

Determining the Effectiveness of Gender-based Integrated Care for Women Veterans: An Integrative Review

A Scholarly Project

Submitted to the

Faculty of Liberty University

In partial fulfillment of

The requirements for the degree

Of Doctor of Nursing Practice

By

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Liberty University

NURS 950

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ABSTRACT

As the Veterans Health Administration (VHA) improves their services to keep up with the needs of the rapidly-rising population of minority veterans, the aspects of gender-sensitive care must be tailored to the needs of women veterans. The purpose of this integrative review was to discover and critique evidence-based research studies of women veterans to determine the state of gender-sensitive care for improving access and coordination care, specifically to enhance mental health approaches needed at VA settings. The women veterans minority population is the fastest growing group of patients in the Department of Veterans Affairs (VA). Women veterans are less likely than their male counterpart to access mental health care or gender-sensitive care services at the VA. Results revealed that twelve research studies are significantly limited for the current state of transforming the care for women veterans, and there are substantial gaps in gender analysis to assess whether the VA's programs, policies, and initiatives are geared toward integrated issues for this minority group of veterans. The top priorities of improving delivery of gender-sensitive comprehensive care in VA settings must be further explored.

Keywords: women veterans, gender-sensitive Veterans Affairs, mental health conditions, care coordination.

DEDICATION

I dedicate my Doctor of Nursing Practice (DNP) project to my parents and my family from the Republic of Panama. I thank you for all the sacrifices and for blessing me with the opportunity and support to make all this possible. I owed sincere and earnest gratefulness to my chair, Dr. Shade Adigun for the support and effort for helping me reach this far.

Finally, I dedicate my DNP project to every woman who have ever served and my battle friends, thank you for all your support and assistance.

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SECTION ONE: FORMULATING THE REVIEW QUESTION

Introduction

In America, women have served in the U.S. military in every recorded war in history, but the accounts of their unique mental health care needs are unknown. The prevalence and growing expansion of women in the armed forces continues to change the future of the minority veteran population. Women are now considered a fast-growing class-eligible group of VA health care users (Olmos-Ochoa et al., 2023). Despite considerable progress and an increase in the number of women veterans, gender-specific comprehensive care through the Veterans Affairs (VA) has historically fallen behind (Brunner et al., 2019). These inequalities may be caused by a lack of awareness, perception, and understanding of mental health in this distinct population. Women are expected to tailor to the male norm ideal of the military member during service, but they are infrequently recognized as veterans after service (Eicher, 2022). Many who served in the war zone have suffered mental health consequences.

Still, the persistent mental health effects are intricately and prolonged for this minority population. The number of women veterans enrolled in and receiving health care from the VA is rising. Women veterans using mental health services in the VA has tripled since early 2018 (Ganzer, 2018). The top three mental health conditions among women veterans who received care in the VA are depression, anxiety, and post-traumatic stress disorder (Orshak et al., 2022). Female veterans must encounter the same care and support system as the normal assumption of the military veteran-experience. Research revealed that in 2010, the VA established the policy for standards of complete primary care for women veterans (Brunner et al., 2019). The policy emphasized attention to gender-specific service care in the prevalence, presentation, and reflection of women's preference of care.

The aim of this integrated review was to understand the current mental health care inequalities for women veterans and to determine the effectiveness of gender-based integrated care to reduce mental health disparities among them in the Veteran Health Administration Women's Health Clinics. Drawing on a critical integrated care for women approach, the scholarly review used gender as the primary category of analysis (Bergman et al., 2019). The building of an integrated-therapeutic relationship between the provider and the women veteran is crucial for coordinating preventive mental health care (Rose et al., 2020).

The VA's Center for Innovation has advised that adverse events such as substance abuse and suicide are less likely among veterans who positively utilize and adhere to evidence-based mental health treatment (Orshak et al., 2022). Clinicians must recognize the diversity of women veterans and assure them that they are worthy to receive care with empathy, dignity, and respect. To establish a significant rapport with women veterans, providers must be able to understand the military perspective connected to this unique minority veteran population. Research revealed that delivering comprehensive care to women veterans continues to face enormous challenges in a system that has been predominated by men (Dekleijn et al., 2015).

Defining Concepts and Variables

The conceptual definition of women veterans experiencing care at the VA revealed a lack of gender-sensitive care. The understanding health care for female veterans often differs from that of male veterans, and this can affect how VA healthcare providers perceive these women's health care status. The operational definition for gender-sensitive care includes gap of gender communication, integrated care for mental health care, and understanding why it is necessary to address the impact of gender on health services at the VA. The concept of veteran-centered perspectives on organizational and policy improvement that will increase the chances of women

veterans as consumers of healthcare at VA settings were considered as main themes in this study (Crystal et al., 2022).

Rationale for Conducting the Review

The minority women veteran with chronic mental-health illnesses experiences unique challenges, while the Department of Veterans Affairs (VA) struggles to provide gender-sensitive care (Berg, Gruber, & Jorenby, 2020). New research focuses on the prevalence of mental health conditions in different settings of the VA, but there are gaps for subgroups such as minority women veterans addressing mental-health related issues. Although there are advances in medical research for veterans, women are less likely to be satisfied with the care at the VA compared to male veterans (Berg, Gruber, & Jorenby, 2020). The continuity of gender experiences and the illustrations of gender health care inequity must be recognized and addressed for VA healthcare providers. Multiple studies have suggested gaps in the literature including women veterans and gender quality of care interventions/outcomes for mental health conditions. Women patients expressed negative perceptions about the VA from news, social media, and other veteran peers, and the VA is perceived to have organizational problems to that of care outside the VA such as private care (Crystal et al., 2022).

Purpose and Review Questions

The purpose of the integrative review was to provide a comprehensive understanding on evidence-based research studies that address the mental health care delivery issues affecting women veterans. Correspondingly, it recognized and expanded the key principles of gender-sensitive interventions for women veterans with mental health care needs designed in the Department of Veterans Affairs (VA). Therefore, findings suggested several domains in which VA's decision makers can intervene to enhance the care available to women veterans and create

a venue to bring additional attention to institutional barriers to women veteran use of VA's services. Women veterans have different care preferences and needs compared to men veterans. Some perceived barriers to accessing care within the system include a belief that the VA lacks the capacity to meet the needs of women veterans and that there are other options available for them to receive elsewhere (Wray et al., 2019). Integrated care with timely access was foundational for achieving optimal health outcomes. The purpose of this study also included highlighting healthcare issues specific to women who are veterans. Few studies have focused on determinants of women's ratings of care experiences in primary care (Yano et al., 2018)

The review questions included "How the VA and the women's veteran related factors contributed to their unique perceptions and attitudes about VA care?", "How is the women's veteran knowledge about available female comprehensive healthcare services?", "How well providers know about the amended VHA Directive 1330.01 about the specifics of gender-sensitive care and comprehensive primary care for women veterans?" , "How is women veteran's perspectives on how to make their healthcare setting more welcoming to them?."

Clinical Question

The study aimed at addressing the following clinical question:
How effective was gender-based integrated care in reducing health disparities among women veterans at the Veteran Health Administration? The VA is a congressionally-mandated and funded integrated health care system with a long-standing history of practice that should support its mission to care for eligible veterans with integrity, commitment, and excellence (Orshak et al., 2022). New women veteran patients are an important group from a clinical perspective.

Essentials of Doctoral Education for Advanced Practice Nurses

The purpose of the integrative review was to review and synthesize the current literature to determine the state of gender-sensitive care for women veterans at the VA as a way to access the inferences for a call to action, including in the areas of policies, legislations, and VA programs. The purpose did align with the scientific underpinnings for practice founded in *Essentials I*, that provides the DNP-prepared nurse terminal academic preparation for advanced nursing practice (Wright et al., 2021). The Department of Veterans Affairs is deemed as a healthcare organization that requires the profound leadership of the DNP-prepared nurse to improve women veterans' healthcare outcomes in every area of practice. This was part of *Essentials II* that focuses on the coordination and highest performance of healthcare delivery methods (Wright et al., 2021).

The DNP *Essentials III* emphasizes the need for advanced nurse practice to be a part of the revolutionary change in clinical scholarship and analytical methods for evidence-based practice. The integrative review enabled the advanced practice nurse to focus on identifying a problem's areas and their gaps to focus on the dissemination of new science, application, and evaluation (Wright et al., 2021). The integrative review demonstrated the author's high skill level of navigating through informational technology to apply new knowledge to any level of systems/technology as a veteran-centered care method integrated approach, which aligns with *Essentials IV*.

The integrative review will be valued as a catalyst to analyze concerns and be a call for change to design and implement new healthcare initiatives as part of the VA's promotion of justice and universal equity in the healthcare arena, which aligns with *Essentials V*. The VA has released a new amended national VA handbook that outlines requirements to ensure that female

veterans are getting care services that include gender-specific care and integrated mental health care (VHA Directive 1330.01, 2017).

This integrative review demonstrated the author's advanced skills in interprofessional collaboration for improving patient and population health outcomes as part of *Essentials VI* (Wright et al., 2021). For *Essentials VII*, the minority group of women veterans was part of the clinical prevention for improving the nation's health, as the VA has undertaken a major initiative to transform women's health through mandated implementation of patients' aligned teams as based on addressing the gaps of women's healthcare needs (Yano et al., 2018). A growing implementation of science literature has repeatedly demonstrated the importance of gathering evidence not only from patients and providers, but also from leaders, namely, the practitioners and decision makers who translate policy into practice (Dekleijn et al., 2015).

For *Essentials VIII*, the integrative review of gender-sensitive care provided the advanced nurse the opportunity to experience a variety of patient care settings and populations: this will equip the DNP- nurse to function as a nurse leader in legal and regulatory issues to advance the professional nursing practice.

Formulating Inclusion and Exclusion Criteria

The scholarly studies included women veteran populations with no restriction based on age or setting. The inclusion criteria included women veterans seeking gender-specific care, specifically mental health care needs. The exclusion criteria involves studies for men veterans, articles that were considered non-systematic reviews, unclear publication type, duplicates/commentators, and studies that are considered insufficient in study quality. The formulation of the inclusion criteria began understanding the path that a women veteran takes as she engages in care at a VA setting, from the first contact with the system, and to the subsequent

care she receives. The VHA directive 1330.01 defines comprehensive primary care for women veterans as one that must be delivered using one, or any combination of, the comprehensive “women’s health models of care which best meet the needs of women Veterans in the health care system” (VHA Directive 1330.01, p.3 2017).

Conceptual Framework

In an effort to avoid any bias of the studies the Pager (patterns, advances, gaps, evidence for practice and research recommendation) framework was used to provide a consistent approach to the analysis and report of gender-sensitive care’s review of findings (Chanfreau-Coffinier et al., 2019). The framework consisted of five domains: patterns, advances, gaps, evidence for practice, and research recommendations. For patterns, the main grouping themes for the analysis included the importance of gender-sensitive care, provider’s support for women’s comprehensive care, along with gender-specific care. Next, for the advances, once the patterns were established, the advances within the body of literature were investigated. In detail, how the field of gender-sensitivity care has evolved for women’s veteran care and its transition after the amended VHA directive. The reporting gaps included the challenges with delivering gender-specific and comprehensive primary care to women veterans. This provided a preliminary justification for how gaps and recommendations for women’s research as a priority to improve the health of women veterans. This framework highlighted the gaps between the current VA research and identified strategic priorities for the VA women’s health research agenda. It represented the flow of literature through the review with a descriptive summary of the included studies.

Background

The number of women serving in the military has grown rapidly, representing about 15% of the US Armed Forces (Ganzer, 2018). Women military demographics have undoubtedly

changed over the past decade. Despite rising numbers, women veterans have a particularly substantial risk for mental health-related consequences of military service. Many veterans after being discharged from the military continue to receive health benefits through the VA. In the past, the VA has focused more attention on the healthcare needs of male veterans. As the population of female veterans has grown, more attention should be focused on their unique healthcare needs. Among women veterans, the underuse of services may be due to lack of gender sensitive services for mental healthcare needs. Lawrence et al. (2019) described gender-sensitive integrated care as healthcare tailored to women veterans' preferences and needs. Equally important, gender-specific mental health care ensures safety, privacy, and dignity in all VA healthcare settings (Eicher, 2022). It is critical to update the understanding of women's decisions not to receive care from the VA, particularly from the perspectives of women veterans themselves.

Thus, given the importance of an intervention evidence-based research, women veteran's health and mental health is a top priority for the VHA's Office of Research & Development, to inform about the diverse aspects of care, including a mental health practice-based research network (Lilienthal et al., 2017). Multiple types of traumas increase the risk of poor mental health outcomes in women veterans (Ganzer, 2018). Clinicians' knowledge and use of a gender-sensitive informed approach were vital for effectively treating the needs of women veterans. Therefore, a comprehensive review of the existing literature is warranted (Boros & Erolin, (2021). For this review, a comprehensive examination of interventions for women veterans with mental healthcare needs was conducted. Additionally, mental health disparities and the associations between military experience and mental health status were examined. It is critical

that women veteran enrolled in the VA have access to mental health care services that are effective and relevant to their needs.

Problem Identification

Women veterans experience significantly higher poor mental health outcomes relative to their male counterparts. (Conrad & Armstrong, 2018). One in four women veterans who use the Veterans Health Administration (VA) screen positive for military trauma and may need trauma gender-sensitive care and coordination (Bergman et al., 2019). Currently, there is a lack of research on how to best promote gender-sensitive integrated care to reduce mental health disparities among women veterans. Previous research has summarized women's health research in general, yet these reviews have not been conducted recently and did not focus on evidence-based interventions that are not gender sensitive. It is stated that 14 to 20 percent of adults have a mental or substance use disorder, symptoms of depression and anxiety, or psychiatric symptoms of dementia (Eicher, 2022). An advanced understanding of the depth and breadth of interventions for women veterans with mental health care needs must be designed in the Veterans Health Administration. More than one-third of women veterans returning from war have received a mental health diagnosis, with post-traumatic stress disorder being the most prevalent (Ganzer, 2018). Research and interventions specific to the mental health of service-women is limited. Numerous women veterans still feel their military service has gone unnoticed and unvalued. Additionally, many are divorced, single parents, with higher VA disability and experience higher mental stressors (Conrad & Armstrong, 2018).

SECTION TWO: COMPREHENSIVE AND SYSTEMATIC SEARCH

The literature review was a systemic evaluation of gender-sensitive care for women veterans utilizing the VA for primary health care services. An integrative review was conducted

to synthesize present peer-reviewed articles to describe the role of gender-sensitive interventions. The analysis described the study team, design, setting and sample, and also synthesized factors related to care-seeking for women veterans. In addition, it summarized the type of interventions and outcomes, identified any conceptual framework applied, and promoted a call to action for research and practice to improve care for women veterans.

Search Organization Report Strategies

A systematic search of peer-reviewed literature from the last five years was conducted using CINAHL, Evidence-Based Nursing, and ProQuest. This review analyzed the categories of data reduction, display, comparison, conclusion drawing, and verification and was built upon prior reviews of this topic. The analysis included interventions design for women veterans, addressed mental health, and included articles published in English, from January 2018 through March 2023. The time was chosen to analyze the research after the VA amended their directives for healthcare services for women veterans (VHA Directive 1330.01, 2017). The Institute of Medicine defines comprehensive care as everything from first contact with the health care system to various settings needed to deliver each aspect of care based on patients' needs (Dekleijn et al., 2015).

The Pager framework (2005) provided a consistent approach to the analysis and report of gender-sensitive care's review of findings (Chanfreau-Coffinier et al., 2019). Women veteran experienced factors including ease of access to care, provider communication, and a gender-sensitive VA environment.

Critical Appraisal

The studies reviewed and described factors related to women veterans' care-seeking for their mental health needs. The studies evaluated what is comprehensive primary care for women

veterans and what is acceptable as integrated gender-care. The studies addressed the concepts related to both gender-integrated care and comprehensive care for women veterans. The aspects of gender-sensitive care included the importance of the VA's approach to women's issues within healthcare and current efforts to serve women. The identified issues for women veterans included the underutilization of services, lack of access to mental health care services, fragmentation, and gaps in gender-sensitive care (Ganzer, 2018). The concerns over the efforts can be grouped into the themes of outreach to women veterans, coordination across services to provide comprehensive care for women veterans, and the need for the VA's planning for innovative programs to meet the demands from the future population of women veterans (Orshak et al., 2022). The theme of outreach to women veterans coordination across services included understanding women veterans unique conditions and how it compares with male veterans. There has been limited research on provider's experiences in reaching and delivering comprehensive care to women veterans and the prior research has pointed to potential gaps. The outreach theme analyzed how often women veterans were perceived as more communicative than male veterans, which further compounded the problem of time, outreach and making the VA setting more welcoming to them (Brunner et al., 2019).

The theme for planning for innovative programs for women veterans, the integrated reviewed pointed the gaps in knowledge about specific health risks among women veterans, quality of care and other conditions with high prevalence among women veterans. The small number of women veterans in the VA system and the perceived barriers to conducting VA women's health research are issues that must be address from a national strategic point of view and research projects that will evaluate women veterans health and health care.

The theme of gender-sensitive care goes along with the fact that VA has historically been viewed as having a male-dominated culture because most veterans are male (Eicher, 2022). The changing demographic makes it imperative that the culture evolves not just to accommodate women veterans, but to actively embrace their needs and respond accordingly. The studies selected included responses about the women veterans' relationships with providers/staff and whether the woman felt respected. The critical analysis found that women who report greater satisfaction with their primary care provider use the VA system more frequently (Ganzer, 2018). The women veterans receiving comprehensive care in a women's clinic reported the highest level of satisfaction of gender-sensitive care.

The studies revealed that social pressure is not the only reason women are hesitant to seek mental health care. Women veterans who already have doubts about seeking care were more hesitant when faced with the barriers of both mental health stigma and gender sensitivity issues (Bergman et al., 2019). Given the presumption that the VA may not be women-friendly, positive, and respectful interpersonal interactions can go a long way toward improving gender-sensitive care. The present studies highlighted important avenues for further research. Future studies may investigate factors contributing to the higher prevalence of mental health care needs and the need for gender-sensitive care for women veterans.

Synthesis

The well-appointed and successful foundational knowledge of women veterans' healthcare needs will position healthcare providers to give gender-sensitive and veteran-centered care. Moreover, the goal must be to develop into the "right fit" for providing comprehensive primary care to women veterans (Sullivan et al., 2020) Two peer-reviewed studies categorized two types of interventions designed to improve care and reduce known barriers for women

veterans with mental health care needs: individual-level and interpersonal-level interventions (Lawrence et al., 2019 & Lindsay et al., 2022). They considered some of the identified attributes of gender-sensitive care across studies as modifying the treatment environment, offering same-gender clinicians and ensuring privacy and safety needs. They correspondingly believed that healthcare providers must tailor their education to women veterans, based on their preferences and needs (Orshak et al., 2022).

Likewise, Lilienthal et al. (2018) identified the routine use of measurements to identifying veterans' concerns and tracking treatment progress as critical to high-quality patient care. The authors identified that women who received this type of treatment, were less likely to be assessed with standard measures than their male counterparts. Overall, only eight women veterans had documentation of standard mental health measures (Lilienthal et al., 2018). Their measurement was predicted by diagnosis, facility size, length of care, and care setting. It is interesting to know that women diagnosed with depression were less likely than those with anxiety disorder to have standard mental health measurements documented (Lindsay et al., 2022). On the other hand, in one national population-based study, the authors found that almost one in five women veterans delayed healthcare or went without needed care in the prior 12 months (Kimerling et al., 2021). The implication of considering the amount of coordination that will be required to maintain ongoing healthcare services for women veterans must be further explored.

The current study suggested the reliability of increased quality of mental health care by the regular use of measurement in integrated care settings. In two studies, Sullivan et al. (2020) and Hoglund and Schwartz (2018) described women veterans' beliefs as relevant to care-seeking. Sullivan et al. (2020) reported that perceptions of safety and comfort were relevant to

care-seeking. Hoglund and Schwartz (2018) identified low self-esteem as relevant to why women veterans avoided care-seeking for their mental health needs, reflecting the concept of beliefs. In this particular study, women's perceptions of VHA care were mostly positive regarding clinical skills and sensitivity and they were mostly positive regarding the availability of needed services.

In one study, women veterans were invited to share their experiences about feeling welcome at the VA, and to answer an open-ended question about suggestions to make the VA more welcoming to them. (Chrystal et al., 2022). Some commented on feeling uncomfortable or not wanting to go to mixed-gender clinics, waiting areas, and other common spaces at the VA, owing to the presence or behavior of male veterans (Moreau et al., 2020). This study revealed how women veterans endorsed changes to the human environment by increasing female staff presence and improving staff behavior and sensitivity toward women veterans. This correlated with the presented theme that there must be an increased staff in effort to make healthcare settings more welcoming to more people, including minority veteran groups. The VA's existing efforts in this area included staff gender sensitivity training (Moreau et al., 2020).

The number of women leaving the military and entering the VA healthcare settings has increased dramatically; literature has demonstrated women veterans' distinct health care needs (Shamaskin-Garroway et al., 2018). The authors revealed that the differences in psychosocial backgrounds, health needs, and readjustment issues can directly affect women veterans' health care experiences, including privacy sensitivity and female provider preferences. (Shamaskin-Garroway et al., 2018). Thus, the VA directives and initiatives have been developed (though changes are still needed) to address these issues, including a model of assigning women to

designated Women's Health Primary Care Providers (WH-PCP) providers who meet certain training and experience standards in women's health (VHA Directive 1330.01, 2017).

Unfortunately, women veterans may not always receive their respective entitled benefits of VA care (Kotzias et al., 2019). The literature research looking specifically at mental health care for women veterans found that access may be limited due to organizational (clinical hours) and patient-related (poor health status) barriers to care (Kotzias et al., 2019). The three themes that emerged of what authors believed increased women veterans' satisfaction with VA mental health care included: the first theme of level of engagement in care, the second theme of providers' sensitivity to women's experiences as veterans, and the third theme of the VA's provision of streamlined services (Kotzias et al., 2019). The level of engagement in care, included women satisfaction with local VA women's clinic that supported and practice gender-specific care by hiring more female staff members throughout the VA and recruiting female volunteers to increase the presence of women within the VA. The provider's sensitivity to women's experiences as veterans equipped with foundational knowledge of women veterans health care needs, while providing culturally sensitive and veteran-centered care. The provision of streamlined services must include open communication, listening, and demonstrating caring behaviors while validating the woman veteran's experience and symptoms. This created an opportunity for open dialogue between the provider and the veteran. Each interaction must provide the comprehensive care possible for the setting. Providers were encouraged to be open-minded and non-judgmental demonstrating caring through principles of veteran-centered care.

Women veterans want to have a consistency of care and the ability to access a variety of social supports within a centralized system (Kimerling et al., 2021). The availability of women's health services is positively associated with optimal ratings of the veteran-centered experience

with VA's efforts to improve women veteran's experiences and specifically VA women's clinics. The importance of availability, consistency with the care and cooperation were considered quality outcomes for women comprehensive care. The continued growth of women veterans will promote decision makers to invest in space and ensure gender-specific care procedures for female veterans.

The VA's aim is to improve access, services, resources, facilities, and workforce capacity to make health care more accessible and more sensitive to gender-specific needs (VHA Directive 1330.01, 2017). The synthesis revealed that the experiences described as influential for women veterans' decision to use the VA included affordable health care services, gender-tailored care delivery services, providers' specialized knowledge of caring for veterans, favorable patient-provider relationship, and convenience integrated care (Crystal et al., 2022).

SECTION THREE: MANAGING THE COLLECTED DATA

The role of women in the U.S. military has transformed significantly over the past several decades. Numerous studies have focused on both psychosocial and mental health among veteran men, but very few have been conducted among veteran women (Boros & Erolin, 2021). As the population of female veterans continue to grow, the VA must re-focus its attention to their unique health care needs. Women veterans will continue to have poorer health outcomes in the absence of gender-based integrated care, including care for chronic mental health conditions (Lawrence et al., 2019). Female veterans face unique gender-related challenges when reintegrating into civilian life (Orshak et al., 2022). To explore the current state of knowledge on women veterans' mental health and for a call for policy action, an integrative review from a gender-specific perspective was vital. It is essential for VA providers to be knowledgeable about

the mental health issues commonly seen in this minority veteran group in order to reduce mental health disparities at the Veterans Health Administration.

Design

The Pager framework (2005) was used to provide a consistent approach to the analysis and report of gender-sensitive care's review of findings (Chanfreau-Coffinier et al., 2019). An integrative review was conducted to synthesize peer-reviewed literatures that describe the effectiveness of gender-based integrated care to promote psychosocial health and reduce mental health disparities among women veterans at the Veterans Health Administration. Moreover, an integrative research orientation supports the connection that veteran women are at increased risk for mental health problems, including posttraumatic stress disorder, depression, and suicide. The evidence-based practice project will be a systematic peer review that pertained specifically to or included information about women veterans. A narrative synthesis review consisted of domains: women veterans' health and health-care use, how VA care is organized to meet their needs, reporting gender differences in quality, and highlight a call for action for women veterans' quality improvement care. A search of peer-reviewed literature from the last five years was conducted using CINAHL, MEDLINE, PUBMED, and COCHRANE. A synthesis review of methods designed for women veterans, published in English, from January 2018 through March 2023 was include. The time was chosen to analyze the research after the VA amended their directives for healthcare services for women veterans (VHA Directive 1330.01, 2017). The search identified 12 peer-reviewed studies. To be included, the studies had to be related to U.S. veterans and meet at least one criterion: include women veterans, compare men and women, or analyze women separately. The articles were excluded if they were defined as a nonsystematic review, commentary, or unclear publication type.

SECTION FOUR: QUALITY APPRAISAL

Sources of Bias

Once the studies were identified, determination of the qualities constituting successful interventions for women veterans with mental health care needs designed in the Departments of Veteran Affairs (VA), were explored. In this review, gender-sensitive care for women veterans was defined as unique healthcare tailored to women veterans' preferences and needs. Arksey and O'Malley's (2005) study was the chosen methodology framework, as it examines the extent, range, and nature of the research study being examined (Orshak et al., 2022). Additionally, the framework had five chronological stages: identifying the research question; identifying relevant studies; selecting studies; charting the data and collating; and summarizing and reporting findings. The data collected attributes of gender-sensitive care across studies. Lastly, it included recommendations for future research, practice, and a call to action.

Internal Validity

The VA is accountable for advancing the interpretation of the healthcare needs of women and guarantee the delivery of effective, quality care to this critical segment of the veteran population (Lawrence et al., 2019). The evidence-based practice question for the integrated review was "How effective is gender-based integrated care in reducing health disparities among women veterans at Veteran Health Administration?" The study identified 28 articles. The identified peer-reviewed studies were examined by selected variables, using the following data collection categories: design and sample; publication year; study design; intervention characteristics: setting; delivery mode, duration; theoretical framework; and role of the provider. The review was designed to build upon prior studies to advance providers' understanding of current mental health research to optimize veteran-centered care for women.

Appraisal Tools

The integrative review was conducted using only allied health, nursing, and medical databases for the nature of the healthcare topic being discussed. The appropriate databases included peer-reviewed literature of the last five years conducted using CINAHL, Evidence-Based Nursing, and ProQuest. This review was analyzed in categories of using data reduction, display, comparison, conclusion drawing, and verification. The literature defines gender sensitivity as involving an awareness of the socio-political context in which definitions of optimal practice takes place (Sullivan et al., 2020).

Applicability of Results

The current expansion of women in the military is redesigning the veteran population; they are now the fastest growing segment of VA healthcare users (Yano et al., 2018). There is a need to recognize the changing demographics and special healthcare needs of women veterans. The integrative review of this specific population supported the consistent strategic planning of the Department of Veterans Affairs (VA) to ensure that increasingly resources are invested in areas of priority. A methodical review of special health care needs of women is a high priority to advance women's health. Previous reviews had not been conducted recently, did not focus on interventions, and did not assess whether attributes of gender-sensitive care have been addressed (Orshak et al., 2022). The objective for this integrative review was to present the highest quality information on the mental health and well-being care delivery issues affecting women veterans. Furthermore, with the selected population, it will highlight evidence-based research to propose changes to improve access to and quality of VA women's health care. For this minority population, a designated women's health primary care provider is one who is trained and

experienced in women's health but does not have to be of the female gender themselves (VHA Directive 1330.01, 2017).

Reporting Guidelines

The scholarly project followed Liberty University's institutional review board (IRB) process and approval. The scholarly project formally described the aim of the integrative review of the IRB process. In the integrative review, Lillie & Ayling (2021) stated that doing ethical research requires protecting the welfare, dignity, and rights of those involved. When effectively engaged, women veterans are champions and partners in quality improvement to advance the structure and delivery of their care. (Orshak et al., 2022). For the selected topic, the results will be presented to the target population demographic and address the PICO research question. Furthermore, only studies that report on women veterans' mental health in general will be included in this review. Furthermore, to be accepted for this ethical analysis, peer-reviewed articles will have to describe original research on veterans' health that pertained specifically to women veterans. Ethical principles will guide the researcher's behavior before, during, and after integrative review work.

SECTION FIVE: DATA ANALYSIS AND SYNTHESIS

Data Analysis Methods

The data collection for integrative review in health care provided an opportunity to understand the actual condition of subjects in their environment (Eicher, 2022). A scope synthesis summarized the range of research in the area of study. The author reviewed titles and abstracts of the peer-reviewed selected articles. A review process identified challenges in the study selection was conducted to reduce selection bias (Orshak et al., 2022). The data collection obtained systematic information about the health and mental health care needs of women

veterans to provide an evidence-based practice for further research and action. Furthermore, it involved the data gathering of gender-specific analysis as secondary data.

Tools

A research tool was not used, but rather the goal was to build a systematic evidence base that supports the alignment of VA research priorities with the health-related needs of women veterans. The target was to review pointed gaps in quality of care and treatments for mental conditions as high prevalence among women veterans. This goes along with the tools of the Quality Enhancement Research Initiative Center, as the purpose to translate research into practice organized around specific conditions: mental health (Yano et al., 2018).

Intervention

The interventions for this integrative review project involved following the steps recommended by Arksey and O'Malley's (2005) data collection of attributes of gender-sensitive care across all the studies. Key search terms included women's health, veterans, psychosocial, mental health, PTSD, and depressive disorder. The interventions identified women veteran-related effects to the behavioral model framework's predisposing, enabling, and need domains. The study's variables included the author, year, discipline of the researcher, study designs, sample, interventions, factors relevant to care-seeking, and attributes of gender-sensitive care. The women's empowerment framework also provided some insight into what is identified as care that is labeled as equal: control, participation, access, and welfare (Shamaskin-Garroway et al., 2018).

The author identified research barriers such as the small number of women in the VA system, identifying women veterans who do not use the VA, problems with secondary databases, and perceived barriers to conduction/publishing VA women's research (Yano et al., 2018).

Research that offers an accredited outcome measure of the inclusion criteria was integrated. Incorporating gender in all aspects of health services is important, and mental health is no exception. Despite several recommendations regarding the need for gender-sensitive mental health services, the actual availability of these was not clear. The author synthesized research studies that contributed to the field by presenting the experiences of women veterans and investigating the challenges that this understudied population faces when accessing Veterans Affairs (VA) care. The intervention's aim and purpose were to provide continuing efforts to advance gender-sensitive services and women-centered care in the VA.

Thematic Analysis

The thematic analysis of this integrative review included the identification of articles through the database searches, the screening of titles and abstracts, and the assessment of eligibility for selected studies. The evaluation included factors relevant to women veterans' care seeking and interpersonal level interventions, as well as attributes of gender-sensitive care. Furthermore, the investigation recognized interventions' design to improve the care and reduce known barriers for women veterans with mental health care needs. Furthermore, its findings described the study team, synthesized factors, and barriers relevant to women veterans' care-seeking and summarized the type of interventions and outcomes. The analysis of any attributes of gender-sensitive care was incorporated and contributed to the understanding of the attributes of gender-sensitive care into such interventions.

The comparing and contrast of the thematic analysis of the integrative review revealed the findings that serve as conceptual realities for an approach to producing the ideals for women veterans' healthcare delivery. First, for primary care and mental health care utilization, projecting and anticipating growth in women's health programs must be clearly understood

(Kotzias et al., 2019). Second, women veterans have a higher mental health burden, and their quality of care has lagged behind that of men (Ganzer, 2018). The designing a hiring process to recruit providers more consistently with a strong interest in caring for women (Moreau et al. 2020). Fourth, gender-care service demonstrated the potential to promote and support the maintenance of well-being for women veterans with a diagnostic of PTSD or depression (Lawrence et al., 2019).

Ethical Consideration

The Liberty University Institutional Review Board (IRB) reviewed the integrative review application in accordance with the Office for Human Research Protections (OHRP) and Food and Drug Administration (FDA) regulations. The study did not meet the definition of human subjects research. The study reviewed was performed with the data safeguarding methods mentioned in the IRB application.

Timeline

The integrative review identified twelve studies conducted among women veterans utilizing VA care settings. The recognition of women veteran special needs to VA policy was the main focus of theme of veteran-centered care comprehensive care for women. This was a six-month process of first analyzing the research problem to drawing conclusions and recommendations for a call for action. The understanding of gender-sensitivity care with project proposal and the integrative review components throughout the process.

SECTION SIX: DISCUSSION

The purpose of the integrative review was to critique and synthesize the current literature of determining the effectiveness of gender-integrated care for women veterans. Female veterans are

associated with lower utilization of VA health services (Hoglund & Schwartz, 2018). This minority population are substantial in a high rate of mental health disorders, and they need gender-integrated care. The 12 scholarly articles reviewed about understanding and improving gender sensitivity; they revealed the persistent theme that women veterans exhibit similar rates of mental health disorders but higher rates of depression. Five scholarly studies examined the risk factors and vulnerability of primarily women VA healthcare users. It is stated that female veterans are a growing minority group, projected to increase by 18 percent by 2040 (Orshak et al., 2022).

The studies findings translated to the current research of common attributes of gender-sensitive care across the studies. These attributes included modifying the treatment environment for women veterans, ensuring safety needs for them and tailoring provider's education on women veterans preferences and needs. The two categories to improve and reduce barriers for women veterans included individual and interpersonal level interventions. First, the individual level included changing the skills, knowledge, and beliefs of rendered care. Second, the interpersonal level interventions to support and be initiative-taking of gender-sensitive care across VA care settings.

There is a growing awareness of the complexity of effectively providing gender-sensitivity care to women veterans in a healthcare system where their representation is considered low. There is a need to careful pay attention to the differences in how women veterans access care and use their healthcare services. Furthermore, research with stakeholders as partners may also fast-track the testing of innovative interventions to delivering fundamental comprehensive women veterans care. Future collaborations with researchers may improve

intervention research, generate new knowledge, improve patient outcomes, and translate research into practice.

Therefore, in this integrative review, the author reveals the call to action for gender-sensitive care among women veterans receiving mental health treatments within VA healthcare providers. The integrative review reveals that we must be proficient in quality improvement strategies and in creating sustainable changes for women veteran VA users. This topic needs further investigation and confirmation but may provide better understanding of ways of providing gender-sensitivity care to female veterans.

Implications for Practice/Future Work

The Veteran Health Administration is the largest integrated health care delivery system, and it must be responsible for delivering gender-comprehensive care to nine million veterans (Dekleijn et al., 2015). Women veterans, being the fastest-growing minority group of veterans, must receive comprehensive care. They are most likely to be seen by multiple providers in multiple settings, including the community to obtain care. Providers must deliver care that is more comprehensive and gender sensitive, as it is associated with important benefits. VA facilities with this type of care and platforms outperformed the overall women's ratings for access, quality of care and coordination (Moreau et al., 2020). The women veterans' experiences as considered influential to utilize the VA services included care that was gender-tailored to them, including a favorable patient-provider relationship. The women veterans' experiences as considered influential not to return to the VA services included strained provider interactions and service-connection claim challenges (Chrystal et al., 2022). Women offered routine gender-sensitive care by providers are much less likely to split their care between VA and non-VA

providers (Orshak et al., 2022). Women who perceived that VA providers are not gender sensitive are much more likely to delay needed treatment (Brunner et al., 2019).

Ensuring the delivery of comprehensive care is central to the recommendation of the Institute of Medicine for improving population health. This will then require attention from the healthcare workforce for quality improvement within which they deliver services. For future work, comprehensive gender care to women should be delivered by a workforce that is interested, trained, and experienced in the delivery of such care. Moreover, according to the VHA directive, comprehensive primary care must be delivered using one, or any combination of comprehensive women's health models of care, which best meet the needs of women Veterans in the health care system (VHA Directive 1330.01, 2017). The gender-sensitivity analysis can help in assessing outcomes indicators for monitoring and evaluating VA programs and policies.

The doctorate-level, advanced-practice nurse will provide clinical expertise in the area of women's healthcare. This will promote best practices and will function as the clinical subject matter expert for women's health issues in the health care system. The integrative review was part of the components of the VA's focus of creating initiatives to accelerate the implementation of comprehensive care and understanding for women veterans and to improve their health care delivery.

Dissemination

The interprofessional education and collaborative practice must now be an expectation for the VA provider to participate in and support proficiency in women's health care and comprehensive gender-sensitivity care. It is important for providers to have knowledge of women veterans' care and conditions that are unique to women, more common in women, or have gender-specific manifestations (VHA Directive 1330.01, 2017). In order to increase

awareness of providers regarding women veterans' unique needs, the integrative review will be presented to the VA medical facility as part of the quarterly women's health education, training, and cultural competency requirements. This will be part of the VA facility-wide learning assessment, ensuring providers have access to education programs recognizing the unique needs of women veterans (VHA Directive 1330.01, 2017).

This dissemination training can also aid in the development of outcomes indicators of how well the program or policy is being implemented in terms of gender sensitivity. The dissemination plan is to provide a guide to clear principles of what is gender-sensitive care for women veterans and the importance of gender equality in all the VA's policies, programs, and current projects.

The overall goal is to work with VA's strategic planning for the Women's Health Program and implementation of national and Veterans Integrated Service Network initiatives as a call for implemented action. The suggestion of educational materials such as announcements and posters portraying women veterans to increase visibility and awareness of women veterans at VA settings (Moreau et al., 2020). In summary, concerns about the VA's inequalities in healthcare can lead to interest in gender sensitivity in health policy and practice.

Along with the aspects of the provider role to improve the delivery of healthcare to women veterans, the integrative review sheds light on the need to explore ways to initiate, promote, and lead effective collaboration to integrate the delivery for comprehensive gender-sensitive care to women veterans across the national health care system. As more women enter the military, there are opportunities to explore culture change, the understanding of gender-sensitive care, and the impact of health services and utilization at VA settings.

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Colleges of Nursing., 41, 53–57. <https://doi.org/10.1016/j.profnurs.2022.04.004>

Appendix A : Literature Matrix

<p>Article Title, Author, etc. (Current APA Format)</p>	<p>Study Purpose</p>	<p>Methods</p>	<p>Study Results</p>	<p>Level of Evidence (Use Melnyk Framework)</p>	<p>Study Limitations</p>
<p>Article 1 Orshak, J., Alexander, L., Gilmore-Bykovskyi, A., & Lauver, D. (2022). Interventions for women veterans with mental health care needs: Findings from a scoping review. <i>Issues in Mental Health Nursing</i>, 43(6), 516–527. https://doi.org/10.1080/01612840.2021.2011506</p>	<p>To identify women veterans' mental health and the delivery of gender-sensitive care</p>	<p>A non-experimental , descriptive survey</p>	<p>Findings incorporate and evaluate attributes of gender-sensitive care and utilize and clearly delineate how theory guides research.</p>	<p>Level 6: descriptive design</p>	<p>Conducted in only one setting, small sample size</p>
<p>Article 2 Vogt D, Bergeron A, Salgado D, Daley J, Ouimette P, Wolfe J (2018) Barriers to Veterans Health Administration care in a nationally representative sample of women veterans. <i>J Gen Intern Med</i>. 2018 Mar;21 Suppl 3(Suppl 3):S19-25. doi: 10.1111/j.1525-1497.2018.00370.x. PMID: 16637940; PMCID: PMC1513162.</p>	<p>To determine or document perceived and/or actual barriers to care in a nationally representative sample of women veterans and examine associations with VHA use.</p>	<p>A non-experimental Cross-sectional telephone survey.</p>	<p>Findings inform differences in barriers to care and their association with VHA health care use emerged from women with and without service-connected uses</p>	<p>Level 6: descriptive design</p>	<p>Conducted in only one setting, small sample size</p>
<p>Article 3 Leung, L. B., Ziobrowski, H. N., Puac-Polanco, V., Bossarte, R. M., Bryant, C., Keusch, J., Liu, H., Pigeon, W. R., Oslin, D. W., Post, E. P.,</p>	<p>To identify the associations of patient treatment preferences with types of depression treatment received and treatment adherence</p>	<p>A non-experimental , descriptive survey</p>	<p>Findings indicate that Mismatches between treatment preferences and treatment type</p>	<p>Level 6: descriptive design</p>	<p>Conducted in only one setting,</p>

Article Title, Author, etc. (Current APA Format)	Study Purpose	Methods	Study Results	Level of Evidence (Use Melnyk Framework)	Study Limitations
<p>Zaslavsky, A. M., Zubizarreta, J. R., & Kessler, R. C. (2022). Are veterans getting their preferred depression treatment? A national observational study in the veterans' health administration. <i>JGIM: Journal of General Internal Medicine</i>, 37(13), 3235–3241. https://doi.org/10.1007/s11606-021-07136-2</p>	<p>among veterans-initiated treatment.</p>		<p>received were common and associated with worse treatment adherence.</p>		<p>small sample size</p>
<p>Article 4</p> <p>Peterson, K., Anderson, J., Boundy, E., Ferguson, L., McCleery, E., & Waldrip, K. (2018). Disparities in racial/ethnic minority groups in the veterans' health administration: An evidence review and map. 9. <i>American Journal of Public Health</i>, 108(3), e1–e11. https://doi.org/10.2105/AJPH.2017.304246</p>	<p>To identify the health equity research agenda and synthesized evidence on racial/ethnic disparities in the VHA</p>	<p>A cohort and quasi-experimental study</p>	<p>Results revealed VHA's equal access health care system has reduced many racial/ethnic mortality disparities in the private sector, but disparities that have persisted for Black veterans in several clinical areas.</p>	<p>Level 1 - Systematic review & meta-analysis of randomized controlled trial</p>	<p>Conducted in only one setting</p>
<p>Article 5</p> <p>Moreau, J. L., Dyer, K. E., Hamilton, A. B., Golden, R. E., Combs, A. S., Carney, D. V., Frayne, S. M., Yano, E. M., & Klap, R. (2020).</p>	<p>to understand and analyze suggestions to make VA more welcoming to women.</p>	<p>A non-experimental , descriptive survey</p>	<p>Findings indicate that soliciting veterans suggestions and increasing awareness of how</p>	<p>Level 6: descriptive design</p>	<p>Conducted in only one setting</p>



<p>Article Title, Author, etc. (Current APA Format)</p>	<p>Study Purpose</p>	<p>Methods</p>	<p>Study Results</p>	<p>Level of Evidence (Use Melnyk Framework)</p>	<p>Study Limitations</p>
<p>Women Veterans’ Perspectives on How to Make Veterans Affairs Healthcare Settings More Welcoming to Women. <i>Women’s Health Issues</i>, 30(4), 299–305. https://doi.org/10.1016/j.whi.2020.03.004 ticle 5</p>			<p>feeling welcome is the first step to health care settings to becoming more inclusive.</p>		
<p>Article 6 A Shamaskin-Garroway, A. M., Knobf, M. T., Adams, L. J., & Haskell, S. G. (2018). “I think it’s pretty much the same, as it should be”: Perspectives of inpatient care among women veterans. <i>Qualitative Health Research</i>, 28(4), 600–609. https://doi.org/10.1177/1049732317746380</p>	<p>To gain a deeper understanding of the inpatient hospitalization experience for women veterans through in-depth interviews.</p>	<p>A non-experimental , descriptive survey</p>	<p>Results revealed insight and guidance to clinical practice and care delivery for women veterans, including training and interpersonal approaches medical providers can take to improve the hospital experience for women.</p>	<p>Level 6: descriptive design</p>	<p>Conducted in only one setting</p>

Article Title, Author, etc. (Current APA Format)	Study Purpose	Methods	Study Results	Level of Evidence (Use Melnyk Framework)	Study Limitations
<p>Article 7</p> <p>Bergman, Hamilton, A. B., Chrystal, J. G., Bean-Mayberry, B. A., & Yano, E. M. (2019). Primary Care Providers' Perspectives on Providing Care to Women Veterans with Histories of Sexual Trauma. <i>Women's Health Issues.</i>, 29(4), 325–332. https://doi.org/10.1016/j.whi.2019.03.001</p>	<p>To determine strategies for improving trauma-sensitive primary care, we sought to better understand PCPs' current approaches to providing care to women veterans with sexual trauma histories.</p>	<p>A non-experimental , descriptive survey</p>	<p>The results identified PCPs delivering care to women in VA facilities may benefit from an increased awareness of best practices to facilitate the delivery of trauma-sensitive care.</p>	<p>Level 6: descriptive design</p>	<p>Conducted in only one setting, small sample size</p>
<p>Article 8</p> <p>Brunner, J., Cain, C. L., Yano, E. M., & Hamilton, A. B. (2019). Local leaders' perspectives on women veterans' health care: What would ideal look like? <i>Women's Health Issues</i>, 29(1), 64–71. https://doi.org/10.1016/j.whi.2018.10.005</p>	<p>To identify and explore the notions of ideal women veterans' health care articulated by women's health leaders at local VHA facilities and regional networks</p>	<p>A non-experimental , descriptive survey</p>	<p>The results revealed how policy and practice changes to care for women veterans must be mindful of key stakeholders' vision for that care.</p>	<p>Level 6: descriptive design</p>	<p>Conducted in only one setting, small sample size</p>
<p>Article 9</p> <p>Chrystal, J. G., Frayne, S., Dyer, K. E., Moreau, J. L., Gammage, C. E., Saechao, F., Berg, E., Washington, D. L., Yano, E. M., & Hamilton, A. B. (2022). Women veterans' attrition from the VA Health Care System. <i>Women's Health</i></p>	<p>To obtained women veterans' perspectives on why they left or continued to use VA health care.</p>	<p>A non-experimental , descriptive survey</p>	<p>Results showed understanding the drivers of patients' decisions to use or not use the VA is critical for the development of</p>	<p>Level 6: descriptive design</p>	<p>Conducted in only one setting, small sample size</p>

Article Title, Author, etc. (Current APA Format)	Study Purpose	Methods	Study Results	Level of Evidence (Use Melnyk Framework)	Study Limitations
<p><i>Issues</i>, 32(2), 182–193. https://doi.org/10.1016/j.whi.2021.11.011</p>			<p>strategies to improve retention of current patients and optimize health outcomes for veterans.</p>		
<p>Article 10 Kotzias, V., Engel, C. C., Ramchand, R., Ayer, L., Predmore, Z., Ebener, P., Haas, G. L., Kemp, J. E., & Karras, E. (2019). Mental Health Service Preferences and Utilization Among Women Veterans in Crisis: Perspectives of Veterans Crisis Line Responders. <i>Journal of Behavioral Health Services & Research</i>, 46(1), 29–42. https://doi.org/10.1007/s11414-018-9635-6</p>	<p>to determine and exploring the causes of suicide is beset with challenges due to the nature of the mental condition</p>	<p>A cross sectional research design</p>	<p>Results revealed may explore models for shifting VA culture to be more receptive of women veteran needs or the ways in which social media encourages or discourages mental health utilization among women veterans.</p>	<p>Level 1 - Systematic review & meta-analysis of randomized controlled trial</p>	<p>Conducted in only one setting</p>
<p>Article 11 Yano , Bastian LA, Frayne SM, Howell AL, Lipson LR, McGlynn G, Schnurr PP, Seaver MR, Spungen AM, Fihn SD (2018) Toward a VA Women's Health Research Agenda: setting evidence-based priorities to improve the health</p>	<p>To identify the process and outcomes of efforts for VA’s research priorities for women veterans</p>	<p>A cross sectional research design</p>	<p>Results revealed that using a systematic evidence base process will enable to development and funding of research</p>	<p>Level 6: descriptive design</p>	<p>Conducted in only one setting, small sample size</p>

<p>Article Title, Author, etc. (Current APA Format)</p>	<p>Study Purpose</p>	<p>Methods</p>	<p>Study Results</p>	<p>Level of Evidence (Use Melnyk Framework)</p>	<p>Study Limitations</p>
<p>and health care of women veterans. <i>J Gen Intern Med.</i> 2018 Mar;21 Suppl 3(Suppl 3):S93-101. doi: 10.1111/j.1525-1497.2006.00381.x. PMID: 16637953; PMCID: PMC1513170.</p>			<p>spectrum for women veterans</p>		
<p>Article 12 DeKleijn, Lagro-Janssen, A. L. M., Canelo, I., & Yano, E. M. (2015). Creating a roadmap for delivering gender-sensitive comprehensive care for women Veterans: results of a national expert panel. <i>Medical Care.</i>, 53(4 Suppl 1), S156–S164. https://doi.org/10.1097/MLR.0000000000000307</p>	<p>To determine what aspects of care, need to be tailored to the needs of women veterans in order for the VA to deliver gender-sensitive care</p>	<p>A modified research design of panel process</p>	<p>The results revealed fourteen recommendations that broadly encompassed the importance of adapting to women’s preferences and information needs, and cultural transformation</p>	<p>Level 6: descriptive design</p>	<p>Conducted in only one setting, small sample size</p>

Appendix B : CITI Training Certificates



Completion Date 25-Apr-2023
Expiration Date 25-Apr-2027
Record ID 55554990

This is to certify that:

Karina Espinoza-Palmer


Has completed the following CITI Program course:

Biomedical Responsible Conduct of Research
(Curriculum Group)
Biomedical Responsible Conduct of Research
(Course Learner Group)
1 - RCR
(Stage)

Under requirements set by:

Liberty University

Not valid for renewal of certification through CME.



Collaborative Institutional Training Initiative
101 NE 3rd Avenue, Suite 320
Fort Lauderdale, FL 33301 US
www.citiprogram.org

Verify at www.citiprogram.org/verify/?wfb2a74f2-6eba-48f7-b21a-3710dff69d7c-55554990



Completion Date 25-Apr-2023
Expiration Date 25-Apr-2026
Record ID 55554989

This is to certify that:

Karina Espinoza-Palmer

Has completed the following Citi Program course:

Not valid for renewal of
certification through CME.

Biomedical Research - Basic/Refresher
(Curriculum Group)
Biomedical & Health Science Researchers
(Course Learner Group)
1 - Basic Course
(Stage)

Under requirements set by:

Liberty University

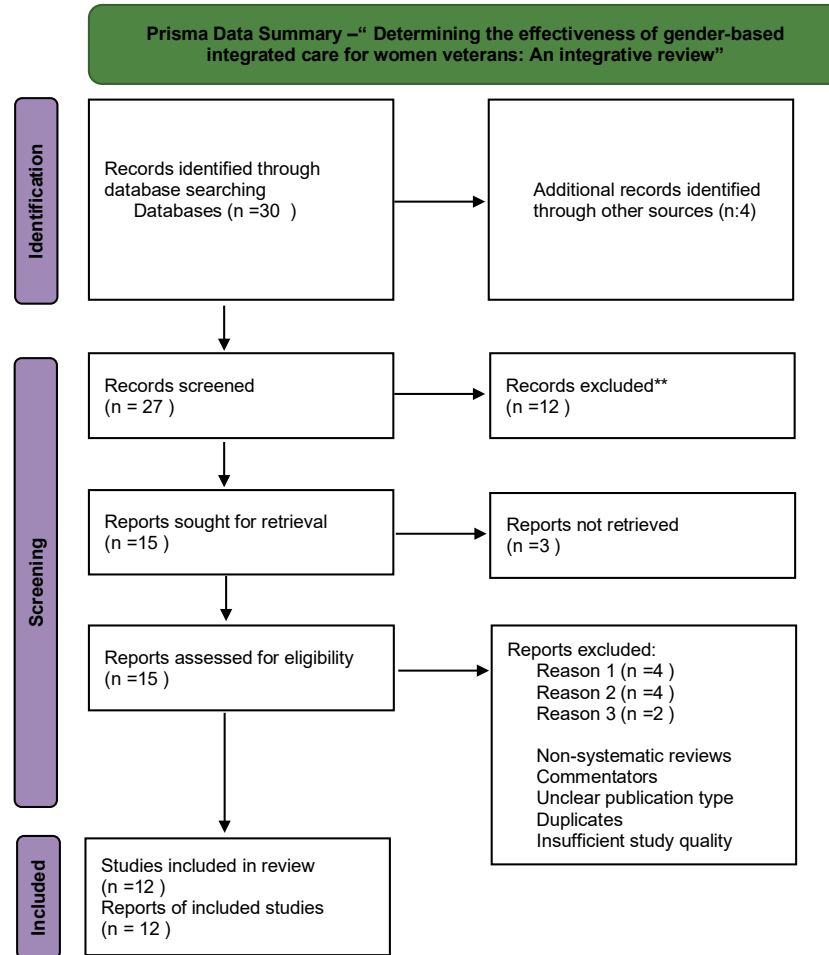


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Appendix C: Prisma Flow

Data Summary and Analysis Spreadsheet



Appendix D: Organizational Letter of Support

Washington DC Department of Veteran Affairs

Memorandum

May 1st 2023

This letter serves as confirmation of organizational support for CPT. Karina Espinoza-Palmer to perform her DNP project titled “Determining the effectiveness of gender-based integrated care for women veterans: An integrative review”. This project will examine the current mental health care inequalities for women veterans and determining the effectiveness of gender-based integrated care to reduce mental health disparities among them in Veteran Health Administration. We commit to supporting the implementation of this project within. We commit to providing on-site guidance, and appropriate resources (as applicable) for the project initiatives, including securing any needed approvals for data collection and storage in accordance with our local site requirements and institutional policies and procedures. Dr. Abiola Mumuni-Abass. will serve as the site organizational sponsor and is qualified to serve in this role.

Sincerely,

Leticia Mickens

LeTicia A. Mickens, MBA, BSN, RN, DNS-CT, CRRN

Washington D. C. Veteran Affairs Medical Center

Post Acute Rehabilitation/PolyTrauma & Long-Term Care