NEEDS OF NURSING CAREGIVERS OF INJURED SERVICE MEMBERS

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THE FIRST STUDY

2003-2004

'I've got the world at my prosthetic feet,'
PERSONAL AND PROFESSIONAL ISSUES ASSOCIATED WITH OPERATION IRAQI FREEDOM/OPERATION ENDURING FREEDOM OF NURSES IN MILITARY HOSPITALS

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Support for this study was provided by the Deployment Health Clinical Center, Walter Reed Army Medical Center
Literature describing the experiences of nurses during war focuses on personal and professional hardship of those who have actually deployed. None was found exploring the struggles of nurses who “stayed behind”.

At Walter Reed Army Medical Center, in a period of 60 days (April-May 2003), two advanced practice mental health nurses had slightly over 1,000 contacts with individuals experiencing some form of a stress response as a direct result of the deployment. Approximately half of these contacts was the “stay behind” work force.
Purpose for the Study

- Proof of Concept
- Feasibility
- Pilot
To explore the experiences of nurses who remained “behind” and worked in CONUS-based Military Treatment Facilities (MTFs) during the Operations;

To explore the experiences of nurses who deployed for Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF).
This study was a phenomenological examination of the “lived experience” of nurses as they carried out their different roles during the OIF/OEF war scenarios seeking to capture their “essence” or meaning.

Participants were purposively selected based on their knowledge and experience with the phenomena being studied.
The study examined four groups of nurses in three Army Hospitals who had patient care roles during OIF and OEF:

1. Nurses who deployed to the Theater of Operations (Iraq, Kuwait, or Afghanistan)
2. Nurses who did not deploy, but cared for OIF / OEF patients
3. Nurses who did not deploy and did not care for OIF / OEF patients
4. Reserve nurses who provided homeland support at CONUS-based hospitals
We collected the qualitative answers to the questions outlined in the objectives via an anonymous NARMC intranet survey website set up in collaboration with the Directorate of Information Management (DOIM).

Participants did not have to complete the questions in one sitting, but could return as many times as necessary.

We used three sites to get adequate samples from each group of nurses we wanted to investigate.

The website was active for three months (1 March 2004 to 31 May 2004) for data collection.
What has it meant to you to serve as a nurse in a U.S. military medical treatment facility (either a combat support hospital in the theater or a fixed facility in the rear) during Operation Iraqi Freedom/Operation Enduring Freedom (OIF/OEF)?

Describe your feelings, sensations and views during OIF/OEF and do your best to link them to events or developments that may have triggered them.

Describe how your current feelings, emotions and views about your role in support of OIF/OEF differ from when OIF/OEF first began.

Describe key or moving experiences, events or moments related to your professional actions or role during OIF/OEF.

Please explain how experiences, events or emotions during OIF/OEF have affected the care you provide to your patients.

Please explain how experiences, events and emotions during OIF/OEF have affected or changed your professional career and/or your personal life.

If you had a professional role in previous conflicts (Desert Storm, Somalia, Vietnam), please describe the overall impact of those experiences on your professional and personal roles.
Data Analysis

- The NVivo qualitative analysis software program was used to organize and analyze the data.

- To enhance reliability and prevent investigator bias in interpretation of the data, the Principal Investigator and Associate Investigators all participated in data analysis.
Deployed RNs supporting OIF/OEF

Patient Experiences
Short, Intense Exposure

Initial Emotions
Anxiety, Stress, Pride & Honor

Ongoing Emotions
Anger, Environmental Hardship, Challenges
Identification w/family & comrades

Attaching Meaning to Experience

Coping Mechanisms
Positive Negative

Some Degree Of Distress

PTSD

Non-Deployed RNs who Provided Care to OIF/OEF Soldiers

Patient Experiences
Prolonged, Personal Exposure

Initial Emotions
Anxiety, Stress, Pride & Honor

Ongoing Emotions
Anger, Environmental Hardship, Challenges
Identification w/patients & patient FMs

Attaching Meaning to Experience

Coping Mechanisms
Positive Negative

Compassion Fatigue
Those deployed felt they were contributing to the war efforts.

“I am proud to have served, being deployed is the place I wanted/needed to be personally and professionally”

Those who stayed behind felt a deep sense of pride in being able to care for those who deployed.

“I feel privileged [sic] to have been able to take part in caring for the OIF/OEF soldiers”
Deployed RNs expressed anger at their situation, leadership and length of deployment.

“I was angry all the time. Profane. Negative. Bitter and miserable at times—”

“I understand mission first, and if a 12 month/18 month has to be the mission.....but does it have to be?”

Non-Deployed RNs expressed anger at the injuries to the soldiers and what they had to endure.

“It angers me to see the young soldiers coming back without limbs and I wonder just what kind of life these people have”
Theme: Sadness

Both Deployed and Non-deployed RNs expressed sadness generally related to devastating injuries and in caring for them.

“I had to triage civilians and children, and a 3 year-old that was shot in the head, was put on expectant category. I spent the last hour at her side, tending to her, until she died. It was hard to see a young child die like that, without thinking about my own daughter, also 3 year-old.”

“One of my experiences was just the other day. I see a high ranking official and a E-3 who are both badly injured and see that in war there is no discrimination. I really had to cry when I saw a young soldier with no arms and no eye. A young wife at the bedside. How is the rest of their lives going to be, how much quality of life is there really there?”
Deployed RNs’ challenges were related to the harshness of their environment and isolation from family.

“I believe I was incredibly challenged, but I also gained identity---an identity I treasure and value.”

“The most prevalent feeling for me overall, throughout the deployment was misery; the heat, the sand/dust, the poor living conditions.”

Non-deployed RNs’ challenges were expressed as professional challenges to provide the best care for the soldiers.

“I enjoy working with soldiers, especially the ones right out of the war. The pace is intense, giving blood, lots of pain meds, a great learning experience for a fresh nurse.”
Both Deployed and Non-deployed RNs’ coping mechanisms depended on the meaning they were able to derive from their experiences. Those who were able to find positive meaning seemed to have more effective coping mechanisms.

“I tried to just not think about the possibilities and to just focus one issue, one hour, one day at a time –”

“Sending pictures in ten minute sound files over the internet really made a difference to my homecoming. My children knew my face and voice immediately.”

“I started sending them basic supplies out of my own pocket, ...at least $2000 or more......at the very least I could help them a little.”

“I also found myself temporarily drinking more frequently (from 1 to 3+ days per week), though I have gone back to the 1 day a week now.”
As we went deeper into the data we did discover some thoughts that led to positive interventions to help the “stay behind” nurses.

“…..I see that the world keeps on turning as if nothing is going on. When you return the next day and see mangled human being(s) it breaks your heart because it is a reminder that the war has not ended. Almost as if the war is being contained within the walls of Walter Reed. The outside expectators (spectators) are just that.”
SECOND “STUDY”

2007

Principal Investigator:
LTC Deborah J. Kenny, AN, PhD

Associate Investigators:
LTC Mary S. Moore, AN, MSN
Stressors and Coping Survey before and after OIF/OEF

- 50 ICU nurses at Landstuhl Regional Medical Center
- 50 ICU nurses at Walter Reed Army Medical Center
- Only 18 nurses responded, but their anecdotal stories are worth sharing
Average ICU Patient

**Before OIF/OEF**
- >50 y.o
- Typical Diagnoses of heart disease, lung disease, stroke, GI bleeds and surgery patients

**After OIF/OEF**
- 18 - 24 y.o
- Diagnoses of polytrauma, amputations, open and closed severe head injuries
Nurse Stressors

**Before OIF/OEF**
- Nursing shortage
- Communication barriers and leadership issues
- Code “browns”

**After OIF/OEF**
- Nursing shortage with very heavy workload
- Dealing with anxious and angry family members
- Age of soldiers and severity of injuries
Nurse Coping Mechanisms

Before OIF/OEF
- Exercise
- Maintaining social networks
- Ventilating and debriefing

After OIF/OEF
- Keeping to self, sleeping*
- Eating and drinking alcohol
- Spirituality
- Use of mental health services and medication
THIRD STUDY
2007 - 2009

Principal Investigator: Capt Maggie Richard, PhD, NC

Support for this study was provided by the TriService Nursing Research Program
Clinical Knowledge Development of Deployed Nurses

- Interviewed:
  - 45 Army Nurses
  - 39 Navy Nurses
  - 43 Air Force Nurses
  - 11 Public Health Service Nurses
Just a few of the Psychological Themes

- Caring for Enemy Combatants
- Polytrauma in young soldiers
- End-of-Life Issues
- Equipment Challenges
- Dealing with being attacked
- Ethical Challenges
- Leaving family behind, then dealing with returning home
- Fatigue and sleep
FOURTH STUDY

2009 - Current

Principal Investigator:
Capt Patricia Kelley, PhD, NC

Support for this study was provided by the TriService Nursing Research Program
Clinical Knowledge Development: Continuity of Care

- Interviewed:
  - 356 Nurses, from all services and VA
  - 77 Wounded Warriors

- Data analysis is ongoing
Some of the Themes we’re seeing........

- Guilt/Remorse (what went wrong)
- Anger – at ravages of war
- Effects of multiple deployments
- Depression
- Bond with military comrades (good and bad)
- Feeling good about their care
- Frustrations (esp. nurses at Landstuhl)
“So, to see this 20, 21 year old man who was, basically, my age and had been so.....strong and just had such a bright future ahead of him, and then you look at this, you know, fifty pounds lighter skeleton of a young man with no legs in the bed calling out into the darkness for his mother and his grandmother who were standing right there, it was pretty overwhelming.”

Walter Reed Nurse
Very First Patient
“...you know, there needs to be some level of professional boundary, you can’t take your patients home and carry the weight of the world on your shoulders or you’ll just end up with no resources yourself.....”

VA Nurse
30 years experience
Every one we interviewed told us that just having some one listen to them was very therapeutic.

We debriefed the Chief Nurses and strongly suggested they put a program into place where nurses could ventilate together, but also have a mental health professional there who could help as necessary.

We will look for possible interventions in the data and make policy recommendations.
Questions???