

Integrating Veteran Healthcare into Nursing

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Abstract

Veterans who have been in wars for decades often have a variety of temporary and permanent scars, both apparent and unseen, that can affect their health for the rest of their lives. Veterans' health is a growing public health priority, but nursing education is only just beginning to incorporate material relating to the military and veterans into curriculum that are already very content-heavy. Inadequate training prevents bedside nurses from providing this population with culturally sensitive care. The key health problems that military service members, veterans, and their families must deal with, as well as the national initiatives that have sparked reform to address the requirements of this community, are briefly discussed in this chapter. Additionally, it discusses the current state of veteran-related material in nursing education, the significance of this. Over the past century, there have been numerous wars and conflicts that have affected American civilization. In the Army, Air Force, Marines, Navy, and Coast Guard, millions of men and women have sacrificed their lives for our nation. Eighty years after the end of World War II, there are war veterans who are still alive and have reached the age of one hundred. Veterans who do not live past the age of 20 also exist. It's probably safe to assume that the majority of Americans are proud of the military personnel, veterans, and families who have given so much so that we can enjoy our freedoms. However, this pride has changed over time based on the political and social acceptance of specific conflicts and the justifications for them.

Keywords: Integrating veteran • Healthcare • Nursing

Introduction

Even though not all military personnel serve or deploy during times of war, even while training, they run the risk of becoming hurt, disabled, or even dying. The health and wellbeing of service personnel, veterans, and their families are impacted by injuries, whether they are visible or invisible, sustained during training or in a conflict. As health needs may not become apparent for several decades after separation from military service or until research to link symptoms to military service becomes accessible, this influence can frequently follow people into civilian life and persist for the rest of their lives [1].

Compared to male soldiers, female veterans report having worse overall health. Face-to-face interactions using simulated environments where students interact with veterans might enhance learning about the particular needs of veterans given the distinctive complexity of veteran healthcare challenges. Nursing students can learn about veteran healthcare by using a set of case studies that have been created by the National League for Nursing's Advancing Care Excellence for Veterans (ACE.V). In this programme evaluation, the effectiveness of a simulated opportunity was assessed through a qualitative examination of students' written responses. The simulated ACE.V case centred on Jenny Brown, an Iraq War veteran with posttraumatic stress disorder who is currently pregnant. Prior to the simulation, a veteran gave a lecture that improved the training. Three themes were identified after the course. Simulated training exercises that are followed by debriefing give students the chance to reflect on their experiences in a way that can help them learn [2].

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Description

The ACE sims for healthcare education are a way to introduce obstetrics and mental health care as they relate to the care of veterans to nursing students. An engaging and tailored simulation and debriefing experience was developed for students by inviting a veteran into the classroom to meet with nursing students. It can be difficult to add new material to a curriculum that is already highly crowded. Our objective was to integrate obstetrical and mental health content in the framework of veteran health care, as opposed to providing new content. It is essential to establish cooperative relationships with veterans who are eager to share their pertinent experiences. Although we did not do this, it would have been beneficial to meet with the professors early in the semester to go through the objectives of the simulation training and give them enough time to absorb the material throughout the experience. Many of our faculty members have expertise caring for veterans, but for those who don't, a discussion about how to protect the staff and students' physical and psychological safety should be held [3].

During Operation Iraqi Freedom and Operation Enduring Freedom (OEF/OIF), a substantial number of women enlisted in the American armed forces on their own volition. The largest living cohort of female veterans is the post-9/11 female veteran group (U.S. Department of Veterans Affairs, 2017; U.S. Department of Veterans Affairs, 2018). As military service in the protection of our country is respected, there are currently more women veterans than at any previous point in our history, and that figure is anticipated to rise over the next 10 years. Women veterans face particular healthcare issues because of their military involvement and disabilities associated to that duty, which makes them different from men and non-veterans [4].

The use of simulation in nursing education has shown favourable cognitive and affective results and can give students confidence in their abilities. Riley-Baker and colleagues stated that after a simulation exercise in which the patient's needs changed as they moved through the three different care environments, student skills had improved. Students were more likely to master the communication skills than the educational intervention skills across the four skill sets tested (safety, communication, physical and mental health assessment, and educational interventions), indicating a target for future concentration. The debriefing process is a crucial component of simulation. Students' knowledge, awareness, self-reflection, and self-confidence have been shown to improve as a result of debriefing when feedback is given (Miles, 2018). Researchers compared students in learning scenarios with and without

debriefing and came to the conclusion that debriefing in nursing education improved students' knowledge and learning outcomes. Similarly, students' awareness, reflection, and attitudes were enhanced while employing video-assisted debriefing [5].

Conclusion

Despite being geographically dispersed around the country, VA medical institutions manage to function with the strength and agility of a unified organisation. Our Healthcare Operations Center (HOC), which serves as a fusion centre for gathering, analysing, planning, and disseminating data and information to all stakeholders, was established and has matured, making this integration viable. The HOC is a crucial tool for the VA to quickly move personnel and supplies between VA Medical Centers and to the areas that need them the most. We can immediately spread effective practises across the nation with the help of the HOC, which enables us to record best practises in real time. The future of healthcare is this type of integration because what matters most to patients is what occurs when they need it. The Vision Setting conference, when the Programmatic Panel gathers to evaluate the research environment and create an investment strategy, is the cycle's first significant turning point. A diverse team of researchers, clinicians, foundations, businesspeople, representatives from other government organisations [such the VA and National Institutes of Health (NIH), and consumer advocates make up each Programmatic Panel. For instance, the National Institute on

Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse, and the Department of Veterans Affairs are represented on the Alcohol and Substance Abuse Disorders Research Program (ASADRP) Programmatic Panel. At a recent Vision Setting conference, the ASADRP Programmatic Panel suggested investing in multi-institutional research consortia including teams based on information from their respective portfolios.

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