Experiences of Transitioning Medics and Hospital Corpsman

David Renfro

California State University, Northern California Consortium Doctor of Nursing Practice

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Experiences of Transitioning Medics and Hospital Corpsman

David Renfro

A doctoral project completed in partial fulfillment of the requirements for the degree of Doctor of Nursing Practice in the Valley Foundation School of Nursing, San José State University

May 2023
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Dedication

This project is dedicated to all veterans who have struggled with transitioning from active duty to the civilian workforce. To each who has been burdened with unexpected challenges of this transition, who has had to overcome them, and who have chosen to continue to serve the amazing veteran population who served our country.

Acknowledgments

I would like to acknowledge the DNP Program Coordinator, Dr. Robin Whitney, who has positively impacted my experience in this DNP program. I also would like to acknowledge my Project Chair, Dr. Susan McNiesh who put 110% into this project and paper, and my Project Mentor, Dr. Toby Underwood, for their strong support of this DNP project, and, last but not least, my Program Advisor, Dr. Denise Dawkins, for supporting me through this program.

I would also like to acknowledge Kristina Snell for her leadership of the Intermediate Care Technician (ICT) Program nationally, Tony Fitzgerald for his strong support of the program expansions and of me as a leader, Reyhan Viajar for his leadership as a lead ICT and his advocacy for the program nationally, Aileen Naungayan for her leadership as the Chief Nurse for Acute Care and as the Acting Deputy Nurse Executive, assisting in the leadership of the ICT program and expansions, and Denise Renfro, for her leadership in supporting ICT’s, for her service in the United States Navy, as a Hospital Corpsman, and for her leadership in overcoming the challenges of transitioning from active duty to a civilian workforce that was not prepared to understand her skillset or abilities. I want to thank Kaitlyn and Joshua Renfro for their dedication to veterans and their support of their parents in achieving higher education, making this DNP project possible. Lastly, I would like to thank and acknowledge my shipmate Eric Rodriguez, for his strong support of me personally and professionally, from active duty to my transition to the civilian workforce, and to all who have served in the United States Military and those who are serving in the Veterans Affairs, for their continued support of our veterans and their well-being.
Experiences of Transitioning Medics and Hospital Corpsmen

David Renfro, MS, RN, NE-BC, VHA-CM

Doctor of Nursing Practice Program

The Valley Foundation School of Nursing

San José State University

May 5th, 2023
Abstract

Approximately 2,000 medics transition from military service to civilian jobs annually, and the civilian workforce currently does not have a mechanism to utilize the skills of these transitioning veterans. Medics and Hospital Corpsmen are not licensed or certified, making transferring into employment in the community difficult. The Veterans Affairs (VA) has an intermediate care technician (ICT) program that provides employment for previous active-duty medics and hospital corpsmen. Understanding the transition of medics and hospital corpsmen better positions the Department of Defense and the VA leadership to support the transitioning veteran.

This DNP project used a quality improvement framework, and a qualitative descriptive project utilizing thematic analysis. The demographic questions documented participant diversity. In the initial assessment phase, the project team administered a voluntary, anonymous survey to help determine the barriers and facilitators medics and hospital corpsman experience during their transitions to the ICT role. The qualitative surveys examined participants’ experiences using their thoughts and personal descriptions. Themes from the participant responses are as follows: managing emotions, not feeling valued, need for mentorship, readiness, inadequate skill transfer, camaraderie/duty to serve, family and friends, and self-validation/reflection. The transition from active-duty service to the civilian workforce begins well before the last day of active duty. This transition is complex, challenging, and can be difficult to navigate for our medic population. There is an opportunity for the DOD and the VA to collaborate to improve the transition experience.
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Introduction

Problem Description

Many transitioning veterans—those who are leaving active-duty service and moving to civilian employment—consider the period of change after active duty to be a challenging time. Transitioning from active duty to the civilian workforce comes with a myriad of challenges deriving from both systems and the individual: there are limited transition programs, veterans might lack required skills, misconceptions about their abilities and skills, and many veterans experience mental health issues (Ward, 2020). Transitioning veterans also are 2.5 times more likely to die by suicide in their first year of the transition off of active duty (Ravindran et al., 2020). Veteran suicides are devastating to families and a grave concern for the community, and rates have increased dramatically over the last decade, reaching an average loss of 17.6 veteran lives a day (2019 National Veteran Suicide Prevention Annual Report, 2020). These records do not track suicides by a person’s military occupation specialty (MOS) or assigned job; therefore, specific rates for medics and hospital corpsmen, a population that should be studied for vulnerabilities during the transition from active duty to the civilian workforce, are not available. One of the less-examined factors affecting transitioning veterans is the impact of their new support system, family, friends, and social network. Several thousand medics and hospital corpsmen transition from active duty in the Armed Forces annually; Veterans Affairs (VA) thus has a strong opportunity to make a positive difference for this population by attending to support structures during their transitions (Gao-19-438r TAPS data, 2019).

In particular, employment can be a determining factor in a successful transition: it can lead to reduced depression and stress and may prevent suicidal ideation or actions (Blosnich et al., 2019). Social disruptions, such as financial insecurity from unemployment or losing or
ending relationships, are well-documented, predisposing events that impact suicidal behavior. Social determinants of health (SDH) are critical in evaluating the risk of death by suicide. The five general categories for SDH are genetics, behavior, environmental and physical influences, medical care, and social factors. Researchers believe SDH plays a role in creating a feeling of failure, which correlates with the risk of suicide (Blosnich et al., 2019).

But as medics transition from active duty to the civilian workforce, their skills often do not translate when finding employment (Watts et al., 2016). Like other transitioning veterans, this unique population struggles to find gainful employment that suits their skills and abilities. During their military service, these highly skilled medics perform many invasive procedures and emergency care, such as suturing, wound debriding, cyst removal, toenail palliation or removal, and placing intravenous lines, including jugular placement (U.S. Military Medical Jobs and Skills Handbook, n.d.). However, the few civilian opportunities available for medics are low-wage jobs. These roles include nursing assistant, medical office assistant, clerk, or, in some cases, phlebotomist. Additionally, Navy hospital corpsmen have the opportunity to challenge the licensed vocational nurse exam, if their hands-on training meets their state’s requirements. Applying for vocational nurse licensure has the added barriers of meeting all of the educational and experiential timeframes, applying to take the licensing exam, arranging to take the exam in the state one will practice, and completing the exam successfully (Licensed Vocational Board of Nursing, California, n.d.). With all these barriers, then, the need for better understanding what factors could smooth transitioning veterans’ experiences is significant.

Scope of the Problem

The Department of Defense (DOD) releases approximately 2,000 medics per year into a civilian workforce that, broadly, has not had employment opportunities that meet these
transitioning veterans’ skills or abilities. Though the stressors of being unemployed and the experience of transitioning to civilian life are well documented, until recently, the VA has not had a program to assist with the transitioning of medics. In 2016, the VA began an intermediate care technician (ICT) program at the VA Palo Alto Health Care System, which has had a strong start with a progressive expansion. Currently, the ICT program allows previous active-duty medics and hospital corpsman to utilize many of their learned skills in the VA Health Care System. It authorizes ICTs to vaccinate, pass medications, suture, debride wounds, cast, splint, and perform specialized screenings to improve geriatric care. The ICT role is expansive and offers a sustainable salary as well as many scholarships that provide opportunities for career growth (Watts et al., 2016). It serves both former army medics and hospital corpsmen, who primarily have the same concepts in their training; however, the hospital corpsman training has an additional curriculum for in-hospital care and independent field duty (U.S. Military Medical Jobs and Skills Handbook, n.d.). The skills of the medics and hospital corpsman in this role are nearly identical, and from this point forward, I will use the general title of a medic to describe this population of transitioning veterans when appropriate.

**Literature Review**

For this study, I used the following terms to identify peer-reviewed articles: transitioning veterans, transitioning medics, transitioning hospital corpsmen, active-duty transitions to the civilian workforce, and challenges in transitions. I utilized these search terms to find similar studies on military transitions to identify unique challenges for transitioning medics. The primary search engines I used were One Search, Cochrane Library, Ovid, Cinahl, Google Scholar, and PubMed.
Numerous studies used Schlossberg’s theory of Transitions, including two that focus on the transition of veterans. Though Schlossberg’s primary focus has been transitioning students, she also has taken a deep interest in those who become unemployed or who are beginning new jobs. Many other researchers have expanded her theory and adapted it for future research. Reburiano completed his dissertation for his Ph.D. studying veteran transitions into federal employment, and he utilized Schlossberg’s Transition Theory (Reburiano, 2019). In a study by Lambie et al, Pelligrino also employed this model to assess two female veterans transitioning into college (Lambie et al., 2014). Further, Anderson (2004) adapted this model to include an additional infrastructure to support transitioning veterans and those who are working with them (supportive resources) to improve their outcomes. Ward (2020) studied major barriers facing veterans transitioning from the military to the civilian workforce. In this study, Schlossberg’s Transition Theory guided his assumptions and recommendations (Ward, 2020).

One of the most impactful pieces of evidence that utilized Schlossberg’s transitions theory was Reburiano’s (2019) dissertation. Reburiano assessed the transition from active-duty service to a federal sector job, which this quality improvement project (QI) also studied. Though his study did not focus on the medical field, it did address the specifics of active-duty transition to the civilian workforce (Reburiano, 2019). Reburiano states, although President Obama’s executive order by President Obama opened the doors for increased veteran hiring opportunities, those who joined federal service left their roles after 2 years, noting struggles with transitioning to their new employment as a reason for doing so (Reburiano, 2019). Similarly, Griffin and Gilbert (2015) assessed the challenges and support structures of transitioning veterans as students, utilizing Schlossberg’s transition theory. They found veterans stated the importance of
having representatives from the school to welcome them and understand their unique needs (Griffin & Gilbert, 2015).

Ward (2020) utilized Schlossberg’s transition theory to better understand the barriers to veteran transitions and to offer solutions to improve them. Ward (2020) discussed the challenges through two primary foci: discrimination and stereotyping. Stone (2018) found employers held several biases that led to not hiring veterans, including that previous military employees were too rigid, unskilled for civilian roles, and had poorer social skills (Ward, 2020).

Whybrow and Milligan (2021) found transitioning medical personnel from active duty to the civilian workforce suffered a “triple whammy”: the uncertainty of leaving the military, the insecurity of getting a new job, and a change in their identity. They recommended active-duty personnel begin working in a civilian job before leaving active duty, to better acclimate to the change and demonstrate their clinical and teamwork skills to the new employer (Whybrow & Milligan, 2021, p. 199).

Watts et al. (2016) noted the nearly insurmountable challenges transitioning medics faced during their transition to a civilian workforce. In particular, they addressed several that were not within the veteran’s control, such as the fact that their active-duty training did not come with licensure or certification and how they were faced with healthcare staff’s misconceptions regarding their military roles and how to optimize the medic within their healthcare system (Watts et al., 2016).

A great deal of literature discussed veterans’ rate of death by suicide, as well as their challenges with depression and transition failures (Blosnich, 2019) (Ravidran, 2020). Although this study did not assess those aspects, this context does help communicate the urgency for identifying this lived experience and the impacts driven by an unsuccessful transition.
Rationale

Gap in Literature

There are a limited number of studies published on transitioning veterans; however, of these, few, if any, specifically addressed the transition of medics and hospital corpsmen. As the VA recently has designed a program specific to transitioning medics, studying the experiences of people undergoing this transition is critical to identifying gaps in the process or deficiencies in the support structure. As research stands, much of the knowledge required to create an impactful transition program for medics does not exist.

Purpose

This doctoral project was the first step of a QI project to understand improvements needed to a transition program within the VA. In striving toward this goal, it was critical to understand the experiences of transitioning medics and the impact of civilian employment as an ICT in the VA, a role that translates to the medic’s trained skill level.

This DNP project focused on understanding the transition experiences of military medics and hospital corpsmen through the framework of Schlossberg’s theory, which addresses each aspect of the transition military service complicates. Not only have a number of military transition studies drawn on this theory, but it also highlights areas in which military service members are lacking, such as support structures from many directions, including family and friends. Griffin and Gilbert (2015) found leaving the military often included moving to another geographic area, leaving behind family, friends, and networks, in addition to needing to seek employment in a new role that may or may not be aligned with their military training. Schlossberg’s transition model captures all these elements and provided a framework to better understand the transition experiences of medics and hospital corpsmen.
Theoretical Framework

Origins of Theory

This project drew from Schlossberg’s model of “Human Adaptation to Transition,” which describes multiple variables that can influence a successful transition from one stage of life to another. Each person’s experience of transition is different; therefore, Robertson and Brott (2014) have recommended using a model to define how to better understand transitions for a subset of veterans. The broader community may not understand the foundational challenges of transitioning veterans, leading to a lack of social support in this critical phase for them (Liddle et al., 2016). Using models, such as Schlossberg’s, can help bridge the gap in understanding between civilian knowledge and veterans’ experiences.

Both internal and external factors impact transition, some of which Schlossberg assessed. Internal factors include confidence, control, coping skills, and motivation, while external factors include the job market, family and social support, and timing of the transition (Robertson & Brott, 2014). Keeping in mind each of these factors impacts veterans’ transition, this project will support a better understanding of the impact of transitions, which may lead to further progress in implementing interventions that eliminate negative transition components, such as lack of employment, social support, and confidence.

Schlossberg’s transition theory helps define and elucidate medics’ specific experience of transition. Her theory began with her foundational publication, “A Model for Analyzing Human Adaptation to Transition” (1981). Schlossberg has worked for over 40 years defining the characteristics of her transition model. This theory incorporates elements of many other theories into her model, and many of the scientists behind those theories are well-known and respected,
such as Erik Erickson, Colin Murray Parkes, Daniel Levinson, Bernice Newgarten, and Mary Lieberman (Schlossberg, 1981).

**Assumptions and Concepts**

This theory begins with the assumption that adults are moving continuously through transitions. Responses to these transitions depend on whether participants perceive them as events or non-events and how they impact their perspective of their current situation. It is also important to note a transition is only a transition if the person going through it deems it as a transition. Every transition includes stages and four characteristics that influence its outcome or impact. In the later evolution of Schlossberg’s theory, she breaks down the stages of transition into three phases: Moving In, Moving Through, and Moving Out (Schlossberg, 1981).

Additionally, she describes the characteristics of her model in what she titles the Four Ss: 1) Situation, 2) Support, 3) Self, and 4) Strategies, each of which I will discuss later in this paper (Estrella & Lundberg, 2006).

The three stages of this model logically apply to a person transitioning from a previous lifestyle, such as military service, into the workforce, which is this project’s focus. The first stage of Moving In reflects starting a transition. An example of “moving in” could be leaving federal or military service. In these situations, the transition comes when the person is leaving the military and moving to another state, another environment, and another support structure.

The second stage of transition is Moving Through. In this stage, the person is beginning to understand the change they are experiencing and how the new place or role works so they may adapt to and accommodate it. An example is the transitioning veteran learning and understanding the civilian work expectations and customs. For many veterans, this may be the first job that
provides the liberty of calling in for a sick day, and understanding how that routine and process is handled by their leadership.

The third stage of transition is Moving Out. In this stage, the person has adapted fully, seeing this as their current status and no longer as part of a transition; they even may be looking to the next transition or change (Estrella & Lundberg, 2006). An example of this was cited by Reburiano (2020) where he finds that veterans, secondary to challenges leave federal employment after two to three years of federal service. This is the end of one transition as they begin another transition.

These stages’ frameworks help the professional or the mentor/coach to better understand and facilitate the appropriate resources for the individual in the transition. Each person may handle the transition differently: people are different, their resources and situations are different, and their ability to cope may be different. However, the structure to understand the transition is stable (Schlossberg, 2011). Understanding the framework allows one to then follow the model’s Four Ss for better comprehension of the specific person’s transition, the resources available to them, and what they may need from the organization.

This model offers a strategic framework to support those who are undergoing a transition. As the person approaches the transition, they should consider if they perceive this as an event or a non-event, what its context is, and what its perceived impact is. Though it may seem obvious that a transition out of the military would be an “event” for anyone, some transitioning medics may not perceive it as such, considering it instead to be a normal uninterrupted change in their role. When considering further stages of the transition, we can utilize the Four Ss—Situation, Support, Self, and Strategies—to plan for possible coping resources (see Fig. 1; Schlossberg, 2011).
“Situation” marks the beginning of the Moving Through stage, and, at this point, we look for the trigger that initiated the transition. Here, we look at whether the individual undergoing the transition perceives it as an event or non-event and assess its trigger, timing, role change, control or source, duration, previous experience, responsibility, and any concurrent stressors. “Support” drives us to look at family ties, wider support networks, friendships, intimate support networks, and corporate or organizational networks. “Self” is where we identify the person’s resilience, positive or negative outlook, spirituality, caring for self and age, gender, culture, and health. Lastly, we assess “Strategies” to create plans for “Moving Out” of the transition. In this stage, we seek coaching responses, such as reframing, focusing on self-care, modifying the situation, controlling meaning, and managing the stress in the transition’s aftermath. In this part of the framework, the support services or coach can turn each of these elements of the Four Ss into questions for the person undergoing the transition so that a plan can be made to move through
and out of this specific transition. Generally, it becomes clear to the coach or support service as they go through the Four Ss how they connect with the Moving In, Moving Through, and Moving Out stages and how they align with the model in Figure 1, with approaching transition, potential coping resources (4S), and assimilated change (Estrella & Lundberg, 2006).

**Methods**

This quality improvement project’s goal was to identify the challenges and facilitators to transitioning from active-duty service as a medic or hospital corpsman to employment as an Intermediate Care Technician (ICT) in the VA. The outcomes of this project will assist leaders within the VA to identify gaps in facilitating this type of transition and to begin mitigating the challenges involved on it, many of which may need to be addressed with the Department of Defense’s (DOD) collaborative engagement before the service members’ transition.

This project did not intend to change any current policy or practice. Because the civilian VA workforce, of which only 30% are veterans, needs to better understand the medic role, the implementation of this role in civilian programs has been slow to expand (Watts et al., 2016). According to Kristina Snell, the national lead for the ICT program, on her national call in February of 2023, these numbers are increasing rapidly; currently, 104 VA facilities have a contingent of ICT roles, most only having three to six positions.

**Project Design and Setting**

The design of this DNP project was a qualitative descriptive project utilizing thematic analysis, with quality improvement as the ultimate goal. This project enacted the first two components of the VA Queri quality improvement framework: 1) detection and 2) initial assessment (Rubenstein et al., 2000). In the detection phase, the project summarized the scope
and background of the problem through an in-depth review of the literature, and, in the initial
assessment phase, the project team assessed the barriers and facilitators of the transition through
administering an anonymous questionnaire to current ICTs.

The demographic questions document the participants’ professional and personal
diversity. In the initial assessment phase, the project team administered an anonymous survey to
help determine the barriers and facilitators medics and hospital corpsmen experienced during
their transition to the ICT role. The qualitative surveys examined participants’ experiences using
their thoughts and personal descriptions (Creswell, 2013).

I conducted this project primarily at the Veterans Affairs, Palo Alto Health Care System
(VAPAHCS), located in Palo Alto, California. However, through an email we sent to the ICT
leads at selected facilities, the project extended its scope nationally. We selected these additional
facilities because they represented a similar level of complexity of care as the VA in Palo Alto.
VAPAHCS comprises nearly 800 inpatient and residential beds. It is the specialty center for the
Sierra Pacific region from Eureka to Fresno and from Sonora to the Philippines. The population
provided care is 18 years and older and has served in the Armed Forces. The VAPAHCS
supports nearly every medical and surgical specialty available in the VA, with the restriction of
solid organ transplants.

**Population and Sample**

The sample consisted of previous medics who have transitioned from active-duty service
within the past 10 years and were employed currently as an ICT. The age range was 21 to 55
years of age, and the study was open to including people of any gender orientation or ethnicity.
The only exclusions were that participants must have served a minimum of two years on active
duty and have had an honorable discharge.
Recruitment Procedures

For this project, I selected the method of convenience sampling for both timeliness and the ease of providing each selected facility with the opportunity to participate. I invited all ICTs within the VAPAHCs to complete the survey. While the VAPAHCs was this project’s focus, I made an effort to recruit participants from several states across the country. Numerous VAs have ICT programs that may operate slightly differently from one another; therefore, obtaining representation from multiple sites was important to understand the range of veteran experiences. Due to the limited number of positions available at the selected VAs, the possible number of participants was limited. At the time the project took place, the total number of ICTs among all facilities was less than 50. The initial goal was to receive a minimum of 40% in survey responses, Shih and Fan (2009) mentioned 33% as a survey return average in a meta-analysis.

Recruitment of possible participants was a multi-step process. The first step was to meet virtually with individual ICT leads at the selected facilities to share with them the goals of the project and seek their support and participation in guiding other ICTs at their facility to take the survey. The lead’s role was to explain the purpose of the survey to potential participants and provide the timeframes and access to complete and submit (or transmit) the survey. After receiving their agreement, each of the leads received the solicitation email so they could forward it to their teams and discuss the importance of anonymous participation. This was then followed with biweekly reminders to the Lead ICTs who were participating in the project to distribute the survey and encourage their facility’s ICTs to complete it.

I serve as a lead for the ICT program at the VAPAHCs; therefore, I easily obtained the contact information for other program leads, as I interact with them routinely on calls and assist them with their programs. The ICT leads at each facility have a supervisory oversight role with
all ICTs at that facility; therefore, they had access to share this survey opportunity broadly, in person, which could improve survey return.

The email to the leads contained the project’s purpose and instructions on how to take part in the opportunity to complete a questionnaire. The instructions communicated to the ICTs that the questionnaire was their opportunity to share their personal experiences of their transition from active military service to federal employees as ICTs. The instructions informed participants the outcomes of their surveys could lead to changes in the program that benefit future ICTs in the transition process. The email contained my contact information as the DNP student coordinating and facilitating the project. The email delineated the time frame for returning the questionnaires, the length of time each would take (30–60 minutes), and the expectation of how the project team would share the study results. Participant selection in this study was limited based on the ability to reach current ICTs. In a meta-analysis of survey returns, the average return for an email survey is 33% (Shih & Fan, 2009). I selected a 40% return rate from the focal quality improvement site because the team of ICTs at VAPAHCS is highly engaged.

**Measurements**

This project gathered data about the experience of veterans’ transitions from active-duty service to a civilian role as an Intermediate Care Technician in the Veterans Affairs, specifically focusing on barriers and facilitators. The goal was to document this transition experience from the perspective of the transitioning medic or hospital corpsman, using their thoughts, impressions, and personal statements as data to analyze.

**Procedures**

Surveys collected basic demographic and occupational data from each participant, including age, gender, marital status, the status of further education, years of active-duty service,
branch of service, and any service connection. I developed the questions on the survey using Schlossberg’s Transition Model to guide the participants to speak about their experiences related to the four factors of a transition: Self, Situation, Support, and Strategies. This questionnaire consisted of four sections with a total of 33 questions. Each participant received instructions that listed the questionnaire’s estimated completion time as approximately 30–60 minutes.

The participants could take as much time as they needed to document their personal experiences fully. The study outcomes used partial data, deeming this appropriate since doing so is part of a quality improvement project. The partial responses were few, but all helped build the themes that emerged in analysis. For example, in response to the question, “at the beginning of your transition from active duty (your first days as a civilian), what did you see as the primary barriers or challenges, either personally or professionally,” one answer simply stated, “I no longer had a purpose.” This supported a theme of desiring to be valued, even though it does not state clearly why or how.

**Data Analysis**

I downloaded all questionnaires into NVIVO software and analyzed them using thematic analysis. I completed the coding, aligning content from questions that gained similar responses. Then, I used thematic analysis following the steps as Braun and Clark (2006) have outlined. First, I familiarized myself with the data; next, I generated initial codes. In the following two steps, I and my project chair searched for themes and then reviewed them. It is at this phase that we defined and named each theme for which we gained consensus. The project chair did not have access to NVIVO but utilized the same process of evaluation to gather themes we then discussed and evaluated. I, my project chair, and my project mentor then agreed upon the final themes. The last step was to produce a report from this data analysis (Braun, 2006). I
additionally reviewed this process with the responses outside of NVIVO to ensure accuracy and a better understanding of the outcomes.

**Ethical Considerations**

**IRB**

This quality improvement project did not aim to produce generalizable results, but rather it sought to survey current ICTs to determine how the VAPAHCs can best facilitate an ICT’s transition experience from active-duty medic to civilian status. All survey results were anonymous and used in aggregate form. I submitted a project proposal to the San Jose State University Institutional Review Board, was declared exempt from the full IRB process, and was approved to proceed with the project. Additionally, I fulfilled the review process through the VA, which included approvals from the nurse researcher, the nursing education department, Nursing Administration, and the direct supervisor, who was the facility Director.

**Risks**

The risk of taking part in this survey was minimal. However, participants’ underlying mental health diagnoses were unknown, and it is possible reliving this experience could have brought forward some memories that caused an elevation in the participant’s stress. Though this was unlikely, the use of the emergency assistance program was readily available for participants, and the process to access and use this program was included in the solicitation email. If this risk occurred and the participant notified the team, the participant would have been reminded of the Employee Assistance number (1-800-222-0364) for support. There were no reports of any adverse events or negative situations.

The survey data was anonymous. Each anonymous questionnaire was in a password-protected file on a secure server. No participant identifiers were available; therefore, none can be
released for publication or sharing. All questionnaires were anonymous, and the questionnaire application was in Microsoft Forms, which has an anonymous questionnaire format. In the VA, Microsoft Forms is attached to the user’s profile unless de-selected by the author of the survey. I de-selected this option, and this decision was visible to the survey participant, as their name was not present when opening the survey. I sent solicitation emails to lead ICTs at selected VA facilities across the country. The email asked leads to share the anonymous survey link with their teams to increase participation and provide them with an understanding of the project and goals for improving the transitions of future ICTs.

There were no associated costs for the participants, nor were there any risks to their job or profession if they chose not to take part or wished to stop the process at any point. All participants were informed through the solicitation email that each was eligible for the Emergency Assistance Program should an emotion or memory have arisen that they wanted to further discuss after or during the completion of the questionnaire.

**Benefits**

There were no financial or employment benefits to taking part in this project; however, having the opportunity to share their story may have provided some therapeutic relief and stress reduction. In addition, their responses may positively impact the transition of other medics and hospital corpsmen.

**Costs**

There were no costs for participation in this study.

**Payment**

There wasn’t payment of any kind for participation in this study.
Conclusion

I constructed the questionnaire to gather the responses of the ICTs using Schlossberg’s Four Ss as a guiding framework. The data this project gathered through the questionnaires may allow VA leaders to better understand the experience of veterans’ transition to an ICT role. The VA currently does not assess veterans using the Four Ss during the recruitment or hiring process, nor do they assess any of these issues unless they identify a problem in the training or transition to the new role. As a future DNP-trained leader responsible for the practice of nursing and specifically the role of the Intermediate Care Technicians, my goal is to understand their words and experiences, especially since this population comes with unique challenges. After learning the experiences of these transitioning veterans, I developed the next steps (3 and 4) of the QUERI process, defining existing practice patterns and identifying and implementing interventions. Current literature has demonstrated utilizing a framework improves veteran transitions (Griffin & Gilbert, 2015).

Results

Demographics of Convenience Sample

The selected participants were a convenience sample pooled from previous medics and hospital corpsmen who were working in the VA as Intermediate Care Technicians. This sample consisted of 20 voluntary participants with 80% (16) identifying as men, 15% (3) identifying as women, and 5% (1) who preferred not to declare their gender. The ages of this sample were 30% (6) ages 25–34, 30% (6) ages 35–44, 30% (6) ages 45–54, and 10% (2) ages 55 or older.

The ethnicity of this population was diverse, with 5% (1) identifying as American Indian or Alaskan Native, 20% (4) identifying as Asian, 15% (3) identifying as Black or African
American, 30% (6) identifying as of Hispanic, Latino or Spanish origin, 5% (1) identifying as Mixed, 5% (1) identifying as multi-Ethnicities, and 20% (4) identifying as White, non-Hispanic. The demographics included the military branch from which participants were honorably discharged and their rank while on active duty. Most participants (55% [11]) enlisted in the U.S. Navy, while 25% (5) were from the Air Force, 5% (1) from the Army, and additionally 5% (1) from each other service, U.S. Army, and the National Guard Forces. Fifty-five percent (11) were hospital corpsmen, and the remaining 45% (9) were general categories of medic. In a review of rank at discharge, the majority of participants (40% [8]) were discharged at the grade of E-4, and only 2 participants were less than E-4 (10%); the remainder of the participants were E-5 to E-7 (9) with one participant not listing rank at discharge.

Each of the participants was working in the VA as an ICT. Thirty-five percent (7) were stationed at the VA in Palo Alto, 20% (4) were from New Mexico, 20% (4) were from Las Vegas, 10% (2) were from Cleveland, and 5% (1) each from Greater Los Angeles, Puget Sound, and one unidentified location. The majority of participants (80%) had been an ICT for 4 years or fewer, with only 10% being an ICT for more than 5 years.

Themes

The purpose of this project was to understand, in transitioning veterans’ words, the challenges and facilitators during the transition from active-duty service to the ICT role within the VA. The themes characterize what the participants felt were their barriers and their facilitators. Those about which I, my program advisor, and my practice mentor reached consensus were as follows: 1) managing emotions at separation, 2) the need to feel valued, 3) the need for mentorship and coaching, 4) early preparation is beneficial, 5) inadequate skill transfer,
6) camaraderie and duty to serve, 7) the importance of family and friends, and 8) self-validation and reflection.

**Challenges**

**Managing Emotions at Separation.** As this theme surfaced, it clearly depicted the vulnerability transitioning veterans experience. Participants gave responses that highlighted their ability to cope and manage their emotions, the strategies they employed, and, in some cases, the failure to gain momentum on positive management. Several participants commented on both their excitement and their fears. One stated they were “excited to get out of the military. Curious to be able to experience adult life outside of the military. Worried about being able to support a family.” Another participant responded simply they were “relieved/excited/scared.” We heard from many people that, overall, “it was very stressful.” For one participant, experiencing a transition to full adulthood outside of the military felt challenging.

When asked what coping strategies participants used to manage the transition, many stated they relied on family and friends. Others mentioned their faith in church and prayers, and some fell back on negative strategies, stating they felt “self-isolation, investing myself into video games to keep me busy. Excessive spending, smoking cigarettes, excessive drinking.” The difference in these transitions, some negative and some positive, appear to be related not only to their coping skills but also their resources and support systems. The majority of participants shared their transitions were stressful, and the response to that stress, as identified by the survey responses, may have determined their perceptions of their own success.

Within the responses, there was a recurring emphasis on keeping busy and reducing downtime. One participant stated:
I worked many hours and threw myself into my studies. I didn’t allow myself any
downtime. If I had free time, I worked. I felt I needed to survive and so I kicked in at
150%. I pushed myself to the limit and always felt I wasn’t doing enough, that is how I
coped.

Another veteran stated, “I worked out and traveled more so not to get my head into a mental
quagmire.” Engaging in physical activity and keeping busy with work continues as a persistent
thread within responses about coping strategies. The idea of keeping busy just to survive presents
not only the struggle with coping with the transition but perhaps some of the desperation to get
back to a familiar routine such as those participants experienced in the military. Several answers
implied respondents sought to keep busy in an effort to control their emotions during the
transition.

Need to Feel Valued. This theme resonated throughout the survey, both early in the
transition while participants were looking for employment, and later in the transition trajectory
when they were defining their current role as an ICT and what they valued about it. One
participant stated, at the beginning of the transition, a primary challenge was that “I no longer
had a purpose.” Another participant stated, “there are no jobs for veterans in the community that
meet our needs or expectations, leaving me feeling unvalued.” Participants felt a job should
contribute to their self-worth and value as an individual.

When participants considered what factors contributed to the challenges they faced
finding employment, one stated, “At the time finding employment was not hard, but finding
meaningful employment…was challenging.” When participants listed what suggestions they
would give to leadership in terms of supporting future medics, one participant stated, “Let them
know their skills are valued.” When asked if they find the ICT role fulfilling, one participant
stated, “I feel respected and valued in the VA and I would like to see our role continue to expand.”

From this discussion and inquiry, much evidence arose that, after experience in the armed forces, medics want to enter the workforce and feel valued, which aligns with their stated desire to have their skills better understood by employers, who can then value what they have to offer. When analyzing each response throughout the phases of transition, it became apparent each transition is unique in its impact and each veteran’s response to it is also unique, and yet these veterans’ need to be valued begins during their transition and continues with their employment as an ICT.

When participants considered what factors, if any, contributed to the challenges they faced finding employment when transitioning from active duty, one participant shared, “Civilian medical world not honoring the military medical world.” They shared, since they do not receive any sort of documentation or certification during their military service, the level of their skills is not valued or translatable in a way that the civilian world can use. Honor, respect, and dignity are key factors that impact whether a person feels valued. Without honor or respect, the sense of being valued also may be absent.

**Need for Mentorship and Coaching.** Any transition can benefit from mentorship and coaching, and in this specific population, this emerged as pertinent to many areas of the transition. In response to the survey question, “what did you perceive as facilitators to your successful transition to the civilian workforce, either personally and/or professionally,” participants recalled the value of informal mentorship. One answered, “having good military mentors and friends who had already retired.” Responses indicated, throughout all parts of the
transition, respondents believed in the importance of remaining connected to former friends and colleagues in the military for guidance and camaraderie.

When asked “what coping strategies did you use to cope with your transition off of active duty,” a participant stated, “Not many … I am not sure I had coping tools available to me. I just worked to survive at first. I had more opportunities for mentorship when I came to the VA.” Many participants spoke to the need for mentors and a mentor program, specifically at this time of transition. When sharing what leadership could do to improve the transition to the ICT role, one participant wrote, “If at all possible, develop a simple mentorship program that would allow for a feeling of support while the person is learning their new job duties.” One respondent summed it up by stating:

Mentorship is key! We need mentors helping to guide us through this stressful process and support our success. In my experience, most medics/corpsmen either don’t know what they want as their career after service or haven't been able to start college yet. They need mentors and guidance to grow.

Participants were then asked, “what factors, if any, contributed to the challenges you faced finding employment when you transitioned off active duty?” One participant stated, “I didn’t have a coach or mentor, I didn’t know who to reach out to except for a college counselor. There wasn’t a roadmap for me. I didn’t know who would hire me with my military skills.” This response suggests the needs of those transitioning are unique, and a college counselor may not fulfill all of a transitioning veteran’s career mentorship needs. In addition, the participant acknowledges the need for a roadmap and someone to help navigate.

As the survey progressed, the questions asked what advice the transitioning veteran may have for a fellow veteran, as well as for the leadership within the VA, to aid the transitioning
veteran. One participant responded that fellow veterans should “Go to the VA, there is a lot of opportunity for servicemembers. Take it one step at a time and find a mentor.”

Mentorship and coaching follow as a general practice in the military. At every duty station a person arrives, they are assigned a “buddy” who will coach and mentor them along in their welcoming process. Emotionally and professionally, this buddy coaches the new soldier and ensures their transition to that duty station is a welcoming and positive experience. Medics are accustomed to this “buddy” process, and the military does this for the following reasons: 1) it makes sure no one is left out, 2) it eliminates the stress of being a non-commissioned officer (leading others), 3) it ensures someone will always look out for the new soldier, 4) inappropriate behavior happens less frequently, and 5) soldiers have at least one person to talk to when they have difficult experiences (“5 Reasons Why the Battle Buddy System was Secretly Brilliant,” 2021).

**Readiness.** Even with the current VA transition programs in place, participants expressed they experienced gaps in the transition program process. One participant, in response to the question “at the very beginning of your transition from active duty (your first days as a civilian) what did you see as the primary barriers or challenges, either personally and/or professionally,” stated, “once I was offered a position to transfer into the VA, the HR department kept denying that the VA's own transitioning program did not apply within the VA.” Another participant responded to the same question by stating, “Employment was not good. I worked as a Nursing Assistant, but even doing that I had to take exams at the registry and prayed I would pass.” Both participants listed struggles at transition that impacted their ability to find gainful employment, including transportation and their specific readiness. One participant stated, “My car broke down, and had to buy a new one before I even got my first paycheck.” It was also evident, even
with preparations, readiness or lack thereof played a role in their transition. One participant shared, “I didn’t have a path forward. I needed this change, but I was NOT ready for it.”

When asked what factors, if any, contributed to the challenges faced finding employment when the veteran transitioned off active duty, one participant wrote, “my command did not approve many sailors’ SkillBridge, and I did not hear about the ICT position until on terminal leave.” SkillBridge is one of the most successful transition programs, but it requires approval by the soldier’s current duty command and therefore poses an additional barrier for transitioning veterans before they start their terminal leave. Terminal leave, which comprises the final leave days a service member takes prior to their official discharge from military service, is optional for service members to take.

Some transition paths were more purpose-driven than others. One participant wrote, “I had worked in many different jobs/positions for several years before being hired as an ICT. I am a ‘Jack-of-All-Trades’, if you will.” Others shared their readiness when asked how many months it took after transitioning off active duty to find acceptable employment, and one participant stated, “I actually started looking before I ended my active-duty service obligation.” As Whybrow and Milligan (2021) noted, starting the transition early, before leaving the service, is beneficial; this purpose-driven transition plan could assist in preventing the long delays other service members experience.

Some respondents offered advice on the transition process to their fellow veterans. One participant responded:

I would remind them that the transition from active to civilian life is a big life event. I would encourage them to seek counsel from a mental health provider or trusted confidante prior to and during the transition. I would remind them that a big transition
like this can bring up many emotions as well as challenges. Having a good support system in place before and during the transition can stabilize a person mentally to best cope with new work environments and personnel norms in the civilian setting. Being prepared can positively impact your new work experience as well as stabilize your home life during the process.

This response not only supports the need for readiness, but also the first stage of Schlossberg’s transition theory of identifying the transition as a transition. Understanding the change is a critical phase is yet another step in moving forward in one’s transition (Estrella & Lundberg, 2006). Another participant stated simply, “request as many appropriate credentials from the military before discharging.” This not only supports the theme of readiness but also leads to the next theme of inadequate skill transfer and the importance of getting documentation to validate one’s training as part of one’s readiness to transition. This is certainly easier said than done, since currently in the armed forces, medics’ training does not provide a certification or licensure.

**Inadequate Skill Transfer.** When participants were asked what they saw as the primary barriers or challenges in transition, participants’ responses supported the theme of skill transfer. Skill transfer is the identification of the skills learned on active-duty service that would transfer directly to a role within civilian employment. Examples are phlebotomy, wound care, general patient care, and evaluating vital signs. One participant stated barriers included the “challenge of converting my military medical skills to civilian. Being told I was overqualified. Civilians not understanding the military mindset.” The skill set of the medic is higher functioning than any unlicensed assistive role in the community. Medics suture, do wound debridement, place intravenous lines, and pass all classifications of medication. For this reason, when they apply for civilian employment, they can be seen as “overqualified.” However, these medics’ level of skills
is not transferable to the community setting as it does not fit within the regulations for certified or licensed roles within non-military settings.

Another participant described experiencing inadequate skill transfer, stating, “primary barriers were how to assimilate back into civilian life and dial back the operational tempo I’ve been accustomed to as well as learning how to implement the skills I’ve learned from the military to civilian.” The operational tempo could be translated to a mentality to “just do it.” In their medic role, these veterans would tackle all needs that their attained skills supported, rather than limiting themselves to what the scope of their licensure covered.

Employers understanding the skillset of a transitioning medic is critical to veterans finding suitable employment. One participant shared:

Discharge from the military was really stressful. I was thinking about just finding a quick job to pay my bills. At the time I could drive an ambulance as an EMT-Basic for $8-9 dollars an hour or work for the feed store for $11 an hour. I hated working in a place where I was unable to utilize my skills and abilities from the military. It was really a depressing time for me.

This response exemplifies the transitioning service person needing to decide between the necessity of paying bills and the fulfillment of finding meaningful work. The participant found they would be paid less working in a medical position that used some of their skills. This is another example of inadequate skills transfer resulting in limited employment opportunities that provide a living wage sufficient for a transitioning medic and their family.

To better elucidate the factors that contributed to finding employment, participants shared factors that contributed to the challenges they faced in finding employment. One of the participants shared:
There wasn’t a roadmap for me. I didn’t know who would hire me with my military skills. My skills and credentials did not transfer to a civilian job. They wanted certificates that I did not have, even though I was perfect for the jobs.

The use of the term roadmap is consistent among participants: they have knowledge of a skillset, but the lack of certification does not provide a pathway to employment. When participants were asked what benefits were critical to their employment choice, one participant stated simply, “Use of my military skills.” This again aligns with the many responses about having the skills to do certain jobs, but not having any form of validation or certification of those skills that could support a role in the civilian healthcare workforce.

The theme of how skills transfer to employment begins early in the transition phase. When asked whether participants were looking for a specific job and a specific range for wages, one shared:

Something that I could utilize my set of skills I developed while in the service or something that I could sustain my wife and I. This [ICT] job grants my longing for keeping my skills active but does not adequately accommodate for COLA [cost of living] averages in the area.

This response demonstrates the transitioning medics’ gratitude in being able to use the medic skillset; however, it highlights that this was not at a wage that would support the cost of living for the specific area. This ICT role within the VA is paid similarly to a licensed vocational nurse, but the role requires the ability and skill to perform much higher risk and invasive procedures.

The last few questions of the survey provided an opportunity for the ICT to share with leadership their advice for a successful transition. One participant shared:
Leaders should familiarize themselves with what a medic/hospital corpsman is and what their basic training is like. The common mistake that I see is leaders look at us as the typical “tech” they are used to working with and often underutilize the ICT skillset and devalue the position.

This reiterates the point that leaders need to work to understand the full role of the ICT and the breadth of skills the employee brings to the VA. One of the strongest recommendations was one of the most straightforward responses, “listen to suggestions and trust the skills [of the ICT].”

When participants were asked if they had any other thoughts or concerns they would like to share about their transition experience with future ICTs, one answered, “don’t waste your work experience, transition to ICT [employment] will continue those skills that you learn in the service.” This response highlights the need to build on those skills learned on active-duty service, to not only support current skill knowledge but to enhance and grow those skills, keeping them current and competent.

**Facilitators**

**Camaraderie and Duty to Serve.** The camaraderie among veterans is a trademark of service personnel and is a unique lived experience that does not translate easily to the civilian community. In the participants’ responses, the importance of camaraderie is interwoven throughout the phases of the transition. When asked, “please describe your feelings as you anticipated entering a new workforce,” one participant stated, “ready to be employed again and doing something rewarding. Serving my fellow veterans.” Clearly, serving veterans—expressed as fulfilling a “duty to serve”—ranks high among this population.

When participants reflected on their ultimate career goals, one shared theirs was “to continue serving my fellow veterans until I can’t anymore.” When asked if they find the ICT role
fulfilling, one participant said, “yes, I am very happy to help my fellow military brethren,” and another stated, “I have a sense of fulfillment that I get to continue to serve and provide essential care to my fellow veterans.” Yet another participant echoed this sentiment, stating, “Yes. Helping veterans is always fulfilling because I am helping one of our own that served and we understand them more than others.” The phrase “one of our own” highlights the respect for camaraderie and how that continues to play a part in their career goals.

The questionnaire then asked participants what they perceived as facilitators to a successful transition; they primarily noted duty to serve and camaraderie. One participant shared, “my first job was given to me by a fellow 82nd brother. I never served with him but when he saw I served in the 82nd on my resume he hired me on the spot.” A second noted, “My education was also a major facilitator as I got my first VA job as a lab tech.” A third wrote, “having good military mentors and friends who had already retired.” This last response again supports that camaraderie, even after military service, was critical in this transition. Bonds among veterans facilitated employment because of the active-duty service connection the employee had with the employer. The statement that “we” understand them (veterans) more than others, highlights again, the bond of these veterans and perhaps the continued strength of this camaraderie, which may lead to the continued desire and commitment to serve their fellow veterans.

The Importance of Family and Friends. Participant responses invoked the theme of family and friends repeatedly during the initial phase of the transition. When asked to describe the support they felt during their transition, one participant responded they received it from “Family and Friends.” Many responses fully supported this participant’s reflection: one asserted, “Family 1st and prior military friends who’d retired already,” and another stated, “I had good support from my fiancé and the community” and “God, church, family, friends, [and] other
veterans.” The following statements also support this theme, family and friends: “My brothers, and [my] wife”; “Only my significant other with me, otherwise, I would have been alone”; and “I was broke so being able to stay at my parents’ home while got back on my feet was a blessing.”

Family played an integral role in these transitions, and participants consistently invoked the support of their family and their “military” family/friends when discussing facilitators. Many stated it was their family and fellow veterans who were their only support.

Some respondents noted their needs informed their support. One participant stated, “ZERO support when I transitioned back. Life really didn’t change. It was just like before I enlisted. My mom and friends were the only support I had.” And, to add to the complexity of the nature of support, one participant stated:

My family was a support, but I did not share my fears with them. I stayed with an aunt and uncle for a few months. My buddies from the Navy reached out every now and then and that always made me feel complete and cared for.

This participant’s decision not to share their true fears would clearly impact the level of support they received or perhaps the level of support they would be comfortable accepting. Additionally, when asked what coping strategies they employed to cope with their transition, one participant stated, “Just relying on family and friend’s support.” The theme of family is repeated as one of the strongest points of support in the transition of medics.

**Self-Validation and Reflection.** This theme touches on the introspection of the transitioning medics and may highlight how positive or negative emotions impact a successful transition. When participants were asked what coping strategies they used to cope with their transition off of active duty, one participant shared, “meditation, self-analysis, and finding what I wanted to pursue.” Another shared, “believe in myself,” and another, “I trust my work
experience.” Throughout the responses, the transitioning veteran’s mindset was important, specifically when they needed to validate their ability to fulfill this new role. One participant stated:

Having a positive mental attitude and outlets to relieve stress. Fitness and sports have always been my lifestyle. I believe living a healthy and fit lifestyle consisting of eating healthful meals, weightlifting, cardiovascular exercise, staying active, and playing sports has helped me tremendously in so many ways.

This response presents a variety of coping strategies based on the support of self-validation and perhaps personal approval. This theme extends to what participants felt was important to share with others. When asked what advice they would give others about transitioning from active-duty service, one participant shared:

It is okay to not be ok. Have someone you can reach out to. File a VA claim regardless if you do not think you are “broken.” It does not stop you from getting employment. Setting yourself up can help in the long run.

The statements “It’s okay to not be ok” and “regardless if you do not think you are ‘broken’” support the aspect of reflection on one’s service and what is foundational to move forward. Additionally, this response displays the medic advocating being true to one’s emotions, that what a veteran in transition is feeling is real and that it is healthier to own it than to deny it.

**Summary and Conclusion of Themes**

The survey results highlighted a number of significant, well-supported, and strongly connected themes. Often, participants referred to other questions when answering, stating their responses were either connected or similar. The majority of respondents shared their experiences in a positive and descriptive manner.
Managing their emotions when leaving the military service was connected tightly to the importance of friends and family. Their experiences of camaraderie and the need to continue their efforts to serve their veteran colleagues were interrelated. When sharing their inability to find adequate employment secondary to inadequate skill transfer, they reiterated the need for mentoring and coaching, as well as the positive impact of self-validation and personal reflection. Each of these themes stands independently of the other; however, the connections among themes provides a richer and more robust understanding of the experiences of transitioning medics.

Discussion

This quality improvement project has provided insight into the experiences of transitioning medics and hospital corpsmen. Researchers have used Schlossberg’s transition theory to study many different populations, and, for this study, it provided a robust framework for assessing factors that became challenges and facilitators in the transition from active-duty service to employment in the VA as Intermediate Care Technicians (ICTs). The theory’s structure provided tools for assessment as the medics progressed in, through, and out of the transition (Estrella & Lundberg, 2006). This broke the transition into different phases to be analyzed versus treating the action as static, which may not have elicited the same level of insight to an overall understanding of this significant time in an active-duty member’s life.

The stakes of this project become clear when we consider the worst-case scenario outcomes of bad transitions. Though death by suicide is not a factor this project assessed, it is a guardrail in thinking about the possible impact of a more successful transition (Shue et al., 2021). Death by suicide among veterans has ranged from 17 per day to 22 per day over this past decade (Ravindran et al., 2020). The hope is improving transition timeliness and efficacy may positively
impact feelings of hopelessness, depression, and other negative responses of veterans in transition.

**Implications**

As Schlossberg’s theory states, the assessment begins before the transition starts; to that end, this project produced insights beginning with participant demographics. Fifty-five percent of the sample did not return to their hometown after discharge from active-duty. This presents some unique challenges for veterans in transition. If the medic is moving somewhere new, they must seek housing, food, social support, and employment, all beginning on the day of discharge. After the day of discharge, they are no longer able to eat in the mess hall, sleep in the barracks, shop in the commissary, or on military base services. After four years of not paying sales taxes in any of these on military base venues, regardless of their discharge location, the shift to civilian life and paying a little extra tax begins.

**Themes**

*Managing Emotions*

This section will address participants’ responses concerning their emotional state during the transition and how they managed their emotions. Several responses addressed mindset and readiness as impacting emotions. Some participants shared concerns about their ability to manage emotions positively through all stages of the transition (moving in, moving through, and moving out). This reinforces the need for programs and veterans themselves to be attentive to emotions and the emotional vulnerability that accompanies transitions starting with discharge from active-duty service.

When the questionnaire asked participants about how they handled their emotions during the transition, their responses varied from mentioning community-focused strategies such as
turning to faith, church, and prayers to noting potentially self-harming coping strategies; some felt “self-isolation” and, therefore, spent excessive time playing video games, smoking, and using alcohol. These responses indicate the need for programs and support networks to pay attention to individuals during this critical period of the transition and assess for negative and positive responses. Veterans who experience negative responses may require additional support.

Participants also shared alternative strategies that demonstrate avoidance of dealing with emotions. One participant shared:

I worked many hours and threw myself into my studies. I didn’t allow myself any downtime. If I had free time, I was working. I felt I needed to survive and so I kicked in at 150%. I pushed myself to the limit and always felt I wasn’t doing enough, that is how I coped.

This comment highlights how distress and difficulty managing emotions may not present in a way society perceives as negative and is further reason to ensure individuals receive guides and coaches to aid with this transition (Meyer, n.d.). The VA could assist with the assessment during the transition by implementing a more robust strategy for all transition programs. This deficiency may require the need for mentors or coaches to guide applicants through the process to hire. For example, as a leader who oversees this program locally, I intend to use this data as a foundation to start a mentoring program that begins at the point of applicant selection. This will mirror the Department of Defense “buddy” program (“5 Reasons Why,” 2021).

**Need to Feel Valued**

A need to feel valued was the strongest recurring theme among the respondents, and they noted it as present throughout each phase of the transition. As one participant wrote: “there are no jobs for veterans in the community that meet our needs or expectations, leaving me feeling
unvalued.” The VA’s understanding of veterans’ service training and skill, their value to civilian employment, and their abilities once employed as an ICT all can play an important part in making transitioning veterans feel valued.

While value is relative and people assess it in many ways, participant responses critically revealed a need to better understand the role medics played and how that role can integrate best into the current medical model. The ICT role has been recognized for its advanced skills, allowing the medic to perform many military service learned skills such as suturing, wound debridement, and casting (McNeal et al., 2019; Whybrow & Milligan, 2021). Recently, the National Defense Authorization Act of 2023, Public Law (PL) 117-263, established the need for the VA to create a certification that will support the ICT’s autonomy and skill. This type of action could provide ICTs with a stronger sense of value.

What can harm a person’s sense of value is their experience of bias, which many participants of this study discussed encountering. Ward (2022) studied the veteran transition to the civilian workforce, utilizing Schlossberg’s transition theory, and collected these factors of bias and discrimination from recent studies. He looked at the experiences of this transition and the elements of discrimination, bias, and stereotype discrimination (Ward, 2020). This current study on transitioning medics echoed Ward’s findings. In this DNP project, one ICT shared:

I had a few interviews that I felt had bias or just did it to hear stories about when I was in the military. It was obvious to some from how they asked questions. They viewed my military experience as a negative that I was just always angry or that I didn’t know how to be caring towards others and made me feel as if I wasn’t human sometimes.
This participant’s responses indicated their job interview went beyond the required understanding of their skills, knowledge, and attitudes for caring for the infirmed and into content outside of the respective venues.

More than one veteran discussed experiences in which they were asked about material beyond the basic job requirements. One veteran shared, “yes, in interviews they would ask me what my political views were for some reason anytime I mentioned I was in the military.” The participant’s response indicates they felt the interviewer’s questions about political views were in some way making a connection between military service and political views. This question reveals a lack of understanding about military life on the interviewer’s part, as it seems to undermine one of the core tenants of military service, which is to remain apolitical (Votel, 2020).

In this quality improvement project, participants reflected upon if they had felt any discrimination or bias as a veteran seeking employment. One veteran shared:

I felt my employers felt I was too “military.” I remember a supervisor told me to start asking patients to do a task and not tell them to do the task. I thought my approach was fine, but their comment made me feel out of line.

In this specific situation, perhaps the supervisor was sharing the difference in the approach for non-military populations, and that, although there are hierarchical mechanisms in the military to direct patients to take action, in the public sector it is more appropriate to ask rather than to instruct. It highlights minor differences in practice: rather than suggesting the veteran was wrong or inappropriate, this could indicate expectations of customer service have changed as the veteran has transitioned to non-military patient care.

The transition is challenging without the perceived barriers of veteran bias. Significantly, one veteran responded as follows:
[a challenge was] discrimination from staff members while going through the interview process. I’ve actually had young management staff laugh at my prior experience/education from serving on active duty, actually mocking me and making fun of me for applying for a position with their company. Those were very awful experiences.

This QI adds context and understanding to the proposed changes to transition support programs in the VA. Armed with this knowledge, the VA could mitigate the perceived bias against veterans by educating supervisors on veteran culture, transition expectations and experiences, and what transitioning veterans would be consider biased or discriminatory questions, such as not asking questions about their service that are not directly related to the skills, knowledge, and attitudes required for the role for which they applied.

Need for Mentorship and Coaching

The VA currently does not have a mentorship or coaching program specifically for the ICT transition program; however, ICT responses demonstrated a focused need for it. Mentors and coaches play an important role in any transition, but specifically, they have been supported through the literature for veterans (Robertson & Brott, 2014). One respondent, when asked for advice for leadership, responded, “If at all possible, develop a simple mentorship program that would allow for a feeling of support while the person is learning their new job duties.” This effort is currently underway by providing active duty medics the opportunity to learn the ICT role in VA during the last three months of their enlistment, at the beginning of their transition (MEMORANDUM OF UNDERSTANDING BETWEEN THE OFFICE OF THE UNDER SECRETARY OF DEFENSE FOR PERSONNEL AND READINESS, U.S. DEPARTMENT OF DEFENSE, n.d.).
The ICT participants shared their need for a mentor, and one response described how and why:

We need mentors helping to guide us through this stressful process and support our success. In my experience, most medics/corpsmen either don’t know what they want as their career after service or haven’t been able to start college yet. They need mentors and guidance to grow.

The implications of this data for the VA’s potential changes to the ICT program would be to consider filling this void either with a transition-specific mentor program or with a general mentorship program. This would require ongoing evaluation to ensure mentors could meet the transition-specific needs.

**Readiness**

Shue et al. (2021) discussed the need for veterans to get employment in the public sector prior to their discharge from active-duty service as a way to ease into the transition more successfully. Clearly, readiness for the transition was critical, which includes seeking employment prior to the transition (Shue et al., 2021). According to Schlossberg’s theory, the phase of moving into the transition is when the participant is thinking and planning for the transition. The theme of readiness appeared in participants’ responses throughout the survey and was consistent with the “moving into” phase of Schlossberg’s theory (Estrella & Lundberg, 2006). As veterans move through this transition, they often reidentify who they are through self-reflection and assessing their skills and abilities as a pathway to discover what they will do for employment as they transition to the civilian workforce (Griffin & Gilbert, 2015).

The VA has engaged in transition programs to assist veterans with early readiness for their discharge from active duty. One program the VA has utilized specifically is the National
SkillBridge Program. This program allows active-duty service members to work their last three months of active duty at a facility that will assist with their skill transition to civilian sector employment (MEMORANDUM OF UNDERSTANDING BETWEEN THE OFFICE OF THE UNDER SECRETARY OF DEFENSE FOR PERSONNEL AND READINESS, U.S. DEPARTMENT OF DEFENSE, n.d.).

The VAPAHCS successfully implemented the SkillBridge Program for medics at the start of the COVID-19 pandemic; however, shortly after they did so, the DOD did not allow their transitioning service members to apply, as they needed these human resources to support their COVID-19 response. This QI supports the need to continue this transition program and to give a pathway to employment for medics and hospital corpsmen. In particular, the SkillBridge program speaks to study participants’ stated need for a coach, mentor, pathway, and/or guide.

One response supported the idea of pre-readiness for the transition: “I actually started looking [for work] before I ended my active-duty service obligation.” Additionally, a participant offered the following advice to future transitioning medics:

I would remind them [ICTs] that the transition from active to civilian life is a big life event. I would encourage them to seek counsel from a mental health provider or trusted confidante prior to and during the transition. I would remind them that a big transition like this can bring up many emotions as well as challenges. To have a good support system in place before and during the transition can stabilize a person mentally in order to best cope with new work environments and personnel norms in the civilian setting. Being prepared can positively impact your new work experience as well as stabilize your home life during the process.
This response demonstrates the depth of readiness required to meet the complex needs of veterans at the time they transition to the civilian workforce. Robertson and Brott (2014) studied the transition of active duty service members and five key transition factors: 1) readiness, 2) confidence, 3) control, 4) perceived support, and 5) decision independence. Robertson and Brott (2014) found there was a positive correlation between financial stability and employment post-discharge. Those with a higher income had a shorter transition time. Financial stability is certainly part of readiness for discharge or the beginning of a transition (Robertson & Brott, 2014). Anderson and Goodman (2021) also found linking veterans to supportive services was important across the areas of physical and mental health, career readiness, and interpersonal relationships.

This information is critical in providing possibilities for the VA when structuring a more effective transition plan. For example, this project and its supporting literature would indicate transitioning medics may have a more difficult transition secondary to their low wage-earning potential. Implementing a transition program that begins on the day of their discharge could mitigate this difficulty. Additionally, further resources could be added to the transition plan that incorporate enrollment into VA care for physical and psychological assessment and support during this critical timeframe. As I discussed earlier, implementing a coach or “buddy” system could support the development of veterans’ interpersonal relationships while they navigate the transition to full employment.

**Inadequate Skill Transfer**

Currently, the VA is addressing the imbalance of the skill transfer of medics from active-duty service to the ICT role in the VA compared to other former military roles. For instance, the skill transfer of active-duty nurses to the VA is seamless: the scope of practice remains the same
and all skills are transferable. In a medic’s case, few skills are transferable, and a licensure or scope of practice does not exist. The most recent National Defense Authorization Act of 2023, Public Law (PL) 117-263, states the VA shall create a certification process to support the ICTs within the VA. This congressional language of “shall” requires the VA to create and implement such a program. This mandate will provide ICTs with a certification at the conclusion of the VA training that will support their advanced skill level.

Study respondents voiced concerns and surprise at their inadequate skill transfer throughout each part of the survey. Importantly, this elucidates the lack of their understanding about this discrepancy at the beginning of their transition (off of active duty), which significantly impacts their readiness for the transition. Participants also shared this concern throughout their “moving through” phase of the theory, or while they were seeking employment. Survey respondents noted, while in the transition to their new employment, they still felt a lack of autonomy in their skills. Many medics found when they were seeking employment, employers were seeking some level of certification or licensure. With Public Law 117-263, the VA can impact all medics by mitigating this barrier to employment. Certification will provide a level of evidence for their skill level, and this may support employment beyond the VA.

Inadequate skill transfer begins with a lack of civilians’ understanding of military skills (Ward, 2020). One of the medics shared he was told he was overqualified when he attempted to convert his military skills to the civilian workforce. Participant responses document the struggle of having to accommodate restrictions to their skill level by assimilating into civilian workforce expectations. Transitions for medics should not be this difficult, especially considering the current national need for healthcare workers. When medics leave the armed forces, they bring with them the ability to triage, treat, and care for the critically ill, including trauma patients.
Many come with skills for trauma care, intravenous line placement, minor surgical interventions, suturing, casting, and splinting. All medics have the ability to stabilize trauma patients until higher levels of medical or surgical expertise are available (U.S. Military Medical Jobs and Skills Handbook, n.d.).

Not only in this QI, but also in other literature this project has cited, skill transfer evidently has not been optimized, and there is a need for the skill set of transitioning medics, not only within the VA, but also throughout medical communities, both private and public. The questions for leadership become, whose responsibility is it to mitigate these transition challenges? Should this be a joint venture between the DOD and the VA? The DOD has provided the skills, training, and job experience, in most cases; however, the certification for that training is not readily available, nor is it transferrable to the community. If civilian organizations agree this medic workforce is needed and has the talent, and they concede there are processes that could be implemented to make this transition smooth, then revising transition programs demands rapid attention while the opportunities to do so are present (Botero et al., 2020).

Camaraderie and Duty to Serve

Being a part of the military and serving on active duty creates an experiential community that is often described as “you don’t understand it unless you have lived it.” One medic stated in his response, “we understand them [veterans] more than others.” The connections among veterans are compelling. The camaraderie is seen beyond the war zone, beyond conflicts. It is seen cross-culturally, within, and among services, and it brings strength to the work done within the VA (Hamwey et al., 2021).

Hamwey et al. (2021) studied the interpersonal dynamics among military healthcare teams to better understand their relationships. They stated we understand the military members
are “bonded like family” but wanted to study how those dynamics impact the healthcare team (Hamwey et al., 2021). Hamwey et al. (2021) found themes that may mirror some aspects of the findings in this project: (1) confidence in competent peers, (2) shared goals, (3) mutual respect, (4) desire to help one another improve, (5) personal is professional, and (6) bonds of military service. This QI project identified camaraderie as a key component of the transitioning experience.

One medic shares this dual statement of camaraderie and duty to serve in his interpretation of his role, stating, “I was ready to be employed again and doing something rewarding. Serving my fellow veterans.” This response describes being employed in a facility that not only provides healthcare, but also fulfills the element of serving. This example resonates throughout the responses and can be characterized as an element of the camaraderie veterans share. One medic wrote he would care for veterans “until I can’t anymore.” Similar to Hamwey et al. (2021), the project team understood service members having a strong bond, but perhaps they understood less well understood the medics’ “duty to serve” in VA as a key driver for the ICT role. The duty to serve is critical in the VA, as it drives the Mission. The motto of many VA facilities is, “Serving those Who Served.” In this specific population, we see veterans serving those whom they served “alongside,” or to state more accurately, serving those who also served.

The Importance of Family and Friends

Schlossberg’s transition model describes four characteristics of human transition, which include situation, support, self, and strategies. In connection with the second of these characteristics, as I have mentioned, 50% of this sample did not return to their hometown. Still, families remained a primary source of support for medics during this stressful transition phase. Some medics shared they had minimal support or no support other than their families. Many
sections of the survey included the response “God, family, friends, and other Veterans,” which represents all phases of Schlossberg’s transition model—Moving In, Moving Through, and Moving Out (Estrella & Lundberg, 2006; Schlossberg, 2011).

Social support is critical in the transition phase, but veterans do not always share the stress of transition with each member of that support structure. As one medic stated, “My family was *my* support, but I didn’t share my fears with them” (emphasis original). Such responses suggest even though transitioning veterans may see their family as their support, that support may not be fully informed of the medics’ fears or vulnerabilities. This could add further complexity to mitigating the stressors of a transition. In a recent qualitative study entitled “We Don’t Complain about the Little Things,” Butler et al. (2015) articulated how, within the healthcare environment, patients who are veterans do not complain about minor concerns. Within support structures for transitioning veterans—family, friends, or, formally, the DOD and the VA—there needs to be a structure to encourage veterans to share their true emotions. Veterans’ lack of transparency in expressing emotions may be related to inadequate resources from the DOD or VA or to their fear that their support system would not be able to manage or accept the truth of their emotional or mental health state. The findings of this QI support that both the VA and DOD could assist transitioning veterans by facilitating encouragement to share their fears about readiness to transition prior to and during the transition.

**Self-Validation and Reflection**

Medics spoke to themes of self-validation and reflection as they recounted their clinical skills, their talents, and what they could offer the community workforce. Like other military healthcare roles, transitioning medics face criticisms of being both over- and under-qualified, which has created frustration, self-esteem issues, anger, as well as compelling some military
health professionals to look for other career opportunities rather than continuing in the health field (Allen et al., 2014). Respondents recognized their own depth of confidence in their training in the military as facilitators of their transition. This validation is renewed as they transition into roles that do not have this implicit trust in their competence and skill, leading them to reflect on the trust and skill they experienced while working within the military healthcare teams (Hamwey et al., 2021).

The participant responses demonstrate their knowledge that the civilian workforce may not understand their skills, training, and value, but their own confidence and pride in their abilities to care for veterans’ health needs offsets this deficit. The need to bring clarity to the civilian workforce about veterans’ skills and backgrounds is a complicated issue. Medics, as mentioned above, do not have licensure or certification, and they likely do not have any training documents other than their DD214, discharge paperwork (Allen et al., 2014). The response “I believe in myself, and I trust my skills and training” represents the sense they have that they will need to translate this competence for others.

In response to the survey question requesting advice for leadership, one medic shared leadership should ask medics questions, listen to their responses, and trust their skills. The response “be flexible, and don’t be scared that we are able to do their duties without the college degree” again demonstrates their own trust in their skills and those of other medics, but the lack of understanding from many in the civilian workforce (Ward, 2020).

Limitations

The limitations of this QI project begin with the sample size of 20. A larger sample size might provide a more robust look at the unique transition experiences of previous medics who have transitioned to the VA ICT role. The project’s qualitative nature provided significant useful
information; however, conducting interviews, which could include more probing follow-up questions, instead of administering an open-ended question survey may have provided richer and more in-depth responses. This project also surveyed 1A complexity VA hospitals, and perhaps different levels of complexity may provide views this sample population did not reflect. For instance, transitioning medics who chose to take other roles in the community and not within the VA as an ICT could provide other perspectives on transitioning. This may have provided an additional view to success, beyond the ICT role.

The limitations of this project are the number of participants for a national program that serves hundreds. The project used a qualitative survey; however, personal interviews may have driven more robust responses. The use of ICTs likely varies among different complexities within the VA: for example, communities rely more on ICTs in rural locations where staffing resources are limited. During this project, there was a national approach to assess the appropriateness of ICTs and medication authorizations; this could have been perceived as a “limiting” of their scope and abilities. Further, given the global events of the COVID-19 pandemic, this was not an optimal time to assess veteran medics’ impressions of feeling valued.

**Conclusion**

This project has highlighted how the transition from active-duty service to the civilian workforce begins well before the last day of active duty. This finding is in alignment with Schlossberg’s transition model. The “moving in” phase begins when the veteran starts considering transition. The majority of the literature available concentrates on the second phase, “moving through” transition; however, this project’s findings clearly support the need to address transition prior to discharge from military service.
Another key takeaway from this project’s findings is the critical need for mentorship and coaching throughout the transition. Several participants shared they felt lost, did not know where to go or what to do, and in their journey to get employment, did not know where to turn. While the VA has transition programs, and the DOD has aspects of a transition program, the responses in this project clearly indicated this attempt is not well coordinated for the end user and requires development. Respondents mentioned the SkillBridge transition program several times, and this may provide a starting point for further exploration to meet this critical need.

Seeking a sense of value for their skills learned in the military as well as in their employment opportunities was a key theme throughout responses. Veterans seek recognition for their value from both the VA and the larger civilian community, particularly in relation to accepting transitioning veterans into their workforce. The sense of value and attainment of value in their work are critical to veterans’ perceived success of their transition. Impressions of bias or feeling as if they possess inadequate skills specifically have impacted medics negatively.

The VA is striving to improve the role of the ICT, and though this step is creating a foundation for the role, the ICTs seek validation that leadership values and appreciates their skills and presence. Several responses requested leaders ask questions and listen to their answers. This implied that, even when veterans are asked about their experiences or needs, they do not feel heard in their responses. Attention to military culture becomes critical as the VA builds this new model of care that includes the ICTs and benefits from their previous medic experiences.

The need and ability to serve those who have served drove many of these transitioning medics. Tapping into this element of camaraderie could provide unique possibilities for program development and support for veterans. Nearly all participants stated a desire to serve other veterans and to do so “until I can no longer serve.” Healthcare interprofessional relationships are
critical, and working in an environment that has a strong interdisciplinary team provides an opportunity for optimized results in patient care outcomes. With the full integration of the ICT role, the VA has an opportunity to support this duty to serve, facilitate camaraderie among interprofessional team members, and improve care in ways only the VA and the DOD have the opportunity to do with the use of the ICTs.

**Recommendations for Future Practice**

This quality improvement project has provided me the opportunity to share with VA leadership the possibilities for implementing changes and to provide a better understanding of medics’ training and skills. Medics transition out of service with much higher invasive skills than RNs or LVNs do, including suturing, debriding wounds, toenail removals, and lancing of cysts, but these medics are not licensed and therefore cannot practice any of these skills in the civilian workforce. However, opportunities to do so exist in the VA (*U.S. Military Medical Jobs and Skills Handbook*, n.d.). This lack of licensure or certification limits medics’ ability to seek work outside of the federal government structure that is comparable, fulfilling, and brings them value.

Veterans who have served in the U.S. military would benefit from a community that is prepared to support them in their transition to the civilian workforce. By taking a deeper look into the possibilities for improving this transition, the VA can impact positively the healthcare staffing crisis nationally and improve the transitions of medics and hospital corpsmen, all while building a much stronger healthcare workforce. Fully implementing the ICT role would require a change in the care delivery model for a variety of clinical areas. Currently, the VA uses ICTs in intensive care units, emergency departments, and primary care clinics. In looking at current models of care, and full utilization of the ICT role with forthcoming VA certification, future
expansions into vascular device teams, interventional radiology, minor surgical clinics, podiatry, orthopedic procedural clinics, and other interventional areas are all possible.

Considering each phase of transition when assessing how to change the onboarding process for ICT applicants can lead to improved transitions for all veterans. Veterans who have served in the U.S. military deserve a community that is prepared to support them in their transition to the civilian workforce. By taking a deeper look into possibilities for improvement, we are respecting their service to our country and building a stronger workforce in the VA.

Further Research

The results of this QI project may provide further guidance in the immediate and evolving needs of the transitioning medic. Each of the themes from this project deserves more in-depth study. Though there is ample literature about transitioning veterans, not much exists on transitioning medics and hospital corpsmen. Medics experience unique challenges during their transition that other veterans may not encounter. This project has focused on a specific population of transitioning veterans who are unique in their skillsets and have a significant opportunity to assist in mitigating future healthcare worker deficits. Further research might explore each of this study’s analytical themes in more depth, perhaps by the use of personal interviews so interviewees could better clarify or add detail to their responses.

Legislation the DOD has written has brought a new focus to transitioning medics and the need for certification and accreditation of their training. The VA is taking the lead on this initiative, and, as the VA enhances its many transition programs, it will be important to study the effectiveness and impact of the changes within the themes this project has described. Utilizing Schlossberg’s transition theory provided a useful framework to look at this specific population of medics, and future studies could follow that framework to support the transition from before
discharge from active duty, through to the completion of what the medic would consider the end of their military service transition. As people move out of a transition, they frequently consider moving into the next transition, such as further education or a new role (Estrella & Lundberg, 2006). Capturing each phase of the transition and assessing its challenges and facilitators can lead to improved transitions for all veterans.
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Appendix A

Demographics Questionnaire

1. Are you currently employed by Veterans Affairs as an Intermediate Care Technician?

2. What is your duty station (Palo Alto or alternate site)?

3. What is your current age?

4. What is your gender identity?

5. What is your ethnicity?

6. Which military branch you were honorably discharged from?

7. What was your military occupation?

8. What was your rank at discharge?

9. What was the year of your active-duty discharge?

10. How many years did you serve in the military?

11. At discharge did you relocate to your hometown?

12. What was the month and year of hire as an ICT?

13. Were you service connected after discharge?

14. What is your marital status?

15. Are you currently in college for further education?

16. If not, do you plan to further your education?
Appendix B

Transitioning Medic Questionnaire

The questionnaire will be guided by Nancy K. Schlossberg’s Transition Model. Each question is guided by one of the Four Ss. This questionnaire is anonymous.

**Instructions to the participant:** This questionnaire will allow us to better understand the experience of a medic or hospital corpsman who transitions from active-duty service to an ICT role. Your responses will assist leadership in creating a program to assist in the transition of future medics and hospital corpsmen. We hope you feel trusting and transparent to share your personal transition experience. Please be thoughtful and as detailed as you can about each question and your impressions of that experience. Thanks for your help!

As much as possible tell us the story as you would relate it to a friend or family member when answering these questions. These words are only cues if you want to address any or all of them: housing, job, fears, stress, family, goals, medical care, transportation.

1. **Situation**
   a. Tell us about the time leading up to the day you were discharged from active duty, and what was running through your mind on that day and the weeks before?
   b. At the beginning, what did you see as the primary barriers or challenges to your transition?
   c. Once employed what was your job, and what did you perceive as the facilitators to improving your transition?
d. Once hired, in reflection what were the challenges leading up to your employment as an ICT?

2. Self
   a. Please describe your feelings as you anticipated entering a new workforce.
   b. What was positive and what was negative in your mind as you anticipated this change?

3. Support
   a. When you transitioned what changed?
   b. Please include a description of the support you felt during this process.
      i. These words are only cues if you want to address any or all of them: family, friends, church, and other social changes.

4. Strategies
   a. What were your coping strategies to deal with your transition from active duty?
   b. Were you looking for a job with specific wages, and if so, what were you looking for?
   c. What benefits did you feel were critical to your employment choice?
   d. What were the factors that contributed to the challenges you faced for employment?
   e. If you felt any discrimination while looking for employment, please explain.
   f. List your perceived barriers to employment.
   g. List your perceived facilitators for employment.
   h. What is your ultimate goal in your career now that you are an ICT?
i. What advice would you give others about transitioning from active duty?

j. What are your suggestions to leadership in terms of support for transitioning medics and hospital corpsmen?
Appendix C

Email Solicitation

Email to Participant Leads:

ICT Leads:

As each of you already knows, transitioning veterans suffer many challenges. As one of the leaders of the ICT program locally at the VA in Palo Alto I am looking at those challenges and want to gain insight into the areas that we in VA could improve on to make these transitions smooth and less challenging.

There have been many studies on transitioning veterans, but this quality improvement project will only focus on you and your colleagues, ICTs. Your work on this anonymous survey will be rewarding in the effort to improve this process for future ICTs.

Leads, your role is as follows:

1. Forward this email and the survey link to each ICT on your team
2. Inform your ICTs of the reasons for the anonymous survey and how they can help future ICTs.
3. Provide them with access to your Employee Assistance Program (EAP) if they choose to reach out.
4. Follow up with your team throughout the following weeks to ensure your team has had the time to complete the anonymous survey.
5. It may be best to take the anonymous survey as well so that you fully understand the intent.

As the lead, you will be provided with the outcomes to share with your team once the quality improvement project is completed. As a former Hospital Corpsman, I want to thank you for your service and thank you in advance for supporting your team with the time required to take this anonymous survey.

We can improve the transitions for our Medics and Hospital Corpsman, and your efforts on this quality improvement project will give us the information to make those improvements. Please forward the text below to each of your ICTs with the link to the survey.

************************************************************************

Email to forward to ICTs:

My name is David Renfro, I am a Doctoral Student at San Jose State University and a previous Hospital Corpsman. I currently work closely with our ICT team at the VA in Palo Alto. You are invited to participate in this quality improvement project looking at the Experiences of Medics and Hospital Corpsman Transition from Active Duty to the Intermediate Care Technician Program in Veterans Affairs.
The Project Title is Experiences of Transitioning Medics and Hospital Corpsman and the faculty advisor from San Jose State University is Dr. Susan McNiesh who can be reached at Susan.McNiesh@sjsu.edu.

Your voluntary participation in this project will require the completion of the anonymous survey in the link below. The survey will likely take 20-30 minutes. Participation is anonymous, and participants will not be contacted in the future. You will not be paid, and this survey involves minimal risk to you, however, if this survey triggers emotions, Employee Assistance Program is available to you through your supervisor. The benefits of taking this survey are the impact it may have on improving the transitions of future ICTs. If you have any questions about this survey process or this improvement project, please contact me, David Renfro, as the project lead at: David.Renfro@sjsu.edu or the SJSU faculty project advisor, Dr. Susan McNiesh at Susan.McNiesh@sjsu.edu

The completion of this anonymous survey implies your consent to participate. If you choose to participate, please complete it by October 26, 2022, at 6 pm pacific time.

Respectfully,

David Renfro, HM2
Quality Improvement Lead
David.Renfro@sjsu.edu
### Appendix D

#### Respondent Demographics

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