

Exploring the Transitions of Student Veterans Who Have Experienced a Traumatic Event While
Serving in the Military Then Attended a Nursing Program

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Abstract

The purpose of this qualitative phenomenological study was to explore the transition of student veterans who have experienced a traumatic event while serving in the military then attended a nursing program. Schlossberg's Transitional Theory was used as a theoretical framework. The research methodology of phenomenology was utilized for this study. Five student veteran participants completed interviews via Zoom and shared experiences about their transition through nursing school. Data was analyzed using Tesch's eight steps. The participants' experiences generated themes of: Transitional Barriers, Transitional Support, Personal Growth, and Driving Forces. Student veterans who experience a traumatic event while in the military are often faced with numerous challenges. Overall, the participants expressed several barriers and obstacles that they encountered while in their nursing program. The participants also expressed different types of support that allowed them to persevere despite the challenges they faced. Based upon the findings of this study, there is a need for more awareness of student veterans and the unique support services they may require while in a nursing program. The results of this study also suggest a need for additional training of nursing faculty and staff concerning student veterans and their unique needs.

Exploring the Transitions of Student Veterans Who Have Experienced a Traumatic Event While
Serving in the Military Then Attended a Nursing Program

CHAPTER I: INTRODUCTION

This chapter will introduce the purpose of the qualitative research study, "Exploring the Transitions of Student Veterans Who Have Experienced a Traumatic Event While Serving in the Military Then Attended a Nursing Program". The background of the study will be explained along with exploring the rationale to conduct this study. Research questions will also be presented. Assumptions and delimitations will be addressed. Operational definitions will be included, along with an expansion of the significance of the study.

Background and Rationale

Student veterans are a distinct population with unique characteristics and experiences. These adult learners require different support services than traditional students, especially while transitioning through nursing school. The transition from military life to civilian life can be daunting and stressful. Adding to this stress is the decision that some veterans make to transition into a student role. More veterans are choosing to attend higher education institutions with help from the Montgomery and Post 9/11 GI Bill (Chan, 2018). These veterans face challenges and barriers while on this journey and may seek out support services from the colleges or universities they are attending (Dillard & Yu, 2016). Many higher education institutions have departments dedicated to student veteran populations; however, smaller institutions may not have sufficient student veterans to support an entire department. Student veteran support services are still needed regardless of the number of student veterans on campus.

Student veterans are categorized as non-traditional students who may have barriers that could interrupt their progress. Perceptions of others may also be influenced positively or

negatively. Most student veterans have been away from formal education for many years, and there may be significant age differences between them and their classmates. This may present difficulty assimilating with peers (Rumann & Hamrick, 2010). Veterans form a sense of comradery with their fellow service members that they may lose when they leave the military (Norman et al., 2015). Student veterans are often drawn to other student veterans. This relationship offers a sense of comradery and comfort in navigating the unfamiliar environment that higher education provides.

Institutions of higher education have a responsibility to all students to offer support services that are developed to aid in their success. Student veterans deserve support services that are individualized to their needs. Mental health services, social support groups, academic success services, and military veteran mentors are some of the support services that student veterans utilize while attaining degrees in higher education (Ryan, Carlstrom, Hughey, & Harris, 2011). The purpose of these specialized services is to provide additional support to student veterans based on their needs while attending higher education institutions. There is a lack of research on supporting student veterans' transition through nursing school and the additional support services needed for the profession of nursing.

Eliminating the barriers that student veterans face while attending nursing school will help their transition and navigation through the program (Keita, Diaz, Miller, Olenick, & Simon, 2015). The barriers need to be addressed and recognized to provide proper support. Students in nursing programs experience different teaching and learning strategies compared to students in other fields of study. This may put student veterans in stressful and uncomfortable situations, especially if they have experienced a traumatic event while serving in the military. The

transition through nursing school may be perpetuated by student veteran's prior experience in certain situations, such as experiencing a traumatic event.

Student veterans are unique in their exposure to traumatic events while serving in the military (Reyes, Kearney, Isla, and Bryant, 2018). Traumatic events can have an impact on student veteran's transition into higher education. Student veterans who have experienced a traumatic event also have difficulty with fitting in amongst civilian peers (Smith, Vilhauer, and Chafos, 2017). There is a significant lack of research on the impact of experiencing a traumatic event while serving in the military and student veteran's transition through a nursing school program.

Purposes of the Study

The purpose of this study was to explore the collegial transition experience of veteran Bachelor of Science in Nursing (BSN) students throughout the United States who endured a traumatic event while serving in the military. Additionally, to understand the barriers and obstacles encountered by student veterans attending BSN programs and to identify what support services are available for student veterans who pursue a degree in BSN programs.

Research Questions

Central question

The central question of this research study was: What is the lived experience of student veterans transitioning and navigating through nursing school after experiencing traumatic events while serving in the military?

Sub Questions

The sub-questions of this study were:

RQ1: What do student veterans perceive as obstacles and barriers related to experiencing a traumatic event?

RQ2: How do student veterans apply what they learned from their traumatic experience to transitioning through nursing school?

Assumptions

Assumptions for this study were:

- The participants have all experienced a traumatic event while serving in the military.
- The participants in this study have answered the interview questions openly and honestly and to the best of their recollection.
- The participants in this study that experienced a traumatic event while serving in the military had some influence, whether positive or negative, on their transitions through nursing school.
- The participants were representative of the total number of student veterans and nurses that met the inclusion criteria.
- The participants had access to a computer with a webcam, internet, and access to a video conferencing application.

Delimitations

Delimitations of this study were:

- The timeline for this study was August 2020 until December 2020.
- Only student veterans in their last year of nursing school or nurses who graduated within the past five years were asked to participate.
- The participants interviewed had to have experienced a traumatic event while serving in the military, and being deployed to a combat zone was not a requirement.

- The participants' responses to the interview questions were influenced by their level of comfort with the researcher.
- The researcher is a veteran that experienced a traumatic event while serving in the military. To decrease this potential bias, the researcher maintained a neutral and impartial position throughout the interview process.
- Only students or registered nurses that attended a BSN program were interviewed.

Definition of Terms

The following operational definitions were used in this research study:

- Bachelor of Science in Nursing (BSN) program: a four-year program that develops and prepares students to become licensed as registered nurses.
- Civilian: an individual who has not served in the United States Armed Forces.
- Institutions of higher education: an organization that offers collegiate or more advanced degrees.
- Military service member: an individual who has served in the United States Armed Forces.
- Registered Nurse (RN): a person who has successfully passed the National Council Licensure Examination after graduating with a nursing degree.
- Student veteran: an individual who has been on active military duty, or has been on active-duty status while serving in the guard or reserves.
- Support services: services offered and available to students that aid them in multiple aspects of the collegiate life, such as academic services, disability services, financial aid services, health and wellness, professional development, and student counseling.

- Traumatic event: “exposure to actual or threatened death, serious injury, or sexual violence” (American Psychiatric Association, 2013, p. 271).
- Transition: the period between a student veteran entering nursing schools to completion of their degree.

Significance of the Study

This study discovered new information about veterans’ transition into nursing education regarding the impact of their traumatic event in the military on their transition through nursing school. Student veterans face numerous obstacles and barriers during their transitions into civilian life after leaving the military. Experiencing a traumatic event can lead to and cause serious long-term effects that can hinder a veteran’s progression through a rigorous educational program, such as nursing school. Understanding the obstacles, barriers, and positive attributes that a traumatic event can have on a student veteran may lead to a smoother transition through a nursing program. The more that can be understood about student veterans and the support and services they require to successfully transition through higher education institutions, the better-educated faculty, staff, and administration can be about student veterans' needs. Better educated faculty, staff, and administration can use this information to help student veterans’ transition more proficiently through nursing school.

CHAPTER II: LITERATURE REVIEW

A review of the literature was conducted to make an extensive investigation into American student veterans' experiences at institutions of higher education. The focus of this review was: 1) student veterans attending institutions of higher education, 2) veterans' transition from military service member to students attending institutions of higher education, 3) barriers and obstacles encountered by student veterans attending institutions of higher education, and 4) support services available for student veterans attending institutions of higher education. This chapter will also provide essential information relating to the history of student veterans attending higher education institutions, the culture of military personnel, and the needs of student veterans attending higher education institutions. Schlossberg's Transitional Theory will be utilized to improve the comprehension of the transition of student veterans from military service members to civilians and students.

A History of American Student Veterans Attending Institutions of Higher Education

To understand the historic establishment of continued education for military veterans, a study of government-initiated programs needs to be addressed. Introduced in 1944, the American Servicemen's Readjustment Act, also known as the GI Bill, was passed into legislation to provide educational benefits to American veterans of World War II (Ahern, Foster, & Head, 2015). The original GI Bill made it possible for veterans to receive: medical care, housing stipends while attending college, unemployment benefits while seeking employment, and loans to purchase homes, businesses, or farms (Callaghan, 2008). Military service members were able to further their education through the financial assistance of the GI Bill. Between 1944 and 1966, the American Servicemen's Readjustment Act evolved into the Readjustment Benefits Act of 1966 that benefited all American veterans of the armed forces (Callaghan, 2008). Over 40

years later and after the events of September 11, 2001, the Post 9/11 GI Bill was introduced in 2009 to add additional educational benefits for military service members who served active duty after September 11, 2001 (Bryan, Bryan, Hinkson, Bichrest, & Ahern, 2014). Since its enactment, this bill allowed military service members to further their education, training, and pursue careers once separated or discharged from military service.

Military veterans entering institutions of higher education is increasing. Since 2012, over half-a-million veterans have used the Post-9/11 GI Bill to fund their education (Elliott, 2015; Miller, 2015). Student veterans entering or returning to institutions of higher education is projected to increase in the next few years due to the number of veterans returning home from overseas duty (Operation Iraqi Freedom, Operation Enduring Freedom, and Operation New Dawn) in addition to service members completing their military service. Student veterans account for approximately 5% of undergraduate students' total population (Ahern et al., 2015). With monies guaranteed by the Department of Veterans Affairs (VA) in compliance with both the GI Bill and Post 9/11 GI Bill, higher education institutions are directing more resources and funding in preparation for student veterans' success. Policy and procedures are currently being established to provide student veterans with the tools and information needed to navigate higher education institutions. Institutions of higher education are modifying programs to welcome student veterans to "veteran-friendly" campuses aligned with the VA's reform. Supportive college and university leadership, staff, and faculty, in collaboration with VA liaisons and student veterans, are improving services available on campuses to meet the needs of student veterans (Dillard & Yu, 2016; Lokken, Pfeffer, McAuley, & Strong, 2009; Moon & Schma, 2011).

Institutions of higher education have been preparing for an influx of student veterans who have started to enter college and university campuses (Jones, 2013). The men and women of the armed services are entitled to the same opportunities non-military students are afforded in obtaining an education. The leadership operating the institutions of higher education embrace their responsibility to student veterans and the unique skills and experiences they offer.

American Military Service Impact on Student Veterans/Military Culture

In addition to a knowledge of legislative bills passed to assist military veterans in attending higher education institutions, it is also beneficial to become aware of military culture. American military personnel are individuals with specialized characteristics developed and learned while in the military. Structure and rigor are the foundation of military life. Service personnel's military culture encompasses the following: military values, deployment, and hazardous combat duty. Strict military values set service members apart from their academic peers. These values dictate how military personnel live their lives, make decisions, and deal with adversity. Values are in place to strengthen the character, morale, and well-being of the cohesive group. Values include but are not restricted to: conformity, comradery, orderliness, trust, and duty. These values help define service members (Halvorson, 2010; Rodriguez, 2012). Thus, service personnel value deployment to use their training in real-world missions and participate in essential operations. Deployment is the phase of a military cycle that begins with the physical movement of units from home installations to designated theaters of operations. Military duties are performed during deployment in support of a mission. Deployment stressors that affect service members are twofold. Leaving family members and familiar routines at home and adjusting to the country of deployment issues such as climate, diet, living arrangements, losing personal freedoms, and difficulty identifying the enemy (Hickman, n.d.).

Combat/hazardous duty. Combat duty is exhausting and physically demanding. Lack of sleep, climate conditions, and heavy personal equipment impact the mental and emotional functioning of troops in combat. Tactical awareness keeps service members on edge and hyper vigilant. Service personnel in combat face multiple losses, grief, and guilt. They are expected to make rapid choices that may negatively impact their religious and/or ethical values. Their existence is occupied with hesitation, confusion, dread, and disturbance that stretch their limited coping skills (Bar-Haim et al., 2013). In a phenomenological qualitative study, Dyar and Brown (2019) interviewed seven participants about their lived experience as male combat veterans in a nursing program. They found that the student veterans interviewed struggle with reintegration and transition to civilian life due to their experience in combat and/or being deployed to a hazardous duty area. Combat veterans acclimate to danger through emotions, cognitions, and behaviors that are essential for survival. These survival skills are challenging to abandon once the threat to life is no longer real. Once returned to civilian life, such survival skills are typically unnecessary or, in some cases, even criminal.

Combat experience also causes student veterans to feel immensely different from their civilian peers (Naphan & Elliott, 2015). Physical, mental, and emotional disabilities can result from exposure to combat and hazardous duty areas during military service. These disabilities can make it difficult for student veterans to maintain attendance at institutions of higher education. Elliott (2015) completed a quantitative study that surveyed 626 participants to predict student veterans' frequent reports of troubling experiences on campus. It was reported that symptoms of post-traumatic stress disorder (PTSD) and depression are strongly associated with being unfairly judged, a sense of not fitting in, and a general feeling of being uncomfortable in an academic setting. These negative feelings can have a severe impact on student veterans while

attending institutions of higher education. PTSD is a form of anxiety that occurs after an individual experiences a traumatic event. Bryan et al. (2014) in a quantitative study of 422 student veterans examined relationships among self-reported PTSD and reported from the survey that the four primary symptoms are: 1) reliving the event, 2) avoidance, 3) hyper arousal- constantly on guard for danger, and 4) negative thoughts, moods, or feelings. Traumatic Brain Injuries (TBI) can also pose a hazard to student veteran's learning. In a mixed-methods study, involving surveys of 48 students with military affiliations, then interviews of five individuals about the effects of combat trauma and neurobehavioral symptoms, it was found that difficulty concentrating, the inability to remember concepts and ideas, and increased irritability are obstacles that may prevent successful performance in a college or university classroom environment. (Ness, Rocke, Harrist, & Vroman, 2014). Student veterans with physical disabilities may have social and/or communication deficits that may interfere with their ability to interact with peers and faculty, thus creating a barrier to progress in learning (Borsari et al., 2017). Veterans do not perceive themselves as victims but as combatants. Veterans have been separated from their military groups, where isolation was rare. There is a feeling of helplessness with the loss of comradery. The stress and strain from being deployed to a combat/hazardous duty zone can significantly impact service members' transition to civilian life.

Reintegration/transition from military service to civilian life. The military culture is one of unique practices, traditions, and beliefs that represent a shared, unifying language with a distinct set of guiding principles. In recent decades, a cultural gap has developed between civilians and the armed forces. This gap may be attributed to several causes, and the most prevalent is the decision in 1973 to establish a large, professional, all voluntary military force. This ideological shift created a separation between civilian and soldiers. Upon discharge from

the military, service members are compelled to transition or reintegrate back into civilian life. This transition can be difficult, especially if the service member decides to become a student at an institution of higher education. Ackerman, DiRamio, and Mitchell (2009) conducted a qualitative phenomenological study by interviewing 25 college student veterans to investigate how combat affected their transition into becoming a college student. The themes that emerged from this study were: joining the military, accepting military values, being deployed, serving in a war zone, experiencing direct combat, and enduring physical or mental impairment which influenced students who were transitioning from combat responsibilities to the classroom (Ackerman, DiRamio, & Mitchell, 2009). These factors have a profound impact on student veteran's success at institutions of higher education. Combat exposure, post-traumatic stress disorder (PTSD), depression, anxiety, avoidance, self-medication, and lack of social support harms educational success (Elliott, 2015).

Transitioning out of the military and reintegrating back to the civilian world can be a stressful time for prior military service members (Elliott, Gonzalez, & Larsen, 2011). Gregg, Kitzman, and Shordike (2016) found, in a quantitative study that surveyed 13 student veterans about their transition from a veteran to a student, that stress associated with relational, financial, and cognitive challenges increase the difficulties of transitioning and reintegration. Those stressors include difficulty relating to students without military service, the loss of financial stability, and lack of concentration or inability to pay attention while learning new knowledge. According to a phenomenological study by Jones (2013), three student veterans were interviewed to understand student veterans' identity development during their transition from active duty to a college student. It was found that student veterans struggle with adapting to their previous civilian identity and understanding higher education's role in the transition and having

the availability or access to support services for a student veteran. Campus life can be an intimidating environment. Universities and colleges have no transparent chain of command, no resemblance to the military, and most of the leadership has no reference to measure veterans' experiences. Veterans often view their civilian peers as weak, self-absorbed, and far from helpful (Lighthall, 2012).

Veterans Support Services Available at American Institutions of Higher Education

Higher education institutions typically provide several types of support services for traditional students: academic assistance, mental health screening, referrals, vision, auditory and learning accommodations as needed for physical or mental disabilities, and mentoring programs. In the realm of higher education, student support services were developed to increase student retention and improve students' academic success at colleges, universities, and trade schools (Griffin & Gilbert, 2015). Rumann and Hamrick (2009) indicate in their study that student veterans require more specialized support than the typical support higher education institutions offer for traditional students. In supporting documentation, Griffin and Gilbert's (2015) qualitative study, that interviewed 100 individuals, stated that transitioning into the role of students in the higher education environment can be challenging for military veterans. Providing student veterans with student support services specific and specialized for their needs may improve their retention and academic success at higher education institutions.

Veteran friendly campuses. In addition to providing unique, specialized support services to student veterans, higher education institutions are being challenged to establish a veteran-friendly atmosphere on campuses. Creating a welcoming environment on the campus of higher education institutions can make a student veteran's social, emotional, physical, and mental transition less stressful. Ackerman et al. (2009) suggest in their research that the promotion of a

veteran-friendly campus to potential enrolled student veterans can convey a sense of welcoming. Veteran friendly campuses are difficult to describe; however, Dillard and Yu (2016) reported that a veteran-friendly campus is comprised of five specific elements; establishing a Student Veterans Organization, creating, maintaining, and staffing a designated space for student veterans on campus, establishing a student veteran liaison, initiating a veteran first-year seminar into the curriculum, and requiring professional development seminars for leadership relevant to the unique needs of student veterans. Also, providing a space allocated to student veterans available for studying, relaxing, and socializing with fellow student veterans can decrease stress and improve productivity (Ahern et al., 2015). Lighthall (2012) suggested that social media use can increase the visibility of student veterans' presence on campus.

Social support groups. Creating a welcoming campus environment and instituting a student support group for student veterans on campus can instill a sense of belonging. A student veteran support group-center allows veterans to facilitate their transition into higher education and adjust to their role as a student (Borowa, Robitschek, Harmon, & Shigemoto, 2016). Campbell and Riggs' (2015) suggested, in their quantitative research that surveyed 117 previously deployed student veterans, that social support has a direct effect on student veterans' academic adjustment and individual functioning. The Student Veterans of America organization was specifically created for student veterans to provide them support and resources needed while in school. The opportunity to be among peers with a shared understanding of struggles endured while navigating higher education, after military service, can have a profound effect on student veterans' feelings of "fitting in" and being supported (Griffin & Gilbert, 2015; Killam & Degges-White, 2018). Supporting student veterans through organizations can either be direct or indirect through college and university personnel. Student Veteran Organizations can also assist the

leadership, faculty, and staff at higher education institutions to meet the needs of student-veterans through professional development (Ryan et al., 2011).

Mentors. Not only is the creation of social support groups for student veterans on campuses of higher education advantageous, but also an expanded mentor service is recommended. Although peer mentor programs are available at most higher education institutions, student veteran mentors can be significantly beneficial to student veterans. The focus of the study conducted by Ahern, Foster, and Head (2015) was to determine the importance of a mentor program for student veterans at higher education institutions. The result of the research revealed mentors developed and maintained a constant relationship with student veterans and provided them with guidance and support throughout their academic career. The shared military experience veteran mentors have with student veterans is the link that promotes academic success for most student veterans. Veteran mentors have made the transition into academia and can assist mentees to navigate through their transition period (Horne Whitely & Tschudi, 2014; Williams-Klotz & Gansemer-Topf, 2017).

Mental health services and therapy. Social support groups and mentoring programs for student veterans are just as important as mental health services and therapy programs. Student veterans come to higher education institutions with an array of military-specific mental, physical, and social well-being needs. Mental health services provide support beneficial to student veterans. In a quantitative study conducted by Albright, Fletcher, Pelts, and Taliaferro (2017), 706 college student veterans were surveyed about the prevalence of campus mental health services and discovered that student veterans with numerous mental health issues were utilizing mental health services available on college and university campuses. Non-military students have been provided mental health services on college and university campuses since the beginning of

the 20th century. Student veterans, in comparison, need the professional guidance of counselors or therapists specialized in PTSD, TBIs, and substance abuse. Hurlbut (2018) suggested that higher education institutions provide a Psychiatric Nurse Practitioner (PNP) on campus. The PNP would work with student veterans in need of mental health counseling or therapy. In collaboration with the VA, 173 student veterans were surveyed about their mental health symptoms and adjustment to academic life; it was found that the at-risk student veterans could seek mental health assistance on campus to identify and confront dependency issues due to the high association between depression and substance abuse (Schonfeld, Braue, Stire, Gum, Cross, & Brown, 2015). Due to an increase in mental health issues in student veterans, support must be provided in order for them to be successful.

Mental Health Issues

As stated above, mental health support for student veterans is unique and exclusive due to military service experiences; thus, student veterans have a high prevalence of mental health comorbid disorders which include anxiety, depression, PTSD, and escalated alcohol abuse which was discovered in a quantitative study that surveyed 1,439 National Guard soldiers after being deployed (Bonar, Bohnert, Walters, Ganoczy, & Valenstein, 2015). Mental health disorders can be the result of several factors related to military service, deployment, combat exposure, and the impact of society (friends, family and/or strangers) on their lives. Student veterans may have had exposure to combat or have been deployed to a hazardous duty zone, which can have a significant effect on their mental health (Bonar, 2016). The type, duration, and intensity of military service have a direct impact on student veterans' academic success and daily living.

According to Borsari et al. (2017), student veterans are earning higher education degrees at the same rate as civilian students; however, it is taking them a more extended period of time to

complete these degrees. In a quantitative study of 422 college student veterans examining the relation of mental health issues and grade point average (GPA), it was found that student veterans who have severe depression and PTSD exhibit a lower GPA due to turning assignments in late, failing exams, and skipping classes, thus increasing the length of time to obtain a degree (Bryan et al., 2014). To retain student veterans and provide them with appropriate support services, institutions need to understand student veterans' unique needs. Without proper mental health support, student veterans have an increased risk of suicidal ideations and thoughts that can lead to suicide (Blosnich, Kopacz, McCarten, & Bossarte, 2015). The lack of access to mental health care is not the only barrier that student veterans face in regards to attaining support. Researchers discovered that student veterans believe there is a negative stigma concerning seeking help for mental health issues (Albright et al., 2019; Bonar et al., 2015; Currier, McDermott, & McCormick, 2017; Dyar, 2016). This negative perception of seeking mental health services escalates a student veteran's potential for academic failure. Not only do student veterans have a negative perception about seeking mental health, but a quantitative, case control study conducted by Currier, McDermott, and McCormick (2017) of 502 college students, found that student veterans had more negative beliefs about the effectiveness of mental health treatments in comparison to civilian students. Active members of the military, as well as veterans, seem to be resilient; however, they are not supernatural and experience mental health issues.

Stress and anxiety. Veterans returning from combat and hazardous duty zones are experiencing more stress and anxiety with life transitions compared to civilians (Campbell & Riggs, 2015). They experience confusion over the new role they are undertaking as a civilian and the loss of their military self. Reintegrating into society and transitioning into the student

veterans' role can increase this stress and cause anxiety. Stress and anxiety can have a profound effect on student veteran's academics. Schiavone and Gentry (2014) ascertained, in their qualitative case study of six student veterans, that concurrent stress complicated student veterans' transition to campus life, while emotional and psychological concerns made transitioning more difficult.

Similarly, Campbell & Riggs (2015) found that anxiety can negatively affect a student veteran's transition into their role as a student. In addition, anxiety can also affect academic progress. Overall, anxiety can include, but is not limited to: avoidance, social isolation, sleeping problems, difficulty concentrating, and guardedness, which can all interfere with basic daily living activities in addition to schoolwork expectations.

Post-traumatic stress disorder and depression. PTSD is just as likely to be one of the disorders possessed by veterans attending higher education institutions compared to veterans not attending school (Aikins, Golub & Bennett, 2015). As mentioned earlier, student veterans with exposure to combat and hazardous duty are more likely to have mental health issues, including PTSD and depression. According to the study completed by Borsari, et al., (2017), student veterans diagnosed with PTSD had a higher incidence of participating in physical altercations than their civilian peers. Such outbursts can have an impact on a student veteran's continued tendency to feel isolated from society. Like the behaviors associated with anxiety, student veterans with PTSD and depression may experience avoidance behaviors, hypervigilance, difficulty concentrating, and sleeping problems. In a quantitative study conducted by Elliott (2015), PTSD and depression were strongly associated with "feeling unfairly judged, feeling like

one doesn't fit in, and feeling uncomfortable" (p. 120). These feelings can increase a student veteran's stress and anxiety that may proliferate with PTSD and depression.

Substance abuse. Substance abuse among veterans is significantly high. In the quantitative study completed by Bonar et al. (2015), a significant correlation was found between alcohol use and student veterans who served in a hazardous duty zone. These same veterans had a higher likelihood of having a psychiatric diagnosis than student veterans without hazardous duty experience. Borsari et al. (2017) also suggested that deployment status was associated with the increased use of alcohol in student veterans. In a similar study, marijuana was found to be the most utilized recreational drug by student veterans (Schonfeld et al., 2015). Substance abuse by student veterans may hinder their mental, physical, emotional, and social well-being. High incidences of mental health issues and substance abuse among student veterans must be taken seriously by higher education leadership and institutions.

Higher Education Leadership and Programming

To provide student veterans a welcoming, supportive, functional, and successful environment during their educational experience at an institution of higher education, leadership and programming should embrace the student veteran population. The environment or campus at an institution of higher education is the physical setting surrounding student veterans during their transition to civilian life. Equally important to the campus setting is the academic realm of campus life. It is the responsibility of the leadership governing institutions of higher education to provide support to all students to ensure academic success. The leadership of an institution of higher education includes but is not limited to the Board of Trustees, President/Chancellor, Vice president/Provost, Deans, Department Heads, Faculty, and faculty advisors. They are responsible as a unit for the overall prosperity of their institution. Historically, as early as 1865,

the average-sized university in the United States (US) employed approximately four administrators to oversee the entire student body. By 1965, the typical administrative staff at US institutions of higher education was upwards of 200 personnel. Moving toward the future, the average administrative team at a university in the US is closer to 500 personnel (College Administrator, n.d.). Due to a substantial increase in leadership positions, diversity of students enrolled and particularly the influx of student veterans attending higher education institutions, the core leadership is challenged to provide adequate opportunities for all students to be successful through a plethora of services.

In a model program developed by Salt Lake Community College (Ahern et al., 2015), services for veteran students were selected as a priority focus in 2015. At this time, Salt Lake Community College was experiencing an increase in student veteran enrollment, an increase the college predicted would continue. Thus, college leaders needed to develop a program to address the changes necessary to serve student veterans.

College and university presidents and/or administrators are in a leadership role and are responsible for developing policies for the support of student veterans (Bonar, 2016). Faculty advisors, in particular, play an integral role in student veterans' transition to academia. They are critical players in assisting with the reintegration of student veterans into the civilian and academic world. Faculty advisors act as liaisons to teaching faculty in identifying student veterans' needs to succeed (Rumann & Hamrick, 2009). Student veterans deserve the support needed to be successful, and faculty and staff will advocate for their needs.

Administrative leadership. Student veterans' services would not be feasible without the support of college administrations who need to understand student veterans' unique and specialized needs. Administrations are tasked with the duty of creating policies that support

student veterans, as well as upholding these policies in collaboration with leadership, faculty, and staff. Research found that there are benefits in having the personnel, policies, resources, and programs specifically for student veterans (Ackerman et al., 2009; Griffin & Gilbert, 2015; Moon & Schma, 2011). The administration should consider student veterans and how their needs align with the campus' strategic plan and its future (Lange, Sears, & Osborne, 2016). Williams-Klotz and Gansemer-Topf (2017), surveyed 335 undergraduate student veterans at 13 different institutions and found that several of the institutions represented had a lack of an in-processing framework needed to make enrollment and course access adequate for veterans, as well as a lack of support services that welcomed the veterans and helped in managing physical, mental, and emotional health. Finally, a majority of veterans felt invisible within the institution's physical setting, academic realm, and services support area.

Administrative leadership can have a profound impact on the transition of student veterans by being proactive and providing needed support services and resources at the point of enrollment through the completion of a degree. Ackerman et al. (2009) revealed in their research that student veterans want administrative leadership and faculty to be aware of their existence on campus. Veterans would also like to have policies concerning military activation and deployment in place. The administrative leadership is heavily relied upon to provide the means to help support student veterans. An administration that is informed and knowledgeable about student veterans' specialized needs is the first step in preparing a welcoming campus.

Faculty. Faculty members are the primary link between the institution of higher education and the student veteran. A quantitative study conducted by Barnard, Bagby, Jones, and Sulak (2011) that surveyed 596 college faculty's perceptions concerning student veterans, it was found that the level of negative feelings a faculty member had about the military, in general,

had a significant negative impact on the faculty member's ability to work with student veterans. Additionally, faculty members who harbor resentment toward veterans, due to personal biases, political agendas, and/or military issues, do not compliment a welcoming campus for students seeking an education. Also, faculty members who are routinely introduced to military culture, especially how this culture affects student veterans' physical, mental, and emotional health when transitioning back to the civilian campus, seem to be more accepting of veterans in the academic setting. Offering faculty training in the values, beliefs, and perceptions of military culture, which may isolate veterans on a predominately civilian campus, should be required at institutions of higher education to support veterans, enlighten faculty, and improve communication with student veterans (Bonar, 2016; Dillard & Yu, 2016; Heineman, 2017; Kirchner, 2015; Lange, Sears, & Osborne, 2016; Rumann & Hamrick, 2009; Ryan, et al., 2011).

Faculty advisors. Faculty advising for student veterans can have a direct impact on their transition into the academic world. Kirchner (2015) discovered that the advisors of student veterans be trained to work specifically with the student veteran population. Providing faculty advisors who have a military background or education about military culture, may prove vital to student veterans' success regarding an understanding of their needs (Callahan & Jarrat, 2014; Ryan, et al., 2011; Williams-Klotz & Gansemer-Topf, 2017). Navigating the complexity of higher education institutions can be simplified by having a faculty advisor who is thoroughly trained, aware, and prepared to guide student veterans.

Curriculum. An educational institution's curriculum is generally a set of planned tasks, learning experiences, and predetermined goals. At an institution of higher education, the curriculum can be a set of courses and the content delivered in the courses. Valdosta State University (VSU) (2018) developed guidelines for initiating new or changing existing courses in

the curriculum. This process can be time-consuming and may require up to one year or more to complete. If a program and/or curricular change need to be made to benefit student veterans in their pursuit of a degree at VSU, administrative leadership has an array of questions that need to be answered and documented to support the changes initiated. The need for this type of guideline development is due to VSU having a presence on an air force base. This air force base is located in the same town as the university with many veterans and current service members attending.

Offering transitional/orientation courses specifically for student veterans, may allow for a smooth transition into the academic setting (Bonar, 2016). In addition to an orientation course, courses could be added to feature skills and training student veterans received while serving in the military. Callahan and Jarrat (2014) noted in their work that Cleveland State University (CSU) developed a curriculum for student veterans to increase the number of veterans returning to school. CSU did this by proactively engaging active-duty members in a Four-Tiered delivery approach called the Veterans Education Access Program (VEAP). The four tiers are refresher classes, motivational speaker forums, personal enrichment programs, and the VEAP Team Impact. This program allows active-duty and veterans to get the support needed to reintegrate into the academic world.

In a qualitative study that interviewed 20 student veterans and nine college faculty about cultural values and expectations by Lim, Interiano, Nowell, Tkacik, and Dahlberg (2018), the researchers discovered a "hidden curriculum" on college and university campuses. The study used a hidden curriculum as the theoretical framework. It is defined in numerous different ways by other researchers. Within the hidden curriculum are things a non-traditional student needs to know to navigate and succeed. No one prepares the veteran for this curriculum. The "hidden

curriculum" on campuses of higher education institutions put veterans at a disadvantage during the transition from military life to civilian life. The study also identified perceptions made by faculty members about student veterans. These perceptions included; lack of independence, an assumption that veterans are natural leaders, and a distorted expectation that veterans are assertive and proactive about seeking help. These misleading perceptions held by faculty members toward veterans created confusion when communicating between faculty members and student veterans.

Diversity of Student Veterans Attending Institutions of Higher Education

The military is a society in itself. Thus, military service members come from all backgrounds; socioeconomic status, race and ethnicity, gender, and religious beliefs. Female service members are the minority gender in the military population and pose a unique set of specialized needs as a student veteran (Gibbons, Hickling, Barnett, Herbig-Walls, & Watts, 2012). Ackerman et al. (2009), recommend that more research be conducted concerning female veterans as students, due to the unique and difficult challenges they face compared to their male counterparts. Student veterans are usually identified as non-traditional students. The National Center for Education Statistics (Choy, 2002) regards non-traditional students as one of the following: delayed enrollment (does not enroll in the same year as graduation from high school), attends part-time, works full time, is financially independent, has dependents other than a spouse, is a single parent, and/or possesses a history of prior learning experiences. Non-traditional students, regardless if they are veterans, must cope with returning to school after being away from an academic setting for an extended period of time (Schivone & Gentry, 2014).

Female veterans attending institutions of higher education. Throughout this literature review, female student veterans attending institutions of higher education emerged as a

reoccurring theme. A quantitative study that surveyed 92 student veterans about their adaptation and success in college completed by D'Agostino-Gasbarro (2018) suggested there is a need for further investigation of the impact of dependents on female students' attempts to attain a degree in higher education. D'Amico, Jarvis, Iverson, Seher, and Anderson (2015) recommended exploring the establishment of a support group for single veteran mothers on college and university campuses in their mixed method study that surveyed 176 student veterans and individually interviewed 13 female student veterans that investigated the help seeking attitudes of college student veterans. These support groups would provide additional support to single veteran mothers to aid in the successful transition of becoming a student veteran.

Additionally, female student veterans reported significant psychological distress that has a profound impact on their lives—male student veterans' self-reported less substantial stress levels (Gibbons et al., 2012). Several researchers have suggested that women veterans were more likely to have PTSD and depression than their male veteran counterparts (Baechtold & De Sawal, 2009; Elliott, 2015; & Gibbons, et al., 2012). Being a female in the masculine, heavy military can increase the likelihood of having PTSD because female service members are exposed to the same combat exposure as their male counterparts (Gibbons, et al., 2012).

Despite experiencing psychological distress, Bryan, Bryan, Hinkson, Bichrest, and Ahern (2014) found in their research that female student veterans collectively earned better grades and failed fewer courses than male student veterans. Female student veterans were also more likely to: be retained at an instructional institution with appropriate support services to succeed, transferred within course departments and/or encouraged to switch course of study to foster success, or granted credits to complete course work with a degree from institutions of higher education than male student veterans (Chan, 2018). There is a gap in the literature concerning

female student veterans who enroll, attend, earn credits, and eventually graduate from higher education institutions.

Non-traditional students attending institutions of higher education. Like traditional students, non-traditional students encounter obstacles while attending institutions of higher education; however, these obstacles are dissimilar. Student veterans are categorized as non-traditional students. According to the National Center of Education Statistics (Choy, 2002), non-traditional students have a delay in enrollment to higher education institutions, may work full-time, and are considered financially independent, and maybe single parents. Due to these circumstances leading up to attending higher education institutions and the probability of being out of the academic setting for many years, non-traditional students may struggle (Ryan et al., 2011). Special considerations that need to be addressed for non-traditional students are; housing, dependent care, transition back into the academic setting, and class schedule. Similarly, Norman et al. (2015) suggested that student veterans have difficulty assimilating into higher education culture due to their age, maturity level, and values learned while in the military.

The discipline instilled in service members while in the military includes timeliness and classroom conduct that may seem lacking in civilian oriented school settings. Student veterans' experiences, while in the military, place them in a separate category compared to civilian students. Student veterans may need to relearn study skills and become reacquainted with the classroom since they may not have been in a civilian class for several years (Ryan et al., 2011; Schiavone & Gentry, 2014). Establishing new relationships on campus can be tasking for student veterans. Seeking out other student veterans on campus has become the norm for veterans due to the familiarity of camaraderie with fellow veterans. This norm of seeking out

fellow veterans seems to be less stressful than initiating friendships with civilian students (Rumann & Hamrick, 2010).

Student Veterans Attending a Bachelor's of Science in Nursing Program

The Military Occupational Specialty (MOS) of a medically trained service member in the Navy is a Corpsman. The MOS of a medically trained service member in the Army is a Healthcare Specialist/Medic. Combat medics are the second-largest specialty in the Army. It is suggested by D'Aoust, Rossiter, and Clochesy, (2016) that medics and corpsmen's specialized skills and knowledge in the profession of nursing exceed most civilian nursing programs. Medics and corpsmen are trained to provide a wide variety of care, ranging from primary care to disaster relief (Keita et al., 2015). A lack of research was identified in student veterans entering nursing schools. This research is starting to be conducted to help enhance the recruitment of medics and corpsmen to the nursing profession to help with the projected nursing shortage that is happening around the US (Voelpel, Escallier, Fullerton, & Rodriguez, 2018).

Dyar (2016) proposed that student veterans have strengths that would benefit the nursing profession, such as military core values, maturity, a mission-focused mindset, and discipline. These characteristics provide student veterans with the drive to be successful in the field of nursing. There are over thirty-one colleges and universities across the US that have adopted the Veterans' Bachelor of Science in Nursing (VBSN) program within their nursing programs (D'Aoust, Rossiter, & Clochesy, 2016). This program collaborates with the Health Resources and Services Administration (HRSA), which provides funding to higher education institutions using VBSN. The VBSN program's main objective is to "build upon the unique leadership skills, clinical education, and training of military medics and corpsmen to ensure successful completion of a BSN curriculum" (Keita, et al., 2015, p. 495). Support services available to

student veterans may need to be more specialized for the BSN student veterans due to the specialized training they encounter while in nursing school. Providing professional nursing mentors to BSN student veterans and peer mentorship programs could be beneficial for student veterans in their academic transition and academic success (McNeal, 2019; Voelpel et al., 2018).

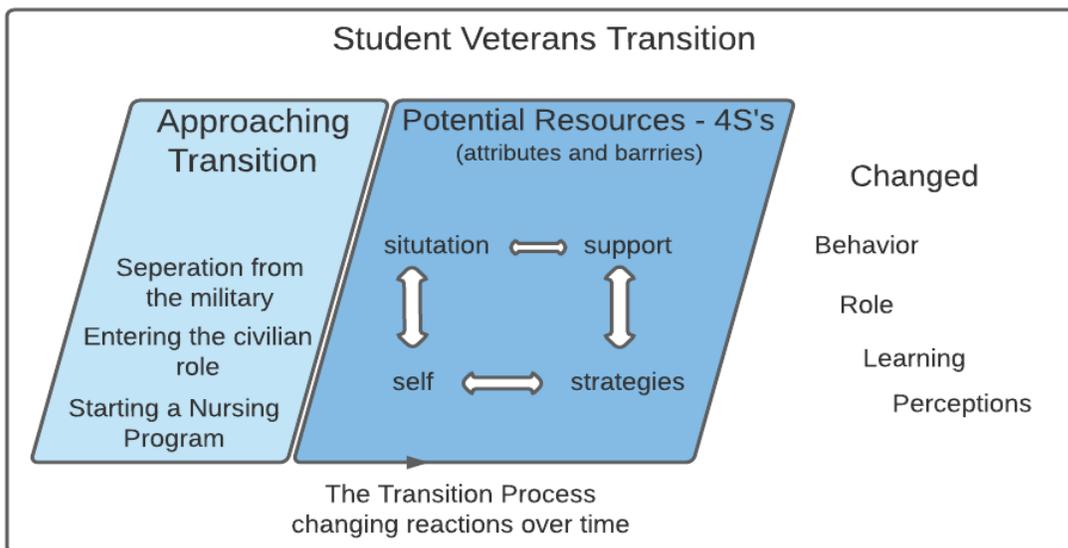
Student's academic success is not only their responsibility but also the responsibility of leadership and faculty in the nursing programs. Professional development may be utilized to educate nursing leadership and faculty to facilitate student veterans' learning in a BSN program (Chargualaf, Elliott, & Patterson, 2017). Knowledge of military culture, the medical training attained, and experiences student veterans have should be incorporated in the education of faculty to increase the successful transition and education of student veterans in BSN programs.

Physical, emotional, and mental barriers that exist in student veterans could potentially have negative impacts on their success while in BSN programs. Barriers encountered in the classroom, such as difficulty concentrating, adjusting from military to civilian culture, and missing the military's structure, could be related to combat deployment experiences (Dyar & Brown, 2019). Minimal research exists related to student veterans with combat medical experience and BSN program enrollment (D'Aoust, et al., 2016; Dyar & Brown, 2019; Patterson, Elliott, & Chargualaf, 2019).

Theoretical Context

Schlossberg's Transition Theory was first created in 1981 by Nancy Schlossberg to better understand the transitions that adults encounter throughout their lifetime (Schiaivone & Gentry, 2014). Schlossberg began contributing to counseling and sociology in the 1950s (Evan, Forney, & Guido-Dibrito, 1998). In her studies of transitions of individuals, she developed a theory that provides a language and support system around students in transitions (Stankey, 2018).

Schlossberg explains how the theory works with three types of transitions; anticipated, unanticipated, and non-events. Using a college student as an example for transitions are; anticipated, college student moves in, unanticipated, the college student moves through, and non-event, college student moves out of college. Schlossberg's Transition Theory Framework coping references for moving in, moving through, and moving out of college are the 4 Ss: situation, support, self, and strategies (Ryan et al., 2011). Situation pertains to anything contributing to the transition, support refers to what support is needed and available during the transition, self identifies the personal and demographic characteristics of an individual's views of life, and strategies are things implemented to help with the transition (Stankey, 2018). This theoretical framework was utilized in several studies on veterans' transition into civilization and a student role. The transition of veterans is an integral part of their return to being a civilian post-military duty (Figure 1).



Adapted from: Schlossberg, Waters, and Goodman (1995)

Figure 1. Schlossberg's Transitional Theory adapted for Student Veterans

Griffin and Gilbert (2015) incorporated Schlossberg's' Transition Theory into the findings of their research study. They focused on three higher education institutions that were trying to facilitate veterans' transitions in three areas: personnel and services, instructional structures, and social/cultural support. The 4S's identified in the research were as follows: situation, student veterans identified finances and the distribution of transfer credits; support, lack of identifying with their college peers and lack of a support system; self, most campuses offered resources to assist students with personal issues; however, the leadership of the institutions were unaware of services available; and strategies, campuses with veterans offices provided veterans with accurate information, and the importance of veterans socializing with fellow veterans was beneficial (Griffin & Gilbert, 2015).

Schiavone and Gentry (2014) applied Schlossberg's Transitional Theory to identify trends reported by student veterans in their transition to higher education institutions. The specific variables of each of the 4S's were responded to by student veterans attending higher education institutions. Situational variables of triggers, timing, control, role change, and stress were related to student veterans' deployment. Variables related to self were personal characteristics and psychological resources attributed to psychological status, physical health, and self-efficacy. Supportive variables linked with a positive transition were non-role dependent support, family and friends, and role dependent support, military, and the university. Strategic variables of coping were the use of sarcasm by the student veteran, along with identifying the challenges associated with being a non-traditional student (Schiavone & Gentry, 2014).

Ryan et al. (2011) utilized Schlossberg's Transitional Theory as a framework to inform academic advisors to facilitate the transition of student veterans to higher education institutions. Determining the strengths and weaknesses in each of the 4S's either simplify or impede a

successful transition. The academic advisors employed questions based on the variables related to the 4S's to determine the progress of student veterans during their transition period. This fostered increased means of communication between student veterans and academic advisors. Academic advisors were able to be advocates for student veterans when armed with information relevant to their academic success and transition.

Schlossberg's Theoretical Framework is highly applicable to student transitions, especially in veterans' transitions into higher education institutions. The 4S's have positive implications on the transition of student veterans and challenges faced while integrating back into society, including the role of student.

Summary

Historically, American veterans were provided financial means to improve their quality of life once returning from World War II. These included funds allocated for education at colleges, universities, and trade schools. The GI Bill and Post 9/11 GI Bill were expanded to enable student veterans to further their education once separated from the military. Military veterans have encountered struggles when returning to civilian life. The military culture experienced by service members can lead to potential barriers in their transition to becoming a student. Institutions of higher education are slowly developing programs to aid in the transition of veterans into student roles. These programs allow support and services needed by student veterans for a successful transition. Physical, mental, and emotional factors such as PTSD, TBIs, and substance abuse can burden a student veterans' transition. Transitioning from the military and reintegrating into civilian life is a stressful time for veterans. Although stressed, student veterans will persevere with maturity, discipline, and integrity.

The importance of leadership and programming at institutions of higher education is essential to guarantee a veteran-friendly campus. This allows for a smoother transition for the student veteran. An administrative leadership that is informed and knowledgeable about student veterans' needs will provide appropriate support and services. Issues of diversity among student veterans can lead to a difficult transition. Limited research about student veterans pursuing healthcare degrees indicates a need for further exploration of this population. Schlossberg's Transitional Theory was used to understand student veterans' strengths and weaknesses in transition.

CHAPTER III: METHODS AND PROCEDURES

This chapter presents the methods and procedures that were used in this study. Also, the sample size, data collection procedures, demographics, settings, and interview protocol will be discussed as well as methods used to analyze the data.

Research Design

This qualitative research study utilized a phenomenological research study design. Phenomenology was chosen as the methodology of this research study to explore the participants' lived experience (Creswell & Poth, 2018). This methodology allowed each individual to share their unique experiences after sharing common events (Gray, Grove, & Sutherland, 2017). This method permitted the researcher to gain insight into the experiences and transitions of the student veterans through nursing school to understand the phenomenon (Creswell & Poth, 2018). A phenomenological research design requires 3-10 participants to gather enough data to achieve saturation (Creswell & Creswell, 2018; Creswell & Poth, 2018). This research study's participation number of 5 is within the acceptable range to achieve saturation.

Population and Sample

The study's purposive and snowballing sampling was comprised of five adults who were student veterans currently in their last year of a 4-year BSN program at colleges and university across the United States, or who recently graduated with a BSN within the past five years. RN's who have graduated within the past five years will likely remember their experience while in a nursing program. Participants in the study were required to have served in the US military. Participants also needed to self-report experiencing a traumatic event while serving in the military, as classified by the American Psychiatric Association (APA) (2013).

The minimum age of the participants was 21 years of age which allowed participants to join the military immediately out of high school, complete a minimum two-year contract in the military, and then attend nursing school. Prospective participants were recruited through an email sent by National Student Nurse Association (NSNA).

Demographics

The following inclusion criteria was applied to the sample of individuals who: (a) served in the US military; (b) were currently in their last year of a 4-year BSN program or had graduated within 5 years after receiving a BSN; (c) had experienced a traumatic event while serving in the US Military as defined by the APA; (d) were at least 21 years old; (e) had been honorably discharged from the military if separated from the military; (f) may still be serving in the National Guard or Reserves; and (g) speak English. Participants, regardless of their gender, race, ethnicity, or sexual orientations, were included. Prospective participants were excluded if they were currently in the Reserve Officer Training Corps (ROTC) or attending/attended an accelerated BSN program. Participants provided demographic data specific to age, gender, and the branch of military service. The demographic information (Figure 1) was used to further understand potential phenomena within the data collected.

Table 1 Participants Demographics

Participant	Branch of Military	Age Range	Gender Identity	Years of Military Service
C	Navy	41-50	Male	16-20
K	Army	31-40	Male	1-5
F	Marines	21-30	Male	1-5
D	Marines	31-40	Male	6-10
G	Air Force	31-40	Female	11-15

Description of Setting

The chosen research sites were colleges and universities that provide a pre-licensure Bachelors of Science in Nursing degree program located in the United States and individuals who have graduated within the past five-years with a BSN. The NSNA, was chosen because of its expansive reach of student nurses and practicing nurses throughout the United States.

Instrumentation

An interview protocol (Appendix A) was used to guide interviews. The interview questions were open-ended, semi-structured which allowed the interviewer to seek further clarification if needed. The interview allowed for essential data to be collected (Gray et al., 2017).

Procedure

Upon Institutional Review Board (IRB) approval, the Primary Investigator (PI) began recruiting participants. Prospective participants were recruited through an email, from the principle investigator, which was sent to the NSNA. This study's procedure was as follows: the organization mentioned above was sent an email with a request to forward to possible participants. Participants were recruited via email from the principal investigator (PI) (delivered by the organization to their members). Interested participants contacted the PI via email or phone. The PIs email address and phone number were listed on the recruitment invitation email forwarded by the organization and on the flyer. Once contact was made with a prospective participant, a phone call was then scheduled. This phone conversation included an introduction to the study and a further explanation of the research study. Inclusion criteria was explained to the prospective participant to ensure they were able to meet the criteria. Participant rights and consent forms were discussed during this initial phone conversation. The interview process was

discussed, along with requirements for the internet, camera, a microphone, paper, and a writing instrument (pen, pencil, markers, crayons, or colored pencils). Electronic signatures were utilized for consent forms to simplify the process. Explanation of the use of a screenshot of the participants drawing was completed with reassurance of maintaining confidentiality and protecting their identity. If the prospective participant agreed to continue with the study, a Dropbox was created for them and an explanation was provided for how the Dropbox would be used. The adult consent form was then stored in a unique Dropbox that was only accessed by the participant and PI, and a link was sent to the participant for the Dropbox via personal email to review after the initial phone conversation. The participant was then instructed to email the PI once the consent was signed. Once the consent form was signed, the PI contacted the participant to set up a time for the interview via Zoom. The participant was instructed to choose a private, quiet, comfortable place for the interview and to have paper and some type of writing instrument (pen, pencil, markers, crayons, or colored pencils). A gift card was electronically sent to the participant prior to the interview as a form of gratitude.

Data Collection Procedures. The PI obtained each adult consent form that was signed by the participant prior to the interview. The signed informed consent was stored in the participants' Dropbox. Virtual interviews were scheduled at a private, mutually agreed upon time. Zoom, a video conferencing application, was utilized as the virtual community. Passwords were set at the individual meeting level. The PI locked password settings and required passwords for all meetings on their account. Participation in the study was voluntary and participants could remove themselves from the study at any time without consequence.

Open-ended, semi-structured questions were asked to each participant. The PI collected field notes during each interview. Participants chose their pseudonym for use during the meeting

and then provided necessary demographic information (Appendix B), including (a) age; (b) gender; (c) military branch; and (d) years served in the armed forces. Next, the PI followed an interview protocol to ask a series of open-ended, semi-structured questions during the interviews:

1. Tell me about your progression from the military into nursing school.
2. Now tell me about your progression through the nursing program.
3. As you look back on your progression through your nursing program, what were obstacles or barriers that you experienced related to your traumatic event?
4. How, if at all, did the experience of your traumatic event effect your progression through your nursing program?
 - Prompt if needed: [If so], what strategies did you use to cope with these experiences while in a nursing program?
 - Prompt if needed: What services and/or resources did you utilize while progressing through the nursing program?
5. Describe what you learned/discovered from your traumatic event that helped you navigate through your nursing program.
6. After navigating through nursing school, what advice would you share with a student veteran who has experienced a traumatic event while in the military and then decided to enter nursing school?

After the interviews were completed, the participants were asked to draw a picture illustrating their transition through nursing school as a student veteran who has experienced a traumatic event while serving in the military. The illustration, in convergence with the interviews, allowed for triangulation of the data to confirm themes and add validity (Creswell & Creswell, 2018).

The participants described their pictures to the researcher to avoid misinterpretation of the

drawing's meanings. A screenshot was taken of the participants' drawing and the PI uploaded the image to a secure encrypted USB drive.

Participant welfare was a significant concern of the researcher. Every effort was made to lessen emotional distress. A break or ending of the interview may have been requested at any time. Should the participant have needed follow-up care related to emotional distress, some reasonably accessible options were available. The participants were provided with the contact information of resources available. If the participant was experiencing severe emotional distress or was thinking of harming themselves or others, they were urged to seek immediate professional help. If the participant was experiencing mild to moderate distress, they may have needed professional follow-up care. Appropriate options for them may have included the local VA or the VA Crisis line. If a participant revealed plans to harm themselves or others physically, the researcher was obligated to notify emergency personnel of those plans. Physical safety was of utmost importance. The participant would assume any financial costs related to follow-up care, should they need it.

After interviews, and data analysis, participants were assigned new pseudonyms by the PI to deidentify participants further. Interviews were audio recorded. The audio recordings were downloaded immediately following the interview to an encrypted USB drive. The PI kept the data saved on an encrypted USB drive that was password protected. The USB drive was only used on the PI's password-protected personal laptop. The USB drive was kept in a locked cabinet in a room that was only accessed with a key. The audio recordings were shared with a hired transcriptionist via Dropbox (after signing a confidentiality agreement). Data was transcribed into a Word document. Upon returning to the PI, all written and audio transcripts/data were stored on a password-protected laptop and USB drive kept in a locked box

only accessible to the PI. Data collection continued until the target range of participants was met and repetitive responses were noted, indicative of saturation.

Analytical Procedures. Raw data was obtained and then submitted via audio recordings to the transcriptionist. Data was transcribed verbatim from the recorded interviews by the transcriptionist. Transcripts were reviewed and validated for the accuracy of the information obtained from study participants using member checking. This is a validation technique used in qualitative research that involves the participants examining parts of the polished or semi-polished data, such as themes (Creswell & Creswell, 2018). Data was organized and prepared for analysis and read through. The data was coded using Tesch's Eight Steps (Creswell & Creswell, 2018):

1. Get a sense of the whole. Read all of the transcriptions carefully. Perhaps jot down some ideas as they come to mind while reading.
2. Pick one document. Go through it asking oneself, "What is this about?" Do not think about the substance of the information but its underlying meaning. Write thoughts in the margin.
3. After completing this task for several participants, make a list of all topics. Cluster together similar topics. Form these topics into columns, perhaps arrayed as significant, unique, and leftover topics.
4. Now take this list and go back to the data. Abbreviate the topics as codes and write the codes next to the appropriate segments of the text. Try this preliminary organizing scheme to see if new categories and codes emerge.

5. Find the most descriptive wording for the topics and turn them into categories. Look for ways of reducing the entire list of categories by grouping topics that relate to each other. Perhaps draw lines between the categories to show interrelationships.
6. Make a final decision on the abbreviation for each category and alphabetize these codes.
7. Assemble the data material belonging to each category in one place and perform preliminary analysis.
8. If necessary, recode the existing data (p. 196).

Themes and descriptions were identified, and the meaning of themes/descriptions were interpreted. The pictures drawn by the participants provided triangulation of the themes identified in the interviews which was a useful validation strategy.

Notes were taken by the PI during interviews to record data other than words, including expressions, gestures, and sounds. Memoing was done during and after the interview as needed. This allowed for notes, narratives, and observations to help link themes and data (Gray et al., 2017). An audit trail was completed during data collection and analysis. The information included in the audit trail consisted of, date and times of interviews, length of interviews, notes, transcripts, and location of audio recordings and drawing. This increased data validity as a laid-out process of the research study (Merriam & Tisdell, 2016). The dissertation chair completed an audit on the data gathered to measure validity. The auditor determined if the findings, interpretation, and conclusions were supported by the data (Creswell & Poth, 2018). Reliability strategies were used by carefully reviewing transcripts and constant comparison of data with the codes. Internal validity was achieved by sharing themes found with participants and asking them to respond if any additional information or corrections were needed (Merriam & Tisdell, 2016). Other validity strategies used were used during the analytical procedure. Bracketing was utilized

to avoid any researcher bias. Bracketing, through journaling, allowed the researcher to identify and set aside their own beliefs during qualitative research (Creswell & Poth, 2018).

Summary

This chapter explained the phenomenological research design that was utilized to answer the research questions. The research participants were recruited through purposeful sampling with flyers and emails sent to them by the NSNA. These participants were asked to be interviewed if they met inclusion criteria and agreed with the adult consent form. The student veterans shared their experiences about the transition they navigated through while in nursing school through a semi-structured interview. Data was analyzed and coded using Tesch's Eight Steps while grouping substantial statements into themes. Rigor was achieved with multiple validation and reliability strategies. Finally, this chapter also described the steps taken to ensure the participant's protection of rights, including confidentiality and privacy.

CHAPTER IV: RESULTS

Introduction

This chapter discusses procedures used to analyze the data and significant findings. Findings are categorized into themes and subthemes.

Data Analysis

Data was coded using Tesch's eight steps in the coding process to allow for organization of the raw qualitative data (Creswell & Creswell, 2018). The PI analyzed the data in a systematic manner that enabled the formation of categories and themes that emerged. According to Creswell and Creswell (2018), coding is the process of gathering the collected data and using words associated with one another in order to characterize a category.

Tesch's coding process permitted the PI to analyze the data thoroughly, while completing the steps to code the data findings. The PI began with reading all of the interview transcripts in their entirety, while taking brief notes in the margins. Next, the PI choose the longest transcript to re-read, while continuing to add thoughts in the margin. After completing this step for all of the transcripts, the PI began to make lists of topics and started clustering the topics based on key, unique, and leftover topics. This list was taken back to the transcripts where categories and codes began to emerge.

The lists were written on large post-it notes to allow the PI to visualize potential categories. The categories evolved from grouping like topics together and utilizing lines to find associations and correlations on large post-its. The categories were then alphabetized as codes and assembled onto an excel spreadsheet for initial analysis. Additional coding was completed after the initial analysis to ensure accurate coding was done.

Bracketing was used throughout data analysis to maintain veracity of the research and to permit the PI to place aside any personal views or preconceptions. Self-reflection, along with journaling, allowed for the PI to view the data as a neutral participant without any experience as a student veteran.

Results

Tesch's eight steps were used to identify themes. Several sub-themes were also identified and placed beneath the main themes. The themes that emerged for the lived experiences of student veterans in nursing school that experienced a traumatic event while serving in the military were: Transitional Barriers (subthemes of Relational Challenges, Mental Health Concerns, Paradoxical Perception, and Motivational Struggles), Transitional Support (subthemes of Social Encouragement and Ancillary Support), Personal Growth (subtheme of Transformational Progress), and Driving Forces. (Table 2)

Table 2 Themes of Research Study

Themes	Sub-Themes
1) Transitional Barriers	A) Relational Challenges B) Mental Health Concerns C) Paradoxical Perception D) Motivation
2) Transitional Support	A) Social Encouragement B) Ancillary Support
3) Personal Growth	A) Transformational Progress
4) Driving Forces	

Findings

Theme 1: Transitional Barriers. Participants identified factors that contributed to Transitional Barriers. Transitional Barriers were either known or unknown aspects that played an integral part of potential hindrance in the participant’s progress through the nursing program. The participants were asked the following question, “As you look back on your progression through your nursing program, what were obstacles or barriers that you experienced related to your traumatic event?” This question allowed for the individual participant to freely, and openly discuss barriers that they faced while transitioning through a nursing program. While the question was broad, the experiences that the participants had were all different; however, they shared overlapping themes. Within the theme of Transitional Barriers, several sub-themes emerged. The subthemes were Relational Challenges, Mental Health Concerns, Paradoxical Perceptions, and Motivational Struggles. (Figure 2)

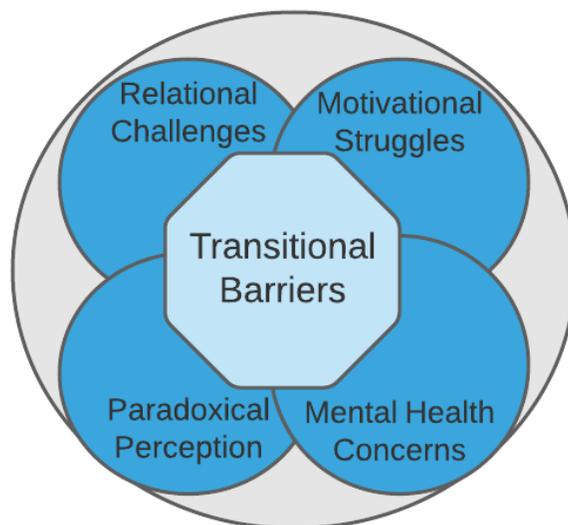


Figure 2. Transitional Barriers theme and subthemes

Subtheme A: Relational Challenges. Building relationships with others can make for a smoother transition. Rumann and Hamrick (2010) found that seeking out other veterans is less stressful than making new friendships in a new environment; however, this may not always be possible. All five participants discussed at least one instance during their transition where new relationships were difficult to build for different reasons.

Being a non-traditional student was a challenge for some of the participants due to their age, life experiences, and having families. One participant elaborated on their age playing a role in making new relationships:

That was a little bit challenging simply due to the fact that being an older student and the university that I attend is a young campus – the average is in the normal 21 to 24 range and even within the student veteran community, most of them had participated in events where individuals who had done 4 years – 6 years and then separated from the military so even amongst my veteran peers, I was kind of the “old guy” in the group.

In this situation, the participant reflected on making friends with other veterans and nonveterans as being a challenge. The lack of camaraderie that the participants were accustomed to in the military was missing from their lives while transitioning into their nursing program. A participant explained it as:

I am looking for that unity because that is where I am comfortable. That was another big hurdle getting into nursing school because I was alone. I was afraid to go into it alone and not have friends going through it with me. The thought of having to meet people and make friends was not something that would happen with a group of people who were from 12-15 yrs. younger than me.

This sense of needing others to succeed, but also building new relationships as barrier will be discussed in a later theme.

Another participant discussed how their military experiences slowed their progression to friendships with their peers: “It has been difficult [making friends], especially since I am so much older than the rest of my classmates and my stories begin with, ‘One time in Korea, or this one time in Japan,’ and they all kind of look at me.” Unique experiences had placed an invisible separation between the participants and their nursing student peers. This can be further explained by another participant’s insight into this challenge: “Making friends. Being social with people who are ten years your junior and trying to find common ground, just being social was just a barrier to successes at times.”

Some of the participants mentioned that building new relationships also meant having to trust others. Building the trust of other individuals and groups who have not had the same experiences as oneself was a difficult feat as identified by a participant through this statement: “It has been trusting others, developing relationships with others – that has been a huge growing process.” Gaining the trust of others and trusting other individuals is a major factor in building relationships and developing connections with individuals. Another participant revealed the need for other people and trust in certain situations: “it comes down to me needing that team environment to prolong something bigger than myself, to have people I can count on and trust. That is what I am missing in my life.” One of participants talked about feelings of loneliness and isolation in the beginning of their transition through nursing school: “there is a bit of a sense of isolation going back to the not having peers who had been through similar experiences. Mine had been a few and varied and so a bit of a sense of loneliness in the first couple of semesters.” This can be seen in the participant’s picture that they drew about their transition (Figure 3).

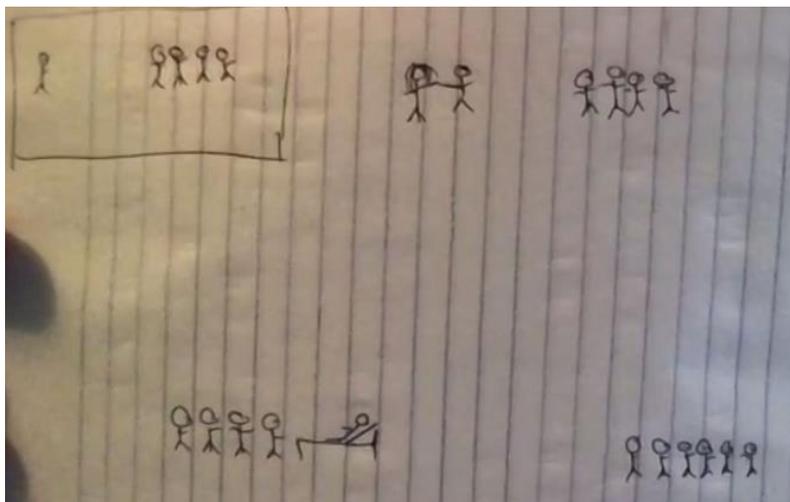


Figure 3. Participants Drawing Depicting Transition

This picture shows the gradual progression that the participant made in regards to feeling isolated and alone at the beginning of their nursing program. Needing others and relying on teams is instilled in the military culture. These Relational Challenges also played a role in the one of the participant's Mental Health Concerns.

Subtheme B: Mental Health Concerns. Student veterans may have a higher incidence of mental health issues and diagnosis due to their exposure to traumatic events (Bonar, 2016). This can have a direct impact on the student veteran's progress and transition through a nursing program. Stress, anxiety, depression, and PTSD were the Mental Health Concerns that the participants discussed in their interviews. One participant talked about their experience with mental health issues related to their traumatic event and its effect on their schooling:

The downside to that is when I'm depressed – I'm depressed, when I have anxiety – I have anxiety. I've gotten to the point where it's hard for me to get out of bed and even to open up my homework to look at it because coming into it with depression and anxiety from PTSD. It has only been amplified by nursing school and for me, forcing myself to keep going through with it has been the hardest thing.

This participant also briefly mentioned the use of alcohol to deal with stress and anxiety; however, they were aware of the unhealthy coping mechanism and made the decision to get back on medication to help with anxiety and depression.

PTSD was also mentioned several times by participants as a result of their traumatic experience. PTSD is very prevalent in the veteran community and can present itself in different ways. When veterans are in unfamiliar setting, their PTSD can become amplified (Reyes et al., 2018). A participant explained how they felt being in large crowds on campus:

I am at times hyper-focused, hyper-vigilant . . .so being in a large classroom was somewhat difficult. Made easier in the large lecture halls where it had a front-of-room entry. I found that rear room entries were a little more challenging. I was a little more on edge in those classrooms. I sat toward the back in a position where I could kind of see the escape routes, if you will. Not that there weren't exits at the front of the room and those kinds of lecture halls as well but the main entrance was in the rear and that was about a 50-50 split in the larger lecture halls that I attended classes in.

These situations can possibly amplify the student veteran's mental health signs and symptoms; however, attending class is necessary for students' success in a nursing program. Thoughts and behaviors associated with high stress and tension can be common in veterans after experiencing a traumatic event (Rumann & Hamrick, 2010). Another participant explained how stress and anxiety effected their progress in a similar way in the classroom: "there were times where it was overwhelming as to the amount of people around and things like that, I'm not a fan of big crowds. In classrooms it wasn't bad but transitioning around campus to different classrooms at times could get hectic." The effects on every day campus life hindered the student veteran's ability to feel comfortable attending class.

Subtheme C: Paradoxical Perceptions. Another subtheme that emerged was the participants' feelings of inadequacy, intimidation, and being judged by others. Student veterans often speculate as to whether or not they are college material (Callahan & Jarrat, 2014). The Paradoxical Perceptions were not factual statements or gestures towards the participants; they were feelings that the participants placed on themselves, adding to a difficult transition. One participant recalled having to start school and the initial process of the classes:

Transition was going from not being in school for a decade back to a collegiate level pretty intense – all the pre-reqs for it are very heavily science based so micro-biology, chemistry stuff like that. That was a very huge source of stress and anxiety and constant feelings of inadequacy – feeling like I went from being in charge and being a leader and having people listen to me – to realizing that I don't know a lot about a lot of different areas of life that are important outside of the marine corps, especially in an empathetic and caring setting like nursing ...It was a difficult and often times confusing transition. The feelings of knowing it all, then having to start from scratch and being on the same level as the other students, placed a sense of uneasiness on this participant. One participant claimed: "It was very intimidating, very daunting." This participant also mirrored what the previous participant reflected upon, not knowing if they would be able to be successful in a new vocation after being out of an academic setting for so long. Starting a new career after leaving a comfortable environment placed potential feelings of unknown possibility for failure. In a study completed by Oberweis and Bradford (2017), it was found that many student veterans felt alienated from their peers and felt more comfortable with other veterans. One participant stated, "I felt judged constantly, I had the imposter syndrome. I had to find myself worthy of the responsibility and undertaking that the nursing profession has." This statement places an internal

ideation on the participant by themselves. They questioned their ability numerous times throughout their interviews. At no time during any interview, did a participant reveal that an outside party doubted their ability to be successful in a nursing program. Thoughts felt by the participants also influenced some of their motivation.

Subtheme D: Motivational Struggles. Motivation is the drive that propels individuals to continue on the journey that they are on in order to complete it. Whether the motivation comes from an internal or external place, maintaining that motivation can be difficult at times. Research suggests that the military fuels motivation in their soldiers (Schivavone & Gentry, 2014); however, this motivation can be slowed when faced with adversity. One participant explained their journey by stating, “that was a very different progression that you had to figure out how to be motivated and stay on top of all the work that was still being assigned that didn’t just go away.” They were referencing the progression of being a senior nursing student with school work and the addition of their senior practicum. A lack of motivation can materialize in many different forms. The participants discussed how motivation can play an integral part of their progression through nursing school. One participant discussed their struggles of moving from general education courses to their nursing courses, “Nursing style questions are very different from difficult college exams. So that took some adjustment and I got used to that just in time for the next nursing class to ask more difficult questions at a higher level of complexity. Up to this point it has been reactionary rather than me going into the exam and me saying Oh I know this, this is great.” The complexity of nursing courses and the time spent studying can be taxing on students, especially student veterans who have experienced a traumatic event. Another participant struggled with motivation while in the nursing program:

I am so beat down, so exhausted, so emotionally drained from being in this program that at this point I will do the bare minimum to graduate so I can be done. It has been a steady decline of my motivation, my enthusiasm for school, when you think of basic training being 14 weeks long and being broke down during 14 weeks is no big deal but to do it over 2 ½ years, it has taken a toll on me. I've actually gotten to the point now where I will wake up 3 am every night, I think about all the things I have to do for school.

The decline of motivation can be amplified by other factors that student veterans face. This participant's picture demonstrates the steady decline of their motivation. (Figure 4).

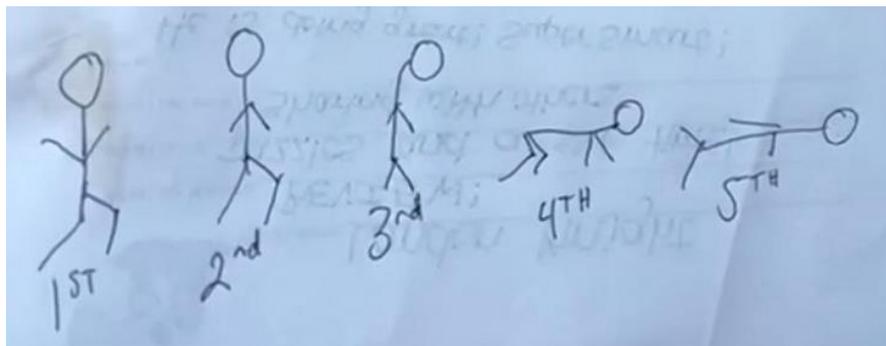


Figure 4. Participant Drawing Depicting Decline of Motivation.

While non-veteran students may also have a decline in motivation throughout a nursing program, student veterans, who have experienced a traumatic event, may have a more difficult time due to other factors that have been previously mentioned in the results. The same participant found a way to improve their motivation by having a support system: “I found some solid kids who took me in we studied together, we hung out together, we go through it together. That is the only way I can cope with depression and anxiety, the lack of motivation.” Finding a support system showed to be a positive factor in the participants successful completion of their nursing program journey.

Theme 2: Transitional Support

Support was a strong theme that presented itself throughout the participants' interviews. Support is an essential element to success. Research has found that positive support, in any form, plays in integral part in a student veterans' success in higher education (Ackerman et al., 2009; Ahern et al., 2015; Borowa et al., 2016; Kirchner, 2015). The participants were asked two prompted questions; what strategies did you use to cope with these experiences while in a nursing program and what services and/or resources did you utilize while progressing through the nursing program? These questions allowed for the participants to think about what helped them navigate through the nursing program. The support that was identified throughout the interviews was unique and specific, albeit thorough. All of the support that was mentioned by the participants, elevated their perception of success and allowed for them to complete their journey and transition through their nursing programs. Within the theme of transitional support, two sub-themes emerged. The sub-themes were; Social Encouragement and ancillary support.

Subtheme A: Social Encouragement. Social Encouragement can have a significant impact on a student veterans' success in a nursing program. This encouragement can come from numerous different places and individuals. Social Encouragement was demonstrated by peers, significant others and family, as well as faculty, and fellow veterans. One participant explained their need for Social Encouragement;

I found a small group of people I really clicked with and I trust who were going through it with me. We all used each other for a place to gripe about nursing school get it out and why we were upset. We would talk about it and everyone helped each other get through it. There were 5 of us out of a 50-person cohort. We are all really close. Without them, there was no way I could have gotten through with it.

This participant also reflected on the military instilling in them the need for unity, teamwork, and support to be successful. Having peers, even though they were not veterans, was the Social Encouragement that the participant longed for after separating from the military. This participant found the people who had similar struggles and successes leading to a supportive social team. Another participant explained the important role that their significant other played in regards to Social Encouragement, along with their dog: “I have a dog and a significant other.” We actually met shortly after I started [school], so that has helped. She is a veteran as well and she was also a student as well so, I did have a few people around me that had similar life experiences.” This exemplifies the need for the Social Encouragement of student veterans to successfully transition through a nursing program. Another participant talked about the contrast of support from their now girlfriend compared to their ex-wife: “I have a good support system with my girlfriend. My girlfriend is just the opposite, super supportive, helps me study, wants me to succeed that makes a lot of difference for me.” The support of others continued to have a positive influence in the participants’ life and it made their transition through nursing school easier.

Subtheme B: Ancillary support. In addition to Social Encouragement, participants noted in their interviews the need for other types of support. This support was comprised of financial, therapeutic, and medicinal support. One of the financial benefits that all of the participants utilized, as a veteran, was the GI Bill. One participant quickly replied to the interview question regarding resources, “Oh, the GI bill I am using the GI bill.” Another participant explained that the GI Bill played an integral part in their success:

Obviously having the GI Bill to pay for school was a huge – if there are barriers to success, I don’t know what the opposite is a help to success. I wouldn’t have been able to succeed and do as well as I did if I had to be working at the same time. I saw a lot of my

fellow classmates working, also having student loans and it just seemed like, man I don't have all that stress which is nice.

This participant appreciated the benefit of being a veteran and how it led to their success while helping decrease their stress. In contrast, one participant talked about their use of the GI Bill; however, they displayed ambivalence about using it:

I try to give myself no more opportunity to succeed than anybody else has. I am taking advantage of the GI bill. That's the only way I am going to college. I would never have gone to college without it. I almost feel guilty about it because other students have to deal with the financial obligation later. That is something I don't have to worry about that makes my college experience easier than theirs. I don't want to look back at my college career later and feel that I really didn't earn it.

This participant did not feel that they should have a financial advantage over any other student. Another financial support that student veteran's utilized while in nursing school was Vocational Rehabilitation. Vocational Rehabilitation allows disabled veterans to apply for additional funds to receive training or education in a new skill. One participant explained how Vocational Rehabilitation provided them with even more funds to pay for additional fees outside of tuition:

Getting on Voc Rehab made a huge difference to me as far as getting as far through the nursing program that I am now. I don't think without Voc Rehab I could have afforded to continue to keep up with the cost of nursing school. In my second semester I had to buy a bag of simulation supplies that cost about \$300 a requirement, if I hadn't been for Voc Rehab that would have been \$300 of my GI \$500 plus books plus supplies. Voc Rehab made a huge difference.

Financial support was of great importance in the participants' transition through their nursing programs. It helped decrease the stress of paying for tuition, books, and housing.

Counseling, therapy, and medication were additional ancillary support that the participants benefitted from while transitioning through their nursing program. One participant discussed their experience with therapy at their school in comparison to utilizing the VA, "I talked to the, there is a counseling office within my university. I did a phone session with them. I do have access to VA health care and being retired I can also use providers outside the VA. I am not a big fan of the VA mental health clinic at the VA where my primary care is – so I have not used their services." Even though the participant has access to mental health providers within the VA, they had chosen not to engage with them due to an undisclosed reason. Another participant explained how their use of therapy had fostered their thought process in regards to their traumatic event and their transition through their nursing program:

I have been in therapy since I started being a full-time student. It has been like a growing process. I had a patient who kind of tried to grab me. Grab my vagina through the bed, I had to check with myself and say 'No I'm OK' because I knew that was a big deal for me. I even poked my leg to and say 'Oh, you're not all tensed up and stuff.

Do I need to leave, is this patient still safe with me and am I still going to be able to do my job?' Luckily the answer was yes because I had a different view of intend and situation and I was able to recognize that and that was a big step for me.

The therapy that this participant participated in allowed for them to continue their transition through the nursing program, despite their traumatic event. The combination of therapy and medication was discussed by another participant, "I've been through years of therapy. I've been going to the VA since I got out [of the military]," and "In my second semester, I had to get back

on to my anti-depression medication, because I knew from my past, because of a lot of the negative coping mechanisms I had when I got out of the military were coming back.” This participant understood their needs and how negating those needs could be detrimental to their mental health. They were able to reach out to the appropriate support services to attain balance. All of the transitional support that the participants utilized or had access to, helped to provide them with a smoother transition through their nursing programs.

Theme 3: Personal Growth

The transition that the participants underwent while on their journey through a nursing program provided an opportunity for personal growth. Personal growth was a direct result of the participant’s traumatic event. The participants were asked to “Describe what you learned or discovered from your traumatic event or events that helped you navigate through your nursing program.” This question presented participants the opportunity to discuss their potential for personal growth. In a study completed by Borowa, Robitschek, Harmon, and Shigemoto (2016), it was found that there is a direct relationship between post-traumatic stress and personal growth. A subtheme of Transformational Progress also emerged from the interviews.

Compassion was identified as a personal growth for two of the participants. One participant simply stated, “I think it has made me a more compassionate individual.” While another participant elaborated on how their traumatic event effected their growth of being more compassionate and its specific reflection of the nursing field;

De-mystifying and discussing your personal history help to bridge that gap and help integrate veterans into society and back into regular people and regular discussions and communication strategies and also allow other people to discuss their issues that they may have in their lives and learn to be a compassionate and empathetic listener,

therapeutic communication and all these tenants of nursing than specifically compared to any other major scholastic course.

This participant elaborated on comparing their experience through a nursing program with other academic programs of study. They also discussed how using their traumatic event led to their growth.

A sense of increased compassion, also proved growth with empathy as previously mentioned by this participant. They go on to discuss how empathy has evolved for them, “It is a way to practice empathetic listening and therapy of communication and hearing stories that make you feel uncomfortable. It is a good practice in nursing. Learning to be empathetic, learning to communicate with people without defaulting to aggression and anger.” This participant also discussed their progression of being a better communicator. Another participant stated that, “There are certain patients and certain conditions I have more empathy towards and in a lot of ways I think that it’s making me in line to be a better nurse because of it – sometimes trauma at the time we don’t understand it and it plays out in the end to make us who we are.” This directly correlates with the participant’s traumatic event and their personal growth of empathy towards others. In regards to empathy, a participant reflected on their feelings towards death and how their traumatic experience changed that:

I am more comfortable with the idea of death. We had several significant varying levels of severity and in-flight emergencies. I am medially paying for now. You don’t think this is it, my ticket has been punched. But then you look back and think that was close. I am a lot more comfortable with the idea with it and at peace with that then I was a few years ago. Speaking to patients that got a terminal diagnosis or speaking to students who have

to deal with patients like that, or patients that are having surgery for the first even when they are older.

This participant expressed how they can better communicate to certain patients because of their traumatic event and how they are able to relate more to those individuals.

Communication and leadership are traits that are learned while in the military; however, the participants expressed a growth in both of these in relation to their traumatic experience and their transition through a nursing program. One participant previously talked about becoming a better communicator, but also added that they learned, “How to eloquently express my needs and frustrations sometimes.” Individuals in the military can sometimes express themselves harshly; however, in the nursing field, this is frowned upon. Another participant conveyed how their traumatic event effected them and their transition through a nursing program: “It has made me a better communicator. It has made me less afraid of upsetting somebody to get my point across.” One participant talked about how their previous leadership skills helped them be a leader at their school and how that helped them further grow as a leader:

Once I got into the nursing program, things definitely changed to the point where you are a part of the group. There’s no way to avoid it you’re all working together to provide care to patients in smaller clinical groups and it was there that I really found acceptance. The cohort that I’m with has been amazing. The last one [year], kind of in the middle, I become a leader in my cohort but even our own program. I’m the SN (Student Nurse) President on campus, so I think my experiences both in the military and life in general have helped.

This participant’s experience in the military granted them with the leadership skills that were needed to grow into a different type of leader in their nursing program.

Subtheme A: Transformational progress. The progress of transforming into a student after being in the military was not an easy road to navigate. The journey that the student veterans took was plagued with obstacles and participants explained that it inhibited their progress. While describing the pictures that the participants drew about their transition through a nursing program, one participant described it as such: “I have some spirals at the beginning because that first year was kind of rough. It was a difficult transition the first semester. The path dips because life happens and it sucks.” Another participant simply stated, “It was a difficult and often times confusing transition.” One participant described his picture as a progression: “I was always at the back of the class for the most part, kind of felt on the outside looking in transitioning into before I actually was accepted in the nursing program.” While another participant depicted their transformational progress as a “rudimentary road map.” Explaining the pictures that each participant drew allowed for them to have ownership over their transition and journey. With reflection of this transformation, a participant questioned themselves about their own ability to complete the transition: “Can I do this? I’ve gambled so much of this; I left a decent career to come do this.” This led to possible doubt in the participant’s mind. The progress that these participants made while struggling with living through a traumatic event, helped them transform into future nurses.

The statements made by the participants acknowledged the growth and transformation that they have made while transitioning through a nursing program and the correlation between their traumatic experience and their personal growth.

Theme 4: Driving Forces

These participants have all experienced a traumatic event while in the military. Not only did they learn and grow from this event, they also expressed how this traumatic event was a

driving force to catapult them through their nursing programs. All of the participants were asked “After navigating through nursing school, now that you are done, what advice would you share with a student veteran who experienced a traumatic event in the military then decided to go into nursing school?” This question generated several different responses and words that would affirm that their traumatic event was a driving force for them. One participant explained how their traumatic event was a driving force to continue on with school: “Lucky for me, my traumatic event is what actually motivates me to get through nursing school. I have lost a ton of friends, one of them being a very close friend of mine who [was] my medic and I were not able to save. I attribute that day to putting that drive to get more training, to get an education, to get a degree.” It was because of this participant’s traumatic event that they pushed themselves to progress through the nursing program. This participant added that their traumatic event instilled in them an eagerness to learn:

I have a desire to learn, I don’t want to just be an ER nurse, I want all the trauma certifications, I want to be a certified emergency nurse, I want PALS and ACLS, I want to gather as many tools as I possibly can and never stop learning because I don’t think I’ll ever feel prepared again because of what happened. It put a fire into me after I dealt with it in terms of what happened.

This participant was not going to let their traumatic event paralyze them and stall their progression. It was utilized in a positive way to amplify their desire to be the best and not be caught off guard the next time they experience a potential traumatic event. One participant expressed the need to “Use it,” in regards to their traumatic event. They went on to say, “It happened to you. One situation, one event is not like another. What I can say and what I think is true of most negative experiences is that as shitty as they are at the time, it is for better or worse

an informative experience. It might not define who you are but it definitely is a part of who you used to be and you can still learn from that.” Another participant echoed this by stating, “You are set for, it’s not an easy road, it’s very challenging; however, as I said, the trauma that we go through can really help to make us more understanding of what people are going through.”

While describing the pictures they drew of their transition through the nursing program, another participant explained the driving force as, “At the top is a blue ribbon. That is supposed to be the goal. I did a really crappy river with a plane at the bottom because that’s where I started. The dotted line is my progression up the river to the goal of ‘hey you made it,’ ‘atta boy,’ ‘good job’.” This participant’s progression through the nursing program was a goal that they strived to achieve. (Figure 5)



Figure 5 Participants drawing of their progression through a nursing program.

Another participant talked about their goals while in the nursing program, “I had A’s and B’s all through 2nd, 3rd, 4th semester and I made it into the SIGMA honor society which was a goal of

mine I wanted to be in the top of my class. That may be the military in me. I wanted to be at the top.” Some of the participants attributed their traumatic event as the driving force to their success in a nursing program instead of a barrier or obstacle. The theme of driving forces can also be recognized in the theme of personal growth. These themes together provide a correlation of the participant’s traumatic event and their transition through a nursing program.

Results Summary

This chapter identified the detailed results of the phenomenological study of student veterans who have experienced a traumatic event and their transition through a nursing program. The themes derived from the interviews represented the student veterans’ experiences. Descriptions of the themes were derived in statements directly taken from the student veteran’s interviews. The significant themes and sub-themes that emerged from this study included:

1. Transitional Barriers
 - a. Relational Challenges
 - b. Mental Health Concerns
 - c. Paradoxical Perception
 - d. Motivational Struggles
2. Transitional Support
 - a. Social Encouragement
 - b. Ancillary Support
3. Personal Growth
 - a. Transformational Progress
4. Driving Forces.

CHAPTER V: DISCUSSION AND SUMMARY

The purpose of this phenomenological research study was to explore the transition of student veterans who have experienced a traumatic event while serving in the military and their journey through a nursing program. This chapter will explore the purpose of this study, research design, and interpretation of results. It will also explore to the literature and correlation to the theoretical context. This exploration with also examine implications for education and future research.

Research Questions and Interpretation

The central research question of this study was, “What is the lived experience of student veterans transitioning and navigating through nursing school after experiencing traumatic events while serving in the military?” The central research question is answered throughout the themes and subthemes derived from the interviews. Using a phenomenological research design, two sub questions, related to the central question, were also answered. The two research sub questions were:

1. What do student veterans perceive as obstacles and barriers related to experiencing a traumatic event?
2. How do student veterans apply what they learned from their traumatic experience to transitioning through nursing school?

Answers to the two sub questions are interconnected in the recognition of four themes and seven subthemes: Transitional Barriers (subthemes of Relational Challenges, Mental Health Concerns, Paradoxical Perception, and Motivational Struggles), Transitional Support (subthemes of Social

Encouragement and Ancillary Support), Personal Growth (Transformational Progress), and Driving Forces. The linking of themes and subthemes are represented in figure 6.

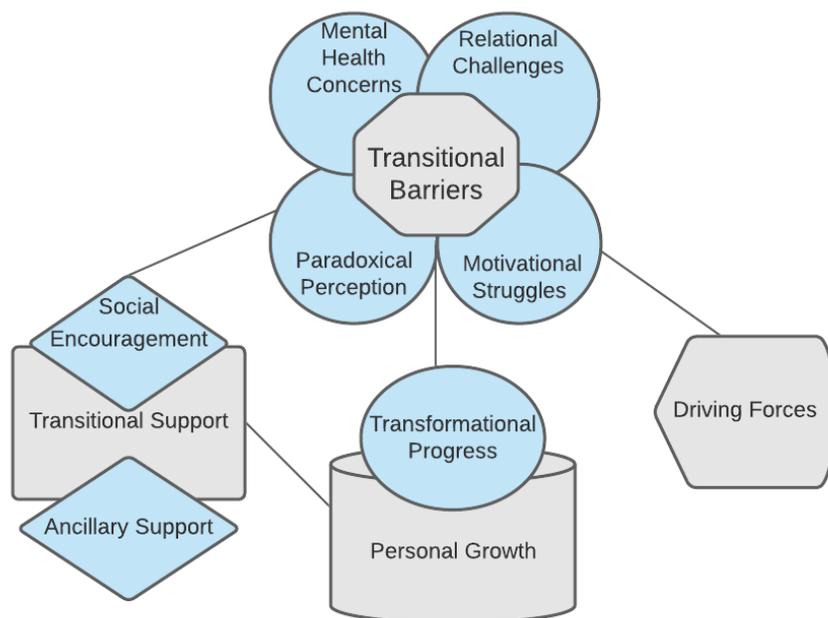


Figure 6. Interconnectedness of four major themes and seven subthemes

The themes and subthemes derived from the participants' interviews are interrelated. Transitional Barriers, which include, Mental Health Concerns, Relational Challenges, Paradoxical Perceptions, and Motivational Struggles, are connected to the theme of Driving Force. These combined concepts demonstrate the student veteran's persistence to continue with their transition through a nursing program, despite these barriers. Transitional Support which consists of Social Encouragement and Ancillary Support provides student veterans with additional encouragement to overcome and conquer the Transitional Barriers they have encountered.

The theme of Personal Growth, in addition to the subtheme of Transformational Progress, was expressed for some of the participants due to the Transitional Support they

received during their transition through nursing school. Participants reflected on their battle against Transitional Barriers that could be a direct result of their traumatic event, while their personal growth could be also be attributed to their traumatic event. The interconnectedness of the themes and subthemes demonstrates the shared experiences between the participants' transition through a nursing program.

Central question. What is the lived experience of student veterans transitioning and navigating through nursing school after experiencing traumatic events while serving in the military?

The central question was answered through themes and subthemes derived from the interviews. The sub questions detail how those themes were relevant to the central research question. Transitional Support was a theme that was an expected finding with the subthemes of, Social Encouragement and Ancillary Support that also answers the central research question.

Transitional support. The participants provided several influences that supported them in their transition through nursing school. Participants acknowledged different Social Encouragement that helped them navigate through nursing school. Peers, fellow veterans, family, and significant others, were the main support systems that the participants identified during their interviews. Aikins et al. (2015) found that student veterans feel supported by their fellow student veterans while in school. In a 2015 study completed by Campbell and Riggs, social support had a direct impact on the functioning of the student veteran while in school. Social Support for student veterans can also decrease the prevalence of depression (Elliott, 2015).

Along with Social Encouragement, Ancillary Support was an integral part of the participant's successful navigation through nursing school. The use of the GI Bill, Voc Rehab,

in addition to, therapeutic and medicinal support, the participants were all able to transition from the military into nursing school. The GI Bill and Voc Rehab allowed the participants to focus on their education and relieved them of the financial burden of tuition and other expenses (Norman et al., 2015). Student veterans are more likely to seek counseling and therapy within the VA healthcare system to allow for the special support and considerations that are needed (Currier et al., 2017). Without the support of others and the veteran benefits provided to these students after their military service, the navigation and transition, into and through nursing school, could have been different.

Sub question 1. What do student veterans perceive as obstacles and barriers related to experiencing a traumatic event?

Transitional Barriers. The theme of Transitional Barriers is evident in the interviews of the participants. Participants identified several factors that contributed as barriers to their transitions into and through their nursing program. This finding echoes the findings in a study conducted by Naphan and Elliott (2015), where it was found that student veterans face barriers throughout their transition from the military into and through higher education. These barriers are a direct reflection of their service in the military, which is unique to each student veteran. Three of this studies' subthemes barrier were expected findings, whereas, two subthemes were surprising finds. The expected subthemes of, Relational Challenges, and Mental Health Concerns, along with transformational progress, under the theme of Personal growth, are documented in the literature. In addition, the literature confirms a concern with student veterans' transition into re-entering civilian life and becoming a student (Akerman et al., 2009; Allen, Armstrong, Saladiner, Hamilton, & Conard, 2014; Dillard & Yu, 2016; Dyar, 2016; Gregg et al., 2016; Kirchner, 2015; Lim, Interiano, Nowell, Tkacik, and Dahlberg, 2018; Moon & Schma,

2011; Reyes et al., 2018; Rumann & Hamrick, 2009; Ryan et al., 2011; Shiavone & Gentry, 2014; Tomar & Stoffel, 2014).

Relational challenge. The subthemes of Relational Challenges proved to be a barrier for the student veterans during their transition. Participants identified that building new relationships with their peers in a nursing programs was difficult. All of the participants were older than the average college student and expressed feelings of isolation and/or not fitting in. In addition to an age difference, four of the five participants were male. Males are a minority in the nursing field which has a predominately high percentage of females. In the research completed by Dyar, (2016), it was found that student veterans encounter difficulties with peer relationships in the classroom due to attitude beliefs they have towards their classmates. Likewise, Borsari et al. (2017) found student veterans had trouble connecting socially with traditional students. It can be difficult to integrate with individuals whom are not aware of a veteran's background. All of the participants in this study had experienced a traumatic event while they were in the military. This fact sets them apart from their civilian peers (Reyes et al., 2018). Although civilian peers were aware of the participants' military service, the details of their traumatic events were not disclosed to their civilian peers. The participants discussed feelings of loneliness and thoughts of not fitting in with their civilian peers. These feelings and thoughts can be associated to their experience of a traumatic event (Smith et al., 2017).

Mental Health Concerns. Mental health issues or concerns are very prominent in student veterans who have experienced a traumatic event (Elliot, 2015). Four of the five participants interviewed revealed that they suffered from some type of mental health diagnosis such as; PTSD, anxiety, depression, or stress. The participants discussed the impact that their mental health had on their progression and transition through nursing school. One participant, with a

mental health diagnosis, spoke about their slow decline of grades throughout their nursing program, which is consistent with a research study conducted by Bryan et al. (2014). This data found a correlation between a lower GPA with diagnosis of both depression and PTSD. With the additional stress of enrollment in a nursing program, some participants expressed an increase in their mental health issues. Mental health diagnoses are more prevalent in student veterans when compared to their civilian peers (Bonar et al., 2015). One participant revealed that they experienced hypervigilance while in large classrooms on campus, making their transition more difficult. Hypervigilance is a symptom of PTSD and these findings align with the research conducted by Reyes, Kearney, Isla, and Bryant (2018). Another participant mirrored their uneasiness in large groups of people while on campus and its effects on their transition.

Paradoxical Perceptions. A surprising finding, expressed by two of the participants, were the feelings about the way others viewed them. They felt judged by their peers. Elliott (2015) found that there was a strong association between feelings of being judged and not fitting in, with symptoms of PTSD and depression in student veterans. These feelings, could potentially be due to the participant's military background and being nontraditional students. This places a separation between traditional students and student veterans. Many student veterans express the preference of socializing with other veterans rather than their civilian peers while in nursing school and this can cause a feeling of alienation (Oberweis & Bradford, 2017). During the interviews, participants were clear that they were never told by someone that they should not be there, or that they would not be successful in the nursing program. Any feelings of doubt, intimidation, or inadequacy, were placed on the student veterans by themselves.

Motivational Struggles. The lack or decline of motivation throughout the nursing program was a surprising theme found in the data. The military strives to instill motivational and

encourages soldiers to be their best. The theme of Motivational Struggles is contrary to what Ness et al. (2014) found in their research; that motivation was a key factor to veterans returning to school and a strong driving force to complete the next chapter in their lives. Deployment and military experiences can be a motivational factor to continue with their schooling and to stay goal oriented (Rumann & Hamrick, 2010). One participant expressed a feeling of being “beaten down, so exhausted, so emotionally drained.” This is a contradiction in regards to the findings in the literature concerning motivation and student veterans.

Transformational progress. Transforming from the military world into the civilian world can be a daunting process. The participants in this study added another transformation into their lives by becoming students. The participants identified the transformation of becoming a student as an obstacle and barrier to their transition. Rumann and Hamrick (2009) identified that the transition for returning veterans can be difficult and that student veterans can face difficult situations while in their transformation to a new role as a student. The journey that they are on can be rough and lonely. Many of the participants even questioned their ability to navigate the process of becoming a nurse. Voelpel, Escalier, Fullerton, and Rodriguez (2018) discovered, in their survey, that the new found challenges of classes and clinical settings can be challenging for student veterans. The participants, in this study, expressed concerns about starting a new career after being in the military for so many years. It seemed like a tedious transition and some of the participants had doubts about the completion of this new journey.

Sub question 2. How do student veterans apply what they learned from their traumatic experience to transitioning through nursing school?

Personal growth. Personal growth was a theme that emerged from the participants’ interviews. Personal growth was a surprising theme that emerged from the interviews and data

analysis. The participants were able to use their traumatic event to enhance their personal growth. This growth was seen in three different ways; compassion and empathy, communication, and leadership. Two participants reflected on becoming more compassionate towards others, especially the patients they were caring for. Their traumatic events enabled the participants to gain a deeper understanding of what some patients may be experiencing. One participant was more accepting of death and the dying process because of their traumatic event. Another participant reflected on witnessing one of their best friends dying and not being able to save them. This traumatic event hastened their personal growth and allowed for them to care more compassionately for patients, especially patients in the process of dying. Participants reported feeling empathetic towards patients in their clinical care. They also reported feeling that compassion and empathy would make them better nurses. The participants accepted their traumatic event and used it as a platform to help others in a more compassionate and empathetic way.

Another personal growth result of the participants' traumatic event was becoming a better communicator. While in the military, the participants learned about the importance of communication; however, communication is different in an educational and health professional setting. Most student veterans have difficulty communicating with their nonmilitary peers (Tomar & Stoffel, 2014), and while true for some of the participants, one participant stated that their traumatic event made them a better communicator. They were not afraid to potentially upset someone if it meant doing the right thing. Therapeutic communication was another form of personal growth for one of the participants. They noted that their traumatic event allowed them to "eloquently express my needs and frustrations" and not revert back to "aggression and anger" while communicating with others. Patterson et al. (2019) found that student veterans

learned how to communicate in a very straight forward approach while in the military. Student veterans would need to learn a softer tactic when communicating professionally.

Veterans learn to be leaders while in the military; however, becoming a leader in a collegiate setting may be different. The military instills in veterans the importance of the chain of command and ranks in the military play a key part in leadership. Participants acknowledged feeling that their military experiences placed them into a leadership position amongst their peers. In a study completed by Lim et al. (2018), student veterans were often found to be leaders by default due to their previous military experiences. The participants' traumatic event presented them with a chance to improve upon their leadership skills and excel among others while in their nursing program. It challenged the participants to collaborate with individuals. Enhancing communication skills improved the participant's leadership abilities.

Driving Forces. When faced with a traumatic event, the participants found strength and driving forces that pushed them into pursuing a nursing degree. One of the participants emphasized that their traumatic event was their motivator to become a nurse and redeem themselves. This participant demonstrated post-traumatic growth based on the attitude they had towards their traumatic event and how they proceeded forward with a positive outlook on their future (Borowa et al., 2016). Another participant also demonstrated post-traumatic growth by using their traumatic event as a learning opportunity. The traumatic events the participants experienced did not define them, on the contrary, the events altered their views of the future.

A goal-oriented mentality can be stressed throughout the military and is instilled in veterans throughout their career (Norman et al., 2015). One participant indicated they wanted to be at the top of their field even though they felt as if they had started at the bottom. Another participant simply wanted to be at the top of their class. Although deployment to a combat zone

was not noted within the interviews of the participants, Rumann and Hamrick (2010) found that deployment can be a motivator for student veterans wanting to complete a degree.

The themes of Driving Forces and the subthemes of Motivational Struggles, within the theme of Transitional Barriers, presents what seems to be an inconsistency in the findings. The theme driving forces, along with the subtheme of Motivational Struggles were clearly present within the participants' interviews and confirmed by the external audit. The paradox between driving forces and Motivational Struggles is unique. The stress and pressure of a nursing program had some negative impacts on the participants' motivation, while these participants also noted that their traumatic event was a driving force for going to school and becoming a nurse. The factors that contributed to motivational struggle potentiated an immobilizing effect on the participants, whereas, the driving forces resonated as a beckon to continue on their progression through their nursing program.

Theoretical Framework and Interpretation

Schlossberg's Transition Theory was used as the theoretical framework for this study and was developed by Nancy Schlossberg in 1981 (Schiavone & Gentry, 2014). According to Schlossberg's Transition Theory, individuals transition in many different ways while in adulthood. The individuals also cope with the transitions using the 4 Ss: Situation, Support, Self, and Strategy. The analysis of the data collected in this study, along with the themes derived from the interviews, correlated with the 4Ss and were present in the interviews.

First, situation encompasses anything contributing to the transition (Ryan et al., 2011). All of the participants transitioned out of the military back into the civilian world. Transitioning into the civilian world can have similar implications to the participants' transition into a nursing program. The themes and subthemes that align with situation are; Transitional Barriers,

Relational Challenges, and Motivational Struggles. These themes and subthemes had major effects on the participants' initial transitional stage.

Next, support relates to what is needed or available to the individual while they are transitioning (Ryan et al., 2011). Transitional support along with Social Encouragement and ancillary support were the themes and subthemes related to this phase of the participants' transition. The support that the participants discussed were contributing factors to their success while transitioning through nursing school. Friends and family were key factors to supporting the participants during their transition. The GI Bill helped them financially and was a significant influence for some of the participants starting school.

Then, self can be determined as the individual's view of themselves and the different characteristics and demographics (Ryan et al., 2011). The participants had very different backgrounds. The age range for the participants was 21-50 years of age, along with a wide range of military service. The subthemes that correlate with self are Paradoxical Perceptions and Mental Health Concerns. Participants felt judged, inadequate, and intimidated during their transition through nursing school. They also reported a range of Mental Health Concerns that played an integral role in their views of themselves which may have been a hindrance to their transition.

Finally, strategy is seen as anything that can aid in the transition (Ryan et al., 2011). Personal growth and driving forces were themes that were found to be strategies. Participants responded with factors that kept them engaged in their transition, and more importantly, what they learned from their traumatic event. The lessons learned helped catapult the participants to complete their transition through nursing school and begin a new transition into the professional field of nursing.

Limitations of the Study

The first limitation of this study is sample size. The sample size of five participants is acceptable in a qualitative phenomenological study; although saturation was achieved, a larger sample size could have made saturation more robust (Creswell & Creswell, 2018). This study was limited to student veterans in a BSN four-year program. Sample size could have increased by adding accelerated BSN program student veterans.

The study design and the use of the words obstacle and barriers in the interview question could have potentially skewed the participants' response. It may have been beneficial to reword the question differently to not lead the participants. The question asked was, "As you look back on your progression through your nursing program, what were obstacles or barriers that you experienced related to your traumatic event?" The question could have been changed to, "As you look back on your progression through your nursing program, were there any obstacles or barriers that you experienced related to your traumatic event?" The rewording of this question may have revealed different data.

All except one of the participants in this study presented as male. While the profession of nursing is a predominantly comprised of females, the military historically has more male than female service members. Since there was only one female participant, the data could be skewed to reflect experiences and feelings that are unique to males. The findings may not be as applicable when compared to the lived experiences of female student veterans.

Another limitation to this study is the unknown nature of the participants' traumatic event. Through the interviews, it can be inferred that the male participants experienced combat related traumatic events, while the female participant revealed that she experienced military sexual trauma. The sensitivity of the topic and questions could have been a limitation.

Additionally, the questions could have allowed for richer data. Finally, although the PI bracketed personal bias, the PI's history of being a student veteran that transitioned through a nursing program after experiencing a traumatic event while in the military, may have influenced the research findings.

A final limitation of this study could have been the use of Zoom to conduct interviews. This did not allow the PI to clearly observe the participants body language. The field notes of body language and postural observation may have added additional data to the study. The trust of the participants towards the PI could also have been low due to not conducting the interviews in person.

Implications/Recommendations for Education

This study found student veterans face a variety of barriers in their transition into a nursing program. All of the participants reported experiencing a traumatic event while in the military and also reported facing obstacles and barriers during their transition. Educational institutions need to be aware of the student veterans that are attending their programs (Ackerman et al., 2009; Reyes et al., 2018; Tomar & Stoffel, 2014; Williams-Klotz & Gansemer-Topf, 2017). Student veterans need different support and resource services than traditional students. Identifying student veterans in nursing programs may allow educators the ability to provide them with the services needed to be successful. Due to a high percentage of student veterans who have Mental Health Concerns, a mental health provider specialized in the care of veterans may potentially increase a student veteran's efforts to seek help.

Faculty, staff, or student mentors who are fellow veterans could have positive implications for new student veterans in a nursing program. Mentors who have a military background would be beneficial for student veterans. Having another person who has military

experience and can empathize with the student veterans about their struggles while in the nursing program will allow the student veterans to potentially be more open to seeking help. In addition, the support staff in the nursing program should have educational training on student veterans and what obstacles they may encounter while transitioning through a nursing program.

Implementation of military cultural training for faculty and staff could aid them in better assisting student veterans (Bonar, 2016; Dillard & Yu, 2016; Kirchner, 2015; Lange et al., 2016; Lim et al., 2018; Moon & Schma, 2011).

A relationship with the local VA hospital and clinic is imperative (Ahern et al., 2015; McCaslin et al., 2014; Norman et al., 2015). VA appointments may not be convenient for student veterans. A VA representative who could visit the campus to assist student veterans with VA issues, could encourage student veterans to get the assistance they need. In addition, having a Veteran Support Group, or a Student Veterans of America chapter on campus may be beneficial (Ahern et al., 2015; Allen, Armstrong, Saladiner, Hamilton, & Conard, 2014; Bonar, 2016; Ryan et al., 2011).

Future Research

This study should be replicated with a larger sample size. A larger sample size could reveal more rich data. Although a sample size of five is within the range for a phenomenological research study, a larger sample size is recommended. A larger sample size specifically with more females and nonwhite participants would aid in the lived experience of student veterans. Ackerman et al. (2009) found that female veterans encounter unique and different challenges than their male counterparts. Female veterans are more likely to experience military sexual trauma, therefore, knowing the trauma the veteran encountered could reveal substantial data.

This study identified the importance of student veteran support services. Further research on the support services student veterans utilize at the institutions could be beneficial. The support services utilized by the student veterans may need to be reassessed to examine their efficacy for student veterans. Not all of the participants revealed the use of specific services for veterans; however, this may bring light to what services are utilized more often.

This study should be replicated at a diploma, ADN, LPN, or accelerated BSN program. These nursing programs range from one to two years in length. The transition for student veterans in these programs would be shorter, which may reveal different data. In addition, a study could be conducted focusing on medically trained student veterans and their experiences through a nursing program. A study completed by McLain, Moore, and Hites (2019) involved military trained medics who attended a nursing program which had an innovative model integrated within the curriculum. This curricular model allowed certain course credits to be waived, if the student veteran could validate certain knowledge and skills.

Summary

This chapter discussed the purpose of this study, research design, and interpretation of the results. A phenomenological approach was used to answer the research question, “What is the lived experience of student veterans transitioning and navigating through nursing school after experiencing traumatic events while serving in the military?” Tesch’s eight steps of data analysis was utilized to reveal four themes: Transitional Barriers, transitional support, personal growth, and driving forces. Four subthemes contributed to Transitional Barriers: Relational Challenges, Mental Health Concerns, paradoxical perception, and Motivational Struggles, one subtheme contributed to personal growth: transformational progress, while two subthemes contributed to transitional support: Social Encouragement and ancillary support.

The study encourages the understanding of student veterans transitioning through a nursing program after experiencing a traumatic event while in the military. This allows higher educational institutions and college personal to recognize the unique needs and support services of student veterans. The findings of this study demonstrate the increased need of awareness for student veterans in nursing programs across the country.

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APPENDIX A -Interview Protocol

Study title: Exploring the Transitions of Student Veterans Who Have Experienced a Traumatic Event While Serving in the Military Then Attended a Nursing Program

Date:

Setting:

Interviewer: Jessica Warren

Interviewee:

Opening statement:

Thank you for agreeing to participate in this research study regarding student veterans who have experienced a traumatic event while serving in the military, then attended nursing school. A review of the literature has shown that student veterans have unique experiences while serving in the military. These experiences can sometimes be traumatic. The literature has identified a variety of barriers to success that are faced by student veterans, a variation of attributes that student veterans have acquired while serving in the military, and the role that experiencing trauma can have on a student veterans' transition.

Today's 60-minute session will consist of two activities: an interview and a pictorial depiction of your transition through nursing school. We will begin with the interview. Before we begin, I would like you to review the adult consent, the rights of research participants' forms and participant's demographic survey.

Do you have any questions before we start?

Fields notes:

Interview questions:

Question 1: Tell me about your transition from the military into nursing school.

Sub Question 1a: Now tell me about your transition through the nursing program?

Q2: As you look back on your progression through your nursing program, what were obstacles or barriers that you experienced related to your traumatic event?

Sub question – Q2a: How, if at all, did the experience of your traumatic event effect your transition through your nursing program?

Planned Probing Question: [If so], what strategies did you use to cope with these experiences while in a nursing program?

Planned probing questions: What services and/or resources did you utilize while transitioning through the nursing program?

Q3: Describe what you learned/discovered from your traumatic event that helped you navigate through your nursing program?

Sub question – Q3a: After navigating through nursing school, what advice would you share with a student veteran who has experienced a traumatic event while in the military and then decided to enter nursing school?

Following the interview, the interviewer will be read the following statement:

I would like you do draw me a picture of your transition through nursing school. When considering what you would like to draw, I would like you to think about the barriers and obstacles you may have encountered during your transitions. Also, I would like you to think about what role your traumatic experience played on your transition through nursing school. When you have completed this activity, I will ask you to explain your picture to me.

At this time the interviewer will ask the participant to hold up the drawing, in front of the web camera, in order for a screen shot to be taken.

Following the drawing activity, the interviewer with read the following statement:

Thank you for your participation in this research study. The information that you have shared may make a positive difference in future student veterans' education. A copy of the

preliminary themes derived from your interview will be sent to your Drop Box for member checking. An email with instructions will be sent when this is ready. Your confidentiality will be protected and thank you again for sharing your experience with me and thank you for your service to this country.

APPENDIX B -Participant Demographics

Participant Demographic Survey

Pseudonym _____

Thank you for participating in this study. Prior to beginning the interview, I would like you to complete the demographic information identified below. Please select the choice which best describes you. This survey will take approximately one to two minutes to complete.

Branch of Military served in:

- Army
- Navy
- Air Force
- Marines
- Coast Guard

BSN Status

- Currently in last year of BSN program
- Graduated from BSN in last 5 years

I experienced a traumatic event, as defined by the American Psychiatric Association as, “exposure to actual or threatened death, serious injury, or sexual violence”, while serving in the Military:

- Yes
- No

My current age is:

- 21-30
- 31-40
- 41-50
- 51+

I was honorably discharged from the military:

- Yes
 - No
 - If no, please explain _____
-

I am still currently serving in either the National Guard or Reserves:

- Yes
- No

English was the primary language spoken in my home as a child:

- Yes
- No

I describe my gender identity as:

- Male
- Female
- Transgender
- I do not identify as male, female, or transgender

Years of Military Service:

- 1-5 years
- 6-10 years
- 11-15 years
- 16-20 years
- 20 + years