



RADM Peter L. Andrus, MC, USNR
National VP for Health Affairs

Our column this month is guest authored by CAPT Janice Stinson, NC, USNR. Janice and I have served together with the Marines and at Naval Medical Center San Diego. She is presently attached to NR Naval Hospital Camp Pendleton. In civilian life she is an adjunct assistant professor at UCSF from which she received her PhD. She works as a staff nurse in labor and delivery at the Alta Bates Medical Center in Berkeley, CA.

As the Naval Reserve representative to the TriService Nursing Research Program Advisory Panel, I recently had the opportunity to attend the Karen Reider military nursing research podium and poster sessions at the recently concluded Association of Military Surgeons of the United States (AMSUS) convention in Denver, CO. What are military nurses studying? The conference theme was “Support for a Nation at War.” CNO’s top five priorities are people, current readiness, future readiness, quality of service, and alignment. Both are reflected in the military nursing science priorities focused on in the types of research conducted.

Three current hot topics included: (1) deployment issues, especially in connection with care of casualties; (2) clinical management outcome studies based on Joint Commission on Accreditation of Healthcare Organizations (JCAHO) issues; (3) mental health investigations, especially the effects of war casualties on caregivers. Future research topics include those relating to the new realignment of the Naval Reserve Medical Force.

“Bombs on target” type research included studies focused on supporting the war fighter. One survey study examined what was helpful and what was not regarding clinical readiness to deploy. Clinical

Hot Research Topics in Military Nursing

readiness was defined as the ability, under operational conditions, to provide nursing care for patients with trauma, disease, or nonbattle injuries, and to triage and regulate casualties for staging land and air evacuations. The survey included most common diagnoses in the field — 60 percent blast injuries, including how to manage soft tissue trauma, amputations, infections, pain and how and when to transport. Also evaluated were the adequacy and appropriateness of the types of educational preparation, familiarity with equipment, knowledge of types of injuries, and how to make decisions regarding air evacuation. Poster studies focused on appropriateness of thermal control equipment, bed boards for transport aboard air evacuation planes, and war experiences of nurses serving in Noble Eagle, OEF, and OIF. It was noted that combat nursing takes nurses out of their comfort zones (especially with the environment), encourages flexibility, autonomy, the ability to improve when supplies are not available, and to focus on the “mission.”

Another hot topic included studies which were developed in response to a need to adhere to JCAHO requirements. These not only were necessary for continued accreditation at military treatment facilities (MTFs), but also indicated recognition that clinical management of care should be evidence based. Assessment and documentation of pain was emphasized in a number of studies as well as medication errors, falls prevention, enteral feedings, deep vein thrombophlebitis/pulmonary edema prevention, and pressure ulcers (now increasing in incidence due to immobility of casualties from war zone). Other JCAHO issues such as proper staffing for various patient acuities were included on military studies involving a number of MTFs and all three services.

Mental health not only of sailors, soldiers, airmen and Marines, but also of their caregivers, were studied extensively. The current environment possibly leading to

mental illnesses included conditions of being constantly deployed, frequent relocations, repeated and prolonged separations from family, living in a field environment, and a constant alert status. Post traumatic stress disorder (PTSD), depression, lack of trust, and short-term memory loss occurred due to lack of preparation for limited privacy, trouble maintaining personal hygiene, and perceptions of not being well-informed. Approaches to treatment of these disorders included recommendations that counseling and therapy occur not only after returning to CONUS but also prior to leaving theater. Other studies addressed professional and personal issues of caregivers who were “left behind” in CONUS in comparison to those in theater and their reactions to the stressors of casualty care, including anger at the situation, quality of life issues, reactions to injuries of servicemembers, and appropriate coping mechanisms.

A new alignment of the Navy Reserve Medical Force was announced at AMSUS. It is anticipated that future research hot topics would involve examining education; implementation; and mental health response to the establishment of the Operational Health Support Units which will utilize an operational platform-system-based assignment of reserve billets. Different training content and approaches and a reordering of unit priorities could be future topics of interest for nurse researchers. ⚓

