TriService Nursing Research Program Final Report Cover Page

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14. ABSTRACT

Purpose: The specific aims were to (1) explore lived experiences of military nurses coming home from a combat deployment to Iraq and/or Afghanistan, (2) examine the potential impact the reintegration experience may have had on their lives, and (3) review the content of the transcripts for similarities and differences among the military nurse branches. Design: Existential phenomenology and purposive sampling were employed to answer the research questions. Methods: Face-to-face, digitally recorded interviews were conducted and an approved consent script was utilized. The interviews began with the broad question, What stands out for you when you think about your experience of reintegration and coming home from deployment? Sample: 22 U.S. Army nurses, 4 Air Force nurses, and 1 Navy nurse were recruited from three military sites, C.R. Darnall Army Medical Center (CRDAMC), Brooke Army Medical Center (BAMC) and Womack Army Medical Center (WAMC). Analysis: The interviews were transcribed and de-identified. Five themes were identified, and similarities and differences between the Army, Air Force, and Navy nurses reintegration and homecoming experiences were noted. Findings: Five themes emerged from the initial interviews with U.S. Army nurses: 1) Command Support, 2) reintegration briefings as Check the Blocks, 3) Stress of Being Home, 4) They Dont Understand if they havent deployed and 5) It Just Changes You. The outcomes of this study support the previous findings pertaining to the difficulties of reintegration and homecoming as expressed by combat warriors. Implications for Military Nursing: This study relates to military nurses who recently served during deployments as combat support personnel and have now returned home. Reintegration and homecoming concerns are noted as a priority by the Military Nurse Corps Chiefs. Nurses in this study felt that the current reintegration process was not meeting their needs for a smoother homecoming, more downtime between deployments would improve resilience and new or improved interventions to assist redeploying nurses with the transition to a non-combat environment would be beneficial.

15. SUBJECT TERMS

reintegration, homecoming concerns, resilience process, transition to a non-combat environment

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Abstract

Purpose: The specific aims of this research were to (1) explore lived experiences of military nurses coming home from a combat deployment to Iraq and/or Afghanistan, (2) examine the potential impact the reintegration experience may have had on their lives, and (3) review the content of the transcripts for similarities and differences among the military nurse branches.
Design: Existential phenomenology and purposive sampling were employed to answer the research questions.
Methods: Face-to-face, digitally recorded interviews were conducted and an approved consent script was utilized. The interviews began with the broad question, "What stands out for you when you think about your experience of reintegration and coming home from deployment?"
Sample: 22 U.S. Army nurses, 4 Air Force nurses, and 1 Navy nurse were recruited from three military sites, C.R. Darnall Army Medical Center (CRDAMC), Brooke Army Medical Center (BAMC) and Womack Army Medical Center (WAMC).
Analysis: The interviews were transcribed and deidentified. Five themes were identified, and similarities and differences between the Army, Air Force, and Navy nurses' reintegration and homecoming experiences were noted.
Findings: Five themes emerged from the initial interviews with U.S. Army nurses: 1) Command Support, 2) reintegration briefings as "Check the Blocks," 3) "Stress of Being Home," 4) "They Don't Understand" if they haven't deployed and 5) "It Just Changes You." The outcomes of this study support the previous findings pertaining to the difficulties of reintegration and homecoming as expressed by combat warriors.

Implications for Military Nursing:

This study aligns with the TriService Nursing Research priority of Force Health Protection that explores the factors affecting the health care of operational personnel and their families through all phases of deployment with special emphasis on a Fit and Ready Force and Care for All Entrusted to Our Care. Specifically this priority relates to military nurses who recently served during deployments as combat support personnel and have now returned home. Reintegration and homecoming concerns are noted as a priority by the Military Nurse Corps Chiefs. Nurses in this study felt that the current reintegration process was not meeting their needs for a smoother homecoming, more downtime between deployments would improve resilience and new or improved interventions to assist redeploying nurses with the transition to a non-combat environment would be beneficial.

TSNRP Research Priorities that Study or Project Addresses

Primary Priority

Force Health Protection:	☒ Fit and ready force ☐ Deploy with and care for the warrior ☐ Care for all entrusted to our care
Nursing Competencies and Practice:	☐ Patient outcomes ☐ Quality and safety ☐ Translate research into practice/evidence-based practice ☐ Clinical excellence ☐ Knowledge management ☐ Education and training
Leadership, Ethics, and Mentoring:	☐ Health policy ☐ Recruitment and retention ☐ Preparing tomorrow's leaders ☐ Care of the caregiver
Other:	☐

Secondary Priority

Force Health Protection:	☐ Fit and ready force ☐ Deploy with and care for the warrior ☐ Care for all entrusted to our care
Nursing Competencies and Practice:	☐ Patient outcomes ☐ Quality and safety ☐ Translate research into practice/evidence-based practice ☐ Clinical excellence ☐ Knowledge management ☐ Education and training
Leadership, Ethics, and Mentoring:	☐ Health policy ☐ Recruitment and retention ☐ Preparing tomorrow's leaders ☒ Care of the caregiver

Progress Towards Achievement of Specific Aims of the Study or Project

Findings related to each specific aim, research or study questions, and/or hypothesis:

The purpose of the study was to understand the perception of US military nurses' lived experiences of reintegration and homecoming following deployment to Afghanistan and/or Iraq. The specific aims of this research were to (1) explore lived experiences of military nurses coming home from a combat deployment to Iraq and/or Afghanistan, (2) examine the potential impact the reintegration experience may have had on their lives, and (3) review the content of the transcripts for similarities and differences among the military nurse branches. By employing a phenomenology methodology, the study was designed to answer the following research questions:

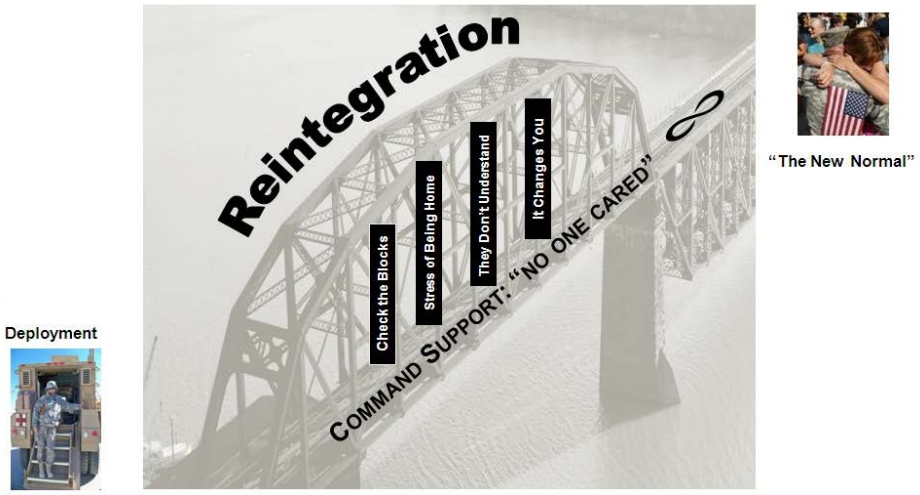
(1) What were the lived experiences of reintegration and coming home among military nurses following a combat deployment to Afghanistan and/or Iraq?
(2) What issues or difficulties did the nurses encounter upon returning home from the deployment(s) as they reintegrated into the family, community, and work environment?
(3) What approaches were effective in managing the reintegration process of coming home?
(4) What were barriers to reintegration?

The research team interviewed 22 U.S. Army Activity Duty Nurses, four Air Force Nurses and one Navy Nurse from three installations through face-to-face, digitally-recorded interviews. Participants had deployment lengths of three to 15 months. Several nurses had multiple deployments.

The interviews took place at a location of the participant's choosing. These included homes, offices and conference rooms. Recruitment continued until saturation was achieved. Verbal consent was obtained and digitally recorded. Once consent was obtained and any questions answered, each interview began with the broad question of *"What stands out for you when you think about your experience of reintegration and coming home from your deployment?"* Probe questions were asked for clarification and understanding. Each interview lasted from 30 minutes to 90 minutes. Field notes were recorded following the interview. The digitally recorded interviews were carried to a professional transcriber who had signed a confidentiality statement. Each recording was transcribed verbatim. When the transcript was returned it was verified with the digital recording for accuracy.

Data analysis was performed by following the process outlined by Thomas and Pollio (2002) for analysis of phenomenological data. Transcript analysis and review, contextual analysis, and identification of the thematic structure of the reintegration experience was carried out. The process began with line-by-line reading of each transcript text by three members of the research team to ensure a thorough understanding of the phenomenon under investigation. The next steps of analysis included identifying meaning units within and across all of the transcripts, clustering of similar units into groups, establishing the themes, collapsing the themes and culminating with developing a thematic structure which provided a pictorial representation about the phenomenon of US military nurses' experiences of reintegration and homecoming. Nvivo 8, qualitative software, assisted with the coding and grouping of the meaning units. Twelve themes were collapsed into five major themes, and a thematic structure was developed to provide a pictorial representation of military nurses' experiences of reintegration and homecoming after Iraq and Afghanistan (Figure 1).

Figure 1



While each individual's deployment, homecoming and reintegration experience was different, we heard some striking similarities. The thematic structure illustration shows reintegration as a bridge from deployment to a "new normal."

Five main themes emerged from the nurses' lived experiences. They were: "Command Support, No One Cared," "Check the Blocks," "The Stress of Coming Home," "They Don't

Understand," and "It Changes You." Each theme is represented by the supporting elements of the bridge. The base of the bridge is Command support – which is weakened by the perception that no one from Command seems to know or care that nurses have deployed and have returned. Lack of recognition of deployment work and associated physical depletion do not seem to be recognized, and schedule negotiation immediately upon return is a source of stress.

In telling about their reintegration experiences, often overall opinions of the reintegration process were provided. One nurse described the problems s/he saw with expecting individuals to go back to life the way it was simply because they had completed the mandatory processing.

> "Reintegration is a process. It is not something that happens overnight … it's something that needs to be addressed, because … how do you take someone and say you're a soldier, [then] you put them in this violent environment and then you pluck them out of 'em, put them back into society, and think they should behave normally."

Another participant questioned who the reintegration training was for and the true purpose behind the reintegration process.

> "We went through the Army reintegration training, which was a joke, and all of us were kind of like 'This training is not for us. This training is just to cover their butts in case one of us commits suicide or gets a DUI,' but was it really that anyone was concerned with our physical or mental well-being?"

The supports of the bridge include "Check the Blocks." Coming home is rife with rote reintegration exercises that do not seem meaningful for nurses. The reintegration process is rigid, with trainers who do not appear to care and want to get briefings over with as quickly as possible.

One nurse emphasized the importance of the reintegration process and that it is not something that can be placed on a timeline.

> "Reintegration is very important. It is not just a matter of checking the block; it is a matter of making sure it is done correctly … it is the way you work with them [returning personnel] … don't just have 90 days, 60 days, 120 days [reviews] … you might as well not even check those blocks."

As expressed by several participants, reintegration training should be something that is useful and that could potentially help the individual returning home and their families, not to just say the task was completed.

> "If you are going to give me reintegration training…give me meat that I can chew on…that is going to help me, that is going to help my family…they don't teach it for you to learn anything…they teach it to check the block…'yes we did it'."
>
> "My biggest beef is that they don't teach it for you to learn anything … they teach it to check the block …'yeah we did it.'"
>
> "Before we left out [deployment country] we had a mandatory reintegration thing [briefing] to tell us what they thought we might expect [after returning home] from the mental health people there and you could tell the young specialist was severely bored with giving the class… it was mandatory [just] to check the block and that's what it was – a check in the block."

It was difficult for most of the nurses in the study to get the leave time that was desired. There are marked differences between the homecoming and reintegration experiences of those nurses who deployed with a unit (generally positive) versus those nurses who deployed as individual augmentees (more negative.)

Another bridge support is "The Stress of Coming Home." When deployed, nurses have a fairly singular focus on the mission in country. Several of the participants spoke of the difficulty of multitasking and decision-making.

> "The stress of being back in America is huge! Having to multitask again ….
> It was hard to come back initially, transitioning … I can't explain why … having to choose and make decisions … going to the grocery store, big bright lights, aisles of food to choose from (not just one thing to choose from and pick but a variety), the cereal aisle for example … what cereal am I going to buy."

When arriving home, all the responsibilities of finances, living situations, family, and a new work schedule seem overwhelming, especially with unexpected symptoms of irritability, sleeping difficulties, startling from loud noises, and anxiety in crowds. These hyper-arousal symptoms may abate, but often do not totally disappear. Families also did not provide recognition of deployment work and associated physical depletion, expecting returning nurses to

pick up where they left off. Compartmentalizing, detaching, taking time alone, and self-talk were mentioned as coping strategies.

Returning home after deployment was noted as stressful and rather difficult to rationalize they were actually home. Participants commented on the hardships of trying to discover where they belonged in a non-combat environment.

> "It was just so … everything just bombarded me at once … walking into my house felt very, very strange … trying to rationalize the fact that I truly was back."
>
> "I didn't know what my place was... how I fit back in [with family] and it was very difficult to realize that I had been there … [in country] I was in a routine and knew where everything was and what was expected of me … what I was going to do next and then you come back home and you are here and it's like, "Okay, this is a very strange environment."
>
> "[Reintegration] It was very difficult … I felt totally disconnected from almost everything and everyone … It was a hard time coming back initially, transitioning, and I can't explain to you why, other than you come from an environment where death is very evident and apparent and you see … soldiers with their legs blown off, their arms blown off, and then you come back."

"They Don't Understand" is another bridge support. Most nurses from the study have not talked to family and friends about their deployment experiences – many stated "no one asks" and "they wouldn't understand unless they've deployed."

Several of the nurses indicated that those who had not been there would not understand or they (family and friends) really did not want to know about their experiences.

> "You can't talk to your family about it … unless they have deployed or served in the military and went through [it] … maybe Vietnam or Desert Storm, they really don't understand."
>
> "If you try to explain to somebody who wasn't there, they don't get it, you got to be there. I can't talk to you, because you haven't experienced what I've experienced, and so to sit there and tell me everything is going to be okay, how do you know!!"
>
> "Every time I have been deployed I come back and I am just shocked on how

> people don't get it, Americans in general don't get what it is like to be deployed … the sacrifices we have made."

Individual augmentees are usually in a tightly knit group of people while deployed, and upon return to country that group is immediately scattered – taking away the support of people who have shared and understand difficult experiences. Maintaining contact with deployment "buddies" was mentioned as an approach to manage the feeling of isolation.

The last bridge support is "It Changes You." Generally, there was consensus that deployment changes you forever - you are not the same person coming home and reintegrating that you were before you left. They stated,

> "It just changes you, you know? It probably took about 2 years before I could really say okay, I'm…okay, I'm different, I'll never be the same because of the experience."
>
> "How am I still me? I'm not the same person that I was before. This has changed me. How do I reintegrate … 'cause I felt like I had left a part of me back there?"

Finally, participants described finding their place in the world again, what they entitled, "the new normal."

> "It was just like this is okay. I am not evil, I am not crazy, it is okay to be this annoyed, frustrated and it is normal."
>
> "You know [you are] transitioning to a more normal [life] again, the 'new normal is going on'."
>
> "You have to kind of reintegrate yourself and find how you fit in with your spouse and how you are going to interact with them. That is the "new normal."

Individual growth and strength as an individual, as well as appreciation of the bravery and skill of combat Soldiers and increased patriotism, were mentioned as positive changes as a result of deployment.

> "I learned a lot while I was there. I learned what it was to be in an area like that. I learned to be thankful for the little things that we take for granted in this world like being able to wash your clothes at home, having your own space and being able to sit outside in the fresh air … It [deployment] taught me lessons of life …"
>
> "You don't realize how good you have it and you just think Americans complain about the silliest things when there is a so much bigger picture."

The research team wanted to ensure the essence of the nurses' reintegration and homecoming was captured, validate the outcomes of the study and demonstrate trustworthiness of study results. To that end, a summary of the study results with the thematic structure was shared with the participants for review and feedback. Several of their replies indicated we had indeed captured their story accurately. A couple of the comments stood out from the others. One nurse stated, "Great stuff with the five themes. I really like the 'new normal', as you never go back to what was (normal again) ..." Another shared, "From the information that was shared within the study summary, I now know I am not alone in my feelings … at least I know I am normal. The picture that you provided is a wonderful way for the world to view reintegration and the issues that arise."

Participants in this study acknowledged recent efforts by the military to respond to reintegration needs of its returning personnel, and expressed certainty that each distinct component of the reintegration process is important. The participants interviewed speak powerfully to the inadequacy of current reintegration support for nurses, men and women who very often deploy and redeploy alone. Participants were unified in describing the urgent need for enhanced reintegration support. Similarities of note seen in the experiences of military nurses coming home and reintegrating after deployment include 1) you are changed forever by deployment; 2) there is less patience with patients who are not severely wounded as well as the overall materialism of American society; and 3) there are feelings of being devalued and unappreciated by command upon return from deployment, and 4) there may be behavioral health symptoms experienced upon homecoming and reintegration.

At the administrative level reintegration may be perceived as one experience, with definitive beginning and end points, yet reintegration and homecoming experienced by these participants emerged as a two-stage process. The first begins with the "official" process of mandatory meetings and training required of all Soldiers. The second phase is more personal, individualized, and ongoing. This stage is similar in nature to the grief process because each person proceeds through it at his/her own pace, sometimes moving forward, but often falling back a few steps. "Falling back" episodes may be triggered by smells, words, or sounds that call to mind thoughts about a previous deployment. Often, elicited reactions cause strife within the family unit, among friends, and at work. In truth, reintegration becomes a life-long process,

never ending. With each added deployment, it becomes more complex: thoughts and emotions from one deployment bleed over to feelings and memories from other combat experiences.

The formal, somewhat emotionless, reintegration process combined with the perceived lack of support from command, supervisors, and colleagues created barriers to personal reintegration for participants. Families and friends at times added to the stress of homecoming because they lacked complete understanding of what their significant others had endured and what to expect upon their return.

Coping mechanisms that helped the nurses through their reintegration process were their faith, support of family members, supervisors who had previously deployed, and talking with nurses who "had been there" even if they were not deployed at the same time or in the same location. Compartmentalizing, detaching, taking time alone, and self-talk were also discussed as coping strategies. Maintaining contact with deployment "buddies" was mentioned as an approach to manage the feeling of isolation. Those nurses who received emotional and work-related support from their chain of command were generally more positive regarding their homecoming and reintegration experiences.

Positive changes as a result of deployment were brought up in many interviews. Individual strength, a greater awareness of little things in life that become extremely important after returning home, increased appreciation of the bravery and skill of combat Soldiers, and amplified patriotism, were all affirmative declarations of personal growth.

Relationship of current findings to previous findings:

The process of reintegrating is not merely a series of tasks to be completed, or formalities to be glossed over just to report that they have been done. Instead, nurses indicated that reintegration briefings should contain practical, useful information, not only for themselves, but for their families as well, and the process should be adapted for the unique needs of specific audiences. To that extent their responses also added support for earlier research conducted with non-health-professionals whose families experience significant reintegration stress. (1, 2, 3).

Effect of problems or obstacles on the results:

No problems encountered.

Limitations:

The study has limited generalizability to the extent that it included only active duty military registered nurses who had deployed to Iraq and/or Afghanistan. Because all of the nurses were originally deployed from many locations, their experiences were not impacted by base of origin, time of deployment, impressions of nurses from the same base who may have been deployed at the same time, or other issues related to time and place.

Conclusion:

The lived experiences of military nurses coming home from a combat deployment to Iraq and/or Afghanistan was explored through phenomenological interviews, rigorous data analysis, and findings validation with the participant population. The potential impact of reintegration experiences was examined across three military branches. Similar themes were discovered across the military branches. A difference noted for en-route care nurses are a faster deployment cycle, with even less time to reintegrate.

Deployment and reintegration changes one's perspective of the world and self. Military nurses who do not have the coping skills to care for themselves cannot provide effective care for wounded warriors and support their peers in combat zones, or care for Soldiers, retirees, and their families at home. Nurses in this study felt that the current reintegration process was not meeting their needs for a smooth homecoming.

Development of a deployment sponsorship program and organization of local networking groups that allows nurses to share deployment experiences may be warranted. Educational programs to help chain of command provide optimal leadership support through all phases of deployment are needed.

More downtime between en-route care deployments may improve resilience, and new or improved interventions to assist redeploying nurses with the transition to a non-combat environment would be beneficial.

Significance of Study or Project Results to Military Nursing

Military nurses are healers of mind, body and spirit; ambassadors of hope; respected professionals. The Army Medical Department (AMEDD) nurse officers must be agile, competent, professional and able to lead in any operational environment. Their mission is to produce nursing professionals who are fully trained, decisive leaders, establishing healthy environments to optimize patient care delivery, evidenced-based practices, and human capital optimization. The Air Force's total nursing force is tasked with delivering evidence-based, patient-centered care and support to meet global operations. The Navy Medicine concept of care is patient- and family-focused; never losing perspective in the care for those wounded, ill or injured, their families, our retirees and their families, and each other.

Reintegration and homecoming concerns are noted as a priority by the Military Nurse Corps Chiefs. Nurses across all branches returning from combat deployments are encountering difficulties similar to those described by combat warriors across decades. Their words recount a multitude of stressors experienced when giving care in the combat arena. Nurses in this study reported that the current reintegration process frequently did not meet their needs for a smoother homecoming; indeed at times, it complicated instead of facilitated life.

Described as isolating and minimally supportive, reintegration routinely placed them in situations where they returned home alone without the mutual support of warriors who deploy as parts of larger units. There was little or no acknowledgment by superiors or family that they were returning from experiences that left them exhausted, traumatized, and experiencing residual stress disorders that impede maximum functioning. They are asking for, and have earned, a level of support for their reintegration that serves them and their needs well.

Future research can best be focused on addressing nurses' needs, identifying a revised process that facilitates their return to home and family and supports their adjustment. New or improved interventions to assist redeploying nurses with the transition to a non-combat environment would be beneficial.

Changes in Clinical Practice, Leadership, Management, Education, Policy, and/or Military Doctrine that Resulted from Study or Project

This study's outcomes in combination with previous works have the potential to enhance the military's capacity to better care for its own. Information garnered about the participants' experiences, knowledge, and lessons learned can be integrated into developing interventions to facilitate a smoother transition of the reintegration process and homecoming to families, communities, and work following deployment. The preliminary findings of this study have informed changes in military practices pertaining to the reintegration, care, and health of nurses returning from service in theatre. Preliminary results from the U.S. Army nurses interviewed were shared with the authors of a previous study regarding nurse retention (**reference). The research teams jointly developed training for nurse leadership, teaching awareness, resources, and support for nurses throughout the entire deployment cycle. This training was trialed by the Chief of Nursing at CRDAMC, Fort Hood, Texas, for all in-processing nurses, and at the Army Nurse Leader Academy, Ft Sam Houston, San Antonio, Texas, in January-March of 2012, and disseminated Army-wide in April 2012.

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Summary of Dissemination

Type of Dissemination	Citation	Date and Source of Approval for Public Release
Publications	Rivers, F.M., Gordon, S., Speraw, S., Reese, S. (2013). U.S. Army Nurses' Reintegration and Homecoming Experiences after Iraq and Afghanistan. *Military Medicine*, 178 (2). 166-173	11 – June – 2012, WAMC PAO, Security
Published Abstracts	Authors: Rivers, F., Gordon S., Speraw, S. and Reese, S. (2012). Title: "A Bridge to the New Normal, US Army Nurses Reintegration Experiences."	20 March – 2012, WAMC PAO, Security
Podium Presentations	Authors: Rivers, F., Gordon S., Speraw, S. and Reese, S. (2012). Title: "A Bridge to the New Normal, US Army Nurses Reintegration Experiences." Conference Name: Phyllis J. Verhonick Nurse Research Course Conference Location: San Antonio, Texas Date of Presentation: April 2012 Sponsoring Agency: TSNRP	20 March – 2012, WAMC PAO, Security

Poster Presentations	Authors: Rivers, F., Gordon, S., Speraw, S., Reese, S., Wilson, C. (2011) Title: "U.S. Army Nurses' Reintegration and Homecoming after Iraq and Afghanistan." Conference name: AMSUS 117th Annual Meeting Conference location: San Antonio, Texas Date of Presentation: November 6-9, 2011 Sponsoring Agency: TSNRP	26-July-2011, CRDAMC PAO, Security
Media Reports	None	
Other	None	

Reportable Outcomes

Reportable Outcome	Detailed Description
Applied for Patent	None
Issued a Patent	None
Developed a cell	None
Developed a tissue or serum repository	None
Developed a data registry	None

Recruitment and Retention Table

Recruitment and Retention Aspect	Number
Subjects Projected in Grant Application	30
Subjects Available	50
Subjects Contacted or Reached by Approved Recruitment Method	50
Subjects Screened	30
Subjects Ineligible	4
Subjects Refused	0
Human Subjects Consented	27
Subjects Who Withdrew	0
Subjects Who Completed Study	27
Subjects With Complete Data	27
Subjects with Incomplete Data	0

Demographic Characteristics of the Sample

Characteristic

	n	%
Age		
25-35	4	14.8%
36-45	7	25.9%
46 & >	16	59.3%
Women	21	77.8%
Men	6	22.2%
Race		
White	20	74.1%
Black	4	14.8%
Hispanic or Latino	1	3.7%
Native Hawaiian or other Pacific Islander	0	0.0%
Asian	1	3.7%
Other	1	3.7%
Military Service or Civilian		
Air Force	4	14.8%
Army	22	81.5%
Navy	1	3.7%
Service Component		
Active Duty	27	100.0%
Rank		
03	7	25.9%
04	7	25.9%
05	8	29.6%
06	5	18.5%
Years of Service		
<5	1	3.7%
5-10	4	14.8%
11-15	3	11.1%
16-20	7	25.9%
21-25	6	22.2%
26-30	7	25.9%
Current Education		
BSN	5	18.5%
MSN	13	48.1%
PhD	6	22.2%
Other	1	3.7%

Deployment Data of the Sample

Participant #	Year Deployed	Location	Length in Months	Education Level	Age	Years in Nursing	Rank	Clinical Specialty	Children's Ages
1	2006	Iraq	14	MSN	34	15	MAJ	Public Health	NA
2	2001	Bosnia	6	BSN	36	10	CPT	Critical	NA
	2005	Afghanistan	8	BSN	40	14	MAJ	Care	NA
3	1991	Iraq	6	MSN	25	11	MAJ	FNP	NA
	2005	Iraq	12		41				13,15
4	2002	Iraq	6	MSN	44	17	MAJ	**	NA
	2005	Iraq	12	MSN	47	20	LTC		
5	2002	Afghanistan	10	BSN, BA	34	18	CPT	Psych, Med Surg	4
6	1996	Bosnia	6	MSN	41	16	MAJ	Behavioral	**
	1998	Bosnia	6	MSN	42	17	MAJ	Health	
	2003	Kuwait/Iraq	4	MSN	46	21	LTC		
	2004	Iraq	12	MSN	47	22	LTC		
	2008	Iraq	6	MSN	51	23	LTC		
	*2011	Afghanistan	6	MSN	55	27	COL		
7	2007	Iraq	6	MSN	33	12	MAJ	Med/Surg	NA
8	2006	Iraq	12	MSN	46	21	LTC	FNP	10
9	2009	Afghanistan	6	BSN	28	5.5	ILT	Emergency	NA
10	2007	Iraq	13	MSN	47	23	LTC	Med/Surg	16, 19, 26
11	2005	Iraq	12	MBA	57	39	MAJ	OR	25, 35
12	2009	Iraq	12	BSN	30	3	1LT	Med/Surg	NA
13	2004	Iraq	8	MSN	39	11	MAJ	FNP	7, 9, 11
14	2004	Iraq	7	MSN	43	20	LTC	Critical	13, 15, 17,
	2008	Iraq	12	MSN	47	24	COL	Care	19
15	2003	Iraq	3	BNS	**	5	2LT	**	**
	2007	Iraq	15	BSN		8	1LT		
	2010	Afghanistan	6	BSN		11	CPT		
16	2010	Iraq	6	MSN	47	5	CPT	Psych	NA
17	2009	Afghanistan	7	PhD	39	18	LTC	Critical Care	7, 10, 12
18	2007	Iraq	7	PhD	42	20	LTC	Research	8, 11
19	2007	Iraq	14	BSN	25	2	1LT	Med/Surg	NA
20	2007	Iraq	15	BSN	35	6	CPT	**	10, 15
21	2010	Afghanistan	6	PhD	56	31	MAJ	Research	32, 33
22	2009	Iraq	12	BSN	36	6	CPT	**	10, 17
23	2004	Afghanistan	04	BSN	31	4	LT	Critical	NA
	2005	Iraq	05	BSN	32	5	LT	Care	NA
	2008	Iraq	04	BSN	35	9	CPT		NA
	2012	Afghanistan	05	MSN	39	12	MAJ		9
24	2003	Iraq	06	BSN	40	4	1LT	Critical	NA
	2011	Afghanistan	04	BSN	52	13	CPT	Care	
	2012	Afghanistan	05	BSN	53	14	CPT		
25	2009	Afghanistan	04	PhD	44	18	MAJ	Research	21, 16, 12
26	2005	Iraq	06	BSN	29	5	LT	Med/Surg	NA
	2006	Iraq	07	BSN	30	6	LT		
	2011	Afghanistan	07	MSN	35	11	LCDR		
27	2004	Iraq	06	MSN	45	17	CPT	Trauma	NA

* Pending next deployment at time of interview

** Information not entered on the demographic instrument