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Oral history reflections of army nurse Vietnam veterans : managing the demanding experience of war

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ORAL HISTORY REFLECTIONS OF ARMY NURSE VIETNAM VETERANS: MANAGING THE DEMANDING EXPERIENCE OF WAR

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ABSTRACT

ORAL HISTORY REFLECTIONS OF ARMY NURSE VIETNAM VETERANS: MANAGING THE DEMANDING EXPERIENCE OF WAR

by Constance Moore

This thesis describes the experiences of Army nurse Vietnam veterans. The grounded theory method was used for data analysis on a sampling of oral history transcriptions (n=7). The findings of the research are a theory that can be used to gain understanding and give direction to practice and research.

Data analysis revealed how Army nurse Vietnam veterans managed the demanding experience of war. Management of the war experiences was described as on-course if nurses reestablished normal patterns of living without any residual problems when they came home. Management was described as off-course if transition problems resulted when the nurse returned. Data indicates that some nurses have come to terms with their experiences and some still have not dealt with the issues. The findings suggest that mandatory psychological debriefing should be required of personnel who are assigned war duty since avoidance strategies are related to postwar problems.

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INTRODUCTION

> I really think that's what Vietnam did for me . . . when I was young, there is a little bit of "show me." I had to see for myself . . . . I would never go again and experience the sort of excitement of, "Well, what is this going to be like?" I know what it is going to be like (Excerpt from Nurse B's field notes, 6/8/91).

This quotation taken from an interview of an Army nurse veteran describes the sense of curiosity and satisfaction that she felt when reflecting upon her Vietnam War assignment. For another Army nurse veteran, however, the experience was not so satisfying or finished. She related, "I don't think that it was anything that I could forget. It's a common thread that's there [throughout my life]. It does not go away" (Excerpt from Nurse F's field notes, 6/23/91).

There seems to be a tremendous difference in how these nurses perceived their Vietnam experiences. One nurse described it as a challenging part of her past, while another stated that the war is still a part of her life. What led to the variations in their perceptions? Did one manage the experience differently than the other? The impetus for this study was to discover why there were differences in how Army nurses perceived and managed their experiences.

Background

Parsons and Williams (1987) state that nursing has its own history influenced by individuals and events, yet until the 1970s historical research in nursing received little serious attention. Military nursing history discusses Florence Nightingale or Clara Barton with few references to twentieth century military nurses and their unique area of practice (Kalisch & Kalisch, 1986). Military nurses, in general, and Army nurses who participated in the Vietnam War in particular, have an important story to tell about their experiences.

More than 5,000 Army nurses (Piemonte & Gurney, 1987, p. 57) participated in the Vietnam War, one of the most costly and divisive armed conflicts in the United States history (Karnow, 1983). When assigned to Vietnam, Army nurses left their hospitals and homes and deployed to a foreign country, where living and working conditions were primitive, unusual, and sometimes dangerous. Upon their return from Vietnam, it was expected that they would reinstate their normal patterns of personal living and professional working.

Autobiographical and biographical accounts written about Army nurses during this period recount nurses' personal reactions to the war and the aftermath when they returned home. Articles written during the war either discussed the challenge of Army nursing in Vietnam (Kirk, 1965), or presented detailed descriptions of the day-to-day activities of the nurses (Martin, 1967).

Other narrative accounts distracted or diverted the readers' focus from the war by discussing the humanitarian activities carried out by nurses towards Vietnamese children (Kinzey, 1970), or by talking about their return to the United States (Jones, 1971).

After returning from military service in Southeast Asia, Army Nurse Corps veterans such as Boulay (1989), Ortega (1983), Tuxen (1983), Van Devanter (1983), Tamerius (1988), White (1988), and Edwards (1988) reported their negative reactions to service in Vietnam and the difficulties that they had in reestablishing normal lives once they returned home. Other Army nurses perceived this tour of duty as a challenge, fraught with tremendous personal and professional responsibilities (Hartl, 1990; McVicker, 1987; Odom, 1986). Although biographical and autobiographical accounts discuss nurses' experiences during and after the war, none included the time prior to deployment as part of the experience.

While there was a wealth of information about nursing in Vietnam, it was difficult to generalize these findings to Army Nurse Corps Vietnam veterans, since these articles are descriptive accounts rather than research studies. Moreover, although the majority of nurses who served in Vietnam were female, 20% of the Army nurses who served in Vietnam were male (Hays, 1971, p. 160). To gain an understanding of the experience, more information about the male nurses is also needed.

Problem Area

A specific problem was explored in this study: How do Army nurses manage the problems they encountered in adapting to the war experience from the time they received their orders, through their tour in Vietnam, and upon their return to the United States? Since information about factors that specifically affected the Army nurses' experiences is lacking from contemporary literature or research studies, it is important to study their management process in order to correctly describe these events.

Purpose and Need

The purpose of this study was to describe the process by which Army Nurse Corps officers managed experiences they encountered in their Vietnam assignment. There is a need to find out what the Army nurses' process of management was in order to identify the conditions that they were managing, the strategies they used, and the outcomes they obtained from their management. If their management process was successful, it is significant that the strategies that brought successful outcomes be made available. This information could have a significant impact on nurses preparing for war. Likewise, if their management was not successful, it is important to identify those factors that led to their lack of success. By gaining and understanding of Army nurses' response to war, postwar programs can be developed to help them cope better with war assignments before, during, and after the event.

The findings of this research can have a significant impact on the military health care system. The results could underline the importance of adequate psychological and emotional support for noncombatants. The study could contribute to the practice of disaster relief nursing by suggesting that health care personnel are as vulnerable to unusual or abnormal working situations as the victims for whom they care. It is also hoped that this research contributes to the body of knowledge relative to nursing practice influenced by historic events. Knowledge of the past enables nurses to place contemporary nursing into the broader comparative context of time.

Definitions of Terms

For the purpose of this study the following definitions apply:

1. Deployment Phase is the time from an officer's receipt of orders until departure to Vietnam.

2. Conflict Phase is the period of time (usually one year in length) of an officer's Vietnam assignment.

3. Homecoming Phase is the time after a nurse returned home until readjustment is completed.

4. Conditions are the set of events or circumstances that modify or restrict the nature or existence of an experience (Strauss & Corbin, 1990).

5. Strategies are actions/interactions taken in response to an event or problem (Strauss & Corbin, 1990).

6. Consequences are "outcomes or results of actions and interactions" (Strauss & Corbin, 1990, p. 105).

7. Trajectory is a term used to describe course of events and management process taken by a nurse to handle the experience of going to war.

8. Post-Traumatic Stress Disorder, which occurs subsequent to exposure to catastrophic events, is characterized by symptoms of intrusive recollections of the events, flashbacks, numbing of emotional responsiveness, sleep disorders, and memory problems (Stretch, Vail, & Maloney, 1985).

Research Design

This study used a qualitative research design. The grounded theory method developed by Glaser and Strauss (1967) was utilized to do secondary analysis of interview data from the archives of the U.S. Army Military Institute, Carlisle Barracks, Pennsylvania. Seven oral histories, taken from a convenience sample of interviews done previously by a nurse researcher, were chosen as a data base for this study because they were interviewed by the same person at approximately the same time. Use of the documents was approved by the Human Subjects Review Committee of the Graduate Studies Office at San Jose State University and the Educational Services Division, U.S. Army Military Institute, Carlisle Barracks, Pennsylvania.

Grounded theory methodology, as described by Strauss and Corbin (1990), identifies concepts and organizes them in an explanatory theory. This method involves a constant comparative method of data analysis. Data analysis consists of three coding processes. These are (a) open coding, (b) axial coding, and (c) selective coding (Strauss & Corbin, 1990). Open coding consists of analyzing data line by line to discover concepts. In axial coding, concepts are grouped to form categories. In selective coding, categories are integrated to form a theoretical structure. The findings are presented as a theoretical framework rather than quantified and presented as tables.

Summary

Army nurses participated in the Vietnam War, one of the most costly and divisive armed conflicts in United States history. This study used a qualitative research design. Grounded theory methodology, as described by Strauss and Corbin (1990), provided the analytic techniques by which concepts were identified and organized to form an explanatory theoretical framework. The framework developed in this study explains how career Army nurses managed their wartime experiences. This research will contribute to the body of knowledge on nursing practice influenced by historic events as well as impact military doctrine related to war and the postwar health care for war participants.

Chapter 2

CONCEPTUAL FRAMEWORK AND REVIEW OF THE LITERATURE

The purpose of this chapter is to explain the conceptual framework and to review the literature pertinent to the study.

Conceptual Framework

Phenomenology is the study of human experience as it is lived. This philosophy defines reality as the experience existing in the consciousness of the individual (Omery, 1983). This researcher used the concept of "lived experience" from the phenomenological philosophy to understand the experiences of Army nurses.

Lived experience is the concept of life as perceived by the person who lives it. Merleau-Ponty (1962) explains:

> I am not a "living being" or even a "man" or even a "consciousness" with all the characteristics which zoology, social anatomy, or inductive psychology attributes to these products of nature or history. I am the absolute source. My existence does not come from my antecedents or my physical and social entourage, but rather goes toward them and sustains them (p. 60).

Lived experience is "mediated through the body experience of lived correspondence among objects" (Oiler, 1986, p. 84). Surviving, sensing, and

comprehending are nothing without the world that is survived, sensed, or comprehended. By focusing on lived experiences, a person's view of human experience is enlarged to "see" the complexity and diversity of the context in which it is lived. To describe the lived experience of Army nurses in Vietnam meant the researcher gained an understanding of the nurses' perspectives about social, political, personal, and professional contexts of their assignments. By exploring these perspectives, the researcher attempted to put together a theoretical framework that explains the events and actions that occurred in the lives of Army nurses assigned to Vietnam.

LeFrancois (1991) stated that every person's lived experience can be understood but not experienced by others (p. 141). This principle guided the selection of the grounded theory method used for data collection and data analysis. Grounded theory proposed that explanations of experiences are "grounded" in the data. Thus, the researcher can only interpret, not know, the experience of the Army nurse Vietnam veteran.

Related Literature

The related literature is divided into the following categories: (a) historical studies, and (b) nurse veterans with post-traumatic stress disorder.

Historical Studies

Spector (1984) cited more than 850 published references to the Vietnam War. Among the wealth of historical studies written about the Vietnam War,

there are the very few that deal specifically with Army nurses. Military women's history and oral history studies have provided the only significant documentation.

Neal (1973) discussed the military medical system interface with the combat operations in Vietnam, the specific diseases, and the types of injuries the Army medical team encountered. Information about nurses, including a discussion of the male nurse role, was limited to professional duties, and humanitarian efforts. Unfortunately, the book covers only 5 years, therefore it is not representative of the entire war experience. Moreover, source citations were not documented so it was difficult to validate or follow up on some areas of concern.

Norman (1990) wrote Women at War, a thorough and balanced narrative that discusses all aspects of the Vietnam female nursing experience. The book was an expansion of Dr. Norman's doctoral dissertation for which she interviewed 50 nurse veterans who served in Vietnam. The strength of this book lies in is its comparison of work environments and living conditions among the three branches of military nurses, Army, Navy, and Air Force.

Walker (1985), Marshall (1987), and Freeman and Rhoades (1987) published oral histories of nurses, enlisted service members, Red Cross volunteers, and other women who served in Vietnam. These first person narratives provide enormous insight into the day-to-day experiences of women

in Vietnam. Information provided by Army nurses included some detail about their personal background and deployment preparation, but generally focused on their experiences in Vietnam and after they returned home. Although these books provide data of the Army experience, there is no rigorous analysis and validation of the material.

In reviewing the historical publications, it is evident that there is very little historical research that examines the experiences of male and female Army nurses during the entire war period. In view of the overwhelming amount of historical writing about Vietnam, the dearth of documented information about nurses suggests a lack of knowledge of nurse historians about the military archives or their lack of interest in a relatively recent controversial period.

Nurse Veterans With Post-Traumatic Stress Disorder

Scientific research completed on Army nurses has focused chiefly around the psychological symptoms of post-traumatic stress disorder (PTSD). Army nurses Vietnam veterans participated in three published studies (Paul & O'Neil, 1986; Norman, 1988; Leon, Ben Porath, & Hjemboe, 1990) that examined their reactions to war. One unpublished study (Carney, 1985) and three other published studies (Stretch, Vail, & Maloney, 1985; Baker, Menard, & Johns, 1989; Richie, 1989) considered Army Nurse Corps Vietnam veterans exclusively. All are similar in exploring a variety of themes, issues, and experiences that occurred not only during, but also after the nurses' Vietnam tour.

Paul and O'Neil (1986) conducted the first published study of military nurses who served in Vietnam. Eighty percent of the participants were Army nurses. Although this study proposed to focus exclusively on female nurse veterans, 10% of the respondents were men. These researchers focused on the psychosocial environment of Vietnam. The study identified a number of stressors (such as the relatively young age of the nurses, the dangerous work environment, sexual harassment, and the severity of the casualties) that resulted in professional and personal problems. The findings were consistent with other studies regarding symptoms of PTSD of combat veterans. The study also noted that problems were more prevalent among those nurses who resigned their commissions. Paul and O'Neil proposed that "perhaps nurses who remained on active duty had a built in support system, while nurses who returned to civilian life often encountered hostility" (p. 526).

Norman (1988) studied the development of PTSD in nurses who served in Vietnam. Of the participants, 66% were female Army nurses. Her research identified symptoms consistent with other studies of combat veterans with PTSD. Moreover, she defined two variables that seemed to influence the level of PTSD experienced by the nurses: (a) the intensity of the wartime experience, and (b) supportive social network after the war. Norman stated "the nurses who had an intense experience in Vietnam, who saw more casualties and death, more personal loss and danger, have more memories to resolve"

(p. 241). The investigator correlated avoidant thoughts with intensity of experience. Positive social networking in Vietnam helped decrease the intensity of the experience.

Leon, et al. (1990) studied coping patterns and current functioning in a group of Vietnam and Vietnam era nurses. Participants were female veterans with no distinction made as to their military service. The study was not an epidemiological investigation of the psychiatric status of Vietnam veteran nurses, but an analysis of coping patterns. The researchers (1990) confirmed the importance of positive social support in reducing psychological dysfunction. This paper also verified the use of avoidance as a means of coping after returning from Vietnam.

Carney (1985) compared the current physical health status of Army nurse veterans and Army nurses assigned elsewhere in Southeast Asia. PTSD signs and symptoms affected both groups of nurses. She described nurses, who cared for fresh combat cases whether in Vietnam or Japan, as working in a "psychological combat zone." Carney found that the social psychology of the experience and not the place becomes an important factor. The findings were consistent with other studies regarding symptoms of PTSD of combat veterans and male veterans assigned to southeast Asia duty stations.

Similar to the previous study, Stretch, et al. (1985) explored the behavioral epidemiology of PTSD by comparing Army nurse Vietnam veterans

with Army nurses who served elsewhere during that period. Forty percent of the participants were men. Although there was no significant difference in PTSD between male and female nurses, the rate among those assigned to Vietnam was higher than those assigned elsewhere. Moreover, the highest levels of PTSD symptoms were found among Vietnam nurse veterans who experienced a lack of positive social support both in Vietnam and after returning to the United States.

Baker, et al. (1989) performed two studies on female military nurses that studied demographic, health, and psychosocial data. The first part studied Army nurse participants around three variables: (a) timing of the tour, (b) type of nursing duties performed, and (c) years of experience prior to the assignment. Timing of the tour and type of nursing duties performed had no particular effect on the nurses' response to war. Army nurses with less than two years' registered nurse experience prior to their assignment were at risk for homecoming problems, such as establishing personal relationships or coping with difficult situations. The research described positive professional experiences of nurses where they developed strong colleagial relationships. The second study compared a group of Army nurses with a group of Navy and Air Force nurses who were also assigned to Vietnam. There was no significant difference between the groups across all variables studied.

Richie (1989) authored the only qualitative study about Vietnam nurses. Colonel Richie interviewed 7 senior Army Nurse Corps officers and wrote a descriptive study organized around the dominant themes that she identified through her qualitative analysis. She discussed the Vietnam experience and homecoming with no mention of the deployment concerns of these nurses.

Little serious historical research dealing specifically with Army nurse Vietnam veterans has been done. The oral histories available promote a better understanding of the stresses experienced by female nurses during and after the war. However, the validity of these anecdotal papers has not been established, nor has this information been analyzed in a scholarly fashion.

There is scientific evidence that both combatant and noncombatant participants experienced similar psychological problems. These studies identified various factors that affected the experience and several coping strategies. All were similar in exploring a variety of themes, issues, and experiences that occurred not only during, but also after a nurse's Vietnam tour. Despite the large amount of scholarly literature on Vietnam nurse veterans, this researcher found no study that dealt specifically with Army nurses' experiences from the time they received their orders until they returned home.

Summary

Lived experiences, a concept from phenomenological philosophy, formed the conceptual framework of this study. The lived experience defines the

multi-dimensional nature of the nurses' perspectives and experiences. This principle guided the selection of the grounded theory method used for data analysis. The literature review showed that little serious historical research dealing specifically with Vietnam Army nurse veterans has been done. There is scientific evidence that both combatant and noncombatant participants experienced similar psychological problems. In reviewing the literature on the subject, it became clear that there is little information about all the phases of the Army nurse experience which might explain how nurses managed their response to war.

Chapter 3

METHODOLOGY

This chapter presents the methodology of the study. Included in the methodology is a description of the following: (a) the design, (b) the sampling, (c) human subjects approval, (d) the data collection, and (e) the analysis procedures.

Design

A qualitative research design was used for this study. Grounded theory methodology, as described by Strauss and Corbin (1990), provided the analytic techniques by which concepts were identified and organized in an explanatory theory. The findings were presented as a theoretical framework rather than in quantifiable tables.

Grounded Theory Methodology

Grounded theory methodology is a qualitative analysis approach developed by sociologists Barney Glaser and Anselem Strauss (1967). Two streams of thought defined the grounded theory method: (a) the American Pragmatism group provided its focus on action and problematic situation, and (b) the Chicago Sociological school furnished its extensive use of field notes, and interview techniques (Strauss, 1987). This interactional approach attempts to understand the phenomenon from the perspective of the person who lives

the experience and describes that experience in terms actions/interactions, and consequences.

"A grounded theory is one that is inductively derived from the study of the phenomenon it represents" (Strauss & Corbin, 1990, p. 23). This method involves comparative analysis, which is the sequential formulation, testing, and redevelopment of concepts until a theory is generated that is integrated and consistent with the data (Simms, 1981). Data analysis does not validate a preexisting theory, but generates a theoretical interpretation of data "grounded" in reality.

Secondary Analysis Research

Secondary analysis is the study of a problem through analysis of the data that were originally collected for another study (Woods & Catanzaro, 1988, p. 334). This study uses interview transcriptions from a 1987 study by Colonel Sharon Richie, who conducted a descriptive study about the Army nurses in Vietnam. This investigation differed from Colonel Ritchie's in that it used a different method of analysis, and broadened the focus of the data reviewed to include issues pertaining to deployment.

Sampling

The sample consisted of 7 interviews from a 1987 study done by Colonel Sharon Richie, in which senior Army nurse officers discussed their experiences during the Vietnam War. Colonel Ritche used a 22 item survey tool that had

open-ended questions (Appendix A) to obtain the data. Colonel Richie donated the transcribed oral histories from her study to the archives at the U.S. Army Military Institute, Carlisle Barracks, Pennsylvania. Career Army nurse Vietnam veterans are an excellent population to study because members of this military service comprised the largest contingent of nurses to serve in Vietnam. Moreover, nurses, who remained on active federal service after their initial period of service, share a similarity of post-Vietnam background, both in terms of their goals and professional aspirations, that impact their perceptions of personal and professional aspects of war.

Human Subjects Approval

This study conceptualized the experiences of Army nurses during the Vietnam War using 7 oral histories from the archives of U.S. Army Military Institute, Carlisle Barracks, Pennsylvania. The authorized agreement for the use of these documents required that the names be deleted (Appendix B). For purposes of identification in this study, the individuals are referred to as Nurses A through G in the memos, computer reports, and the text of the thesis. The study proposal was approved by the Human Subjects Review Committee of the Graduate Studies Office at San Jose State University (Appendix C). All transcribed papers, computer reports, and memos were kept in a secure place by the researcher. Only the researcher and her advisory committee had access to the documents.

Analysis Procedures

Data analysis uses diagrams and memoing to keep track of and to link up theoretical ideas (Strauss, 1987). Diagrams provide a visual representation of the relationship identified among the concepts. Memos are various types of records of analysis related to the formation of theory. "Memos and diagrams vary in content and length by research phase, intent, and type of coding" (Strauss & Corbin, 1990, p. 199). Data analysis consists of three coding processes. These are (a) open coding, (b) axial coding, and (c) selective coding (Strauss & Corbin, 1990).

Open Coding

Open coding conists of analysis performed line by line to determine all the nuances and categories. The intent of the categorization is to organize "raw data" into a crude framework. As data are compared for similarities and differences, they are clustered to form categories of information (Powers & Knapp, 1990, p. 62).

During this phase, similarities and differences are determined by asking questions of the data. These included: What is the Vietnam War to this nurse? How did the nurse prepare? What was the Vietnam tour like for the nurse? How did the nurse adjust after the individual returned home? Many provisional categories were uncovered from these initial questions.

Categories are developed by defining their properties or various characteristics and the dimensions of the properties along a continuum. Properties and dimensions are "important to recognize and systematically develop because they form the basis for making relationships between categories and subcategories" (Strauss & Corbin, 1990, pp. 69-70). The following is an example of a memo written during open coding which discusses the initial exploration of the property variability:

> There seems to be a difference between Nurses A's and B's experiences. On one hand, both Nurses A and B had no previous nursing experience before their tour in Vietnam, and they both were assigned to work in highly stressful areas of the operating room and the emergency room. On the other hand, Nurse A is a male, who was assigned to Vietnam in 1968 during the Tet Offensive. Nurse B is a female, who went to Vietnam in 1965 before the Tet Offensive. Since Nurse A had difficulty readjusting when he returned to the United States, and Nurse B did not, could the timing of the tour of duty and gender of the participants cause the difference in the experience? (Excerpt from fieldnotes, 6/30/91).

Open coding defined the beginning and end points of the experience, as well as identified that the experience had three distinct phases. It was evident that the consequences of each phase were carried over to the subsequent

phases. Open coding also identified that the timing of the nurse's assignment and the gender of the nurse affected the overall perspective of the trajectory of the experience.

Axial Coding

Axial coding consists of a set of procedures whereby data are put back together in new ways by making connections between the categories and their subcategories. A coding paradigm is used to establish each category in terms of its properties and context in which the phenomenon occurred, the action/ interactional strategies used to deal with the phenomenon depicted by the category, and the consequences of the strategies (Strauss & Corbin, 1990). An example of a memo created during axial coding is:

> The conditions of the war experience were managed by strategies called avoiding, believing, talking, and handling. The consequences of these strategies were that the nurses healed or did not heal from the experience (Excerpt from field notes, 8/16/91).

Selective Coding

Selective coding consists of selecting the core category, systematically relating it to other categories, validating the relationships, and completing categories that need further development (Strauss & Corbin, 1990). To achieve relational clarity, a story line is devised about the central category. An example of a memo that was written during selective coding is as follows:

> The main story seems to be how Army nurses managed the demanding Vietnam experience over the course of the war trajectory through the phases of deployment, Vietnam experience, and homecoming adjustment. Each war experience can be said to be on-course if the experience did not result in a difficult transition period when a nurse came home. An off-course experience resulted in difficult transitions when a nurse returned. The off-course experience often required a healing period when a nurse returned stateside. Actions used to cope with the war did not always help the nurse to heal. As a result, some nurses have managed to come to terms with their experiences, while others have not yet dealt with the issues (Excerpts from fieldnotes, 8/13/91).

The results of the coding process are presented in the next chapter.

Summary

This qualitative explorative research used the Grounded Theory Method to develop a theory to explain the Army nurse experience in Vietnam. The data for this research was obtained from the archives of U.S. Army Military Institute, Carlisle Barracks, Pennsylvania. The informants were Army nurses who served in Vietnam. The grounded theory procedures used in the study included: (a) open coding, (b) axial coding, and (c) selective coding. Open coding consists of analyzing data line by line to discover concepts. In axial coding, concepts

are grouped to form categories. In selective coding, categories are integrated to form a theoretical structure. The findings are presented as a theoretical framework rather than in quantifiable tables. The next chapter describes the theory that resulted from the data analysis described in this chapter.

Chapter 4

FINDINGS AND INTERPRETATIONS

The purpose of this chapter is to present the research findings. The findings are a theory that can be used to gain understanding, and give direction to practice and research. This chapter is organized as follows: (a) historical background, (b) major concepts of the theory, and (c) discussion of the theory. The historical background presents the historical context in which the nurses lived. This section will show where they were, what was going on at the time, and therefore, what was confronting their lives. The next part of the chapter will define the major concepts of the theory, or the organizing analytic themes of the theory. The last section presents an in-depth discussion of the theory, including words of the participants to illustrate and validate the concepts and to show the process they underwent.

Historical Background

More than any other armed conflict involving the United States, the war in Vietnam was a war of firsts: (a) the first war waged without the consent of Congress, (b) the first war fought on television, (c) the first war waged for a period greater than 5 years, and (d) the first war lost by the United States. To understand how Army nurses experienced the war in Vietnam, it is important to place the armed conflict into a historical perspective. This section will discuss

the political and social forces of the American culture than influenced the war and created different stages of the war.

Political and Social Factors

Most Americans, canvassed in the spring of 1965, overwhelmingly supported President Johnson's decision to commit United States troops ground troops to battle. After the war was over, however, Karnow (1983) stated that "Americans overwhelmingly repudiated the intervention as having been a blunder" (p. 15). The reason for the change of perspective is partially attributed to the following political and social factors: (a) belief in the Domino Theory, (b) ambiguous goals of the American government, and (c) the anti-war, the feminist, and civil rights movements.

The war in Vietnam finds its seeds in the political concerns of the United States government about the spread of Communism during the Cold War era of the 1950's. When the colonial rule of the French was overthrown by the Vietnamese nationalists in 1954, the country was divided into two parts with a democratic government in the South and a Communist government in the North. The Communist government under Ho Chi Minh vowed to unite the country under one government and began various military and political measures to topple the democratic South Vietnamese government.

The Domino Theory, the prevailing political philosophy of the Eisenhower administration, proposed that Communism would overrun all of Southeast Asia

if South Vietnam would fall (Karnow, 1983). Foreign policy analysts felt the governments of Cambodia, Laos, Thailand, Malaysia, Singapore, Indonesia, and the Philippines were vulnerable to Communist aggression. If Southeast Asia turned Communist, United States' interests would be threatened. Supporting the democratic government of South Vietnam was viewed as a way of containing the Communists' aggression.

The political philosophy of the Domino Theory was the motivating factor for the increasing involvement of the United States military in the internal affairs of South Vietnam. This philosophy was never fully articulated or accepted by the American public. Gabel (1989) states that "the American government tried to fight a land war in Asia while practicing business as usual at home . . . . There was no national mobilization for war, no emergency economic controls, and no significant tax increase. The nation was not committed to this war."

The American government also chose to fight only within the borders of South Vietnam rather than take offensive operations directed at the communists beyond those borders, until much later in the war. By limiting the military scope of action early in the war, the government lost the opportunity to mobilize the superior assets necessary to win the war. The American public grew to dislike heartily an undeclared, protracted war to which they were not committed.

Since there was confusion about the war's purpose, increased draft calls were not received favorably on college campuses. Protests against the draft

began early during the war on the college campuses and spread to all strata of the American society. The protesters' influence, ignored at first by the White House, eventually became a major force in shaping American foreign policy. Antiwar protesters claim that their efforts led to Johnson's refusal to run in 1968 and Nixon's policy of troop withdrawal in the 1970s.

Like the antiwar protesters, feminist and civil rights activists sought to change something in society. These movements viewed women and minorities as oppressed and agreed that their positions were a direct result of pervasive sexism or racism. Their role will be explained below.

Social changes can be cited which paralleled or resulted from these movements. For women, the 1960's saw a greater number of females working outside of the home, an increasing divorce rate, and declining birth rate. Women were not necessarily rejecting their domestic roles as wives and mothers, but were more inclined to make choices about their lives because they worked. Civil rights activists were heartened by the Civil Rights Bill of 1965, but were discouraged by the assassination of prominent leaders such as Martin Luther King and the Watts riots of 1968.

The political and social factors of the American society suggest a society where traditional roles, norms, class, and racial attitudes were questioned. The anti-Communism ideology, out of touch with goals and the needs of the American people, did not persuade the American society to support the longest

armed conflict in the United States history. The undermining of the war effort began on college campuses, and became a grassroots agenda of mainstream America. In effect, the real domino to fall was the American public opinion (Karnow, 1983, p. 20).

Stages of the Vietnam War

American military involvement in Vietnam began slowly during the Eisenhower and the Kennedy administrations, and escalated rapidly after the Gulf of Tonkin incident in late 1964, during the Johnson years. In the Nixon administration, troop levels peaked in 1969, and gradually demobilized until all troops were withdrawn, in 1973.

Between 1955 and 1964, all military personnel in Vietnam were officially assigned to Vietnam in an advisory and support capacity. No American troops were allowed to initiate fire until after the Gulf of Tonkin Resolution in 1964. The early part of the war was characterized by guerrilla warfare, few offensive actions, and mounting antiwar sentiments in the United States.

By early 1968, the Tet Offensive showed the tenacity of the opposing forces, when a massive Viet Cong attack on American and South Vietnamese targets was mounted. Beginning in 1969, due to the increasing dissatisfaction of the American public with the length of the war, Nixon announced the withdrawal of American ground troops. By March, 1973, the last of the

American ground troops were removed after the Paris Peace Treaty was signed (Gabel, 1989).

The stages of the Vietnam war affected the Army nurse experience (Norman, 1985; & Stretch, et al., 1985). Those nurses who participated during the early part of the war experienced a military medical system expanding to support the increased military action. Initially, medical care was provided under primitive conditions. One nurse described it as "health care in a suitcase" (Freeman & Rhoads, 1987). Hospitals could be tents, Quonset huts, requisitioned schools, or private mansions. Gradually hospitals were built as permanent buildings on base camps. Usually the operating rooms, central supply area, and intensive care units were air conditioned for both sanitation purposes and the proper functioning of sensitive equipment.

The Tet Offensive was described as the most intensive experience of the war because of the high rate of battle and psychiatric casualties (Stretch, et al., 1985). As troup withdrawal began in 1969, Army nurses saw (a) the decline of morale, (b) the increase of substance abuse, (c) the closure of medical units, and (d) the cutback of funding. Statistics show, in 1971, three times as many military personnel were hospitalized for drug related problems as for combat injuries (Gabel, 1989). In March, 1973, the last Army nurses to be assigned in Vietnam closed down the Third Field Hospital in Saigon and returned to the United States.

The Vietnam War occurred during a time of significant social change in the United States. Initially, the American public supported the war. However, because of the political ambiguities of this protracted war, and the raised consciousness of various parts of society, support for the war eroded. The military involvement escalated in the early part of the war and was gradually phased out toward the end of the war. The stages of the war tremendously affected the experiences of the Army nurses who participated in it.

Major Concepts of the Theory

The theory of this research is developed as a framework composed of major concepts or categories. These categories, which emerged from analysis of the oral history data, are substantial analytic themes that have been developed in terms of specific properties and relationships.

The central organizing category of the theory is *termed "managing the demanding experience of war."* The experience is defined as demanding for many reasons. The tumultuous historic context of the war created a turbulent social milieu in which the nurses lived. Support of the military and the war was eroded by the political ambiguities of the protracted war and by the social climate, where factions questioned societal norms and standards. The experience also was considered demanding because Army nurses, as military personnel, had to respond to an indifferent social context.

Not only were the pressures of the social context demanding, but the energy required for the nurses to manage their lives made the experience difficult. Preparing for the Vietnam assignment meant a constant state of flux as nurses shifted personal lives into the background and assumed the role of combat nurses. In Vietnam, whether nurses participated during periods of relative stability or heavy fighting, the experience was tremendously draining and arduous. Returning home, these veterans were confronted with the formidable task of reestablishing their lives, as well as moving on to new assignments.

The experience is also considered to be a demanding one because it exhibited the following properties: (a) the experience or course went on over time, (b) it varied in intensity, and (c) it showed variability of management by different nurses and different times (see Table 1).

Army nurses managed the demanding experience of war over time--the duration from the months and years from the receipt of orders until they had reestablished a normal life in the United States. The experiential course over time or trajectory is broken down into three distinct phases because of the movement of Army nurses from the United States to Vietnam and back to the United States in specific time increments. The phases are termed: (a) Deployment, (b) Conflict, and (c) Homecoming.

Table 1

Properties of the Theory

Managing the problem of going to war	---	Demanding Experience (Central Phenomenon)	=	Properties: Trajectory Deployment Phase (Pre-Vietnam period) Conflict Phase (Vietnam period) Homecoming Phase (Post-Vietnam period) Degree of Intensity (How demanding) Variability (Effected by how demanding & time frames of phases) On-Course Off-Course

Each phase represents a context or set of situations in which the Army nurses found themselves. Each phase has its own set of influencing conditions, such as deployment preparation, location of assignment, or commitment to the military that determine the problems that must be worked out by nurses in order for them to move on successfully to the next phase.

The intensity is defined as the degree of difficulty of managing the demanding experience of war. The more intense the experience, the more demanding it was to manage. The intensity depended upon the influencing conditions such as nursing experience, and timing of the assignment, as well as the coping strategies Army nurses used to deal with problems of the experience.

Since some experiences were more demanding than others, Army nurses' experiences could vary in intensity. The demands of the experience also varied because of the limited duration of the Deployment and Conflict Phases. Sometimes issues and concerns could not be dealt with completely before the next phase began. When this occurred, unresolved issues were carried over into the next phase.

Two basic variations in the results of management of the experience were identified: (a) on-course contexts, and (b) off-course contexts. Each war experience was on-course if the nurse reestablished normal patterns of living

without any problems when the nurse came home. In the off-course experiences, there were many transition problems when a nurse returned.

Other concepts that help to create the framework of the theory are shown in Table 2. These include the following: (a) influencing conditions, (b) managing strategies, and (c) management outcomes. Influencing conditions are the circumstances that create the problems that must be managed. Some phase specific conditions varied also according to the time they occurred while other general conditions affected the entire experience. Managing strategies are the actions taken by a person in response to a phenomenon. Managing strategies include the following: (a) avoiding, (b) believing, (c) handling, and (d) talking. Management outcomes are the consequences or results of actions and interactions. The management outcomes varied according to the management strategies that were used to handle the experience. The next part of the chapter will describe the theory in greater detail according to its major concepts. Words of the participants are used to illustrate and validate the concepts and the process that evolved.

Deployment Phase

More than 5,000 Army nurses were deployed to Vietnam from 1962 until 1972 (Piedmonte & Gurney, 1987, p. 57). During this time, Army nurses' personal lives and professional work were similar to their civilian counterparts in that they worked professionally in hospitals and lived with their families.

Table 2

Major Concepts of the Theory

Influencing Conditions	+	Managing Strategies	=	Management Outcomes
Time Specific Deployment Phase Volunteerism Nursing Experience Preparation for Deployment Conflict Phase Nursing Specialty Moral Conflict Leadership Homecoming Phase Military Commitment General Time of Assignment Gender		Avoiding, believing, handling, & talking		(Trajectory Consequences, Degree Intensity, & On-Course or Off-Course Experience)

However, when assigned to Vietnam, Army nurses left their hospitals and homes and deployed to a foreign country.

Army nurses were first confronted with the problems of going to war when they received their orders. This part of the experience where the Army nurse dealt with the personal and professional concerns before leaving for Vietnam is called Deployment Phase. With effective management, nurses' experiences could be considered on-course if the issues of this phase were resolved before deploying. If the problems were not effectively managed, the nurse's experience was considered off-course.

Influencing Conditions

The specific conditions effecting the experience and management of this phase were (a) volunteerism, (b) nursing experience, and (c) preparation for deployment. The general conditions (time of assignment and gender) also impacted the demanding experience.

Volunteerism

Volunteerism was the condition whereby an Army nurse actively requested an assignment in Vietnam. Entry into the service for the female majority of the Army Nurse Corps was voluntary. Although some that received orders for Vietnam preferred to remain stateside, others had specifically sought a commission in order to serve in Vietnam. It was found that nurses who

volunteered were more emotionally invested than those who preferred not to go. One participant remembered:

> I had come in on a guaranteed assignment to Vietnam, so I don't know that I had any remarkable reaction, except excitement that I was finally going to be going where I asked to go, and a little bit of wondering what was going to happen when I actually got there (Excerpts from fieldnotes for Nurse C, 6/9/91).

Previous Nursing Practice

Nursing experience was the amount of clinical nursing experience the Army nurse had prior to the Vietnam assignment. The clinical background varied from a few months to 15 years among the nurses interviewed for this study. It was found that those nurses who had previous experience adapted more readily to their roles than did the novice nurses who were sent. Nurse F remembered:

> The first time that a load of GIs would come in and the fact that helicopters would land all the time outside the ER situation--they would call us all in, they would go running there and I can remember looking down--there were just all these guys--limbs missing, heads missing, everything was missing--there were people lying all over the floor and blood flowing swirling all over the floor--I remember looking down at my boots--there was blood all over my boots. I'd just walked in the room

> and there was blood all over the floor. The next thing that I knew I had fainted, I just passed out, dead away. So they sent me back to the wards, for a while. That was my biggest thing at 20 years old. It was too overpowering for me to know. I was paralyzed--what was I supposed to do for these guys (Excerpts from fieldnotes, 6/23/91).

Preparation for Deployment

Deployment preparation was the condition which encompassed the personal work (i.e., wills, storing belongings, packing correct uniforms, equipment, and personal items, securing powers of attorneys, farewells with loved ones), and professional work (reviewing military doctrine about nursing responsibilities during time of war) to be accomplished before embarking upon a war zone assignment.

Preparation for deployment related to the maturity and the professional background of the individual. Novice nurses generally described themselves as too ignorant or time limited to prepare professionally for their combat nursing role. Nurse B recalled, "I was probably too naive to prepare myself professionally . . . being 23 years old . . . . I felt that I knew everything there was, so I didn't think about preparing myself professionally. I had [only] 72 hours to depart Fort Hood" (Excerpts from fieldnotes, 6/8/91). Without time to prepare properly, or the motivation to prepare sufficiently, nurses deployed with unfinished business.

Timing of the Assignment

The timing of the assignment, or when the nurse received orders during the war, differed greatly between the first to the second half of the war. During the first part of the war (1962-1967), participants talked about the fast pace, the secret orders with unspecified destinations. Nurse B remembered:

> Actually, I was not on orders for Vietnam. I was on orders to go to El Paso, Texas, to form up with the 85th Evac [Evacuation Hospital]. In fact, I technically did not know that Vietnam was my destination until after we were out in international waters (Excerpts from fieldnotes, 6/8/91).

Those nurses deploying during the last part of the war (1968-1973) had a serious concern for safety. Nurse E who served during the Tet Offensive stated:

> Since I came from a family with a large number of brothers and nephews who were of draft age too, and a nephew who also served over there . . . . They just felt it was probably a good experience but very dangerous. It is a risk that you take (Excerpts from fieldnotes, 6/16/91).

Gender

Gender was the condition that described how a nurse's gender impacted his/her experience and management of this phase. Although the majority of Army nurses were female, male nurses comprised approximately 20% of the Army Nurse Corps' strength. Male nurses responded to the orders in ways

similar to their female counterparts. Their participation, however, was not necessarily voluntary. Nurse A recalled when he received orders, "We expected that . . . . Everybody that I knew was going. My brother was there too" (Excerpts from fieldnotes, 5/2/91).

Managing Strategies

Avoiding, believing, managing, and talking were strategies used by Army nurses to manage problems due to these conditions. During the Deployment Phase, the actions were the ways the nurses supervised the demanding experience to achieve closure before leaving for Vietnam.

Avoiding

Avoiding occurred when a nurse did not deal with stress at the time it occurred, so the feelings were "stuffed" in that individual's psyche. Avoidance actions distracted the nurse's attention from the preparatory work of the phase by focusing on the novelty of the experience. Nurse F explained:

> No one knows what it is like to go off to any kind of war and I didn't either really. I had only been on a jet airplane one time in my life so that was a whole new experience. It was so much of a thrill that I took pictures out of the airplane of the different clouds. That just goes to show you my lack of worldly experience (Excerpts from fieldnotes, 6/23/91).

Believing

Believing occurred when the individual relied on oneself, spiritual beliefs, or standards of military conduct and nursing to prescribe his or her response to the war experience. Older nurses in this study were self-confident and dealt with deployment with assurance. Nurse C reflected, "I was much older than most of the nurses in my group that went to Vietnam . . . . I don't know if there were any big surprises, just some expectations that were underlined" (Excerpts from fieldnotes, 6/9/91). Some nurses were strengthened by religion. Nurse B acknowledged that, "I had a deep faith in God . . . . I have no doubt that my deep faith in God helped me to survive" (Excerpts from fieldnotes, 6/8/91).

Managing

Managing occurred when nurses supervised all aspects of their experiences. As a systems manager, the nurse ensured equipment and supplies were packed before the unit departed from the United States. Nurse A remembered, "I checked our supplies and did all those kinds of things" (Excerpts from fieldnotes, 5/27/91). Participants also supervised their personal affairs for their families. Nurse D recalled:

> I had bought a house for my mother and her foster son to live with me in Pasadena . . . . I had thought that they would live there while I was gone . . . . It was a matter of getting power of attorney for my mother for the house and for the car (Excerpts from fieldnotes, 6//9/91).

Talking

Talking occurred when the nurse verbalized responses to conditions. Communication was socially, professionally, or therapeutically focused. Deployment Phase preparation included communication with Vietnam veterans for one nurse, "My personal preparation had to do with talking to people who had some experience . . . and getting to know the people who were going with me" (Excerpts from fieldnotes for Nurse C, 6/9/91).

Management Outcomes

The outcome of managing the Deployment Phase is called closure. During the Deployment Phase, Army nurses were forced to sever normal living and working circumstances in order to take on professional roles of combat nurses within prescribed time frames. When Army nurses received orders, their normal patterns of living and working were disrupted. A high degree of motivation was required for nurses to prepare physically and emotionally for the move. Although the military provided these nurses with "lists of items to ship," an incredible amount of energy was required to prepare properly for the assignment.

The outcome of this experiential trajectory during deployment can be described as on-course when Army nurses were (a) motivated to go, (b) emotionally mature, (c) clinically experienced, and (d) prepared personally

and professionally. Thus, they were able to make closure and complete the work to move on to the next phase. Nurse E explained:

> My major consideration was to make sure that I was clinically proficient. My personal preparation had to do with talking to people who had some experience; trying to hone down the list of possessions that we were supposed to bring so they would fit into a duffel bag and a small trunk (Excerpts from fieldnotes, 6/16/91).

The outcome of this experiential trajectory during deployment can be described as off-course when Army nurses were (a) not motivated to go, (b) emotionally immature, (c) clinically inexperienced, and (d) not personally or professionally prepared. Thus, they were unable to make closure or complete the work to move on to the next phase. Nurse A explained why he did not prepare for his experience, "When you are 20 years old, you didn't think about it at all. I guess I thought about it, but I didn't think about it in great detail" (Excerpts from fieldnotes, 6/16/91). Nurse B described receiving 48 hour's notice before leaving Vietnam and not knowing where she was going until she was out of the country. Nurse F described her parents' fear for her safety as an issue she was unable to resolve, "They had been reluctant for me to come into the Army in the first place. I was an only child. It really involved . . . what do I tell them. [They did] not accept it at all" (Excerpts from

fieldnotes, 6/23/91). When the experiential trajectory was off-course, the Army nurses carried over these unresolved issues into the next phases.

Conflict Phase

The Conflict Phase is the term used for the second phase of the demanding experience of going to war. It denotes the time period when nurses were actually assigned to Vietnam. When Army nurses deployed to Vietnam, they were moved from a stable environment to an unstable situation. Nurse A described how one day he "went downtown, wearing civilian clothes" and the next day the "Tet Offensive of 1968 hit" and he worked "40 hours without stopping" (Excerpts from fieldnotes, 5/27/91). In the absence of hostilities, the Army nurse was relaxed and comfortable; when armed conflict was initiated, he had to respond to the adrenaline pumping situation of caring for wounded patients. War was an unstable environment where the intensity of the professional environment varied according to the fluctuations in the armed conflict.

With effective management of this phase, nurses' experiences would be considered on-course if the issues of this phase were resolved before returning to the United States. If the problems were not resolved, the nurses' experiences were off-course and the veterans carried over these unresolved issues.

Influencing Conditions

The specific conditions effecting the experience and management of this phase were (a) closure of the deployment phase, (b) nursing specialty, (c) moral conflict, and (d) leadership. The general conditions (time of assignment and gender) also impacted the demanding experience.

Closure of the Deployment Phase

The outcome of the Deployment Phase greatly affected the initial response of the nurse to Vietnam. If a participant was an experienced nurse who prepared properly, volunteered for the assignment, and completed the work of this phase, then the initial transition was easier from the United States to Vietnam. If the nurse lacked maturity or lacked the nursing experience to complete preparation, or had unfinished personal affairs with family, the initial adjustment was more difficult. Interestingly, nurse A related that despite the preparation, "It took a lot to get used to . . . . [because] Nobody really had been through that kind of an experience before" (Excerpts from fieldnotes, 5/27/91).

Nursing Specialty

Nursing specialty was the assigned work position of the nurse in Vietnam. If a nurse was assigned to the emergency room, intensive care, or operating room, the individual's professional responsibilities were incredible

especially during Massive Casualties or MASS CAL'S, the admission of large numbers of emergency cases. Nurse A recalled:

> We worked continuously for, I don't know. I think it was . . . 40 hours we actually stayed up and worked . . . . They wouldn't let us out of the OR. They'd bring food into the OR for us to eat. We just worked until we were dead exhausted or we ran out of supplies (Excerpts from fieldnotes, 5/27/91).

Nurse F described the general floor duty as typical nursing care that was not as intense or difficult as operating room or triage:

> All of the beds in the hospital were divided up among the three of us . . . one lieutenant in charge of all of the malaria wards and the other lieutenant in charge of the surgical type ward. There were also three wards there that held hepatitis patients (Excerpts from fieldnotes, 6/23/91).

Moral Conflict

Moral conflict, which was the clash of values over the ambiguities of patient care in a war time, includes the following: (a) triage reversing the normal order of care (least wounded cared before the most severely injured), (b) caring for prisoner patients, and (c) quality of life issues (aggressive life saving measures for young men who would be permanently disabled).

Some clinical realities in Vietnam were difficult or unpleasant for nurses. Triage reverses the normal order of care with the least wounded cared before the most severely injured. Dying patients, who were classified as "expectant," did not receive surgical care. For nurses, trained to save all lives, this was difficult to accept. Nurse A talked about caring for expectant patients:

> To see somebody that could have been my brother, not much younger than I . . . [I] knew [he was] going to die . . . . It took a lot to get adjusted to . . . [but] people had to be taken care of in a prudent use of resources (Excerpts from fieldnotes, 5/27/91).

Watching young men die was listed by the majority of the nurses in this study as the most difficult experience of their Vietnam assignment. Throughout all the oral histories, nurses stated that these soldiers were not allowed to die alone whether a nurse, corpsman, or chaplain stayed with the patient.

Moral conflict also meant a clash of values over the ambiguities of patient care in a war time. Army nurses, who volunteered for hardship tours in Vietnam to care for American soldiers, chafed at the idea of caring for "enemy" patients, prisoners of war (POW). Nurse D described a situation where several POW patients were brought into the Emergency Room after the medical team had cared for two American soldiers who had their eyes gouged out:

> The Viet Cong came up on them and gouged their eyes out with bamboo sticks. The screams of these young men . . . seemed to

> penetrate the whole base . . . . I found myself having to watch the troops, the doctors, and myself, when the Vietnamese [patients] came in so that we wouldn't do things we would be sorry for later (Excerpts from fieldnotes, 6/9/91).

Using aggressive lifesaving measures for young men who will be permanently disabled caused this participant to question the quality of life for the survivors. Nurse E stated:

> I'll never forget one man that came in. There was no way anyone could reconstruct this individual whose whole face was blown off. There was no way to reconstruct a monstrosity like that. He was so near death and the people did not put all of their efforts into saving this totally mangled man. The only thing that was working good was his heart. That was really trying on a lot of people (Excerpts from fieldnotes, 6/16/91).

Leadership

Leaders radically influenced the experience of an Army nurse in Vietnam. The quality of management provided by senior nursing officers to guide Army nurses in Vietnam was cited by Nurse C:

> I guess probably the most demanding thing had to do with the relationships with the younger nurses--trying to support them; trying to keep them out of mischief; trying to help them get to where they wanted to go; and probably also in intervening between them and the

administrative staff, because there were times when that was needed (Excerpts from fieldnotes, 6/9/91).

Some nurses, however, did not find all their supervisors to be supportive. Nurse D commented, "One of the reserve Captains outranked me so he was head nurse in the operating room. There was a wall between those of us who were not in the reserve unit and those who were . . . The doctors would come to me . . . it became a really touchy situation" (Excerpts from fieldnotes, 6/9/91).

Timing of the Assignment

Time of assignment affected the experience of the Army nurses in Vietnam. The intensity of the fighting determined the amount of ill and injured soldiers who needed care. Nurses assigned early and late in the war saw smaller, and less acute patient loads, while nurses assigned from 1966-1969 cared for more severely wounded and injured soldiers. Nurse F related that the timing of the assignment made Vietnam "like a difference place, depending upon who you talk to, and what year they were there, or what place they were. It's as if they were not at the same place" (Excerpts from fieldnotes, 6/23/91).

Nurse D discussed the difference between her first tour (1964) and her second tour (1967) in terms of her own safety:

In the first tour, I was used to going to the orphanages and hospitals and helping in my spare time. I found in going back, that although we were

said to be winning the war, our mobility outside of post was severely limited . . . . I felt a lack of security or safety that I had not felt on the first tour (Excerpts from fieldnotes, 6/9/91).

Gender

Gender was the condition that described how a nurse's gender impacted his/her response to the war experience. Vietnam was the first war where male nurses participated as Army Nurse Corps officers. Since only male nurses could be assigned to combat units, the scope of combat nursing practice was expanded beyond the traditional tent bedside. For example, Nurse A, a male nurse, was assigned to a combat unit that provided emergency support in mobile units far forward of established hospitals.

Of the approximately 2.15 million service personnel who served during the war, only 4,000 were female Army nurses. Female nurses were either ignored or seen as sex objects because of their gender. Nurse C described how:

When I got off the plane I was greeted by two American males in civilian clothes who escorted me down the steps and into the airport. We went through a couple of offices and out to the waiting area where we got an orientation on how to be good on R&R (Rest and Recuperation). I never did figure that one out. Later on someone said it might have been because at that time all the troops coming into Australia were being

> searched. And that was somebody's gesture to assist the lone female to make sure that she was not searched (Excerpts from fieldnotes, 6/9/91).

Several problems that the female nurses encountered resulted from the vast numbers of males versus the very few numbers of females. Services and supplies were geared to the Army's male majority--meaning few female toilets, uniforms that fit a man's frame, and post exchanges that stocked razors, but not feminine napkins. Many female nurses felt that their privacy was invaded because there were so few American women. Nurse B remembered:

> I think the one thing that bothered me, and after a while became almost overwhelming, was the attention you got . . . . Another girl and I were sitting outside of our tent and these two young enlisted Marines came along. They were driving a jeep and one jumped out and came over and he kept saying to us, "Hi, American women, you are the most beautiful things I have ever seen!" . . . . We sat there and talked to him for about a half hour and it was nice to see that we made his day. And we enjoyed it, too (Excerpts from fieldnotes, 6/8/91).

One nurse accepted this as a part of an overwhelmingly male environment:

> In the beginning they were not set up to accept females. They would book you on an R&R (Rest and Recuperation) flight. I took a Hong Kong R&R and I went with a whole bunch of males. Then you had to sit through these health classes on venereal diseases and what not and

> they don't segregate you out as a female. They are dealing with just one total Army (Excerpts from fieldnotes from Nurse E, 6/16/91).

Female nurses also spoke of misconduct and sexual harassment. Nurse E spoke of a friend of hers who resigned her commission after the war because of her feelings of sexual intimidation:

> She was an attractive blonde . . . . She came in and the commander eyed her up right away. She was not willing to do those extra curricular activities . . . . One evening he ordered her over to his hooch off duty and as she walked into the door they presented her with a drink (Excerpts from fieldnotes from Nurse E, 6/16/91).

Managing Strategies

The strategies, used by the Army nurses to deal with the problems arising from the Conflict Phase, were the ways the nurse managed the demands of the experience. Avoiding, believing, handling, and talking actions were used to achieve closure before leaving Vietnam.

Avoiding

Avoidance can be achieved by methods to distract feelings (alcohol, overworking, adolescent pranks, and too much partying). Nursing in Vietnam provided the thrill of fast paced medicine under dangerous conditions. Because of the fast pace, the focus was entirely on the job at hand. Nurse A explained:

> I think the hardest thing was just the hours and watching the same thing go on and on . . . . We just worked until we were dead exhausted or we ran out of supplies . . . . After it was over, it was like that door was shut, and you did something else. I never held still the whole time I was there (Excerpts from fieldnotes, 6/8/91).

A war environment fostered a highly charged atmosphere where there was an intense need to find diversionary activities. Unlike the line officers who could retaliate or vent frustrations by physical combat, nurses had to channel their feelings into other areas. While some people spoke of singing and dancing in the Officers Club or having cookouts, picnics, and parties, others would party all night, or spend their only day off volunteering their nursing skills at local orphanages. Nurse F remembered, "We had a club right on the beach . . . . We drank pretty heavily. When they closed the place up we only sang 'God Bless America' and cried a bit" (Excerpts from fieldnotes, 6/23/91).

Believing

Believing in the mission of the military in Vietnam was a strategy that helped some of the individuals. Some nurses responded to a sense of duty, as Nurse D recalled:

> [The experience was] if you will, "enjoyable." Not in the task that we had to do, but in the pride we felt in doing it. It was what we went there to do, and that was to take care of our troops. They needed the things that

> I could give them in my nursing profession (Excerpts from fieldnotes, 6/9/91).

Nurse F remembered, "I think everyone was over there for a purpose. Probably the purpose of supporting their country and the country's belief of democracy" (Excerpts from fieldnotes, 6/23/91).

Handling

Handling occurred when the nurse supervised all aspects of her experience. In Vietnam, if you lacked supplies, Nurse C stated:

> You learned to trade . . . . We had all kinds of cotton balls; [the morgue] had all kinds of formalin. We needed formalin to clean the film off new instruments . . . . We needed the formalin and they needed the cotton balls so what we did was trade . . . . We all learned to improvise no matter what the situation (Excerpts from fieldnotes, 6/9/91).

Handling meant using time to cope with the stresses of the Vietnam assignment. Keeping busy and focusing on the departure date from Vietnam were ways of coping with the fast pace, and the unusual circumstances of their lives. Nurse B recalled:

> I was tired. I didn't do much but go home and sleep, but that was a fact of life. It didn't bother me. I think something that made Vietnam unique from other wars was that everybody had their short-timer's calendar. I think you can survive, at least I can, if I know the end of it. There is a

certain period in that it is going to be over (Excerpts from fieldnotes, 6/8/91).

Handling also included mentoring. Army nurses who held supervisory positions nurtured, watched out for, and counseled younger, more inexperienced nurses. "I had support from my Chief Nurse," recalled Nurse C, "I got to know some of the other, more mature people, in the unit. We had the kind of people who could help you bounce back when you needed bouncing back" (Excerpts from fieldnotes, 6/9/91).

Talking

Talking occurred when the nurse verbalized responses to the war conditions. Communication could be socially, professionally, or therapeutically focused. Socialization in Vietnam provided the common link that brought all health care personnel together. Nurse A recalled, "We had a lot of good times and we played hard, too" (Excerpts from fieldnotes, 5/27/91). Nurse C stated, "I was so fortunate with the people that I dealt with there; they opened themselves up. They supported each other as much as they supported the patients" (Excerpts from fieldnotes, 6/9/91).

Management Outcomes

The outcome of managing the Conflict Phase is called closure. During the Conflict Phase, a nurse merged personal and professional responsibilities to perform as a combat nurse in Vietnam. With effective management of this

phase, Army nurses' experiential trajectory would be described as on-course. Participants resolved the problems encountered in the Conflict Phase when: (a) nurses had maturity, clinical experience, and were well prepared, (b) the assignment occurred during a stable part of the war, with low patient acuity and little moral ambiguities, (c) nurses had few gender issues to deal with, and (d) leadership was supportive. These nurses enjoyed the experience, or thought of it as an adventure.

For example, Nurse B stated, "I didn't find Vietnam difficult." She stated that the worst part of her tour was the "lack of privacy" that she experienced rather than difficult patient care situations or dangerous assignment locations. She requested a second tour in Southeast Asia because she enjoyed "the traveling." For her, Vietnam was a big adventure, where the biggest concern was the primitive living conditions, rather than the combat nursing mission of the tour.

If the problems were not managed effectively, Army nurses' experiences were considered to be off-course. Army nurses failed to deal with concerns of the Conflict Phase when: (a) nurses were immature, professionally inexperienced, or ill prepared; (b) nurses served during periods of intense fighting with high patient acuity, and tremendous moral conflict, long hours, and dangerous work conditions; (c) nurses experienced sexual harassment; and

(d) leadership was ineffective. When the experiences were off-course, Army nurses carried over these unresolved issues into the next phases. Nurse A stated:

> The experience that almost everyone had in Vietnam . . . where you see the casualties of war . . . not because we saw the people get hit, we saw the wounds. We saw how destructive the war was . . . . I think a lot of us carry stuff around for a long time (Excerpts from fieldnotes, 5/27/91).

Homecoming Phase

Homecoming Phase was the time after a nurse returned to the United States. Whereas the first two phases were time limited, this phase may be considered completed only when Army nurses reinstated normal patterns of living in both personal and professional spheres. This part of the experience continued to be demanding because the veterans were confronted with yet another assignment, as they normalized their lives.

Influencing Conditions

The specific conditions affecting the experience and the management of the phase were (a) closure of the Deployment Phase, (b) closure of the Conflict Phase, and (c) military commitment. The time of assignment and gender of the Army nurse also impacted the demanding experience.

Closure of Deployment and Conflict Phases

The closure of the two previous phases became a condition influencing the experience of the Homecoming Phase. If Army nurses' experiences were off-course for either or both of the two previous phases, they needed to heal before they could acclimate to the United States. If nurses' experiences were on-course, their readjustment to the United States did not involve so much emotional healing.

Military Commitment

Military commitment demonstrated the degree to which the Army nurse supported the mission of the service. The nurses who participated in this study are Army nurses who were vested in the organization for a minimum of 20 years. Upon return from Vietnam, some participants adjusted without problem to the normal routine in the United States because of that person's military commitment. Nurse D stated:

> I think that we've made a better transition, from all that we went through and from all that we benefitted and gained during the war. We're the ones who stayed in the military because we have continued to retain the purpose for doing what we did. And, we still have that purpose. We still live by that mission (Excerpts from fieldnotes, 6/9/91).

Some participants felt constrained by the military environment, as if an expression of dissatisfaction with the Vietnam experience would create problems. Nurse A recalled:

> I had talked to some other people who had been there but it was the first time I had talked to somebody that wasn't medical. We talked about kind of common things about the Vietnamese, about the war, and what it meant, about how foolish it was and stuff like that. We talked about some political things that I didn't feel it safe to talk about in the Army with Army people (Excerpts from fieldnotes, 5/27/91).

Time of Assignment

The period of time that the person returned to the United States greatly affected the adjustment of the participant. Nurse D compared the difference between her first and second tours:

> I felt really angry. When I got back to the States, nobody wanted to hear about Vietnam anymore. They really didn't. After my first tour, people were always asking to hear about Vietnam, about the country, about the people, and about what we did over there. When I came back the second time, they didn't want to hear anymore about what was going on over there (Excerpts from fieldnotes, 6/9/91).

Nurse F, who served in 1968, echoed the same feelings about the neglectful attitude of the United States public:

> We didn't have peace marches . . . . All I know is that I went from plane to bus to plane . . . with nobody caring . . . about nothing. Looking at me as if I were a strange animal . . . . When going to Letterman [Army Community Hospital] and thinking about that whole experience, it was almost like everyone was ignoring the fact that I had the experience (Excerpts from fieldnotes, 6/23/91).

Gender

Gender was the condition that described a nurse's gender impacted his/her response to homecoming. The feminine mystique of nursing helped the war participants reframe their experiences when they returned home:

> Army nurses who were in Vietnam, served the purpose of being professional nurses. They rendered expert, excellent nursing care under the most difficult circumstances. In addition to that, we played a role that was secondary to the very nature of our being as women. In our society when you're sick, what you want is your mother or the female touch. We raise people in our society to feel that. We acted there as mother, and sister, and mother confessor. All of the things that the wives and mothers and sisters back home would have wanted their boys and their men to have during the time of being injured. I want them to know that we did that because we wanted to, and because of the trust. At least for

myself and the friends that I had, that was the feeling we had (Excerpts from fieldnotes for Nurse E, 6/16/91).

Managing Strategies

The strategies, used by the Army nurses to deal with the problems arising from the Homecoming Phase, were the ways the nurse managed the demands of the experience. Avoiding, believing, handling, and talking actions during this phase were used by the nurses to adjust to the United States.

Avoiding

Avoidance was a strategy used by the participants to regain control of their lives. As the participant attempted to normalize his or her life, the individual avoided discussing the assignment or refused to view movies or television programs which were about the Vietnam War. Nurse A observed, "It was our agreement . . . but not stated, that nobody would talk about it . . . . There was a thorn in everybody's side for a lot of years because our work was not done the way it was supposed to be done" (Excerpts from fieldnotes, 5/27/91). Nurse F explained, "I didn't think about it again even in my conscious life until that night I was at the movies. Seeing that [movie about Vietnam], it was instant, it was right there in front of me . . . . I had to leave" (Excerpts from fieldnotes, 6/9/91). Nurse D remarked, "I never watched MASH. Ever! I didn't know why. I just didn't watch it" (Excerpts from fieldnotes, 6/9/91).

Believing

Believing in the mission of the military in Vietnam was a strategy that helped some of the individuals when they returned home. One observed, "I think that we've made a better transition, from all that we went through and from all that we benefitted and gained during the war. We're the ones who stayed in the military" (Excerpts from fieldnotes for Nurse D, 6/9/91). Some nurses were strengthened by religion. Nurse B acknowledged that, "I had a deep faith in God . . . . I have no doubt that my deep faith in God helped me to survive" (Excerpts from fieldnotes, 6/8/91).

Handling

Handling during the Homecoming Phase was directed at successful maintenance of an Army career. Associated with the avoidance strategies, the nurse resumed his or her personal and professional duties after returning to the United States. Nurse A stated, "We got our next assignment and were put to work because everybody else had the same experience . . . I went on to the next part of my life" (Excerpts from fieldnotes, 5/27/91). Some nurses, however, found it difficult to return to the "world" (as the continental United States was called) and volunteered for reassignment in Vietnam or a Southeast Asian location.

Talking

Talking occurred when the nurse communicated responses to conditions. Communication could be socially, professionally, or therapeutically focused. Upon returning to the United States, nurse veterans talked with their peers, "You talk to other people about the funny things, and the ludicrous things, and some of those things, but you don't talk about those things with anyone unless they have been there" (Excerpts from fieldnotes for Nurse A, 5/27/91). Some recognized, however, that they needed outside intervention. Nurse A commented, "I think being able to talk about it to somebody may have been helped when I was working through some of this stuff" (Excerpts from fieldnotes, 5/27/91).

Management Outcomes

Accommodation is the outcome of the Homecoming phase that occurs when Army nurses are able to reestablish their personal lives and their professional work without a great deal of conflict. Although the danger and the drama of the Conflict Phase had ended, Army nurses' experiences continued to be demanding. Accommodation required a tremendous amount of energy for these veterans had to adjust to another new environment. Nurses' experiences can be said to be on-course if they required little emotional adjustment, and they received positive support from the society and military. Nurse E stated:

> I think it is very memorable and worthwhile. I felt like I did well in Vietnam . . . . I think everyone was over there for a purpose. Probably the purpose of supporting their country and the country's beliefs of democracy (Excerpts from fieldnotes, 6/16/91).

Accommodation for other nurses was somewhat incomplete. Nurses' experiences were described as off-course when upon returning they required healing from their previous experiences, distrusted the military, and felt rejected by society.

At the time of the interview, 2 nurses had not resolved their feelings about their war experiences. During the 15 years since they had left Vietnam, the emotional devastation had been too great; the indifference of the society and the military was too profound. For these nurses, accommodation aspects of the Homecoming Phase continued to the time of the interview. Nurse F views the Vietnam experience as, "a common thread that's there. It does not go away" (Excerpts from fieldnotes, 6/23/91).

On the other hand, 2 other nurses in the study, who received professional intervention, have reframed the event and have found meaning in the Vietnam experience. Nurse D eloquently explained:

> I think there are a lot of us in the Nurse Corps who went to Vietnam, who never recognized that there are problems and that having problems

doesn't mean that you are weak or inefficient or ineffective. It just means that you're human (Excerpts from fieldnotes, 6/9/91).

Summary

This chapter has presented the findings of this study. The findings of the research are presented as a substantive theory that can be used to gain understanding, and give direction to practice and research. This chapter identified the historical background and the major concepts of the theory. The last section presented an in-depth discussion of the theory using the words of the participants to illustrate the concepts and process by which they handled the demanding experience of war.

Chapter 5

CONCLUSIONS AND RECOMMENDATIONS

This chapter presents the conclusions and recommendations of this study. Included in this chapter are the following: (a) the summary of the research, (b) the limitation and the scope of the research, (c) the conclusions, (d) the recommendations, and (e) the suggestions for further research.

Summary of the Study

The findings of this study can be summarized as a series of propositions, which represent statements of relationships between the major concepts of the theoretical framework that evolved from data analysis. In this framework, the war experience was conceptualized as a trajectory consisting of three phases, each phase representing the contexts or situations in which the Army nurses found themselves and which they had to manage. The following statements and propositions summarize the study according to the Deployment, Conflict, and Homecoming Phases.

Statement

During the Deployment Phase, the Army nurses' management of the demands of the war experiences began when they received their orders.

Proposition 1

If nurses volunteered for the assignment, were emotionally and professionally mature, and had time to prepare properly, then they made the transition from stateside to Vietnam without difficulty.

Proposition 2

If nurses lacked maturity, clinical experience, time to complete preparations, or had unresolved personal problems with family or friends, then they had more difficulty adjusting to the receipt of orders, and they carried over deployment issues to their Vietnam assignment.

Statement

During the Conflict Phase, the management of the Army nurses' demanding war experience was more or less demanding depending on the timing of the assignment, which in turn defined the level of conflict, patient acuity, leadership concerns, and moral ambiguities of wartime patient care.

Proposition 1

If nurses were (a) immature, (b) professionally inexperienced, (c) badly prepared, (d) sexually harassed, or (e) were ignored by senior leadership, then they had greater difficulties managing the war experience during this phase.

Proposition 2

If nurses were emotionally and professionally mature, were mentored by senior leadership, or if they perceived few gender issues, then they were more likely to cope better with the problems encountered during this phase.

Statement

During the Homecoming Phase, the Army nurses' management demands of the war experiences varied according to the consequences of the two previous phases.

Proposition 1

If nurses successfully completed the two previous phases, and they perceived society and the military as supportive, then they enjoyed the experience, or thought of it as an adventure.

Proposition 2

If nurses refused to acknowledge the emotional issues of the Vietnam experience, then they generally felt alienated from society, and had not healed from the experience.

Proposition 3

If nurses recognized they had not dealt with the issues of Vietnam, and received formal psychiatric intervention or informal support from family or colleagues, then they were able to reframe the experience and find meaning in their service in Vietnam.

Limitations and Scope

The following limitations of this research should be considered when interpreting the conclusions: (a) the small sample size means fewer variations, and less depth of the theory, (b) the respondent's own memory, perception, and interpretation of the events could be altered because the event took place 15 to 20 years before the interview, and (c) secondary analysis research lacks control over the selection of the participants and the material produced.

Since the study was limited to Army nurses who remained on active duty after their Vietnam assignment, the results of this study may not be generalized to other active duty services, nor those Army officers who resigned their commission after Vietnam. Thus, the results may only be suggestive, not conclusive, of the management process of nurses who care for patients in unusual situations, such as war, disasters, or massive casualty situations.

Conclusions

The Vietnam War was a chaotic situation that placed unusual and extreme demands on all participants. Some Army nurses successfully handled the war assignments. They were able to do so because they were clinically proficient, motivated to serve, and they believed in the military objective and the goals of nursing. Other nurses had problems adjusting and required support to bring closure to the experience.

Since problems occurred at each phase of the war experience, it would be appropriate to deal with issues and concerns before nurses leave the United States, while they are in a war zone, and once they returned to the United States. Realistically and practically, interventions during Deployment and Conflict Phases cannot be made, because of the urgency and pandemonium of war. Interventions, when Army nurses return to the United States, are both possible and realistic. Postwar interventions should be structured and mandatory debriefings conducted by mental health professionals. All war participants need the opportunity to explore their feelings, confront the emotional issues of the assignment, and attempt to reframe the events in their lives.

Why require mandatory debriefing for all participants when some managed the experience with little after effect? Debriefing should be mandatory because all war participants share readjustment concerns. Moreover, if psychological support is provided only for those who seek help, it is unlikely that the individuals with problems will voluntarily pursue assistance since the hallmark of the managing strategies are avoidance and denial of the issues. Whether healing can occur without intervention should not be the issue. If Army personnel are required to maintain physical conditioning, to train to expert readiness posture to go to war, then they should also be required to psychologically decompress when they return home. Rather than allowing

years to go by until a dysfunctional incident motivates an individual to seek help, it may be better to initiate the process in a structured group situation facilitated by experienced mental health professionals, immediately upon return to the United States. If the goal of health promotion is to develop positive coping mechanisms to deal with life, requiring that Army nurses and other war participants undergo debriefing of their war time experiences could definitely contribute to a reduction of service costs incurred by those veterans diagnosed as having post-traumatic stress disorder.

Recommendations

As a result of this qualitative study, the following recommendations are proposed:

1. The postwar requirements for all military personnel should include psychological debriefing. The debriefing should be mandatory rather than voluntary since avoidance strategies are strongly related to postwar problems.

2. Army nurses should have a minimum of one year professional nursing experience before being assigned to combat nursing duties.

3. The Army should provide annual training for rapid deployment so that nurses are familiar with these routines.

4. Annual training should include counseling about ways that nurses might deal with disruption to their lives, that of their families, and the stresses of the upcoming assignment.

5. During war, nurses should monitor their own physical and mental reaction to stress and learn to recognize when they are emotionally vulnerable.

6. During war, the Army should require nurses to have mandatory time away from duty, whenever possible, to avoid the physical, mental, and emotional exhaustion of a war zone assignment.

Suggestions for Further Research

Further research is needed to see if concepts from this theory are also valid for nurse participants of World War II, the Korean Conflict, Grenada, Operation Just Cause, and the Gulf War. Historical documents such as diaries, journals, and other archival materials could also be utilized to compare these findings against experiences of nurses who served in earlier conflicts. Moreover, this study should be replicated with a different or bigger population of Vietnam nurses or other Vietnam war veterans in order to create a broader theory.

REFERENCES

References

Baker, R., Menard, S., & Johns, L. (1989). The military nurse experience in Vietnam: Stress and impact. Journal of Clinical Psychology, 45(5), 736-744.

Boulay, D. (1989). A Vietnam tour of duty. Nursing Outlook, 37(6), 271-273.

Carney, C. (1985). Perceived symptoms among U.S. Army Nurses: Effects of combat environment, gender, and social support (Doctoral dissertation, The George Washington University, 1985). Dissertation Abstracts international, 46, 4062B.

Edwards, C. (1988). Nurses' contribution during the Vietnam effort. Chart, 85(5), 3.

Freeman, D., & Rhoads, J. (1987). Nurses in Vietnam: Forgotten veterans. Austin: Texas Monthly Press.

Gabel, P. (1989). Vietnam [Computer program]. Scotts Valley, CA: Regenerated Software.

Glaser, B., & Strauss, A. (1967). The discovery of grounded theory. Chicago: Aldine Publishing Co.

Hartl, M. (1990). Wartime nursing. American Operating Room Nurse, 53(5), 1193-1208.

Hays, A. M. (1971). Army Nurse Corps. The Women's Army Corps Journal, 2(7), 14-16.

Jones, N. I. (1971). Someday this will end. American Journal of Nursing, 71(6), 1363-1364.

Kalisch, P., & Kalisch, B. (1986). The advance of American nursing (2nd ed.). Boston: Little, Brown, and Company.

Karnow, S. (1983). Vietnam a history. New York: Viking Press.

Kinzey, T. A. (1970). Experience and experience. American Operating Room Nurse, 13(2), 70-74.

Kirk, D. (1965). It was 2:00 a.m. Saigon time. American Journal of Nursing, 65(12), 77-79.

LeFrancois, G. (1987). Psychology for teaching (6th ed.). Belmont, CA: Wadsworth.

Leon, G., Ben-Porath, Y., & Hjemboe, S. (1990). Coping patterns and current functioning in a group of Vietnam and Vietnam-era nurses. Journal of Social and Clinical Psychology, 9(1), 334-353.

Marshall, K. (1987). In a combat zone--An oral history of American women in Vietnam. Boston: Little Brown.

Martin, L. (1967). Angels in Vietnam. Today's Health, 45(8), 16-23.

McVicker. S. (1987). Vietnam. Imprint, 34(5), 42-45.

Merleau-Ponty, M. (1962). Phenomenology of perception (C. Smith, Trans.). New York: Humanities Press.

Neal, S. (1973). Medical support of the U.S. Army in Vietnam 1965-1970. Washington, D.C.: U.S. Government Printing Office.

Norman, E. (1985). Nurses in war: A study of female military nurses who served in Vietnam during the war years, 1965-1973 (Doctoral dissertation, New York University, 1985). Dissertation Abstracts International, 47, 1490B-1491B.

Norman, E. (1988). Post-traumatic stress disorder in military nurses who served in Vietnam during the war years 1965-1973. Military Medicine, 153(8), 238-242.

Norman, E. (1990). Women at war: The story of fifty military nurses who served in Vietnam. Philadelphia: University of Pennsylvania.

Odom, J. (1986). The Vietnam nurses can't forget. American Journal of Nursing, 80(9), 1035-1037.

Oiler, C. (1986). Qualitative methods: Phenomenology. In P. Moccia (Ed.), New approaches to theory development. New York: National League of Nursing Publications.

Omery, A. (1983). Phenomenology: A method for nursing research. Advances in Nursing Science, 49-63.

Ortega, A. (1983). Coming home: A tome of elation and confusion. California Nurse, 11, 7-8.

Parsons, M., & Wiliams, M. H. (1987). Teaching nursing history. Nurse Educator, 12(1), 38-42.

Paul, E., & O'Neill, J. (1986). American nurses in Vietnam: Stressors and aftermath. American Journal of Nursing, 86(5), 526.

Piemonte, R., & Gurney, C. (Eds.). (1987). Highlights in the history of the Army Nurse Corps. Washington, D.C.: U.S. Army Center of Military History.

Powers, B., & Knapp, T. (1990). A dictionary of nursing theory and research. Newbury Park, CA: Sage Publications, Inc.

Richie, S. (1989). Combat nurses: You won't be alone. Military Medicine, 154(1), 65-73.

Simms, L. (1981). The grounded theory approach in nursing research. Nursing Research, 30(6), 356-359.

Spector, R. (1984). Researching the Vietnam experience. Washington, D.C.: U.S. Army Center of Military History.

Strauss, A., & Corbin, J. (1990). Basic qualitative research: Grounded theory procedures and techniques. Newbury Park, CA: Sage Publications, Inc.

Strauss, A. (1987). Qualitative analysis for social scientists. New York: Cambridge Press.

Stretch, R., Vail, J., & Maloney, J. (1985). Post-traumatic stress disorder among Army Nurse Corps Vietnam veterans. Journal of Consulting and Clinical Psychology, 53(5), 704-708.

Tamerius, R. (1988). Vietnam: A legacy of healing. California Nursing Review, 10(5), 14-48

Tuxen, R. (1983). Helicopters, heat and holding the hands of the dying. California Nurse, 11, 6-7.

Van Devanter, L., & Morgan, C. (1983). Home before morning. New York: Warner Books.

Walker, K. (1985). A piece of my heart. Novato, CA: Presidio Press.

White, E. (1988). Nurses' contribution during the Vietnam effort. Chart, 85(5), 3.

Woods, N. (1988). Using existing data sources: Primary and secondary analysis. In N. Woods & M. Catanzaro (Eds.), Nursing research: Theory and practice. St. Louis: The C. V. Mosby Company.

APPENDIXES

APPENDIX A

Instrument

Appendix A

Questionnaire Guide

1. When did you come on active duty?
2. How long was it between then, and when you actually received your orders?
3. What was your educational background and nursing experience, prior to going to Vietnam?
4. When you received your orders, what was your reaction?
5. What was the reaction of your family and friends?
6. How did you prepare yourself for deployment, both personally and militarily?
7. When you arrived in country, where did you land?
8. Did you immediately go to your assigned unit?
9. What was going on in Vietnam when you arrived?
10. What do you recall about your first week in Vietnam?
11. What is your most vivid memory of Vietnam?
12. How did you feel about being an Army Nurse, in Vietnam, in the sixties?
13. What did you find most difficult about being a nurse in Vietnam? What helped you get through the day?
14. What was your most demanding experience? How did you handle the situation?

15. What was your worst experience in Vietnam? What helped you most during that time?
16. What was the funniest thing that happened while there?
17. Describe how you felt when it was time to rotate?
18. What were your feelings when you actually arrived home?
19. Do you still think about Vietnam?
20. Do you have any thoughts about the Vietnam Memorial?
21. Based on your experience, what advice would you give to those Army Nurses who may be called in the future?
22. Is there anything else that you would like to share about your experiences as an Army Nurse in Vietnam?

APPENDIX B

Authorization

DEPARTMENT OF THE ARMY
U.S. ARMY MILITARY HISTORY INSTITUTE
CARLISLE BARRACKS, PENNSYLVANIA 17013-5008

May 3, 1990

Educational Services Division

Captain Constance J. Moore, AN
15232 Century Oak Road
Salinas, California 93907

Dear Captain Moore:

Reference your memo of April 26 and our telephone conversation yesterday on your Army Nurses in Vietnam project with Lieutenant Colonel Wise at the Center of Military History.

Enclosed are copies of the transcripts of interviews done by Lieutenant Colonel Sharon Richie. Names of interviewees are pseudonyms. Under terms of the agreements Colonel Richie made with the interviewees, actual names are not releasable. Cite transcripts in accordance with normal scholarly practices as though the interviewees' names were as shown.

We have also sent the first batch of transcripts from the CMH Nurse Corps Collection for reproduction. Owing to priorities on other materials, it may be two or more weeks before we receive those copies. We will forward them to you as soon as received.

Also enclosed is our handlist, which shows all of the Medical Services Command interviews. Many are untranscribed and on reel-to-reel tapes; we cannot send those to you. I urge you to talk to Colonel Wise about a trip here for research in these and other materials. To do a thorough job for CMH, such a trip is unavoidable; so, you should be able to get help from there.

As your project develops, we'll expect to hear from you. Meantime, if I can help you, please call me at (717) 245-4113.

Sincerely,

James W. Williams, Ph.D.
Assistant Director for
Educational Services

Enclosures

APPENDIX C

Approval of Human Subjects Review Committee

SJSU SAN JOSE STATE UNIVERSITY

A campus of The California State University

Office of the Academic Vice President • Associate Academic Vice President • Graduate Studies and Research
One Washington Square • San José, California 95192-0025 • 408/924-2480

To: Constance Moore, Nursing
15232 Century Oak Road
Salinas, CA 93907

From: Charles R. Bolz
Office of Graduate Studies and Research

Date: May 21, 1991

The Human Subjects Institutional Review Board has reviewed and approved your request for exemption from Human Subjects Review for the proposed study entitled:

"Oral History Reflections of Army Nurse Vietnam Veterans"

You may proceed with this study without further review by the Human Subjects Institutional Review Board.

I do caution you that Federal and State statutes and University policy require investigators conducting research under exempt categories to be knowledgeable of and comply with Federal and State regulations for the protection of human subjects in research. This includes providing necessary information to enable people to make an informed decision regarding participation in your study. Further, whenever people participate in your research as human subjects, they should be appropriately protected from risk. This includes the protection of the confidentiality of all data that may be collected from the subjects. If at any time a subject becomes injured or complains of injury, you must notify Dr. Serena Stanford immediately. Injury includes but is not limited to bodily harm, psychological trauma and release of potentially damaging personal information.

Please also be advised when people participate in your research as human subjects, each subject needs to be fully informed and aware that their participation in your research project is voluntary, and that he or she may withdraw from the project at any time. Further, a subject's participation, refusal to participate or withdrawal will not affect any services the subject is receiving or will receive at the institution in which the research is being conducted.

If you have any questions, please contact Dr. Stanford or me at (408) 924-2480.

CC: Julie Corbin, Nursing
Emile Musee, Nursing