Transitioning veterans to nursing careers: A model program

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ABSTRACT

Background: A commitment to increase the enrollment, retention and educational success of United States veterans admitted to a baccalaureate degree nursing program was established through the support of a grant received from HRSA in collaboration with the US Departments of Defense and Veteran Affairs.

Method: Challenges encountered by the student veterans were identified and programs of mentorship, tutoring, equine therapy and interface with services offered by the University Office of Veteran Affairs were developed.

Results: Thirty-two student veterans provided positive feedback about their perceptions of academic and personal support provided during their program. Sixteen faculty and staff also described positive experiences about working with the student veteran population.

Conclusion: The continuous assessment of all program elements indicates that the program is meeting its intended outcomes and serves the purpose of providing the opportunity for returning veterans to choose nursing as a professional healthcare career.

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Introduction

Concern has been expressed about whether the current health care workforce is sufficient to meet the emerging and evolving demand for health care services available under the Patient Protection and Affordable Care Act (ACA) enacted in 2010. One projection anticipated the need for 3–4 million additional workers, with 40% of this gap related to demand growth under the ACA (Frogner, Spetz, Parente, & Oberlin, 2015). Nursing is one of the health professions that have continued to experience workforce shortage. According to the Bureau of Labor Statistics Employment Projections 2012–2022, Registered Nurses (RN) are listed among the top professions in terms of job growth through 2022. The RN workforce is projected to expand from 2.71 million in 2012 to 3.24 million in 2022, an increase of 526,800 or nearly 20% (AACN, 2014). It is also projected that there will be a need for 525,000 replacement nurses in the workforce bringing the total number of job openings for nurses due to expansion and replacement to 1.05 million by 2022 (United States Department of Labor, 2012).

It is anticipated that over the next five years, approximately 1.5 million service members will separate from the military (Snyder, Wick, Skillman, & Frogner, 2016) (Text Box 1). The federal Vow to Hire Heroes Act 2011–2016 (United States Congress, 2011) is one of several such initiatives that address employment for veterans. However, these efforts must be complemented by other initiatives that assist veterans to address the barriers that veterans frequently face when adapting to civilian life. These barriers may include socio-economic and financial circumstances, and any medical or psycho-social conditions that are a consequence of military service. It is also important to acknowledge the potential for difficulty in adjustment between military and nursing education structures, and to identify mechanisms to translate the skills acquired during military training into the requirements necessary to secure employment in our nation’s workforce.

Stony Brook University (SBU) is a public research university located on New York’s Long Island. SBU houses an Office of Veterans Affairs (OVA). The OVA provides services that address common lifestyle concerns across the continuum from veteran student applicant through enrolled student veteran through transition to the workforce following graduation.

The School of Nursing (SON), established in 1970, is one of the six professional schools at the SBU Health Sciences Center. The Commission on Collegiate Nursing Education accredited SON offers baccalaureate, masters and doctoral degrees. The SON offers three pathways to the baccalaureate degree: a one-year onsite accelerated program, a two-year onsite basic baccalaureate program, and a RN to BS post-licensure program offered in a distance education format. The total number of undergraduate students in the SON is 395.

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The Stony Brook University SON was awarded a 5-year cooperative agreement from the Department of Health and Human Services, Health Resources, and Services Administration (HRSA) in 2014 to create a nursing education pathway specifically responsive to the unique circumstances of veterans. The agreement called for admission of a total of 80 additional students over the 4-year period. This agreement operationalizes collaborative efforts of the HRSA, Department of Defense, and the Department of Veterans Administration by increasing opportunities for veterans to transition into nursing careers (Bowman et al., 2011). This article describes the various student recruitment measures, individualized admission considerations, academic and clinical curriculum enhancements, and student support and retention strategies adopted by SBU and the SON in the development of this educational pathway. Sharpening our experiences may offer other programs the opportunity to assess the potential value of these approaches within the context of their own educational designs for a Veteran to Bachelor of Science Program in Nursing (VBSN).

Review of the literature

The strategies that were selected for program design were based on a review of the literature that discussed the strategies and barriers that enable veterans to make a transition to health care as a career (Snyder et al., 2016); approaches used in the design of other veteran-BS programs in nursing (Keita, Diaz, Miller, Olenick, & Simon, 2015) and also upon the evidence that had been generated by the SBU SON during design and implementation of a prior HRSA-funded program that addressed the special needs of underrepresented and ethnically diverse students.

Recruitment of the student veteran

There is a growing body of literature that addresses the recruitment of underrepresented populations (including men and ethnic minorities) into the nursing profession (Carthon, Nguyen, Chittams, Park, & Guevara, 2014; Condon et al., 2013; Kluczyńska, 2017; Stroup & Kuk, 2015). These reports have as a common core, the need for nursing education programs to implement a set of strategic interventions to address the challenges experienced by individuals in accessing a profession or field of study; beginning with exposure to the field, i.e., exploring perceptions of potential students (including veterans) about the role, responsibilities and opportunities of nursing as a career (Donelan et al., 2014; Ten Hoeve, Castelein, Jansen, Jansen, & Roodbol, 2016; Wu, Low, Tanm, Lopez, & Liaw, 2015). These competencies, and associated knowledge, skills and attitudes (KSA) as a curriculum resource model for all nursing education programs. These KSA’s were recently restated and expanded in curriculum-relevant terms by McMillan and colleagues (McMillan et al., 2017).

Harmer (2012) offers suggestions on how to modify existing clinical simulations to incorporate veteran care content. The recent passage of the Veterans Access, Choice, and Accountability Act (the Veterans Choice Program) (U.S. Department of Veterans Affairs, 2014) that expands opportunities for eligible veterans to elect to use non-VA health facilities for their personal health care, makes it particularly imperative to educate all nurses about issues of veteran’s medical and psychosocial health.

Clinical practicums

Collaborative arrangements that expand settings for clinical placements of students through academic and clinical partnerships are one example of a creative approach to addressing the challenge of offering practical experience in addressing veteran’s health issues (Dobalian et al., 2014; Freundl et al., 2012; Harper et al., 2016; Harper, Selleck, Eagerton, & Forelich, 2015). Bowman et al. (2011) remark that patients receiving care in VA health facilities represent a range of injuries or illnesses that require lifelong treatment, many of which were acquired during their military service. These include mental health challenges such as post-traumatic stress disorder (PTSD) and substance abuse.

Models for general program design

Several schools have explored baccalaureate degree program models that are designed to take best advantage of a veteran applicant’s military training and experience, weaving these into the BS program pathway that offers the most advantage to the individual (Allen, Saladin, Hamilton, & Conard, 2014; Morrison-Breedy, 2015). Not all such programs succeed. Allen, Billings, Green, Lujan, and Armstrong (2012) describe the challenges they experienced in assembling a sufficient pool of LVN to BSN applicants in time to create a student cohort, given the wide diversity in general education academic credits among these interested in the program. The authors detail the lessons learned that provided valuable insight into the unique circumstances of transitioning veterans, including the importance of understanding the military credentialing system, and its unique educational culture. SBU SON also benefitted from lessons learned from its own prior experience in modifying pathways that enhanced the academic success of students from under-represented minority groups (Escallier & Fullerton, 2009).

The didactic curriculum

Schools of Nursing have crafted a number of innovative strategies to address future workforce needs in general, and to prepare a workforce better able to meet the medical and psychosocial needs of veterans, in particular. Schools of Nursing have created curriculum models that include veteran health care issues, in order to increase awareness and sensitivity of all nursing students to these needs (Allen, Armstrong, Conard, Saladinier, & Hamilton, 2013; Champlin et al., 2017; Elliott & Patterson, 2017; Jones & Breen, 2015; Morrison-Breedy, 2015).

Moss, Moore, and Selleck (2015) identified a core of ten veteran care competencies, and associated knowledge, skills and attitudes (KSA) as a curriculum resource model for all nursing education programs. These KSA’s were recently restated and expanded in curriculum-relevant terms by McMillan and colleagues (McMillan et al., 2017). Schools of Nursing have crafted a number of innovative strategies to make their curriculum and clinical placements more adaptable to the needs of veterans. These adult learners may require particular support to promote academic success. These include mental health challenges such as post-traumatic stress disorder (PTSD) and substance abuse.

Student academic and psycho-social support

The experience of many adult learners who re-engage in formal learning experiences includes the challenge of re-immersion into the academic setting, requiring re-learning of study and test-taking skills, and, perhaps, adaptation to unfamiliar computer-mediated learning technologies. These adult learners may require particular support to promote academic progress.

Veterans may experience additional personal challenges, as they transition out of the military. There needs to be conscious awareness of the stressors that may emerge as a consequence of these reconnections to both civilian and academic cultures (Ahern et al., 2015; Koenig, Maguen, Monroy, Mayott, and Seal 2014) use the term “reverse culture

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