



Nursing Leaders in the Military Serving as Faculty

A Toolkit For Nurse Faculty/Staff Preparing Military Nurse
Officers For An Effective Second Career Into Nursing Education

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This publication is dedicated to all of the men and women who have served in the United States military providing care to America's sons and daughters.

Toolkit Objectives

Upon completion of this toolkit, the nurse educator will be able to:

- › Describe military nurse competencies transferable to the nurse educator role.
- › Recognize cultural differences between the Military Nurse Officer (MNO) and the academic nurse educator.
- › Incorporate a Strategic Military Academic Resource (SMAR) to assist both nursing leadership and the military nurse officer through an effective transitional employment journey.
- › Design an individualized professional development plan for the MNO following orientation.

Introduction

Deans, directors, and faculty of nursing schools, it is no surprise! One of the most important factors influencing the nursing shortage is the lack of faculty to teach the qualified students who apply to nursing programs, while major workforce demands are accelerating the need for nurses. These facts have not changed over the past few decades. [Highlights from the 2019 NLN Faculty Census Survey of Schools of Nursing](#) document over 669 faculty vacancies in BSN and ADN nursing programs. Currently, the average age of nursing faculty is between 50 to 60 years of age, impending retirements continue to impact the school, and the nation's faculty vacancy rate is steadily rising (NLN, 2019; Grant, 2016).

This toolkit embraces a “transformative solution to capitalize, embrace, recruit, and mentor talented, already prepared, retired, and/or otherwise separated, men and women military nurse officers (MNOs) for nursing faculty roles” (Lake, Allen & Armstrong, 2016b, p. 243). Following the Afghanistan and Iraq Wars (Operation Iraqi Freedom (OIF), Operation Enduring Freedom (OEF), and Operation New Dawn (OND), many MNOs have left following the accomplishment of 20 plus service years. Other MNO are considering departure now and wondering about possible second careers, while some are leaving due to budgetary constraints. Right now upon retirement, the very qualified MNO could opt to stay within their accustomed military organization culture by transferring to the federal hospital system, or enter the private sector to consult, or even consider one of many leadership roles they are qualified for within clinical practice (Biniecki & Berg, 2020; Chargualaf et al., 2017, 2018; Lake, Allen & Armstrong, 2016a). Instead, encouraging the MNO transition into the nursing education sector has important rewards for schools of nursing as a **faculty workforce multiplier**, when incorporating some purposeful steps for overcoming a few possible hurdles.

The following information has been designed specifically for deans, directors, and faculty of nursing schools who will be involved throughout the process of MNO consideration, recruitment, pre-hire, hire, and post-hiring events. Proactively anticipating hurdles can lead to a smooth transitional journey of the MNO into an academic setting. Although easing this transitional path from military to academia means that not only will the nursing leadership of the school have some preparatory work, but also the MNO (Chargualaf et al., 2017, 2018). Companion information for the preparation of the MNO who is seeking a nursing faculty position is currently posted on the [Army Nurse Corp Association website](#); it can be found in the “After the ANC” link for members.

Distinguishing the Military and Academic Skills and Environment

To bolster the assimilation of the MNO into a school of nursing, it is important for deans, directors, and faculty of nursing schools to understand two core elements that distinguish the military and academic environments: (1) the MNO skill set and (2) the bicultural differences between the veteran and academic environment.

These two foundational elements have been found to be closely and intricately intertwined. They are introduced early, then interwoven throughout the toolkit to assist deans, directors, and faculty of nursing schools to strategize employment options for the MNO (s). Appropriate dialogue should aid in an effective and smooth transition journey for the school of nursing and the MNO.

CORE ELEMENT I: Military Nurse Officer Skill Set

“Our leaders . . . are self-starters . . . [with] maximum amounts of initiative ... critical thinking skills ... [and] character, [to][make the right moral and ethical choices in the absence of supervision under intense pressure in combat.” General Mark A. Milley 39th Chief of Staff, U.S. Army

During the almost 20 plus year span of the OIF/OEF/OND, many military nurses with medical-surgical, intensive care, obstetrics, community health, mental health, and operating room skills were deployed to fulfill the needs of the three major service branches (Army, Air Force & Navy; the latter also serves the Marines) (Table 1).

Table 1

Military Nurse Officers Deployed to OEF/OIF/OND as of 10-2016*

| Army | Women | Men | Total |
|---------------------|--------|--------|--------|
| Active Duty | 6,024 | 6,037 | 12,061 |
| Army Reserves | 3,796 | 4,120 | 7,916 |
| Army National Guard | 384 | 481 | 865 |
| | | | 20,842 |
| Air Force | | | |
| Active duty | 3,876 | 3,158 | 7,034 |
| Air Force Reserves | 2,166 | 1,258 | 3,424 |
| Air National Guard | 969 | 859 | 1,828 |
| | | | 12,286 |
| Navy | | | |
| Active Duty | 1,847 | 2,320 | 4,167 |
| Navy Reserves | 1,022 | 681 | 1,703 |
| | | | 5,870 |
| Total | 20,084 | 18,914 | 38,998 |

*A nurse could be counted more than once if they had been deployed overseas multiple times

Data obtained from Defense Manpower Data Center from a Freedom of Information Act request #16-F-0401.

While these numbers reflect some with multiple deployments, almost 40,000 times MNOs served the nation's sons and daughters with their excellent clinical skills during their OIF/OEF/OND assignments. These numbers also include a variety of Advanced Practice Registered Nurses such as nurse administrators, educators, practitioners, certified registered nurse anesthetists, as well as a small cohort of midwives. Other unique MNO attributes which are valuable to schools of nursing include their multigenerational span of age (25 - 65+ years), as well as gender, and a broad range of rich, ethnic diversity.

Now, as MNOs retire from (or have left) the military during the prime of their career, they already possess a strong skill set of clinical experience and leadership skills which position them to teach and lead. Currently almost all* MNOs enter the military with a baccalaureate of nursing from one of the nation's professional programs. Then, as noted with achievement of competitive, progressive rank, their skills/experience/education are infused with progressive military leadership training, proficiencies in combat readiness, and essential healthcare skills for complex situations (Table 2).

Table 2 An Illustration of Leadership, Education, and Duty Expectations For the MNO.

Table 2
**An illustration of Leadership, Education,
and Duty Expectations as the MNO Progresses in Rank.**

| Level | Rank | Service Years | Education (typical) | Military Course Content | Responsibilities |
|------------------|--|---------------|---|--|--|
| Junior grade MNO | AR: 2nd/1st Lt Captain | 1-5 | BSN | Year-long preceptorship residency and Basic Health Care Team Management course | Unit assistant nurse manager or nurse manager in small- to mid-sized health facility |
| | Navy: Ensign, LTJG | 5-9 | NP - MSN | | |
| | AF: 2nd/1st Lt Captain | | | | |
| Mid-Level MNO | AR and AF: Captain & Major; Navy: LT Lieutenant Commander (LCDR) Commander | Approx. 10+ | MSN (M Ed, MBA, etc.), DNP (NP) PhD (few) | High level interprofessional leadership courses such as the Army and Air Forces Command & General Staff Course. | Administrator (staffing, budget, and human resources) over nursing services or education in mid to large health facilities, state side or deployed medical facilities |
| Senior-level MNO | AR: Lt Colonel / Colonel Navy Commander/ Captain AF: Lt Colonel/ Colonel | Approx. 15+ | DNP PhD (few) | Strategic and agile leadership education within the interprofessional War College (graduate education equivalency) is expected; some MNOs also seek doctoral education | Positions of Commander, Chief Nurse Officer, Chief Executive Officer of hospitals; Commander, or Operational Officer for military bases; command of entire educational military system. More than thousands of servicemembers, plus their families |

Note. AR = Army; LT = Lieutenant; LTJG = Lieutenant Junior Grade; AF = Air Force; Lt Col = Lieutenant Colonel.

^a Rank: Lieutenant is abbreviated differently, such as LT in Army and Navy, Lt in the Air Force.

^b Military health facilities size: small = 50-100 beds; mid = 100-250 beds; and large = 250-500+.

*Reservists and National Guard nursing personnel can enter the military with an associate degree in nursing but must complete their BSN before achieving the rank as Captain.

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Not only does the military capitalize (and challenge) the MNO throughout his/her service but provides opportunities to execute military leadership skills in varied roles within assignment experiences (Biniecki & Berg, 2020; Czarnecki, 2018). MNO's have experiential exposure with large budgets, evidenced-based practice, safety, informatics, and quality improvement. They learn to function in whatever dynamic situation is in front of them to adaptably draw upon the skills and resources needed for the mission. This can happen whether they are working autonomously, sometimes with no educational support and/or web assistance, with multiples levels of individuals and nationalities, and/or diligently within interprofessional military teams (Czarnecki, 2018). Griffiths and Jasper (2008) describe this classic examination of the MNO with terms of service given by a "caring practitioner" and a "warrior nurse," whether they are in a combat zone, remain stateside, and/or are involved in humanitarian efforts.

The benefit of hiring a MNO veteran is her/his positive beliefs and values of service over self, and skill to build strong allegiance to a mission-based institution (Czarnecki, 2018). The MNO's other qualities of responsibility, interprofessional teamwork, integrity, and reliability are equally important, applicable in any workplace. These attributes would certainly blend in well with the characteristics admired by academia today. Table 3 provides an illustration of how military experience and education skill sets could be applicable to curriculum content, adding substantial value to the school of nursing.

Table 3

Military Nurse Competencies Transferable to Faculty Nursing Roles

MILITARY NURSE ROLE

Leading Teams
 Resiliency
 Service Before Self
 Communication Skills
 Diverse Populations
 Clinical Expertise



FACULTY NURSE ROLE

Leading Teams
 Resiliency
 Service Before Self
 Communication Skills
 Diverse Populations
 Clinical Expertise

CORE ELEMENT II: Bicultural Differences of the MNO and Academic Environment

Literature about nurses’ career transition from the military to the civilian sector is limited, especially for those with a rich, robust amount of MNO leadership, experience, and professional skills (Bennett et al., 2015; Lake et al., 2016a, 2016b; Vigoda-Gadot et al., 2010). In preparing for an educational transition, Raybeck (2010) succinctly summarizes the major bicultural environmental differences that are present between the military and civilian sectors of academe (Table 4).

Table 4

Bicultural Environmental Differences of the Military (MNO) and Academe

| Military Environment | Academe Environment |
|--------------------------------------|---|
| Strong Structure | Weak Structure – allowance for creativity |
| Clear Relationships among Components | Fuzzy Relationships among Components |
| Values & Beliefs | Values & Beliefs |
| Duty, Honor, Country | Freedom of Inquiry |
| Service | Education |
| Bravery | Intellect |
| Obedience | Questioning |
| Intolerance of Ambiguity | Tolerance of Ambiguity |
| Relation to Wider Society | Relation to Wider Society |
| Service Ethic | Iconoclastic |
| Quite Removed | Somewhat Removed |
| Conservative | Liberal |

Used with permission: Raybeck, D. (2010). Clash of Cultures: Veterans in Academe, (Chapter 15, Table 14.1, page 188) from Hopkins, C., Herrmann, D. J., Wilson, R., Allen, B., & Malley, L. (Eds.) *Improving the College Education of Veterans*. Charleston, S.C.: CreateSpace

Bicultural assimilation should be addressed and assessed frequently, especially the language, culture, and environmental climate, for a better understanding of the diversity involved. Each school of nursing has its subjective, unique organizational politics, “the complex mixture of power, influence, and interest-seeking behaviors that dominate individuals’ activities in the workplace (Vigoda-Gadot et al., 2010, p. 386). In order to assess this environmental climate, the following questions should be asked within schools of nursing prior to initiating MNO recruitment. These questions can help faculty analyze their own environment and contribute to discussions with the MNO, who comes from a different culture.

- › Is your school a teaching or research intensive?
- › What kind of hierarchal/organizational structure is present?
- › What social and cultural aspects are present for being military friendly?
- › What is needed to have “goodness of fit” within the school?
- › How quickly are program decisions and policy issues resolved?
- › Is the process of innovation/decision making centralized or decentralized?
- › How could MNO skills be effectively used in the various unfilled faculty and/or clinical positions?

Culturally, the way the MNO emphasizes the importance of these attributes in the workplace may differ from the faculty’s day-to-day perspective. MNOs have a great deal of experience with resolving and executing complex situations in a timely manner but can become confused by less structured environments. A frequent example from newly hired MNO faculty occurs when the MNO assumes the chair of a school committee. The MNO sets the meeting time for 9 am and arrives early in preparation for the meeting. The MNO is ready to proceed at 9 am, when faculty begin to trickle in with coffee, laptops, iPads, and phones in hand, ready to commence with generalized weekend-type conversation for 15 to 20 minutes before starting the agenda.

Other examples of the differences in the MNO culture and the academic culture are:

- › During the meeting academia language and intent may differ from the military setting, especially when frequent “why’s” are asked by faculty. The initial perception of the new chair could be that this group is not reliable and committed to the committee business. This happens as MNOs come from an environment where military decisions are made promptly from the top, and consensus may or may not be sought, while faculty decisions usually require an extended discussion process that may not yield prompt conclusions, or agreement.
- › For the MNO the team approach is implemented versus faculty who individually approach activities.
- › Even the multifaceted event of retirement can be different in the military (abrupt when leaving) when compared to civilian departures (might phrase out) (Schultz, Taylor & Morrison, 2003).

Strategies Before Employment

Scrutiny of Hiring Policies

Generally military members have opportunities and financial benefits to take advantage of academic courses during their service time (Biniecki & Berg, 2020; Czarnecki, 2018). Thus, many MNOs will have advanced degrees, but acquisition is dependent on several factors, for example whether an Active Duty MNO's home unit was near an academic center (overseas or rural locations), the day to day work demands, the frequent assignment relocations (move 2-3 years), and rotational work cycles. All of these create frequent challenges for a dedicated choice of schools and nursing programs. The outcome is that sometimes a MNO selects a program that is a non-nursing advanced degree such as a Master's in Business Administration (M.B.A.), Education (M.Ed.), or Healthcare Administration (M.H.A.), and/or a doctorate in a non-nursing field, like health sciences. In addition, frequent deployments and reassignments, even for Reserve and Guard nurse officers, lead to more accessibility to accredited on-line programs as a better option. Lastly MNOs may not have received applicable mentorship, which is typically orchestrated by variously trained Chief MNO officers regarding their school selection, or the importance of a nursing degree option (MSN, DNP, PhD in Nursing), for post military career options such as academic faculty roles.

Therefore, depending on the MNO potential faculty candidate credentials, it is recommended that before the hiring process starts, faculty administrators carefully review their school's hiring policies to see what is negotiable and flexible for realistic entry and rank. It is often helpful to begin by debunking myths leadership and/or faculty may have about accreditation agencies and boards of nursing objections to this innovative faculty appointment. While the MNO faculty recruit may not fit the traditional university mold, thinking out of the box about university policy may be indicated. The doctoral degree of a MNO applicant may not be in nursing and/or the master's degree may be in another area, but the accountability and expanded scope of practice of a MNO can far exceed the leadership and knowledge base of a civilian faculty applicant with a master's in nursing. Proactive discussion can internally resolve any employment challenges in granting appropriate faculty rank for the MNO if faculty selection occurs. These negotiations could also affect future promotion opportunities.

Obtaining Faculty/Leadership Buy-In

What is working in some schools of nursing is the public support of the MNO by the dean and associate dean. Setting an organizational expectation of recruitment and support of the MNO sets the tone for faculty buy-in. In addition, instituting the school's critical consensus building activities (whether a workshop, small group discussion or luncheon) is helpful for the faculty and staff to collectively understand and participate in decision making about hiring a MNO (s). Suggested agenda items for this critical consensus building include (a) a thorough assessment of school of nursing programs to address both current and future faculty needs/opportunities, (b) a review of the distinctive military culture (Hall, 2012; Elliott, 2020), (c) recognition of the school's needs and the MNO contributions to fulfill the requirements, and (d) what necessary prerequisite activities, resources, and processes should be implemented to accomplish the school's faculty needs (Zerwic & Scott, 2018). Based on these further recommendations some of the traditional faculty employment

practices in recruitment, interviewing, hiring, orientation, and cultural assimilation might be thoughtfully reconsidered or modified.

Selecting a Strategic Military Academic Resource (SMAR)

Following the favorable decision of the faculty and leadership of the school of nursing to consider hiring MNOs for faculty appointments, an important element to facilitate the second career transition of the MNO smoothly, deliberately, and effectively is the appointment of a Strategic Military Academic Resource (SMAR) (Lake et al., 2016 a; 2016 b). Use of a SMAR can enhance the MNO's professional development, faculty role performance, and retention (Chargualaf et al., 2017, 2018)

Ideal qualifications for this SMAR would include a nursing faculty member with a robust bi-cultural knowledge of the academic perspectives, as well as previous military experience, or a military spouse; an additional option could be someone very interested in learning more about the military culture. As envisioned, the SMAR becomes an effective two-way conduit of professional assimilation information, with long-term MNO involvement. The SMAR's role starts with the acceptance of the school's MNO transitional effort, then becomes an effective support throughout the MNOs entire pre-hire, hire, and post-hire progression process, including mutually planned MNO/SMAR professional development plans. In recognizing this valuable role, either specific compensation and/or workload release time is essential for this dedicated amount of faculty/MNO mentorship. In some organizations, mentoring is built into the faculty role (release time) and the SMAR role could be a smooth addition. Other specific areas for SMAR involvement are discussed below.

Pre-Hire Strategies

Initially, the SMAR can learn about potential MNOs by deliberating networking during professional conferences and organizational meetings, as well as seeking out specific military healthcare facilities on military installations. Importantly, preparing a Fact Sheet or Brochure about the academic programs to leave as a reference for future contacts is important. Also, the SMAR can partner with the school recruiter to strengthen the employment process. Identify community and state sources of military nurses, as well as establish partnerships with the local military base Family Education Center or Family Support (Lake & Armstrong, 2020). Meet and network with the Chief Nurse Executive of the military base. If the school of nursing has specific faculty needs such as in nurse anesthesia and nurse practitioner clinical areas the Chief Nurse may be helpful regarding designated resources in their military practice sites.

The establishment of contacts can provide an early opportunity to learn more about the MNO's unique, vast knowledge, skills, and experiences. During that time the SMAR can begin to interpret the faculty role, and communicate many of the school's specific nursing programs, values, and resources. Some MNOs are already determined to seek possible second career options, while others are ambivalent. Also, this can be the MNOs first time making a career choice and needs guidance related to relocation, and finances. As MNOs are interested in holistic cultural and social information, brochures about the city/community they would be living in, the many benefits with professional events, neighborhood experiences, and, outdoor activities would also be enticing (Bennett et al., 2015). This then lays the groundwork for other valuable future interactions for growing and establishing valuable potential sources of faculty for the school of nursing. Also

consider the MNO veteran's spouse with consideration of other employment support (Lake et al., 2016 b). Later, as these service members leave the military, the SMAR conversations are easily re-connected.

As the MNO may often have a particular geographic location in mind as they become closer to retirement, they may have requested it for their last duty station. Yet, MNOs have been accustomed to relocation. Certainly, if there was a great fit and a powerful offer from a school of nursing regarding their teaching, research and/or practice interests, the school leadership can entice them to change. If there are minimal or no relocation monies within the school, securing grant or endowment resources could be possible (Lake et al., 2016 b).

Curriculum Vitae Development

In order to capture the many skills and talents that the MNO has acquired during their military service, the SMAR can encourage the MNO to start a curriculum vitae (CV) (Lake & Armstrong, 2020). Giving the MNO an example of the school of nursing's format for the CV can help to facilitate the development of the CV and that gesture also conveys the inherent value the school places in their background and service. The SMAR can help the MNO to avoid military jargon. Instead, stressing the implementation of "bullets" for relevant details to illustrate the clearer picture of the MNO's key qualifications, results, and achievements can be critical to being selected as a faculty member. Selection of professional references will also be important. Appropriate references may speak to the MNO's specific academic and/or clinical teaching attributes.

Preparatory Information

Typically, other than school memories, the MNO is not aware of academic faculty roles, or workplace requirements. It is helpful for the SMAR to spend preparatory time with information not only about the selection process but also about the interview/negotiation time. The SMAR can first start by encouraging the MNO to seek out the school's web site where numerous essential documents can be found, for example, the school of nursing organizational diagram, faculty handbook, existing clinical practice partnerships, and student demographic overviews.

It is helpful to begin by discussing what the MNO believes to be their clinical expertise and interest and where this information fits within the school's mission, curriculum, demographic of students and the unique academic environment (Lake & Armstrong, 2020). The SMAR can begin to identify the best position to showcase the MNO's skills/experience and education. Other discussion material should be faculty rank options and examples of the ranking system of the school in contrast to the military ranking structure, in the context of the MNO's previous responsibilities. As the military culture regarding salaries is transparent, initial conversation about salary range options will also be important for the MNO to discuss. This can promote further discussion for both the MNO and the school's leadership team.

For the MNO considering a full-time faculty position, discussing the tripartite role of teaching, service and research and/or practice is essential. To overcome some of the confusion of these three faculty responsibilities, it is important to first ask the MNO about the incorporation of their military duties along with their health care obligations (Lake & Armstrong, 2020). While in the service, the MNO had two functions: military officer duties and nursing services role. For example, the MNO could be

the administrator on call for the entire hospital while later he/she may serve as the head nurse of the intensive care unit. Therefore, being straight forward about the tripartite academic role can assist the MNO to see that they may be balancing all three academic roles depending on the position they are pursuing.

Included in this information should be dialogue about the various leadership positions with the school, the responsibilities in the undergraduate and graduate programs within the school of nursing, including both in classroom and/or online teaching, as well as options within full time and part time contracts. In addition, the SMAR can also be a guiding resource about the progression of the various levels of meetings during the interview process (Human Resources, leadership team, etc.), presentations, selection timeframe, and decision confirmation. As some schools use faculty for the interview process and others implement only the leadership team, the SMAR can share the actual method of query that is implemented within the school of nursing. Cueing questions to facilitate the MNO hiring process during a faculty meeting are included in Table 5.

Table 5

Five Cueing Questions to Facilitate the MNO Hiring Process

1. Discuss what leadership competencies have been gained in your military nurse officer career?
2. Describe the types of education strategies you have provided while in the military?
3. Share how you believe your clinical expertise could be used within a school of nursing?
4. Give some examples of interprofessional /communication skills gained while a MNO?
5. What resources do you believe might be needed to transition to a faculty role?

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Strategies After Employment

Strategies to Ease Transition

There are a variety of ways to introduce the MNO to academe in situations where there is an initial lack of either MNO or school commitment for a full-time position or awaiting different credentials. This could be done by hiring the MNO for a staff role in a special program, e.g., school of nursing leadership center, student support center, ROTC nursing liaison, or grant staff. Or consider a clinical lab instructor role for the MNO who has recent depth and/or breath of clinical skills. Another option could be that the MNO begin as a guest lecturer or clinical instructor during the transition process. This gradual process of transition may also smooth out the bicultural differences listed in Table 4 as the MNO gradually is acculturating into the academic world. These culture differences have been documented to create faculty turnover when the MNO is unable to transition to the new culture of academe (Chargualaf et al., 2017).

Orientation and Specific Mentoring

Changing jobs, on top of establishing a second career, can be exhilarating, stimulating, daunting, intimidating, and/or all the above for anyone, regardless of their skills and experience. Therefore, for the school's leadership team, creating a deliberate and intentional orientation time to assist the MNO progress to a second career in academia, can pave the way for a smoother transition for both the school of nursing and the MNO (Chargualaf et al., 2017, 2018; Lake et al., 2016 b).

Depending on the rank, experience, and skill of the MNO that has been hired and using Benner's classical work (1984), specific types of mentor suggestions are recommended to help the MNO assimilate into the academic role. For example, a senior officer (LT Colonel, Colonel, CAPTAIN and sometimes rare General nurse officers) with previous top-ranking responsibilities, their first need is to understand details of the Assistant/Associate Professor/Professor faculty role within the workplace, whether the MNO will be teaching on-line and/or within the traditional classroom. In addition, it might be helpful to sure that the new faculty member has an adequate orientation and time to learn the electronic teaching platform (e.g., Canvas, BrightSpace, Blackboard, etc.). The mentoring emphasis is on the practical daily applications of the faculty position, so the selection of an organized mid-career faculty member often provides more realistic and detailed information rather than the seasoned expert with their intuitive perspectives. This includes knowing details of staff contacts, office supply routines, faculty meetings, clinical practice responsibilities, departmental software, instructional technology platform and details for use, workload assignment, and the evaluation processes.

In another type of introduction to the school of nursing faculty, MNOs have been hired as grant funded staff. Although the emphasis for hire is on the achievement of the grant's objectives and coordination, while drawing upon the MNO's valuable logistical and interprofessional team experience, selecting a thoughtful mentor, with previous funding and faculty experience from the educational facility, would still be important, whether that person is from nursing and/or another discipline. This mentoring would also apply if the MNO was later called upon to develop other grant applications.

The school's strong continuing investment in the MNO should reflect a robust commitment. With all their previous nursing skills and experiences, certainly the MNO is capable of self-preservation, yet the outlay of meaningful assistance as they move from a previous highly structured organization to academe, a world of different values, beliefs, and structure (Table 4), can impact the adaptation to their next position, and most importantly, affect their retention (Chargualaf et al., 2017, 2018; Lake et al., 2016a). During the first employment year, building "check-ins" to promote bicultural assimilation (Table 4) are important, recognizing that attributes required in the military are operationalized differently in academia. For such less structured concepts as shared governance, academic freedom, and the tolerance of ambiguity, these notions could often be incomprehensible from the MNO's previous structured, organizational climate. Further explanation and discussion will be valuable (Lake et al., 2016a, b). Following the basic orientation, the second aspect of the professional development plan will require more of the coaching skills of the seasoned SMAR with their intuitive perspectives for the expert MNO (Lake & Armstrong, 2020). Here the bi-cultural skills and experience of the SMAR will be important to assist the individualized introduction of the

MNO as they mesh the two cultures into their new, second career. Again, using Table 4 to stimulate conversation about these differences will be valuable.

Having someone like the SMAR to discuss these thoughts, and obtain direct supportive ideas, within protected conversations, can be very assistive, especially to work with the “collegial relationships, status, rank, influence, and involvement in their new workplace so that their performance and new [faculty] roles, knowledge, and skills are not jeopardized, ultimately influencing their retention” (Bennett et al., 2015; Chargualaf et al., 2017; Lake et al., 2016a, p.509). For example, discussing their thoughts, even their views of faculty starting committee meetings promptly, making poignant decisions, and adhering to the stated school’s policies/procedures often illustrate their increasing acceptance for the military and academic differences. Listening to the MNO discuss their process for identifying problems and helping them make decisions that are logical and defensible to new colleagues can be helpful. The SMAR’s work can bolster a strong alliance to the new environment and promote enthusiasm for the program’s goals and values, while devoting a keenness for the organization. This continued dialogue strengthens the MNO’s attachment to the school (Chargualaf et al., 2017, 2018). In addition, while the MNO is very aware of the transparent expectations of seeking officer promotion, the path toward academic promotion and tenure will certainly need repeated dialogue (Lake & Armstrong, 2020).

Conclusion:

The valuable assets of the MNO, the bi-cultural perspectives of the academic and military environments, and the important strategies directed toward an effective transition into the school of nursing have been presented in this toolkit information for deans, directors, and faculty. This MNO veteran group is currently an untapped resource, rich in clinical nursing practice, teaching skills, and leadership competencies. Now, they can continue to provide further service to their country’s health care needs by being a timely innovative solution to the professional’s faculty shortage.

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