Journal’s theme in this calendar year: “Reclaiming Our 20/20 Vision.”
Everyday Heroes: Nurses Working Quietly Behind the Scenes Saving Lives and Protecting Their Patients

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Abstract  
Nursing is one of the most trusted professions in the world, and for good reason. Nurses care for fellow human beings at their most vulnerable moments. It is a profession where compassion for others is foremost in the minds of most nurses. Thus nurses are willing to do what needs to be done to improve their patients’ lives, even if it means going above and beyond that with which they are charged. A heroic deed may be as simple as skipping a break to hold a dying patient’s hand so they are not alone in their final act of life; or it may be more global, such as pursuing social justice policy for vulnerable patients or changing care models to affect the lives of many. Nurses generally do not seek the label of heroism, but are willing to do what they think necessary to protect patients and change systems. This article begins with a discussion of heroism and its typical public perception. The notion of a quiet hero in the context of altruism is explored so as to introduce more fully the topic and provide a foundation for the exemplars of nursing heroes. Exemplars include the areas of civilian nursing, military nursing, and the
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contributions of religious throughout nursing history. It concludes with a synthesis of the article’s content and a reflection on nurses as everyday heroes.

Keywords: hero, nurses, nurses and heroes, military nursing, religious and nursing

An Introductory Backdrop

There are as many public definitions and perceptions of heroes and heroism as there are perceptions about the essence of humanity. Even common dictionaries have several definitions, ranging from a fictional character who has been endowed with uncommon powers, to the main character in a literary work, or an individual who displays an extraordinary amount of courage --- such as someone who has great character and is seen as a role model (Merriam-Webster 7 July 2018, https://www.merriam-webster.com/dictionary/hero; Dictionary.com, 2-18 http://www.dictionary.com/browse/hero?s=t).

The purpose of this article is to discuss heroes and heroism as it pertains to the profession of nursing. The significance of discussing nurses as everyday heroes lies in the fact that nurses lend credence to the notion that heroes stoke one’s consciousness. They create positive feelings and perhaps even healing beyond the illness being treated. Considering the terms people frequently use to describe an everyday hero (Sullivan & Venter, 2010), such as “caring”, “hardworking”, “intelligent”, and “kind,” nurses possess almost all of them and should receive recognition for the things they do. Nurses regularly deal with people and their vulnerabilities. They may be positioned to perform what others may perceive as heroic acts. For example, a particular nurse may use her own lunch money to provide taxi fare for a patient who otherwise would have to walk a long distance to get home. These small sacrifices and/or deeds, done on a daily basis, have a cumulative effect on how the profession is perceived. Yet for the most part, even nurses who have had a profound effect on the profession are relatively unknown, preferring instead to pour their energy into making a difference.

We define nurses as healthcare professionals with a nursing license, to include: Licensed Practical Nurses (LPNs), Registered Nurses (RNs) with either an associate or baccalaureate degree, Advanced Practice Nurses (APNs) with graduate education, and scholarly academic nurses. Nurses practice in all arenas of healthcare, including but not limited to: hospitals, patients’ homes, skilled nursing facilities, outpatient clinics, community centers, academic healthcare centers, and within the military and veteran healthcare systems. Nurses also practice as volunteers for underserved and poor communities globally and for humanitarian missions.

This article will be delineated within the context of nurses’ often unrecognized work. Keczer, File, Orosz, and Zimbardo (2016) distinguish everyday heroes from general social exemplifications of heroes. They contend that everyday heroes may a) go unnoticed by the public; b) they may or may not have challenges socially; c) their heroism may occur in everyday situations; and, d) they may or may not possess the personal characteristics associated with public heroes. Nursing is a discipline where compassion and altruism are the cornerstones of the profession. Because of their enculturation, nurses tend to put the lives and well-being of those for whom they are entrusted to care above their own needs, even sometimes at their own expense.

This does not mean that all nurses act in this manner and, in rare cases, some nurses can even be quite callous and harm their patients. A well-known example of this is Nurse Ratched
from “One Flew Over the Cuckoo’s Nest”, authored by Ken Kesey (1962). Nurse Ratched’s character created an icon of the nurse who displayed no compassion for the patients over which she had charge. It is unfortunate for the profession that a few nurses of this type exist. On the other hand, while they often gain disreputable attention, they are not the norm for the profession. Generally, nurses possess the characteristics that would define them as everyday heroes. Such characteristics include: perseverance, caring, compassion, fortitude, and the willingness to self-sacrifice to perform daily actions. As the framework for the article, we will use the definition of hero that most fits this context, namely one who possesses notable character and who acted to improve the lives of their charges.

When one thinks about a hero within the nursing context, the first person to come to mind is Florence Nightingale. Her life story of being a nurse hero, while real, may seem fictional. Her many contributions to health care and to nursing are found in textbooks, lecture halls, and classroom discussions throughout the health care world. They are so influential as they cut across all the sectors used as examples for this article. Born in England into a gentrified family over two hundred years ago, Florence Nightingale has become an international hero within nursing communities. As a young woman, she sacrificed an aristocratic and loving home lifestyle to pursue an education in nursing, which at that time was considered lowly work. Eventually she became involved in the Crimean War, a war judged by today’s standards with health conditions considered atrocious (Nightingale, 1992). Standards for cleanliness in the 19th century were poor even for hospitals (Whyte, 2010). It is important to remember that governing agencies such as the Joint Commission for monitoring quality and safety within hospitals did not exist at that time.

Nightingale was a leader for change among the military with a vision of the need to improve sanitary conditions (MacMillan, 2012). She established what might have been the first laundries in hospitals (Whyte, 2010). Proper ventilation, another major concern of hers, was addressed by establishing ventilation standards (Whyte, 2010). Nightingale often acted alone and advocated for desperately needed changes. Many times she found herself fighting the medical establishment of her day. Obstacles Nightingale faced, especially considering she was acting as a line woman for change during a time when women did not have equal rights, were many and varied but not insurmountable in her eyes.

While Quality and Safety Education for Nurses (QSEN) would not be introduced to nursing schools until two hundred years later, quality and safety were of utmost importance to Nightingale when creating the Florence Nightingale School of Nursing at St Thomas’s Hospital in London. She espoused a thorough education for her student nurses while seeing to it that nursing would be taught as a distinct profession rather than training individuals to be physician helpers (MacMillan, 2012). Nightingale took a holistic, patient-centered approach to nursing education, an approach even in the 21st century that continues to be emphasized. Supervising, teaching, and caring for patients with compassion were not the only activities that occupied this remarkable woman’s time. An interest in mathematics and statistics eventually led her to tracking and recording health outcomes, including population mortality findings. These findings served as the necessary catalyst for instituting change to improve health conditions. Few would argue Nightingale was not deserving of the respect and recognition she received as a nurse hero. Florence Nightingale was remarkable and intelligent, but also a stubborn woman (Whyte, 2010). These characteristics enabled her to break down the many barriers posed to
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nurses in her day. While working as an everyday hero, her work put her well ahead of her time. For such courage and innovation, she is widely regarded as the “mother of nursing” (Karimi & Alavi, 2015).

The Hero: Exploring Its Nature

As noted in the definition of hero above, a hero is constructed differently and according to one’s beliefs and value systems. Kinsella, Ritchie, and Igou (2015) carried out a series of studies in which lay participants defined heroism, described traits of heroes, and the impact a hero might have on persons during difficult times. In general, heroes were seen, often symbolically, as protectors and as those who upheld good morals and values. Individuals used heroes to inspire and motivate them when they perceived a psychological or physical threat. Goethals and Allison (2012) describe a hero as one who arises from a “narrative of struggle and redemption (p. 188).” In other words, a hero is one who acts to overcome considerable obstacles and challenges. A good example would be Helen Keller, who, even though blind and deaf, earned a bachelor’s degree and went further to become a noted author and lecturer. But conversely, it could also be someone who was deemed a hero at the beginning, ended up going down a wrong path, but who later found redemption and re-achieved hero status, such as Louis Zamporini, a troubled youth who rose to fame as an Olympic-level runner, and who lived through terrible horrors in World War II as a prisoner of war (POW) in a Japanese camp. Upon his release, he returned to running, but was plagued by flashbacks of the war, and began drinking heavily. As he was hitting rock bottom, he attended a Billy Graham crusade. He found escape from the demons haunting him and positively turned his life around, ultimately forgiving the very Japanese prison guards who tried to break him (Hillenbrand, 2010). He died in 2014 at the age of 97, both a war hero and an everyday hero.

Sullivan and Venter (2010) performed three studies in an effort to determine if the term “hero” could be defined by presenting participants with various characteristics and/or scenarios. They concluded that the term eludes a universal definition because it is highly contextually dependent and crosses heterogeneous populations. Eden, Oliver, Tamborini, Limperos, and Woolley (2015) further rationalize that assessments of others as good or bad examples of heroes are based on personal moral ideals. Interestingly, there are also heroes who became so by mockingly violating good societal morals time after time (Klapp, 1948). Such examples ironically would include those judged as outlaws or persons undeserving of the title, if based on defining characteristics.

Many heroes are willing to do extraordinary things, going so far as giving their own lives for the greater good. We have read many accounts of people dying to save a drowning child, or of service members putting themselves in harm’s way to save fallen comrades. Many heroes go about their lives in a quiet way, performing seemingly small deeds that ultimately have a cumulative effect on the moral fabric of society. Even children serve as examples of this kind of quiet hero, such as the small boy who chose to use his own birthday gift money to replace a stolen bicycle for a homeless stranger, or a young person inviting an autistic boy, who always ate lunch alone at school, to be his friend. Both made a significant difference in the lives of the recipients of their actions. Not all heroes are real. Some heroes in literature are mythical entities such as the Greek gods, or modern superheroes such as Superman and the Avengers. Some are animals, such as the dog Lassie or the famous racehorse Seabiscuit. Yet, we submit that most of
our heroes in life are real people who will altruistically go beyond what is expected on a daily basis, performing those small deeds that provide the potential for optimism in our lives.

Ross (2017) asserts that heroes are not born, but rather are made through a transformative journey. Ross (2017) spoke of an actual journey involving travel, but suggested the transformation could also include significant experiences that enable an individual to conceive of and fulfill a purpose. Allison and Goethals (2017) discussed a process by which common people can become heroes within their own world, or the world of others. They emphasize four “Heroic Arcs” that one must negotiate on the route to heroism. These include the type, depth, openness, and source of transformation. Allison and Goethals (2017) also stress the importance of a mentor figure, one who can assist with the transformative experience.

Isaacs (2016), in describing the process of heroism, stated that it requires deliberate effort to evaluate the risk and then consider how to overcome tremendous obstacles. While Franco, Blau, and Zimbardo (2011) agree that an act of heroism is a personal choice, they also believe that heroism ultimately is something externally and socially attributed to an individual by others. They further state that when an individual chooses the heroic pathway, personal gain is not expected. The science of heroism is a nascent science through which multiple definitions must be navigated and researched to arrive at those characteristics that would define one as a hero (Allison and Goethals, 2017; Efthimiou, 2017; Ross, 2017).

The Context of Altruism: Heroism in Nursing

While Franco, Blau and Zimbardo (2011) would argue that heroism is distinct from altruism, their research shows the only difference is the degree of risk a person takes in performing an extraordinary act. They concluded that oftentimes a hero is not considered as such until after events have occurred. For example, an individual who rescued someone from an approaching train is not a hero until after the event. However, since the various conceptualizations of heroism seem to be action-based and individual choices, but within a social context, one could also argue that altruism is rather a different form of heroism. It may be important to understand that altruism is the foundational base upon which heroism is built. Hence, the accumulation of small acts over time by one, or many persons, could hypothetically create more change than the rescue of a single person as in the example above.

Becker and Eagly (2004) described traditionalist gender differences in heroic actions. In some contexts, more masculine representations of heroism seem to require risk-taking, while more feminine representations involve actions evolving out of empathy for others. We realize that this distinction between the masculine and feminine images may be considered somewhat sexist. Yet moving beyond the problems of gender stereotyping, it is more the so-called feminine context of “other concern” from which heroes arise in nursing whether the nurse be a woman or man. Gray (2010) describes moral transformation as “the hypothesis that doing or merely attempting to do moral deeds imubes people with agency (p. 253).”

According to Efthimiou (2017), one area worthy of heroism research is with healthcare professionals and how they provide greater holistic care through deeper perceptions of their patients’ personal journeys. Nurses care for their fellow human beings at their most vulnerable moments. They perform heroic deeds on a daily basis. A few get noticed, but most go quietly
about their business, making a positive difference in the lives of their patients and their families. As expected, nurses are called to authenticity. As such, nurses are gifted individuals who often must guide and assist patients away from dangerous precipices. They remain present to those in pain. They promote the gift of life itself. And when a patient approaches death, nurses help one make that approach with dignity. Sometimes their giving comes at great cost. Nurses are able to cast aside many factors, even personal commitments, so as to bring healing to those under their care. And nurses do all this simply by being human themselves. Perhaps for this reason alone, nursing is one of the most trusted professions in the world.

Nurses do not seek heroism, but have surely earned this right. Goethals and Allison (2012) illustrate several traits of heroes as described by their study participants. Among these are the traits of being caring, reliable, and selfless --- all traits seen in most nurses as they go about their daily business. We will further describe nursing heroes in the following contexts within the profession: heroes seen in the religious context, those within the military, and those in the context of civilian nursing.

Heroes in Nursing

The Religious Ministry Context

There are numerous instances of the religious influence on healthcare in society. Many of them are well known examples of nuns and brothers who served selflessly, shaping the profession of nursing as we know it today. In the ancient world, virgins and widows were sometimes considered among the monastics in the early Christian church. They came together as groups and often provided altruistic charitable services, including care of the sick. Some of the early monastic societies later in history grew into some well-known religious communities such as the Sisters of the Hotel-Dieu in Paris and the Sisters of Charity (Dock, 1920). Some individuals in the religious context quietly but definitively were important in the revolutionary renewal of healthcare throughout history. Even Florence Nightingale, who is hailed as the “Mother of Nursing,” was highly influenced, not only by her own internal stance that nursing is a “calling from God,” but also by the Daughters of Charity who welcomed her in France, by the Sisters of Mercy who mentored her in Crimea, and by Mary Jones from St. John’s House in Britain (Nelson, 2001).

Part of the difficulty in examining evidence regarding the influence of the religious context in nursing history is what Nelson (2001) terms the “veil of invisibility.” Nelson found most of the public in earlier history did not have an appropriate understanding of the prominence of women in senior healthcare administration positions. Yet healthcare actually had been led and administered for centuries by religious women. This women’s role was largely unrecognized. Christian religious life emphasized community and commitment to God rather than self. The religious were called to embody the posture of a quiet, altruistic hero. One of the most recent examples of this would be Mother Teresa, herself not a nurse, but who gained renown because of the sheer scope of her impact on the lives and health of the poor in India. She gained a great deal, not by setting out to do so, but by setting aside her own needs so as to selflessly help others (Gray 2010). A recent personal conversation with a Sister of Charity emphasized this: “A hero is a person who does something; puts the good, safety, reputation, and needs of others ahead of the self.” (Sr. Rosemary Donley, PhD, APRN, FAAN, personal communication, 31 July 2018).
In a little known example, religious women figured very heavily in the development of the current atmosphere of patient care in Colorado Springs, Colorado. In 1887, four Sisters of St. Francis were called to Colorado to work in an infirmary for railroad workers. A few weeks after arriving, there was a major derailment. The most severely injured patients were taken to Colorado Springs where they received expert trauma care. Of the Sisters, it was said:

In the scant comfort provided by the small pot-bellied stove, the Sisters cared for their charges during the cold winter months....Genuine nursing care was the greatest asset the Sisters had to offer their early patients. Drugs and related equipment that are now commonplace were unknown.” (Original St. Francis Hospital founded by Midland Railway, 1966)

These Sisters became experts in trauma care and saved many lives of miners and railroad workers. According to the Penrose-St. Francis Health Foundation (2012), one of the nuns, a teenager known as Sr. M. Silveria, became known not only for her caregiving skills, but also for her fundraising efforts to build a new hospital for the growing community. She would go into the mountains where the miners and industrial workers worked. There it was said that everyone contributed because she would not go away until they had given something. Shortly after the arrival of the Sisters of St. Francis, the Sisters of Charity also came to Colorado Springs and opened a sanatorium for patients with tuberculosis to take advantage of the fresh air and sunshine inherent to the area. The numbers of religious declined sharply in the city over the years. Yet growth continued. The two original religious orders merged their efforts later in the history of healthcare in Colorado Springs. One of the most forward thinking in this achievement was Sr. Myra James, SC, the Director of Nursing at Penrose Hospital, who saw the
different hospitals through to unification while preserving the best parts of them and creating the still vibrant Penrose-St. Francis hospital system (Penrose-St. Francis Health Foundation, 2012). Though today there are few nuns in the system, their influence still stands strong throughout the many healthcare facilities in Colorado Springs. In this system, the nuns’ values are still part of the hospitals’ mission.

A current exemplar of a quiet, everyday nursing hero is Sr. Rosemary Donley, SC, PhD, RN, FAAN. Sr. Rosemary is a nursing professor and the Jacques Laval Chair for Social Justice at Duquesne University in Pittsburgh, Pennsylvania. Duquesne was founded over 140 years ago by a community of Catholic missionary men, the Congregation of the Holy Spirit (a.k.a. the Spiritans). They founded the university as a school for immigrant children, giving them an opportunity for an education they would not otherwise have had. It has since evolved into one of the foremost universities and maintains a very strong and long tradition of social justice (Duquesne University, n.d.). Sr. Rosemary undoubtedly promotes the university’s founding spirit, embodying a spirit of care and vision for healthcare and social justice. She has for nine years planned, raised funds for, and managed the yearly McGinley-Rice Symposium on Social Justice for Vulnerable Populations. Its purpose is to raise public awareness and put a face to vulnerable groups such as homeless, trafficked individuals, and other minority groups. These symposia have been a major positive force for bringing needed attention to these suffering vulnerable groups. They have made a further deep impact by bringing to awareness the social determinants of health and community.

For many years, Sr. Rosemary has worked quietly behind the scenes to make substantial policy changes in the healthcare environment. She began when selected as a Policy Fellow in 1979 for the Robert Woods Johnson Foundation. Her work for vulnerable populations continued while Dean of the School of Nursing at The Catholic University of America, where she developed programs in gerontological nursing. Now at Duquesne, Sr. Rosemary remains an
active voice for those who cannot or dare not speak for themselves. She has been very active in numerous organizations and recognized for her efforts both with and in educating students to advocate for different vulnerable populations. Her work in preparing practitioners across the globe and with the military has resulted in changes in education, research, and practice. In an early article titled "A Brave New World of Health Care" (Donley, 1986), she details the movement of healthcare to a world of commodities. She states:

> Concern with quality has often been a euphemism for control, dominance, and preserving the flow of dollars into individual and corporate pockets. The Brave New World may give us the opportunity to re-define quality of care and re-examine our notions of health care (p. 52).

In examining the environment of healthcare some 30 plus years later, care is rationed, sometimes subtly, and disparity between the “haves” and “have-nots” is more obvious than ever. We have not yet succeeded in defining or providing quality care. We are only beginning to recognize how social determinants affect one’s health. One would think this would have most people throwing up their hands in defeat. However, Sr. Rosemary, the powerhouse that she is, continues to chip away at those disparities by drawing attention to vulnerable populations and acting to change policy. In 2006, she was inducted as a Living Legend of the American Academy of Nursing, an honor reserved only for those who have had particularly notable and sustained contributions to the profession of nursing and to society at large. She has been widely recognized by her work. Yet interestingly, Sr. Rosemary does not want the spotlight to be on her, but rather on those vulnerable populations who are deserving of our consideration and support.

**The Military Context**

The military has many examples of nursing heroes. During the American Civil War, Clara Barton sponsored women as volunteer nurses. She was the hero who nursed the injured and developed supply systems and methods for identifying the missing and dead. She also helped train others, including men, to perform first aid and provide food and water for the wounded. She was the first president of the American Red Cross in 1880 and was credited with improving the care of the wounded while providing comfort as others transitioned to death (MacLean, 2013). As the military evolved, so did the work and skills of those nurses who served. Lavinia
Dock (1920) stated: “It cannot be gainsaid, even by those who most abhor war, that, as far back as we can see, both the medical and nursing arts have been greatly stimulated on the technical or efficiency side, by desperate wars (p. 313).” Dock likely did not realize how prophetic her words were to become in the wars and conflicts that followed.

Considering the hundreds of thousands of nurses who cared for the ill and injured during these times, countless examples exist of nurses from all parts of the military who quietly perform heroic acts on a daily basis. During World War I, nurses worked in many types of hospitals and most worked 14-18 hour shifts for weeks without a day free from duties. One hospital received more than 1,400 patients the first week it was operational. Nurses rose to support the challenge. They stabilized patients, administered whole blood and fluids, cared for those experiencing psychiatric breakdowns, and those who had suffered symptoms of differing types of attacks (U.S. Army Medical Department, Office of Medical History, 2016). But even in these conditions, they went beyond. One nurse recounted:

There was a dearth of Christmas decorations in France. There were no ten-cent stores and no red paper. Inventive minds were discovered in every hospital. Gauze and tin candy boxes, bits of string, tinfoil and the blue paper that had been wrapped about cotton were collected from all wards. Everyone cut the unwritten-on bits of paper from old letters to make chains. Wounded men forgot their pain as their busy fingers wrapped string with tinfoil or cut stars from cans. Overworked nurses cut out stockings and secretly sewed them. Even more cautiously they hid white sheets under the mattresses. On Christmas day every bed should be luxuriously white. A sheet was a rarity where the laundry problem made it sometimes impossible even to provide clean pajamas for the wounded men. (Jones, with Stimson, 1929. As cited in Sarnecky, 1999, p. 114)

During World War II, one of the first Navy flight nurses, Ensign Jane Kendeigh and her fellow Navy flight nurses helped with the evacuation of more than 2,000 injured service members during the Battle of Iwo Jima (Sobocinski, 2013). In the Battle of Corregidor in 1942,
77 nurses were captured. Called the Angels of Bataan, they spent 37 months in Japanese prison camps and all survived. In her study of these nurses, Norman (1999) stated:

The more I studied the women, the more I realized I was not dealing with individuals but with a collective persona. The women often answered my questions using the pronoun “we” rather than “I”. They were some of the least egocentric people I have met and as such were difficult interviews....they insisted on emphasizing their connections, their relationships with one another.... (Norman, p. xiv)

African American nurses served since the Civil War. Yet they did not receive benefits or a pension and most served as contract nurses with the American Red Cross. In 1941, after receiving pressure from civil rights groups, a small number of African American nurses were recruited. Della Raney Jackson was the first African American nurse to be commissioned in the U.S. Army. During World War II, over 600 African American nurses served in the Army Nurse Corps. They were given assignments at German prisoner of war camps and others at segregated bases, and in segregated units. Though they suffered discrimination at every turn, they quietly persisted in their desire to serve their country with distinction. They served in segregated units until 1948 when President Truman issued the order for integration (Clark, n.d.).

Military nursing heroes are found throughout the world and in every conflict. During World War II, Lieutenant Colonel Vivian Bullwinkel was one of 22 Australian nurses who survived the attack on the evacuee ship SS Vyner Brooke as it was leaving Singapore, which was under imminent attack. The nurses had rounded up and were caring for the other 150 or so survivors who swam to shore. Japanese soldiers found the survivors on Radji Beach on Bangka Island. The men were taken and killed while the nurses were ordered to walk into the sea. Though they all knew what was to come, none panicked as the Japanese began to fire on them. Lieutenant Colonel Bullwinkel was shot in the back. Only she and one of the men survived. After several days in the jungle, they gave themselves up to the Japanese. The man eventually died, but Lieutenant Colonel Bullwinkel nursed her own wound, keeping it hidden and further keeping quiet about what she had seen on the beach. This diminutive but larger-than-life woman was unwilling to risk the lives of other survivors picked up at sea and taken as prisoners. She cared for other prisoners, survived the war camp, and gave evidence at the Tokyo war crimes trial in 1947. Her obvious heroism came as she survived not one, but three different events. However, her true heroism was in protecting the lives of those around her through her silence during her internment, and in living with the horrors of what she had seen during the war. She died in 2000 at the age of 84 (Hughes, 2017; Australian War Memorial, n.d.).

**LTC Bullwinkel**
In 2002, a Severe Acute Respiratory Syndrome (SARS) epidemic that began in China had spread to Taiwan. Because of the very rapid spread and high mortality, Taiwan’s military nurses were called to care for large numbers of cases. At the beginning of the epidemic, the mode of transmission of the disease was unknown, creating panic among the Taiwanese people. The military nurses designated to care for these patients experienced stressors from many sources. They had no choice but to carry out their duties. They worked long shifts. Normal air conditioning was stopped to prevent cross-contamination of units, forcing the nurses to work in hot and humid conditions. Changing protective clothing was so time-consuming that the nurses minimized their own water intake so as to avoid having to change their clothing frequently. Family members were so afraid of contamination they shunned them and the public shunned their family members. Yet these military nurses never shirked their responsibility for the care of SARS patients for four months until Taiwan was removed from the list of epidemic regions (Chou, Ho, Wang, Kao, Yang, Fan, 2010).

Over 6,000 U.S. military nurses have deployed to support operations in the current wars in Iraq and Afghanistan. In a study by a team of military nursing researchers led by Navy Captain Patricia Kelley, it was discovered that almost all the deployed nurses had found themselves in situations where they were expected to care for local citizens, as well as enemies or prisoners of war. Despite their initial feelings of trepidation in caring for these populations, they all related that the “nurse in me came out” and it was their duty to care for all human beings who needed them. Even after being physically hit, spat upon, and yelled at, they provided the best care they could. Many knew that once their patients were stable, they would be taken to local hospitals, which was a virtual death sentence. One Navy nurse tearfully related caring for a teenage Taliban boy who had suffered leg amputations in an attack he had led. After a rough beginning, the boy began to trust this nurse. Upon releasing him to the local authorities, the nurse prepared some extra food for him in a pillowcase. Both knew he would not survive outside the military hospital walls. Upon his release, she could not believe her ears when the boy uttered “Thank you” in English as she left, reaffirming her belief that all persons deserve and appreciate humane care. In this young teenager’s eyes, she was a hero, though it was never formally recognized.

Military nurses continue to provide high quality compassionate care regardless of the area of operations. Some, such as Captain Maria Ines Ortiz, volunteered to deploy to Iraq and made the final sacrifice. In a mortar attack in Baghdad in 2007, she was the first nurse killed in combat since the Vietnam War. Said of her by colleagues, “Her work wasn’t finished until everyone was cared for” (Arlington National Cemetery Website, 12 July, 2017). Sometimes nurses were called upon to provide duties other than nursing, such as assisting a cultural support team. In countries such as Afghanistan where women are prohibited from interacting with men, nurses may be called on to be part of such a team. In another example of extreme selfless sacrifice, Lieutenant Jennifer Moreno was an Army nurse who was deployed with a Ranger Regiment in Kandahar. There, her unit came under ambush by the Taliban with several of the men being wounded. Realizing her nursing skills were needed, Lieutenant Moreno did not hesitate to rush toward the injured soldiers. She was killed by an improvised explosive device. Neither of these two hero nurses, Captain Ortiz and Lieutenant Moreno, flinched when called upon, and both made the ultimate sacrifice (Jennifer Moreno: ‘epitome of no fuss’, May 26, 2014). When duty calls, not one hesitates to step up and meet the challenge. Whether by land, air, or sea, military nurses are there like “Angels in the Midst.”

On September 11, 2001 unimaginable terror changed the landscape of the United States as airplanes flew into both towers of the World Trade Center, the Pentagon, and the final plane
crashed in a field in Pennsylvania. Many heroes rose to the challenge on that day, including retired Lieutenant General Patty Horoho. General Horoho, an Army Nurse at the rank of Lieutenant Colonel at that time, was working in the Office of the Assistant Secretary of the Army for Manpower and Reserve Affairs in the Pentagon on that tragic day. When the airplane struck the Pentagon, she evacuated as they were all instructed. After letting her colleagues know she was not hurt, she went to the west side of the building near the point of impact and saw wounded and injured walking out dazed and confused. Lieutenant Colonel Horoho calmly took command of the situation, directing those who assisted with bringing the injured out of the Pentagon to a safe area where they could be assessed. Once the flow of patients was established, she went to the triage area and began assessing the severity of the injuries. Lieutenant Colonel Horoho worked in an administrative position at the time of the attack. She could have simply left the building and watched as events unfolded. However, she made a choice on that day to run back towards the point of impact, take command of the situation, and care for the injured. In December 2001, Time Life Publications honored Lieutenant General (ret) Horoho for her actions on 9/11 at the Pentagon. In 2002, she was one of 15 nurses honored by the American Red Cross and Nursing Spectrum as a “Nurse Hero.” (Condon-Rall, 2016).

Lieutenant General (ret) Horoho had a career filled with heroic opportunities. In 1994, she was the chief nurse of the emergency room at Fort Bragg when two airplanes collided mid-air trying to land at a nearby Air Force Base. At this time, 24 paratroopers were killed and about 100 others were injured. The emergency department at Fort Bragg was saturated with casualties, yet LTG (ret) Horoho controlled the chaos. She was chosen to command Walter Reed Health Care System in 2007, a few months after serious infractions and dilapidated conditions were reported. She took command with confidence, leading that facility from the worst in the Department of Defense to the best, a year later. A visionary and servant leader, Horoho went on not only to lead as the 23rd Chief of the Army Nurse Corps, but was also the first female and nurse to be nominated and confirmed by Congress to serve as the 43rd Surgeon General of the Army and Commanding General of the U.S. Army Medical Command. Lieutenant General Horoho retired from active duty on February 1, 2016. (Stassi, 2015).
The Honored Nature of Nursing

The Civilian Context

Nurses in the public sector come from diverse lifestyles and specialties. Often they and their work go unrecognized. Bartol (2016) and Solheim (2018) describe nurse heroes as those who engage everyday with patients and their families to hold a hand, educate, counsel, encourage, support, or act as patient advocates. They may be seen in the Neonatal Intensive Care Unit (NICU) comforting first time parents over the loss of a newborn. Nurse heroes can be observed working in emergency rooms caring for violent individuals, drug addicts, or dealing with victims of physical abuse. Civilian nurses are challenged to put aside personal biases when caring for patients. It is what they do; it is what nurses are all expected to do. It is the reason for becoming nurses in the first place: to heal, treat, and save lives.

Not all nurse heroes in the civilian world are as well known as Florence Nightingale. One quiet individual hero who is no less deserving of acknowledgement is African American nurse leader, Mary Eliza Mahoney. Born in 1845, Mahoney was the first African American woman to complete the nurse-training program at the New England Hospital for Women and Children (NEHWC). The health care industry, led by men at the time, had just begun offering learning opportunities for women. A small woman in stature (Chayer, 1954), she stood tall as a strong advocate for African American women becoming educated nurses during the era of the Underground Railroad and women’s suffrage --- a time when a woman’s future was determined by her place in society.

Mahoney’s parents, freed slaves, settled near the Boston area, where she was born (Chayer, 1954). Given a formal education in integrated schools from the age of ten, she had an advantage over other African American women her age (Encyclopedia of World Biography, 2011). Soon after the Civil War, while doing domestic work within the New England Hospital for Women and Children as a washer and cook, she developed an interest in nursing. Well known by the staff and encouraged by the founder of the hospital, a progressive German-born feminist physician, Mahoney applied to the hospital’s nursing school (Chayer, 1954; Encyclopedia of World Biography, 2011). The majority of training occurred on the ward with 16-hour days seven days a week. After spending 16 months in this rigorous nursing program, Mahoney demonstrated her aptitude and superior ability for performing nursing skills and was one of three out of 41 students who successfully completed the program and became a nurse.

Following Mahoney’s graduation in 1879, other African American women were soon admitted to the nursing program. Race and color were no longer admission issues (Chayer, 1954). Mahoney worked in nursing as a private duty nurse for 40 years starting out at $1.50 a day and sleeping on a couch next to the patient’s bedside while on duty 24 hours a day. Committed to equal rights for women, Mahoney was one of the first women in Boston to register to vote (Chayer, 1954). She passed away in 1926 and her gravesite marker reads, “The First Professional Negro Nurse in the U.S.A” (Encyclopedia of World Biography, 2011).

Nurse heroes are known to lead the way against all obstacles. The idea of Mahoney accomplishing what she did during a time of uncertainty and prejudice against African Americans is cause for reflection. Her struggles were many, including some physicians refusing to work with Black women and patients who refused care from anyone not of the same color. Mahoney, a true hero, was a pioneer who crossed numerous barriers giving African American women a chance at entering a profession dominated by another race. While Mahoney is not best known for saving
hundreds of lives as other nurse heroes, she remains to this day a hero for what she accomplished not only for women of African American descent but for all women. Gifted in so many ways, her strength and sheer determination overcame barriers standing in the way of opportunity. Mahoney is credited with being a founding member of the National Association of Colored Graduate Nurses (NACGN), an organization created to assist black nurses nationwide to gain equal access to education and aim for improving the status of professional black nurses (Davis, 1999).

Stories of nurse heroism certainly continue in our time. Some of them have a marked sense of impact on our awareness. Such is one recent case. In July 2017, Alex Wubbels was the charge nurse in the Burn Unit at the University of Utah Hospital in Salt Lake City, Utah. Early that evening an unconscious patient was admitted who had sustained severe burns over 45 percent of his body as the result of an auto accident when a vehicle being pursued by police struck his truck. Police officers from Salt Lake City Police Department arrived soon after the patient’s admission and informed Alex Wubbels that they wished to take a blood sample from her patient (KUTV2News, 2017, Sept. 4), though he was not at fault in the accident. She refused to permit it and showed the officers the hospital policy, which required patient consent or a warrant (Inside Edition, 2017). The police officers refused to accept the validity of the hospital policy and Alex Wubbels continued to refuse to follow the police officer’s order for taking a blood draw. As a result, she was roughly grabbed by the officer, handcuffed, pushed, and shoved into a police vehicle, and taken to police headquarters where she was ultimately released without charges (Olson & Brous, 2018). According to the University of Utah Hospital chief nursing officer, Wubbels acted according to hospital policy and did exactly as she should have done (UofUHealth, 2017).

Reflecting on the case of Alex Wubbels, it is important to recall that The Institute of Medicine (IOM) in 2001 called for a movement to improve the quality of patient care (Masters, 2017). Patient-centered care is one of six aims for improving the health care system within the United States. Patient-centered care has been defined as “providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions” (IOM, 2001, p. 40). Since this time, nurse educators and nursing leaders promptly promoted and supported patient-centered care initiatives that establish patient dignity and trust. Additionally, early on in their educations nurses are taught to act as advocates for their patients’ rights, especially in the case of the unconscious or special needs patient. Alex Wubbels’ refusal to permit a non-consensual procedure, a procedure which potentially could have harmed or damaged her patient, in essence epitomized the ideal of patient-centered care as she protected her patient’s rights and safety. With all this in mind, it should come as no surprise that for 16 consecutive years Gallup Poll findings show nursing to be the most honest and trustworthy profession with superior ethical standards (American Hospital Association, January 10, 2018).
Wubbels’ absolute commitment to the coordination of patient care for a patient who could not speak for himself showed a strength of character to which we all must aspire. While nurses were once expected to be subservient to authority, (Lundy & Masters, 2017) this remarkable nurse proved to be the antithesis of subservience. Acting in her role as the shift charge nurse, Wubbels demonstrated characteristics of an effective nurse leader (Melnyk, Malloch & Gallagher-Ford, 2017) when communicating with the police lieutenant in a clear and respectful manner yet refusing to break down under verbal and non-verbal pressure from the local law authorities (GLOBAL News, September 4, 2017). Wubbels risked her own safety and personal well-being in advocating for her patient, an individual whom only hours before she did not know. Interestingly, earlier in her life Alex Wubbels first showed this incredible dedication when she participated in two Olympic Games and won two national championships in alpine skiing. In a tense moment, Wubbels demonstrated those characteristics associated with being a hero: dedication, and courage in service to others (Uof UHealth, 2017).

Wubbels’ act of advocating for her patient has had a far-reaching impact. Her purpose in releasing the video of the event was to show rural nurses in Utah that aggressive incidents by authority exist and to educate other nurses of the potential for workplace violence. In the end, Wubbels’ heroic act has gained national media attention, sparked international outrage (Fine Print, 2018) and caused other institutions to evaluate more closely and rewrite existing policies and procedures (UofUHealth, 2017). Wubbels brought a lawsuit against the Police Department and University and received a settlement of $500,000 (Inside Edition, 2017). Wubbels stated that she was honored by the impact her story made on institutional policies for nurses worldwide. Once receiving the settlement Wubbels intentions included making a financial contribution to the American Nurses’ Association End Nurse Abuse Campaign designed to stop workplace violence (ANA, n.d.), and a contribution towards helping other victims in gaining access to police body camera footage for incidents involving personal abuse (Coble, 2017).

Reflecting Forward…..

The discussion of nurses as heroes finds its relevance in the very midst of human experience. In our humanity, we vacillate on a spectrum of invincibility and vulnerability, health and illness, spiritual need and spiritual fulfillment. Our humanity is the overarching umbrella under which these three conditions fall. In all realms there are those who will provide in large or small ways, some measure of hope and comfort to an individual. We chose to use nurses to illustrate their caring above and beyond as an example of how their heroism can provide hope. We may reluctantly find ourselves having to reach out when in need. During times of need, nurses assist in meeting biological, psychosocial, and spiritual needs through their compassion for other humans, no matter who they are or from where they come. This is a vital part of the human connections we crave, especially when vulnerable. Nurses should be recognized for creating this connection as well as performing their caring role in healthcare systems that so unfortunately are becoming more and more depersonalized.

At the end of the day, these nurses will never claim to be heroes. They will not think they have done anything special. They will not acknowledge that the lunch break they missed, the 16-hour shift, or the extra time they spent with an ill child's parents is anything out of the ordinary. Many do it every day. One of the authors of this article was recently on a flight to a nursing conference. She knew there were many other nurses on the flight. A passenger suddenly
began having chest pain. At the very moment it occurred, several nurses were right at her side, asking for the oxygen, medications, and yes, barking orders to the flight attendants, and making sure the patient was comfortable. Even though asked to take their seats and buckle up, they would not leave the patient's side during the diversion and bumpy landing, only taking their seats after the emergency personnel had safely taken their patient off the plane. They asked for no recognition, no thanks. That day, there were at least 10 heroes aboard that plane. Those are the everyday, quiet heroes that elevate nursing as one of the most trusted professions in the world.

Franco, Blau, and Zimbardo (2011) may argue that this is simply altruism and they have done nothing heroic because there was little, if any, risk involved. However the role of everyday heroes in today's world is to offer hope. We read of literary heroes' struggles and emergence, often achieving remarkable feats. We are inundated with movies containing super-figures. Some are agents of goodness while others may not be so moral. The news is full of sports heroes who have won games, or hit a record number of home runs or those who have gained attention in a less than honorable way, and these people are often revered. We almost never hear of people who, in smaller ways, are creating a better world through what might be seen as insignificant actions. But they are there in many walks of life. They are there in daily examples of nurses as they go about their duties, making a difference with their patients. Their stories are important to tell, if only because of the unrecognized nature of their work. It is important to recognize those at the bedside performing many caring acts, those who are scientists collecting data in an effort to determine how to make patient care better, those in academia who do more than just teach, but who try to model and impart the caring attitude to students just learning the profession.

We all hear of heroes doing extraordinary things at times during catastrophic events. We often strive to emulate them and attain some notoriety ourselves. For the most part we try to make a difference with positive goals. Anyone with altruistic intentions who acts for the good of others creates hope for humanity, even if just a little at a time. Collectively, all such givers make a difference. The collective actions of nurses' daily heroic actions have shaped healthcare as it is today. It has maintained the primordial nature of our humanness itself in a healthcare environment that is today too fraught with technology, depersonalization, and profit margins. As such, citizens have their hopes strengthened that, when needed, they can trust nurses. Additionally, it is interesting that none of those nurses cited in this article sought recognition or credit for what they have done. What they accomplished was simply for them a daily matter of course as those called to care for others.

As the field of heroism science evolves, and as it is defined, situated, and shaped, one must realize it is transdisciplinary. Nursing cannot be left behind in this, but must be at the table in this nascent field. Given the empathic nature of nursing itself, and the fact that most nurses are willing to go above and beyond in caring for their patients, it is important to discern what characteristics are associated with nursing heroism. Some of the questions that could be investigated within the nursing profession could include:

1. What personal characteristics do nurses possess that allow them to change the shape of nursing as a profession?
2. What are those characteristics that create everyday heroes?
3. How do small bedside acts affect the lives of their patients?
4. How do they shape humanity and morality?
Knowledge in these areas could better inform future nursing students, advance caring science, and provide hope for a profession that is increasingly becoming more of a business and profit model.

While some of these examples were momentous, such as Lieutenant General Horoho’s actions at the Pentagon, some were small such as the World War I nurses who helped make their patients’ Christmas a bit brighter. We recognize that many examples of nurses as heroes are fairly well-known and that those small everyday actions often go unrecognized. Kinsella, et al. (2015) wrote that the moral modeling function of heroes should include reminding people about the good possibilities of society; illustrating morals and values; and demonstrating how to elevate the world or human position. We suggest the examples of everyday nursing heroes should give us much to consider for all of the aspects of our lives and professions.

How are we being called, whether in major or ordinary life moments, to be heroes as well? What demands might being a hero make upon us? What are we willing to risk to provide hope and courage? And, what good might we be called to promote and sustain as we give, in our own ways, the gift of care for those in need?

This article has provided examples of both large and small acts that could help shape one’s thought of a nurse as a hero. Our final question to be posed would be for you, our readers to consider how you as individuals can become an everyday hero to someone, or perhaps many people, by providing hope and committing some small act that would make the world a better place. Providing small gestures such as the examples given throughout this article is one way to provide hope in a world that may be perceived to be broken. Indeed, as the wise who advise us we need to remember ---

“In a gentle way, you can shake the world” – Mahatma Gandhi
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Articles

Mirroring Military Comradery to Empower Student Veterans Transitioning into Higher Education

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Abstract
As more veterans apply to programs in higher education, educators must acknowledge that the college experience presents challenges for veterans unlike those of traditional students. Student veterans often report difficulty connecting socially with traditional students, who are less likely to have established family, social and vocational roles. In addition, evidence suggests that fewer student veterans are successful academically when compared to other students. To facilitate the integration of student veterans on university and college campuses, a national organization has suggested increasing the availability of support services, which includes assigning individual mentors. Throughout the United States, educators have developed mentoring programs, using various models, to connect incoming student veterans with peers in order to assist them in navigating college life and identifying appropriate resources on and off campus. Many
programs seek to ease the transition from the military to campus, create a safe haven and source of support, improve academic performance, and increase the student veterans’ retention rate. Overall, mentors provide ongoing support of student veterans’ professional and personal goals. Peer mentoring programs have been successful in assisting student veterans in transitioning from military service into the student role to graduation and beyond. This article discusses the significance of peer support in higher education between veterans.

Keywords: peer mentoring, veteran students, higher education, nursing

Introduction

“Henry the Fifth was talking to his men and he said from this day to the ending of the world we and it shall be remembered. We lucky few, we band of brothers, for he who sheds his blood with me today shall be my brother.”
—C. Carwood Lipton, Band of Brothers, Season 1: Points

The day someone raises their right hand, recites the oath, and joins the ranks of our nation’s military is a day that changes their life. A well-known quote written by an unknown author describes a veteran as “someone who wrote a blank check made payable to the United States of America for an amount up to and including their life.” To bear this burden alone is an insurmountable task and greatly explains the deep connection and bond formed between those in service. Bonds and relationships formed in moments of pain, struggle, determination and triumph create one cohesive unit built to protect each other in greatest moments of danger; or as Carwood Lipton put it, those who shed their blood shall be my brother. Relationships formed do not end when military service is completed; they last forever. An importance exists in maintaining those bonds and relationships as service members and veterans seek higher education. The purpose of this article is to discuss the significance of peer support in higher education between veterans.

Veteran Culture and Camaraderie

Veteran culture is rooted deeply in the challenges and tasks that service members face. From the time an individual enters Basic Training to the completion of service, military members develop strong values and beliefs that make the military strong. The military itself has its own ethos that distinguishes the character or guiding beliefs of its members. Pride and determination to serve the United States of America instills a deep and enduring sense of loyalty and commitment to fellow service members. This is present within all service members and strengthens through each branch under which they serve. By upholding this spirit, service members maintain the strength to persevere through periods of great danger and deprivation. They protect each other from harm in combat or the wounds of psychological damage inflicted in conflict. After forming a sense of family during years of friendship and shared experiences during high times of stress, transitioning from the military to higher education can create feelings of isolation and frustration for service members (Patterson, 2019).
Transition to Higher Education

Survey results released from the U.S. Department of Veteran Affairs (2018) estimated that 15 percent of veterans enrolled in higher education upon completion of service. In 2015, 44% of student veterans enrolled in bachelor’s degree programs (Postsecondary National Policy Institute, 2019). Subsequently, this significant influx of military members increased the need for research to support transitioning service members to higher education and civilian life. A study performed on mental health and wellbeing for student veterans touched on the cultural aspects that differ from them and civilians (Taylor & Francis Group, 2019). Comprised of responses from 20 student veterans, the differences in civilian and military student culture were analyzed. Results revealed that, even without a difference in the age of a veteran and a civilian student, “military service had instilled them with vastly different cultural values, which meant they experienced ‘cultural shock’ when going from a military environment to a college campus” (Taylor & Francis Group, para 4). Further findings indicated cultural shock was true for both combat and non-combat veterans; removing the stigma of combat makes it hard to return to civilian life. In fact, difficulties leaving the military and readjusting to civilian life come from a multitude of sources such as socioeconomic and educational problems prior to enlisting in the service (Derefinko et al., 2019). Furthermore, some topics in classroom conversations related to politics controversial to military practices were found to heighten stress. Other standards or trivial matters like exams, hygiene practices, and professionalism exacerbated differences with classmates (Taylor & Francis Group).

Several sociocultural, situation, and academic factors have been at the root of the students’ anguish in higher education (Sharp & Theiler, 2018). In response to the stress of transitioning to college, service members may respond to stress by reaching out for help or becoming isolated. Isolation from other students can lead to further issues and may eventually lead to drop out. Furthermore, students enrolled in nursing programs have additional stressors, increasing the risk for psychological distress (Deasy, Coughlan, Pironom, Jourdan, & Mannix-McNamara, 2014). In efforts to decrease feelings of isolation, higher education institutions can offer a Student Veterans of America (SVA) chapter or spaces such as military lounges. These organizations or designated areas for student veterans allow them to connect with others. Issues with transition begin with the loss of camaraderie and teamwork provided by the military. Think of it in terms of the Three Musketeers, “All for one, and one for all.” Military members work in highly effective and high functioning teams. This also relates back to Captain Lipton in Band of Brothers, “we few, we band of brothers.” Service members consider teamwork as the core unit of the military’s establishments and operations (Veestraeten, Kyndt., & Dochy, 2014). In higher education, this sense of team is quickly lost as grades and exams are based on solo performance. Although group work and team projects exist in higher education, grades drive performance more than working together. Group work can heighten stress and isolation for veterans as they struggle with loss of team from the “all for one mentality” to “all for one and none for all.” By providing places to meet and programs to connect, student veterans are able to secure new teams early in their education.
Meeting Veterans at the Door - Admissions

Teamwork, culture, and transition are all keywords for student veterans in higher education. The key for successful recruitment-to-graduation of veterans needs to start at the door and end on the stage. Meeting veterans in admissions or one who has successfully completed a college degree “at the door” quickly establishes trust and rapport with a potential military student.

For example, a potential military student calls admissions and speaks to an admissions representative. He notifies the representative that he served in the US Army as a 68W, Active Duty with two tours, separated as an E6 and now he is interested in nursing. To a civilian, this terminology may signify the veteran was in the Army and deployed twice. However, by switching the role of the admissions representative to someone with a military background, the statement translates as the veteran served in the Army as a medic. He deployed twice and reached mid-level leadership with higher levels of school and training. This translation automatically allows the representative to respond to the student with an understanding and continue a dialogue using military jargon. The ability to connect and speak with a student veteran in comfortable terms establishes trust and decreases the time and effort needed to relay an understanding of the terms of higher education. Initial contact with another military member introduces the newly enrolled student to their first team member at the school. Speaking with someone who has a military background creates a sense of comfort from his or her first contact with the school. Initiating a new sense of camaraderie at the start of a program in higher education aids in the student’s healing related to the transition out of the military.

Academic Support

The idea of meeting veterans at the door and aiding them to the stage of graduation should continue with support throughout the program. Davenport University (DU) and Samford University (SU) addressed this need by developing programs like the Battle Buddy system and Alumni Mentoring Program to Enhance Diversity - Veterans (AMPED-VET). The programs connected student veterans with others during their academic journey. Funding from the Health Resources and Services Administration (HRSA) for the Veteran Bachelor of Science and Nursing (VBSN) program provided student veterans with a dedicated academic advisor with military experience to guide them through school. Offering a dedicated academic advisor with military experience resulted in higher retention and graduation rates for VBSN students. During the VBSN program, feedback from the students revealed occasional withdrawal from faculty who held an officer rank in the military or those who held titles such as Liaison/Coordinator or Dean. When approached by faculty in leadership positions, the students answered with “yes ma’am/sir or no ma’am/sir” mentality. If students were struggling, they were not willing to ask for help and pushed through or moved forward. When an academic advisor with a lower enlisted rank joined the team, students were more willing to ask for help as rank was removed from the situation.

Over the years, lessons learned from transitioning veterans into higher education enhanced academic support for students. The dedicated veteran academic advisor developed networking opportunities for students, ranging from support resources to employment opportunities. When issues with school or stress arose, students were willing to reach out to the advisor for
help who could then direct them to the appropriate resources. In turn, the academic advisor was able to build and develop resources within the school and community outreach to support student veterans. News of the success and high retention from the VBSN program spread, causing other departments to request information to develop support programs for their student veterans. This type of connection continued the support and camaraderie at a deeper level within the higher education system; and student veterans recognized the familiar support system throughout their college experience. By having continued support from another veteran, the student veterans healed and adapted to the higher education environment more quickly.

An additional aspect of the military advisor provided support to veterans when the stress of balancing school and home life caused students to withdraw from school or notice any warning signs. Student veterans often missed family gatherings, funerals or birthdays during their service. Duty and obligation do not make it easy for service members to overcome missing these events; but the sense of family from others and their shared experiences can help. While attending school, balancing family obligations, childcare, financial requirements and overall common day-to-day tasks can become much more difficult when a life event, either positive or negative, occurs. Often, student veterans contacted the dedicated advisor when one of these events occurred. Their trust in another veteran within the school allowed a bridge in communication with staff and faculty to address the reason a student may seem distant or withdrawn when dealing with these issues. Students were more willing to express their issues and in even the most serious cases, improving the ability of the team to aid a student who was at risk due to mental health or failing grades. Year one attrition results reported 75% retention of student veterans. By year four, retention rates climbed to 90% indicating the aided efforts of VBSN staff and faculty were successful.

**Efficacy of Mentorship Programs**

Mentoring skills are valued in the healthcare professions as they assist in influencing and shaping the careers of the next generation of providers. Mentors promote mentees’ career development by providing advice and guidance while facilitating professional and personal connections. Since a mentor serves as a role model and support system, in an effort to provide motivation and foster psychosocial well-being, mentoring has been linked to stress reduction (Rush, Adamack, Gordon, Lilly, & Janke, 2013; Akinla, Hagan, & Atiomo, 2018). In several studies, the application of seniority as a criterion for being a mentor noted positive results in nursing (Chen & Lou, 2014). Effective mentoring has the ability to provide mentees with psychosocial comfort and empowerment while they transition into new territories in life.

Peer mentoring in first-year undergraduate nursing has been beneficial in the successful transition of nursing and other health professions’ students (Carragher & McGaughey, 2016). The intervention has shown efficacy in promoting college student success (Yomtov, Plunkett, Efrat, & Marin, 2015; Collier, 2017), and can improve knowledge related to professionalism, values, ethics, and the health profession not learned from textbooks. Programs offering mentorship programs and other support activities tend to have lower attrition rates (Jacob, Attack, Ng, Haghiri-Vijeh, Dell’Elce, 2015). Overall mentorship programs including domains of emotional support, provision of academic subject matter, role modeling, and goal setting produced intended positive results.
Establishment of Veteran-Centered Peer Mentoring Programs

A peer mentorship program in higher education dedicated to student veteran success should build upon the strengths developed in military service. Service members naturally understand the network system of working with another. Establishing a program for student veterans to connect early initiates the transition to higher education at the start and limits feelings of isolation. Because of grant support, the number of nursing student veterans on universities’ campuses increased. DU and SU averaged two nursing student veterans annually prior to implementation of the grant. By the end of the grant, a total of 36 nursing student veterans were enrolled at both schools. Although groups of student veterans attended the same classes, a need still existed for them to have a way to connect formally with their classmates. In an answer to building a team environment, both universities used best practices (Table 1) to establish veteran-centered peer mentoring programs, focusing on the student veterans diverse needs. With DU utilizing current students and SU maintaining relationships with alumni, both programs focused on the efficacy of relationships to transition successfully student veterans in higher education.

Table 1.

<table>
<thead>
<tr>
<th>Mentors</th>
<th>Mentees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Get to know the mentee</td>
<td>Focus on achieving learning goals</td>
</tr>
<tr>
<td>Establish working agreements</td>
<td>Expect to drive the mentoring relationship</td>
</tr>
<tr>
<td>Focus on developing robust learning goals</td>
<td>Create SMART goals that contribute to development</td>
</tr>
<tr>
<td>Balance talking and listening</td>
<td>Be authentic, open and honest</td>
</tr>
<tr>
<td>Ask questions rather than give answers</td>
<td>Prepare for all mentoring meetings</td>
</tr>
<tr>
<td>Engage in meaningful and authentic conversation</td>
<td>Stay connected and in communication with mentor</td>
</tr>
<tr>
<td>Check out assumptions and hunches</td>
<td>Be willing to step out of comfort zone</td>
</tr>
<tr>
<td>Support and challenge the mentee</td>
<td>Ask for specific feedback</td>
</tr>
<tr>
<td>Set the expectation of two-way feedback</td>
<td>Focus on the future</td>
</tr>
<tr>
<td>Check in regularly to stay on track</td>
<td>Keep a journal</td>
</tr>
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</table>


Davenport Battle Buddy Program

As a part of the VBSN grant, the DU Nursing program welcomed student veterans with medical backgrounds into advanced standing by granting credits for military transcript experience. Through the efforts of the VBSN team, a partnership was developed. In their first semester of nursing school, VBSN students attended a Transitions course to assess their medical skills and begin their skills in nursing fundamentals. Recognizing the benefits of teamwork, all VBSN students across Davenport’s four nursing campuses in the state of Michigan attended the course online. The VBSN team, comprised of all prior military service members, recruited, advised, and taught the VBSN cohorts, maintaining a military connection. Developing a team with military experience enhanced the care and knowledge of working with the VBSN cohorts.
Clashes of culture in the classroom can lead any student to withdraw or underperform. These social differences can often enhance stressors for military students. In an effort to aid the many veterans separating from the military and seeking higher education, DU developed an educational training Green Zone for faculty and staff. This program recognizes certain staff and faculty familiar with military culture, affording students an opportunity to connect with someone veteran culturally competent. In addition, a military simulation was created to enhance veteran cultural awareness on campus. Similar to another study (Taylor & Francis Group, 2019), DU’s VBSN Cohort Survey revealed that military students struggled with various areas such as feeling old in class, handling time management, communicating with other students and faculty, feeling a lack of respect or support, and balancing school and life. Data from a survey conducted by the University of Syracuse Institute for Veterans and Military Families supported the results of the DU veterans. Highlights of the survey affirmed that the lived experiences of veterans from the latest generation indicate strong positive perceptions of the military experience itself (Zoli, 2015). These perceptions, based upon their service, create barriers for veterans while seeking higher education. When veteran students struggle with the transition from military service to school, barriers they face become heightened, increasing their chances to fail. Rather than forcing military students to give up the ethos and culture of the military, educational institutions that support students through embracing core elements of the military better aid the transition. Affording student veterans to connect with other service members in the same program enabled a smoother period of change.

The connection through the military quickly builds comradery common in military service. Seeing the comradery develop through the transitions course, the Battle Buddy system became apparent as a way to develop a new support system. This support system had many benefits to the VBSN students who were able to support each other and develop further bonds while attending school.

Findings of DU’s VBSN Cohort Survey confirmed that student veterans struggled with issues related to military transition. In order to address student concerns from the survey and aid the transition of student veterans, the VBSN team used Green Zone training and the military simulation to train staff and faculty while creating a supportive network for student veterans. The creation of the Battle Buddy system connected DU VBSN students across the four nursing campuses, giving them an opportunity to establish a new sense of comradery and connection with others who have served. Establishing the Battle Buddy system addressed student veteran issues with time management, balancing school, work and life. Mentorship connected those who successfully transitioned in other cohorts with new cohort students. During VBSN orientation, students in all cohorts were given contact information for all VBSN students. In addition, incoming students were assigned to someone in the upperclass. Students quickly used the information to communicate with each other across campuses and the same grade level. This added a layer of support for all students. The VBSN team also noticed that much like the military, one student naturally stepped into a leadership role by communicating and advocating for the other students.

Feedback from DU VBSN students showed positive feedback results in further surveys. One student stated:

The VBSN program has many benefits that I never experienced at other colleges. We were recognized for our experiences in the military that had a direct correlation to credits
in school. Working directly with other military students in the same program made my transition easier. We all work together to study, remind each other of important deadlines, and we all know the struggle of balancing school, work, and our families. It’s not that other students don’t have the same obligations, it’s just different knowing our shared military experiences give us a different connection from other students from the start.

The Battle Buddy system is quite simple; it gives the students contact information at orientation and assigns them someone to reach out to, yet it quickly gives incoming veterans a new team.

**AMPED-VET Program**

The Alumni Mentoring Program to Enhance Diversity (AMPED) was developed to improve efforts to promote diversity and increase awareness and understanding of multiculturalism and diversity throughout the university. Based on the same concepts, the AMPED-VET was modified to focus on the culture and multiplicity of veterans. The main goal of the program was to motivate and support student veterans to deliver their best through learning and development opportunities. In the hopes of promoting successful mentoring relationships, the program used a model (per Figure 1 below) focused on planning, implementing new ideas, and improving motivation and communication skills. Based on literature that suggests mentoring has improved effectiveness when mentees are able to select their mentors (Taylor et al., 2013; Choudhury et al., 2014), the creation of the AMPED-VET integrated the type of peer mentoring relationships into its development. Because mentoring relationships often take time to develop as trainees acclimate to their new environment, the opportunity to participate in the mentorship program was announced during orientation to the VBSN program.

![Mentoring Model](image-url)
The delivery of the AMPED differed between schools throughout the university, and programs were adapted to meet specific institutional or departmental requirements. The AMPED-VET program was divided into three phases: Relationship Building, Transition Preparation, and Career Goals. A new VBSN graduate served as the lead mentor of the program. In this role, he or she oversaw the mentor/mentee matching process and supervised the on-going relationship. Once mentors and mentees were matched, they developed a meeting schedule that was conducive to their availability. During the first phase meeting, the discussion centered around identifying the expectations for the exchange. Topics discussed usually included the vision of the mentoring relationship and essential areas of support. In addition, mentors as well as mentees were encouraged to share their background and interest in nursing during this time. Other questions often asked by the mentor were:

1. What experiences impacted your decision to pursue a career in nurses?
2. How do you believe your learned skills in the military are beneficial in your transition to practicing in the civilian healthcare system?
3. What do you hope to achieve personally and professionally through your mentoring experience?
4. Do you have any apprehension?

Mentees often asked:

1. How can I make the most of this opportunity so that it benefits my career?
2. What are the unspoken rules in the school?
3. What can I expect when in a clinical rotation?
4. Have you faced any challenges transitioning from the military to civilian academia?

In phase two, mentees were prepared to successfully transition into civilian healthcare settings. Mentees had the opportunity to learn about the various facets of their new journey in academia. They explored how their military service history could influence many of their decisions. Emphasis was placed on the fact that training may occur in settings different from past experiences. The importance of relying on their mentors to assist in preparing for the challenges they may face was reiterated throughout this phase.

As the overall goal of the VBSN program was to launch the students into a meaningful occupation undertaking as a nurse, the last phase focused on developing a well-defined career plan. During this time, the mentor’s prior experience helped guide the mentee’s proposal. Mentees assisted mentors in developing portfolios, which included samples of student work as well as clinical experiences and military training. Mentors often discussed ways to leverage professional networks and develop learning opportunities. In addition, mentees were encouraged to join professional nursing associations that might provide networking and professional development opportunities as well as other resources. Having the guidance, encouragement, and support of an experienced mentor provided the mentee with a range of professional and personal benefits, ultimately leading to improved performance in the academic setting.

Given the additional work created by being a mentor, the school of nursing’s intentional flexibility of the program afforded recent graduates the opportunity to serve as mentors. Qualities of the program included voluntary participation by the mentor and mentee. In
addition, limited restrictions were placed on the mentoring process to allow mentors and mentees the chance to develop a relationship that was appropriate to their exact needs. In doing so, mentors and mentees were able to determine a schedule and meeting frequencies that were favorable to each person’s availability. Mentors voiced satisfaction in being able to serve without feeling overwhelmed because of the ability to modify the implementation of duties of the program while balancing other life responsibilities.

The benefits of mentoring were widespread for mentors as well. Mentoring offered mentors the opportunity to reflect on their own practice and served as a conduit for giving back to the school of nursing. The mentoring program improved relationship-building skills. Furthermore, mentoring enhanced peer recognition. The encouragement of knowledge sharing increased a mentor’s feeling of self-worth. A sense of fulfillment through sharing principles was established. Through mentoring, mentors were able to practice listening and interpersonal skills while widening their understanding of the organization’s infrastructure. In turn, those learned experiences were passed on to the mentee. Most of all, supporting the development of others provided the mentor personal satisfaction and an extended network.

Crossing the Stage - Mentorship Success Stories

Participating veteran students offered feedback on involvement in the Battle Buddy and AMPED-VET mentoring programs. The two short stories below address the success of student veterans included in both programs. The student veterans welcomed the mentoring support to assist them with integrating on campus. By utilizing students and graduates who were familiar with the process of transitioning into higher education and nursing careers, the mentorship programs were successful in assisting with more than just the earning of a degree; the increased retention and graduation rates for veteran students was also noted.

Veteran Story One. Mentoring through the Battle Buddy system aided multiple students at DU to transition successfully and graduate. As the focus of the program centers around the students working together to navigate the challenges of nursing school, there are many stories of success.

C.M. started at DU in an early cohort and experienced a long journey to graduation. Coming from a military background with an intense deployment and a high suicide rate among fellow service members post deployment, C.M. struggled with the loss of his comrades while transitioning to higher education. In order to address symptoms of post-traumatic stress disorder and loss, he began to teach yoga classes to deal with stress. Finding peace and balance through yoga practice, he began to teach yoga on campus for other nursing students and staff. He used his pain and struggles to mentor others in stress management. Faced with many challenges, he successfully graduated from nursing school and continues his yoga practice. The Battle Buddy system focused on working with other students to navigate school, a sign of true success is reaching outside the program to help others.

Veteran Story Two. J.S. was a 25 year-old male enrolled in the VBSN pathway, transfer option. Upon entry into the Army, J.S. completed Airborne School, joining the ranks of other elite paratroopers. During his second year, he was deployed overseas. As he was trained to conduct a range of missions, from prevention and preemptive tasks, to complex high intensity war fighting, he had no idea of what to expect once his “boots touched the ground.” Eventually, he returned to the United States and decided to enroll in nursing school. Though excited to start a new journey, J.S. also felt a sense of apprehension.
During the orientation to the VBSN pathway, J.S. reported that the introduction of the AMPED-VET program immediately piqued his attention. He believed developing a mentoring relationship with someone who had already completed the nursing program could aid in alleviating some of his uncertainty. As the mentor would be another veteran, this detail was of added value for his desire to participate in the mentoring program. He believed the mentoring program would provide professional socialization and personal support which would ultimately facilitate his success in academia as well as in his career.

Throughout the program, J.S. faced personal and academic challenges. However, his mentor was always available to help him handle those difficult situations whenever they arose. The quality mentoring relationship produced positive outcomes in several academic, personal, and professional situations. In the end, J.S. stated, “Having a mentor gave me the sense of knowing someone cared about me. I was not alone in dealing with the day-to-day challenges. I was not just another student. I mattered.” J.S. graduated and began his career as a nurse in a civilian setting immediately after graduation.

Future Implications

As student veterans continue to transition into higher education across the nation, a need exists to connect them with mentoring relationships. In many instances, the rigid curriculum, continuous exams and assignments, and study requirements frequently cause feelings of pressure, even in traditional college students. At times, these students conclude they have made the wrong decision in attempting to further their education so they eventually drop out. Educators are encouraged to consider how interventions targeting student veterans’ transition phases such as peer mentoring can address many of these challenges. Known positive outcomes of peer mentoring include professional and personal development, stress reduction, and transitioning facilitation (Akinla, Hagan, & Atiomo, 2018). Therefore, educators are charged with linking student veterans to peers prepared to support them in acclimating to the college environment in order to overcome any and all problems that develop over time. In addition, the motivation to lower student attrition rates serves as an influencing factor in the provision of processes such as mentoring programs to assist student veterans in achieving their educational objectives. Future implications are for educators to ensure peer mentoring is available to student veterans in order to promote success in an environment of inclusion and retention.

Conclusion

Dating back even to ancient times, mentoring has an illustrious history in academia. As successful mentoring programs require a span of human qualities such as commitment, trustworthiness, empathy, and psychological and emotional support (Crisp, Baker, Griffin, Lunsford, & Pifer, 2017), the recognition and appreciation of these functions was essential to the Battle Buddy and AMPED-VET programs’ growth and sustainability. Furthermore, additional skills such as listening, motivating, questioning, challenging, and supporting were indispensable. Throughout the program, mentors provided student veteran mentees a boost of confidence and reminded them that the ultimate goal of graduation was always within reach. Because mentors had more experience than mentees, their unique positions often allowed them to offer advice on the handling of specific situations, focusing on targets, and prioritizing along the academic journey. At times, mentees desired to speak freely about their troubles,
feelings, emotions and fears so mentors were available just to lend an attentive ear. Although the mentoring programs were designed to last for a predetermined time, many of these professional relationships were long lasting and life changing. By way of both mentoring programs, student veterans were given the opportunity to receive a “life line” while navigating the high demands of academia. In the end, the peer mentoring programs were successful in serving as a bridge, starting when the student veterans walk through the door of the higher education institution and continuing until they crossed the graduation stage and beyond.

References


Stories from the Academic Front: 
Leveraging Veterans’ Voices

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Abstract

With the number of veterans transitioning to a post-military career, and many of these trained medics, Corpsmen, or other health care specialists, professional nursing is an option that allows these veterans to utilize their training and experience. However, the transition to nursing academia from the military is not easy. Two institutions, Davenport University Department of Nursing, and University of Alabama at Birmingham School of Nursing, both recipients of the Health Resources and Services Administration Veterans-to-BSN grant, describe student and faculty perceptions throughout the veterans’ transition from the military, to higher education. Understanding the characteristics of the veteran-student, the difficulty of transitioning from a military culture to an academic culture, and the strengths that veterans bring with them as a nursing student, help nursing faculty and staff create an environment that supports success for the military student. This article demonstrates the complexity of assuring the successful transition from military service member to graduate nurse and provides strategies that can be implemented by other nursing programs to promote academic success of military nursing students.

Keywords: military student and faculty perceptions, transitions, academic culture, military culture

Introduction

Of the veteran population of 19.2 million, a reported 7.2 served in the Gulf Wars. As these veterans transition into careers after concluding their military service, many of these veterans face questions of how to use their skills and training in their post-military career. Additionally, veterans often encounter difficulty in finding employment (Bureau of Labor Statistics, 2019). Many of these veterans are expertly trained medics, Corpsmen, and health care specialists who have served, working in combat and in humanitarian efforts, yet these highly skilled individuals often have difficulty transferring these skills to the civilian workplace.

Paralleling this issue is a national shortage of nurses. The American Association of Colleges of Nursing (AACN) projects an increasing shortage of nurses. Many factors contribute to this shortage including a shortage of nursing faculty that limits the number of students enrolling in nursing school, an aging nursing workforce that is nearing retirement age, and an overall change in population demographic characteristics, including a much older population, which requires more nurses to meet healthcare needs (American Association of Colleges of Nursing, 2019).
In 2013, the Health Resources and Services Administration (HRSA) awarded funding to nine schools of nursing in the United States for a Veterans-to-BSN (VBSN) program. The overall purpose of the VBSN program was to help transition veterans into careers in professional nursing once their service had concluded; after the inaugural year, the VBSN program expanded to 31 schools of nursing. Efforts such as the VBSN program encourage veterans to return to school, yet as non-traditional students, these veteran-students still face many obstacles in completing their nursing degree. Veterans have many of the same characteristics as other non-traditional students. The average age of veterans enrolling in higher education is 25 years; approximately 15% of veteran-students are the “traditional” college age of 18 to 25 years. The average length of time between graduation from high school to enrolling in college courses is five years (Postsecondary National Policy Institute, 2018). Fifty-two percent of veteran-students have reported having dependents, compared to 20% of traditional students (Molina & Morse, 2015). Forty-five percent of veteran-students are married, while 46% report working either full or part-time while in school. As with other non-traditional students, the multiple roles related to personal relationships, work, and school lead to increased stress for these students. Additionally, over 50% of veteran-students report having a VA disability rating, with four out of five indicating that their disability contributes to their stress related to school (Student Veterans of America, 2017).

This article focuses on the experiences of two very diverse institutions who implementing a VBSN program: Davenport University Department of Nursing (DUDON) and the University of Alabama at Birmingham School of Nursing (UABSON). DUDON and UABSON are very different institutions and used different strategies for supporting their VBSN students. Davenport University is a private, not for profit, university with sites throughout the state of Michigan. Based in Grand Rapids, the Nursing Department serves approximately 900 undergraduate and graduate nursing students. The VBSN program has served 50 students since inception in 2013 and enrolls new VBSN cohorts twice a year. The University of Alabama at Birmingham is a large, comprehensive urban university that is part of an academic health science center and is the largest research institution in Alabama. The UABSON offers undergraduate and graduate degrees and has an enrollment of about 2,500 students, 831 (34%) of which are undergraduate students. The VBSN program, implemented in fall 2014, has graduated 32 students and currently has 14 students matriculating through the program. The article describes the results of a longitudinal survey of VBSN students conducted by DUDON assessing the challenges faced by veteran-students returning to school and how these results are applicable to a very different academic setting.

**Challenges Faced by VBSN Students**

At the inception of the grant funding, a paucity of research existed on how to ensure success for military students in nursing programs. The research only discussed challenges of reintegration from the military to civilian life but had little to offer about academic transitions. Based on the research, we put several strategies in place but it soon became apparent that the student themselves wanted to have input and share their feedback about how to customize our
efforts to their unique challenges. In true military style, they gave very little feedback to anyone in authority (Dean or Associate Dean) but would write paragraphs if given an open text box. Many were even brave enough to stop by a faculty or staff office and express opinions at length. Since we have a philosophy of continuous quality improvement, the DUDON decided to survey the students with open-ended questions to harness their voices (Figure 1).

Figure 1. Student Survey Questions

<table>
<thead>
<tr>
<th>Student Survey Questions</th>
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<tbody>
<tr>
<td>1. Returning to higher education can be a potentially stressful transition? How have you coped with stress in the past?</td>
</tr>
<tr>
<td>2. Seeking help is often discouraged within the military, but in an educational environment seeking help is encouraged. How can we help you reach out for help and utilize the resources we have available?</td>
</tr>
<tr>
<td>3. Describe any challenges you had reintegrating into civilian life that could affect your education. What suggestions or strategies can we implement to help you with this?</td>
</tr>
<tr>
<td>4. What is the hardest thing about returning to school?</td>
</tr>
<tr>
<td>5. Do you feel like you have to deal with problems by yourself? If yes, what stops you from reaching out for help?</td>
</tr>
<tr>
<td>6. What support systems do military students need at Davenport to be successful?</td>
</tr>
<tr>
<td>7. What types of events would you like to see to support military students?</td>
</tr>
<tr>
<td>8. What communication techniques would you prefer professors to use to talk with military students about requirements of the class?</td>
</tr>
<tr>
<td>9. What strategies would you suggest to military students to help balance school life and personal life?</td>
</tr>
</tbody>
</table>

The responses were often raw and very honest. During the five-year grant, DUDON surveyed their VBSN students in years 3, 4 and 5 during the transitions course in their initial fall semester with the University. Responses were coded for commonalities the first year. These codes were tested against the second-year responses to be either confirmed or discarded. In the third year, this process was again followed and the team reviewed the codes to designate discreet themes. In this rich body of qualitative data, the veterans’ voices illuminated an overarching theme we named Shifting Perspectives: Transitioning Service Members to BSN Students (Figure 2).
The six themes that emerged from the coding of the responses delineated transition points necessary for VBSN students to navigate in order to succeed. The themes identified are balancing, finding my team, time management, respect, mission critical, and fitting in. Hearing these student voices increased our understanding and helped each institution formulate strategies for assisting military students to make the transition to a successful nursing student. Ultimately, we saw that success in the nursing program required a “shift in perspectives” from a military perspective to an academic success perspective. Understanding the student’s challenges through evaluation of the survey responses helped the DUDON VBSN faculty and staff facilitate this transition.

**Theme One: Balancing**

The survey revealed that balancing schoolwork with home life created major stressors that affected veteran-students ability to succeed in school. DUDON VBSN students discussed having to attend drill, and reintegrate into families and communities. Juggling priorities of a very demanding program often led to struggling or “going under.” The students described trying to function on their own and not wanting to ask for help, not seeing other students as peers or mentors and not utilizing resources such as free tutoring. Sharing these perspectives helped the DUDON VBSN faculty and staff alert the advisor and faculty to working with them to
intervene before they were in crisis mode, encourage communication and reinforce that asking for help is an academic strength, not a deficit. Students stated they felt much more confident once able to achieve a better balance. Overall balancing emerged as a way students coped with the stress of the nursing program. One student reflected on the struggle to balance as follows:

Finding the balance between working 10 hours, 4 days a week, school, and work which takes 5 hours each day, and all family duties including housework. Then there is sleep sometimes.

To make sure the students connected and were able to mentor newer students, the DUDON VBSN faculty and staff created a Battle Buddy system in which they could support each other and give each other advice on how to balance. To assure they were aware of the demands of the program up front we created a nursing contract that all students signed. To ease the transition of having to negotiate the mysteries of veteran financial aid, we worked to make sure there were accessible and knowledgeable financial aid and veteran benefit specialists available. To decrease the complexity of navigating a complex university environment, we created a one-stop shop as a VBSN micro website so that the resources they needed were just a click away. These actions enabled VBSN students to balance multiple demands better and ease their transition.

Similar to the findings of DUDON, UABSON VBSN students often struggle with school-life balance and see it as a barrier to their success. Generally, non-traditional students such as veterans have been in the workforce for a number of years, therefore, they have been removed from the academic setting for a prolonged period. Because of this work experience, non-traditional students often perceive themselves as having more “real life” experience than traditional students. Returning to school creates a new “role” for the non-traditional student beyond that of spouse, parent, breadwinner, parent, or employee. These multiple demands on their time and the need to balance these multiple roles, creates additional stress for the non-traditional student (Forbus, Newbold, & Mehta, 2011). The following describes a situation experienced by one of the UABSON VBSN students:

A 26-year-old female veteran recently discharged from the Air Force. She has two children, ages five and seven. Her husband is currently deployed. Sara is in her first semester of nursing school when her mother, who lives three hours away, has a stroke. Sara needs to visit her mother and arrange for home care. She has been working on a class group project that is due when she will be out of town. Sara has completed her part of the assignment, but her classmates, who are younger, live on campus, and have no family obligations, have not completed their part of the assignment. Sara is frustrated with her peers and worried that the project will not be completed on time.

Theme Two: Finding My Team

Finding My Team is the second theme identified from the DUDON surveys. As the DUDON VBSN faculty and staff watched the VBSN students isolate themselves from traditional students and react negatively working with them, we wondered how we could help. The VBSN students seemed to be searching for a comfort zone that they were not finding. In contrast, they thrived when with other military students. Faculty and staff on the VBSN grant who were familiar with the military reviewed the narrative responses from the survey and identified this phenomenon for us. They explained that since the military is a team-based
profession, success is found only when the team functions at a level of high efficiency. Students instinctively came on campus looking for that team that would make them feel connected and at home. We had hoped the grant team would be that team for them but it became apparent they needed each other more. One student stated:

*For me the hardest part about returning to school is sitting in a classroom of twenty something year old students who for the most part have no clue about life or work ethic. The other hard part is having to listen to the professors talk to the class in the way that these special snowflakes need so that their tiny little egos are not crushed.*

With guidance from our military faculty and staff and after analyzing survey narrative responses, the DUDON VBSN faculty and staff created two military lounges, scheduled separate orientations yearly for the VBSNs, and created video links for students to meet, study and, connect with each other. The students showed a real desire to not “leave any man behind,” thus making sure they could work together and form a new highly functioning team as VBSN students. The insight that the VBSN students needed team-based interactions assisted us to leverage this perspective into success strategies.

The literature told us that military students do not reach out and the DUDON VBSN faculty and staff saw this in our cohorts. When passing in the hallway, and asked if they needed anything the most frequent response was, “We take care of our own Ma’am.” Over time, this improved by encouraging them to assess early when they might be getting overwhelmed, might have difficulty due to the anniversary of a negative event, or have increasing levels of paralyzing anxiety. Sometimes they helped each other; sometimes they ratted each other out when one did not want to ask for help. Once we knew them, we were better at sensing there was an issue when there were no responses to emails, texts, or phone calls. Ultimately, when asked what more we could do, we found that surrounding them with military mentors, faculty, and staff created a sense of a new team in which they could thrive and eventually the university staff and faculty became their team as well.

Other authors have reported similar findings that veteran-students often miss the camaraderie of their fellow soldiers and feel out of place in the academic environment (Shellenbarger & Decker, 2019). UABSON faculty also found that support of other veterans was important to academic success. Monthly luncheons for VBSN students provide an opportunity for the veteran-students to gather and share their experiences, offer advice, and generally provide support to one another. We observed students sharing information about veterans’ benefits, work opportunities, and scholarships. Retired military faculty and staff also attend the lunches and provided support to students. Additionally, the VBSN students sought academic assistance from their veteran peers such as tutoring and keeping each other “on-track” regarding assignments, exams, and other school-related expectations. The following excerpt illustrates the importance of “team” to one UABSON VBSN student.

*I was able to apply the sterile procedure that I had learned for validations to the patient who was in need. It helped the nurses who were seeing other patients to delegate that skill to me under instruction of my clinical advisor. It gave me a sense of accomplishment because I already knew how to perform the skill. So I was an effective asset to the team and veterans thrive during team work.*
Theme Three: Time

The third theme emerging from the survey was that of time. The lack of structure in academia forced the military students to search to create structure. From the survey results, the DUDON VBSN faculty and staff were able to see that the academic structure was markedly different from military structure, and the military student needed to understand how to effectively manage their time. Solutions used by traditional students were unfamiliar such as using a Google appointment calendar to schedule assignments and group work. Often, these students would wait until the last minute, and become overwhelmed with the volume of work or forget completely that an assignment was due. One student stated:

Time is the absolute hardest, at least for me. When you have a family and you have to dedicate time to your husband or wife, and children plus your job it seems that there aren't enough hours in the day. Plus, you have to make time for studying as well. It gets pretty difficult at times because no matter how you look at it you are always stealing time from somewhere. Even a person who has their time down pat and is very organized is still stealing time. You are limiting yourself from everything and everyone.

As students progressed in the program and refined time-management techniques, these responses were more common:

Quit making excuses and just do it! Definitely develop a plan and a couple of back up plans to help maintain peace between school life and personal life. They will have to realize that some things you may have to give up. But once you get in the groove and in the flow of things, everything else usually becomes easier.

The DU VBSN faculty learned to alert students that they were not managing their time well and make suggestions such as completing assignments early in case of drill or other obligations. Most effective were the peer-to-peer recommendations. When VBSN students stressed time management techniques to each other, students were much more likely to act on this advice. Each successive group has done better each year with time management and information regarding this topic and is now covered in the VBSN orientation.

While the lack of structure in the academic setting can be a source of stress and lead to time management issues for some veteran-students, non-traditional students such as veterans have also been found to use more active coping strategies such as organizing and prioritizing tasks to manage their stress. Comparatively, traditional students tend to use more passive strategies (e.g. not doing homework, missing class) (Forbus, Newbold, & Mehta, 2011). VBSN students at UABSON exhibited both approaches. While some veteran-students struggled with time management, others were extremely organized and developed very structured systems to manage the multiple demands on their time. The “organized” veteran-students often helped their veteran-peer who was less organized. As one student stated:

I have everything on my calendar; all our assignments, tests, clinical, everything! It is the only way I can keep up. But I also have to send reminders to a [friend] all the time or he would be late for everything.
Theme Four: Respect

Our VBSN students did not want to be singled out as veterans but felt that they were due a certain amount of respect for their service. Many were not happy when thanked for their service or did not want any recognition at all. However, in survey responses, VBSN students were unhappy that this service was not acknowledged and appreciated. Many voiced concern that faculty did not understand their level of training or rank and felt disrespected. The concept of earning respect as a student and showing respect for teachers was also difficult for some military students. Building trust was a long process of listening, meeting their needs, and standing by them in their struggles while celebrating successes. Despite holding many training sessions on military culture, the DU VBSN team could not move the needle much during the early years of the grant. The creation of a military simulation in which faculty and staff were enrolled in the military, attended a boot camp session and went through reintegration, attended a classroom and experienced micro aggressions followed by graduation, was a major turning point in facilitating a respectful understanding of military culture for the university. In addition, the DUDON VBSN faculty and staff added a military coining ceremony at pinning to blend a military recognition ceremony with an academic one and this served to communicate the high regard we had for them as military students.

One VBSN student described feeling a lack of respect in this quote:

*We do not like to be talked to like children; we are adults and like to be treated as such. Instead of being treated like a professional we are talked to and handled like we are back in high school. The best way to help us transition is to be treated with respect and get things done when promised. We were given a great deal of responsibility in the military and to be talked down to is very frustrating.*

Beyond the military simulation, the most effective way to communicate respect for the experiences and accomplishments of the military students was the work the DUDON VBSN faculty and staff did to grant credit for military experience. Acknowledging the expertise gained within their military occupation and translating this into credit so that they could accelerate into the nursing program demonstrated our understanding of military culture and occupation-based achievements. Working closely with the Medical Education Training Center and our Registrar, we identified 39 credits to grant toward a nursing degree. By far, this work communicates respect for their service in a way no other interaction can.

For students in the VBSN program at UABSON, “respect” was not an identified issue or expectation; however, respect was evident in multiple ways. The UABSON VBSN students voiced their appreciation of the program “respecting” their military skills and training. Faculty voiced appreciation of how “respectful” the VBSN students were in their communications with them. Similar to DUDON VBSN students, UABSON students did not want to be acknowledged publicly as veterans.

Building of trust for UABSON VBSN students began before they even entered the BSN program. A faculty member was identified as the VBSN academic advisor and served as the “one-stop” resource for veteran- students wanting to enter the BSN program. The VBSN advisor/ faculty answered questions and facilitated communication with appropriate individuals for other questions, and served as a general resource through the application process to the
BSN program. Having one person to whom they could contact for any question helped build a trusting relationship. When the VBSN students entered the BSN program, they were not only familiar, but also comfortable, with a faculty member.

**Theme Five: Mission Critical**

Once the DUDON VBSN faculty and staff understood military culture in more depth, we found that using military terms as a cue was very helpful. In the military, every service member understands that there are actions essential to the success of any mission, referring to this as “mission critical.” Communicating the importance of completing certain milestones in a nursing program was difficult. Military students often thought papers, assignments, and clinical paperwork was unnecessary busy work. To them, the work they did in the military was important and impactful. Seeing the end goal, trusting the faculty and curriculum to get there was challenging. Lack of recognition of priorities caused some students not to succeed on the first try and have to repeat a semester. A frequent complaint was that the students did not think nursing would be hard because they already knew so much medicine. Our realization of how to communicate the urgency of meeting deadlines, show up at clinic, and complete assignments on time came from one of the students who stated, “None of this is mission critical.” From that point on, understanding how to communicate the work necessary to succeed, we found that using this term of “mission critical” clearly communicated the need to prioritize.

At times, when prioritizing well, VBSN students were frustrated with the priorities of the other students as illustrated below:

*Two Army veterans, both in the second semester of their nursing program, are meeting with their academic advisor. Both express frustration with the other students in their clinical group. They are so focused on getting a good grade but then want to do minimal work to earn that grade. Any little criticism from the instructor they think is the end of the world!*

VBSN students at UABSON are also focused on their “mission” --to complete their degree. As the above story illustrates, the relationship between veteran-students and their peers can lead to frustration, conflict, and misunderstanding. Relationships with their civilian peers has been identified as a source of frustration for veteran-students. Veteran-students see themselves as more mature, confident, and driven compared to their civilian student peers (Patterson, Elliott, & Chargualaf, 2019; Shellenbarger & Decker, 2019). Veteran-students report a disconnect with their non-military classmates whom they see as not as committed to their studies, having a poor work ethic, and uninformed about the world (Jones, 2013). Veteran-students express generational and professional gaps between themselves and their classmates (DiRamio & Jarvice, 2011; Griffin & Gilbert, 2015; Naphan & Elliott, 2015; Shellenbarger & Decker, 2019).

**Theme Six: Fitting In**

VBSN students spoke clearly about how they felt different from their nursing student peers, stating that fitting is was a challenge that sometime impacted their success as a student. Many talked about being older, not wanting to be around high school students, and having much more life experiences than their classmates. One student told a story about getting angry in a computer lab because the young women sitting next to him was surfing the internet looking for a bathing suit for spring break. Apparently, he told her how he felt about this and
stormed off. Navigating intergenerational differences in values, experiences, and respect created conflict if not recognized early and planned for. Military student nurses responded at times with a lack of patience while traditional students reacted with fear or avoidance due to lack of understanding.

On the positive side, military nursing students were recognized for their leadership qualities, and resilience, and their experiences were leveraged as an asset. Several excelled at leading in student groups. One became President of the Student Nurses Association. At the end of the year award ceremony, both she and the organization won university-wide recognition for their work in the community. Another military nursing student set up a foundation helping veterans learn about using yoga to combat PTSD and ran classes for faculty, students, and staff on his local campus. Several veterans participated in identifying common micro-aggressions veterans had heard in their interactions with classmates in class, and worked with our team to bring these to the community for further discussion. In addition, the VBSN student along with other military service members assisted the VBSN team in identifying common myths about the military and created a myth-busters series.

Fitting in with their non-military peers was also often a struggle for UABSON VBSN students. The VBSN students’ commitment was many times in conflict with the traditional students’ focus on “getting by.” At our VBSN lunches, students would speak of the “drama” from their peers when having to repeat a skills validation. One student commented, “Why is it so difficult for them (traditional classmates) to follow a dress code?” Situations such as these often led to a lack of patience and frustration on the part of the VBSN students.

Yet, the UABSON VBSN students tried to fit in with their peers by assuming both formal and informal leadership roles, similar to those described by DUDON. When describing the benefit of validating a skill early because of their military experience, one student stated:

*Then when the skill is taught, we help the students who may have questions displaying our leadership skills in the open lab area. Overall, validating early has been a great opportunity to positively affect ourselves, patients, fellow non-veteran cohort members, hospital, and school staff.*

**Recommendations and Best Practices**

Veteran students encounter many of the same obstacles as other non-traditional students, but their military experiences provide them with other characteristics and skills that, if applied to the academic setting, enhance their success. Veteran-students exhibit a strong sense of duty, a strong work ethic, respect authority, and tend to be more focused on the task at hand (Naphan & Elliott, 2015; Patterson, Elliott, & Chargualaf, 2019). International experiences of veteran-students can enhance their knowledge of customs and beliefs of patients they may encounter from other cultures (Bentley & Ellison, 2007). Additionally, veteran-students have enhanced problem solving and leadership skills, characteristics that are integral to any nursing curricula (Olsen, Badger, & McCuddy, 2014).

While understanding the strengths of our veteran-students is important to their academic success, understanding the barriers they may encounter as a student is also important. The transition from a military environment to an academic environment can be challenging for
the veteran-students. Results of the survey done by DUDON can provide a guide for the development and implementation of strategies to support veteran-students success in a BSN program. While the survey was conducted at one institution, the findings were applicable to a much different university.

Helping students find balance with the many demands on their time should begin before students are enrolled in classes. An academic advisor that understands the time commitment of nursing school can be helpful in this process. Nursing classes are different from other, non-professional, non-health science courses. Nursing students juggle didactic, labs, and clinical courses in additional to skills practice and reading time. Increasing the veteran-students awareness of these differences before students begin their nursing coursework can help students plan their school-life balance.

Both DUDON and UABSON identified the importance of helping the VBSN students find a “team.” The structure of a program such as VBSN helps in this process, but more deliberate strategies can also be useful. Having designated times where all VBSN students meet, such as lunches that UABSON have, provides an opportunity for the veteran-students to build that team. Other strategies that can be helpful include assigning veteran-students to the same clinical or lab group where they can work together. Faculty with military experience assigned as advisors/mentors can also facilitate the team experience.

Professional and peer mentoring is another strategy that can promote balance, build team, and address the other themes identified in the survey results. Collaborations with area hospitals to seek registered nurses with a military background can be a source of professional mentors for the VBSN students. Utilizing VA work study students can increase the number of veteran mentors on available on campuses. These work-studies, strategically placed and well-trained, can provide vet-to-vet support and guidance to veterans new to academe. A peer-mentoring program can be established whereby matriculating VBSN students serve as peer mentors for new VBSN students.

Leveraging the leadership and resilience of the military students can create a positive impact on your program, campus, and build their confidence in being a successful student. Encouraging the veteran-students to take leadership roles in the Student Nurses Association or the University’s Veterans’ Student Organization can help them identify a similar team, provide opportunities for them to use their leadership skills, and help the veteran-students “fit in.”

Creating a learning community of veterans and traditional students has been an effective way to have students interact casually to learn from each other. In a subsequent grant, the DUDON has brought together VBSN students with students whose primary clinical placement is with the veteran community. During Lunch and Learns, the students can ask questions informally, get to know each other and work together. Non-VBSNs can ask about experiences and get advice on how to interact effectively with veteran clients. It is important to help veterans develop soft skills appropriate in an academic setting. Much of the difficulty veterans have integrating may be due to trying to interact through a military culture lens, not as a civilian student. As hard as we tried to make the campus welcoming for the students, just as much effort should be put into assisting military students to understand the culture of academe.
Proud of our work, and anxious to share our findings and recommendations, Stahley and Daley began presenting these results about shifting perspectives widely. Overall, this was very well received until at one conference a hand went up and a participant stated: “Isn’t this the same process that all students go through adjusting to college?” A bit stunned, we realized that this statement was true. On the one hand, we had identified that our VBSN students had similar struggles to all college students. On the other hand, we had delineated unique differences and nuances specific to the transition for military nursing students and were able to customize our academic support in order to meet these needs. In serving those who served, even the most accomplished academics know that humility is paramount.

Conclusion

Now more than any other time, the healthcare industry is facing a severe shortage of nurses that left unabated could threaten the quality of healthcare for generations to come. At the same time, the nation has been experiencing a large number of military service members returning over the last 20 years from overseas deployments. With the passage of the Post 9/11 GI Bill and the Forever GI Bill, vast numbers of veterans return home seeking higher education degrees. Many returning military service members and veterans have extensive medical training coupled with combat medical experiences that translate well into a nursing career. However, transition from combat and military medicine to the classroom and student clinical experiences is well documented as one of the biggest challenges in transitioning out of the military to civilian life. The discussion in this article demonstrates the complexity of assuring the successful transition from military service member to graduate nurse. The veteran voices became key in assuring their own success by prompting the faculty and staff to strive for a deeper understanding of military culture and creating a profound appreciation of their ability to lead even in an academic setting.
References


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Abstract

Transitioning from the role of a military service member may be daunting for student veterans returning to higher education. As service members leave the military, transition classes are provided to assist in the changes from the military to civilian life. With an influx of military service members in nursing programs, faculty and staff at universities may be unaware of the differences between military and civilian roles and the challenges student veterans encounter. Understanding military culture and the impact military service brings when student veterans return to school is necessary to ensure a smooth transition in higher education. The following article is a description of differing approaches used by two nursing schools to increase understanding, provide resources, and improve student veterans’ learning outcomes. While the strategies implemented by both institutions contained similarities and differences, the impact student veterans had on their campuses were evident. As faculty and staff increased their understanding and awareness of student veterans’ needs, a cultural transformation occurred. Both institutions surpassed the goal of becoming military-friendly, as each became military-inclusive, being transformed by the student veterans’ contributions to the university culture.

Keywords: military, student veterans, higher education, military transition, cultural competency

Introduction

“Things do not change; we change.”
—Henry David Thoreau, Walden

“How each of us has a unique part to play in the healing of the world.”

Remember a time when you have felt like an important and valued part of something larger than yourself, be it a family, a community, a cause, or a country? What feelings do you recall from that experience? A strong sense of belonging, perhaps. A feeling of significance. The enjoyment of relationships with others who understand you. The motivation that comes from a shared purpose. Drive. Focus. Now, imagine that you must forge a new path all on your own, away from the comforts of the family, community, or cause that you have dedicated yourself to. Surely you are uncomfortable. Perhaps you feel disoriented, lost, or unsure. Possibly, you feel like an outsider. Maybe, you are a military veteran.
For many military veterans, the obstacles faced during the transition from military service to civilian life require significant adjustments which can be jarring, resulting in discomfort and uncertainty (DiRamio, Ackerman, & Mitchell, 2008). In addition, the decision to enter into a post-secondary educational program can be a considerably daunting task in and of itself, requiring students of all backgrounds to navigate the unfamiliar landscape of financial aid, coursework, and increased demands upon their time. Military-connected students and veterans find themselves on this new and unfamiliar mission to pursue a college education for many reasons: some seek the meaning and purpose that they may feel they have left behind with their military occupation, some wish for a better life for themselves and their families, and still others aim to take advantage of the educational benefits earned through service to and sacrifice for their country. Regardless of their motivation, student veterans often find that they encounter unexpected challenges when they set foot onto that picturesque college campus. Although they navigate the brick buildings and winding walkways alongside thousands of other college students, student veterans often report feelings of isolation and loneliness (Cox, 2019; Osborne, 2014). Recent research indicates that student veterans frequently experience psychosocial issues, such as difficulty relating to peers, because they lack common experiences (Mobbs & Bonnano, 2018; Zogas, 2017). When asked to describe reintegration challenges, one Davenport University (DU) student veteran confided, “[The] most difficult thing for me was feeling like I didn’t belong and [that] I was very out of place. I felt like I couldn’t relate to other students. I’m not really sure how this could be avoided” (Davenport University, 2015).

Colleges and universities have historically lacked the tools needed to bridge the gap between student veterans and their peers, until in 2010, the Aurora Foundation provided grant funding to support the Virginia Wounded Warrior Program with the development of Green Zone training. The term Green Zone refers to a safe zone, as it was initially used by the military in 2003 when U.S. military forces occupied the International Zone of Baghdad (Mroue, 2019). As higher education faculty and administrators continually work to ensure that student veterans feel welcomed and supported on campus, many schools have implemented a formal training program often referred to as Green Zone Training. The primary intent of the training is to promote faculty and staff awareness and understanding of military culture and of the unique challenges that student veterans may face in order to provide a safe place for military-connected students to seek assistance on campus. Nicholas-Casebolt (2012) described the development of Green Zone training at Virginia Commonwealth University with three formal goals: (a) Willingness of staff and faculty to assist military-connected students, (b) Attendance at a training session, and (c) Acknowledging military-friendly status through public display of a sticker (p. 27). The aim is to better equip participants to understand the needs of military-connected students and veterans both within and outside of the classroom and to provide a perceived safe place for them to seek assistance.

Research supports these goals; Jenkins (2012) suggests that for the military-connected students, the onus of successfully completing a degree ultimately falls on the classroom instructor. Therefore, the student/faculty relationship is appreciably valuable, and it is imperative that the relationship is strong and trusting (D’Alba, 2014). Success of the military-connected student is ultimately linked to the classroom experience, at least in terms of degree completion, and faculty interaction is key (Jenkins, 2012; VanDoorn & VanDoorn, 2014; Zepke, Leach & Butler, 2011). Previous literature reveals that if instructors are not specifically
trained to teach and reach military-connected students, students’ persistence, retention, engagement, and graduation scores can be negatively impacted as a result (DiRamio, Ackerman, & Mitchell, 2008; VanDoorn & VanDoorn, 2014). Statistics show that on average, student veterans earned a grade point average (GPA) 0.25 points below the average of other students in 2014 (Bryan, Bryan, Hinkson, Bichrest, & Ahern, 2014). While 60% of all college students graduate with a Bachelor’s degree (Sedmak, 2019), only 51% of military-connected students can say the same (Cate, 2014).

Despite these statistics, a change in the atmosphere on college and university campuses can be felt; a change that has been brewing for the past decade. The ultimate goal of military cultural inclusion training, such as Green Zone training, is to encourage participants not only to develop a deeper understanding of military-connected students and their experiences but also to apply this newfound knowledge. As a result of these training initiatives, faculty, staff, students, and community members are equipped to take inclusive and equitable actions both within and outside of the classroom, thus leading colleges and universities on a transformational journey from veteran-friendly to veteran-inclusive.

Embracing Military Cultural Competence

“Cultural competency strategies are integral to creating an inclusive environment on campus that benefits student veterans, service members, families and survivors, other post-traditional students, as well as the entire campus community,” said SVA National President and CEO Jared Lyon (J. Lyon, personal communication, December 3, 2019). According to the U.S. Department of Education’s “8 Keys to Veterans’ Success,” colleges and universities are encouraged to build a culture of support for student veterans and comprehensive professional development for faculty and staff on issues and challenges unique to veterans (U.S. Department of Education, n.d.). In 2013, three years after the initial development of Green Zone training by the Virginia Wounded Warrior program, the Aurora Foundation provided funding to nine schools across the United States to develop Green Zone Training on their campuses (Aurora “Green Zone” Teleconference, 2013). Texas Tech University, a university within the same system as Texas Tech University Health Sciences Center (TTUHSC), was one of the schools to receive this funding (Aurora Foundation, 2019). Texas Tech’s initial Green Zone Training provided learners with a broad introduction to the military-connected student population and to veteran-specific concerns in higher education. Subsequently, TTUHSC developed six online, self-paced learning modules including an orientation; an introduction to military culture; and comprehensive information related to mental health, academic advising, disability services, and benefits for student veterans. In 2015, these online training modules were introduced to 34 TTUHSC faculty members teaching in the Veteran’s Bachelor of Science in Nursing (VBSN) track via a one-hour live overview presentation. Faculty who went on to voluntarily complete all six online modules were awarded a Green Zone Training certificate and sticker, as well as a Green Zone Training badge to display on email signatures and faculty introduction pages. Display of the sticker and badge signaled to student veterans that these faculty members were culturally sensitive and could be identified as a military-friendly resource on campus. Table 1 provides a brief overview of the content included in each of the six TTUHSC online modules.
Envisioning a Military-Inclusive Campus Community

Through the implementation of Green Zone Training, it became clear to TTUHSC administrators that an awareness and understanding of military culture is one of the first steps in equipping faculty and staff to advocate for the success of student veterans on campus. Student veterans are trained during their military service to adhere to specific values and beliefs which begin their instillation during a service member’s initial orientation to the military (boot camp) and follow throughout military service and beyond. Thus, it can be said that the military is a distinctive culture with its own value and belief system, customs, and traditions. When student veterans enter higher education with diverse backgrounds and experiences related to their military service, they encounter unique challenges. Some challenges faced by student veterans include transitioning from a structured military culture to a more relaxed university setting, connecting socially with peers on campus, accessing and receiving academic support and advising in order to use military education benefits, and managing mental and physical health issues related to military service (Borsari et al., 2017). Through Green Zone Training, faculty and staff were provided with resources to support student veterans such as a list of local veteran health care contacts for each of the clinical sites across the state, information to download veteran-specific applications such as the PTSD Coach (US Department of Veterans Affairs, 2019), and contact information for the university, local, state, and national veterans’

<table>
<thead>
<tr>
<th>Online Learning Module</th>
<th>Learning Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Module 1: Orientation</td>
<td>Overview of military customs, campus veteran student population, and introduction to student veteran concerns</td>
</tr>
<tr>
<td>Module 2: Military Culture</td>
<td>Introduction to military customs and cultural experiences</td>
</tr>
<tr>
<td>Module 3: Mental Health</td>
<td>Mental health issues associated with military service; daily life stressors; support services available for student veterans</td>
</tr>
<tr>
<td>Module 4: Academic Advising</td>
<td>Academic advising needs specific to student veterans, articulation of at least 5 needs of student veterans</td>
</tr>
<tr>
<td>Module 5: Disability Services</td>
<td>Disability services available at university, types of disabilities and accommodations provided, student veterans responsibilities in seeking disability services on campus</td>
</tr>
<tr>
<td>Module 6: Benefits</td>
<td>Veteran-specific education benefits, differentiation of national, state and local veteran benefits, introduction to mobile applications related to veteran benefits, and veteran-specific healthcare resources available at campus locations throughout the institution</td>
</tr>
</tbody>
</table>

Table 1. Texas Tech University Health Sciences Center (TTUHSC) Green Zone Training Online Learning Modules Overview

Note. All modules include post evaluation.
education benefits. Faculty and staff were encouraged to publicly display their understanding and willingness to support military and student veterans through exhibited stickers. As more and more faculty and staff completed Green Zone Training at TTUHSC, the culture of the university began to shift in support of student veterans as evidenced by annual Veterans’ Day celebrations, the distribution of veterans’ newsletters, and the establishment of a Veterans Resource Center on campus in 2018 (Texas Tech University Health Sciences Center, 2019). Enrollment in the VBSN track increased from seven students in 2015 to 26 students in 2019. A 2016 TTUHSC VBSN graduate, Nick St.Clair, captured this cultural transformation when he stated, “The program isn’t made of curriculum and books. It’s made of people who care deeply about your success and you as a person. The program also provided me something I lost when I separated from the military: a real sense of family and belonging. I finally found home” (Francis-Johnson, Saunders, & Sikes, 2019, p. 23).

Upon witnessing the impact of Green Zone Training at institutions like TTUHSC, many other colleges and universities have since developed similar training initiatives. Although over 100 universities and organizations use the term Green Zone for their training (Aurora Foundation, 2019), names for similarly designed training initiatives include Got Your Six (D’Aoust, Rossiter, Ile, & Clochesy, 2016) and Veteran Ally (Osborne, 2014). While the overall shared goals of understanding and advocacy are the same, each Green Zone training has a unique flavor tailored to the students at each particular school. At Davenport University (DU), a small, private university located in Grand Rapids, Michigan, a three-year qualitative research study revealed that the primary disconnect for student veterans enrolled in the nursing program there was fitting in. One student veteran’s response to the question “What is the hardest thing about returning to school?” was, “...being in classes with much younger peers, and also [with] a very small [number] of veterans in my classes. Not much I can relate to with my fellow classmates” (Davenport University, 2015). Another described reintegration into civilian life as “particularly hard,” saying, “Being a combat veteran integrating into civilian life is very hard. Things people complain about that are very mundane seem childish and annoying. [In] college you are [sometimes] treated like a child, which is also frustrating” (Davenport University, 2015). When asked how support staff could encourage military-connected students to reach out for help and to utilize the available resources, one student responded, “You can’t... and most of us won’t ask for it because we are afraid of feeling like a failure” (Davenport University, 2015).

However, leaders at Davenport University continued to try to reach military-connected students and veterans by educating staff and faculty through professional development offerings such as STAR training, a military cultural sensitivity training created by the Military Family Research Institute at Purdue University and the Center for Deployment Psychology, among other contributors (STAR Behavioral Health Providers, n.d.). Based on established best practices of existing Green Zone Trainings, including that of TTUHSC, Green Zone Training at DU was originally piloted to VBSN faculty in 2017 but was quickly implemented as a component of the required onboarding training for all faculty and staff members at the university by 2018. Similar to TTUHSC’s model, DU’s Green Zone Training consists of three self-paced, online modules offering a mixture of video content, self-assessments, articles, and handouts. Table 2 provides a brief overview of Davenport University’s Green Zone Training.
Actualizing the Vision

As faculty at TTUHSC completed Green Zone Training in 2016-2017, the university culture began to shift towards more veteran-friendly policies and commitments. Davenport University also witnessed a similar trend when student veterans reported increased preparedness for veteran-specific challenges, as well as improved connection with both their faculty and civilian peers (Davenport University, 2017). Initiatives like granting credit for military service, the observance of Veteran's Day with special campus events, and a designated military lounge on two of Davenport's campuses began to blend into the tapestry of the university culture. Subsequently, the attitude surrounding these efforts shifted from “going above and beyond for veteran students” to “this is just what we should be doing, right?” As military-connected students and veterans became a more integral part of the university’s consciousness, veteran-inclusive initiatives began to show up in university-wide action plans such as Vision 2025. University leadership now regularly invites visitors and conversation into the military lounge, making it the center of open communication for both military-connected and civilian students at Davenport. This and other efforts in diversity, equity, and inclusion have opened Davenport University’s eyes to a more expansive framework that could be applied to other vulnerable populations. In addition, innovative, creative, and far-reaching marketing campaigns, per the following image, brought statewide recognition of the VBSN pathway at Davenport University.

Departments outside of the College of Health Professions, where the VBSN pathway is housed, began to recognize the efforts that nursing faculty were making and wanted to participate. In 2019, Davenport University’s College of Business conducted a research study amongst its military-connected students that echoed the three-year qualitative survey distributed to student veterans in the nursing program from 2015-2017. Results are currently being evaluated. Since its inception, Green Zone Training expanded at both universities, moving beyond the nursing programs to include trainings for all faculty, staff and students university-

<table>
<thead>
<tr>
<th>Online Learning Module</th>
<th>Learning Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Module 1: Understanding Military Culture and Military Student Perceptions</td>
<td>Introductory video explaining the importance of engaging and supporting military students; Green Zone faculty pre-assessment; overview of the structure of the U.S. Armed Forces; article discusses how to start the conversation with student veterans</td>
</tr>
<tr>
<td>Module 2: Understanding the Classroom- Learning Activities to Help Student Veterans Succeed</td>
<td>Includes classroom activities to help student veterans succeed as well as direct vs. indirect communication strategies; military-friendly instructor checklist; resources for student veterans</td>
</tr>
<tr>
<td>Module 3: Accommodating and Supporting Military Students in the Classroom</td>
<td>Provides tips on accommodating military students in the classroom, including student veterans with disabilities; ADA and inclusion video series</td>
</tr>
</tbody>
</table>

Note. All modules include a post-evaluation quiz
While GZT was initially offered on an optional basis, faculty and staff are now expected to complete the trainings as a part of their standard professional development. To increase accessibility at both schools, GZT was relocated from nursing departments to the online employee and student portals. Both DU and TTUHSC have gained national recognition while presenting at conferences hosted by organizations such as the Council of College and Military Educators (CCME) (2019), the Student Affairs Administrators in Higher Education (NASPA) (n.d.), and the American Academy of Ambulatory Care Nursing (AAACN) (2019) on veteran-related topics. In the end, this culture shift toward military inclusivity would not have been possible without buy-in from the university communities—every training, every event, and every person’s efforts (both veteran and civilian) have contributed to the transformation.

**Green Zone, Activated**

In 2017, two VBSN students at TTUHSC were unexpectedly deployed to provide relief efforts during Hurricane Harvey. As a result of completing Green Zone Training, faculty were sensitive to the needs of military-connected students and implemented military policy and procedures. The students were provided alternative assignments, extended due dates, and awarded clinical hours for military service in alignment with community health and acute care course objectives. One faculty member, Dr. Becky Martin-Geist, created alternative community health assignments focusing on community health emergencies and the role of nurses in emergency preparedness (Harris, Sikes, Casida, & Martin-Geist, 2018). The students presented their alternative assignments via online Zoom meetings rather than through discussion forums within the online learning management system. Community health clinical reflections incorporated disaster experiences focusing on the management of care, safety and infection control, and accident, error, and injury prevention. In the acute care course, students were given the
option of presenting a case study or submitting a paper relating triage experiences. In an interview with the university newspaper after her deployment, VBSN student Portia Grant stated:

“The School of Nursing was 100 percent supportive of me when I went to the coast,” Grant said. “My professors just wanted me to get home safe and to not worry about school while I was there. I couldn’t take a computer, and I didn’t have any Internet access while I was there, so doing schoolwork would have been incredibly difficult. While I was in Beaumont, they really helped me put all my energy into my duties. They allowed me to put my mission first without the additional stress of schoolwork. Other students at other universities didn’t have nearly the same support as I did from TTUHSC. “A lot of places say they are military-friendly, but TTUHSC really backs it up. They stand behind their military students. When they say it, they mean it” (Lafraniere, 2017).

Military Simulation: An Experiential Learning Opportunity

Although Green Zone Training has been effective in arming staff and faculty with the knowledge and resources needed to assist military-connected students in the classroom, Davenport University student veterans continued to report that the greater campus community lacked an empathic understanding of military culture and of the diverse experiences that their military students, colleagues, and peers underwent during and after military service (Davenport University, 2016). DU military students stated they were tired of getting special treatment, inappropriate questions, or a perceived lack of patience from the civilians at the university (Davenport University, 2016). At the time, there were no initiatives aimed toward helping civilian students to understand the unique challenges faced by their military student peers. In response, Davenport University researchers identified the critical need to build empathy and compassion amongst the campus community surrounding military student experiences. Inspired by DU’s own poverty simulation in which participants are put into simulated poverty and asked to experience and overcome related challenges, researchers used a similar format to reflect the frustrations of transitioning student veterans.
### Table 3. Davenport University (DU) Military Simulation Training Overview

<table>
<thead>
<tr>
<th>In-Seat Station</th>
<th>Description</th>
</tr>
</thead>
</table>
| **Station 1:**        | **Registration**  
Participants pick a branch of service and take an enlistment oath, as well as complete consent forms and a last will and testimony in order to take on the identify of a service member for the duration of the simulation |
| **Station 2:**        | **Boot Camp**  
Participants watch a short transitional video describing a day in the life of a new recruit, then interact with a live Drill Sergeant (actor) performing drill and ceremony in order to experience the transition from civilian to service member |
| **Station 3:**        | **Military Student Life**  
Participants read personal statements from DU military students in order to achieve a deeper understanding of the challenges and successes of military students |
| **Station 4:**        | **Comparing Realities**  
Participants self-guide through an interactive installment which illustrates the shifting realisms from civilian life to military life, followed by group discussion |
| **Station 5:**        | **Homeward Bound**  
Participants direct a remote control airplane or bus through an obstacle course to symbolize the journey home from military service and deployment |
| **Station 6:**        | **Misperceptions**  
Participants consider common misperceptions in society surrounding service members and the military; participants then have the opportunity to leave a note of affirmation for a DU military-connected student |
| **Station 7:**        | **Veteran Affairs & DU Admissions**  
Participants go through an abbreviated admissions process for VA benefits, GI bill usage, and DU admission in order to learn about the unique and sometimes difficult process of requesting education benefits, receiving VA assistance, and coordinating military benefits with university admissions and financial aid |
| **Station 8:**        | **Classroom**  
Participants are asked to focus on a simulated classroom lesson while simultaneously experiencing bias, micro-aggressions, and frustrations commonly reported by service members in the classroom |
| **Station 9:**        | **Balance**  
Participants play a form of musical chairs in order to grasp the multitude of responsibilities military students must manage as non-traditional students |
| **Station 10:**       | **Graduation**  
Participants ceremoniously graduate from the simulation in order to recognize and celebrate the challenges and successes of the military student; includes a debrief session and exit survey |

**At the conclusion of this simulation, participants will be able to (objectives):**

1. Identify the unique challenges and successes military students may experience when returning home from enlistment
2. Understand and differentiate between truths and misperceptions about returning veterans
3. Describe obstacles military students may experience in a higher education setting
4. Recognize the significant number of responsibilities that military-connected students must manage to bring balance to their lives
5. Summarize the commitment, loyalty, and courage that veterans give to our nation
Davenport’s military simulation differs from Green Zone training in that it goes beyond providing education and resources to create a truly immersive experience. Increasing knowledge does not always result in change; however, when the learner is engaged in an experience where he or she can actually experience firsthand the trials, frustrations, successes, and realities of the military-connected student, both prior to and throughout the higher education journey, true understanding dawns. Early discussions and exhaustive research regarding the needs of student veterans, as well as a grant from the Health Resources and Services Administration (HRSA), allowed the idea to come to fruition at Davenport in 2016. Ten over-arching areas were identified, which later became the ten military simulation stations described in Table 3.

During the spring of 2017, Davenport University presented the military simulation for the first time as a beta test to staff and faculty. The approach yielded strong results as shown in the following image.

**Military Simulation Evaluation Results**

**(Based on a 5-Point Likert Scale)**

<table>
<thead>
<tr>
<th>Statement</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>I CAN ACCURATELY SUMMARIZE THE COMMITMENT, LOYALTY, AND COURAGE VETERANS GIVE TO OUR NATION.</td>
<td>4.62</td>
</tr>
<tr>
<td>I AM ABLE TO RECOGNIZE THE BALANCE OF RESPONSIBILITIES VETERANS MUST MANAGE</td>
<td>4.59</td>
</tr>
<tr>
<td>I CAN LIST OBSTACLES SERVICEMEMBERS MAY ENCOUNTER IN A HIGHER EDUCATION ENVIRONMENT.</td>
<td>4.67</td>
</tr>
<tr>
<td>I AM MORE INFORMED ABOUT THE MANY MISPERCEPTIONS ABOUT RETURNING SERVICEMEMBERS.</td>
<td>4.81</td>
</tr>
<tr>
<td>I AM MORE AWARE OF THE CHALLENGES AND SUCCESSES MILITARY STUDENTS MAY ENCOUNTER UPON RETURNING HOME FOR THEIR SERVICE.</td>
<td>4.89</td>
</tr>
</tbody>
</table>

**Results of Military Simulation Beta Testing**

Dr. Karen Daley, Dean of the College of Health Professions at Davenport University, recalls, “I remember when the first group of participants came out [from the military simulation]--some were in tears, others described an ‘ah-hah’ moment. Many expressed gratitude, stating that it would forever change the way that they thought about the veteran student experience” (K. Daley, personal communication, December 6, 2019).
Davenport University’s Military Simulation has since been presented at multiple university events, national conferences, and as a training for other universities; it is also offered as training for student resident assistants and is received as a valuable tool in educating campus communities on the unique needs of military-connected students and veterans. Results of Military Simulation Exit Surveys (Davenport University, 2017-2020) identifies nearly 150 participants who experienced the in-seat simulation, and 97% report increased awareness of the challenges and successes that military students may encounter upon returning home from their service. In addition, 98% of participants report feeling more informed about the many misperceptions that perpetuate about transitioning service members, and 97% feel they can confidently list the obstacles that service members may encounter in a higher education environment. Overall, 95% of participants feel they are better able to recognize the balance of responsibilities that veterans must manage, while 93% think they can accurately summarize the commitment, loyalty, and courage that veterans give to our nation after experiencing the military simulation. When asked about the impact of the simulation, one participant said that it “Opened my eyes to bias that service people face.” “[The simulation] made me reflect a lot on the things veteran students go through and how our actions as civilians can have a tremendous impact that can be either positive or negative,” said another. “Going into it I knew a lot, but the emotional stress [was something] I did NOT comprehend before this,” a participant recounted. Both faculty/staff and student participants also reported an increased understanding of military student experiences: “I now see the barriers and challenges veteran students [face] on the road to earning their degrees. I will also be more aware of how actions and words can make learning in the classroom hard for veteran students.”
In collaboration with DU’s Office of Performance Excellence, the military simulation is now also offered online in a blended learning format consisting of self-paced online modules, a companion workbook, and a live facilitated debrief session in order to extend the reach of this important training to online faculty and students. While sharing similar learning objectives as the in-seat version, the online military simulation was developed to be a companion to the in-seat version, consisting of unique content and learning experiences. Of course, the full impact of a military experience cannot be entirely represented in any simulation; however, it is hoped that participants will gain important insights to help facilitate the success of military students in order to create a truly veteran-inclusive university campus and community.

Healing through Culture Shift

Both Texas Tech University Health Sciences Center and Davenport University have created a focused and palatable cultural change through these training initiatives that is evident on their university campuses. While the two schools employed varying approaches, there are many similarities in the impacts of these training initiatives on student veterans and the campus communities. As the tradition of ceremony is an important and integral part of military culture, TTUHSC student veterans are recognized at graduation by wearing a military service stole; students in the VBSN track receive a coin delivered by the university president as they are awarded their diplomas. At Davenport University, student veterans don red, white, and blue honor cords, and a coining ceremony is held for VBSN students by their own nursing faculty. Evidence of the shifting culture at TTUHSC includes extension of the coining ceremony to provide veteran coins for all student veterans throughout the HSC. Additionally, while VBSN students are recognized by a specific VBSN patch on their scrubs, a new design is underway to allow all student veterans to wear a military service recognition patch. These and other military-centered celebrations and traditions are examples of ways universities can continue to impart the respect that military-connected students and veterans, once identified as lacking, from staff, faculty, and civilian student peers (Davenport University, 2015). The overriding outcome is a cultural shift towards the immersion of military and veterans on campus. The impact of the cultural shift is evidenced by the success of 79 military-affiliated students who completed the two VBSN programs.
The juxtaposition is this: institutions of higher learning who advertise themselves as veteran-friendly welcome student veterans with the intent to change and mold these individuals into college graduates— but in the end, it is the student veterans who truly spark change within their campus communities. When both student veterans and their university communities are so engaged that they transform each other, this is the true power of education.

**Recommendations**

Green Zone and military simulation training are two sustainable models that anyone can use to build a more veteran-inclusive campus culture. For those interested in developing a Green Zone training of their own, two organizations in particular provide extensive training on military culture: The Uniformed Services University and Center for Deployment Psychology (CDP) (2019) and PsychArmor * Institute (2019). Both CDP and PsychArmor * Institute offer free online learning modules for health care providers to increase their understanding of military culture. An additional resource providing examples of how to create Green Zone training is provided by Dillard and Yu (2018) in their description of their faculty development program followed by group discussions relating characteristic military-connected student concerns. The effectiveness and value of transforming the culture on campuses to include military-connected students will be strengthened by ongoing feedback, evaluation, and revisions of the trainings.

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Veterans Caring for Veterans Through an Academic Practice Partnership

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Author Note
This article describes the Academic Practice Partnership (APP) between an urban college of nursing and VA Medical Center for the purpose of meeting the objectives of NEPQR-Veteran’s BSN program. Funding for the project was made possible by HRSA grant number UF1HP28521. The evaluation of the APP was done evaluate the relationship developed by the APP and did not require IRB approval. There are no financial disclosures outside of salary support for Drs. Oliver-McNeil and Farner as part of the grant funding.

Abstract
Academic nurse leaders collaborate with clinical leaders on a variety of issues. A successful academic-practice partnership is based on trust, mutual goals, and open communication. The purpose of this article is to 1) describe the expansion of an academic-practice partnership (APP) between an urban public research-intensive university with a BSN track for military
veterans and a Veterans Administration Medical Center (VAMC) and 2) to describe the three year impact of the APP on both institutions by exploring the strengths, weaknesses, opportunities and threats (SWOT). Leaders from the VAMC, clinical faculty for the veteran students and a representative from the university’s Office of Military and Veteran Academic Excellence completed the SWOT survey. Results of the SWOT analysis included the benefit of prompt communication and resolution of issues that threatened student experiences, enhancing areas of student educational experiences, and the recruitment of qualified students. The results of the SWOT analysis were used to improve student processes for a quality clinical experience. Communication that was developed through the APP meet the students and faculty needs.

Keywords: Academic Practice Partnership, SWOT analysis, Veteran education

Introduction of an Academic Practice Partnership

Nurse leaders in academia and service have a long history of collaborating with external stakeholders. A systematic review of academic practice partnerships (APPs) found that prerequisites for successful partnerships “start with self and mutual assessments of strengths and opportunities” (Beal, 2012, p. 2). Critical factors to a successful partnership include mutual trust and respect, shared commitment and goals, open communication, and institutional leadership support. The current literature describes the support of APPs using success metrics, focusing on patient and student outcomes, and striving to meet the needs of both the academic institution and clinical partner. Partnerships take time to develop but can provide benefits to both nursing educational institutions and healthcare organizations (Beal, 2012; Didion, 2013).

The development of APPs has the potential to meet the needs of academic centers and healthcare systems in the 21st century (Didion, 2013; Sebastian et al., 2018; Sadeghneshad, Heshmati Nabavi, Najafi, Kareshki, & Esmaily, 2018). APPs have been shown to meet student educational needs while maintaining patient satisfaction (Sheldon et al., 2012; Smith, Hendrix, Lewis, Norma, & Lutenbacher, 2014). Additionally, faculty who are afforded the opportunity to maintain or enhance clinical competencies through APPs can develop deeper understanding of significant clinical questions and research opportunities (Didion, 2013).

The development of an APP between a Veteran Affairs Medical Center (VAMC) and a College of Nursing (CON) has been shown to be beneficial to both parties (Needleman, Bowman, Wyte-Lake, & Dobalian, 2014; Swenty, Schaar, & Butler, 2016). VAMCs can provide clinical sites for nursing students as well as professional development for their registered nurses (RNs). Faculty and students are exposed to the care of this unique patient population, thus gaining awareness of both veteran culture and the health care needs of veterans. Additionally, Veterans’ Administration (VA) institutional leadership is then provided with a pool of graduates for potential recruitment (Sheldon et al., 2012). Expanding this partnership to focus on educating military veterans within the VAMC provides a special opportunity for both parties.

The purpose of this article is to: 1) describe the expansion of an APP between an urban public research-intensive university with a military veteran Bachelor of Science in Nursing (BSN) track and a VAMC, and 2) to describe the impact of the APP at year three on both institutions by exploring the strengths and weaknesses, opportunities and threats (SWOT).
Purpose of Building a Successful Academic Practice Partnership

Per the National Center for Veteran Analysis and Statistics, there are nearly 22 million veterans in the United States (2019). In 2018, the State of Michigan was home to approximately 608,000 of those veterans. Nationally, 9.05 million military veterans receive health care through one of 1,700 VA sites. The VA health system employs over 80,000 nurses nationwide, focusing on quality care to military veterans (Office of Nursing Service, 2018).

To address the need of having well-educated RNs in the workforce, the VA established the Veteran Affairs Nurse Academy (VANA) program (Bowman et al., 2011). VANA was a federally funded program that provided mentoring for VA registered nurses as preceptors in the clinical setting, linking them with pre-licensure baccalaureate nursing students. The overarching goals of VANA were to provide the VA nursing staff professional development opportunities, and the pre-licensure student with potential post-graduation employment (Bowman et al., 2011; Harper et al., 2016; Sikes et al., 2017). The concept of VAMC and CON practice partnership was a major component of the VANA program (Needleman et al., 2014). It provided VAMCs and CONs with a framework for partnership development by providing the means to recognize and address issues that may arise when blending two different cultures (Needleman et al., 2014).

The Health Resources and Services Administration (HRSA) funded the Nurse Education, Practice, Quality and Retention (NEPQR): Veterans’ Bachelor of Science Degree in Nursing Program (VBSN) in 2013. This grant provided an opportunity to develop an innovative APP, building upon the success of VANA program, and to implement a VBSN program in an urban university. The Wayne State University College of Nursing (WSU-CON) was interested in creating such a program to support military veterans transitioning into civilian nursing careers. An APP was initiated by the Detroit VAMC and leadership of WSU-CON in the grant application. A sense of shared purpose was developed with the collaborative effort required to write the grant. The writing team recognized the uniqueness of a program where military veterans would be cared for by military veteran nursing students. WSU-CON was committed to the academic success of military veterans, and the VAMC was committed to providing interested staff with access to a University system (Pearson et al., 2015). The APP between the VAMC and WSU-CON was unique: military veteran nursing students cared for military veteran patients under the guidance of a military veteran clinical instructor.

The goals of the VBSN were to recruit and retain military veterans in a baccalaureate nursing program, to increase nursing faculty knowledge about military culture, and to reduce barriers for military veteran students that would prevent them from graduating (Elliot, 2015). Several colleges and universities throughout the United States received three-year grant funding (D’Aoust, Rossiter, & Clochesy, 2016; D’Aoust, Rossiter, Itle, & Clochesy, 2016). In 2015, WSU-CON became the third group of HRSA VBSN grant recipients. The VAMC nursing leadership sought to enhance the clinical partner relationship with WSU-CON to build on the success of VANA, as well as provide the VA staff nurses with opportunities for professional growth through clinical preceptorships (Needleman et al., 2014; Westwood, Richardson, Latter, Macleod Clark, & Fader, 2018). The partnership increased the opportunity for the VAMC to provide nursing students with VA-specific clinical experiences with a goal of retaining them post-graduation, and thus avoiding long orientations of new RNs lacking such experience.
The VA, as well as the advisory board, provided support services to assess and screen the VBSN students for traumatic brain injury, and post-traumatic stress disorder (Elliot, 2015). The combination of resources and clinical placement opportunities provided a strong, effective APP to meet the needs of military veteran nursing students (Elliot, 2015).

The primary focus of the APP was meeting the educational needs of veteran nursing students. Program evaluations were conducted to determine whether the APP was meeting those goals. Orr (2013) advocated the use of strength-weakness-opportunity-threats (SWOT) analysis for education program evaluation. An integrated literature review described the benefits of SWOT analysis for planning and process changes (Helms & Nixon, 2010). SWOT analysis includes discerning organizational and program strengths and weaknesses while anticipating external opportunities and threats. This type of analysis is especially important for both public universities and governmental agencies (Helms & Nixon, 2010).

One of the critical objectives of the WSU CON-VAMC VBSN program was to develop an advisory board to ensure the success and long-term sustainability of the APP and to institute many of the essential aspects of a successful APP (Beal, 2012). The advisory board purpose, frequency of meetings, and membership roles and responsibilities were addressed within the proposal. The advisory board consisted of John D. Dingell VAMC key personnel, military community personnel with regional unit/base access, WSU CON faculty and students, nursing administration from both organizations, and other community leaders dedicated to the needs of veterans. The John D. Dingell VA Hospital was selected because it is a comprehensive medical center and veterans counseling center, and is close to the WSU CON.

The VAMC provided nursing leadership, core staff members, and military community stakeholders. Wayne State University provided nursing leadership, the project director, leaders from the Office of Military and Veteran Academic Excellence (OMVAE), and a Veteran BSN student. Meetings were held every quarter for the first two years of the grant and then every six months thereafter. The meetings focused on assessing the strengths, weaknesses, and areas for improvement to support the program. Location of the meetings alternated between the WSU CON and the VAMC, providing an opportunity to not only share the burden of transportation between the facilities, but to directly experience each other’s facilities and cultures.

The board meetings also served to accelerate trust-building between each organizations’ nursing administration and leadership and provided a regular vehicle for clear and transparent communication. The quarterly meetings in the first year of grant funding allowed a relationship to develop prior to student clinicals at the VAMC. This relationship allowed for more insightful planning of these experiences. This early relationship was essential to student success in the VAMC clinical sites (Elliot & Patterson, 2017).

Another goal of the advisory board was the clinical experiences of the VBSN students would be rigorous. The assigning of students to appropriate units each semester was a priority. The VAMC coordinated clinical experiences while managing new hire orientation and the facility’s limited number of inpatient beds.
The goals of the VBSN program included: 1). Improving academic performance and retention of the students in the VBSN program, and 2). Increasing student and faculty awareness of the unique needs and culture of military veteran students. WSU CON and the VAMC collaborated on identifying and addressing the potential barriers a veteran student might encounter and could prevent progression in the program (Osbourne, 2014). Military veterans are at risk for post-traumatic stress disorder (PTSD) and traumatic brain injury (TBI) (Elliot, 2015). These two health issues result in concentration and memory difficulties, flashbacks, and anxiety. The VAMC was able to provide comprehensive medical care to address these issues. Students were screened upon discharge from the military, and their medical problems were controlled before entry into the program.

Leadership from the VAMC and WSU CON were committed to having VBSN students caring for veterans. The APP facilitated essential communication to identify areas within the VAMC that matched the course objectives. Communication between institutions, coupled with pre-semester meetings with the program director, VBSN clinical instructor, and unit leaders, ensured that the selected units met course objectives. The VBSN clinical instructor reported the student experiences along with available patient populations to the CON’s course coordinator. These reports were the basis of monitoring for quality and provided feedback.

Evaluating the Partnership Through the VBSN Program

Near the end of the third year of grant funding, feedback was solicited from four individuals with the most interaction between the two institutions and VBSN students, who were involved on the beginning of the development of the advisory board. This formative evaluation included two members of leadership from the VAMC, one person from WSU CON, and a WSU representative from the OMVAE. The feedback was used to assess whether VBSN student needs were being met through the APP. The survey items were focused on the strengths and weaknesses, opportunities, and threats of the VBSN program and the clinical partnership. This feedback offered the team an opportunity to work toward sustainability (Helms, & Nixon 2010; Beals, 2012). The purpose of the survey was to reflect on the positive aspects’ relationship and areas of difficulty, as well as the exploration of improvement opportunities.
Using an online survey methodology (QualtricsXM), the participants were asked to answer four questions to identify the SWOT of the VBSN program. The questions were:

1) What do you see as the major strengths (i.e., current situation or trends likely to lead to improvement) in place to ensure the success of the VBSN program?

2) What do you see as the weaknesses (i.e., factors compromising the achievement of central goals) that may hinder the success of the VBSN program?

3) What do you see as the opportunities (i.e., practical openings that will result in change) that will increase the success of the VBSN program?

4) What are the threats (i.e., external factors that impede progress) that may hinder the success of the VBSN program?

The WSU-CON Data Manager de-identified the results prior to the content analysis. All the responses under each section were aggregated for respondent confidentiality. Complete results are seen in Appendix A at the conclusion of this article.

Survey Results

Strengths of the Partnership

Two primary strengths were identified in the survey: collaboration and benefits to student education. One of the defining strengths of the partnership between the VAMC and WSU CON program was a willingness to collaborate to meet the shared goals of the VBSN program. Representatives of the VAMC and the WSU CON VBSN program frequently met to discuss progress and to troubleshoot issues as they arose. VAMC leadership sought feedback from the instructors and program director of the VBSN program regularly, and select administrators were available to clinical faculty nearly every time the students met for clinical at the VAMC. These findings are consistent with the assertions by Todero, Long, and Hair (2015) that frequent communication is essential in forming and sustaining partnerships.

The VAMC provided the opportunity for many off-unit student experiences, such as the operating room, intensive care unit, and inpatient rehabilitation, which was easier than arranging the non-veteran students attending clinicals at the other local hospitals. Students were assigned to care for patients that dwelled at or utilized care at community sites (identified through the VAMC), allowing for experiences across the entire system.

Another strength identified was the benefit to student education. Foremost, the team cited the opportunity for students and patients to form meaningful relationships with the patients as a major student education enhancement. Students were able to quickly forge therapeutic relationships with their patients as a result of shared military service history. The students reported that due to that level of trust, the provision of care was enhanced. Likewise, Todero et al. (2015) noted the students providing care within the VAMC improved their knowledge of how to care for veterans in the population, regardless of setting.

The students felt their clinical experiences at the VAMC gave them an idea of what it would be like if they took a job at the facility after graduation. This was supported by Todero
et al. (2015), who also noted that having clinical experiences at the VAMC may decrease orientation and transition times after hire. Approximately 12 percent of nurses leave their positions with the VAMC within their first year (United States Government Accountability Office [U.S. GAO], 2015), providing the students with opportunities for acculturation into the environment of the VAMC before being hired may reduce this attrition rate.

One of the respondents provided a summary of what the APP did for nurses and the nursing students:

Synergy between the WSU College of Nursing and the John D. Dingell VA Medical Center. Other VBSN schools do not have such a relationship. Educating Veterans to be nurses in a military friendly institute with the help of a VA Medical Center is probably a unique situation. This relationship creates an opportunity for both entities to learn from their individual service to this country. Routinely we hear the words, “thank you for your service” as it relates to our veterans but seldom do we hear “thank you for your service” when speaking of nurses or other service oriented careers. This relationship forges that understanding and demonstrates the value in each of us.

Weaknesses of the Partnership

Despite the strengths of the VAMC/WSU-CON partnership, the survey revealed some notable weaknesses. The weaknesses centered around both the VAMC system challenges and the VBSN program design at the WSU-CON. One of the weaknesses of the program was related to the patient demographic at the VAMC. The students’ experiences at the VAMC provided them with many opportunities to care for patients with complex physical and psychological needs. The patients in the VAMC were not representative of the patients in the non-VA hospitals in the same geographic region. The homogeneity of the patient population, primarily older Caucasian or African American males, the VAMC resulted in the VBSN students not caring for a sufficient number of patients who were female or from racial, ethnic, or cultural backgrounds commonly represented in metro Detroit. All of the patients spoke English, and most were literate. Given the racial, cultural, and socioeconomic diversity of Detroit, the patients at the VAMC were not representative of the range of patients treated in other facilities. Discussions with the advisory board led to the determination that VBSN students would be assigned to clinics with more diverse patient populations as part of their immersion experience in their final professional nursing course. VAMC leadership agreed that the VBSN students would benefit from experiences outside of the VAMC without jeopardizing the APP agreement.

Though the VBSN students had fewer opportunities than their non-veteran peers to care for patients with diverse gender, racial, and cultural backgrounds, they did have the unique opportunity to learn to provide care to veterans, a group which has a culture of its own. Most veterans seek care outside of the VAMC (Miltner et al., 2013), many nurses will end up providing care for veterans during their career, regardless of where they work. Veterans have high rates of PTSD, TBI, and chronic multisymptomatic illness (CMS), among other special healthcare needs (Johnson et al., 2013; Miltner et al., 2013). Many healthcare providers outside of the VA lack experience working with veterans (Kilpatrick, Best, Smith, Kudler, & Cornelison-Grant, 2011). The students who completed most of their clinical training at the VAMC will have a particular advantage in working with this special patient population, regardless of where they gain employment after graduation.
An initial challenge met by students at the start of the program was their integration into nursing units who had little to no experience in precepting students in their clinical rotations. Early on, perceived value differences between the VAMC clinicians and the students led some students to feel that the nursing staff was dismissive of students' inputs or that the staff “worked around them,” rather than with them. Lovecchio, DiMattio, and Hudacek (2015) correlate student satisfaction with program retention and completion, grade point average (GPA), and employment preparation. Given this relationship, facilitators of the VBSN program had strong motivations to improve the rapport between the students and the VAMC nurses.

These problems are not unique to the VBSN program. Todero et al., (2015) also found clashes between the academic and clinical cultures early in their program, and Lovecchio et al. (2015) noted clinical environments often did not live up to student expectations. As with Todero et al., (2015), acknowledging the problem within the APP allowed for an open discussion with VAMC leadership, which led to leadership facilitating training and mentorship for the staff. Additionally, having a consistent faculty member working with the students led to an improved trusting relationship between the faculty member, the nurse manager, and the staff nurses on the unit. This is consistent with assertion by Todero et al. (2015) “Visibility earn[s] credibility” (p. 48). These problems were reported less frequently by subsequent VBSN cohorts as a result.

One of the reports from the students was that the VA on-boarding was a complex and lengthy process. Compared to their non-veteran peers, their on-boarding was perceived as to take much longer. WSU utilizes a third-party organization to assist with the clinical on-boarding for most of the institutions in which clinicals are held. In this system, the students essentially go through the vetting process on admission to the nursing program, and the information is stored with the third-party on-boarding organization. This organization then serves to examine the student for the institution the student will be undergoing clinicals. The VAMC is not part of this third-party system and the students were initially required to go through the on-boarding process directly with the VA. While it is true that the initial process required more involvement from the students, they underwent the same vetting process as new employees, which is designed to ensure the safety and security of the patients within the VAMC system (Danielson et al., 2018). The advisory board recognized the VBSN students could find this frustrating as it meant some students (and faculty) were required to repeat steps multiple times. The trust and communication developed through the APP allowed both parties to quickly resolve issues to avoid disrupting student education. The VAMC was able to develop process changes to reduce the burden on students and faculty. The more cohorts of VBSN students who went through the on-boarding process, the smoother the process became.

**Opportunities for the Partnership**

Two opportunities were described by stakeholders: student-to-staff education and program marketing to other veterans in the VAMC system. The VBSN students were able to provide the nursing staff with current evidence-based practice guidelines for treating people with different illnesses and injuries. Students were required to work with a nurse manager on implementing change as part of their VBSN leadership course. The clinical faculty for this course was an off-duty VAMC administrator also serving as a member of the advisory board. This individual facilitated the relationship between the nursing units. He identified unit managers willing
to work with students and assisted the unit managers in identifying appropriate quality improvement projects for the students’ education level. The VBSN students were able to initiate sustainable changes throughout several units in the VAMC. Having the students complete these projects allowed for the provision of “educational and practice innovations” (Miltner et al., 2015, p. 265), benefitting not just the VAMC, but also the future VBSN students.

The partnership between the WSU CON and the VAMC also provided opportunities for disseminating information regarding the VBSN program. Veteran staff members who were interested in advancing their career in nursing were introduced to the VBSN program through their interactions with the veteran students. Facility veteran staff members may have recognized the VBSN program as their own opportunity to pursue a BSN, as more than one of the Licensed Practical Nurses (LPNs) inquired about the program. Toder et al. (2015) noted similar interests in advancing education with the clinicians in their study.

**Threats to the Partnership**

Survey participants identified two potential threats to the APP and the success of the VBSN program: the unique needs of the military veterans transitioning to academia and the potential for recruitment of qualified candidates to the program. The decision was made not to evaluate potential external threats at this time, as the advisory board determined that it was best to focus efforts on improving internal issues first.

The VBSN students are non-traditional students, as most of them are older, with the inherent stressors and responsibilities of adulthood, such as jobs, spouses, children, and mortgages. In addition to the challenges faced by non-traditional students, veterans may be dealing with stressors unique to their status as veterans. As noted, veterans face high rates of PTSD, TBI, and CMS, which may affect their academics. Also, some veterans may have trouble adjusting to civilian life, as they are used to living within the military culture (Voelpel, Escallier, Fullerton, & Rodriguez, 2018). The WSU-CON partnered with Wayne State’s OMVAE to ensure resources were in place to support the special needs of these veterans prior to their admission to the program. One of these resources included having a clinical faculty member who was also a veteran, as she was able to identify and intervene when she noticed VBSN students having a difficult time with particular stressors. For example, a unit nurse once dropped a paper chart next to one of the VBSN students unexpectedly. The faculty member recognized the PTSD trigger with this particular student and intervened before the student’s symptoms escalated.

The admission requirements to the VBSN program were perceived as a weakness by some of the survey participants. Baccalaureate nursing programs have notoriously competitive admission requirements, often limited to standardized grading metrics (e.g. GPA). The WSU CON requires a minimum GPA of 3.0 to be considered for admission into the second-degree and traditional nursing programs. However, with the average admission GPA of 3.7, there was only a 20 percent acceptance rate of otherwise qualified candidates to the second-degree program. The NCLEX first time pass rate for WSU-CON ranges between 100-95%, with the VBSN students’ numbers included in the WSU-CON numbers. A total of 32 students have been admitted to the VBSN program over a four-year period, with a 100% retention rate. Currently only 15 VBSN have taken the NCLEX exam with 14 passing on the first attempt, and passed on the second attempt taking shortly after the first attempt. Eight additional
VBSN students graduated in December, 2019 and will be taking the NCLEX in 2020. WSU CON utilized a holistic admission process to determine appropriate candidates for the VBSN program. Holistic admissions have been shown to improve diversity in the student body without significant impact to academic outcomes (Zerwic, Scott, McCreary, & Corte, 2018). Recognizing the benefits to this type of admission process, WSU CON began the process of transitioning to holistic admissions for all their undergraduate programs shortly after the VBSN program was initiated.

Reflecting on the Partnership

The relationship between WSU CON and VAMC demonstrated the development of a successful APP. The resulting communication between the two facilities has enriched opportunities in both organizations, despite the challenges of competing responsibilities on the part of students, nursing faculty, and VA staff. Even though the patient population was predominately male and did not represent the diversity of the urban environment, the complexity of the patient's health issues, and unique veteran culture provided excellent opportunities for students to think critically and to learn to care for vulnerable populations. In addition, all the students noted they felt honored to provide care for veterans. Veterans caring for veterans allowed the opportunity to share military experiences and to deepen patient-provider relationships.

The development of the advisory board and meetings prior to the students’ arrival for clinical experiences allowed time for relationships to be formed between leadership, clinical faculty, and university veteran support services. Development of trust is vital in academic-clinical partnerships, which held true for this relationship (Beal, 2012; Dobalian et al., 2014). Face to face meetings and joint planning to achieve the goals and objectives for the VBSN program resulted in the successful implementation and sustainability of the program. The advisory board facilitated the ability to address issues requiring immediate attention, such as the expiration of student computer access, on-boarding process changes, and clinical practice unit assignment. The team could rely on each other and receive an immediate response from one of the members of the advisory board.

The patients in the VAMC often present with complicated physiological, mental, and social issues. The partnership between the VAMC and the VBSN program provided the students with the opportunity to work with patients with multiple comorbidities throughout their program, beginning with their first clinical course, Nursing Fundamentals, and finishing with their community health rotation. In addition to developing strong assessment skills, the students were able to plan for continuity care within a healthcare system offering onsite integrated health care, since they were provided with the opportunity to learn about the system first-hand. Many patients receive their healthcare in a variety of settings within the VA health system, providing the students with a unique opportunity to see the advantages of having access to health care (when fragmentation was reduced). For example, throughout their program, students cared for patients in the VA’s long-term care, hospice, inpatient rehabilitation, psychiatric, and acute care units, as well as in community health facilities.

The VAMC provides inpatient and outpatient physical and mental health care, as well as outreach and care for veterans in the community. Given the breadth of practice in the VAMC,
students were able to complete most of their clinical rotations within the system. Since the students did not have to orient to a new health system each semester, they had more time for clinical interactions with patients. Many of the patients in the students’ clinical rotations receive all their healthcare through the VAMC, including primary care visits, laboratory and diagnostic testing, as well as acute care management. Having access to a patient’s entire medical record provided students with the opportunity to see how a comprehensive healthcare system could improve continuity of care.

Even though most students did not apply as new graduates to the VAMC, some of them considered working in a VA health system in the future, and one was hired to the VAMC within a year of her graduation. Limited RN positions for new graduates at the VAMC discouraged prevented many of the students from applying to the VAMC. The students in the VBSN program have experience in caring for military veterans, and their experiences can be translated into the civilian arena. Since many veterans do not receive care through the VAMC, the extensive experience caring for veterans may assist peers in civilian hospitals by being a resource for other nurses.

Despite the VANA experiences, the VAMC nursing units had minimal exposure to students from baccalaureate nursing programs. Although specific staff were identified as mentors who were educated to be preceptors, the mentors were not always available to the VBSN students. The mentors were aware of how to identify best practice from the literature, whereas other staff members were more likely to focus on completing tasks. This focus provided an experience more closely resembling real-life for the students. Even though the students were frustrated with the perceived gap between reality and classroom teachings, this frustration is not uncommon to all nursing students (Tiwaken, Caranto, & David, 2015). The more exposure to the VBSN students clinical training and the more the staff learned about the program, the higher the staff satisfaction became, evidenced by an increased willingness to work with the students. This result aligns with the findings from the VANA program (Pearson et al., 2015). According to Pearson et al. (2015), over half of the nurses who were exposed to the VANA program saw a “moderate or substantial increase in [evidence-based practice] EBP activities” (p.3). The students’ clinical experiences allow them to translate didactic knowledge into practice with veterans, which could pave the way for including senior-level students and recent graduates in program development at the VAMC. Nurses who participated in the VANA survey reported that exposure to that program directly influenced their decision to return to school to pursue higher education (Pearson et al., 2015).

The advisory board and the close working relationship between the VAMC and the WSU CON facilitated feedback to the VAMC nursing leadership at all levels. Process improvement projects were put into place, starting with student feedback. Nursing faculty were able to meet with the nurse educator to identify and remedy issues that interfered with student educational experiences, thus reducing barriers.
As the program progressed, a commitment to continuing the VBSN program outside of funding was approved by WSU-CON administration. Support from the VAMC and the WSU CON to continue the APP will allow future students who are military veterans to continue to use the site for clinical experiences. The funding necessary to support tutors and academic counseling continues to be supported by the WSU CON. As a result of this project, financial support for the military veterans BSN track has become a priority for the College of Nursing and Wayne State University.

VBSN programs, based on an APP between the WSU CON and the VAMC and its nursing leadership, may be replicable in other parts of the U.S. The partnership between an academic institution and a local VAMC provided a unique educational experience for the VBSN students in multiple ways. Veterans providing care to veterans is one such experience and a major strength of the program. The partnership provided an opportunity for the VAMC nurses to enhance their professional growth following the VANA experience. VBSN graduates have been hired by a variety of institutions in the area, thus moving toward the reduction of the nursing shortage.

The experience was largely successful due to the transparent and collegial communication between WSU CON’s and VAMC’s leadership and co-coordinators of the project. Commitment to the students provided the groundwork for providing students with clinical experiences meeting the objectives of the courses. The partnership led to procedures designed to diminish the challenge of the unique on-boarding process at the VAMC, allowing for timely communication to faculty and students and avoiding gaps in clinical time. Working with the VAMC nursing leadership, the team was able to change the culture on the units, which enhanced the receptivity to students and offered the nursing staff an opportunity to engage in professional development. Both organizations deemed the project a success and look forward to a continued academic clinical partnership with future cohorts of students.
### Appendix A: SWOT Analysis

<table>
<thead>
<tr>
<th>Questions</th>
<th>Answers</th>
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<tbody>
<tr>
<td>Strengths: What do you see as the major strengths in place to ensure the success of the VBSN program?</td>
<td>Strong partnership between WSU and the VA. Past experiences with academic partnerships. Success in previous implementations.</td>
</tr>
<tr>
<td></td>
<td>Student hands on experience with veterans gain an understanding of the complex co-morbidities of veteran with chronic disease and life factors.</td>
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<td></td>
<td>The ability to have veteran professors/faculty at the helm is a great advantage for the students.</td>
</tr>
<tr>
<td></td>
<td>Having a partnership with the VA affords the students and faculty a unique and rich clinical experience.</td>
</tr>
<tr>
<td></td>
<td>The support of the leadership of each organization has fostered a great collaboration.</td>
</tr>
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<td></td>
<td>Synergy between the WSU College of Nursing and the John D. Dingell VA Medical Center. Other VBSN schools do not have such a relationship. Educating Veterans to be nurses in a military friendly institute with the help of a VA Medical Center is probably a unique situation. This relationship creates an opportunity for both entities to learn from their individual service to this country. Routinely we hear the words, “thank you for your service” as it relates to our veterans but seldom do we hear “thank you for your service” when speaking of nurses or other service oriented careers. This relationship forges that understanding and demonstrates the value in each of us.</td>
</tr>
<tr>
<td></td>
<td>One of the defining strengths of the relationship between the VAMC and the VBSN program was the VAMC administration’s enthusiasm and interest in the program.</td>
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<td></td>
<td>Leadership at the VAMC frequently sought out feedback from the instructors and director of the VBSN program. They were very accommodating</td>
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in getting students into off-unit observation experiences, such as the operating room or inpatient rehabilitation.

The Detroit VAMC provides in-patient and outpatient physical and mental health care, as well as outreach and care for veterans in the community. Given the breadth of practice of the VAMC, the students were able to complete most of their clinicals within the system. Since the students did not have to take the time to orient to a new health system each semester, they were afforded more time for clinical interactions with patients.

Weaknesses: What do you see as the weaknesses (that may hinder the success of the VBSN program)?

- Lack of formal OB and pediatrics. Although we offer women's health, the program does not take advantage of it.
- Nursing lab research integration.
- What I see as a clear weakness in competition. The VBSN lets veterans compete against other veterans for 8 spots in a nationally recognized program. We need great quality to keep it competitive. It would be tragic for us to compromise the quality of our College of Nursing to keep 8 spots filled each year. For that reason, I think we need to find greater pools of candidates so that we can clearly select from the best candidates.
- Difficulty working within a medical center that was had complicated processes and outdated systems.

Opportunities: What do you see as the opportunities that will increase the success of the VBSN program?

- Build on experiences with women’s health care and chronic disease management beyond obstetrics.
- Enhance experiences in emergency care and procedures.
- More use of research opportunities for nursing students related to lab experiences better marketing of services provided an opportunity.
- Including the senior/graduates in future program development.
Greater exposure to increase program awareness of the VBSN program in general.

The Forever GI Bill as an opportunity. The time limit on its usage has been lifted so that a service member can take their time after active duty and enter college or university when they are ready. This may bring an older student but probably a better prepared student.

The diversity of the participants.

As veterans, the students were often able to form therapeutic relationships with the patients quickly. Some of the students were able to recognize and respond to patients with post-traumatic stress disorder (PTSD).

The patients in the VAMC have physiological, mental, and social issues that are not seen as frequently in non-federal hospitals. This provided the students the opportunity to work with highly complex patients that they might not have had at other institutions.

With the exception of personal or community bias, I do not see any at this time.

Mental health and funding. There are many highly qualified, overly experienced combat medics and corpsman that need additional support to feel confident enough to apply to any nursing school. Some spend a year or two just to negotiate their pre-requisite courses as they learn to adjust back to being a civilian and into being a scholar. This time reduces their Educational Benefits and as they enter the College of Nursing, they may run out.

The patients in the VAMC and the continuity of care were not representative of the patients in non-VA hospitals.
References


Seeds of Change: Planting the Building Blocks for Success for Veterans on Campus and in Our Community

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Abstract
The purpose of the Jacksonville University Veteran to Bachelor of Science in Nursing Program was to provide dedicated career tracks and support services that equip enrolled veteran nursing students with the necessary knowledge, skills, and coping strategies that enable them to thrive in nursing school, graduate with a Bachelor of Science in Nursing degree, pass the National Council Licensure Examination, and secure employment. The grant supported strategic support services, including mentoring, tutoring, and a variety of mental health services to promote resiliency and success in the nursing program. The wrap around services acted as seeds of change, providing enhanced support for the veteran as an individual, as a nursing student on campus, and as a member of the greater community.

Keywords: HeartMath, moral injury, veterans, and Accelerated Resolution Therapy (ART)
Introduction

The Veteran to Bachelor of Science in Nursing (VBSN) Program was established at a small liberal arts college in Jacksonville, Florida, in the fall of 2013. The purpose of the VBSN Program was to provide dedicated career tracks and support services that equip enrolled veteran nursing students with the necessary knowledge, skills, and coping strategies that enable them to thrive in nursing school, graduate with a Bachelor of Science in Nursing (BSN) degree, pass the National Council Licensure Examination (NCLEX), and secure employment. The attainment of a BSN degree helps improve veteran’s job marketability. They would be able to work as a civilian registered nurse (RN) and/or as an active duty RN in the Army, Navy, Air Force, or as a Public Health Service Commissioned Officer.

The VBSN Program promoted veteran BSN education via three distinct career ladder tracks: VBSN Track 1, a full-time, on-campus pre-licensure BSN degree program; VBSN Track 2, a part-time RN to BSN cohort program on-campus; and VBSN Track 3, an online RN-BSN program. The VBSN Program enabled the university to provide dedicated support services, including mentoring, tutoring, and a variety of mental health services to promote resiliency and success in the nursing program. The wrap around services acted as seeds of change, providing enhanced support for the veteran as an individual, as a nursing student on campus, and as a member of the greater community. It should be noted that although the original target population was veterans, the VBSN Program provided these same support services to active duty military students who were enrolled in the U.S. Navy Medical Enlisted Commissioning Program (MECP) in the school of nursing. Sponsored by a federal grant from the Health Resources and Services Administration, the VBSN Program continued to provide support services through December 31, 2018.

Historical Background

Jacksonville, Florida, was an ideal location to establish the VBSN Program. The city is home to the second largest military installation on the east coast, including Naval Station Mayport, Kings Bay Naval Base, Naval Air Station Jacksonville, Naval Aviation Depot Jacksonville, Camp Blanding Joint Training Center, and Marine Corps Blount Island Command.

The university has a proud track record of being one of the most military-friendly campuses in the United States, with designations as a G.I. Jobs Military Friendly School, U.S. News & World Report Best Colleges for Veterans, and Military Advanced Education & Transition Top School for Military/Veteran Education. Military students are valued, not only for their service to our country, but also for their leadership, life experience, and maturity they bring to the educational environment on our campus.

In addition, the university has a successful track record recruiting, retaining, and successfully graduating military nursing students. At the time of the application (2013), the university had graduated more than 201 veteran students across disciplines within the past three academic years (2010-2013).

The VBSN Program Director retired from the military with 30 years of commissioned service, beginning as an active duty ensign in the U.S. Navy Nurse Corps and ending as a colonel with the Florida Army National Guard. Her experience as a psychiatric nurse practitioner, a
nurse educator, and a 30-year career in the military provided her with a perfect combination of expertise, professional experience, and empathy to provide invaluable mentorship and counseling services for the VBSN students.

Creating a Foundation

The VBSN Program created an outcomes and advisory board (VBSN Board) to assist in evaluating the program’s strengths, weaknesses, and opportunities for improvement. The VBSN Board included the Program Director as well as representatives from the university administration, including the college and school of nursing administration, the Veterans Student Coordinator, and representatives from the Academic Support Center, the Student Counseling Center, and the university’s Office of Research and Sponsored Programs.

The VBSN Board uncovered some deterrents to the program’s success and recommended additional avenues that could improve program implementation. One outcome from the first meeting was expanding the program visibility through participation in an outreach event, Jacksonville Times-Union Celebration of Nurses Symposium, an event that marketed to nurses on a regional level. Veteran events and symposiums were attended with representatives from the university VBSN program to promote visibility.

The VBSN Program provided support for veteran and active duty military nursing students at the university through four targeted interventions. First, veterans received support with extra admission points on their applications and selected tracks received tuition discounts so they could afford the expenses of a baccalaureate nursing program. Second, students received tailored support services to help ensure successful program completion and passing the NCLEX so they could secure employment. Third, the VBSN Program advocated for veteran students on campus by supporting an informed, warm, nurturing campus environment. Finally, as a fourth intervention, the VBSN Program provided military-focused educational programming for the campus and the community. These were all considered the Seeds for Success at the university.

Figure 1 provides an overview of programs to support military veterans in a BSN program.
First Intervention: 
Application Points for Veterans and Program Discounts

Application Points for Veterans

Veterans bring leadership skills and perseverance to their university experience and they deserve respect for the sacrifices they have made. The school of nursing decided to award an additional 25 points to veteran applications who qualified and met all admission requirements for the traditional or second-degree pre-licensure nursing program (Track 1). The additional 25 points provided veterans with a competitive edge to gain acceptance into the nursing program. All prior service veteran and active duty military candidates that qualified and met all admission requirements were awarded the extra 25 extra points and it was decided that this policy would remain in place for future veteran applicants.

Needs Assessment

Veterans have diverse military experiences that may or may not include combat experiences. Their needs are best surmised by a sensitively administered face-to-face assessment. The VBSN Program Director met with students enrolled in the campus-based BSN program (Track 1) and in the campus-based RN-BSN program (Track 2). Focus groups were conducted with the Track 1 students to self-identify concerns to strategize interventions. Online RN-BSN veteran nursing students (Track 3) were located across the country and in a few instances, other parts of the world. Therefore, face-to-face meetings were not an option with this program track. Needs assessments were conducted via online surveys for Track 3. The goal of conducting the needs assessments were to identify: 1) transition issues, 2) barriers to success, and 3) any additional support services they needed from the program to help empower them for success. The goal was to tailor the support services offered to help all students adapt to school life, overcome challenges, and thrive in the nursing program. Feedback from the online surveys highlighted the need for more financial support.

Tuition Support

Veterans often come to a university experience with government financial support for their service; however, this is not a uniform amount and many students needed and requested additional financial support to meet all their needs. Requests were made to administration to provide a tuition discount for veteran students interested in the on-campus RN-BSN Cohort Program (Track 2). The request was granted, and veteran students interested in the on-campus RN-BSN Track 2 were eligible for a special tuition discount that was roughly half the cost per credit hour as an on-campus course (the rate for part-time, non-traditional Adult Degree students).

As a direct result of the online veteran needs assessment, requests were made to the online platform managers to provide a tuition discount for Track-3. Approval was received for a 10% discount for online nursing undergraduate and graduate degree tuition programs for all active-duty service members, Reservist, Guardsmen, veterans, spouses, and dependents of disabled or deceased veterans.
Second Intervention: Personalized Interventions for Veterans to Enhance Success in the BSN Program

The VBSN Program Director served as a mentor for all veteran and active duty military students who were enrolled in the pre-licensure BSN program in the school of nursing. The VBSN Program Director also served as an academic advisor for all veteran and active duty military students enrolled in the pre-licensure nursing program. A personalized VBSN Assessment and Career Ladder Plan (VBSN Plan) was created for each student.

Students were connected to support services off-campus and/or community resources for military service members if additional support was necessary. This included, but was not limited to, referrals for further counseling services or treatment, including psychiatric medication, substance use disorders, or other mental health issues. Finally, additional training opportunities were secured to support those working with the veteran population.

Personalized Orientation

The VBSN Program Advisor also was a veteran and medical professional who provided both individual and group orientation sessions for each new prior service veteran entering the campus-based programs (VBSN Track 1 and Track 2). One-on-one meetings were arranged for each new Track 1 student to orient them to the VBSN Program and all available support services through the VBSN Program, the university campus and the surrounding Jacksonville area. Each student was provided a personal tour of the university campus, including the Defenders Den Student Veterans of America study center, the university’s veteran dedicated lounge and study center. Additionally, students were also escorted to the university Student Counseling Center where they were introduced to the designated VBSN program counselor who provided an overview of available counseling services, including individual therapy sessions and HeartMath. Each veteran student was escorted to the university Academic Support Center where they met the Director of Academic Engagement, who set up individual consultations with each student to learn how best to meet their academic support needs for tutoring.

Initially, a brochure was created for the VBSN Program for veteran and active duty military students at the university. It was quickly transitioned to an electronic online version to maintain current opportunities. It outlined the VBSN Program, personnel, curriculum, the university’s veteran support services, as well as local military and veteran organizations from the surrounding Jacksonville community.

Tutoring Services

The VBSN Program supported free tutoring services for veteran and active duty military students enrolled in the undergraduate nursing program through the university’s ASC and JU’s Online Writing Center. Students were able to schedule one-on-one tutoring sessions at the ASC or attend group drop-in session with tutors at ASC or in the college of health sciences building. In addition to the individual and group tutoring sessions, the VBSN Program students frequently sought writing support for their papers through university’s Online Writing Center. This was especially important for the writing intensive nursing program. In addition to serving
veterans, the Online Writing Center employed a veteran nursing student in the summer of 2016. He was a veteran of the Iraq War, where he served as a combat medic. In addition to the program supported tutoring services, the VBSN Program found that the students also engaged in informal tutoring sessions in the Defenders Den. The VBSN Program Advisor offered individual and group pathophysiology (NUR 454) tutoring for prior service veteran and active duty nursing students in the VBSN Program students between September 2014 and October 2015. Pathophysiology tutoring had never been provided to students prior to this opportunity and was very appreciated.

In the final year of the program, the VBSN team met with the Academic Support Center (ASC) team and school of nursing leadership in order to determine the best way to deliver tutoring services to veteran students enrolled in the undergraduate nursing program, as there was a drop in student use of tutoring services in the previous year. After consulting with the ASC team and nursing leadership, the VBSN team determined that the best solution was to bring the ASC tutors to the nursing building during times where nursing students were not in clinical settings or in class. Students were able drop in and ask questions about their nursing questions or set up individual tutoring sessions at the ASC. The VBSN team advertised these tutoring services on the VBSN webpage, on Blackboard, and on bulletin boards throughout both nursing buildings.

**NCLEX-RN PassPoint Training**

The VBSN Program added the PassPoint NCLEX-RN Preparatory Software (NCLEX PassPoint) as a resource for veteran and active duty military students. NCLEX PassPoint is a personalized test prep software designed to help students prepare for NCLEX-RN by providing test questions, practice tests, and identifying areas for additional focus. The VBSN Program Coordinator provided NCLEX PassPoint Training to veteran and active duty military students, including pass-code assignment and software training.

**Counseling Services**

The VBSN Program hired a designated program counselor to provide mental health support services, including counseling and HeartMath, for veteran and active duty military students enrolled in the undergraduate nursing program. In addition to the program counselor, the VBSN Program supported free counseling services through the university Student Counseling Center.

**HeartMath Resiliency Training**

The VBSN Program supported HeartMath for veteran and active duty military students enrolled in the undergraduate nursing program through the university Student Counseling Center. HeartMath is a biofeedback system designed to help users self-regulate their emotions and behaviors in order to reduce stress, increase resilience, and make more effective choices. This could be helpful for students seeking to reduce anxiety, improve sleep, and enhance performance in school. The VBSN Program selected HeartMath as a support service to help veteran students reduce and improve symptoms of stress in order to support increased success and retention in the nursing program.
The VBSN Program received positive feedback from students who took advantage of this support service, citing the convenience and accessibility. Students were able to check out personal HeartMath devices (Inner Balance Bluetooth for Android or iPhone) to practice at home, or they could use the HeartMath devices in the Student Counseling Center, or they could work from a desktop computer (emWave 2) in the Defenders Den.

**Accelerated Resolution Therapy (ART) for Test Anxiety**

Successfully passing tests and exams is a requirement to completing a baccalaureate degree in nursing. Military veterans may bring memories and stressors from their varied military experiences that may contribute to test performance anxiety, which may compromise passing exams. There is significant emphasis in nursing schools to pass exams at all levels in preparation for the NCLEX for RNs; students must pass the NCLEX-RN after graduation to attain licensure as a RN. Veteran nursing students’ test performance may be enhanced with techniques to modify the potential self-perception expectation of failure. If anxiety is decreased in the preparatory phase of studying for exams and if positive self-regulation decreases the experience of anxiety during an exam, then the expectation is that students will perform at a higher-level during test taking.

ART was derived from Eye Movement Desensitization and Reprocessing (EMDR) developed by Francine Shapiro (2011). EMDR addresses the person’s past experiences that contribute to current problems and difficulties, present circumstances that trigger maladaptive responses, and future more adaptive responses. A study using EMDR as a two-session treatment for test anxiety showed significant reduction of the overall measured test anxiety of test anxious college students compared with the control group (Enright, Baldo & Wykes, 2000).

ART is very brief and like EMDR utilizes a natural process of bilateral eye movements similar to the Rapid Eye Movement stage of sleep to decrease anxiety, depression, PTSD, phobias, and relationship issues (Rosenzweig, 2015). ART uses guided visualizations and eye movements to desensitize and process distressing memories that may include poor test performance or fear of failing tests. Improved self-confidence and self-efficacy are accomplished through in-vitro exposure to future feared triggers and future preferred performance practice through visualizations. During this process improvements are elicited in body physiological arousal, emotional reactivity, and beliefs (Hoge, 2015).

The VBSN Program supported ART to treat test anxiety and other student stressors for veteran and active duty military students enrolled in the undergraduate nursing program at the university. The VBSN Program Director and two psychologists in university Student Counseling Center were all trained and certified as ART providers.
Third Intervention: Campus-based Programs to Enhance Understanding and Support for Veterans

The university’s faculty and staff are essential leaders in the successful assimilation of military students into the university community. The university developed initiatives designed to build awareness among the greater campus community to the experiences and challenges many military students are facing as civilians. These include:

**VBSN 101**

The Program Director, Program Advisor, and the designated program counselor collaborated to create VBSN 101, a Veteran-only Orientation Program to help VBSN students transition into campus life and connect to programs developed to target success at the university. This program was offered at the beginning of each semester as new students entered the BSN program. It was adopted by the university administration and transitioned into a series of lunchtime meetings targeting all new students with any military background. The goal of each session was to increase awareness of issues common to veteran students and to identify tools and resources for improved campus–wide veteran student support.

**Military 101 – Understanding Students with a Military Affiliation**

The military has its own language using acronyms, ranks, branches of the military, and status such as active duty, reserve/Guard, and ROTC that are foreign to many in the faculty and can lead to misunderstandings or unintended disrespect. The VBSN Program organized an ongoing military culture education program called “Military 101 for university faculty and staff.” It provided an overview of basic facts about the organization of the military and the branches and was designed to assist university faculty and staff in better understanding the background and experience of military members who matriculate at the university. This overview provided information organized as follows: Military Students in the Classroom, Military Branches, Military Rank Structure, and Points to Remember. The event was open to all university faculty and staff, but specifically targeted those with limited knowledge of the military. Initially the program was a single session option during the first week of the fall semester targeting all university faculty to increase awareness of military culture and concerns veteran, active duty, and reserve military students might have. University administration took the concepts of Military 101 and placed it onto their website for easy access for all faculty, staff, employees, and students.

**Green Zone Training**

The university replaced the original, single session Military 101 for faculty into Green Zone Training, a program for faculty and staff who wish to learn more about the military-affiliated student experience. Its goals are to train members of the university community to know more about the issues and concerns faced by military-affiliated students and to identify individuals who are available to assist this population. Through this training, faculty and staff can lend a sympathetic ear and help the student veteran identify and connect with the appropriate resources. Participants who completed the training received a framed certificate to display in their office and have their name listed on university’s website as having completed the training. The framed certificate was meant to convey the message to military students that the recipient cared about military service.
**VBSN Documentary**

The VBSN Program created a documentary to demonstrate the positive impact of the grant on veteran student population and the culture of the entire university. The team premiered the VBSN Program Documentary: *Seeds of Success* at the Veteran Research Presentation. It is available for viewing online (https://youtu.be/bupsXC-RwRY).

**HeartMath Training, Equipment, and Resources**

According to the HeartMath Institute, personal coherence, also known as psychophysiological coherence, refers to the synchronization of individuals physical, mental, and emotional systems. Coherence can be measured by heart-rhythm patterns: the more balanced and smooth the heart-rhythm patterns are, the more in sync, or coherent the individual is. When stress levels recede, energy levels increase. Coherence is a state of optimal clarity, perception, and performance. The HeartMath Institute provides training and tools to achieve coherence and reduce stress. The VBSN Program supported HeartMath training for the two psychologists in the Student Counseling Center and three clinical mental health counseling student interns to be HeartMath providers. In addition to HeartMath interventions at the Student Counseling Center, HeartMath concepts were presented at the school of nursing for new students.

The VBSN Program supported the purchase of a site license to install emWave Pro software on twelve desktop computers in the university’s Defenders Den. The additional emWave Pro software enabled the two psychologists in the Student Counseling Center to provide HeartMath to additional veteran and active duty military students in the Defenders Den and sustain the services after the conclusion of the grant.

The VBSN Program purchased 35 Inner Balance Bluetooth Sensor units for veteran and active duty military students’ use in the Student Counseling Center. The 35 Inner Balance Bluetooth Sensor, Individual HeartMath units for Android or iOS (iPhone or iPad), will remain in the Student Counseling Center for use by all students. The two psychologists in the Student Counseling Center created and monitor an invoice system for students to check out and return individual units after they complete HeartMath Training. The 35 HeartMath units continue to sustain HeartMath on the university campus.

**ART Outreach, Training, and Research**

In addition to providing ART interventions for veterans, ART was presented as a therapeutic modality to a graduate psychiatric nurse practitioner class and a class in the mental health counselor graduate program addressing treating military families. Art was also introduced as a resource, especially for test anxiety, during the orientation for new nursing students. In order to make ART easily available, two psychologists from the Student Counseling Center were trained in both the basic and advanced courses of ART to help sustain ART on the university campus.

In addition to supporting ART services on campus, the VBSN Program Director conducted a small pilot study to determine the effectiveness of ART to reduce test anxiety among nursing students with a military background (retired veterans and/or active duty).
who were accepted into the pre-licensure BSN program at the university. The results of the pilot study indicated that ART was effective in reducing anxiety among nursing students with a military background who were accepted into the pre-licensure BSN program at the university. ART provides valuable anxiety reduction and self-efficacy skills that not only help students with test preparation and performance, but may also help them as they leave school, take the NCLEX-RN examination, and enter the workforce as confident, competent, and compassionate nurses.

**Hire Faculty and Staff Veterans**

Hiring veteran staff and faculty shows support for veterans and adds their expertise in their field to the university. Many faculty and staff are invisible veterans; surveying employees to identify former military or reservists already in the ranks of the university system can be enlightening. Some may choose to remain anonymous in their service and that is their right. It was beneficial at this university to have a military support office that intentionally hired leaders from the military that bridged military awareness, services and expertise to the campus. Both officer and enlisted veteran employees participated in military focused campus events, served as mentors, and supported the Student Veterans of America program.

**Additional Campus-based Interventions & Training**

The VBSN program facilitated workshops and lunch-and-learn sessions for university faculty and staff that focused on military culture and the transitional needs of veteran students.

A webpage was created for the VBSN program located on the university website to include information and downloadable PDFs describing the free support services available on campus for veteran and active duty students enrolled in the pre-licensure nursing program, including counseling, HeartMath, ART, tutoring services, and NCLEX PassPoint.

The VBSN Program prioritized additional training for those working with veterans in the nursing program. One excellent conference was hosted by Kevin Holloway, PhD, entitled *Serving Student Veterans and Service Members on Campus*, January 29, 2016, in Tallahassee, Florida. The *International Critical Incident Stress Foundation’s (ICISF) 13th Congress* May 14-16, 2015, in Baltimore, Maryland, focused on resilience and crisis intervention management; intervention for active duty military and veterans was part of the curriculum. This material was incorporated into the VBSN Program to address resilience and psychological armor during individual advising sessions and to bring strategies to the veteran community on campus. Other programs were offered as website training and that is how ART was discovered and incorporated into support services.

The Program Director developed and offered a 3-credit elective course for Track 2 students entitled, *Disaster Nursing*. Materials and training received at the ICISF Congress enhanced the content delivered. The hands-on experience of the instructor and students providing disaster support enriched the course.

**Additional Equipment for the Campus**

An assessment was made talking with students and faculty to identify equipment needs that would support veteran students in the various settings where they learned, gathered, and
studied. The VBSN Program added the NCLEX PassPoint as a resource for veteran and active
duty military students. It is a personalized test prep software designed to help students prepare
for NCLEX-RN by providing test questions, practice tests, and identifying areas for additional
focus. Four whiteboards were provided for veteran student use in the two settings, a clinical
skills lab, and the simulation training lab.

The VBSN Program purchased two charging stations and one adapter for veteran and
active duty military students’ use in the university’s Defenders Den. This was identified
as a need for both nursing veterans and other veterans for use in the Defenders Den. Two
whiteboards were purchased for veteran and active duty military students’ use during study
sessions at the Defenders Den.

Fourth Intervention: Community Programs to
Enhance Veteran Understanding and Support

The VBSN Program made significant efforts to raise awareness of and community support
for the program, as well as the veteran and active duty military students, in the Jacksonville
community and to find effective, cost-efficient ways to reach the target audience of veterans.
The Program Director and Program Advisor promoted the VBSN Program at community
outreach events in the Jacksonville community. They made presentations about the VBSN
Program at the annual Florida Times-Union Celebration of Nurses Symposium, the Job and
Resource Fair, for the City of Jacksonville at the Vet Coalition and Military Affairs, and to
veteran support organizations including, but not limited to the Wounded Warrior Project,
the Veteran Affairs, American Legion, Veterans for Foreign Wars and the Student Veterans of
America. In addition, several area medical facilities have promoted veteran opportunities by
posting flyers for educational fairs (Orange Park Medical Facility and Mayo Clinic Jacksonville)
and Baptist Health System posted a banner advertisement for the VBSN Track 2 program on
their employee education website.

ART Research Outreach

The Program Director presented the findings from her ART research study at the Veteran
Research Presentation on Thursday, July 12, 2018, and at the 4th Annual 2018 IS-ART
Conference, which was held October 6-7, 2018, at Western New England University in
Springfield, Massachusetts. She also presented ART as a therapeutic tool to treat moral injury at
the Moral Injury Summit: Bringing Our Brothers and Sisters Home from Trauma, which was held
June 20-21, 2019, at Cape Fear Community College in Wilmington, North Carolina.

Educational Programs

The VBSN Program hosted a special free speaker event, Concussion/Mild Traumatic Brain
Injury (TBI): A Timely Discussion, featuring neurologist Timothy D. Lucey, a military veteran
and university alum, on March 10, 2016. This event was scheduled to coincide with March
National Traumatic Brain Injury Month. This event was promoted to the university faculty,
staff, and students as well as to the greater Jacksonville community.

The Program Director was part of a panel, Race, Ethnicity, Spirituality, and Counseling:
Implications for Military and Veterans and their Families, on May 5, 2016. This panel helped
Articles

raise awareness of struggles of our veteran population with emphasis on racism, bias, and interventions from a spiritual and psychological perspective.

The VBSN Program hosted a Veterans Day Program, K-9s 4 Warriors: Making a Difference, on November 10, 2016. It educated attendees on an excellent non-profit organization’s gift of emotional support dogs to military warriors.

Dr. Cecilia Yocum, the VBSN Program Director, COL Anthony Clark, and Rev. Jeffrey Smith were presenters at a Moral Injury Symposium on April 6, 2017, held at the university that addressed moral injury and its impact on the military. The event featured author, Cecilia Yocum, PhD, on the topic of moral injury as it related to military veterans and active-duty personnel. This 2-hour symposium was videotaped and the program with resources and presentation are available online at: www.ju.edu/moralinjury.

The VBSN Program sponsored Caring for the Wounded Warrior, a free educational event for university faculty, staff, and students, on November 2, 2017. The lunchtime event featured three guest panelists including Irene Talarico, RN, MSN, CNS, LTC U. S. Army (Retired), Jason Orrock, PhD, LPC, and Dan Furnas, PhD.

The VBSN Program hosted the fall 2017 VBSN Speaker Series Event entitled, For Patient’s Sake, Advocate: Confronting the Drug Epidemic, on November 14, 2017. This free educational event was open to university faculty, staff and students, and the public. The Keynote Speaker was Jeff Mangrum, the National Accounts Director at Cornerstone Recovery. The guest panelists included: Michael Sorna, MD, Director of the Jacksonville Veterans Administration Mental Health and Substance Abuse Clinics; Raymond Martin Pomm, MD, Vice President of River Region Human Services and Medical Director of Gateway Community Services; Terri Andrews, PhD, Administrator of Baptist Healthcare System Behavioral Health; and Dan Renaud, BS, ICADC, CAP, Executive Director of Florida Recovery Schools. This event was videotaped and the program with resources and presentation are available online at: https://www.ju.edu/nursing/drug-epidemic-advocate.php

The VBSN Program hosted a Veteran Research Presentation on July 12, 2018. The Program Director presented the findings from her pilot study on the use of Accelerated Resolution Therapy for Test Anxiety. Dr. Kristin Alberts, Director of the Student Counseling Center, presented Student Counseling Center Veteran Data. Dr. Whitney George, Department Chair of Clinical Mental Health Counseling Program, presented Identifying the Mental Health Needs of the University Military and Veteran Student: A Needs Assessment, with Anne Pinto, Brianna Kane, and Jonathan Baugh.

Conclusion and Final Reflections

People who join the military often hope to earn a college degree with government assistance as a result of their sacrifice and service. Veterans bring leadership skills, strong work ethics, and life experiences to their college education; this benefits the campus culture regardless of their choice of major. Supporting veterans for success means addressing obstacles for college acceptance, assisting the veteran with a very personal constructed plan, creating a military
friendly campus, and reaching out to the community to assess areas that would benefit from better understanding of veteran university citizens.

In total, the VBSN Program served a total of 190 students beginning in the second year of the five-year program, including 126 veteran students enrolled in the pre-licensure BSN degree program and 64 active duty military students. The initial year of the program did serve veterans. However, the primary focus was to set up the program through hiring staff and identifying a plan of action. The veteran students supported in the first year did not receive the full scope of support; these students were highly valued as the source of information through focus groups and individual sessions that helped identify a path forward for the following years.

Fourteen students left the program prior to graduation. These numbers reflect various reasons for leaving the nursing program: six students failed out, two students withdrew from the program, four transferred to different nursing programs, one transferred to a non-nursing program, and one was dismissed from the program. In the same four-year time period, the prelicensure undergraduate nursing program reported an attrition of 44 students. The attrition numbers among the veteran and active duty military students were found to be comparable or less than the general nursing student population when only looking at six failures. The low attrition rate was attributed to the positive impact of the additional support services and the peer support system that the veteran and active duty military students brought to the program.

All veteran nursing students who graduated from the program during the grant were licensed as RNs. The School of Nursing enjoys a consistently high pass rate. On May 15, 2018, the NCLEX pass rate on the first attempt for the previous four quarters was 100%. The VBSN Program students are included in these numbers.

In total, the VBSN Program provided a total 153 hours of counseling services and provided HeartMath to 31 veteran and MCEP students through the Student Counseling Center. The VBSN Program Director provided ART to 15 veteran and MECP students. The program sponsored HeartMath training for six providers on campus and training for five faculty members to be certified ART providers. The VBSN Program provided an estimated 79.75 hours of tutoring services for veteran and MECP students and provided NCLEX PassPoint Training to a total of 37 veteran and MECP students.

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<tr>
<td>HeartMath</td>
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</table>
These dedicated support services acted as seeds of change, providing enhanced support for the veteran and active duty military students as an individual, as a nursing student on campus, and as a member of the greater community. These provided additional skills and coping strategies to enable them to thrive in the challenging nursing school environment, graduate with a degree of Bachelor of Science in Nursing, pass the National Council Licensure Examination, and secure employment.

Elements of the VBSN Program are transferrable and could be integrated into other undergraduate nursing programs to create their own Seeds for Success. First, veterans need to know that the university welcomes and values students who have served or are serving in the military. This may include purposely prioritizing hiring staff and faculty who are also veterans so they can serve as mentors and resources to students. Intentionally offering a program to all faculty and staff to familiarize them with the military culture spoke volumes to veteran students and facilitated comfort for faculty interacting with appropriate language for military members. Creating a separate space for veteran students so they can congregate with others who have lived the military experience shows support. Those who have served in the military have served in military bases or military posts and essentially have been set apart from the civilian community. A retreat that is solely for veterans, such as the Defender’s Den, became a gathering place for student activities and meetings of the Student Veterans of America organization. Creating veteran specific support services in financial aid, admissions, and student counseling also shows prioritization of the unique needs of veterans. Reaching out to the community to provide education about the lived experiences of veterans or programs for veterans in the community (such as battle injuries and K-9s 4 Warriors) recruits financial and emotional support.

In summary, areas to consider in order to develop a successful veteran supportive campus culture include minimizing admission challenges, enhancing personal veteran support services, creating campus-wide understanding of military culture, and providing educational programs for the surrounding community. Recognizing the value of veterans is demonstrated through awarding application points and reduced tuition. Enhancing support to individual veteran nursing students means investing in programs such as HeartMath, ART, and NCLEX PassPoint, as well as providing accessible tutoring services. Enhancing campus support includes implementing a military education program for all campus faculty and staff, such as Green Zone Training. Reaching out to the community where veteran nursing students interact and live through targeted educational programs is the final priority.

References


**Additional Resources**

**Moral Injury**


The 2-hour Moral Injury Symposium held on April 6, 2017. Resources and the presentation are available online at: www.ju.edu/moralinjury.

**HeartMath**


**Educational Programs**

Fall 2017 VBSN Speaker Series Event For Patient’s Sake, Advocate: Confronting the Drug Epidemic was held on November 14, 2017. This event was videotaped and the program with resources and presentation are available online at: https://www.ju.edu/nursing/drug-epidemic-advocate.php

JU VBSN Program created a documentary Seeds of Success. It is available for viewing online (https://youtu.be/bupsXC-RwRY).
Translating Military Education and Training to Meet Civilian Academic Requirements

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Abstract

Recognizing military education and experience for upper-division nursing courses has proven to be a challenge for many schools of nursing. The Joint Service Transcript (JST) issued by the US Department of Defense, provides scant information for college officials to use to determine if educational outcomes gained while in military service can effectively translate into nursing course credit. This article outlines different approaches developed by three different schools of nursing to assess the knowledge and skills of incoming veterans matriculating into nursing education programs. The goals of the three schools are similar. First, to ensure the veteran nursing student has met the course requirements for which they are seeking credit. Second, the student is prepared to progress successfully through the curriculum. Finally, the third goal was to ensure the student had sufficient knowledge and judgment to pass the licensing exam. The strategies and processes designed by each school are distinct and influenced by the underlying curriculum and university policy.

Keywords: veterans, nursing, education, college credit, competency-based education, prior learning
Introduction

As of 2017, the National Center for Veterans Analysis and Statistics estimated nearly 20 million veterans would be living in the US, with an average of 200,000 exiting military service annually (US Department of Veterans Affairs, 2018a). An estimated one million individuals will utilize VA education benefits in 2018 (US Department of Veterans Affairs, 2018b), including the Post-9/11 GI Bill (US Department of Veterans Affairs, 2018a) and the Hazlewood Act (for Texas Veterans) (Texas Veterans Commission, 2019a). Access to veterans’ education benefits reduces financial barriers for attending college and gaining future employment. Given nursing’s projected need to expand the workforce by over 400,000 nurses between 2016-2026, professional nursing could be a target profession for transitioning military veterans (American Association of Colleges of Nursing, 2020). Returning veterans who served in a medical facility or as part of a team of medics or corpsmen and have military medical education may desire to employ their skills in healthcare occupations, but lack the required credentials for professional nursing roles. In-the-field medicine is at the cutting edge of healthcare, and the experience one gains in triage or other aspects of emergency medical assistance translates well to the healthcare field. Over half of veterans (53%), including those with healthcare experience, feel that colleges and universities neither value nor recognize the skills and knowledge gained in military service (US Department of Veterans Affairs, 2018a).

Unfortunately, although service members have had medical education and training in the military, they do not have recognized degrees or licenses (Bachelor of Science-Nursing [BSN] or Registered Nurse [RN]) and may not be employable or may be underemployed.

In a study completed by the University of Washington, Center for Workforce in Healthcare Studies (Snyder, Wick, Skillman & Frogner, 2015), four barriers veterans frequently face when pursuing healthcare careers were discussed. One of the four factors was translating military education and training to meet civilian academic requirements. The transition from military to civilian life/employment is not always smooth. Translating military medical knowledge and experience is confusing and sometimes difficult for both the military and academia. The lack of an individual assessment for military experience is very misleading to the veteran student. All veterans have a military transcript [(e.g., Army/American Council on Education Registry (AARTS), Sailor-Marine American Council on Education Registry Transcript (SMART), or the Community College of the Air Force (CCAF)]. The Joint Services Transcript (JST) (n.d.) is an official military education transcript available to service members in all military service branches except the Air Force, which utilizes the Community College of the Air Force Transcript (CCAF, 2019). Students may misunderstand they have been awarded credit through American Council on Education (ACE) (2019) for their military experience. The ACE process intends to bridge the gap between professional military education and post-secondary education. The process is as follows: the military point of contact requests a review by college/university faculty who are currently teaching the content areas. The review team analyzes course material, objectives, learning outcomes, and recommends credit based on its findings. However, ACE does not validate the military experience portion on the military transcript, and therefore, it is difficult to assign credit. The military experience simply states that a soldier, airman, or seaman reaching a particular military pay grade and time in service should have learned specific skills. This misconception could have significant implications on the student’s ability to integrate into the academic institution, which could decrease the student’s success.
The following is a description of the processes used by three universities to award academic credit for student veterans with prior military health care training. The summary includes a brief description of each institution, the educational program awarding academic credit, and the processes used to complete prior learning assessments.

**Texas A&M University-Corpus Christi College of Nursing and Health Sciences**

Texas A&M University-Corpus Christi (TAMUCC), a part of the Texas A&M System, is Carnegie classified as a public Doctoral-High Research Activity. TAMUCC is a coeducational institution situated in the largest metropolitan area on the South Texas Gulf Coast and less than 200 miles from the Mexican border, providing education to over 12,000 undergraduate, masters, and doctoral students (Texas A&M University-Corpus Christi, 2019). Surrounded by rural communities, this urban setting is composed of multiple layers of diversity concerning culture, student attributes, and educational needs. TAMUCC is a Hispanic serving institution, and, consistent with that mission, the College of Nursing & Health Sciences (CONHS) is committed to supporting opportunities for diverse, underserved populations in the Texas Coastal Bend area, including the military.

TAMUCC nursing education programs began in 1978 with the RN/BSN program (Texas A&M University-Corpus Christi, College of Nursing & Health Sciences, 2019). Graduate programs were added in the 1980s and in 1990 a pre-licensure baccalaureate program. The Board of Regents of the Texas A&M System and the Texas Higher Education Coordinating Board (THECB) approved the creation of the CONHS in 2004. The CONHS offers baccalaureate, masters, and doctoral degrees as well as post-graduate certificates. CONHS enrollment in September 2019, totaled approximately 2,000 students. The CONHS baccalaureate nursing science (BSN) program consists of a five-semester pre-licensure program with about 500 students. The CONHS offers three BSN online tracts. In addition to the RN to BSN track, there is the electronic Learning in Nursing Education (eLine©), an online pre-licensure BSN track based on articulated, competency-based modular model. In 2010, the eLine© prelicensure BSN evolved to offer eLine© Military track for active duty, military, veterans, and reservists with military medical experience and education.

**Developing a Program of Assessment**

In 2010, the college was awarded an HRSA Workforce Development grant to develop a transitional program for veterans with military experience to obtain their BSN. Goals for the military students were to educate, graduate, pass the National Council Licensure Examination for Registered Nurses (NCLEX-RN) and move to successful employment. In Year 1 of the eLine© military (ELM) program, many issues became apparent: (a) Lack of prerequisites; (b) lack of understanding of the American Council on Education (ACE) process; (c) lack of knowledge of Military Transcripts (e.g., SMART, AARTS, CCAF); (d) need to explore avenues for awarding Prior Learning credits; (e) understanding the regulations and requirements of the different financial aid packages for the military; and (f) mobility of active duty military and their spouses and state to state requirements.

The lack of prerequisites (2-3 courses) would be an issue for incoming student veterans; however, this was more dramatic. The majority of prospective students lacked 22-24 hours of
prerequisite requirements. Although many had credit hours, they lacked basic education courses required for the BSN. Many perspective ELM students who have taken courses during their military career and, in some cases, have even earned advanced degrees that lack transferability and do not apply towards the BSN degree. The academic advisor and case-worker resolved this barrier by developing individual student degree plans identifying the courses needed and methods to obtain them, such as face-to-face, online, or College Level Examination Program (CLEP) tests.

Following the vision of the eLine© military grant, TAMUCC-CONHS began exploring and developed an innovative and aggressive internal avenue for awarding individualized college credit thorough internal prior learning assessments (PLA) process. This model of analyzing military experience and awarding personalized credit is one of the significant successes that has implications for higher education across multiple disciplines. Initially, ELM students would attempt to validate knowledge by meeting a minimum standard score of 850 through standardized testing developed by the Health Education System Incorporated (HESI) (2020). Working with the testing department of HESI, the faculty developed a customized fundamentals test representing all the Fundamental course modules. TAMUCC-CONHS identified concepts that typically require remediation (e.g., Nursing Process, Fluid, and Electrolytes in Fundamentals) as “all students” modules. If the ELM student pre-test score met the requirements, the student would receive the HESI conversion score for most modules and was only required to complete “all student” modules and an abbreviated clinical experience. This process gave TAMUCC the ability to award college credit for prior learning. Awarding college credit for prior learning was a milestone for the ELM Grant. However, the process was still insufficient in genuinely measuring the veteran students’ prior knowledge. The modules required were assigned arbitrarily with the potential for repeating content. Students that were close but unable to meet the required threshold did not receive prior learning credit.

The Prior Learning Assessment (PLA) model evolved from a "high stakes test" requiring an 850-composite score to an accurate competency-based validation model of evaluation. This latest iteration of the PLA (i.e., knowledge validation) allowed for a standardized, data-driven mechanism for removal of redundancy in the curriculum at the concept level (within multiple nursing courses) in areas where competency, learned through military training and experience, is validated. Additionally, just as students’ skills are unique, this Prior Learning Assessment model individualized the curriculum (based on their military expertise) for each VBSN student. Administering the PLA provides the opportunity for the student to move more rapidly through the curriculum while remaining engaged and challenged in learning. This iteration (of the PLA) also facilitated the paradigm shift (i.e., they don’t know what they don’t know) from the military medical servicemember (up to 20 years of service) to the professional role of a bachelor’s prepared nurse because the “gaps” identified are tangible and visible to the student. The student no longer must take our word at face value. Simulation and abbreviated clinical experiences provide the mechanism for faculty to validate and remediate the veteran students’ clinical skill level. This approach showed the VBSN student (i.e., service member and veteran) that their military service is valued. Feedback from current and program graduates suggests that the value placed on their military service (by CONHS) has a positive impact on the successful academic and social integration into the university, and ultimately their academic success. The concept level (partial) credit PLA model within nursing courses in conjunction with the evaluation of military transcript (awarding course for course) credit maximizes the award of college credit while individualizing the curriculum. To date, nearly 100 BSN students have benefited from
this model earning their BSN degree at Texas A&M University-Corpus Christi, with 25% going on for their graduate degrees, mostly as Family Nurse Practitioners. (See Figure 1- TAMUCC VBSN Program Progression).

Figure 1.

TAMUCC VBSN Program Progression

Roseman University of Health Sciences College of Nursing

Roseman University, founded in 1999 in Henderson, Nevada, is a private non-profit university operating on three campuses located across Nevada and Utah. The College of Nursing offers two tracks leading to a Bachelor of Science in Nursing. The Veteran to BSN is offered in both tracks. Roseman University holds regional accreditation through the Northwest Commission on Colleges and Universities. The College of Nursing is accredited through the Commission on Collegiate Nursing Education (CCNE).

Roseman University utilizes the concept of mastery learning in the delivery of content to students, and this includes applying a block curriculum design. With a block curriculum, students take one class at a time, focusing intensely on that content area and master the content before proceeding to the next block. Students attend class from 8 a.m. to 3 p.m., which facilitates an increase in direct contact hours between the faculty and the students. This structure encourages faculty to incorporate active learning strategies, including flipping the
classroom techniques. Rudimentary to student success is the use of a team approach within the
classroom setting that supports the current environment of interprofessional healthcare delivery.
This overall atmosphere encourages cooperation and collaboration with student team members
and healthcare professionals (Roseman University of Health Sciences, 2019).

Roseman's College of Nursing offers an on-campus undergraduate 18-month Bachelor
of Science in Nursing (BSN) degree and an online hybrid BSN degree program. These BSN
programs adhere to the block curriculum and principles of mastery learning. Students must
demonstrate mastery of the content, defined as scoring 90 or higher on assessments and
assignments. Students who do not demonstrate proficiency are required to remediate during
set remediation times. Block lengths vary based on the topical areas, and if a lab component is
required (Lipsky, Cone, Watson, Lawrence, & Lutfiyya, 2019).

Securing Approvals

In July of 2015, the College of Nursing was awarded the Veteran to Bachelor of Science
in Nursing HRSA grant (VBSN). Upon notification of this funding, the grant team sought
approvals from the university president, as well as other applicable departments within the
university, to build the essential policies and processes that would guide the development of
the VBSN pathway. Securing university administrative approvals was facilitated by creating an
advisory board with representation from all university service units. The advisory board enabled
interprofessional collaboration during the development of the VBSN pathway. Moreover,
approval from the Nevada State Board of Nursing was required to offer this pathway for the
veteran students. The grant team initially met with the educational committee of the Nevada
State Board of Nursing, and then with the full board for approval in the fall of 2015. All entities
granted approvals before admission of the first cohort in February 2016. Overall, the VBSN
pathway aligned with the structure and educational philosophies of the university.

Creating Mechanisms to Award Nursing Credit

Roseman University’s educational model requiring all students to meet a 90% or higher
score on all assessments made it challenging to determine credit-for-credit articulation. An
additional challenge was the complexity of the nursing course requirements and the lack of
alignment in the learning outcomes from their military experience as described by the American
Council on Education’s (ACE) Military Guide (ACE, 2019). Instead, the faculty developed
mechanisms to award nursing credit for the VBSN students by providing an opportunity to
take a credit by examination for identified courses in the BSN curriculum. The tools to test-out
included: 1) an initial eligibility review, 2) lead faculty review of military medical experiences
and training, 3) skills and resource review with the lead faculty, 4) the testing process, and 5)
awarding of credit. The lead faculty who oversaw the mechanisms to test-out was a retired Navy
nurse who had served as a Hospital Corpsman, taught at the Navy Hospital Corps school, and
has 49 years of experience as a practicing nurse.

Initially, faculty identified Health Assessment, Fundamentals of Nursing (didactic), and
Nursing Pharmacology as courses in which students could challenge. These are courses offered
early in the nursing curriculum, with the belief that veterans with a medical background would
be able to meet the required outcomes of the course based on ACE occupational descriptions
(ACE, 2019). A competency assessment for each class was developed in the form of a checklist
and placed in a “skills assessment intake” form to be able to validate the skills and education that
the veteran acquired during their military training. Based on the Essentials of Baccalaureate Education by the American Association of Colleges of Nursing (2008), faculty determined skills for the assessment intake. The assessment skills were the same skills required for all students to demonstrate with a minimum of 90% competency to pass the courses. (See Figure 2- Roseman VBSN Credit By Examination Process).

Figure 2.

Initial Eligibility Review

All students who apply to the BSN programs are required to complete an in-person interview process with a member of the faculty. Additionally, the veterans received supplementary information in the form of a pre-admission intake form that addressed the requirements of the program, veteran education benefits, and eligibility requirements to test-out of the identified courses. If the veteran indicated that they met the criteria and wished to be reviewed for the credit by examination, the lead faculty member was informed. Upon admission, the lead faculty began the initial eligibility review.

Faculty supported students from diverse backgrounds and experiences through several processes. The eligibility process to complete veteran testing included meeting admission criteria, providing a skills assessment intake form, and documenting the experience and training on an official military transcript. The evidence of military training experience included a healthcare specialist rating within the past five years, a skills assessment intake form completed by the lead faculty, and an interview with the veteran to further clarify his/her experiences. At
the end of the review process, the lead faculty made a recommendation on which blocks the veteran was eligible to test.

**Assessment Processes and Policies**

The assessment process took place before the start of classes. The veteran had access to faculty before the testing process to provide for adequate preparation. The lead faculty provided the veteran with the list of assigned textbooks and ATI products that corresponded to the eligible courses and access to the learning management system for the College of Nursing at least 30 days before the actual in-person review. An in-person analysis was provided to the veteran by the lead faculty 1-2 days before the assessment took place.

Testing in the courses consisted of a multiple-choice assessment, which included questions that met the objectives of the course as well as testing mastery level comprehension. In the blocks involving skills and specific competencies, the testing-out process required the veteran to demonstrate the associated knowledge, skills, and abilities to receive credit. The process consisted of cognitive assessments based on the blueprint identified in the course outcomes and demonstration of competency skill set in a medium to high fidelity laboratory. Using the competency-based checklist and videotaping system, the veteran had the opportunity to evaluate their performance and engage in remediation if needed. Veterans who were successful in meeting the course requirements at a 90% or higher score received credit once they were enrolled and after completing the first course in the curriculum, "Introduction to Nursing."

**Outcomes and Lessons Learned**

As of the publication of this article, there has been a total of 55 VBSN students enrolled. Of the 55, a total of four veterans (one Army, two Air Force, and one Navy) attempted to test out of the courses, and all four were successful. Of those who tested, only one veteran attempted and passed all three classes. (See Table 1-Veterans Who Tested-out of Courses Based on Military Affiliation).

<table>
<thead>
<tr>
<th>Nursing Courses</th>
<th>Veteran 1 (Air Force)</th>
<th>Veteran 2 (Army)</th>
<th>Veteran 3 (Air Force)</th>
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**Veterans Who Tested-out of Courses Based on Military Affiliation**

One of the lessons learned related to military educational benefits. Although successfully testing-out of the courses meant tuition savings for the student, it also affected their full-time enrollment status. Successful students who tested out of one course were disadvantaged due to Roseman's educational model of completing one block at a time. A consequence of the reduced total number of enrolled hours resulted in students being ineligible for enrollment in the College of Nursing during this time. The overall adverse effect resulted in a reduction in students' military housing benefits during the affected month.
Texas Tech University Health Sciences Center School of Nursing

Texas Tech University Health Sciences Center (TTUHSC) is a public university with its main campus in Lubbock, Texas. The School of Nursing, founded in 1981, provides undergraduate and graduate nursing education programs at five regional campuses, two off-campus clinical sites, and through distance education programs. The School of Nursing has shown dramatic growth over the past 10 years, from 961 students in 2009 to over 1,900 students in 2018 (TTUHSC, 2019). Accreditations include the Southern Association for Colleges and Schools/Commission on Colleges and the Commission on Colleges of Nursing. Additionally, the School of Nursing has been recognized by the National League for Nursing as a Center of Excellence in Nursing beginning in 2014 through to 2023 (TTUHSC, 2019).

Two distinct trends in Texas propelled the mission driving the School of Nursing to develop a Veteran to Bachelor of Science in Nursing (VBSN) program. First, the growing demand for nursing graduates by Texas hospitals and second, an awareness of the difficulties veterans military specialists faced in securing employment in healthcare without certification or licensure. The School of Nursing had been offering an accelerated 12-month 2nd Degree BSN since 2005. The 12-month time frame of the 2nd Degree program checked several personal boxes for veteran medics, corpsmen, and airmen. Additionally, the School delivered the didactic content of the program online with multiple clinical sites located around the state, making the program highly accessible. Potential veteran applicants, though, found it discouraging that TTUHSC did not grant academic credit for military medical training and experience.

Given the expressed interest by veterans and the demand for more nursing graduates, faculty identified an opportunity to adopt the existing 2nd Degree BSN curriculum as a platform to create a VBSN option as a track within an Accelerated BSN (ABSN) Program which also included the 2nd Degree BSN track. The 2nd Degree’s summative assessments allowed for the creation of a competency-based education evaluation model exclusively for military medical specialists who desired to earn a BSN. Faculty developed the Competency Assessment Placement (CAP) Battery, which served as a cornerstone for the School of Nursing’s grant application to the US Department of Health Resources and Services Administration, Nursing Education, Practice, Quality and Retention, VBSN Program. The VBSN program was funded in 2015 by the Health Resources & Services Administration (2019).

Regulatory Approvals

TTUHSC, as a public university, considered the rules and regulations of regulatory groups at both the state and federal levels as well as the regional accrediting organization. Necessary approvals involved working with a network of internal stakeholders within the university, including the School of Nursing’s Associate Dean for Outcomes and Evaluation as well as TTUHSC’s Registrar and the Office of Regulatory Affairs and Accreditation. The VBSN track was the first competency-based educational option offered at TTUHSC. Administrators expressed intense interest in how the program of review and approval of awarding course credit would work to ensure the plan was pedagogically sound and in compliance with the guidelines of the regional accrediting organization.

Externally, faculty notified stakeholders at the state-level to the Texas Board of Nursing (2018) and the Texas Higher Education Coordinating Board (THECB) (n.d.). However,
approvals were not needed as the VBSN track was not a new degree offering. Both agencies though respectively, have executive authority influencing state education: The Texas Board of Nursing holding state oversight over nursing curriculum and student performance, and the Coordinating Board retaining power for approval and review of state financing of schools of higher education.

An additional required approval was necessary from a central state agency, the Texas Veterans Commission, which serves as the State Approving Agency (SAA) for the US Department of Veterans Affairs (Texas Veterans Commission, 2019b). Each state’s SAA serves as the gatekeeper to receiving federal GI Bill benefits. A formal application needed to be made and submitted along with holding multiple meetings with agency representatives to present and obtain final authorization for the VBSN track for students to receive VA education benefits.

Notification of the regional accrediting organization, the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC), was needed. Development of the VBSN track included developed using the majority of the previously established 2nd Degree Program curriculum. A substantive change notification was required to describe the modifications. Finally, a formal report was submitted and approved before implementing the VBSN track in compliance with the SACSCOC Substantive Change Policy Statement (2019).

**The Competency Assessment Placement (CAP) Battery**

Working with the US Defense Health Agency’s Medical Education Training Campus (METC) (2019) at Fort Sam Houston in San Antonio, faculty developed a curriculum crosswalk by comparing the learning objectives of the 2nd Degree BSN curriculum with the METC corpsman curriculum. The resulting curriculum crosswalk served as the basis to determine in which 2nd Degree courses veterans had received comparable formal training at METC. The outcome of developing the curriculum crosswalk was the verification of knowledge acquired at METC in health assessment, nursing foundations, pharmacology, and leadership and management.

The curriculum crosswalk then served as the impetus for the development of the Competency Assessment Placement (CAP) battery. The 2nd Degree curriculum included standardized, summative assessments developed by Assessment Technologies Incorporated® (ATI) (2019a) benchmark assessments, which proved to be predictive of NCLEX-RN success. The faculty elected to adopt the ATI assessments for nursing foundations, pharmacology, and management and leadership using the recommended cut scores recommended by ATI. Achieving an ATI Level 1 indicates the absolute minimum proficiency expectations, ATI Level 2 exceeds minimum proficiency expectations, and ATI Level 3 exceeds maximum proficiency expectations for passing the NCLEX based on the content area tested (ATI, 2019b).

The testing scheme would permit VBSN students two attempts on the ATI before the start of each course. Achieving a minimum proficiency (Level 1) or higher, VBSN students received an option of academic credit rather than completing course work. As the VBSN track evolved, students were awarded a course grade based on the highest level achieved on ATI for each of the three courses. Course grades corresponded to the highest ATI levels achieved with a Level 1 equivalent to a C, a Level 2 equivalent to a B, and a Level 3 equivalent to an A. Taking a CAP test was voluntary for VBSN students. If a student took a CAP test and was
unsuccessful in achieving the minimum proficiency level, he/she was required to complete the course requirements for the corresponding standard course in the curriculum. VBSN students who were successful on a CAP test received prior learning credit for that course content but also encouraged to audit the corresponding class and encouraged to take course exams. (See Figure 3- Competency Assessment Placement (CAP) Process 2020).

Health assessment knowledge for the CAP Battery included using a faculty-generated exam as ATI did not provide a standardized assessment. If VBSN students completed the written exam with a grade of 75 or higher, they were subsequently required to demonstrate physical assessment skills competency. Physical assessment competency included completing a head-to-toe physical examination on a standardized patient and documenting the findings.

![Figure 3: Competency Assessment Placement (CAP) Process 2020](image)

**Figure 3.**

**Competency Assessment Placement (CAP) Process 2020**

The initial VBSN 2016 cohort attempted CAP tests before program instruction in January. During student orientations in early December, VBSN students who desired to try one of the CAP tests received the course syllabi, ATI content mastery review modules, and access to ATI practice assessments. Additionally, students were granted access to resources within the learning management system and online library resources to review. Initially, faculty administered only health assessment, foundations, and pharmacology in early January before course instruction. Administration of the leadership CAP test was between the second and third semesters of program instruction, as the leadership course occurred during the third semester in the curriculum. After each cohort, revisions and improvements in the process of administering the CAP Battery followed. Beginning with Cohort 2018, faculty conducted all CAP testing, including the leadership CAP test, before the start of program courses in January.
Nearly 80% (79.1%; n=53/67) of all admitted VBSN students at TTUHSC attempted at least one CAP between 2016 and 2019, with 71.7% (n=38/53) successfully passing at least one CAP test in the battery. Of 38 students who attempted and were successful on at least one CAP between 2016 and 2018, only one student was unsuccessful on their first attempt on NCLEX-RN. The student subsequently passed the NCLEX-RN on a second attempt. The initial cohort in 2016 included three students who attempted health assessment, with only two being successful. The same three students also tried the foundations’ test, and all were successful. Only one student attempted pharmacology and was not successful. Seven VBSN students attempted leadership and were successful. All seven 2016 VBSN students graduated and were successful on their first NCLEX-RN attempt (See Table 2- VBSN CAP Courses Attempted/Passed). Faculty observed that students who were successful in CAP tests were more likely to be successful in the ABSN Program compared to students who either did not attempt a CAP test or were unsuccessful in CAP attempts. VBSN students who were successful in CAP tests in 2019 have only recently graduated at the time of this publication and have not attempted the NCLEX-RN.

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<tr>
<td>Pass Rate</td>
<td>10.53%</td>
<td>73.81%</td>
<td>46.43%</td>
<td>62.26%</td>
</tr>
</tbody>
</table>

VBSN CAP Courses Attempted/Passed
Summary & Conclusion

In summary, the policies and processes to award academic credit to veteran nursing students based on military medical training and experience was implemented successfully by all three schools of nursing. Each school executed varying approaches to achieve the goals of the nursing programs. Challenges encountered included securing approvals by state boards of nursing and other regulatory organizations, understanding the ACE processes, and interpreting military transcripts. Student concerns included determining the impact on financial aid packages explicitly related to military housing benefits and inadequate prerequisite preparation. Common mechanisms used to award credit by the three schools encompassed the use of standardized testing, the creation of competency assessments for the selected nursing courses, and veteran student access to faculty and resources/study guides before the testing-out process.

Nationally, there is a priority to develop processes that allow for ease of access to higher education, including the awarding of credit for prior learning, thereby reducing the time needed to achieve a degree and to recognize the past learning experiences of students (Poisel & Joseph, 2018). The establishment of the policies by the three schools of nursing, as discussed in this article, allows for the awarding of academic credit for veterans, thereby supporting this national agenda. Moreover, as demonstrated, the schools of nursing were successful in meeting similar goals of all the programs. Goals achieved included meeting the course requirements in evaluated courses for credit, successful progression through the curriculum, and ultimately graduating and passing the national licensure exam (NCLEX-RN).

As Kirchner (2015) asserts, over the next several years, universities should expect an increased number of veterans to enroll in higher education. Universities need to be prepared to assist this unique population of students. By implementing procedures and policies that support credit for prior learning experiences for veteran students, this will aid these students in achieving their goals of becoming registered nurses and being employed in a profession of high demand. Overall, these three schools of nursing allow the opportunity for the validation of the veterans’ past experiences and knowledge that can result in the awarding of academic credit, thus promoting the health and healing of veterans and facilitating their goals of becoming professional registered nurses. Additionally, by supporting the veteran students in pursuing their academic degrees, this led to an increase in the diversity of the student population, and the programs benefited from the many educational and leadership strengths veteran students possess.
References


Articles


Mission Critical: Failure Is Not an Option.  
The Journey of Three Universities to Promote Military Student Success

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Author Note

This article reports on three university-based bachelor of science in nursing programs that developed recruitment and retention strategies to meet the objectives of the Health Resources and Services Administration (HRSA) Nurse Education, Practice, Quality and Retention (NEPQR) - Veteran's Bachelor of Science in Nursing (VBSN) program. Funding for this project was made possible by HRSA. Grant numbers are as follows: Davenport University UF1HP26488, Wayne State University UF1HP28521, and Florida International University UF1HP26491. Research studies referenced in this article were under title “VBSN Cohort Survey,” IRB # 16110135, approved on 11/7/2016 by Davenport University Institutional Review Board.

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Abstract

Three universities – Davenport University, Wayne State University and Florida International University – embarked on a journey in response to a federal initiative calling for the creation of pathways for veterans into the nursing profession. Based on existing research and recommendations from veteran groups, these universities set up systems and supports for recruitment and retention to ease the transition of military service members to a nursing program. The objective of these action steps was to help service members transition to become successful nursing students and eventually successful nursing graduates. Along the way, the nursing faculty at each university recognized the benefits of having military veterans in the classroom as well as in the profession of nursing. The recruitment and retention of veterans in a competitive nursing program required targeted efforts of the nursing program faculty and administration. Having support services in place and encouraging the veterans to use them helped veterans succeed in their nursing program. Each university discusses strategies that helped them address common challenges encountered in implementing their nursing programs for veterans.

Keywords: student veteran, nursing, recruitment, enrollment, retention
Introduction

Were there none who were discontented with what they have, the world would never reach anything better.
—Florence Nightingale

In any journey, moving forward takes one step at a time. Academia’s charge is to create pathways in which transformation can take place through learning. For the faculty and staff who guide those on this journey, the work should also be transformative through their interactions with students and their investment in each student’s success. For the universities that embarked on a journey to create pathways for veterans and military-connected students to become nurses, failure was not an option as they stepped into unknown territory. The journey of transforming military medical service members into bachelor-prepared nurses not only changed the career of the service members, but it changed the universities and faculty as well. This journey remains mission critical for each university and school of nursing.

The journey started with what we know. Veterans bring with them vast skills in leadership, accountability, trust, teamwork, and especially values central to nursing and healthcare. The skills veterans learned in military life and service provide the potential student with critically needed experience in leadership and teamwork. People look to veterans for guidance. Indeed, military life more than adequately prepares veterans for careers in healthcare. This is centrally true for those who served in the military medic and Hospital Corpsman communities. Compassion is also another key value. Military community life teaches a service member not to judge others, but rather to be compassionate regardless of differences and variation. Taken as a whole, these qualities are also the foundation to becoming a successful nurse (Cox, 2019; Hassan, Jackson, Lindsay, McCabe, & Sanders, 2010; Steele, Salcedo, & Coley 2010).

Based on the Health and Human Services strategic plan for fiscal year 2013, Health Resources and Services Administration (HRSA) created a grant for developing pathways for veterans into nursing bachelor’s degree programs. Davenport University, Wayne State University and Florida International University received grants as part of the HRSA Veterans to Bachelor of Science in Nursing (VBSN) funding. Based on the original number of grants (nine), budgets awarded, and project work plans approved, HRSA estimated that approximately 1,100 veterans would obtain their BSN degrees by the end of the grant project period. Creating innovative ways to award credit to veterans for prior military medical training and experience was the main goal of the program.

Many universities have military-based recruitment, enrollment, and retention strategies. However, the question was how to recruit and retain military students within a rigorous nursing program. In this article, three universities share stories of their success and strategies implemented to address the challenges faced when helping veterans make the transition to bachelor-prepared nurses.

The VBSN students had different backgrounds, service branches, and experiences. Early on, all three schools noticed that it was essential to listen to the voices of the veterans. The schools needed to adjust and accommodate to students who had military service, employment and other obligations. For example, students who were in the reserves had to drill on the
weekends. Others had returned recently to families and needed to maintain employment for financial reasons in addition to attending school. Overall, the experience of working with VBSN students helped faculty listen more closely to the needs of all nursing students. The purpose of this article is to describe the recruitment and retention strategies of three universities that developed VBSN programs.

Recruitment Strategies: Opening the Door

Each of the universities has a long history of recruiting military service members and veterans. However, recruitment into nursing programs can be challenging due to the competitive nature of admissions for university nursing programs. For example, many veterans have found that their credentials were inadequate for acceptance into a typical nursing program. The recruiting strategies that had been used by each of the universities may have excluded veterans with minimal college credits or American Council on Education (ACE) approved transfer credits. (ACE evaluates post-secondary classes and assigns college credit by identifying equivalent courses.) All universities involved in this grant found that identifying veterans who were interested in enrolling in their BSN program was more difficult than anticipated. Identifying veterans or active military members who may want to transition to academia required a customized recruitment approach. All three universities found having recruiters with military experience helped establish a trusting relationship between the veteran and the university. Also, personalized and timely responsiveness was key to maintaining the trusting relationship and essential to bringing students into each nursing program. Initially, strategies focused on how to help the student navigate the application process. As veterans entered the nursing programs, it became apparent that faculty needed to acquire a basic understanding of military culture.

Davenport University

Applicants to the Bachelor of Science Pre-Nursing (BSN-PL), Mable Engle Nursing Program (MENP) at Davenport University (DU) are often recruited by multiple universities. Although DU has successfully recruited veterans since its founding shortly after the Civil War, this new nursing pathway required a different, more nuanced outreach to veterans. After a year of struggling to identify viable applicants, grant funds were repurposed to include hiring a recruiter with military medical experience, thus enabling potential recruits to speak with another military person throughout their recruitment to the university as the single point of contact. The opportunity to speak with someone who could answer questions about the program and about the transition to life as a student in a civilian institution was invaluable. This personal touch was often cited by VBSN students as the reason for finalizing their decision to attend school at DU. Building rapport with potential applicants was important for a successful application submission. Quick turnaround and responsiveness helped develop a trusting relationship between the veteran and the university. Because the recruiter was headquartered in the Eastern Time zone, applicants were able to communicate with him about the VBSN program from Iraq, Afghanistan, Korea, Guam, etc. at a time that was feasible for them to talk on the phone.

Because DU is not located near any active duty military installation, the marketing plan included billboards throughout Michigan as well as digital and social media advertising on
Military bases nation-wide. Many applicants were unaware of DU’s multiple locations or its proximity to major metropolitan areas. DU recruiters needed to explain the geographic area in detail and provide information that would assist an applicant in choosing one of the four DU campuses that share one nursing program. Lifestyle for the applicant and their family was important. Information about nightlife, school systems, and housing helped veterans make their decision to apply to a nursing program. While some applicants were originally from Michigan and knew what to expect, others came from as far away as Washington and California. These applicants needed more information and guidance through texts, phone calls, emails, Facetime, and in-person touring of the surrounding area.

One of the largest barriers to overcome for applicants was academic preparation. Meeting the requirement for admission testing was the initial challenge. Beyond testing, many military applicants lacked a traditional educational background. To balance the shortcoming of a competitive grade point average or high enough national standardized test scores, DU revised the BSN-PL admission requirements. These revised requirements gave credit for the knowledge medics and Corpsmen obtained through military training and experience. Specific admission points were awarded based on how many years’ experience the veteran had as a medic or Corpsman. This method of acceptance into the program honored the expertise that a military medical veteran brings to a nursing program and accelerated program progression by shortening a four-year program to three years. One of the DU VBSN graduates explained, “Because of transfer credits and prior college experience, receiving up to 45 credits for military experience is unheard of. The advanced standing and recognition for medic experience was enough to come to Davenport as well as to stay” (Davenport University, 2015-2017).

A key turning point in DU’s ability to demonstrate respect for the knowledge and skill that veterans bring to an academic program was the expert help of the DU registrar’s office. Essential to this method of credential evaluation during the admission process was a forward thinking registrar who was willing to see military training as equivalent to academic credit. Without this, many of the students would not have been admitted. In the case of the DU VBSN, credits were granted toward the Bachelor of Science in nursing program. Since the close of the grant, the method of granting credit for military experiences has expanded. Instead of assessing for transfer credits, a job classification such as an army medic or navy Corpsman, is transcripted as 45 credits granted toward the nursing degree.

The combined efforts to enhance recruitment were successful. Over a five-year period, 50 students were admitted to the MENP BSN-PL program. To date, 23 of these students have graduated, and the other students are progressing through the program. Moreover, the recruitment methods and practices described have become a permanent part of the DU recruiting process for veterans. The revised admission requirements continue to make it possible for highly experienced veteran applicants to be admitted to MENP BSN-PL program.

Wayne State University

For approximately 75 years, Wayne State University (WSU) College of Nursing (CON), in Detroit, Michigan, has been committed to educating students to provide excellent care to patients living in an urban environment. Recruiting students for the BSN track for veterans was initiated in collaboration with the Office of Military and Veteran Academic Excellence
(OMVAE), which is the WSU military and veteran advising office that has been providing services to military veterans since 1945. Using available resources, OMVAE contacted veteran organizations in southeastern Michigan, notifying them of the opportunity for military and veteran students to apply to a nursing program that would focus on educating military veterans to become registered nurses. Monthly information meetings were scheduled and posted on the College of Nursing website. The WSU website announced the program to current students and alumni, informing them about the program. Pamphlets about the program were sent to local veteran vocational rehabilitation counselors. Due to the uniqueness of the program, the University Board of Governors included the announcement of the program at their meeting, which provided for a university wide awareness of the program. OMVAE and CON academic advisors worked together to identify potential students. Social media was utilized to notify military veterans in the area about the WSU VBSN program designed to meet their specific needs. Approximately 30 students responded to recruitment efforts for the first cohort.

Applicants were required to apply to WSU prior to applying to the CON Veteran to Bachelor of Science in Nursing (VBSN) track. The university evaluated all student transcripts, including their military courses that were documented on their Joint Service Transcripts (JST), through the American Council on Education (ACE). Students were granted credit toward general education and nursing prerequisites. Each potential applicant met with an academic service officer to determine what courses the student needed to meet university graduation requirements.

Like the other VBSN programs, a holistic admission process was implemented, providing students with previous military healthcare experience preference for admission. Applicants were required to write a personal statement, submit two letters of recommendation, and participate in a face-to-face interview. The WSU VBSN program did not require previous healthcare experience in the military to be eligible for admission, but students were required to have completed 30 credits of general education and nursing prerequisites with a 3.0 grade point average.

Students were admitted as pre-nursing students with the intent that they would complete prerequisites and general education courses prior to starting nursing core courses. Pre-nursing students were assigned a peer mentor and had an opportunity to meet as a group and attend tutoring sessions (Elliot, 2015). After two cohorts, the admission process was revised, requiring completion of prerequisites and all university general education classes prior to applying to the VBSN program. It was recognized that some students needed more than one year to complete the required courses, while other students were ready to start nursing core courses. This provided students with the opportunity to complete courses at a community college and allowed for additional time to transition from the military to an academic environment.

**Florida International University**

The mission of the Nicole Wertheim College of Nursing and Health Sciences at Florida International University (FIU) in Miami, Florida includes teaching, conducting research and serving the community. Preparing nurses skilled in veteran-centric care has been part of this mission for many years. In an effort to recruit more military students, several facets of information dissemination were employed. An audio advertisement of the FIU Medic-to-Nurse program was aired during hold periods whenever calls were placed University wide. Further,
recruitment materials that advertised FIU’s Medic to Nurse accelerated track program were disseminated via print media to Army Times, Air Force Times, Navy Times and Military Edge publications. Full page advertisements appeared in these weekly periodicals. In addition, three Google advertisements were launched digitally via the worldwide web.

A multi-pronged approach was necessary to supplement traditional recruitment strategies. Recruitment literature was published in a book that the military service members received on separation from the military. A Facebook page was created and updated regularly to reflect the current FIU VBSN student enrollment and cohort activities on campus and in the clinical setting. The enrolled FIU VBSN students were encouraged to “like” the Medic-to-Nurse Facebook page and contribute postings and photographs of their former and present military experiences as a form of advertisement and recruitment of additional students into the program. The FIU VBSN nursing faculty joined the Facebook page to share classroom experiences and promote good rapport between students and faculty. Local military bases were contacted and visited, recruitment activities were planned and conducted, and recruitment literature was distributed. Advisors and faculty met face-to-face with military service members.

The FIU VBSN program academic advisor conducted recruitment sessions with interested and prospective FIU VBSN program applicants. These sessions provided a brief history of the College of Nursing & Health Sciences, its mission and degree offerings, resources available to veteran students, an overview of the FIU VBSN program, the course of study, and admission requirements. Recruitment sessions were available as face-to-face presentations or as recorded sessions delivered virtually via YouTube for potential students who were located outside the South Florida region.

The most successful recruitment strategy for enrolling FIU VBSN students was word-of-mouth. Enrolled FIU VBSN students as well as graduates of the FIU VBSN program directly recruited their friends, coworkers, and relatives. Not only was this an excellent recruitment strategy, it also served as a retention strategy because the new students knew someone who could serve as an informal mentor for them after they entered the program.

The Journey Begins…..

Overall, the recruitment strategies at all three universities were similar in method and spirit. Honoring the expertise and strengths of the veterans attracted them to each of the universities. Adapting to veterans’ needs, customizing recruitment approaches for a military service member and veteran audience, and adjusting admission requirements to holistically evaluate applicants helped the veterans successfully proceed through the admissions process. The intense focus on meeting the recruitment needs of the veterans started a transformation of the recruitment processes for all three universities that has had a lasting effect on the recruitment processes used today. The strategies implemented to address the challenges faced with recruiting and retaining veterans during the grant period continue to pave the way at these universities for more veterans to begin the journey of becoming a nurse.
Retention: Pathway to Success

Once successfully enrolled, military service members and veterans arrived on campus. With their unique military experiences, many adapted well and thrived. This background was seen as both a challenge and an opportunity. One student focused on the challenge: “The hardest part about returning to school was my age. I was in my late 30s when I went back, and I felt like I was in a classroom full of kids!” Another student focused more on the opportunity, saying “Many students are considerably younger and are in different profiles of life and this presents a diversified classroom environment (which is not bad) but can be the most challenging part of returning to school” (Davenport University, 2015-2017).

For most nursing students, succeeding in a nursing program is challenging. Successful veterans leveraged their past, present, and future opportunities into completing a nursing degree. Each university committed to assuring the success of the military students. By striving to understand the unique perspectives and needs of military nursing students, each university created, expanded, or resourced existing services to support the retention of the veteran nursing students.

Davenport University

As is true of many universities, the DU MENP has several layers of support in place for veterans. Because the military is very different from a civilian academic environment, expanding these layers of support for veteran nursing students was a priority. It was important to determine what constituted meaningful support from the perspective of the veterans. The DU VBSN students explained that one of their challenges was transitioning from an “external-authority-based environment toward developing self-authorship and establishing a post-military identity” (Davenport University, 2015-2017). Some veterans explained that a self-motivated type of learning was hard to adjust to because of the structured environment they had in the military. On the other hand, the structured military environment helped prepare veterans for a rigorous academic program. Their desire to learn, coupled with a motivated attitude, helped the veterans succeed.

To help ensure that the needs of veteran nursing students were understood, an annual survey about support services was sent to all veteran students (Davenport University, 2015-2017). It was important to hear the full story of DU VBSN students who were polite in person and responded respectfully with one- or two-word answers with faculty and staff, and who oftentimes would not reach out for support services even when needed. The survey results helped faculty understand that essential to becoming more confident and secure as a veteran student were the needs to find balance, find a new team, achieve a new structure for time-management, learn to navigate the new environment, and define respect differently with faculty, staff and younger students. It was also discovered that a peer support system could have many benefits for the students. A DU VBSN student explained the benefit of veteran-to-veteran support:

Having the VBSN cohort automatically established a team here at Davenport. We work together, remind each other of deadlines and have an established connection and understanding from our service to begin with. We are older, married, have families, and jobs. We just have a bigger picture. Not that we don’t talk to the other students, but our lives just feel different (Davenport University, 2015-2017).
Over the five years of grant funding, several new strategies were implemented to address challenges related to student retention. For example, the DU MENP faculty instituted the “Battle Buddy” system. New DU VBSN students were assigned a Battle Buddy and asked to sign a contract detailing the academic demands of the program. Clear expectations and solid support through the program proved effective in retaining students. Also, based on student feedback, a veteran-focused orientation was instituted. New DU VBSN students talked with current students. These interactions helped remove some of the mystery about the program and gave the new DU VBSN students success strategies.

Additionally, the DU MENP faculty found that surrounding the DU VBSN students with a support team was essential, including a focused advisor and teaching faculty who had military experience. The DU MENP faculty assigned the DU VBSN students to distinct cohorts across all campuses. Meeting for class and study sessions in person helped the students develop a sense of connectedness though virtual meetings across all four of the DU nursing campuses.

To assure faculty support and increased understanding of the experiences of the DU VBSN students, the DU MENP faculty and staff developed several new faculty and staff professional development opportunities. These training sessions utilized information gleaned from the veterans themselves to create a simulation of students’ transition experiences called the Military Simulation and DU Green Zone training. The military simulation is an immersive simulated experience in which the participants take on the role of a student. The Green Zone training educates faculty and staff about military culture, and possible transition challenges of military students. Both trainings also emphasize the positive attributes military students bring with them to the campus community. These key trainings, initially created for the nursing department, were embraced university-wide, facilitating a much broader impact and cultural change.

Retention of military nursing students in the DU MENP VBSN increased from 75% in 2013 to 90% in 2019. The primary reason for this increased retention rate was thought to be the support team that was made possible by the funding of the VBSN HRSA grant. This dedicated team was composed of a Nursing Faculty Coordinator, a team advisor, a research associate and a military recruiter. Putting all the support services in place took substantial effort and resources. The team’s focus was to fully understand the needs of the medically trained service members and create research-based interventions to support the cultural change necessary to ensure the success of these students.

Despite the retention successes, there were some common reasons for attrition of the DU VBSN students. The inability to adjust to a more independent and less team-based approach to academic work resulted in some cases in time management challenges. DU VBSN students sometimes were reluctant to ask for help in a proactive manner (Davenport University 2017). In addition, there were students who needed to leave due to personal issues preventing them from continuing in a nursing program. Although some students addressed these issues and returned, others did not. Overwhelmingly, the biggest challenges were transition issues related to work burden, veteran benefit issues, family concerns and lack of preparedness for the extensive commitment a nursing program required (Davenport University, 2015-2017). Although similar to concerns verbalized by all non-traditional nursing students, a more individualized approach was needed that incorporated military culture in the creation of a successful pathway for military nursing students.
Articles

Wayne State University

Once students were admitted to the WSU VBSN, multiple strategies were put into place to retain the students (Elliot, 2015). It was recognized that for the WSU VBSN students to be successful, the needs of veterans had to be anticipated. This was done in several ways. First, military and veteran students’ clinical experiences were Monday through Thursday to allow for weekend reserve commitments. Second, the WSU VBSN students were assigned to the same clinical group throughout the program. This was to build upon the military value of camaraderie and reduce the impact of weekend reserve responsibilities on other clinical groups. In addition, students were provided with an environment where they could share similar experiences and support each other through the nursing program. Based on feedback from the WSU VBSN students, this was found to contribute to their overall success in the program.

Students were assigned a clinical instructor who was a military veteran and who understood the challenges students would possibly encounter. A majority of their clinical experiences took place in the John D. Dingell VA Medical Center, an environment that was familiar with military culture and that could provide treatment for traumatic brain injury and post-traumatic stress disorder. The WSU VBSN students attended the didactic portion of their classes with the second-degree track students, allowing them to be with students who were older and more mature. The intent was to help the veterans’ transition from the military to a school environment and to help them develop professional relationships beyond the WSU VBSN group.
Faculty training was conducted prior to the WSU VBSN students’ arrival in the classroom (D’Aoust, Rossiter, Idle & Clochesy, 2016). OMVAE staff developed a training session for CON faculty and staff. This training was helpful in many ways. For example, it helped faculty became more aware of veterans’ intolerance of classmates who did not display professional behavior and their sensitivity to topics that might trigger symptoms of PTSD. Additionally, faculty had ongoing training sessions, and several military veteran faculty were available to assist other faculty with day-to-day issues and concerns as needed.

WSU has several departments, such as Counseling and Psychological Services, Student Disability Services, Financial Aid and the Academic Success Center, to address the needs of underserved populations. Although these services are available to all CON students, it was anticipated that they would be particularly beneficial for veterans. For example, the Academic Success Center has workshops that focus on time and stress management, procrastination, and the development of good study skills. The Academic Success Center modified the existing programs to accommodate the needs of older students and military veterans. As a requirement of the grant, the VBSN students attended the workshops during their second day of orientation. In addition, they were encouraged to take advantage of testing options available such as increased time or testing in an environment without distractions. The Project
Director communicated with students regularly to assure them that they were maintaining a pass rate. If students were not successful on exams, they were provided with additional study time with a tutor. The WSU VBSN students worked together to help each other be successful in the classroom and in the clinical settings. Providing academic and social support was found to contribute to the overall success of retaining 100% of the WSU VBSN students who were admitted over three years.

**Florida International University**

All FIU VBSN students who took FIU nursing program prerequisite courses and nursing courses participated in a survey each semester about University resource utilization to identify barriers that prevented and/or benefits that facilitated academic success.

A military veteran faculty member was hired to work hand in hand with the Veteran Student Academic Advisor and Veteran Academic Coach. These team members were committed to establishing personalized academic plans for each FIU VBSN student and establishing FIU VBSN student access to mentorship and social support services (e.g., childcare, psychological support, community support, housing, employment, work-life-family balance, veteran outreach services, etc.). In addition to having served in the U.S. Navy Reserve Nurse Corps for 10 years, this veteran faculty member was a seasoned educator who had taught undergraduate nursing courses and had almost 20 years of experience as an Acute Care Nurse Practitioner and Clinical Educator in a Level I Trauma Center.

Another retention strategy was early detection and intervention with academic and personal difficulties. The FIU VBSN project director and the faculty advisors met with identified students and referred them to appropriate support services and/or to the FIU VBSN academic coach. A database of resources was developed and made available for FIU VBSN students. The database included resources for childcare, psychological support, writing center, learning center, community support, housing, employment, work-life-family balance, veteran outreach services, the on-campus Military and Veterans Center. The database also included contact information and office hours of the FIU VBSN advisor, FIU VBSN academic coach, and faculty members (Keita, Diaz, Miller, Olenick & Simon, 2015).

The Chair of Undergraduate Nursing, and other grant-funded faculty members, served as mentors to incoming VBSN faculty. In this role, they facilitated and encouraged faculty professional development. For example, an eight-hour clinical faculty professional development seminar facilitated manuscript preparation and publishing as well as grant writing skills. In addition, the project director, who was experienced in grant management, provided one-on-one mentoring regarding managing grant reports and fiscal budgets.

Faculty members and staff attended several educational events to increase their knowledge regarding how to recruit, retain, support, and graduate transitioning veteran students. For example, a two-day seminar provided an overview of the latest and current teaching/learning strategies required to meet the learning needs of a diverse student/staff nursing population. Attending this seminar offered faculty an opportunity to meet nurse educator colleagues from around the nation to discuss academic challenges faced by veteran students and share lessons learned.
Additionally, several faculty participated in the South Florida Homeless Veteran Stand Down on May 1-3, 2015. Currently enrolled FIU VBSN students and prospective students were also encouraged to participate in this event. During the Stand Down, homeless veterans were offered a myriad of services, including sleeping accommodations, hot meals, permanent housing assessments, healthcare screenings and prescriptions. Through their participation in this event, students and faculty gained a better perspective regarding the health and societal concerns of the veteran patient population.

Another retention strategy was the development of an individualized student plan of study reflecting the student’s level of competency based on military and academic experiences. This included awarding University core curriculum credits for veteran students who had a baccalaureate degree so students would have fewer prerequisites to complete for entry into the program (Diaz, 2018). For example, one of the FIU VBSN students who had a bachelor’s degree in leadership management was given three credits for NUR 3821, Nursing Leadership.

To ensure seamless integration of the VBSN program with the online environment, the online educational support programs, Blackboard and Canvas, provided student orientations embedded into the web-based environment. This meant that orientation sessions remained available to students during their enrollment at FIU. Topic-specific tutorials that demonstrated the multitude of capabilities of this learning management system were also available to students. In addition, online support services were available seven days a week from 8 a.m. to midnight via email, telephone, and live chat. FIU online support services were available to faculty to assist with delivering course content in the virtual medium. Each faculty member was assigned an IT designer to provide one-on-one technological guidance throughout the semester. Most of the online nursing courses in the FIU VBSN curriculum had undergone a Quality Matters (QM) faculty-centered peer review process to certify the quality of the course content. The FIU libraries had two librarians specifically designated to assist online students. During student orientation, students received information regarding the multitude of resources available to them, including research and catalogue search strategies, citation help, and plagiarism prevention assistance. The veteran nursing students utilized these library resources significantly more than other resources (Keita, et al., 2015).

The FIU VBSN students’ curriculum utilized simulation for 50% of the assigned clinical hours, except for the 180 hours of clinical practicum. Veteran students entering the FIU VBSN program had been exposed to simulation training during military training. The Simulation Teaching and Research Center (STAR Center) offered the students access to innovative resources, technologies, and teaching environments that provided abundant opportunities for interdisciplinary instruction and collaboration. Additionally, simulation training was incorporated into the Nursing Boot Camp course where students were required to develop and run a simulation activity. This exercise was designed specifically to foster role transition into nursing.

The students received focused support from the university for the first two years in areas such as math and writing. However, once students reached their last two years of nursing courses, they did not get a lot of individual support. Fortunately, grant funding was available to pay for tutors for small groups and one-on-one tutoring. This was very useful, but unfortunately underutilized by the students, mainly due to time restraints. Even though the FIU VBSN students’ writing skills should be adequate based on succeeding in lower level classes, several
students’ writing ability needed improvement. The FIU Writing Center was an excellent resource for providing the needed assistance. Even though the Center staff were not experts in the writing standards required by the nursing faculty, they were able to foster better writing for the VBSN students who took advantage of the service. Once again, time restraints were an issue, but the Writing Center staff adapted their services to allow virtual submissions.

Some of the VBSN students would not admit they were struggling. Some students stated they were doing well and experiencing “no issues,” but later it was found that the students’ grades were below passing. When in the military, unmet expectations are clearly delineated. The military expect notification by the leader when goals are not being met. As a student, this led to the expectation that the faculty member would address the student through face-to-face meetings or with an individual message. It was not enough just to enter the low grade into the grade book. In adapting to the veteran nursing student’s needs, faculty started using a direct approach for feedback. This was found to be very beneficial for the students.

All students should be treated with respect. Veterans have earned respect through their selfless sacrifices and service (Hassan, et al., 2010). Veteran students are usually older than the traditional undergraduate nursing student and have been exposed to many experiences, including combat. It was found that due to these experiences, veteran students performed better when the relationship between faculty and student was not authoritarian.

The FIU VBSN students were often non-traditional students. For the most part, this meant juggling many responsibilities outside of academia such as a family, military orders, a job,
and aging parents. To give these students an opportunity to succeed, flexibility in lab practice hours, office hours, distance learning, and testing schedules needed to be maintained while still maintaining standards. The FIU VBSN program succeeded in achieving a high retention rate of 97%. During the grant period, only three students left the program. One left after failing a course, and another student left due to financial issues. The third student left to return to the military.

**Discussion**

Hassan, et al., (2010) asked, “Do you see me?” referring to veteran students on campuses. At that time, as veterans were returning from one or possibly several deployments and transitioning into academe, the authors encouraged universities to see the strengths and expertise of military students. Leveraging the discipline, loyalty, sense of duty, and commitment to mission can be assets for students on college campuses. Hassan, et al., explained, “Many veterans have survived, endured and excelled in artificial and real-world situations, leaving them resilient and self-confident” (2010, p. 31). Faculty in all three universities sought to build on these strengths while implementing strategies to overcome the challenges that students faced in an unfamiliar academic environment. Faculty and staff understood that this work was, and remains, mission critical to enabling veterans to transition successfully to a civilian nursing career.

The three universities found that VBSN faculty and students faced similar challenges related to developing and sustaining effective communication, establishing and maintaining trust, and fitting in as non-traditional students. Moreover, the universities implemented similar strategies to address these challenges and help veterans succeed as nursing students. Table 1 summarizes strategies that were used to address the varied challenges in these three areas. For example, with respect to communication, targeted marketing strategies needed to be developed to recruit military veteran students, and faculty needed to customize their communication style to take into account the students’ military background. Establishing and maintaining trust was facilitated by building a network of support services for the students. It should be noted that faculty training and mentoring was essential to the success of the various strategies designed to enhance communication and build trust. In fact, students frequently commented that efforts to increase the faculty and staff’s understanding of their military experiences and background helped them succeed. Finally, all of the universities recognized similarities between the VBSN students and other non-traditional college students. They put into place a holistic admissions process that maximized college credit for military education and experience. They also enhanced student support services and learned to accommodate to non-traditional college student needs.
### Table 1. Strategies Implemented to Address Challenges Encountered when Implementing the VBSN Program

<table>
<thead>
<tr>
<th>Challenges</th>
<th>Strategies Implemented</th>
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</thead>
<tbody>
<tr>
<td>Developing and Sustaining Effective Communication</td>
<td>• Targeted marketing to recruit military veteran students</td>
</tr>
<tr>
<td></td>
<td>• Engage students in surveys to assess their support needs</td>
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<tr>
<td></td>
<td>• Provide direct, clear and respectful military style feedback to students</td>
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<tr>
<td></td>
<td>• Develop faculty conferences related to military culture</td>
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<tr>
<td></td>
<td>• Establish recruitment strategies to increase military veteran student applications</td>
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<tr>
<td></td>
<td>• Nursing program orientation focused on the needs of the military veteran</td>
</tr>
<tr>
<td></td>
<td>• Connecting students with military veterans throughout the university</td>
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<tr>
<td>Establishing and Maintaining Trust</td>
<td>• Training for faculty in military culture</td>
</tr>
<tr>
<td></td>
<td>• Having dedicated advisors, coaches, faculty, and tutors with military experience</td>
</tr>
<tr>
<td></td>
<td>• Military veteran peer mentoring</td>
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<tr>
<td></td>
<td>• Assigning older nursing students as “Battle Buddies”</td>
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<tr>
<td></td>
<td>• Using clinical settings conducive to military culture</td>
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<tr>
<td></td>
<td>• Making available a network of support services</td>
</tr>
<tr>
<td>Fitting in as Non-Traditional Students</td>
<td>• Implementing a holistic admissions process</td>
</tr>
<tr>
<td></td>
<td>• Maximizing credit for military experience</td>
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<tr>
<td></td>
<td>• Establishing environment of mutual respect</td>
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<tr>
<td></td>
<td>• Develop flexible scheduling for clinical, lab and testing schedules as well as faculty office hours</td>
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</table>

Establish methods of effective communication between students and faculty
Conclusion

Recruitment and retention of military veterans in a competitive nursing program required targeted efforts on the part of nursing program faculty and administration. Having support services in place at the university, school and individual faculty levels and having an environment that encouraged veterans to utilize the available services were key elements in enabling the veteran students to succeed. The commitment to supporting students who had heroically served their country and focusing on the transition from critically important military roles to a civilian nursing career captured the spirit of the VBSN grant. Faculty learned how to anticipate the needs of military veteran students, recognize when the VBSN students may have competing responsibilities that could interfere with being successful, and make reasonable accommodations. Although nursing has a deep history of carrying out critical military service roles, most faculty today do not have any military experience. Hence, increasing faculty awareness of military culture improved student success. As a result, in this year of the nurse, VBSN programs have facilitated adding military veterans into the nursing workforce. Honoring Florence Nightingale’s mission, the presence of these military turned nurses enhance the nursing profession’s history of delivering high quality care for all.

References


Veterans Coaching Veterans: Transition Into Nursing

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Abstract
The United States is currently facing a substantive nursing shortage alongside a marked increase in veterans transitioning from the military returning to civilian life as well as enrolling into higher education. It is pivotal that the nursing educators think creatively about approaching veterans who are non-traditional students. Veterans who are successful and obtain a bachelor in nursing degree will be another avenue to address the nursing shortage. Described in this report is the experience coaching veteran students into nursing which was supported through a HRSA grant that supported the Duquesne School of Nursing in establishing the "Veterans to Bachelor of Science in Nursing" (VBSN) program. Highlighted in this report is the critical position of the academic coach guided who worked closely with veteran students and the VBSN Program Director to ensure student success. VBSN program focused on the unique challenges of working with the veteran student population. Outlined are the required
competencies required to be a successful VBSN academic coach. In conclusion is a synthesis and recommendations for nursing educators and schools of nursing who plan to implement a similar program.

Keywords: Veterans, nursing, advising, coaching, non-traditional students

Introduction

This report of lessons learned from the successful Duquesne University School of Nursing (DUSON) “Veteran to Bachelor of Science in Nursing” (VBSN) program in 2014 are presented. The United States (US) is currently facing a critical nursing shortage with factors ranging from an aging nursing workforce to high turnover among nurses that is projected to be over 260,000 registered nurses by 2025 (Buerhaus, Auerbach, & Staiger, 2009; Juraschek, Zhang, Ranganathan, & Lin, 2012; Moody’s, 2018). The Health Resources and Services Administration (HRSA) 2017 report describes a projected shortage in specific states, including California, Texas, and South Carolina. The Bureau of Labor Statistics (BLS) 2020 report projects a substantial increase in nursing job openings, with a projected growth of 15% nationally. In a response to the projected nursing shortage, HRSA (2013) funded VBSN programs across the country to facilitate veterans entering nursing and to proactively address the projected nursing shortage and the issue of veteran underemployment (Keita, Diaz, Miller, Olenick, & Simon, 2015). The programs were geared to both veterans who can adequately demonstrate their medical knowledge and were able to move through nursing programs at an accelerated rate and veterans with a previous degree or veterans with less medical expertise. HRSA issued two requests for proposals (RFAs) resulting in 30 programs being funded over two RFAs periods. The DUSON VBSN program obtained funding in 2014 and is now DUSON sustained.

Situated within the number one ranked military friendly DUSON is the VBSN program that is an innovative model that can serve as a model for other nursing colleges and universities around the country. Consistent with the HRSA mandate, the program aims to simultaneously address the shortage of bachelors prepared registered nurses in rural Pennsylvania as well as the nation while assisting veterans in their academic and professional transition from the military into a successful nursing career.

The DUSON VBSN program was designed to facilitate a successful transition through the incorporation of a tailored coaching program to support student recruitment, retention, and graduation. The dissemination of lessons learned from the DUSON successful VBSN program may enable successful implementation of future, veteran-focused academic programs. Indeed, there have been calls for more literature with a focus on veteran-specific programs to ensure veteran transition and academic success (O’Herrin, 2011; Olenick, Flowers, & Diaz, 2015). Research focused on the academic mentoring of veterans is particularly timely, given the influx of OIF/OEF/OND veterans using their post-9/11 GI benefits (Armey & Lipow, 2016; O’Herrin, 2011; Steele, Salcedo, & Coley, 2010).

Due to the limited literature on veteran academic transition, it is the hope that by sharing the DUSON VBSN lessons learned with coaching veteran nursing students, the information might encourage and provide a road map to facilitate the development additional nursing programs. Outlined in this report is the definition of the role of the academic coach in working...
with veteran students. The report also highlights some of the unique challenges encountered while working with the veteran student population, a discussion of what makes a successful veteran academic coach, and a conclusion with recommendations for advisers and nursing faculty who are mentoring veteran students.

The Academic Coach

Though there are several significant leadership roles within the DUSON VBSN program team, the focus discussed in this article is on the role of the individual who is the VBSN academic coach. Literature has already drawn attention to the value of coaching when working with non-traditional students (Bland, 2003). An academic coach calls to mind a less academic relationship in which the coach is cheering the student on while still ensuring that the student stays on track, much like the model of coaching in athletics. This model mirrors the process of mentorship and training in the military, in which senior service members guide their subordinates through basic training and assimilation into their new role. This is more like the role of an athletic coach than a traditional academic advisor. The title of coach emphasizes to the student that this individual is not a faculty member, thus making it potentially easier for the student to approach the academic coach with greater honesty about their academic questions and concerns.

The academic coach is essential to sustaining a successful VBSN program. The coach fulfills multiple essential roles, only one of which is the role of traditional academic advisor. In the DUSON VBSN program, the academic coach prioritizes time with students and has an open-door policy. The coach structures the students’ progress throughout the program by meeting regularly with the students each semester to monitor academic growth, to identify shortcomings, problems, concerns, and areas of opportunity for each student. In transitioning to this role, the DUSON VBSN academic coach was challenged in ways that may not be as salient for more traditional academic advisors. With a background in the military and financial advising, the coach was new to the academic environment and culture. The program director recommends that nursing educators keep in mind that a successful academic coach need not be a nurse or an academic and there may be a learning curve in adjusting to the nuances of an academic department. However, a coach with military service has credibility with veteran students. The coach is aware of and familiar with military culture, which is a critical competency to ensure successful coaching of veteran students.

A separate but equally important aspect of the academic coach’s role within the broader program are the relationships and projects that comprise the broader VBSN endeavor of informing and educating the academic community regarding military culture and the unique aspects of educating the nontraditional veteran student. The DUSON academic coach developed a specific veteran student orientation program as well as participation in faculty and staff development programs (e.g., veteran panels, guest lectures, veteran book club), tutoring, sustainability of the program, and networking in the community. The latter two activities—sustainability and networking—have proven to be the most crucial for the success of the program. Although a focus on students is essential in the day-to-day operations, ensuring that the academic coach brings his/her perspective to conversations concerning sustainability of the program and integration with the broader community is an imperative. In addition, the academic coach stays in close contact with the student’s faculty advisor within the DUSON and works closely with the VBSN program director.
The Veteran, Non-Traditional Student

Two of the central challenges faced by the DUSON VBSN program team were gaining buy-in from students in prioritizing their academic studies and working with students to find a balance between school and family life. In working to gain buy-in, the academic coach learned early on that it is particularly difficult to convince students to prioritize academics before the challenge of being in college mounts and the students realize that they are overwhelmed. To proactively counteract students becoming too overwhelmed, the coach focused on incorporating the students’ reasons for entering the VBSN program. The coach also emphasized that the students needed to focus on their goals for career success building based on their previous knowledge gained from their military experience. In fact, grounding academic life in the familiarity of military life emerged as a key approach that led to success for both the coach and students. A related challenge encountered when working with students was how facilitate the students’ ability and habit development to achieve balance between their academic and family life. The coach noted that the academic life of the student adds a complexity to the veteran’s already complex transition home from deployment, as students are not only working while in class, but are required to put in substantial study time outside their required class time. The VBSN team has learned, students who are not able to find a balance between prioritizing their nursing education with family time struggle to succeed and often react by blaming the program before being willing to alter their expectations regarding work-family balance. Of note are the challenges to prepare each student for academic success and the more proactive the academic coach can be in obtaining buy-in from the student to prioritize their academics, the more successful the coach is in helping the student to balance.

In addition to addressing student difficulties with veterans transitioning into academia, the DUSON program proactively addresses the broader challenge of underemployment in the veteran population. The national unemployment rate for veterans from the Gulf War II era is currently 3% for men and 3.7% for women, which has decreased substantially since 2013 (Bureau of Labor Statistics, 2019), and many veterans struggle to obtain employment upon returning to civilian life, despite possessing myriad skills obtained during military service (e.g., medical training, administrative skills, physical fitness, commitment to serve). The veteran’s awareness and fear of unemployment is an issue of paramount importance in the coaching relationship. Veteran students are aware of underemployment challenges, and, at least within our VBSN program, have intentionally chosen a traditional or accelerated, employment-oriented program in the growing nursing healthcare field.

Additionally, accessible mental health services are critical to ensuring success and wellbeing when working with the veteran non-traditional student population who are at higher risk for numerous mental health challenges than the general student population (Tanielian & Jaycox, 2008). The VBSN team and, in particular, the coach, constantly work to engage VBSN students by encouraging relationships with the campus wellness center, as well as by grounding many aspects of the program guided by the theoretical approaches to the student veterans in a model of compassion for the wounded soldier (Tick, 2014), rather than assumptions about bravado and masculinity that are often associated with veteran programs. Existing veteran programs (e.g., Team Red, White, and Blue) often maintain a focus on team, while within the coaching relationship of DUSON VBSN program, the coach upholds the importance of one-on-one interaction and attention to the veteran’s success as a student, much like a more traditional academic mentoring relationship (Allen, Eby, Poteet, Lentz & Lima, 2004).
Within a model of compassion for the veteran’s story (Tick, 2014), the coach makes time for informal interaction with students, intended to strengthen trust and encourage students to value themselves. The student is still situated within the operational unit or cohort of VBSN students, but an orientation towards valuing the individual separates this experience from military life, in which team is valued above and beyond the individual’s needs or success. Upon each cohort’s entrance into the VBSN program, the coach has deliberately engaged individual students in a 1:1 fashion through regular check-ins, ranging from casual discussion to scheduled meetings. There is value in team interactions, orienting students to the program as a group, but there is equal value on the 1:1 approach in strengthening the coaching relationship to ensure student success. Most students needed to learn and evaluate their own study habits and what worked for them, versus feeling pressured to regularly see other students from their cohort on campus. The veteran was encouraged to focus more on an individual rather than a team perspective. Of note, each student needs to adjust to their newly found flexibility in being out of the military which can be refreshing or anxiety-provoking for VBSN students.

### Successful Academic Coaching

Regarding the qualities and competencies for a successful VBSN academic coach, perhaps most crucial is the importance of the human relationship between the adult student and academic coach. As Polson (1994) directed, “Adults, perhaps more than any other student population, need someone within the institution who cares” (p. 22). The DUSON coach has experienced this firsthand while working with the veteran students. Additionally, the coach has prioritized an informal connection, often conversing with students over coffee or at the gym.

In the DUSON VBSN program, the coach had to understand the influence of gender on approaching the mentoring process (Barker & Kelley, in press). For example, the DUSON program has more male than female students enrolled, in stark contrast to the demographics of the broader field of nursing, which is predominated by women (Bureau of Labor Statistics, 2020). Women are more likely to take responsibility for their own academic success, while male students rely more heavily on the academic advisors (Young-Jones, Burt, Dixon, & Hawthorne, 2012). The tendency for women to take on greater responsibility for their work may be linked to the significant difference between men and women in obtaining bachelor’s degrees, as women are 33% more likely to complete a bachelor’s degree (Bureau of Labor Statistics, 2016). For the DUSON VBSN coach, gender differences indicated the need for greater involvement and more encouragement of male students to stay on track with academic assignments. The coach employed a directed focus on tracking, mentoring, and encouraging male students.

Another aspect that is essential to the role of the VBSN coach is the coach’s military experience. Although it is certainly possible to effectively serve veteran students from a civilian perspective, the VBSN believes that the success of the VBSN program has been enhanced by the VBSN academic coach’s veteran status. The VBSN academic coach served 8 years in the United States Marine Corps, including a 9-month deployment to Iraq as part of Operation Iraqi Freedom (OIF). The coach’s military service laid the foundation for his understanding of and dedication to leadership and military culture, which has informed his advisory work with our VBSN students.
Though there is certainly a dearth of empirical research on the relationship between veteran students and their academic mentors (Convoy, S. & Westphal, R.J. 2013), parallels can be drawn between veteran students and other individuals from minority groups on college campuses to consider the importance of the veteran coach's military experience in creating a successful mentoring and advising dynamic (Poteat et al., 2015). Students from minority groups fare better academically when paired with similar advisors who share ethnicity, gender, or socioeconomic background (Poteat et al., 2015). Much like the challenges of growing up in a challenged socioeconomic status or diverse ethnic group, the rigors and unique atmosphere of military training, coupled with the perils of combat, are incredibly difficult for an academic coach to grasp who has not had similar experiences. In fact, 84% of post-9/11 veterans believe that civilians cannot understand the problems that they face (Pew Research Center, 2011). Furthermore, considering the previous assertion that the analogy of “coach” is a better fit for the non-traditional, veteran student, the VBSN team recognizes that it is difficult to conceive of a well-respected and effective coach who has not first played the sport.

Summary

In this article's summary of the lessons learned from this innovative program, the why and how of implementing a VBSN program is best understood as situated both in the perspective of the academic coach as well as in a broader theoretical model of compassion for the wounded soldier (Tick, 2014). The benefits of an academic coach within the broader VBSN program are numerous, and the necessity of the academic coach cannot be overstated in promoting the academic success of veteran students. The VBSN has learned that working with a veteran population of non-traditional students is uniquely challenging but worthwhile for students, advisors, the team, and the broader university. There are many qualities that make a VBSN academic coach successful, central of which is an ability to understand, champion, and empower veteran non-traditional students. Lastly, over the course of VBSN program, the DUSON VBSN team learned how to contextualize the academic coach in the broader program. Given the unique learning opportunities and myriad benefits for mentors, nurse educators, universities, and communities in establishing a VBSN program, the connections between traditional academic mentoring and advising VBSN academic coaching is a critical component to successful VBSN programs.

For institutions with active military or veteran students, or nursing departments considering the implementation of a similar formal VBSN program, the team encourages the value of seeking out a veteran to educate and train in the role of academic coach, as opposed to assigning a civilian advisor to the role. Place the academic coach within the broader university or school community early and facilitate connections with experienced academic mentors and advisors to aid the coach in developing a new skill set. This is critical. Despite challenges that may arise in attempting to implement a similar program, consider the concrete benefits of working to address the advising needs for veteran students, which will counteract veteran underemployment. VBSN programs are a proactive approach to enable the education and training of a new population of nurses who are culturally and academically prepared to care for civilian and veteran populations.
References


Articles


A Needed Forward Vision….

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This special issue of the Journal of Health and Human Experience deals with a partial solution for two longstanding problems in healthcare. The first problem is our chronic shortage of nurses; the second, our failure to recognize and employ the training and abilities of our medics and Hospital Corps in civilian healthcare.

The shortage of nurses has been a problem as long as I can remember, and the situation is likely to get much worse in the near future. The Bureau of Labor Statistics projects that we will need over 200,000 additional new RNs each year through 2026, a number that US nursing schools have been unable to supply.

The underemployment of medics and Corpsmen is similarly frustrating. The armed forces train personnel to meet military needs, and, regardless of the length or intensity of training, if ex-service members do not fit neatly into a civilian category, they are unemployable.

Fortunately, the Health Resources and Services Administration (HRSA) has provided grants to Schools of Nursing to recruit, train and mentor former members of the armed forces medical units to become Registered Nurses. The foresight of this program is remarkable. These young men and women are special. They have volunteered to serve and have served successfully in austere and hostile locations around the globe. They are young, energetic, idealistic and filled with the desire to continue to serve. What better candidates could we ask for to advance healthcare as human care?

The reports from the Schools of Nursing that received these grants are detailed in this issue of the Journal. They make fascinating reading. Too often academic grantsmanship is about no more than getting money. But these schools are different; they were willing to adapt themselves to meet the needs of their veteran students. Some schools instituted faculty boot camps, others appointed special mentors for their military students, and still others devised procedures to grant academic credit for military medical training.

The transition to academic life is difficult for many of these young men and women. Their introduction to adult life and their world view was formed by their military training and experience. They think of success in terms of mission accomplishment through teamwork rather than individual academic achievement. Some have faced their own mortality in combat. Some are more comfortable in a fox hole than a lecture hall. Some have PTSD and jump at every loud noise. Others have sudden flashes of anger they cannot control. They often have little in common with their classmates who are younger and sometimes seem lazy and immature. But they are filled with a dogged determination to succeed. And they will.
I know this because, long ago, I was one of those veterans. I served as a Hospital Corpsman in a Marine reconnaissance unit in Viet Nam. One day, late in July 1970, after a prolonged patrol in enemy territory, I received orders home. One week later I was discharged from the service and one month after that I entered college. The transition was abrupt, and I felt out of place. My body was in college, but my mind was still in the military. A kindly professor recognized what was happening and took me aside. The essence of his counsel was both simple and direct, “You were in the military but now you’re in college. That was then and this is now.” I took his counsel to heart, applied myself to my studies and three years later entered Yale University School of Medicine.

I succeeded because of the habits I acquired during my military service: hard work, focus and determination. And the veterans of today will succeed for the same reason. The Schools of Nursing whose reports are published here are to be congratulated for facilitating the transition and success of this new generation of young healthcare professionals.
Henry M. Jackson Foundation
Special Military Health Film Series Continues...

The new YouTube series on military medicine and healthcare continues to be produced and directed by the Henry M. Jackson Foundation for the Advancement of Military Medicine. Information for the first two short episodes that have been completed thus far is found below. These episodes are immensely powerful. They demonstrate how military medicine/healthcare enriches healthcare for all people across the globe. For more information or for submitting suggestions regarding future topics, please contact the Creative Design Department at HJF c/o (240) 694-2000.

2018 Heroes of Military Medicine Ambassador Award
The Air Force's 99th Medical Group was awarded the Hero of Military Medicine Ambassador Award for its heroic response to the October 2017 Las Vegas mass casualty shooting.
Web Address: https://www.youtube.com/watch?v=9O7sL5WPPV0

The Veterans Metrics Initiatives
TVMI—The Veterans Metrics Initiatives is a novel public-private collaboration that unites multi-disciplinary research experts from the Departments of Defense and Veterans Affairs, academic medicine and social science, and industry to develop an evidence-based
Web Address: https://www.youtube.com/watch?v=U2PP1QqFFSM
In honor of the 200th birthday of Florence Nightingale, the World Health Organization has designated 2020 the International Year of the Nurse and the Midwife.

“Florence Nightingale used her lamp to illuminate the places where nurses worked, and I hope the designation of 2020 as the International Year of the Nurse and Midwife will provide us with a new, 20-20 vision of what nursing is in the modern era, and how nurses can light the way to universal health coverage and healthcare for all.”

—Annette Kennedy
President, International Council of Nurses
