Assessment of Ethical Issues Related to the Health Care of Women and Children: A Lookback at Recent Conflict Zones

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Dr. Agazio's research includes issues related to military nursing care delivery and impact of military life upon families. She is active in nursing professional organizations, serving currently on the Governance Committee with Sigma Theta Tau International Honor Society of Nursing, as a CCNE accreditation team leader and site visitor and a mentor for the TriService Nursing Research Program (TSNRP) Family Interest Group. She is an active reviewer for nursing journals, and other grant and abstract review committees. Her recent publications have reflected previous research in ethical issues experienced by military nurses in wartime and deployment experiences for military families.

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Air Force Col. (ret) Candy Wilson, Ph.D., A.P.R.N., W.H.N.P.-B.C., F.A.A.N.P., F.A.A.N. is the interim Associate Dean for Research and Scholarship for the Christine E. Lynn College of Nursing at Florida Atlantic University in beautiful Boca Raton, Florida. She retired from the US Air Force after a 30-year military career in 2022. Dr. Wilson provided patient care as a clinical nurse and Women's Health Nurse Practitioner throughout her nursing and military career. Focusing on overseas deployments, she provided women's health care in Afghanistan villages for over 3,000 women and children in seven villages.

Dr. Wilson has published 52 peer-reviewed papers and three book chapters. She was awarded over $18 million in research funded from Federal and Department of Defense sources. Dr. Wilson's research goals at FAU are to collaborate with others dedicated to military and veteran research focusing on sex and gender differences in health and well-being, including alternative therapies.

Disclosures

- Dr. Agazio and Dr Wilson have no relevant financial or non-financial relationships to disclose relating to the content of this activity.
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Learning Objectives

At the end of this presentation participants will be able to:

1. Discuss at least two major ethical issues related to the care of women and children that emerged during the recent conflicts.
2. Summarize ethical principles that informed health care providers' practice during the conflict for appropriate actions.
3. Describe implications to prepare healthcare providers who will encounter wartime situations in the future.

Care for Women and Children:
Where Culture and Health Collide

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(Photos courtesy of Dr. Wilson, 2009)

Care for Women and Children:
Where Culture and Health Collide

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JOGNN

THEN & NOW

A "Boots on the Ground" Perspective of Caring for the Women and Children in Afghanistan

Candy Wilson

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ABSTRACT

In 1972 Margarete V. Silberberg wrote about her nursing experience when caring for women at a Kabul, Afghanistan, hospital. Based on my experience during a recent deployment to Afghanistan, I describe providing health care to Afghan women and children as a military Women's Health Nurse Practitioner. Delivering health care presented the threat of physical harm for the health care team and those who received the care. Afghan women and children continue to experience significant cultural, religious, and social circumstances that limit their education, personal development, protection from abuse, and access to health care.

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Candy Wilson, Lt Col, USAF, NC, PhD, APRN, is a women's health nurse practitioner and director of nursing research at Lackland Airforce Base, TX.

Forty years ago, Silberberg (1972) wrote an emotion-filled article about her experience as a Peace Corps obstetric nurse working in a Kabul, Afghanistan, hospital. Her words resonated with my experience. It is difficult to know where to begin to share my story about caring for women and children in Afghanistan. The people of Afghanistan live in extremes. During my tour I witnessed extremes in poverty, religious zealousness, and human cruelty; however, the human spirit lives on. My heart and nursing practice is forever changed by this experience. It is my hope that this article will illustrate the real day-to-day issues women and children of Afghanistan face from my "boots on the ground" perspective so that nurses may appreciate the challenges of caring for women and children on the other side of the world in a war-torn nation.

The war hinders access to medical care, but there transportation is cumbersome given that there is the only one completely paved road in the rural areas: Highway 1. The climate in northern and eastern Afghanistan results in cold winters and dry, hot summers. During the spring through fall, this arid terrain is subject to walls of blinding dust and whirlwinds that are picked up at velocities ranging from 97 to 177 km and severely impact visibility. In Afghanistan's current economy there is a lack of marketable industry to the open world market, which forces this nation to be reliant on others to sustain the livelihoods of those who live there. This lack of self-sufficiency, among other contributors, forces many of the inhabitants to endure great adversity to provide for their families.

In 2009 to 2010, I was assigned to Bagram Airbase hospital in Afghanistan as a U.S. Air Force officer and Women's Health Nurse Practitioner (WHNP).

Wilson, C. (2011).

Combined Joint Special Operations Task Force-82 (CJSOTF-82)

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(Photos courtesy of Dr. Wilson)

Village Medical Outreach Program (VMOP)

- VMOP
  - Provide basic medical, dental, veterinary services and hygiene information
  - Mentor health care champions
  - Generate village goodwill
  - Get to know local inhabitants
  - Force protection by improving relationships

(Photos courtesy of Dr. Wilson)

Infant Health

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Infant Health

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Infant Care

•Mother's bind children

•If sick, mothers wrap plastic next to skin for warmth and to treat the illness

•Infant mortality: 152/1,000 livebirths

Infant Health

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Child Health

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Child Health

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Child Health

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Ethical Issues with the Care of Children

How can healthcare teams from the US and allied nations adapt to severe social determinants of health constraints in a war-torn region?

In the chat, please provide a short statement response.

Women’s Health

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(Photos courtesy of Dr. Wilson)

Women's Health

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Infertility

Pregnancy

- Average women has 7 or more children in her lifetime
- 1 in 4 children die before age 5 years

Post Partum

- No breastfeeding issues expressed
- Spacing of pregnancies are usually very close

Women’s Health

Women’s Health Provider

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- Lay midwives
- 80% births at home
- Midwives safety jeopardized

Women’s Health

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Mental Health

- Anxiety
- Depression
- Sleep Disorders
- Drug Use

Women’s Health

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Women's Health

- Primary Care
  - Hypertension
  - Tuberculosis
  - Iron deficiency/anemia
  - Thyroid issues
  - Diabetes
  - Back pain/joint pain
  - Stomach ailments

Women's Health

Oppressive Home Life

- Abuse in marriage
- Rape in marriage
- Lack of support for education or a means to support oneself

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Dental Health

- Three dentists per 100,000 people
- Women can only be treated by a female dentist

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Army nursing practice in wartime and operations other than war

- Health promotion in military women
- Virtual reality for skill readiness
- Management of Ethical issues by military nurses during wartime

- Military spouse coping
  - Determinants of health-promoting behaviors in military spouses during deployment separation
  - Stress, coping, and well-being in military spouses during deployment separation .
  - Factors influencing a health promoting lifestyle spouses of active duty military
- Deployment of Military Mothers
  - Strategies to manage the relationship with young children
  - Issues arising across the trajectory of deployment
- Young Children's experience of Deployment/separation
  - Draw and Tell/Photo Elicitation with children 4-10 years
  - Interviews with parents/quant measures family functioning, parental stress

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Ethical issues Experienced and Managed by Military Nurses during Wartime

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Polling question: What do you rely on in addressing ethical dilemmas in your practice? In a deployed setting?

- Professional codes of ethics
- Faith based guidance
- Geneva Convention
- Ethics committee decisions
- Advice from colleagues
- Command directives
- Other sources

Background

- Lack of research regarding how military nurses have managed ethical issues during deployments since 2001 in Afghanistan and Iraq
- Studies among civilian nurses have linked consequences of moral distress to negatively impact nurses
- Moral distress has been associated with burn out, compassion fatigue, and disinterest in the provision of quality patient care

Methods

(Photo courtesy of Dr. Agazio)

- **Design**: Grounded theory
- **Sample**: Active duty, reserve, and retired nurse corps officers who were deployed in support of Operation Iraqi Freedom, Operation Enduring Freedom, and Operation New Dawn
- **Instrumentation**: Demographics and focused interview
- **Data Analysis**: Constant comparative method (Strauss and Corbin, 1990)

Participant Demographics

- N= 31 participants
- Army (17, 55%);Air Force (8, 26%);Navy (6, 19%);
- Active duty (83%); Reserve (7%); Retired (10%)
- Female (22, 71%) Male (9, 29%); Caucasian (87%)
- Mean age 43 years (Range 26-59 years)
- Deployed to Iraq (16); Afghanistan (10); both (5)
- Length of deployment: Mean 8.1; range 3-17 months

Belmont report as organizing framework

- **Respect for Persons.** – “Respect for persons incorporates at least two ethical convictions: first, that individuals should be treated as autonomous agents, and second, that persons with diminished autonomy are entitled to protection. The principle of respect for persons thus divides into two separate moral requirements: the requirement to acknowledge autonomy and the requirement to protect those with diminished autonomy.”
- **Beneficence.** – “In this document, beneficence is understood in a stronger sense, as an obligation. Two general rules have been formulated as complementary expressions of beneficent actions in this sense: **(1)** do not harm and **(2)** maximize possible benefits and minimize possible harms.”
- **Justice.** –”…the principle of justice is that equals ought to be treated equally…There are several widely accepted formulations of just ways to distribute burdens and benefits. Each formulation mentions some relevant property on the basis of which burdens and benefits should be distributed. These formulations are **(1)** to each person an equal share, **(2)** to each person according to individual need, **(3)** to each person according to individual effort, **(4)** to each person according to societal contribution, and **(5)** to each person according to merit.

The issues: Respect for persons

http://www.robertreckmeyer.com/dark-forces-criminal-fraud-iraq.html

- Cultural differences
  - "But again, to be forewarned that that's the way it is when you have such a disparate culture between the two sides, and then when we start to care for civilians, and yet that's not the mission that you're there for. You want to give them -- I handed out tons, literal, tons of clothes and school things and candy things. People would send them to me because I'd hand them out."
  - "Yeah. And the kids too. I think that was probably the hardest for me. They're not your normal kids. They're going to be distant and not want to smile and not be interested in some things and very stoic and so I think that was probably the… they wouldn't smile, they wouldn't – you'd give them like a toy or something to play with and they didn't really want to do that, not a lot of eye contact."
- Gender
  - "We didn't get a whole lot of females in but when we did, we couldn't let any of the male nurses or techs take care of them so. that was kind of hard and I think the way that some of the male family members looked at you was a little bit hard too"
  - "You may be taking care of the people that that insurgent wounded on your floor, and then you have to flip the switch and do these humanitarian cases. And those were challenging because of (1) the cultural differences; they did not like to have women telling them what to do especially."
  - "Of course, us girls, we're allowed to go in the room with all these women. There'd be 30, 40 women and children. Let me tell you. Once that door was closed, they would throw back those burqas - beautiful, beautiful makeup, beautiful jewelry, 10 times more jewelry than I've ever worn, beautiful clothes, polished fingernails, just gorgeous women, chatter, chatter, chatter. And the little kids, they love to have us fondle their little babies. They were women like any other women around the world."
  - "They're not used to treating women with respect, and that was very obvious, because if an Afghan male patient, especially if they were of higher standing, if you were a female nurse, they didn't take you as serious as they would a male nurse. So that was very apparent that females are not treated equally in their country."

The Issues:
Respect for persons

- Respect for person
  - "When I was working with a lot of the Afghanis, it's hard to relate to them, but I just tried to think if this was my father or my husband or my child. What would I want done, not this kid was placing an IED and this is why this happened. Just really kind of pull yourself away from that and just see them as a human being right there."
  - "I just looked at them as if I'm going to take care of them as if someone is taking care of my family member. I will give you the respect you need as a patient."
  - "Everyone is a human being and they all deserve the best."
  - "Regarding post-mortem care in Muslim tradition: 'They were human beings and they deserved that respect and care…as Muslims, they have a timeline where they need to be buried, that sort of thing…'"
  - "For January alone, we had 10 end of life where we turned off the vent, five in one week, three in one day. Those three were children. What I saw absorbed by my nurses was the emotional tie to the child being let go. There was no family there with any of these for them to have let them hold the child. The nurses held the child."

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The Issues: Beneficence

http://www.veteranstoday.com/2010/12/04/the-iraq-war-may-be-over-but-the-grudge-aint-3/

Level of care

- "If we would have addressed more of the basic things, the worms that you find over there, I thought, oh my God, worms in livers and worms everywhere. If we would address the kind of things that Red Cross or the Doctors Without Borders, the basic things, if we would have addressed that more, I think we'd be much better off than trying to give them exotic neurosurgery."
- "We had to be very careful because if there was any sort of reference, any way of identifying it as being a U.S. sort of apparel they couldn't have it. They couldn't walk out with it and the enemy, whoever that it is outside the gate, seeing that. Oh you're a supporter. You're and we just wrote their death sentence. So we had to be real careful about what we gave them. Very, very different culturally in the sense that the women did not want to be touched, seen, viewed with men and most of the time we didn't give them an option.
- "….some of the intense resources that went into some of the ICU local patients, especially because I think we come into a country, we have a responsibility to care for their members who are injured in war, but at the same time, we are taking our level of care, our standard of care, and we're impressing upon a country that doesn't have the same standard of care. And how do we, having a standard of care, you don't want to go and do a lower standard of care, but at the same time our standard of care doesn't provide a longevity for them once they leave the hospital."

The Issues: Beneficence

Futility of care:

- "….some of the intense resources that went into some of the ICU local patients, especially because I think we come into a country, we have a responsibility to care for their members who are injured in war, but at the same time, we are taking our level of care, our standard of care, and we're impressing upon a country that doesn't have the same standard of care. And how do we, having a standard of care, you don't want to go and do a lower standard of care, but at the same time our standard of care doesn't provide a longevity for them once they leave the hospital."
- "So, knowing that, why are we doing this anyway for this child who (1) doesn't have a good support system, (2) doesn't have the means to continue these therapies because as they grow, they're going to need shunt revisions? Shunt infections are a huge problem even in a modern society, much less their society which is focused on cleanliness and germs and things like that."

  "And what quality of life are we trying to do? And is it just a show of American positivity or what is the reason for doing this? It was more, from what I understand, the family had sought for us to provide treatment even though they knew it was a dire situation, and they were spending all this money on resources for this child and actually potentially making them miserable. This was a nine-month infant, I think. It was miserable to watch him just be totally uncomfortable. We couldn't control the pain. It was just very heartbreaking. And sure enough, within a week -- well, they transferred the child back the next day to ICU because day shift just could not handle him. He was too much. And so, within a week, they found out he had infarcted multiple times, sort of bled from the shunt and things like that and increased pressure in his brain. He ended up dying, and it was just why are we doing this?"
- "What's the quality of life of this 20-something-year-old male in Afghanistan that has only one functioning limb and he's blind?"

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Beneficence

Balancing care provision

“We did save somebody, but then what did we do for them for their system? Nothing. Some of the children were that way, too. We had a little boy who as an amputee, parents were killed in the explosion, three-year-old, could not find family forever, in fact, so many of the folks wanted to adopt him, but he had a little tiny external fixator on his thigh and we got him an especially little tiny wheelchair because we didn’t have anything, and the -- we had toys. Well, we couldn’t even let him take -- I had a Tigger, my sister had sent me this Tigger that you turn it on and he would Tigger, you know, bounce around and sing. It was Christmas.

We were told by the interpreters that if the children -- by giving them those toys, the Taliban knew that they had been in an American care or British care and they were murdered. So, that’s another piece to the nurse’s psyche on we’re doing what we know is our process, our value system, which is to give children special things because that’s the kindness of what we do and that’s the kindness of what our nation would think of, nobody would ever think to murder a child because they got something from somebody.

So, that tore the nurses up. In fact, the little boy, I saw the Tigger in his bag and we had to take it out. We had to sneak and take it out so that as he and his uncle left, it was not in his bag, but he wouldn’t know until he got home. Now, that tore their hearts out. All of this stuff is like mind-boggling and how do we prepare ourselves and how do we prepare our young nurses not to be handing out the candy, handing out the -- that that helps our heart, that’s our way of healing with the badness of everything, we feel a little good because we gave them a blanket, we gave them a stuffed toy, we gave them coloring book, we gave them colors. Crayons. They don’t have crayons there. So, even with the [?ex-fixes], what was happening was even the adults who were sent out, if they were sent out with ex-fixes on, Taliban would -- they would rip those things out of these people and leave them there to die, bleeding out. You don’t see that in the news.”

The Issues: Justice

Equitable treatment

- "Just a matter of allocation of resources. And we were going to make sure we took care of our servicemen first before we took care of the other guy."
- "Well one of our first patients was a child who had been severely injured and, of course, we had no pediatric equipment. The only pediatric equipment we had was what we had snuck in because we knew that we were going to be seeing these types of casualties but Navy leadership Pentagon wise – our direct orders were that we were only going to be taking care of American soldiers and/or coalition forces casualties and we were not going to be doing any humanitarian work or caring for enemy combatants, however, when you're on the ground that's totally unrealistic. You're going to take care of whoever comes through the door.."
- ".... everyone's a human being and they deserve equitable treatment but then our pro-American feelings turn into anti-everyone else feelings pretty quickly. So, I wrestled with that."
- "So ethically the issues that I faced were primarily kind of in the equitable treatment of all because it seemed like certain rules were just bent and I understand that it was gray for command just like it was gray for me, but our perspectives were different. They weren't medical. They were making their decisions based on sociopolitical motives."
- "We have to keep the beds open for the NATO guys and we're going to have to discharge you. But they weren't anywhere near going home, and they knew if they went home, they'd die. The families had to intentionally let them die because they couldn't cope with a paralyzed child or a head-injured child."

Justice

Rules of engagement

- "Unless it was directly attributed to our forces did this, which obviously that occurred because there was a war going on that we're a part of, and probably the enemy had something out there that this poor child was a victim of. Or may I wouldn't even say that we didn't accidently have something out there that, you know, could have been the source of it. We were sitting there in an ER where we didn't see a lot of really bad things. We were busy, but we had surplus of supplies, a surplus of personnel, and more than enough time on our hands. It wasn't like we were in a triage like we could only take care of the most important things. We were there, and we had it, and we held it back. And that was horrible for me, especially thinking of a little child and just the fact that that child's life was not at all valued……But looking at that child and saying, 'You have to die so that your country can learn it needs to set up a healthcare system,' that's not okay with me. And none of those other people could see that from my perspective that we're talking about someone's life; we're not talking about a generalized concept."
- "Here were little girls that would be injured, pregnant women, and no one comes to get them. So then you're stuck in a hospital with three or four beds and you have one bed that's occupied with a female, and no one is going to come get them. The hospital will not accept them. No family member is going to come looking for them. And even if you healed her and get her well, no one is going to come pick her up. So what are you going to do? Take her outside your gate, the front door to the base, and let her sit there and rot? And people prepare themselves for what to think of service members because we know full code, give them everything. That's straightforward, easy. But when you're dealing with locals that are not going to leave Afghanistan, the rules are different. And I think a lot of people still don't realize they don't have the level of care that we have here. It's not in place. And even if it is, it's very restricted."

Justice meets Beneficence meets Respect for persons

- “In combat, you’re a Navy officer first, you’re a nurse second. ‘Please get up, you’ve got a mission.’ ‘What is it?’ ‘It’s a 19-year-old local national female, the daughter of a local magistrate. She is 36 weeks pregnant with an INR of 3.2. It appears to be [inaudible 00:46] placenta.’ ‘For God’s sake, they need to do an emergency C-section and I can be there to tube the infant and fly them both back for further treatment.’ Had I done my best? Did we make the right choice in flying her here? ….. The radiologist was immediately at the bedside and placed a large diagnostic probe over the girl’s uterus. It was then I heard what I continue to hear today and every day, ‘No fetal heartbeat.’ The mother spent a couple of days in the ICU and a few days on the ward and was eventually discharged home. So the reason why (Refused surgery) is that they were expecting casualties, American casualties, and if they had operated and we were unable to fly, they would go down to 50 percent capacity. And then when that happens in combat, the commanders begin to pull back their troops. So if that situation was here in the states, we would dip down to the closest medical facility, we’d do a C-section and then fly them on, but that’s wearing my nurse hat. In combat, you’re a Navy officer first, you’re a nurse second.”
- “I mean spouse and child abuse is rampant and there's nothing you can do about it. So they'll bring in battered wives. And she started going into labor and our doctors were like, ‘Oh, no, no, no, she's got to get out of here.’ And it's like once they're disfigured, especially if they become dependent now on the house, then they're a drain. They're supposed to cook and clean and provide for the household. So if she's now maimed and she lost a limb, if she has a head injury, the husband is not going to take care of her at home….So the husband brought her in with, I think she had a broken femur. Said she fell down the stairs. [laughs] I'm like I don't think you have stairs. She didn't look like she fell down the stairs either. And what do you do? You can't call the police. You can't report a domestic assault. You can't separate them. You can't put her in a women's shelter. Social Services isn't going to follow up on her. Things like that, that I think at least for us before you get pulled you get a lot of cultural sensitivity kind of training. But it doesn't really cross into medical ethics. Ethics committee, you really just have to come together as a team and make your own decisions. And sometimes you go by the previous people's stories. Like, for example, me this is what we did. But each team will be different. You never know what the situation is going to be.”

Doing The Right Thing

- Always doing good for the patients, or doing no harm was always our mainstay, regardless of status, i.e. being enemy combatant, coalition force, local national, whatever the case may be...

- Our role is [that] we are advocates to the patient always

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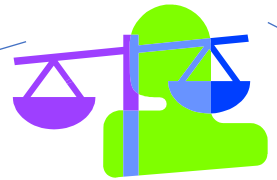
Modeling the Theory

"Do the Right Thing"

Ethical Decision Making



Ethically Congruent Action/Behavior

Ethically incongruent Action/Behavior

Antecedents

Demographics
Military and deployment experience
Nursing experience
Mental attitude/moral compass
Mission
Cultural sensitivity/competence
Role/Rank

Definition of situation

Ethical Principles

Strategies

Leadership
Combat readiness teams
Informal support from team
Rules of engagement
Self-reliance
Coping vs detachment

Personal reliance

(http://commons.wikimedia.org/wiki/File:Iranian_volunteers_for_Iran-Iraq_War_%282%29.jpg)

- “I don't know that you could ever be prepared for something like that. I think it really is just knowing that it’s going to be super primitive. If you have a spiritual side, get in touch with your spiritual side. **Try to find a support network** the best you can with a group of people you have that you could talk to at that point and just try to laugh. Just try to laugh.“

- “I think I struggled in some instances of trying to do the right thing. **What would God, what would my faith want me to do to take care of these patients**, and then of course then you have the military orders. Try to keep them alive no matter what we can do to so we can get their information that they might have for us so that we can better our troops. **It was kind of a combination of trying to do the best we can. My moral issues with my faith and being compassionate nurse and taking care of people, but also what are we doing just because we’re following orders and trying to find out the ultimate outcome.”**

Re-integration

(http://www.zoriah.net/blog/2008/06/iraq-war-diar-3.html)

- "…all these ethical issues, you can't carry on your own. You can't live -- I mean you have to live with your decisions but don't try to be a lone star….coming back was the hardest thing because people can be so cavalier....They'll be like what was the craziest thing you saw?... you can't tell them that because they just want this answer for their entertainment. It's not funny. It wasn't funny then. **It's not funny now. It wasn't entertaining and I'll be God damned if it's entertaining to you now."**

Photo: http://www.patrickandrade.com/

Informal support

- "…**Lots of discussions**, especially with airmen and the medics with some of the nurses, and we ended up over time being able to **create that culture in our shift** that when I was down and I was able to tell that I was struggling, they were then able to say, hey, you know what, let's put that this way, but that was only because of taking the initiative to create that type of environment. **And if we wouldn't have had that, I don't know how some of our people would have functioned, honestly."**
- "On my shift, we handled it as best as we **could internally all with ourselves**. We did encourage a few people to go talk to mental health and the chaplain. Whether or not they did -- **I know a few talked to the chaplains. I don't know if anyone went to mental health when they were struggling. Nothing informal, nothing reaching out, no commander's calls, no debrief. Nothing. Nothing when you got back either**."

Formal support

- “I really took a moment to get to know the folks that were working there. And making sure that I spoke to those that weren’t in the officer ranks. And **there were a few that come to trust me and I was able to get them into counseling**. Things were going on that they hadn’t stepped up to go take care of themselves so **I helped guide them into a counseling process so that they could help deal with their issues.”**

Combat support teams

- “It was the only time they were invited to come to talk us. We just didn’t -- it was -- **we felt it did more harm than good.** Everyone seemed to be doing okay. We were checking on each other… We were just not thinking about things and just acting on impulse **as a robot**, whatever and going and doing. That’s all there was to it. We were doing. We’re in that **automatic mode** and not thinking much about it. Kind of talk about some things but **when they came in, it really made us think about things that we weren’t spending time thinking about.”**

<Pictures removed due to the request of the Presenters>

(http://www.zoriah.net/blog/2008/06/iraq-war-diar-3.html)

Role of Leadership

- "….**toxic leadership**. When leadership is not -- when they don't care about the people and you see that and you feel it, **it translates to people not caring about each other."**

- "It really **falls on leadership to bring a soldier's moral compass to the situation."**
- "[Head nurse] addressed the verbal abuse and just told them to tone it down. And the pain thing, she actually advocated for the scheduled Percocet as opposed to the PRN stuff. So that was a way to somewhat stop the perceived harassment by the detainees for pain medication. **She basically advocated for the patients and she advocated for the staff in that respect.** She wasn't really unethical or anything and she addressed the problems when they occurred."

- "Senior leadership, which is a theme for me, in helping us deal with anything and probably because they didn't have what was needed to deal with that stuff too. As you get older and smarter you see -- I don't know that it was that they didn't want to do anything. **I don't think they had the tools to equip them with doing anything."**

http://akinoluna.com/2010/01/military-women-in-the-media-38.html

Implications

- Inform military and nursing leadership about the types and effects of ethical issues occurring during wartime military nursing practice.
- Develop an “ethical decision tool kit” regarding ethical issues for deployed nurses.
- More visibility for ethics education both military and non-military

Deployment of Military Mothers During Wartime

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Deployment of Military Mothers During Wartime

Military Mother Deployment

- “Hardest part of deployment was leaving my children”
- Separation as a cause for family reorganization has most often been studied in relation to wartime or deployment for military duties.
- Most have considered father separations from the family and the effects upon the remaining non-military spouse and children
- Few studies have considered mother separations for military duty especially during wartime or for younger children

Methods

- **Design**: Grounded theory structured around the deployment stages proposed by Peebles-Kleiger and Kleiger (1994)

- **Sample**: Active duty or reserve component women with at least one child, who deployed for at least three months in Iraq or Afghanistan

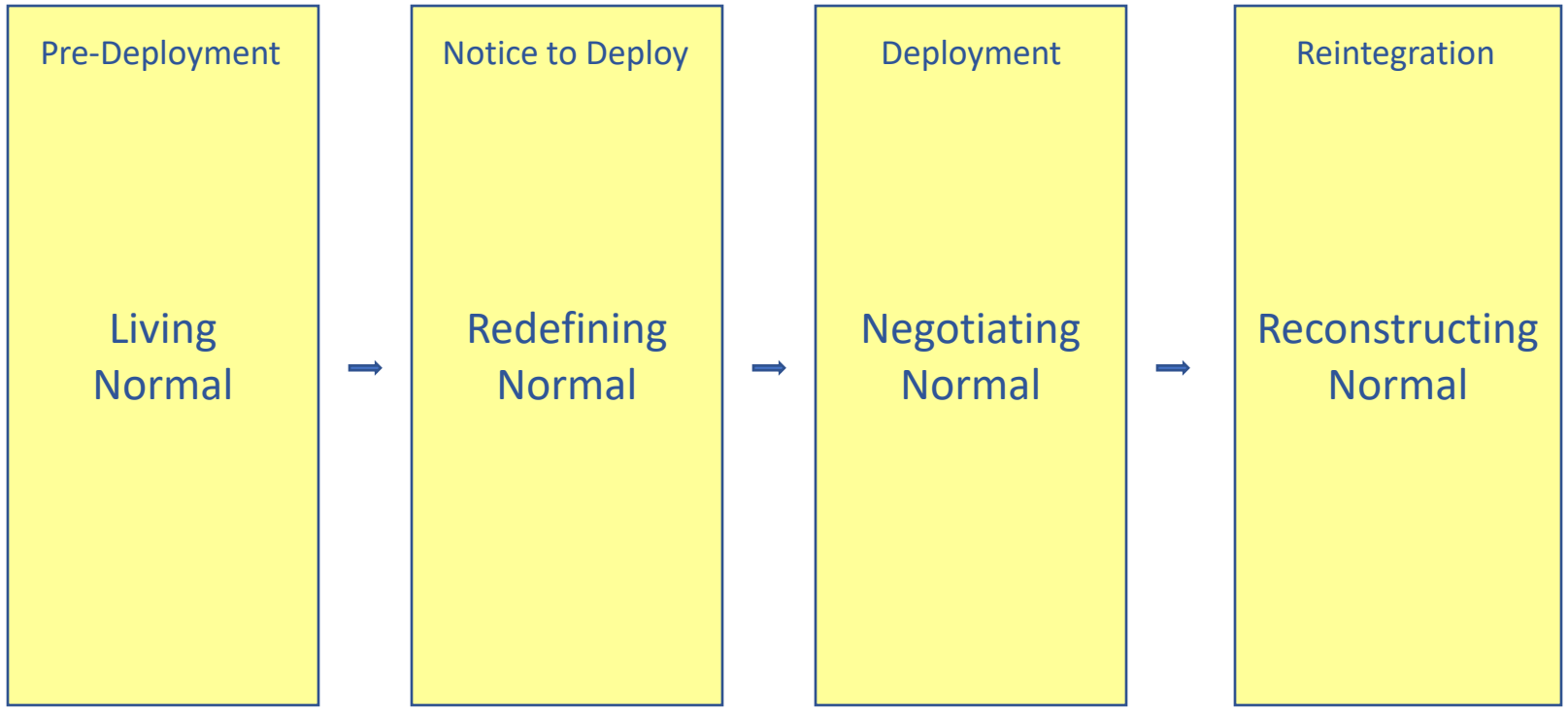
- **Instrumentation**: Demographics and focused interview
- nature of their deployment
- preparation for deployment
- separation during deployment
- reunion and after

- **Data Analysis**: Constant comparative method (Strauss and Corbin, 1990)

Participant Demographics

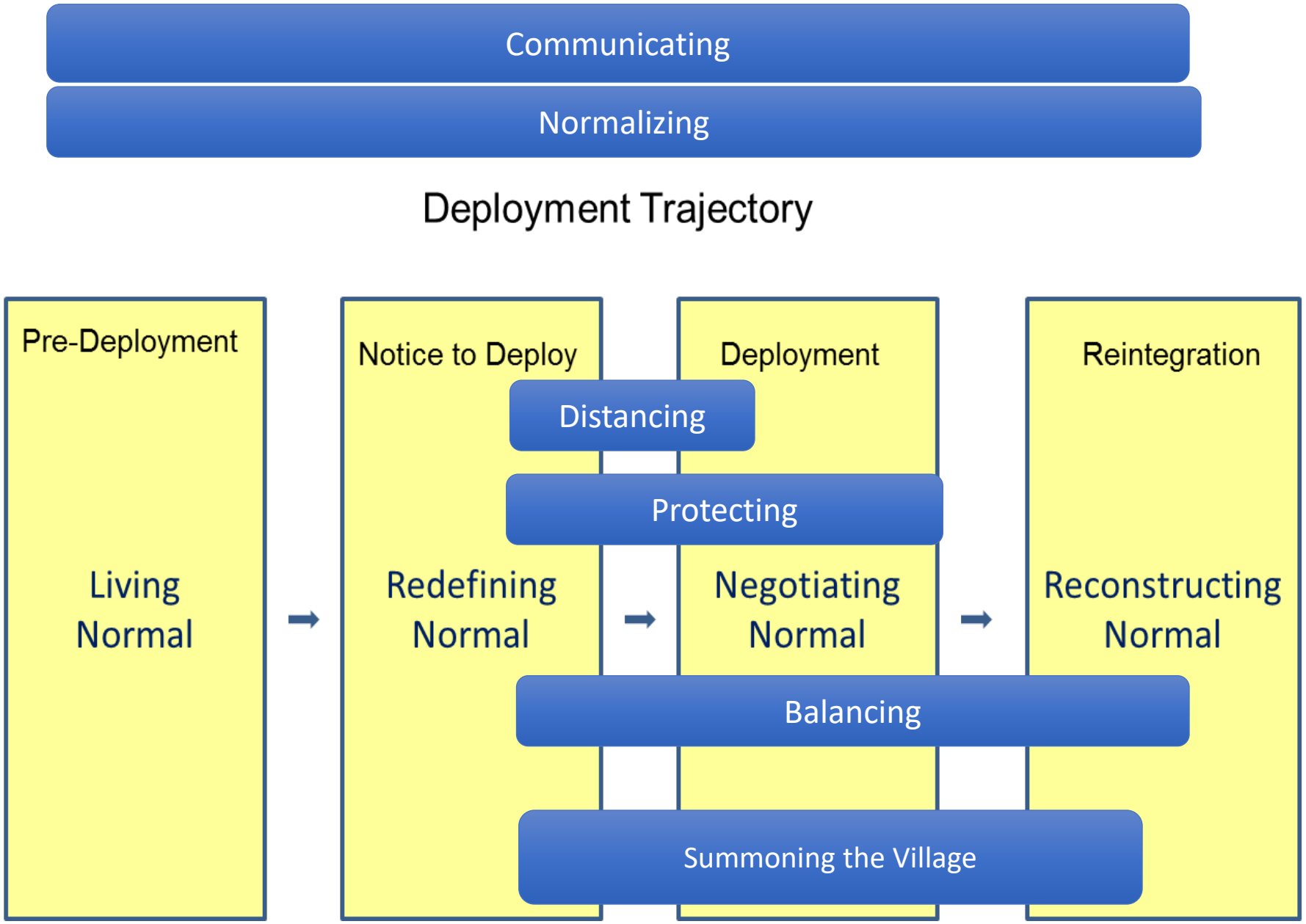
- N= 37 participants
- Participants: 24 officers/13 Enlisted and NCO's
- Active duty (91%); Army (81%)
- 59% dual military; 32% single mothers
- Mean age 38.2 years (Range 25-56 years)
- Deployed to Iraq (23); Afghanistan (6); both (7)
- Length of deployment: 6-15 months

Deployment Trajectory



Major themes

- Milestones missed
- Importance of Communication
- Children’s reactions
- Commitment
- Being the mother


Communicating
Normalizing
Deployment Trajectory
Pre-Deployment
Living Normal
Notice to Deploy
Redefining Normal
Deployment
Negotiating Normal
Reintegration
Reconstructing Normal
Distancing
Protecting
Balancing
Summoning the Village

Proposed Grounded Theory of Military Mother managed separations

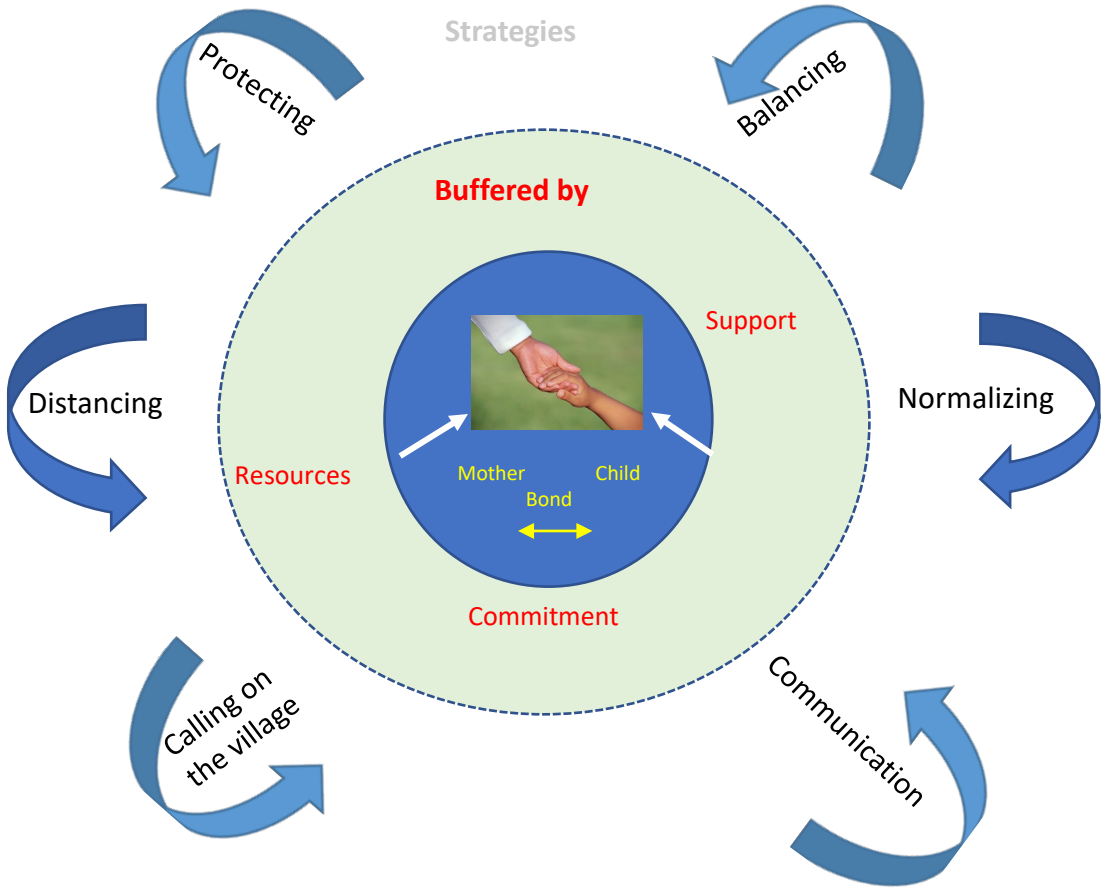
Stressors

<u>Deployment</u>

- Threat level
- Number of deployments
- Location

<u>Home front</u>

- Caregiver
- Child reaction
- School
- Illness/chronic conditions
- Number of children



Protecting

- “I don't want to explain to them what convoys are or why they need somebody there because convoys get blown up. I sent pictures home a lot, but I never sent pictures home of me armed up or anything like that. I don't want to explain to my 5-year-old why Mommy carries a gun around on the truck. I just don't think that was age-appropriate.”

<Pictures removed due to the request of the Presenters>

Summoning the Village

- “He [husband] learned how to use the community resources. We had a really, really good friend that was stationed in Kansas with him and, uh, he used resources to help him manage with taking care of her when he had to – had to be at work for various reasons or study or whatever so he really, truly, truly surprised me.”

<Pictures removed due to the request of the Presenters>

Distancing

- “At first I tried to not communicate with my kids thinking that it would hurt me more to see them and miss, thinking I’m missing it all but I think that hurt me more than anything because I was alienating my kids from me so they weren’t really growing with me.”

(Stock photo from Bing)

Balancing

- “Everything from how are they going to get dressed, what to get fed, their schoolwork, and soccer, music, all that. But I kind of had to tell myself that once I’m away I won’t have control over those matters I’ll just have to leave it to the folks, to my husband at that time as well as the nanny. We did a very good planning phase prior to my deployment with the daily schedule, their activities, the school calendar, everything. So we did the best we could to prepare for that.”

(Stock photo from Bing)

Communicating

- “And we did video conferences, um, and I Skyped with her almost everyday, just so that she would know who I was and be able to recognize my face and recognize my voice.”

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Normalizing

(Stock photo from Bing)

- “My kids would put me on the speakerphone while playing the piano or they would tell me when their spring flowers were out. You know, tried to normal life, so to speak, conversations or topics. They would tell me what they were doing. They’d draw pictures and send it to me and vice versa. I sent pictures of me in Iraq and showed them as much as I can show them anyway of my daily routine. “

Commitment

- “It’s just the purpose of it and it is our job. Everything my kids get, it comes from the service of my country, so I have to give back to my country. That’s how I feel, we’re helping each other and this is what we’re here for. This is why we’re in the Air Force, the military, active duty. No one forced us, we’re not in one of those countries where you’re 18 and you have to go. There’s no draft, so we have to give something back. I think it’s our duty for every single person, at least once, wherever you go, just volunteer, just go.”

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Key Takeaways

- Cultural practices can interfere with quality healthcare
- Lack of resources and literacy limits the engagement of patients
- Health care providers need to prepare for ethical and cultural challenges to preserve their own well-being
- Providers will be giving care for women (both military and civilian) and children in future conflicts
- Leaders and providers need to integrate codes of ethics and theoretical models in pre-deployment education
- Awareness of ethical issues that emerged from the recent conflicts can inform decision making and readiness.
- Leadership needs to take an active role in monitoring and supporting the emotional, spiritual, and mental health of providers.
- More research is needed to determine best interventions for health care situations to address and prevent moral distress

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Thank you!

(Photos courtesy of Dr. Agazio)

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1. Go to URL: https://www.dhaj7-cepo.com/content/2024-feb-ccss
2. Click on the REGISTER/TAKE COURSE tab.
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3. Follow the onscreen prompts to complete the post-activity assessments:
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   b. Complete the Evaluation
   c. Take the Posttest
4. After completing the posttest at 80% or above, your certificate will be available for print or download.
5. You can return to the site at any time in the future to print your certificate and transcripts at: https://www.dhaj7-cepo.com/
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