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Adaptation Experiences of Black Female Military Service Members Returning Home From Iraq and Afghanistan

April C. Ames-Chase
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April C. Ames-Chase

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the review committee have been made.

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Walden University
2023

Abstract

Adaptation Experiences of Black Female Military Service Members Returning Home

From Iraq and Afghanistan

by

April C. Ames-Chase

MSN, University of the Incarnate Word, 2010

BSN, Coppin State College, 1985

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Nursing

Walden University

November 2023

Abstract

When Black female service members return home from Iraq and Afghanistan, they often suffer from depression, post-traumatic stress disorder, military sexual trauma, anger, grief, detachment, relationship problems, and suicidal ideations. The purpose of this descriptive phenomenological qualitative study was to explore the adaptation experiences of Black female military service members returning home from Iraq and Afghanistan. Phenomenological research on the adaptation and lived experiences of Black female service members may lead to significant improvements in their postdeployment transition. Roy's adaptation model and the strong Black woman schema guided this study. This schema delves into the role and experiences often described by the strong black woman. Data from semistructured interviews with 10 Black female veterans deployed to Iraq and Afghanistan were analyzed using Colaizzi's seven-step analysis to identify significant statements and development of themes. Purposeful sampling was the primary method of recruiting participants. Results showed the critical need for mental health support for service members returning from wartime deployments. Findings may be used by primary care managers to address the challenges many Black female service members experience after returning from war deployments. This research has implications for positive social change for Black female service members, communities, and veterans. Implications for positive social change involve including Black female service members and other women of color in future research studies to learn more about their lived experiences in the military environment.

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Dedication

With God, all things are possible! He is the source of my strength. I would also like to express my deepest gratitude in memory of my mother and father. My mother, Mary E. Ames, was my first teacher who encouraged me to obtain higher education. Your inspirational words and love of family still ring with me today. Seeing you in your crisp white nursing uniform working the night shift inspired me to become a registered nurse. I would also like to thank my father, Albert J. Ames; you never failed to ensure I had whatever I needed to be successful in nursing school. Your continuous support meant the world to me. You would be proud to see that I returned to college to obtain my doctorate. Being a positive role model for my sons reignited my thirst for education. My grandmother was my biggest cheerleader; thank you for believing in me.

My nine brothers and sisters have been a great source of love and motivation throughout my lifetime. You showed me the importance of pausing to laugh at the little things in life. I appreciate you for constantly being present in my life. Our lifelong memories give me both pride and joy. Albert, Robin, and David, I feel your spirit championing my professional goals; you are loved. Also, thank you to my lifelong friends for supporting my endeavors.

Finally, my heartfelt dedication goes to my beloved Prince and Olender. Their unconditional love was felt each day. My loyal TSA Homeland Security dogs stayed by my side while writing late at night or rising early to continue my research. Your caring presence reminded me to take a break to exercise by going for daily walks. You are truly missed; you rescued me.

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Chapter 1: Introduction to the Study

Military service members have often experienced difficulties adapting to their community after serving in Iraq and Afghanistan. Veterans returning home from military deployments often experience problems with community reintegration (Maiocco & Smith, 2016). Women comprise 15% of the recruits in the U.S. Armed Forces (Maiocco & Smith, 2016). The largest cohort of women engaged in combat operations since 9/11 were female veterans deployed to Iraq and Afghanistan (Maiocco & Smith, 2016; National Center for Veterans Analysis and Statistics, 2014). There is a gap in the research on the lived experiences of U.S. women veterans in the military and veteran community (Dodds & Kiernan, 2019). The experiences of U.S. female service members and veterans are more complex than in previous wartime eras (Mankowski & Everett, 2016). Previous research suggested that, after transition, veterans can face challenges in various areas including employment, finances, mental health, access to health care, and social support (Ravindran et al., 2020).

Military sexual trauma (MST) and post-traumatic stress disorder (PTSD) are central to depression and suicide in veterans who participated in wartime conflicts. Black, Hispanic, and multiracial veterans have higher risks of PTSD following military service (McClendon et al., 2019). PTSD among female service members has led to increased rates of suicide (U.S. Department of Veterans Affairs [VA], 2016a). Potential risk factors for women veterans' higher PTSD prevalence may include stressful life events and reduced social support. PTSD often plays a central role in depression and suicide in veterans who participated in wartime campaigns. Women service members who deploy to

wartime operations are mothers, spouses, and caregivers. Their adaptation experiences can be problematic because they hold multiple roles and responsibilities when returning home from war.

Black female service members hold numerous workplace, family, and community roles. Females in the U.S. Armed Forces carry a heavy burden and continue to maintain multiple identities and role functions in and outside the military community (Mankowski & Everett, 2016). The VA (2018) reported that, except for older women, the rate of suicides for veteran women was higher than for nonveteran women. Traumatic events over a lifetime occurred in 81%–93% of female veterans before or during their military service (Stefanovics & Rosenheck, 2019). Reintegration into the community is a problem that many veterans experience after returning from war (Dodds & Kiernan, 2019; Maiocco & Smith, 2016).

Black female veterans have experienced difficulties transitioning into their environments after returning from wartime deployments. Increased risk of suicide has been associated with military separation (Ravindran et al., 2020). Using a qualitative descriptive design, I explored the reintegration and adaptation experiences of Black female service members to provide critical information to improve the veteran, family, and community experiences after returning from Iraq and Afghanistan. The major sections of Chapter 1 include the study's background, problem statement, purpose statement, research question, theoretical framework, nature, definitions, assumptions, scope and delimitations, limitations, significance, and a summary.

Background

PTSD and MST play a central role in depression and suicide in veterans who participated in wartime conflicts. Black, Hispanic, and multiracial veterans have higher risks of PTSD following military service (McClendon et al., 2019). PTSD among female service members has led to increased rates of suicide (VA, 2016). Potential risk factors for women veterans' higher PTSD prevalence may include stressful life events and reduced social support. PTSD often plays a central role in depression and suicide in veterans who participated in wartime campaigns. Some veterans reported not locating the appropriate support program or knowing where to receive help (Aronson et al., 2019). The frequently used methods of committing suicide were poison and firearms (VA, 2016). Suicide remains a public health and social problem for veterans in crisis. Consequently, the VA has 24-hour crisis hotline numbers for veterans to call if they need help.

Identifying female service members at high risk for self-harm is critical during and after military deployments. The steady increase in the suicide rate among military personnel since the start of wars in Afghanistan and Iraq could be partly attributable to physical and mental stressors associated with their deployment (Kang et al., 2015). Female and male veterans' reintegration experiences after combat differ (Hawkins Crowe, 2018). When female service members return home from Iraq, they often suffer from depression, PTSD, the consequences of MST, anger, grief, detachment, relationship problems, and suicidal ideations (Lubens & Silver, 2019). Women who reported exposure to MST involving assault or attempted assault suffered higher rates of PTSD-related

anhedonia and PTSD-related negative alterations in cognition and mood associated with higher suicidal ideations (Blais et al., 2020). Women and men in the military continue to suffer from MST, often by their military peers or superiors. Recently, the military has implemented more preventive measures to decrease further incidence of MST. A new law made sexual harassment an offense under the Uniformed Code of Military Justice. The I Am Vanessa Guillén Act was signed into law nearly 18 months after the death of a 20-year-old Hispanic female soldier stationed at Fort Hood, Texas. The military ignored Spc. Vanessa Guillén's sexual harassment complaints; a fellow soldier killed her (GovTrack.us., 2022).

The stories told by women veterans are of importance because their combat-related experiences can seem daunting. Nevertheless, female veterans are reintegrated into their family or work-related roles soon after returning from a combat environment. Many women veterans return home from Iraq and Afghanistan with family reintegration difficulties and mental and physical health issues and often struggle with their family role (Leslie & Koblinsky, 2017). The experiences of U.S. military service members and veterans are more complex than in previous wartime eras (Mankowski & Everett, 2016). Female service members are more likely to face physical and mental health barriers and commonly have higher depression and anxiety with comorbid health conditions than male veterans (Strong et al., 2018). The phrase "to cope with" is constantly changing cognitive and behavioral efforts to manage external or internal demands taxing or exceeding the person's resources (Lazarus & Folkman, 1984). Articles focused on coping in military health care providers and emergency rescue workers also highlighted the

importance of resiliency. Coping and resiliency have been frequently used when discussing PTSD and military veterans. Consequently, health care providers must identify coping techniques of underrepresented female military service members and resiliency methods.

There is a knowledge gap in nursing addressing the adaptation experiences of Black female veterans after returning from a wartime environment. Findings from research on Black female military service members' postdeployment experiences are lacking in the literature. African American families socialize their children to use family, close friends, and community members as resources when experiencing hardship (Shahid et al., 2018). Spiritual well-being has been shown to reduce suicidal behavior, depressive symptoms, and hopelessness (Gaskin-Wasson et al., 2018). Coping can be considered active, with passive avoidance, which leads to poorer health outcomes (Barajas et al., 2019). The current study provided robust data describing the experiences of Black female service members after returning home from military deployments. Phenomenological research on the adaptation and lived experiences of Black female service members may lead to significant improvements in their postdeployment transition.

This research has implications for positive social change for Black female service members, communities, and veterans. In 2014, female veterans totaled over two million, roughly 10% of the veteran population (Strong, et al., 2018). An underrepresentation of literature on women veterans' narratives reflects little understanding of the role of women in combat (Dodds & Kiernan, 2019). The U.S. military, VA, health care providers, researchers, female veteran organizations, academic institutions, and government leaders

should address policies and procedures concerning underrepresented female veterans. Substantial policy changes must focus on Black female service members' adaptation problems after wartime deployments. The current study was needed to transform the care rendered to military women returning from wartime deployment. The discussions and themes provide insights into the efficacy of the services offered by the military and the VA health care system. Additionally, follow-up studies on underrepresented female veterans may determine whether policy revisions were effective.

Problem Statement

A research problem exists concerning the adaptation experiences of Black female military service members returning from Iraq and Afghanistan. There is a gap in the literature on the adaptation experiences of Black female service members after returning home from Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF). Studies on women in the military are frequently combined with the veteran male population. Future studies must focus on the unique experiences of a diverse population of Black female veterans. Maiocco and Smith (2016) reported that women deployed to Iraq and Afghanistan are the largest cohort of women who have engaged in combat operations since 9/11 (National Center for Veterans Analysis and Statistics, 2014). Mankowski and Everett (2016) posited that female recruitment in the military has steadily increased, with women comprising 15% of the U.S. Armed Forces. Veterans returning home from military deployments often experience problems with community reintegration (Maiocco & Smith, 2016). Aronson et al. (2019) reported that female veterans were likelier to say they did not know if they were eligible for support programs.

According to the VA (2016), suicide rates in racial minority female veterans are 2 times higher than in nonveteran women. Consequently, research on the experiences of Black female service members is limited.

PTSD often plays a central role in depression and suicide in veterans who participated in wartime deployments. Lubens and Silver (2019) found that U.S. combat veterans returning from Iraq and Afghanistan suffered from detachment, guilt, and prolonged grief after suffering the death of their comrades. Rivers et al. (2017) asserted that nearly 74% of en route care nurses used military behavioral health services after returning from Iraq and Afghanistan. Hawkins and Crowe (2018) found that female and male veterans' reintegration experiences after combat differ. When female service members return home from Iraq, they often suffer from depression, PTSD, the consequences of MST, anger, grief, detachment, relationship problems, and suicidal ideations (Lubens & Silver, 2019). Blais (2020) found that women who reported exposure to MST that involved assault or attempted assault suffered higher rates of PTSD-related anhedonia and PTSD-related negative alterations in cognition and mood, which was associated with higher suicidal ideations. Leslie and Koblinsky (2017) found that women veterans return home from Iraq and Afghanistan with family reintegration difficulties and mental and physical health issues and often struggle with their family role.

Potential risk factors for women veterans' higher PTSD prevalence include stressful life events and reduced social support. McClendon et al. (2019) found that Black and Hispanic females have a higher risk of PTSD following military service. PTSD

among female service members has led to higher rates of suicide. Female veterans between the age of 35 and 54 have the highest rate of suicide (VA, 2016). Poisoning and firearms were frequently used to commit suicide (VA, 2016). Mankowski and Everett (2016) emphasized that the experiences of U.S. female service members and veterans are more complex than in previous wartime eras. Female service members are more likely to face physical and mental health barriers in the military. Veterans exhibit significantly higher suicide risks than the U.S. general population (Kang et al., 2015). Strong et al. (2017) posited that female veterans commonly have more depression and anxiety with comorbid health conditions than male veterans. Female veterans are expected to reintegrate into their family or work-related roles after returning home from a combat environment.

Black families socialize their children to use family, close friends, and community members as resources when experiencing hardship (Shahid et al., 2018). Spiritual well-being has been shown to reduce suicidal behavior, depressive symptoms, and hopelessness among African American women (Gaskin-Wasson et al., 2018). Focusing on a population of Black female veterans is essential because their postdeployment experiences may be unique compared to other veterans. The current qualitative study exploring the adaptation experiences of Black female service members was intended to fill a gap in the literature regarding the experiences of Black female veterans' adaptation.

Purpose of the Study

The purpose of this phenomenological study was to describe Black female military service members' adaptation experiences after returning from Iraq and

Afghanistan. A qualitative approach with a descriptive phenomenological design was used to address Black female veterans' lived experiences after returning home from Iraq. A qualitative descriptive phenomenological design aligns with the purpose of this study because phenomenology is used to understand the meaning of everyday experiences (see Maiocco & Smith, 2016). Emerging themes addressed the lived experiences of Black female service members after their OIF and OEF deployments.

Research Question

The research question was the following: What are Black female military service members' adaptation experiences after returning home from Iraq and Afghanistan?

Theoretical Framework

Roy's Adaptation Model

Roy's adaptation model (RAM) is a theoretical framework that addresses the person, health, environment, and nursing (McEwen & Wills, 2019). RAM includes all conditions, circumstances, and influences that surround and affect the development and behavior of human adaptive systems with particular consideration of person and earth resources (McEwen & Wills, 2019). According to Roy and Andrews (1999), RAM describes ways (modes) in individuals that express adaptation to their environment. These modes include physiological, self-concept/group identity, role function, and interdependence, representing coping processes formed by physiological or cognitive mechanisms. Roy (2011, as cited in McEwen & Wills, 2019) asserted that a transformation can occur in society by promoting the adaptation of individuals or groups

into society. The current study explored the adaptation experiences of Black female service members returning from military deployments to Iraq and Afghanistan.

Strong Black Woman Phenomenon

The strong Black woman (SBW) schema informed the development of my interview questions exploring how Black women adapt after returning from Iraq and Afghanistan. The interview questions addressed Black female service members' interdependence, coping, and role function while adapting to their environment after returning from Iraq and Afghanistan. The concepts of the schema suggest that Black women are caretakers and assume various roles and responsibilities without the opportunity to be emotionally transparent and expressive (Avent Harris, 2021). I explored how Black female service members described their experiences after returning from Iraq and Afghanistan. Focusing on interdependence, coping, and role function in Black female service members was essential because their postdeployment experiences are unlike other veterans.

African American daughters raised by African American mothers are held to a higher standard and undertake more responsibilities than their sons (Avent Harris, 2021). Gaskin-Wasson et al. (2018) found that African American women frequently use spirituality to provide a sense of belonging and support and, in turn, to reduce harmful outcomes such as suicidality. The SBW schema was used to explore the interdependence, coping, and role function of Black female service members' adaptation experiences. Role function is crucial because it entails taking the self as subject and object, understanding one's position within the social structure, and understanding others' positions (Love &

Davis, 2021). First Lady Michelle Obama was a role model for many Black females worldwide (Haynes & Block, 2019). Scholars spoke at length about the former First Lady of the United States because she is a strong and unapologetically independent African American (Haynes & Block, 2019). The First Lady of the United States has been described as an SBW. How emerging Black adults cope with their experiences of racism at individual, institutional, and cultural levels remains unclear (Volpe et al., 2021). Although the former First Lady of the United States experienced racism during her lifetime, she often spoke publicly about her coping methods.

Nature of the Study

This qualitative study focused on the postdeployment adaptation experiences of Black female veterans. The nature of this study was qualitative with a descriptive phenomenological design. A descriptive phenomenological design was an ideal fit for the current study. Descriptive phenomenology is used when little or no research exists on a topic (Ataro, 2020). The current study participants were recruited from Facebook, LinkedIn, Instagram, and female veteran social media websites. Also, snowball sampling was used to recruit participants. In addition, a recruitment announcement was posted on the Walden University research participant pool site. Semistructured interviews were conducted with Black female veterans enrolled in the study. My review of the literature informed the interview questions. The interview questions were also reviewed by a diverse group of female veterans to assess their clarity. The women veterans who reviewed the questionnaire were not enrolled in the study.

Colaizzi's seven-step process was used to analyze the data (see Appendix D). Colaizzi's seven-step approach provides a systematic method for data analysis (Ataro, 2020). Colaizzi's seven-step approach is beneficial when capturing the meanings the participants attempt to convey (Ataro, 2020). Purposeful sampling was the primary method of recruiting participants in the current study. Ravitch and Carl (2016) suggested that purposeful sampling can provide detailed and rich data from participants with experiences or knowledge about a phenomenon. Data sources include maintaining a research journal and a research log and conducting individual interviews with participants (Ravitch & Carl, 2016). Researcher's document thoughts, ideas, and questions throughout the study (Ravitch & Carl, 2016). In the current study, individual telephonic interviews took place with female veterans. The interviews were audio recorded and transcribed to obtain a complete description of each participant's experiences.

Definitions

Adaptation: "The process and outcome whereby thinking and feeling persons as individuals or in groups use conscious awareness and choice to create human and environmental integration" (McEwen & Wills, 2019, p. 30).

Coping: The process of cognition and action while dealing with the stress of environmental demands (Allen et al., 2019; Avent Harris, 2021).

Interdependence: Social relationships with significant others such as family or friends (Alkrisat & Dee, 2014; Avent Harris, 2021).

Role function: Individual roles or expectations within an environment (Roy, 2009; McEwen & Wills, 2019)).

Assumptions

Assumptions are often based on accepted beliefs or values (McEwen & Wills, 2019). I assumed that the participants would respond honestly to the interview questions. The feelings of participants are different from perceptions or beliefs within the realm of their experience (Peoples, 2020). Also, I assumed that participants would accurately describe their experiences returning from Iraq and Afghanistan. I assumed the information the participants shared with me was based on actual events. Personal accounts and descriptions verbalized by the participants added meaningfulness to the study. Finally, I assumed that the participants would trust me, a fellow female veteran, as they shared details about their lived experiences.

Scope and Delimitations

The purpose of this study was to describe the lived experiences of Black female service members after returning home from Iraq and Afghanistan. I explored participants' adaptation methods after returning from a wartime environment. This study included a purposeful sample of female participants deployed to Iraq and Afghanistan. The boundary of this study consisted of a specific population of Black female veterans 18–70 years of age who served in Iraq and/or Afghanistan during OIF and OEF between March 30, 2003, and December 31, 2014. Individuals not meeting these criterion were excluded from the study.

Female military veterans of Hispanic ethnicity also experience more difficulty with PTSD. However, they were excluded from this study to focus on a specific population of Black female veterans. This study's theoretical framework included RAM

and the SBW schema. Neuman's system model was also considered as a framework for this study. The central concepts in Neuman's model are client, variables, stressors, environment, nursing interventions, and wellness (McEwen & Wills, 2019). Neuman's model involves the relationship between sociocultural influences. This model would have imparted meaning to the research population of Black female service members.

Neuman's model was not included in my study since Roy's model addresses the individual's response to specific health conditions or challenges. Culture provides a sense of identity and belonging to ethnically diverse individuals. Black women who return from military deployments in Iraq and Afghanistan have unique experiences that may include shared beliefs and values. Detailed and rich field notes were taken from the participants for potential transferability of findings.

Limitations

Limitations in this study included participants being unavailable for interviews. The sample population was limited to Black female veterans deployed to Iraq and Afghanistan. Black female veterans recalled negative experiences when returning home from Iraq and Afghanistan, which I anticipated. Sensitive themes emerged related to PTSD; therefore, deployment details became emotional for several veterans to discuss. I provided the veterans crisis line to the study participants, if needed, for support.

The main methodological weaknesses of a qualitative phenomenological study include the lack of transferability, the potential for researcher bias, and the difficulty of replicating the study. In addition, the sample size is often small, making it difficult to draw conclusions that apply to a larger population. Finally, due to subjectivity, the

replication of a qualitative phenomenological study can be complex. Researcher biases could have emerged because I am a Black female previously deployed to Iraq. These biases could have influenced the study outcomes. I maintained a journal documenting my feelings to mitigate potential biases. In addition, a rigorous coding and analysis process was implemented to ensure the data were accurately interpreted.

Significance

This study may contribute to nursing by providing data on how Black female veterans adapted after their wartime experiences. Revised nursing education and practice may lead to positive social change for Black female service members and marginalized female veterans by addressing significant barriers experienced after military deployments. Implementing transformational procedures that include diversity, equity, and inclusion toward Black female service members and veterans is vital as the population of women joining the U.S. military increases. Health care providers must incorporate culturally and gender-specific practices to address the needs of Black female veterans. The Institute for Polarities of Democracy (2021) developed a comprehensive approach that includes mental health, employment, social economy, public education, health care, social work, housing, and the environment. This positive social change initiative goes across organizations, institutions, and systems dedicated to advancing healthy, sustainable, and just communities (Institute for Polarities of Democracy, 2021).

Summary

A research problem exists concerning the adaptation experiences of Black female military service members returning from Iraq and Afghanistan. Limited studies have

explored the lived experiences of Black female service members. Research on Black female military service members' experiences did not fully explore the complexity of women veterans or their problems during military service. RAM and the SBW schema guided this study. RAM's concepts of interdependence, coping, and role function informed the research questions. This study was designed to describe Black female military service members' experiences adapting to life after returning from Iraq and Afghanistan. The lived experiences of underrepresented Black female veterans were explored in this study. Findings may be used by primary care managers to address the challenges many Black female service members experience after returning from war deployments.

The study may inform health care providers about implementing culturally competent care to racially diverse women who served in military wartime deployments. This research may help shape health care policies and practices for underrepresented female service members seen in VA medical centers. Chapter 2 includes the literature search strategy, theoretical foundation, and literature review.

Chapter 2: Literature Review

The research problem was the adaptation of Black female service members after returning home from Iraq and Afghanistan. The purpose of the study was to describe Black female military service members' lived experiences of adaptation after returning from a wartime environment. A literature gap exists concerning the adaptation experiences of Black female military service members returning home from Iraq and Afghanistan. In prior studies, researchers analyzed male and female veterans' transition or reintegration from the military to civilian life. However, researchers did not fully explore the adaptation experiences of Black female service members. Recent literature did not examine the adaptation experiences of Black female service members after returning home from Iraq and Afghanistan.

Veterans returning home from a wartime conflict may experience emotional avoidance within their relationships. Military service members often avoid discussing traumatic experiences with significant others, family members, or friends. A person's degree of interdependence is essential when developing relationships (Abendschein, 2021). Male and female service members frequently feel negative emotional responses after returning from a wartime conflict. Nevertheless, spouses are compelled to support their family members' emotional well-being after they return home from deployments with symptoms of PTSD (Zhang et al., 2019). A sense of interdependence influences partners' patterns of interaction; however, the relationship may not be considered mutual (Abendschein, 2021). Promoting quality sleep among military couples after deployment

results in less sleep disturbance, reduced loneliness, and increased intimacy (Arpin et al., 2018).

Black female military service members may require family and friends' support after returning from deployment to Iraq and Afghanistan. However, anger is a negative emotion frequently seen in military service members after returning from military deployments. Moreover, African American women may feel obligated to present an image of strength while suppressing their emotions for protection (Allen et al., 2019). Veterans may also suppress feelings toward their partners after deployment, which could lead to decreased relationship satisfaction (Zamir et al., 2018).

Interventions to reduce emotional avoidance in service members after deployment will help to enhance communication in their relationships. Individuals engaged in a lived experience of mental illness discovered the importance of peer and family support in promoting recovery (Cheng et al., 2018). Family, friends, and the community must support military service members after they return home from wartime deployments. The major sections of Chapter 2 include the literature search strategy, RAM, the SBW schema, a literature review related to key variables and concepts, and a summary.

Literature Search Strategy

Databases accessed included ERIC, SAGE, Psych INFO, Cumulative Index to Nursing and Allied Health Literature (CINAHL), Medline, PubMed, ProQuest Central, and SocINDEX. Searches were limited to English language and peer-reviewed scholarly journals. The keywords searched for this study included *female veterans, African Americans, Black females, military, females, adaptation, deployment, re-deployment,*

coping, post-traumatic stress disorder, war, Iraq, Afghanistan, community resources, Veterans Administration (V.A.) VAF, trauma, anxiety, stress, suicide, suicidal ideations, veterans, women veterans, women, PTSD, adaptation, gender differences, military sexual trauma, MST, exposure, and wartime. In addition, a comprehensive literature search was conducted by a librarian at the National Institutes of Health to gather additional sources.

Theoretical Foundation

This study included RAM as the theoretical framework. RAM describes people's ability to adapt to their environment. This model related to the study's approach and research question on individuals' adaptation. RAM's concepts informed the research question, which addressed adaptation. Coping, role function, and interdependence are concepts included in RAM (McEwen & Wills, 2019). The logical connections between the framework and the nature of my study included adaptation. RAM focuses on a person's ability to adapt to their environment.

I explored the adaptation experiences of Black female service members returning from military deployments to Iraq and Afghanistan. RAM was the theoretical framework that closely aligned with my study. The theoretical foundation involved a phenomenon of interest: adaptation. RAM contains four domains: person, health, environment, and nursing (McEwen & Wills, 2019). According to Roy and Andrews (1999), RAM describes ways (modes) in which individuals express adaptation to their environment; modes include physiological, self-concept/group identity, role function, and interdependence. These modes represent coping processes formed by physiological or

cognitive mechanisms. RAM's adaptation concepts informed this study of Black female military service members' experiences after returning from Iraq and Afghanistan.

The SBW or superwoman schema (SWS) was also used to frame the study. This schema describes how Black women are often depicted as strong and independent, which can overshadow oppressive experiences (hooks, 1988; Shahid et al., 2018). Black women who experienced more adverse childhood events, such as trauma, were more likely to present an image of strength and experienced more stress (Leath et al., 2022). Furthermore, Black women are often compelled to work harder to overcome racial bias or stereotypes.

Several researchers used the SBW or SWS to identify African American women (Allen et al., 2019). Shahid et al. (2018) examined the coping skills of Black female students attending predominantly White institutions using the SBW schema. Shahid et al. focused on the stress of racial discrimination, prejudice, and the culture shock of Black students attending undergraduate programs in predominantly White institutions. Woods-Giscombe (2010) asserted that the SWS reflects Black women as strong individuals with little vulnerability or dependency. The expectation for Black women to maintain the strong woman image can lead to unhealthy lifestyle choices (Allen et al., 2019). Consequently, Black females often learn to navigate adversity by presenting an image of strength (Allen et al., 2019)..

Black females discuss the experiences of their mothers and grandmothers to maintain their families while upholding a strong self-image. Consequently, coping with systemic barriers such as racial discrimination has led to unhealthy behaviors in Black

women (Shahid et al., 2018). Additionally, Black women have frequently prioritized the care of others before themselves (Allen et al., 2019). Conversely, Black females often build a strong sense of identity and self-worth through supportive networks with family and friends (Shahid et al., 2018). The SWS framework and concepts were relevant to describe the adaptation experiences of Black female service members returning home from military deployments to Iraq and Afghanistan.

Literature Review

Coping

Coping, interdependence, and role function relate to adapting to one's environment. Antecedents of coping are primarily stressful events and social support. Coping has several definitions originating from multiple disciplines. Coping has been used to describe how individuals deal with or overcome stressful events (Lazarus & Folkman, 1984). Coping is characterized as an emotional response to stimuli (Allen et al., 2019; Avent Harris, 2021). Traumatic experiences from military wartime operations often lead to elevated stress levels in individuals due to wartime trauma. Individuals need to develop effective coping strategies to manage difficult emotions (Lazarus & Folkman, 1984). Ineffective coping is frequently seen with service members experiencing the effects of post-traumatic stress. Ineffective coping is a defense mechanism that involves behaviors such as avoidance, denial, and self-medication. When coping strategies are ineffective, traumatized military service members frequently exhibit signs of PTSD (Scoglio et al., 2019).

PTSD

PTSD symptoms are common after military service in male and female post-9/11 veterans, many of whom experienced combat (Scoglio et al., 2019). Mekawi et al. (2022) found that the severity of post-traumatic stress and depressive symptoms differed based on how Black Americans responded to unfair treatment. Several Black female military participants in the current study may have a diagnosis of PTSD associated with their wartime experiences in Iraq and Afghanistan.

A longitudinal health study found that religious coping predicted lower mortality rates in Black women (VanderWeele et al., 2017). Black women often use spirituality as a means of coping. Ferreira et al. (2020) studied spirituality and coping in individuals suffering from chronic pain and found that spirituality helped individuals cope with psychological and physiological pain. Finally, Black women often use prayer and spiritual practices to cope with stress, anxiety, and depression, which provide a sense of connection and community (Shahid et al., 2018).

Adaptation

Adaptation is “the process and outcome whereby thinking and feeling persons as individuals or in groups use conscious awareness and choice to create human and environmental integration” (McEwen & Wills, 2019, p. 175). RAM was consistent with the current study’s purpose, which was exploring the adaptation experiences of Black female service members after returning from Iraq and Afghanistan. The suppression of feelings by African American or Black women can affect their ability to adapt to environmental changes. African American women often suppress their emotions while

feeling obligated to help others (Allen et al., 2019). Black females may hide their feelings to protect themselves from harm or to avoid conflict. Anger is an emotion often associated with adaptation, a natural response to a perceived threat. Moreover, anger is also a common symptom seen in PTSD.

Role Function

Role function is also an essential aspect of the adaptation experience. Black female military service members face many challenges in their distinct roles. Often, Black women learn to cope with multiple roles and demands through spirituality or by suppressing their emotions. A qualitative study conducted in Sweden found that social workers' role function decreased after changes occurred to the social support system (Jonsson, 2019). Social workers experienced difficulty coping in their social work role without their typical resources (Jonsson, 2019). A similar finding could be made for Black female service members who no longer have the resources to function in multiple roles after returning home from military deployment. Black women maintain additional roles and responsibilities such as spouse, mother, and military service member, along with multiple functions in their family and community. Being connected with their cultural community is highly valued among Black Americans (Baldwin & Hopkins, 1990). Their military roles are soldier, airmen, marine, sailor, daughter, sister, and friend. Consequently, after returning home from Iraq and Afghanistan, they frequently become overwhelmed while trying to function in multiple roles.

Interdependence

Interdependence is used to describe the relationship between individuals and their environment. This term is also used to refer to mutual reliance between two people. Females transitioning out of the military are accustomed to relying on each other as a means of camaraderie. Terms such as “battle buddy” are often used in the U.S. Army. When the support of the military is no longer an option, veterans have to rely on another method of support such as a spouse, partner, family member, or friend. Interdependence is critical in the development of social networks and relationships. Female veterans may separate from the military after returning from a wartime deployment. Women veterans often reported not knowing they were eligible for support programs (Aronson et al., 2019). Females transitioning out of the military risk homelessness if they lack social connectedness. Interviews with 14 female veterans, of whom 13 were African American, addressed their experience of homelessness and revealed six themes: traumatic experiences, entering the military to escape circumstances, racism, gender-related discrimination and sexism, difficulty transitioning from military to veteran status, and positive childhood experiences and proud moments during military service (Felder & Delany, 2020). Female veterans are also at risk of encountering sexual violence. Catabay et al. (2019) posited that social support and resilience were coping mechanisms that helped Black women deal with the stress associated with sexual violence.

Black Female Service Members

Many more women were deployed to Iraq and Afghanistan compared to previous wars (U.S. Department of Veterans Affairs [VA], 2016a). Women service members

deployed to Iraq and Afghanistan were more racially diverse, with fewer reporting multiple tours and a higher percentage scoring low on unit support and morale (Adams et al., 2021). African American women reported more significant stress and racial discrimination than their White counterparts (Allen et al., 2019). African American women have responded to stress by coping through diet, physical activity, food, alcohol, and smoking (Allen et al., 2019).

The overall effects of racial discrimination have negatively impacted the health and well-being of Black Americans (Mekawi et al., 2022). The SBW or SWS schema plays a central role in how African American women experience, interpret, and respond to the social world (Allen et al., 2021). Additionally, African American women are taught to be strong early in life when facing psychological threats to themselves (Allen et al., 2019). Racial health inequities and race-based coping are experienced by Black Americans, particularly during sociopolitical climates of unrest (Mekawi et al., 2022). Some studies have described the SBW or SWS role as unconscious (Allen et al., 2021).

Racial and Ethnic Disparities

Racial barriers and opportunities for advancement remain a concern for many underrepresented men and women in the U.S. military. Racial and ethnic health disparities persist among veterans; however, Hispanic, and other underrepresented men and women reported worse self-rated health, greater V.A. healthcare utilization, and more combat exposure than Whites (Ward et al., 2021). Racial discrimination impacts African Americans daily, including in workplaces, schools, financial institutions, and other settings (Barajas et al., 2019). African American female service members face barriers,

hardships, and missed opportunities, affecting their overall economic success (Felder & Delany, 2020). A study found that stress from racism affects Black nursing professionals' well-being, career trajectories, certified nursing assistants, and coping strategies (Truitt & Snyder, 2020). The use of mental health or substance abuse-related programs, trauma exposure, and satisfaction with primary care were a few services examined during a systematic review of racial and ethnic disparities in the VA healthcare system (Carter, 2016). African American, Hispanic ethnicity, and White women experienced post-traumatic events (PTE) and PTSD. Men are likelier to report severe accidents or serious disasters (Valentine et al., 2019). Consequently, Black female service members' experiences during and after the military differ from other female veterans.

Improvements in racial and ethnic disparities in the military and the V.A. require a more focused approach. Racism-related stress affects Black nursing professionals' well-being, career trajectories, certified nursing assistants, and coping strategies (Truitt & Snyder, 2020). Black females often cope with racism at the individual and institutional levels, originating from patients, peers, and supervisors (Truitt & Snyder, 2020). A cross-sectional analysis exploring racism found that African American males frequently use a John Henryism coping strategy when exposed to racism and prolonged exposure to stress (Barajas et al., 2019). However, Black females are often family caretakers, leading to poor health outcomes.

Experiences of Women Veterans

Women veterans have a long history of serving in the military. Literature written about the U.S. military experience does not fully explore the global complexity of women

veterans or the difficulties they have experienced. (Dodds & Kiernan, 2019). Women are twice as likely to develop PTSD than men (Stefanovics & Rosenheck, 2019).

Consequently, there has been very little research examining post-traumatic exposure (PTE) and post-traumatic stress disorder (PTSD) among gender and minority groups (Valentine et al., 2019). Less than two percent of the literature comprises women veterans (Dodds & Kiernan, 2019). Most of the research on veterans' mental health has employed a quantitative design and focused on the experiences of male personnel (Doncaster et al., 2019). Women veterans had a higher unadjusted prevalence of past-year PTSD than their civilian and male counterparts (Lehavot et al., 2018). A more significant perceived threat in the warzone, family concerns, and stressors were reported by ethnic minority veterans deployed during OIF and OEF (Muralidharan et al., 2016). Many female service members returned from Iraq and Afghanistan without mental health treatment. As a result, female veterans with untreated PTSD agonized in silence.

Disturbing memories may surface when female veterans return home. Women veterans who returned from combat in Iraq and Afghanistan suffered mental health issues (Maiocco & Smith, 2016). Potential risk factors for women veterans' higher PTSD prevalence may include stressful life events and reduced social support (Lehavot et al., 2018). Differences occur in treatment utilization for post-traumatic stress disorder (PTSD) among female and male veterans who served in Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) after cognitive-behavioral therapy (Gallegos et al., 2015). The number of traumas, type of trauma, and social factors may help explain women veterans' higher prevalence of PTSD (Lehavot et al., 2018). Female veterans who

received cognitive behavioral therapy (CBT) intervention were more apt to continue further treatment after six months (Gallegos et al., 2015). Fifteen female partners of male U.K. veterans highlighted the importance of considering the veteran existing within a relational and cultural context and the need to include partners in therapeutic interventions (Doncaster et al., 2019). Significant others can be a wealth of information when caring for their veteran spouse. Involving partners in treating military veterans is encouraged to promote comprehensive care.

Military Transition

Military service members frequently return to the civilian sector when returning from combat. Although veterans face many challenges as they transition from the military, there remains a gap between the services post-911 veterans use and do not use as they transition to civilian life (Aronson et al., 2019). Veterans rarely use V.A. programs and services available within the first three months of transitioning to civilian life (Aronson et al., 2019). A coping and well-being study with The Army National Guard (ANG) soldiers' family readiness groups' (FRG) 60 to 90 days after deployment showed that many spouses and service members needed help during and after deployment. Yet, they did not seek help (Griffith, 2020). A small percentage of post-911 female veterans and veterans from lower enlisted ranks indicated they did not know they were eligible for support programs (Aronson et al., 2019). As a result, veterans need clear information about available programs, eligibility requirements, where to locate them, and how to identify which programs would benefit them (Aronson et al., 2019). Service members' transition back into the community is not necessarily seamless.

Many veterans use their education benefits by enrolling in college after separating from the military. Women service members and veteran students enrolled in college received health information from their education institution less often than women students with no military experience on the following topics: alcohol and other drug use, depression and anxiety, sexual assault, relationship violence prevention, and stress reduction (Albright et al., 2019). A systematic review of racial and ethnic healthcare disparities among women in the V.A. healthcare system indicated an unmet need to assess healthcare disparities among female veterans further (Carter et al., 2016). Health disparities are a population health problem for underrepresented female veterans in the V.A. healthcare system.

Underrepresented Veterans

Underrepresented men and women contribute to society by serving in the U.S. military. A study examining military veterans' racial and ethnic differences with PTSD consisted of (n = 9420) male and female veterans, Black (n=1027), White (n = 6222), Hispanic ethnicity (n =1313), Asian/Hawaiian/Pacific Islander (n = 420), and multiracial (n = 438) study participants (McClendon et al., 2019). Disparities between African American women veterans and their counterparts in other racial and ethnic veterans' groups point to the importance of targeting efforts that might narrow and hopefully end disparities (McClerking & Wood, 2016). Women veterans' complexity and unique needs, especially racial and ethnic disparities, are salient hurdles (McClerking & Wood, 2016). A post-deployment study concluded that Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) underrepresented female veterans reported an increased level

of post-deployment anxiety than a majority group of veterans (Muralidharan et al., 2016). The researchers hypothesized that culturally diverse people would have increased stress levels during deployment and post-deployment pressure-related symptoms (Muralidharan et al., 2016). There are differences between gender, race, ethnicity, and risk factors for PTSD, while it is notably highest in the Black, Hispanic, and multiracial aggregate group of veterans. (McClendon et al., 2019). Further research is needed to uncover why underrepresented populations experience higher rates of PTSD.

Summary and Conclusions

The major themes in the literature include Roy's Adaptation Model (RAM) concepts of adaptation, interdependence, coping, and role function. This study provides for adapting Black female service members after returning from Iraq and Afghanistan. Developing effective coping methods is necessary to decrease stress and increase resiliency. Ineffective coping has led to post-traumatic stress in a population of Post 9/11 military service members. PTSD is commonly seen in both male and female veterans who were exposed to combat. Black females often use spirituality as a means of coping with stress. Spirituality practices provide a sense of connection for Black women.

Adaptation occurs when individuals or groups integrate with their environment (McEwen & Wills, 2019, p. 175). Roy's model includes the person, health, nursing, and the environment (McEwen & Wills, 2019). A person's health is seen as a dynamic process affected by the environment. Black female service members' adaptation to the environment after returning from Iraq and Afghanistan will be explored in this study. Role function is another important concept in Roy's model. Female service members

often hold several roles, even after returning from wartime. Coping with the demands of multiple roles such as spouse, mother, and military service member may seem daunting for many females returning from a wartime environment. Service members returning from a stressful wartime environment are often unfamiliar with the social support available after transitioning from the military. Experiencing interdependence among family, friends, and the community can help provide a social network and support to female service members after a military deployment. The Superwoman Schema (SWS) will help to frame this study. This schema delves into the role and experiences often described by the strong black woman. Underrepresented individuals with different cultural backgrounds may face challenges unknown to many. Racial and ethnic health disparities impact Black women, including female service members returning from war. The lived experiences of Black female service members after transitioning home from Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) will be further explored in this qualitative phenomenological study. Chapter 3 includes the introduction, reach design and rationale, role of the researcher, methodology, issues of trustworthiness, ethical procedures, and the summary.

Chapter 3: Research Method

The purpose of this study was to describe Black female military service members' experiences of adaptation after returning from Iraq and Afghanistan. The research question was the following: What are Black female military service members' adaptation experiences after returning home from Iraq and Afghanistan? The major sections of Chapter 3 include the research design and rationale, role of the researcher, methodology, instrumentation, procedures for recruitment, participation and data collection, data analysis plan, trustworthiness issues, ethical procedures, and a summary.

Research Design and Rationale

The study's central concepts were adaptation, coping, interdependence, and role function. These concepts were important because they helped me understand how individuals and societies interact with their environment. The nature of the study was qualitative with a descriptive phenomenological design to address the research problem. The descriptive phenomenological design was selected to explore the lived experiences of Black female military service members after returning from Iraq and Afghanistan. The rationale for using this method was to understand the lived experiences of individuals. The descriptive phenomenological design helped me explore participants' subjective meanings or interpretations and provide valuable insights into how people perceived and interacted with the environment. I selected Colaizzi's seven-step data analysis method due to its step-by-step structured.

Role of the Researcher

My role as the researcher was an observer who understood the phenomenon based on the participants' perspective. Any participants with whom I had a personal or professional relationship were excluded from this study. Researcher biases are a concern in qualitative research. I bracketed any personal feelings regarding any difficulties the participants may have shared during the interview. Researcher bias was mitigated by being aware of my biases and keeping a reflexive journal documenting any biases, assumptions, concerns, and experiences during the study. In addition, I was aware of my position as a veteran who deployed to Iraq and Afghanistan. Virtual Amazon \$20 gift cards were sent to study participants as an incentive for their time. There were no ethical issues to disclose in this study.

Methodology

Participant Selection Logic

The study population included Black female veterans deployed to Iraq and Afghanistan during OIF and OEF. Study participants were required to identify as Black females who had been deployed with the military to Iraq or Afghanistan between March 30, 2003, and December 31, 2014. The participant selection process was based on these criteria. Purposeful sampling was used to select participants. Purposeful sampling was the primary method of obtaining study participants. Ravitch and Carl (2016) suggested that purposeful sampling can provide detailed and rich data from participants with relevant experiences or knowledge about a phenomenon. A recruitment announcement was used to describe the study (see Appendix A).

Participants were recruited from female veterans' Facebook, LinkedIn, and Instagram social media sites. Female veteran social media sites were also used to recruit participants. Recruiting veterans from the Walden University research participant pool who met the study criteria was another method to obtain participants. I contacted the prospective participants to have them answer the questions from the screening questionnaire at a convenient time (see Appendix B). Participants were selected after answering the questions on the screening questionnaire. I anticipated that 12 participants would be needed in the study to reach data saturation. Some qualitative researchers no longer refer to a saturation point to negate a single truth (Marshall & Rossman, 2016; Ravitch & Carl, 2016). Saturation is the point in data collection when no new data are emerging (Hennink & Kaiser, 2021). Data sources included a research journal and a research log and individual interviews with participants (see Ravitch & Carl, 2016).

Instrumentation

I conducted semistructured interviews with 10 participants enrolled in the study. Phenomenological researchers often prepare questions before interviewing (Rudestam & Newton, 2015). The interviews consisted of open-ended questions to explore participants' perceptions, meanings, and interpretations (see Appendix C). The questions focused on the concepts of coping, role function, and interdependence from RAM. McEwen and Wills (2019) asserted that a concept is "a word or term that refers to phenomena that occur in nature or thought; formulated in words that enable people to communicate meaning about reality into the world" (p. 536). Data were collected from each participant, including demographic data. The demographic data included the participant's current age,

branch of military service, length of military service, time frame deployed, dates deployed, and military rank during their deployment to Iraq and Afghanistan.

Phenomenological studies address the nature or meaning of everyday or significant experiences (Saldana, 2016). I developed the instrument to include questions about female service members' adaptation. I also shared the interview questions with an outside expert in the field to ensure the appropriateness of the content. This outside expert validated the data collection tool. My committee and the Walden University Qualitative Research Department assisted with creating the open-ended interview questions.

Procedures for Recruitment, Participation, and Data Collection

After Walden University Institutional Review Board (04-19-23-0251066) approval, a recruitment announcement for prospective participants was posted on Facebook and Instagram social media websites. Walden University's research participant pool was used as a backup if additional Black female Iraq and Afghanistan war veterans were needed. The announcement described the study and the requirements for participation (see Appendix A). My contact information was listed on the Facebook and Instagram female veteran sites and posted on the Walden University research participant pool announcements. Female veterans who were interested in participating in the study had the option of contacting me through my Walden University email or contacting me on my cellular phone. I screened each potential participant for eligibility at a convenient time for each individual. The inclusion criteria were Black female veterans deployed during the Iraq or Afghanistan war campaigns between March 20, 2003, and December 31, 2014. A history of PTSD did not exclude a veteran from being able to participate in

the study. Participants were able to exit the study at any time. The participants were given the exit option during the consent process. The consent form clearly stated the choice of the participants to leave the study at any time. In addition, I reminded the participants of their options to exit the study before beginning the interview.

Data collection is a significant step in the research process. Data were collected once by me during the participant interview. My role as the researcher was to conduct semistructured interviews using an online web-based platform or by telephone for data collection. The interview criteria included setting a date and time for virtual online interviews. Each interview was audio recorded using a voice recording mechanism on my computer. In addition, a second audio recorder was used as a backup device. I also took handwritten notes during the interview.

In addition, I maintained a reflexive journal documenting any feelings that may have been present. In addition, as an Iraq war veteran, I was mindful of putting aside any potential bias related to my personal experience. Voice recordings were captured of each semistructured interview. Additionally, significant points were highlighted from my handwritten notes. I gathered the data from each female veteran during the interview. A second interview was scheduled if the participant had a second deployment to Iraq or Afghanistan. If the participant was unavailable for the interview, I followed up with the participant within 1 week to schedule a convenient time for the interview.

Data Analysis

The research question was the following: What are Black female military service members' adaptation experiences after returning home from Iraq and Afghanistan? Voice

recordings were captured of each semistructured interview with participants.

Additionally, significant points were highlighted from my handwritten notes. The data were ready for analysis after they were recorded and transcribed (see Giorgi, 2009). The interview data were analyzed using Colaizzi's seven-step descriptive phenomenological analysis (see Giorgi, 2009). Colaizzi's seven-step descriptive phenomenological analysis is structured to familiarize the researcher with the data.

Colaizzi's seven steps include becoming familiar with the data, identifying relevant statements, and formulating meanings. At the same time, researchers are encouraged to bracket preconceptions, cluster identified meanings to themes, develop inclusive descriptions of phenomena based on themes, develop the fundamental structure of phenomenon by condensing descriptions, and verify the data by returning to the participant (Ataro, 2020). I collected data from each female veteran during the interview process. There was no plan to use software for data analysis. Discrepancies in data could have been addressed by conducting additional interviews. The Walden University research pool was another source to obtain more participants.

Issues of Trustworthiness

Trustworthiness or validity is critical in qualitative research. A systematic approach was used throughout the current study to achieve trustworthiness and validity. Reliability was established by building trust and understanding the participants (see Ataro, 2020). Also, strategies were used to establish the data's credibility, transferability, dependability, and confirmability (see Beck, 2021). Credibility is obtained by ensuring the study findings accurately reflect the study participants (Beck, 2021). Detailed coding

during the analysis helped me ensure credibility was achieved. Detailed descriptions of the procedures, participants, and context may assist other researchers in replicating the study. Transferability is attained by collecting accurate and rich data to transfer qualitative findings to different settings and samples (Beck, 2021).

Dependability was achieved through meticulous data collection and analysis using Colaizzi's seven-step process. I kept an audit trail to establish reliability and credibility by documenting each step of the recruitment, data collection, and analysis procedures (see Ataro, 2020). The audit trail ensured I maintained strict adherence to the process. Also, memos were used to document potential bias in a reflexive journal. Confirmability is maintaining a neutral stance and bracketing bias by keeping a reflexive journal (Beck, 2021). Documentation of personal notes and thoughts was conducted throughout the research process. The research notes and findings were checked and rechecked for accuracy. Validity is enhanced anytime during the research process, especially during data collection and analysis (Ataro, 2020).

Because I was the primary research instrument, I analyzed the data objectively. Another goal when conducting research is to attain rigorous processes reflected in an audit trail. Achieving rigor during research involves unveiling and reflecting on the researcher's biases and interpretations (Ravitch & Carl, 2016). Trustworthiness and validity remain crucial components of qualitative research. Intra- and intercoder reliability is achieved by following the coding protocol without deviating from the norm. I ensured that the coding was clear and consistent with guidance from Walden's qualitative methodologist.

Ethical Procedures

Permission to access human participants was obtained through the Walden University IRB. The application to gain access to participants was completed according to Walden's IRB guidelines. After receiving IRB approval, I placed an advertisement for participants on Facebook and Instagram military social media platforms. Potential participants were contacted to obtain their informed consent. Details of the study were read verbatim to the participants. The informed consent form was verbally reviewed with each participant over the phone. Each participant was provided a copy of the informed consent form via email. There were no participants who refused to be included in the study. I explained the study so that the participants would be fully aware of their rights to participate or refuse to be in the study. I did not recruit people I knew personally or professionally.

Ethical concerns related to recruitment also involved ensuring participants understood that I would ask questions on coping, interdependence, adaptation, and their roles after returning from military deployment in Iraq and Afghanistan. This information was clearly stated in the informed consent form. Individuals were able to opt out of participating in the study if they felt the questions were too complicated. During the consent process, I advised the participants that I would maintain their privacy. The participants' data were double-locked in a secure file cabinet in my home office. I kept a security key to my home office. No one else could gain access to my home office. The names of the participants were not used as identifiers. Participant confidentiality was maintained throughout the study.

The protection of study data was adhered to with strict fidelity. Data were not shared with anyone; confidentiality was maintained. Pseudonyms (e.g., P1, P2) were used to identify participants to keep their identities confidential. I was the only person with access to the data. The data will be stored for 5 years, per university policy, and then destroyed. The file is password protected to confirm it is secure. The computer contains a strong password for data storage. After each interview, I sent a virtual \$20 Amazon gift card to the participant.

Summary

The main sections in Chapter 3 included the research design and rationale, role of the researcher, methodology, instrumentation, procedures for recruitment, participation, data collection plan, data analysis plan, issues of trustworthiness, and ethical considerations. There is a gap in the literature concerning the adaptation experiences of Black female service members who returned from Iraq and Afghanistan. The research question was the following: What are Black female military service members' adaptation experiences after returning home from Iraq and Afghanistan? Black female veterans were recruited from Facebook, Instagram, and LinkedIn social media platforms to participate in this qualitative descriptive phenomenological study. Participants were also recruited from Walden's participant pool. Snowball sampling was also used, in which additional participants were recruited through referrals from existing participants. The study explored Black female service members' adaptation experiences after returning from Iraq and Afghanistan.

The central concepts in the study were adaptation, coping, interdependence, and role function. Adaptation refers to how individuals and societies adjust to changing conditions, and interdependence refers to how people rely on each other for support. Role function refers to how individuals assign roles and responsibilities to different members, and coping refers to how individuals handle stress and difficult situations. RAM and the SWS were used to frame this study. Black female service members were recruited to describe their adaptation experiences after returning from Iraq and Afghanistan. Ten participants were needed to attain data saturation. An audit trail was used to ensure rigorous processes. Confidentiality was maintained to protect the study participants. Colaizzi's seven-step descriptive phenomenological analysis was used to analyze the data. All ethical procedures were followed in this study according to Walden's IRB. Any ethical concerns were addressed with Walden's IRB. A cohort of Black female veterans volunteered their time to participate in this study after their deployments to Iraq and Afghanistan. Chapter 4 contains the setting, demographics, data collection, data analysis, evidence of trustworthiness, results, and a summary.

Chapter 4: Results

The purpose of this study was to explore the adaptation experiences of Black female service members after returning home from Iraq and Afghanistan. The research question was the following: What are Black female military service members' adaptation experiences after returning home from Iraq and Afghanistan? I explored the lived experiences of 10 Black female veterans who deployed to Iraq and Afghanistan with the U.S. military between March 30, 2003, and December 31, 2014. The main sections of Chapter 4 include the setting, participant demographics, data collection, data analysis, evidence of trustworthiness, study results, and a summary.

Setting

There were no personal or organizational conditions that influenced participants or their experience at the time of the study that may have affected the interpretation of the results. The study participants were interviewed over the phone from their homes. There was no one else in the room during their interview. I agreed to a convenient time with the participants to conduct the interview. Four participants conducted two interviews due to deploying twice to Iraq or to Iraq and Afghanistan. The participants who deployed twice opted to discuss their second deployment after the initial interview. There were no external factors that negatively affected the discussion. The interview environment was quiet with no background disturbances. I was concerned about the participant's emotional well-being if they discussed any previous trauma. I read the study questions in a sensitive and supportive manner. I wanted to ensure the participants were not retraumatized when talking about any negative experiences. I was focused on their welfare and comfort in

eliciting their experiences during the interview. I offered to stop the interview if the participants felt overwhelmed. Additionally, each participant was given the 988 crisis lifeline number if they needed to talk or chat with a mental health professional for support after the interview. Participants were also given the contact number of the VA for mental health support.

Demographics

I interviewed 10 Black female veterans for this study. Fourteen interviews were conducted to capture experiences from redeployments to Iraq or Afghanistan. Each participant is retired from the U.S. military and considered a veteran. Five female military retirees work outside the home in the health care industry or education. One participant is an entrepreneur, and another is a student taking undergraduate courses. Eight participants were registered nurses in the U.S. Air Force or Army. Two were prior enlisted; they both were Air Force officers during their deployment. One participant was a noncommissioned officer who worked as an intensive care unit (ICU) medical technician during her deployments. Another participant was a nonmedical line officer in the U.S. Air Force. Three veterans were also in different service branches before joining the U.S. Air Force. Two participants were in the Air Force reserves before their active-duty service. Nine out of the 10 participants were in the U.S. Air Force. Their ages ranged from the 30s through the 50s. They resided in the eastern and southern regions of the United States. All 10 participants are also enrolled in the VA health care system. The experiences the U.S. Army participant were similar to those of the U.S. Air Force veterans.

Table 1 presents the demographics of the participants. Displaying the participants “demographic data can help readers understand the generalizability of the results” (American Psychological Association, 2020, p. 208). Five of the participants deployed twice to Afghanistan. Seven participants were registered nurses, two were finance officers, and one was a medical technician. Four participants were interviewed twice to capture data on their second deployment. Nine of the participants were in the U.S. Air Force during their deployment. One participant was in the U.S. Army. Each veteran interviewed is retired from the military.

Table 1

Black Female Veterans’ Participant Demographic Data

Participant	Gender	Branch of service	Deployed area	Occupation
P1	Female	USAF	Iraq/Afghanistan	Nurse
P2	Female	USAF	Afghanistan	Nurse
P3	Female	USAF	Iraq/Afghanistan	Executive officer
P4	Female	USAF	Afghanistan	Nurse
P5	Female	USAF	Iraq	Nurse
P6	Female	USAF	Afghanistan	ICU medical technician
P7	Female	USA	Iraq	Nurse
P8	Female	USAF	Afghanistan	Facilities manager
P9	Female	USAF	Afghanistan	Nurse
P10	Female	USAF	Iraq/Afghanistan	Nurse

Note. USAF = United States Air Force, USA = United States Army, ICU = intensive care unit.

Table 2 presents additional demographics of the study participants. Two veterans hold a PhD, two hold a bachelor of science in nursing, five hold a master of science in nursing, and one has college credits. Two U.S. Air Force officers were prior enlisted. Four participants are married, four are single, and two are divorced. One participant was

married during her first deployment; however, she was divorced during her second deployment.

Table 2

Participants' Rank, Education, Marital Status, Retiree, Dependents, and Military Rank

Participant	Rank status	Education	Marital status	Retiree	Children	Military rank
P1	04	BSN	M	Yes	Yes	Officer
P2	06	PhD	S	Yes	Yes	Officer
P3	03	PhD	S	Yes	No	Officer *PE
P4	05	MSN	S	Yes	Yes	Officer
P5	04	BSN	M	Yes	Yes	Officer
P6	E-6	SC	M	Yes	Yes	Enlisted
P7	05	MSN	D	Yes	Yes	Officer
P8	04	BS	M	Yes	Yes	Officer *PE
P9	06	MSN	S	Yes	Yes	Officer
P10	06	MSN	D	Yes	Yes	Officer

Note. BSN = bachelor of science in nursing, MSN = master of science in nursing, SC = some college, BS = bachelor of science, M = married, D = divorced, S = single, *PE = prior enlisted.

Data Collection

The data were collected from May 9, 2023, through June 15, 2023. Four participants were interviewed twice to collect information from their experiences in Iraq and Afghanistan. The interviews were between 30 minutes and 1.5 hours. The data were recorded on a computer recording device. The interviews were transcribed on Microsoft Word. Initially, data collection involved using Zoom or another computer-based platform. Later, it was more convenient for the participants to interview over the phone. The first participant had technical difficulties with the Zoom connection. As a result, the interview was conducted over the phone. In addition, a few interviews became emotional

for the participants when sharing their experiences. I offered to stop the discussion, but the participants desired to complete the interview.

Data Analysis

Colaizzi's seven-step approach was used to analyze the data in this qualitative descriptive phenomenological study. The interview transcripts were read repeatedly to gain a deeper understanding of the data. I carefully read and reread the data to identify the participants' significant statements or phrases. I wrote the significant statements and emerging themes on pastel Post-it notes and aligned them in categories on poster paper. Similar words were highlighted describing family, interdependence, coping, environment, role function, and individual to develop subthemes. During data analysis, I developed a clearer understanding of the participant's adaptation experiences after returning from Iraq and Afghanistan. Meanings were formulated for each significant statement. The meanings were organized into clusters of themes by manually coding the data and formulated them into understandable descriptions. Themes were created based on similarities of codes and categories. Descriptions of the phenomenon were integrated into clusters of themes and their respective meanings (see Table 3 and Table 4). I formulated a description into a concise statement that captures the essential structure of the phenomenon. This statement allowed for further analysis and interpretation of the research topic. Member checking of the themes was sought by sharing my interpretation of the data with the participants. Finally, I summarized the essential elements and core structure of the phenomenon by capturing its underlying meaning and significance.

Table 3*Significant Statements and Formulated Meanings of Individual Perceptions*

Significant statement	Formulated meaning
“No one was supportive when I returned home.”	Silent grief
“My mom says I was a little quiet and calm when I returned home.”	New changing reality
“When I came back everyone was all gun-ho and full of hoopla; hyped up.”	This was not a happy time
“My first experiences was tough!”	
“It was weird when I returned from deployment.”	A perceived new normal
“We had a deep sense of fulfillment about the lives we saved.”	Dedicated to saving lives
“From Iraq, I had a startle complex; at noon, they sounded a lunch alarm on the base.”	Shocking PTSD symptoms
“No one asked how I was doing.”	Voiceless reality
“I got put on night shift.”	Perceived retaliation by supervisor after requesting mental health (MH) support
“I think I needed support but did not seek any.”	Battling need to get MH support
“I don’t think they do a great job assessing you before you leave.”	Identified redeployment MH well-being assessment gaps
“I don’t feel they had it all ironed out when I returned.”	A quest to identify military mental health needs post-deployment
“I would be jumpy if it sounded like a bomb.”	Flashbacks and startled reactions
“It was an overwhelming feeling.”	The service member described how she felt after returning from deployment
“No one was supportive.”	Voicing a lonely feeling of lacking support

Table 4*Significant Statements and Formulated Meanings of Interdependence*

Significant statement	Formulated meaning
“I didn’t get help.”	Suffering in silence
“My support was other Black women who deployed.”	Supportive bonds
“My husband and son were supportive.”	Caring family support
“The team that I went with would talk about it.”	Supportive team
“My sister and cousin spent time with me.”	Caring family
“My neighbor watched my house while I was gone.”	Military support
“I’m not trying to be this super person.”	Identifying limitations
“My Flight Chief was not supportive.”	Lack of leadership support
“My husband died, and they were going to deploy me.”	Lack of leadership support
“I give all credit to God.”	Spiritual wellness
“If you wanted to talk with someone, you were looked down upon.”	Stigma linked with request for MH support

I discovered the challenges the participants experienced from their Iraq and Afghanistan military deployments through their stories. The participants relied on their coping mechanisms to survive their many triumphs and tribulations. Keywords continually used by the participants were initially captured and highlighted. Words such as *God, Strong, I’m okay, Bombed, Weird, Adapt or Push Through It, Being Strong, Shocked, Spirituality, Teamwork, Traumatic, Just Deal With It, Happy to be Home, Death and Dying, Dealing with It on my Own, or I Didn’t Need Anyone* were documented before developing categories and themes.

The participants often spoke of being strong women during the interview. The strong woman identity is consistent with the SWS. In addition, participants frequently leaned on the coping mechanisms developed during their childhood. The participants shared statements such as “coping means just dealing with it on my own or head-on.” Spirituality was a vital source of support for most of the participants. Several of the participants shared that their spirituality provided a source of strength and resilience for inner peace during challenging moments. Many participants were raised with strong spiritual beliefs and faith within their families. The veterans often connected with their faith and prayer to uplift their spirits during and after deployment. Their family members played a central role in their lives. A few participants returned home on leave during deployment to attend a funeral after losing a close family member. A few participants kept their feelings inside. They refrained from letting others know how they were feeling. One participant voiced “no one asked.”

Furthermore, participants were proud of their work ethic and driven to do their best during austere working conditions. However, some participants maintained dual responsibilities back home and while deployed. For instance, one participant checked to ensure her husband took her child to his scheduled medical appointments. She later discovered her husband was not taking their son to all of his appointments. Consequently, her parents became responsible for caring for the participant’s son during her second deployment. Being a leader was also an important role played by the field grade officers and the noncommissioned officer. The nurse leaders often mentored the junior nurses and provided support, thereby improving morale. The noncommissioned officer worked in the

ICU during both deployments. During the deployments, she trained many of the technicians who did not have adequate experience in the ICU. There were no discrepant cases identified during the data analysis.

Evidence of Trustworthiness

Credibility was achieved by member checking. The participants reviewed the researcher's interpretation or summary of the data. During the member-checking process, participants were encouraged to correct any incorrect data in the transcripts. Nine of the 10 participants responded through email to confirm receipt of their transcript. One participant emailed me stating she had been busy and forgot to read it. Three participants corrected the transcript and returned it to me. One participant corrected her military duty stations and role while stationed in the Pacific. A voice transcription error concerning her military titles was fixed, and the word "coalition" was removed from her deployment leadership position. Another participant corrected her transcript about her childhood experiences and the support given by her children's church school; she also elaborated on painful challenges experienced in the U.S. Air Force.

A correction was made to a participant's home of origin and physical illness from the environmental exposure in the deployment setting. She also highlighted the time frame when she initially joined the military and detailed that she did not get the help she needed after her deployment. I also took notes during the interview to compare with the electronic transcript for accuracy. In addition, I developed a written narrative of my interpretations from the information captured during each interview. A synopsis of the data was sent to the participants to confirm the study findings.

Transferability involves transferring things learned from one study to another context (Rudestam & Newton, 2015). Rich field notes were taken during the interviews that could be applied to other military women and their deployment experiences.

Transferability can be enhanced by considering factors such as the diversity of participants; the deployment settings; and the cultural, social, and historical contexts in which the research takes place. These rigorous methods can provide detailed descriptions of the study population and contexts in which the study took place. The findings from the current study may be applicable to a wide range of women in the military. Gaining further knowledge on this population can lead to improved pre- and postdeployment outcomes.

Maintaining dependability is vital when conducting qualitative research. I kept an ongoing audit trail during the research process. I documented any variations or changes made during the study. I applied Colaizzi's method of data analysis in phenomenological research for this study. Following Colaizzi's seven-step methodological approach added to the study's dependability. After multiple readings of each transcript, I corrected any transcription errors. I also emailed each participant a copy of their transcript to ensure its accuracy. I began extracting significant statements from the transcripts. Next, I organized the statements into groups of themes. Important themes were highlighted due to the repetitive words used by participants. I kept detailed coding of the participants' interviews and added significant statements into the Quirkos database to produce a visual diagram of repetitive statements (see Figure 1). Dependability was enhanced by

service members after returning from Iraq and Afghanistan. Many participants failed to receive help or support after returning from their deployments. In addition, this word cloud captures prominent designs and themes that developed from the data. This word cloud summarizes the participants' textual data on their military deployment lived experiences.

Confirmability was maintained by keeping a reflexive journal documenting my personal biases. My journal included positive and negative details during my deployment in Iraq. Writing in my journal allowed me to reflect on my feelings. I was able to channel my emotions in the reflexive journal. Awareness of my feelings helped me isolate my views during the study process. I kept the reflexive journal nearby if I needed to write down any thoughts about my research. Writing on sticky notes was also a source of impromptu documentation. Combining these methods and writing detailed notes helped ensure research confirmability. Lastly, a participant sent me an email thanking me for the interview. She also shared how the interview enabled her to heal.

Results

I used a descriptive phenomenological approach to understand the participants' experiences. Several themes and subthemes were extracted from the participant interviews. The main themes align with the concepts contained in RAM. The emerging themes were coping, family, interdependence, role function, individual perceptions, and environment. Also, several subthemes arose from the interviews. Several subthemes were applicable in more than one of the identified themes (see Table 5). The subthemes under family were single girl, raised by strong women, grandmother, church, cousin, children,

supportive husband, Jesus and family, husband caring for son, chaotic relationships, mom and dad caring for son, family first, and sister caring for son. Concepts described in the SBW schema were also used: strong, strength, nurture, and faith. Overall, these Black female service members remained resilient after experiencing shock, pain, fear, trauma, silent grief, and family and friend losses, and a few voiced a lack of leadership and mental health support after returning from their deployments.

Table 5

Emergent Themes and Subthemes

Theme	Subtheme
Coping	Resilience, Trauma, Just dealing with it, I don't talk about it, I shut everything down, Didn't need anybody, I just panned it out, Flashback, I lost it, Crying, Trying to adapt, Anxious, Dealing with it on my own, Startled, I would cry for no reason, Recluse, Taught to persevere, Shocked, I just deal with it and make it work, People say I have a wall up
Family	Single girl, Raised by strong women, Grandmother, Church, Cousin, Children, Supportive husband, Jesus, Family, Husband caring for son, Chaotic relationships, Mom, Dad and son, Family first, Sister caring for son
Interdependence	
Role function	Ready to retire, Chief nurse, Deputy commander, Group commander, Assistant chief nurse, Charge nurse, Infection control nurse, Caretaker, Wife, Nurturing mother, Aunt, Divorced, Executive officer, nurse, Nurse manager, Caretaker, Flight commander, Mother to son(s)
Individual perceptions	
Environment	Happy, Readjustment, Empty house, Isolation, Different after returning home, Overjoyed, Relieved

The themes focused on the participants' lived experiences after returning from Iraq and Afghanistan. Several participants did not receive additional help or support after

returning home and going back to work. After formulating different clusters of themes, I identified the need to obtain mental health support upon returning from a deployed environment. There were missed opportunities to support these service members' mental health needs after deployment. Two participants were hospitalized to receive inpatient mental health care. Also, a few participants lacked leadership support when attempting to seek mental health services. After formulating meanings from the significant statements, an overarching theme of support after deployment was identified.

Most participants held leadership positions. I assumed several participants did not seek mental health support after returning from deployment due to their high-ranking positions. A stigma remains associated with seeking therapy for mental health or behavioral health challenges. The enlisted participant received inpatient and outpatient treatment to cope with trauma. She eventually sought additional mental health support from her local VA health care treatment center. The type of support she received from the VA diminished during the COVID-19 pandemic. Some participants had ongoing support from their deployment battle buddies and later received mental health therapy from the VA.

Summary

My interpretation from several interviews reveals the participants experienced several emotions after returning from their deployment to Iraq and Afghanistan. The individual experiences are unique to this population of Black female veterans deployed during the OIF and OEF wartime campaigns. An ongoing threat and fear of loss of life surrounded the deployment environment. They often had to face challenges head-on

rather than avoid them. For instance, when one participant experienced multiple instances of racism and hostility from other veterans during deployment, she reported the problem to her Commander. She expressed that she would go to a higher level of authority when he attempted to remain silent about the uncomfortable events.

I discovered that most Black female study participants were taught to be strong women by their mothers, grandmothers, or elders. They came from the South and Eastern regions of the United States. They dealt with difficult situations when encountered, which aligned with their strong woman persona. Several participants held military leadership roles before, during, and after deployment. In addition, many female participants were expected to obtain a higher level of education and maintain a sense of independence. These participants primarily achieved higher levels of education. Nine out of the ten participants had Bachelor's degrees or higher. Family bonds were strong among most participants. Family members and friends often assisted with childcare whenever the female veteran deployed. One participant described how her church family took on the role of helping her husband care for their children during her military deployment. Her church family reassured her that she should not worry about her children so she could deploy without concern.

Spirituality was a strong faith bond that kept several participants focused and unbroken while deployed. Several participants experienced family losses while deployed, which led to personal crises. Trauma was a significant theme during their military deployments. Being in a chaotic environment with severely injured patients was a powerful theme discussed during the interview. Being placed in unfamiliar roles after

arriving at their deployed location was a consistent theme. Often, they were placed in positions to help train others to perform their specific tasks. However, the participants remained dedicated to accomplishing their military duties, overcame personal and professional challenges, set clear goals, mentored junior staff, held higher level positions, learned to cope during traumatic events, handled unforeseen family issues back home while deployed, and remained focused on their mission.

They often received emotional support from friends, battle buddies, and close family members. Supportive leadership was necessary, although several participants failed to understand the decisions the individuals in charge made. A few participants agreed that they had the support of their leaders. Three participants returned home during deployment to attend a close family member's funeral or a severe illness. They soon returned to Iraq and Afghanistan to finish their tour of duty. Relying on spirituality was an important protective factor for most of the participants. Racism was experienced by several of the participants while in the military. Prayer, faith, and exercise were coping mechanisms during military deployment. Most participants enrolled in the VA Healthcare system after retiring from the military. Several participants later obtained mental health support at the VA hospital for additional support. Relying on battle buddies or military mental health also contributed to getting help when needed. Chapter 5 will include the introduction, interpretation of the findings, study limitations, recommendations, implications, and conclusion.

Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of this qualitative study was to describe Black female military service members' adaptation experiences after returning from Iraq and Afghanistan. Key findings were that participants overwhelmingly identified as strong. The historical nature of their culture and identifying with their mothers and grandmothers appeared to influence this SBW phenomenon. This strong identity allowed participants to handle difficulties or multiple traumatic events such as the chaotic circumstances surrounding military deployments. A few of the participants deployed twice to Iraq and Afghanistan. Although both deployments were in the Middle East, the participants experienced different environmental and emotional outcomes at each location. For participants who deployed twice, their experiences in the second location differed from those in the first.

Interpretation of the Findings

There remains a gap in the literature on the lived experiences of Black female service members' adaptation after returning from Iraq and Afghanistan. There were limited studies found on this topic. Prior research on female service members' wartime experiences was often combined with male veterans' reintegration experiences. Additionally, there was a lack of studies exploring Black female service members' wartime experiences during OIF and OEF. The research problem involved the adaptation of Black female service members after returning home from Iraq and Afghanistan. The current study was conducted to describe Black female military service members' lived experiences of adaptation after returning from Iraq and Afghanistan. Overall, the negative

emotions experienced by female service members in other studies were the same as those experience by the sample of Black female participants in the current study.

Black female service members also experienced emotional avoidance after returning from Iraq and Afghanistan. Veterans frequently have difficulties discussing their experiences with nonveterans who have not had similar wartime challenges. Having open discussions on sensitive wartime events remains challenging for most veterans. Abendschein (2021) posited that interdependence influences partners' patterns of interaction. There was a need for interdependence with spouses, friends, partners, family members, or coworkers after the participants returned from a wartime environment. Some of the participants did not experience the support needed after returning home. One of the participants chose to spend several days alone immediately after returning from a chaotic wartime deployment. According to Zhang et al. (2019), spouses are compelled to support their family members' emotional well-being after they return home from deployments with symptoms of PTSD. Over half of the participants had no spouse or partner for emotional support when they returned home from Iraq and Afghanistan.

Limitations of the Study

There was no difficulty obtaining an adequate sample size of Black female service members deployed to Afghanistan or Iraq once IRB approval was provided. Initially, I experienced trouble recruiting participants when my inclusion criteria were limited to Black female service members who deployed to Iraq. The participants offered feasible times to conduct their interviews, which worked with my schedule. Participants were able to answer all of my interview questions. I had to give a few participants more time to tell

their stories without interrupting. Some interviews were longer than anticipated due to allowing the participants to tell their stories.

A potential limitation was I deployed to Iraq and had to refrain from giving my interpretation during the interview. A few interviews became emotional as participants began recounting their experiences from the Iraq and Afghanistan deployments. I had a fear of upsetting the participants if the interview seemed upsetting. However, the participants verbalized their desire to continue the discussion when I offered to stop. I gave the participants the 988 crisis hotline if they needed emotional support. The participants were primarily U.S. Air Force military officers. One of the participants was a U.S. Army officer. Nine of the 10 participants were military officers; this could be considered a limitation. In addition, nine of the participants worked in various areas in the deployed trauma hospital setting.

Recommendations

Including more Black female service members in robust studies on lived experiences is recommended. First, it will promote inclusivity and diversity, recognizing the contributions and sacrifices made by women from different racial backgrounds. The current sample of Black female service members had unique experiences that should be considered distinct from other military women or men. Their stories included trauma, isolation, loss, spirituality, strength, racism, sexism, and exclusion that women of color in the military can share to improve deployment experiences. When researchers fail to gather data from all groups of people, the general population lacks knowledge and opportunities to close divisions in society. In addition, psychological support should be

readily available for all service members after their deployments. Many service members will not seek out help. One participant highlighted that they were supposed to have a debrief when they returned, but it never happened. Having counselors immediately available to military members and their families is critical for present and future wartime deployments.

Several recommendations are suggested for the adaptation of Black female service members who return home from wartime operations. Coping, family, role function, interdependence, environment, and individual perceptions were important themes that emerged from this study. Prebriefings are suggested with this population to share practical coping methods in their deployment environment, suggestions on adapting while holding multiple roles, and suggestions on identifying healthy support systems and additional resources to prepare them for deployment. Performing these essential tasks with the population of Black female service members could produce positive postdeployment outcomes. Having mental health services available to them before and immediately after deployment would be beneficial. In addition, assessing the psychological well-being of these service members as soon as they return home is critical. Follow-up checks are crucial because service members may not begin to experience trauma symptoms until later after returning home. Their military leaders and supervisors must be aware of any changes in their mental or physical health after returning home from deployment. This group of service members should be able to seek help without feeling stigmatized or having fear of retribution. Researchers should

continue to explore the adaptation experiences of racial minority female service members after returning from wartime campaigns.

Implications

Implications for social change were identified by the Institute for Polarities of Democracy (2021) focusing on mental health, health care, social work, social economy, public education, and the environment. Women of color serve in the military at higher rates than in previous years (Strong et al., 2018). Studying the lived experiences of Hispanic and other culturally diverse women in the military could improve their morale, retention, and overall quality of life. Having the full scope of lived experiences from all races would allow researchers to identify any biases or discrimination that may have existed or may still exist within the U.S. Armed Forces. This research will enable people to learn from the past and work toward creating a more equitable and inclusive military deployment environment in the future. In addition, studying the full scope of all races and genders in the military may inspire future generations by highlighting the resilience and achievements of diverse individuals.

Current study findings indicated that Black female service members seemed to rely on strengths taught to them in the past while adapting to pre- and postdeployment changes. RAM's coping, role function, and interdependence concepts explained how Black military service women adapted to highly volatile deployment environments. This study showed that early life experiences contribute to a person's adaptation. The strength the participants to cope with difficult situations was related to the SBW or SWS. As noted by several participants, as children they were taught to stay strong by their mothers,

grandmothers, or both parents. These coping mechanisms seemed pivotal to their survival in the deployed environment. Spirituality and faith were also relied on during their deployment struggles. All participants did not rely on spirituality; some focused on their previously learned skills to accomplish their military mission and adapt to postmilitary life.

Conclusion

This study addressed the lived adaptation experiences of Black female service members who deployed to Iraq and Afghanistan after the Gulf War. Black female veterans relied on their spirituality and support systems to overcome these problematic military deployments. Several of the participants included reached higher ranks despite adversity. Being deployed to Iraq and Afghanistan during OIF and OEF was considered dangerous due to the constant barrage of mortars and bombs targeting U.S. military bases. Participants reported instances of reliving the trauma of multiple deaths from their deployments. Participants lived in high-alert deployment areas in Iraq and Afghanistan. They shared complex stories from their experiences in Iraq and Afghanistan. One participant emailed me that reading the interview transcript was good therapy for her. Research geared toward all racial and ethnic backgrounds is pertinent to understanding different individuals and their needs. Gathering these data is critical for present military knowledge and historical purposes.

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Appendix A: Recruitment Announcement

Interview study seeks Black female Iraq and Afghanistan War Veterans!



You are invited to participate in an important research study on the adaptation experiences of Black female service members after returning home from Iraq and Afghanistan.

About the Study:

- This study will inform society about the experiences of Black female veterans who returned home from Iraq and Afghanistan.
- There will be a 30-60-minute interview that will be audio-recorded.
- Your identity will be kept confidential.
- A \$20 Amazon card will be given as compensation for your participation.

Study Criteria:

- Black female veterans who deployed with the U.S. military to Iraq and Afghanistan between 30 March 2003 – and 31 December 2014
- 18 years old or older
- Speak English as your first language

This interview is part of the doctoral study for April Ames-Chase, a Ph.D. student at Walden University.

For more information, contact the researcher, April C. Ames-Chase at (210) 573-8549

Appendix B: Screening Questionnaire

1. Do you identify as a Black female?
2. Did you serve in the U.S. military? If so, how many years were you on active duty or in the military reserves?
3. Did you deploy to Iraq during Operation Iraqi Freedom?
4. If you deployed to Iraq, how long were you deployed?
5. What were your dates of military service in Iraq?
6. What is your current age?
7. What was your branch of service?

Appendix C: Instrumentation

Interdependence Interview Questionnaires

The researcher will ask the following open-ended questions to the study participants.

1. Could you tell me about your military experience?
2. When you first returned home, tell me how it was for you?
3. Could you tell me about your family relationships?
4. Who are the people or agencies around you that were supportive when you returned home?

Coping Interview Questions

The researcher will ask the following open-ended questions to the study participants.

1. Could you tell me what coping means to you?
2. How were you taught to cope with stress when growing up?
3. Tell me, what helped you cope once you returned home from Iraq?
4. How are you doing up to this point since being back home?

Role Function Interview Questions

1. What were your role(s) at home prior to deploying to Iraq?
2. What was your job and/or positions held in Iraq?
3. What if any obstacles did you experience during your deployment?
4. When you first returned home, tell me how that was for you?

Appendix D: Colaizzi's Seven-Step Process

The following list is Colaizzi's seven steps to qualitative data analysis (Beck, 2021).

Step 1: Read the written protocol.

Step 2: Extract the significant statements.

Step 3: Formulate meanings for each significant statement.

Step 4: Organize formulated meanings into clusters of themes.

Step 5: Integrate results into exhaustive description of the phenomenon.

Step 6: Formulate exhaustive description into the statement of identification of its fundamental structure.

Step 7: Return to the participants for validation of the findings. Finally, if necessary, relevant new data will be included in the final research.